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Global Fund Board approves an additional \$234 million in country grants

On 28 May 2018, the Global Fund Board approved 13 country grants worth \$234.2 million. This includes \$7.4 million in matching funds. The Board also approved \$6.2 million in matching funds requests for grants from two countries for which regular funding had already been approved.

This was the ninth batch of approvals from the 2017–2019 allocations. The Board was acting on the recommendations of the Technical Review Panel (TRP) and the Grant Approvals Committee (GAC). Interventions totaling \$41.3 million were added to the Unfunded Quality Demand (UQD) Register. Domestic commitments to the programs represented by the approved grants amounted to \$902.5 million.

See Tables 1 and 2 for details.

Table 1: Grants approved from the 2017-2019 allocations — Ninth batch (\$US)

Applicant	Comp.	Grant name	Principal recipient	Amount approved
Angola	HIV	AGO-H-UNDP	UNDP	23,110,399
	Malaria	AGO-M-MOH	Ministry of Health	13,470,603
		AGO-M-WVI	World Vision Intl.	8,529,397
Costa Rica	HIV	CRI-H-HIVOS	HIVOS	2,120,098
Gambia	Malaria	GMB-M-MOH	Ministry of Health	13,895,813
Kyrgyzstan	TB/HIV	KGZ-C-UNDP	UNDP	20,959,824

Sierra Leone	Malaria	SLE-M-CRS	Catholic Relief Serv.	5,313,275
	TB/M/HS	SLE-Z-MOHS	Min. of Health & Sanit.	60,511,376
Swaziland	TB/HIV	SWZ—C-CANGO	CANGO	6,307,769
		SWZ-C-NERCHA	NERCHA	40,417,023
Turkmenistan	TB	TKN-T-UNDP	UNDP	3,956,665
Uzbekistan	HIV	UZB-H-RAC	Rep. C. to Fight AIDS	16,567,919
	TB	UZB-T-RDC	Rep. DOTS Center	19,000,831
Totals				234,160,992

Notes:

1. Amounts approved shown are upper ceilings.
 1. The domestic commitments shown are for the disease programs and exclude RSSH.
 2. The amount shown for UQD for AGO-H-UNDP covers both HIV and TB.

As is customary, the approved funding is subject to availability of funding and will be committed in annual tranches.

Table 2: Matching funds awarded for country grants previously approved (\$US)

Applicant	Comp.	Grant name	Principal recipient	Amount approved(\$)
Congo DR	Malaria	COD-M-HOH	Ministry of Health	2,975,025
Côte d'Ivoire	Malaria	CIV-M-MOH	Ministry of Health	3,121,076
Total				6,196,111

Note: For grants denominated in euros, a conversion rate of 1 euro = 1.1675 US dollars was used.

More to come

So far in the 2017-2019 funding cycle, approximately 208 country grants have been approved by the Board. The grants derive from the funding requests submitted by applicants. Many funding requests produce multiple grants. It can take up to a year for the funding requests to work their way through the review and grant-making processes before the grants are submitted to the Board for approval.

For 2017–2019, six windows were established for applicants to submit their funding requests. The first three windows were in 2017; there are three additional windows in 2018. The deadlines for Windows 4 and 5 have already occurred. Window 4 (deadline: 7 February) generated 26 requests. For Window 5 (deadline: 30 April), there were 33 submissions.

In the first five windows combined, approximately 225 funding requests were received, of which 204 were from CCMs. The other 21 were from regional coordinating mechanisms or regional organizations.

The deadline for the final window for 2018 is 6 August, with the TRP review scheduled for 9–21 September. As of 30 May 2018, the Secretariat forecast that it will receive 30 requests in Window 6, of which 12 will be from multi-country applicants.

Because of the time it takes for the review of the funding requests and for the grant-making process, it will be several months before any grants from the Window 4 and 5 funding requests are approved for funding. The grants that have just been approved (listed in Table 1 above) all originate from funding requests submitted in Windows 1 and 3.

Comments on individual funding requests

The report containing the recommendations from the TRP and the GAC included comments on some of the grants. Below, we provide a summary of some of these comments.

Angola

The HIV epidemic in Angola is generalized with high prevalence rates among key populations. The grant prioritized (a) interventions for key populations; and (b) treatment, care and support focused on the prevention of mother-to-child transmission.

Malaria remains a major public health threat in Angola and is the principal cause of morbidity and mortality. The grant will support the National Malaria Strategic Plan which aims to reduce malaria morbidity from 14% in 2016 to 6% by 2020; and to reduce mortality from 53.8% in 2016 to 21.4% by 2020. The Global Fund investments will focus on scaling up case management, including integrated community case management.

Although the Government of Angola has committed to comply with the co-financing requirements for 2017–2019, the GAC said that the commitments are insufficient to cover the full need. “There are significant gaps in essential services,” the GAC said, “particularly regarding the procurement of medications and health commodities.”

Given Angola’s current macroeconomic and fiscal context, the GAC said, the Secretariat will monitor the risk of disruption to essential services for HIV and malaria. “[There are] critical gaps in the financing of national programs [which] could be exacerbated if domestic commitments do not materialize,” the GAC noted.

The GAC said that while Angola continues its work to strengthen its national supply chain, the UNDP will remain the procurement agent for HIV and Wambo.org will continue to be used for procurement of malaria commodities.

Sierra Leone

The GAC reported that the domestic commitment for HIV, TB and malaria for 2018–2020 is about \$11.4 million (excluding human resource costs), which represents a 278% increase compared to 2014–2016.

The civil society grant (SLE-M-CRS) will focus on advocacy, communication and social mobilization and is designed to support the malaria activities in the government grant (SLE-Z-MOHS) to enhance the uptake of prevention and treatment services. The GAC said that the community systems’ response, through the use of community health workers, is one of the main priorities of the RSSH investments. The GAC added that an analysis of the community health workers strategy will be performed in the first year of implementation, leading to a revision of the community health component.

The construction of a warehouse, originally planned for existing 2014–2016 grant, will be completed in the new grant instead.

Swaziland

Swaziland’s TB/HIV funding request included \$8.6 for second- and third-line antiretrovirals (ARV) and drugs for opportunistic infections. However, as a result of Swaziland’s decision to adopt a generic fixed-dose combination of tenofovir disoproxil fumarate, lamivudine and dolutegravir (TLD) as the first-line regimen for HIV treatment, significant savings from the national ARV budget were identified. These savings rendered the contributions from the government and PEPFAR sufficient to cover all ARV needs.

The \$8.6 million in the funding request was therefore reallocated, as part of a \$10.0 million investment, to cover significant gaps in the budget for procurement of diagnostic tests and laboratory reagents, and for program management.

The GAC noted that currency fluctuations represent a foreign exchange risk for the grant. The Secretariat will explore the use of multi-currency disbursements for Swaziland and will work with the principal recipients to mitigate against major losses, where possible. (See the recent [GFO article](#) on how the Global Fund manages currency fluctuations.)

Aidsplan reported previously on the [first](#) batch of grant approvals for 2017-2019; the [second](#) batch; the [third](#) batch; the [fourth](#) batch; the [fifth](#) batch; the [sixth](#) batch; the [seventh](#) batch; and the [eighth](#) batch.

Most of the information for this article was taken from Board Document GF-B39-ER01 (Electronic Report to the Board: Report of the Secretariat’s Grant Approvals Committee, undated). This document is not available on the Global Fund website.

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