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Global Fund Board approves initiatives worth \$18 million from the Unfunded Quality Demand Register

On 24 July 2019, the Global Fund Board approved funding in the amount of \$18.0 million from the 2017-2019 allocations for several interventions on the Unfunded Quality Demand (UQD) Register. The funds will be added to three existing country grants and one existing multi-country grant. The sources of these funds are portfolio optimization and a private sector contribution. (See Table 1 below.)

The Board was acting on the recommendations of the Technical Review Panel (TRP) and the Grant Approvals Committee (GAC). This was the 21st batch of approvals from the 2017-2019 allocations.

Table 1: Additional funding for UQD interventions from the 2017-2019 allocations (\$ million)

Applicant	Com- ponent	Grant name	Principal recipient	Funding source ¹	ap
Multi-country RAI2E	Malaria	QSE-M-UNOPS	UNOPS ²	PSC	2.0
Pakistan	HIV	PAK-H-NZT	Nai Zindagi	PO	5.0
Philippines	TB	HPHL-T-PBSP	PBSP ²	PO	10.0
Rwanda	TB	RWA-T-MOH	Ministry of Health	PO	1.0
Totals					18.0

Notes:

1. PO = Portfolio optimization | PSC = Private sector contribution
2. UNOPS = United Nations Office of Project Services (UNOPS) | PBSP = Philippine Business for Social Progress

The funds for portfolio optimization come from the \$500 million identified as being available for this purpose by the Audit and Finance Committee.

Portfolio optimization – background

The purpose of portfolio optimization is to enable the Global Fund to improve impact, react to changing disease circumstances, and ensure high absorption of funds. The Secretariat began to introduce its operational mechanism for optimizing the portfolio following the September 2014 meeting of the Finance and Operational Performance Committee (FOPC, the precursor to the Audit and Finance Committee).

In June 2017, the Strategy Committee approved a prioritization framework for funds (and a prioritization tool) that become available for portfolio optimization and financing Unfunded Quality Demand (UQD); this framework is based on four principles relating to maximizing the impact and use of available funds, identifying and addressing root causes of bottlenecks in implementation, opportunities to re-invest within the disease portfolio, and aligning with the aims of the allocation methodology and the need for sustainability of Global Fund investments.

The Strategy Committee also defined clearly the prioritization criteria for portfolio optimization and financing UQD. These criteria include maintaining essential life-saving services and programs, prioritization relative to need, and strategic investments to strengthen sustainability of national programs and/or address specific transition challenges.

The Audit and Finance Committee is responsible for allocation funds available for use as portfolio optimization. The Grant Approvals Committee is responsible for making decisions about additional funds from portfolio optimization resources for specific grants, on the basis of investment cases put to the committee.

Monthly Grant Approval Committee reports to the Board reflect the committee's recommendations for Board approval of grant revisions that integrate additional funds awarded to countries through portfolio optimization, into already approved Global Fund grants. This is the mechanism through which the additional funding for Pakistan, Philippines and Rwanda described in this article is being invested.

In its report, the GAC provided comments on all of the awards. Below, we provide a summary.

Regional Artemisinin-resistance Initiative (RAI) – Phase 2 grant

The \$2.0 million funding award from the private sector will support the RAI grant, the Global Fund's largest regional initiative to eliminate drug-resistant malaria. The grant covers the Greater Mekong region of Southeast Asia. The award brings to \$245.7 million the total budget for this grant.

This is the first private sector contribution to the RAI. The investment was provided by the Dhanin Tawee Chearavanont Foundation (DTCF). According to a [post on the Global Fund's website](#), the Dhanin Tawee Chearavanont Foundation (DTCF) is an international nonprofit organization with the founding principle "Respect for People and Planet." The DTCF works to bring about a healthy society and sustainable world by providing infrastructure, research, strategy, technology and financial support to empower people and organizations to reach their fullest potential.

The post explains that the RAI was launched in 2014 to counter the growing threat of drug-resistant malaria in Cambodia, China, Lao PDR, Myanmar, Thailand and Viet Nam with the aim of eliminating the most dangerous strain of the disease by 2025. (For a fuller description of the grant, see the [GFO article](#) in Issue 354 (17 April 2019).

The \$2.0 million contribution will increase the detection of malaria cases and surveillance of hard-to-reach, mobile and migrant populations living along the Thai border.

Pakistan HIV grant

Initiatives totalling \$5.0 million from the UQD Register, funded through portfolio optimization, will support reducing risk of HIV transmission and expanding treatment coverage for people living with HIV in Pakistan.

According to the GAC, Pakistan's HIV prevalence has been rising among people who inject drugs, with prevalence rates of up to 70% in that population in major cities in Punjab province. The Government's commitment to fund 36% and 59% of the country's HIV program in 2018 and 2019, respectively, has not materialized, the GAC said.

Despite efforts to reprogram savings from the implementation of the HIV grant in 2018, a funding gap remains, leaving 75% of the people who inject drugs without access to services.

The new funding will support initiatives to address programmatic gaps by expanding comprehensive services for key populations to eight cities that were not previously covered by the grant. Specifically, the funds will:

- Provide HIV prevention packages to 26,000 people (an increase of 7% compared to previous targets);
- Provide antiretroviral therapy to 6,535 additional people living with HIV; and
- Increase from 2,304 to 3,325 the number of HIV+ people who inject drugs and their spouses who are linked to HIV care and treatment services.

The GAC said that it noted "with concern" that a general population HIV outbreak (mostly in children) has been reported in the Larkana district in Sindh province, "the full implications of which are still being assessed and determined." GFO provided a comprehensive [report](#) on this outbreak in Issue 359 (26 June 2019).

The GAC recommended that the Secretariat and technical partners "closely monitor the situation in Pakistan as additional evidence is gathered to better understand the magnitude and underlying causes of the recent outbreak, and while the government's response to the outbreak is further developed."

The GAC stressed the need to better understand the underlying fundamental health systems issues that precipitated this outbreak and to prepare for an increased demand for HIV prevention and treatment

services in Pakistan. In addition, the GAC said, considering the unsafe injection practices, there is a need to harmonize HIV-related initiatives in Pakistan with investments by GAVI, the Vaccine Alliance. Pakistan is the largest recipient of GAVI funding (source: [GAVI website](#)).

Philippines TB grant

The \$10.0 million investment from portfolio optimization will offset upfront costs related to implementing the World Health Organization's new MDR-TB treatment regimen.

Philippines, an early adopter of the new regimen, had already received funding from a previous portfolio optimization award in March 2019 (see [GFO 353 article](#)) to support shifting patients to the new regimen. Nevertheless, a funding gap remained. The GAC said that the new funding will cover the procurement of second line anti-TB drugs (including new drugs) and GeneXpert cartridges; drug safety monitoring; and patient support.

Rwanda TB grant

The focus of the TB grant is on prevention and care, with specific attention to increasing TB screening by supporting the roll-out of chest radiographs in identified high risk groups, particularly people living with HIV. The GAC said that Rwanda continues to face constraints within the health system that hinder the optimal use of x-ray screening. In addition, the GAC noted, there are challenges in accessing radiography services.

To address these gaps, the \$1.0 million in new funding through portfolio optimization will enable Rwanda to invest in five digital radiography machines for district hospitals in an effort to increase early detection and treatment, leading to reduced mortality and morbidity from TB/HIV co-infections; and to conduct a "catastrophic cost survey." This survey will enable Rwanda to establish a baseline for the country's End TB Indicator 5, where the goal is that zero families face catastrophic costs related to TB by 2020. The determination of costs will also support efforts towards developing a national policy on reducing TB patient costs, which will lead to further improvements in diagnosis and treatment adherence.

Grant extension

In its report, the GAC noted that the Secretariat has approved a one-year no-cost extension for the Multi-Country Regional Malaria Elimination Initiative (RMEI) grant in Latin America. The grant is now scheduled to run until 31 December 2023.

Most of the information for this article was taken from Board Document GF-B41-ER03 ("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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