



Independent observer
of the Global Fund

ADDITIONAL INFORMATION ON THE FUNDING AWARDS TO COUNTRY APPLICANTS

As reported in a [separate article](#) in this issue, among the funding from the 2014-2016 allocations awarded by the Board in December, \$40.5 million went to six grants from five components and countries that have not previously received funding. See the table for details.

Table: 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.

This article provides additional information on three of the awards.

Nigeria (HIV)

The award of \$9.6 million to State of Lagos constitutes the first ever state level grant to Nigeria. The

funding is for HIV and the principal recipient is the Lagos Ministry of Health. In its report to the Board, the Grant Approvals Committee (GAC) stated that this funding was part of a project piloting a decentralized portfolio management approach for Nigeria. The GAC said that “while the volume of financing represents less than 1% of the overall Nigeria portfolio, entering into a direct grant at the state level is a strategically important approach aimed at reducing risk and improving impact.” The GAC said the shift to state-level grants is expected to achieve greater impact over time “by both tailoring programmatic activities more precisely to state-specific contexts, as well as leveraging additional financial resources to address the large funding gap that currently exists in Nigeria.”

The grant will contribute to the goal of the Lagos Ministry of Health to achieve 80% antiretroviral coverage by 2020. The grant includes providing clinical HIV services in all facilities in three high-burden local government areas: Epe, Ikorodu and Oshodi-Isolo. It is complementary to programs funded by PEPFAR which involve scaling up services in eight other local government areas in the state.

The grant will also contribute to the following planned outcomes:

- providing people living in the state of Lagos with access to high-quality, patient-centered prevention, diagnosis and treatment services for TB/HIV;
- reducing new HIV infections and improving the quality of life for those infected and affected within the state of Lagos; and
- decreasing HIV-related mortality per 100,000 population from 116 in 2013 to 70 in 2017.

According to the GAC, the state-level program is in line with the national strategic plan and national guidelines. The program will “report” to the Nigeria CCM “and other relevant national entities to ensure appropriate coordination.”

In its report to the Board, the GAC noted that the State of Lagos has pledged significant domestic commitments to co-finance this program; that partners working with the state of Lagos were providing significant support – “high-level communications were ongoing between technical agencies, the Secretariat and the state government”; and that national-level programs were collaborating with the state of Lagos, particularly in relation to services for key populations and private sector health care (such as birthing centers).

It should be noted that the \$9.6 million award to the State of Lagos represents reprogramming of existing funds to be transferred from a national grant, NGA-H-NACA, and so does not increase the total program budget previously approved by the Board for Nigeria TB/HIV.

With respect to domestic contributions, the GAC said that the State of Lagos has one of the highest health sector budgetary allocation in Nigeria, accounting for 9.7% of the State budget in 2016. The government has given priority to health sector spending and is aiming to improve health service delivery to the poor by ensuring universal access to an essential package of care; improving access to health services; increasing quality of care; and providing financial access for vulnerable groups. A dedicated budget line from the Ministry of Health shows a 24% increase in 2016. In addition, the State of Lagos has committed an additional \$850,000 to health spending for 2017 to support health systems strengthening.

Bolivia (TB)

Bolivia received the highest award (\$10.7 million) for a grant for which the principal recipient is UNDP. The goals of the Bolivia TB program are, by 2020, to reduce the incidence of TB by 17% and the mortality of TB/HIV co-infection by 15%. The strategies for achieving these goals include:

- providing services for the care, case detection, diagnosis and treatment of all forms of TB;
- strengthening care services and increasing the treatment success rate of MDR-TB; and

- ensuring the continuity of the cooperation and joint management mechanism between the TB/HIV programs.

Total domestic financial commitments amount to \$21 million, representing 54% of total resources available for the next implementation period. Domestic financing will mainly cover the needs related to the procurement of second-line drugs, hospital services for MDR-TB patients, and management of adverse reactions to anti-TB drugs.

Algeria (HIV)

The award of \$6.5 million to Algeria is the first Global Fund grant in Algeria since the closure of an HIV grant in 2008.

The HIV epidemic in Algeria is characterized as low but is concentrated in key populations. There are wide data gaps but prevalence in 2014 was estimated at 5.1% for sex workers, 6.8% for men who have sex with men, and 1.1% for people who inject drugs. The program focuses on these most-at-risk groups, as well as vulnerable populations such as people in prisons and mobile populations. The program aims to strengthen community stakeholders in order to mobilize funding and conduct fundraising activities to ensure sustainability of the activities following transition. (Algeria became ineligible for further HIV funding in 2017, which entitles the country to transition funding for its HIV component in 2017-2019.)

Strategies to achieve this goal include the following:

- making use of national health care facilities to extend the geographic coverage of HIV testing;
- developing actions that target prevention and reduction of the risk of sexually transmitted infections and HIV; and
- developing a system for referring HIV-positive people between referral centers and health care facilities.

The grant will also contribute to the following planned outcomes:

- increasing the percentage of people living with HIV on anti-retroviral therapy who have an undetectable viral load after 12 months from 53% in 2015 to 77% in 2018;
- increasing the percentage of sex workers who take a HIV test over the reporting period and who know the results from 29.5% in 2014 to 40% in 2018;
- increasing the percentage of men who have sex with men who take an HIV test over the reporting period and who know the results from 31% in 2015 to 37% in 2018; and
- increasing the percentage of people who inject drugs who take a HIV test over the reporting period and who know the results up to 24% in 2018.

Total domestic financial commitments amount to \$111,794,085, representing 95% of total resources available for the next implementation period. Government HIV commitments represent a 54% increase compared to the previous implementation period. According to the GAC, the Secretariat will work with local authorities to seek private and domestic funding for key population interventions, prioritizing those essential services currently most reliant on external sources in order to avoid service interruption.

Because this is a transition grant, it calls for the development of a sustainability plan within three years. A program management unit is currently being put in place; it will include staff from the Ministry of Health.

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