



Independent observer
of the Global Fund

BOARD APPROVES ADDITIONAL FUNDING FROM THE 2014-2016 ALLOCATIONS

All of the attention lately has been on the allocations for 2017-2019, but funding related to the 2014-2016 allocations continues to be awarded at a steady pace. In December 2016, in a flurry of activity, the Global Fund Board approved funding in five different categories.

The Board authorized funding from the 2014-2016 allocations for both country and regional applicants that had not previously received funding from the allocations. The Board also approved additional funding from portfolio optimization (i.e. reinvestment of forecasted unspent funds across the Fund's grant portfolio) for shortened grants and early applicants. In addition, the Board approved funding for initiatives on the Unfunded Quality Demand (UQD) register. Finally, the Board approved additional funding ("reinvestments") from savings achieved in programs that have already been funded under the 2014-2016 allocations.

All of the awards were based on recommendations of the Grant Approvals Committee (GAC).

In this article, we provide an overview of these latest approvals.

Additional funding for country applicants

The Board approved \$40.5 million for six grants from five components and countries. The biggest award went to Bolivia TB (\$10.7 million), but probably the most significant award was the one to the State of Lagos in Nigeria. This is the first time the Fund has awarded funding to a state government in Nigeria. Funding states or provinces directly is one of the strategies the Fund said it will be further exploring to

mitigate risk and increase impact in large countries with a federal structure of government. Lagos received \$9.6 million which was reprogrammed from existing funds within the federal NGA-H-NACA grant for its HIV program.

See Table 1 for details on the funding awards to country applicants.

Table 1: Funding for country grants approved by the Global Fund, December 2016 (\$ million)

Country (Component)	Grant Name	Grant End Date	Principal Recipient	Approved Funding		
				Existing	New	Total
Algeria (HIV)	DZA-H-MOH	2019-12-31	Ministry of Health	0.0 m	6.5 m	6.5 m
Bolivia (TB)	BOL-T-UNDP	2019-12-31	UNDP	0.0 m	10.7 m	10.7 m ¹
El Salvador (HIV)	SLV-H-MOH	2018-12-31	Ministry of Health	3.8 m	1.3 m	5.1 m
	SLV-H-PLAN	2018-12-31	Plan International	2.2 m	4.8 m	7.0 m
Guyana (malaria)	GYA-M-MOH	2019-12-31	Ministry of Health	1.2 m	0.4 m	1.6 m
Nigeria (HIV)	NGA-H-LSMOH	2017-12-31	Lagos MOH	9.6 m	0.0 m	9.6 m ²
TOTALS				16.8 m	23.7 m	40.5 m

¹ \$1.7 million was added to the unfunded quality demand (UQD) register.

² This is not additional to what has already been approved for Nigeria.

See [separate article](#) in this issue for additional information on some of these country awards.

Additional funding for regional applicants

Four regional programs received \$23.4 million. The biggest award went to the MOSASWA Cross-Border Initiative for a malaria grant (\$9.8 million). See Table 2 for details on all four awards.

Table 2: Funding for regional grants approved by the Global Fund, December 2016 (\$ million)

Applicant	Component	Grant Name	Grant End Date	Approved Funding
Alliance for Public Health Ukraine	TB/HIV	QMZ-C-APH	2019-12-31	3.9 m
Asian Pacific Network of People Living with HIV/AIDS (APN+)	HIV	QSA-H-APN+	(2020-03-31)	3.6 m ¹
Australian Federation of AIDS Organizations (AFAO)	HIV	QSE-H-AFAO	2018-12-31	2.3 m
ITPC-West Africa	HIV	QPR-H-ITPC	2019-12-31	3.8 m ²
MOSASWA Cross-Border Initiative	Malaria	QPA-M-LSDI	2019-12-31	9.8 m ³
TOTALS				23.4 m

¹ Conditional-Go. If the grant is approved, the end date would be 31 March 2020.

² Converted from euros at 1.0577

³ This amount includes \$4.0 million that was contributed by Goodbye Malaria, a private sector donor. See [separate article](#) in this issue for additional information on some of these regional awards.

Additional funding for shortened grants and early applicants

Two shortened and eight early applicant grants received additional funding in the amount of \$138 million. The largest number of awards (six) went to Myanmar, an early applicant. The biggest awards also went to Myanmar grants – i.e. \$26.3 million for a TB/HIV grant managed by UNOPS; \$25.9 million for a TB/HIV

grant managed by Save the Children; and \$25.1 million for a malaria grant managed by UNOPS. See Table 3 for details on all of the awards in this category.

Table 3: Additional Funding for shortened grants and early applicants approved by the Global Fund, January 2017 (\$ million)

Applicant (Component)	Grant Name	Principal Recipient	Additional Approved Funding
EMMIE (malaria)	QMP-M-PSI	Population Services International	0.7 m
Iraq (TB)	IRQ-T-IOM	International Organization for Migration	3.0 m
Myanmar (malaria)	MYN-M-SCF	Save the Children	5.8 m
	MYN-M-UNOPS	UNOPS	25.1 m
Myanmar (TB/HIV)	MYN-H-SCF	Save the Children	25.8 m
	MYN-H-UNOPS	UNOPS	26.3 m
	MYN-T-SCF	Save the Children	5.5 m
	MYN-T-UNOPS	UNOPS	16.4 m
Regional Artemisinin Initiative (RAI) (Malaria)	QMU-M-UNOPS	UNOPS	15.5 m
Zimbabwe (malaria)	ZWE-M-MOHCC	Ministry of Health and Child Care	8.2 m
TOTAL			132.3 m

In all cases, the awards were designed to allow the components to provide services through to the end of 2017.

Funding for initiatives on UQD register

Seven unfunded quality demand initiatives from five countries were awarded \$22 million in funding. See Table 4 for more details.

Table 4: Funding approved for UQD initiatives, January 2017 (\$ million)

	Grant Name	Principal Recipient	Approved Funding	Revised UQD ²
Bangladesh (TB)	BGD-T-BRAC	BRAC	1.9 m	19.2 m
	BGD-T-NTP	National TB Program	2.1 m	
C.A.R. (TB/HIV)	CAF-C-IFRC	IFRC	4.6 m ¹	NIL
Philippines (TB)	PHL-T-PBSP	Philippine Business for Social Progress	5.3 m	NIL
Viet Nam (TB)	VNM-T-NTP	National TB Program	3.0 m	36.8 m
Myanmar (TB)	MYN-T-SCF	Save the Children	5.1 m	12.0 m ³
	MYN-T-UNOPS	UNOPS		
TOTALS			22.0 m	68.0 m

¹ Converted from euros at 1.0577.

² This refers to how much is left in the UQD register for each country after these awards.

³ With the \$5.1 million in funding awarded, the UQD for Myanmar TB is reduced to zero. However, at the

same time, new UQD for Myanmar TB/HIV as an early applicant receiving additional funding will be registered in the amount of \$12.0 million.

Below, we provide additional information on the UQD initiatives listed in Table 4. Unless otherwise indicated, the source of the funding is portfolio optimization.

The Philippines was awarded \$5.3 million to implement initiatives that were on the UQD register. The additional investment will focus on scaling up coverage of programmatic management of drug-resistant TB. The program aims to enrol an additional 1,100 MDR-TB patients in 2017 by transitioning newly enrolled patients to shorter regimen treatment. Activities supported by additional funds include procuring pharmaceuticals, health products and equipment; providing living support to patients; and expanding the decentralization of programmatic management of drug-resistant TB.

The \$3 million in additional funding for Viet Nam will be used to conduct TB active case finding in communities in 24 additional districts in eight provinces; to expand the use of the nine-month regimen for MDR-TB treatment; to increase the percentage of notified cases of bacteriologically confirmed, drug resistant, Rifampacin-resistant TB or MDR-TB from 20.5% in 2013 to 65.6% in 2017; and to increase the percentage of HIV-positive registered ART patients undergoing TB treatment from 60.5% in 2013 to 90% in 2017.

The Central African Republic was awarded \$4.6 million. The interventions that will be implemented with this money include the following: expanding ART; strengthening the capacity of the TB and HIV national programs; decentralizing MDR-TB case management through the procurement of GeneXpert machines and training of health and lab workers in three additional sites; and scaling up viral load testing.

Bangladesh received \$4 million for UQD initiatives. Half of that money came from portfolio optimization. The other half came from a contribution made by Comic Relief, a private sector donor. The additional investment will be used to expand the public-private mix in Bangladesh, focusing on a social enterprise model which has already been run as a successful pilot in three TB screening centers in Dhaka since 2014; and using a similar model to reach new urban settings and to leverage BRAC's extensive networks into the community.

The \$5.1 million for Myanmar to fund UQD initiatives has been integrated into the budget for Myanmar TB/HIV early applicant funding (see Table 3).

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