



Independent observer
of the Global Fund

GLOBAL FUND BOARD APPROVES ADDITIONAL FUNDING WORTH \$57.9 MILLION THROUGH PORTFOLIO OPTIMIZATION, FOR GRANTS IN FIVE COUNTRIES

The Global Fund Board has approved \$57.9 million to finance interventions listed on the Register of Unfunded Quality Demand (UQD) for existing grants in five countries: Algeria (HIV), Ethiopia (TB), Ghana (malaria), Nigeria (TB), and Uzbekistan (TB) grants. The additional funding comes from the reallocation of unutilized funds from other existing Global Fund grants to other countries, termed 'portfolio optimization'.

Figure 1: Secretariat's Recommendations on Additional Funding to finance unfunded quality demand from

the 2017-2019 allocation period



Source: Aidspan, using data from the Grant Approval Committee's report

Register of Unfunded Quality Demand

The Global Fund encourages countries to include in their funding requests a “prioritized above-allocation request” (PAAR) section, which contains countries’ priority programs that ideally would be fully funded but which cannot be (initially) due to limited resources. The Technical Review Panel (TRP) reviews the prioritized above-allocation requests and interventions found strategically focused and technically sound recorded in the [Register of Unfunded Quality Demand \(UQD\)](#). The Global Fund finances the interventions listed on the UQD register from several sources: through savings or efficiencies found during grant-making, or upon the Global Fund receiving additional funding.

Details of approved grants

This section summarizes the description per country of how the portfolio optimization awards will be used.

1. Address challenges of Algeria’s HIV program’s transition away from Global Fund support

Algeria’s HIV component will be transitioning out of Global Fund support by 31 December 2022. Now, the government of Algeria funds most (95%) of HIV interventions in the country, with the remaining proportion handled by civil society organizations (CSOs). The CSOs are mainly reliant on the Global Fund’s financial support to provide HIV interventions targeting key and vulnerable populations such as commercial sex workers (CSWs), migrants, and men having sex with men (MSM). The government of Algeria has committed to taking over the CSO-led HIV interventions as it transitions out of Global Fund support. However, it’s not clear how and when the government will take over the CSO-led HIV interventions, casting some doubt on the sustainability of Global Fund-supported programs beyond 31 December 2022.

The Global Fund has provided additional funding to Algeria’s HIV component to address the transition-related challenges and reinforce CSO-led HIV interventions. The CSOs will use the additional funding to scale up HIV interventions to reduce obstacles to accessing health services such as stigma and discrimination in care settings for people living with HIV and for key populations. This will be actualized through training 100 healthcare providers from testing and reference centers on medical ethics, improving the quality of care and treatment standards, and planning for advocacy meetings to handle legal complaints. Furthermore, the additional funds will provide behavioral interventions to 2,384 migrants and 6,248 sex workers living outside sites currently served by CSOs. The funds will also support the adoption of a community-based testing strategy through increasing the capacity of community health workers (CHWs).

2. Support roll-out of updated national policy aligned to new WHO policy in Ethiopia

Ethiopia is among the top 20 countries in the world with the highest new cases of tuberculosis in 2018, according to the [World Health Organization’s \(WHO’s\) Global Tuberculosis Report of 2019](#). The country had an estimated 165,000 cases of TB in 2018. The additional funds from the Global Fund will support Ethiopia to roll out a national TB policy, which aligns with WHO’s 2019 policies for treating multidrug-resistant tuberculosis (MDR-TB). The country is transitioning from the injectable shorter treatment for MDR-TB to a more prolonged oral treatment. Also, the additional funds will support the training of health-care providers in Ethiopia and the transition from a paper-based- to web-based reporting system on the effects of TB drugs.

With the additional funds, Ethiopia will also expand the contribution of other TB service providers, mainly the private-for-profit providers. Ethiopia will achieve this through expansion to 274 private facilities in TB case identification, diagnosis, and treatment. This will result in an additional 9447 TB cases notification by the end of the grant period. Ethiopia will also use the additional funds to expand community-based TB care, such as community-based screening, contact screening, patient support, and referral linkage, in 132 districts. This will result in the detection and treatment of an additional 16,709 TB cases by the end of the grant period.

3. Support Ghana to procure long-lasting insecticidal nets for 2021 mass distribution

Malaria is endemic in Ghana, with all Ghanaians at risk of the disease. The country adopted a mass campaign

strategy in which long-lasting insecticidal nets (LLINs) are distributed every three years, with the last bed-nets mass campaign held in 2018. Ghana procured the LLINs distributed in 2018 using funds for the 2014-2016 allocation period. However, the country did not include funds for the LLIN procurement for the 2021 mass campaign in the 2017-2019 allocation period and so now has a shortage. Ghana is targeting the distribution of 16.3 million LLINs in the 2021 campaign. The additional funds from the Global Fund will bridge the gap in LLINs for the 2021 campaign through procurement of 9.4 million LLINs. The government of Ghana and the U.S. President's Malaria Initiative (PMI) will procure the remaining number of LLINs.

However, part of the additional funds will be paid in kind as outstanding recoveries from Global Fund grants to Ghana. Consequently, the government of Ghana has pledged to procure LLINs worth \$2.83 million as part of the recovered amount.

4. Bolstering TB case detection and diagnosis in Nigeria

Nigeria is among eight countries globally that together contribute two-thirds of the global total of tuberculosis cases in 2018, according to the [WHO's 2019 Global Tuberculosis Report](#). In 2018, Nigeria had the highest TB burden in Africa and contributed 4% of the world's TB cases. The additional funds to Nigeria's TB component will bolster TB case detection and diagnosis, thereby enabling the country to meet its targets.

Nigeria will use the additional funds to procure 1.4 million additional cartridges for GeneXpert machines (a form of rapid-test machine for TB, now also capable of processing COVID-19 tests). This will enable Nigeria to test 150,000 TB cases, thus contributing to meeting Nigeria's 2020 target of 60% TB case notifications nationally. Also, the additional funds will be used to optimize GeneXpert sites by improving the operational capacity of those sites through the procurement of inverters and solar panels to ensure the power supply needed to run the machines. The additional funds will also avert TB service disruption through the procurement of 102 additional GeneXpert machines, to enable Nigeria to meet its 2020 TB case detection targets.

5. Procurement of the new multidrug-resistant tuberculosis treatment in Uzbekistan

Uzbekistan is among the ten countries globally with the highest number of new cases of multidrug-resistant tuberculosis, according to the [WHO's Global Tuberculosis Report of 2019](#). The country's rate of new MDR-TB cases was 15% in 2018. The country is adopting the [new WHO-prescribed treatment for MDR-TB](#). However, Uzbekistan is facing a budget deficit while transitioning to the new MDR-TB regimen. This is due to the higher cost of the new recommended treatment compared to the previous regimen. Uzbekistan will use the additional funds from the Global Fund to bridge its budget deficit and procure the new MDR-TB treatment and laboratory reagents for treatment monitoring. This will boost the country's capacity to offer second-line TB treatment and to meet its targets of multidrug- and rifampicin-resistant tuberculosis, of 2,650 cases in 2020 and 1,300 by 30 June 2021.

The information for this article was taken from Board document GF/B42/ER08 (Electronic Report to the Board – Report of the Secretariat's Grant Approvals Committee: Decision on the Secretariat's Recommendation on Additional Funding to Finance Unfunded Quality Demand from the 2017-2019 Allocation Period. This document is not available on the Global Fund's website.

[Read More](#)
