



Independent observer
of the Global Fund

Global Fund Board approves \$46.4 million in interventions from the UQD Register

On 27 September 2019, by electronic vote, the Global Fund Board approved funding for interventions from the Register of Unfunded Quality Demand (UQD) valued at \$46.4 million for nine grants in five countries (see Table). Most of the funds for these awards come from a portfolio-optimization exercise that was carried out in April 2019 for the 2017-2019 allocation cycle. The largest award was €17.1 million (or \$18.9 million) for a Niger malaria grant. This includes €4.5 million of additional investment through a private sector contribution to be integrated into the Niger malaria grant.

The Board was acting on the recommendations of the Technical Review Panel (TRP) and the Grant Approvals Committee (GAC). This was the 24th batch of approvals from the 2017-2019 allocations.

(See also separate [article in this issue on the resumption of funding to the Democratic People's Republic of Korea \[DPRK\]](#) which constituted the 23rd batch of approvals.)

The additional funding approved by the Board included a private sector contribution by the [Crush Malaria Campaign](#), an initiative of the NGO Catholic Relief Services (CRS), which targets children. The €4,455,500 (or \$4,950,952) contribution will be integrated into the existing Niger malaria grant. This investment will contribute to filling the existing funding gap for the 2020 seasonal malaria chemoprophylaxis (SMC) campaign, thus ensuring coverage for 2,354,086 children.

Table: Funding approved for UQD interventions (\$)

Applicant	Component	Grant name	Principal recipient	Amount approved (\$) ¹	Revised program
-----------	-----------	------------	---------------------	-----------------------------------	-----------------

	HIV	BTN-H-MOH	Ministry of Health	67,250	1,149
Bhutan	TB	BTN-T-MOH	Ministry of Health	52,600	1,120
	Malaria	BTN-M-MOH	Ministry of Health	133,960	1,560
Niger ^{1 2}	Malaria	NER-M-CRS	Catholic Relief Services	18,998,349 ²	77,990
South Sudan	HIV	SSD-H-UNDP	UNDP	4,230,795	36,990
	Malaria	SSD-M-PSI	Pop. Services Intl.	6,116,526	51,110
Tanzania	TB	TZA-T-MOF	Ministry of Finance	9,436,697	39,990
	TB/HIV	TZA-C-AMREF	Amref	1,255,729	26,220
Turkmenistan	Malaria	TKM-T-UNDP	UNDP	6,218,534	57,490
Total				46,410,440	

Note:

1. With exception of Niger malaria, which uses euros, all grants in this table are denominated in U.S. dollars.
2. The amount for Niger malaria has been converted to U.S. dollars at the rate of 1 Euro = 1.1112 U.S. dollars.
3. The funding source for all grants in the above table is portfolio optimization, with the exception of the Niger malaria grant, where there are two funding sources: (a) portfolio optimization (€12,641,646 or \$14,047,97); and (b) private sector contribution (€4,455,500 or \$4,950,952). The latter investment comes from the Crush Malaria Campaign.

In its report to the Board, the GAC provided comments on the awards, which we summarize in the balance of this article.

Funding awarded for UQD interventions

Bhutan HIV, malaria and TB

The additional investment will be used to strengthen data gathering and data sharing within Bhutan and cross-border. It will also help to address the current gap regarding the risk behaviors that drive the HIV epidemic among key populations, including men who have sex with men, female sex workers and transgender people. Lastly, it will support a mid-term review of the national TB program to assess progress and inform prioritization of the country's TB interventions. This assessment is important to enhance national program sustainability and support securing the gains of Global Fund investments while the country prepares its future transition away from Global Fund funding.

Niger

Rapid population growth in Niger has placed an increasing strain on the health system to provide basic malaria treatment services and appropriate scale-up of malaria prevention activities, including long-lasting insecticidal nets (LLIN) and SMC campaigns. The additional investment from portfolio optimization will address a gap in the provision of LLINs in 2020 in three regions: Diffa, Dosso and Tillabéri. It will provide 4,120,267 LLINs to 27 districts in these three regions, covering 7,200,422 people. (See also the reference above to a private sector contribution for the Niger malaria grant.)

South Sudan HIV

In October 2018, as part of the Global Fund-supported reprogramming, new assessments of treatment

needs were conducted, and a revised quantification and commodities supply plan was developed. In the process, a funding gap for covering ARV needs was identified. The additional investment approved by the Board will support procurement of ARVs for Unity, Jonglei and Upper Nile States, which previously were not covered in the first and second years of the grant.

South Sudan malaria

The additional funding seeks to address a gap in LLIN coverage in the third year of the malaria grant. It will support the procurement of 1,989,620 LLINs in 2020. With these nets, plus additional LLINs procured through savings and efficiencies found in the current grant, and a carryover of undistributed LLINs from 2018 and 2019 (due to difficulties in accessing certain regions because of flooding and/or the security situation), it is expected that the target of distributing a total of 4,768,789 LLINs by 2020 will be reached.

Tanzania TB and TB/HIV

Tanzania is among the 10 countries with the highest TB and TB/HIV burden. With a case detection rate of under 50%, it is estimated that the TB program in Tanzania continues to miss over 75,000 TB cases annually. The additional funding will support the scale-up of interventions to find, diagnose and treat an additional 30,000 people with TB by the end of December 2020.

Turkmenistan TB

In 2018, there were 694 notified cases of resistant- and multi-drug-resistant-TB (RR/MDR-TB) and the treatment success rate of the 2016 cohort was estimated at 55%. Although detection has been scaled up rapidly since 2014, there is a continued need to strengthen lab networks. Moreover, pursuant to recommendations of the World Health Organization, the government plans to transition to the new WHO guidelines and enroll patients on the new RR/MDR-TB treatment in 2019. The additional funding will contribute to transitioning to the new regimens for drug-resistant TB by covering the cost of drugs for the extra cases of pre/extensively drug-resistant TB (XDR-TB), including the cost of bedaquiline and delamanid; strengthening lab capacities (including in the prison sector); training of medical staff and lab personnel as per the new WHO guidelines; and providing social support for additional XDR-TB patients.

The information for this article was taken from Board Document GF/B41/ER07 (“Electronic Report to the Board: Report of the Secretariat’s Grant Approvals Committee”), undated. This document is not available on the Global Fund website.

[Read More](#)
