



Independent observer
of the Global Fund

MORE INFORMATION ON FUNDING AWARDED TO REGIONAL APPLICANTS

As reported in a [separate article](#) in this issue, among the funding from the 2014-2016 allocations awarded by the Board in December, \$23.4 million went to five regional programs that had not previously received funding. See the table for details.

Table: 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.

This article provides additional information on three of the awards.

MOSASWA Cross-Border Initiative (malaria) (Southern Africa)

The MOSASWA cross-border initiative was awarded \$9.8 million. It spans three countries: Mozambique, South Africa and Swaziland.

The funding request succeeded on its second try. When the concept note was submitted in March 2016, the Technical Review Panel did not recommend it for funding because it was not convinced that the proposed approach would generate the desired impact. After some discussion, it was decided that the applicant could revise and re-submit the concept note. The TRP and the Grant Approvals Committee (GAC) found the re-submitted note to be more strategically focused.

Of the \$9.8 million awarded, \$4.0 million comes from Goodbye Malaria, a private sector donor, who approached the Secretariat with an offer to provide the program with additional funding. An agreement with the donor was signed in November 2016. The money will be used to expand interventions in the concept note.

The GAC said that while South Africa and Swaziland have relatively low malaria case burdens and are on the road towards elimination, malaria prevalence in Mozambique reaches 55% in some areas. Malaria is still the major cause of morbidity and mortality in Mozambique, accounting for 44% of all outpatient consultations and 29% of hospital deaths. The goal of the program is to work collaboratively to accelerate the malaria response from control to pre-elimination in southern Mozambique and accelerate the transition from pre-elimination to elimination of malaria in Swaziland and South Africa. It aims to achieve zero local transmission in Swaziland, South Africa and Maputo province in Mozambique by 2020, and achieve pre-elimination status elsewhere in southern Mozambique by 2025.

Alliance for Public Health Ukraine (TB/HIV) (EECA)

The Alliance for Public Health Ukraine was awarded \$3.9 million for a regional TB/HIV grant.

This is another request that took two tries to make it. At first the TRP did not recommend the concept note for funding because it was not convinced that the focus was strategic. However, following a discussion between the TRP and the GAC, it was agreed that the request could proceed to grant-making with a new focus: a pilot program targeting cities in Eastern Europe and Central Asia with highest disease burden to maximize impact on regional epidemics. The idea was that cities would be prioritized for inclusion in the regional program based on (a) their ability to commit resources (financial or in-kind) and (b) the likelihood that implementation during the pilot phase would be effective.

The pilot program will be implemented in five cities: Almaty, Kazakhstan; Beltsi (Balti), Moldova; Odesa, Ukraine; Sofia, Bulgaria; and Tbilisi, Georgia. The program has the following objectives:

- to develop and implement a model to reach the 90-90-90 targets for the HIV and TB response for key populations;
- to establish effective partnerships between municipalities and non-governmental and civil society organizations;
- to ensure sustainable commitments of municipal funding for key population programs; and
- to increase knowledge management and promote responses on HIV and TB among cities.

The GAC also requested the applicant to work closely with the Secretariat to address issues of sustainability and responsible transition from Global Fund resources to other sources of sustainable long-term funding. In addition, the GAC recommended investment in operational research to establish

effectiveness of this pilot program and documentation of lessons learned to inform future strategic investment decisions and scale-up.

APN+ (HIV) (Asia-Pacific)

The Board has conditionally approved \$3.6 million for the regional HIV grant managed by the Asia Pacific Network of People Living with HIV. The funds would be added to an existing APN+ grant which ended on 30 September 2016. The grant was awarded a six-month non-costed extension which will run until 31 March 2017. The rationale for the extension is to enable the grant to continue while the applicant meets the conditions attached to this award.

The funds would support a program that is to be implemented in 11 countries – Bangladesh, Cambodia, Indonesia, Lao, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka, Thailand and Vietnam – where HIV epidemics are concentrated in key populations, including men who have sex with men, transgender people and people who inject drugs. The GAC said that these groups face stigma, discrimination, human rights abuses, coercion and criminalization, often resulting in limited access, uptake and poor retention in care. “Despite the relatively high HIV incidence amongst these key populations, there is limited evidence on which to base advocacy and programs for them.”

According to the GAC, the program seeks to capitalize on the strength of regional networks that have more influence than country-level networks of the targeted key populations, which may not be well positioned to advocate on key legal and regulatory issues. The strategic focus and added value of APN+ are critical in promoting a comprehensive package of services in the region and in improving treatment coverage data among key populations and people living with HIV.

So, why is approval of these funds conditional? The report of the GAC to the Board states that the Secretariat had major concerns about the way the current grant is being implemented, concerns such as unsatisfactory grant documentation; TRP clarifications that have not been sufficiently addressed by the applicant; and inadequate country-level implementation arrangements and implementer capacity. So, the new grant will complete grant-making only if the following conditions are met:

- A new program management unit must be in place by 15 March 2017. It must include a program manager, a monitoring and evaluation officer, and a finance officer dedicated to the grant.
- The new program management unit must complete the grant budget negotiations, by no later than 1 April 2017.
- All issues requested for clarification by the TRP must be answered to the satisfaction of the TRP and/or the Global Fund Secretariat, as relevant, by 31 January 2017.

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