



Independent observer
of the Global Fund

BOARD APPROVES ANOTHER BATCH OF NFM GRANTS

In August 2016, the Global Fund Board approved \$180 million in funding for 14 grants emanating from concept notes submitted by 11 countries. Of the \$180 million, \$60 million represented new money; the balance was existing funding that had been approved prior to the new funding model (NFM) but was nevertheless included in the NFM allocations to countries. The Board was acting on recommendations from the Grant Approvals Committee (GAC) and the Technical Review Panel (TRP).

No incentive funding was awarded. However, interventions totaling \$6.6 million were added to the registry of unfunded quality demand. See Table 1 for details.

Table 1: Funding for country grants approved by the Global Fund, August 2016 (\$ million)

| Country (component) | Grant name | Principal recipient | Approved funding | |
|---------------------|---------------|------------------------------------|------------------|--------|
| | | | Existing | New |
| Bolivia(HIV) | BOL-H-HIVOS | HIVOS | 0.4 m | 7.9 m |
| C.A.R. (TB) | CAF-C-IFRC | IFRC | 5.7 m | 12.2 m |
| Côte d'Ivoire (HIV) | CIV-910-G12-H | National HIV Program | 6.8 m | 5.1 m |
| | CIV-910-G13-H | Alliance Nationale Côte d'Ivoire | 13.2 m | 5.4 m |
| Georgia (TB) | GEO-T-NCDC | National Centre for D.C. & P.H. | 8.1 m | 4.8 m |
| Guatemala (HIV) | GUA-311-GO5-H | HIVOS | 5.5 m > | 2.5 m |
| | GUA-211-GO6-H | Min. of Health & Social Assistance | 3.6 m | 3.8 m |
| Honduras (TB) | HNS-T-UAFCE | Ministry of Health | 2.7 m | 4.1 m |
| Mali (TB/HIV) | MLI-H-PLAN | Plan International | 0.0 m | 7.4 m |

| | | | | |
|----------------|---------------|----------------------------------|---------|--------|
| Morocco (HSS) | MAR-S-MOH | Ministry of Health | 0.3 m | 6.5 m |
| Namibia (HIV) | NMB-202-G01-H | Ministry of Health & S.S. | 46.9 m | 0.1 m |
| | NMB-202-G07-H | Namibia Network of ASOs | 10.6 m | 0.0 m |
| Namibia (TB) | NMB-T-MOHSS | Min. of Health and Soc. Services | 15.3 m | 0.0 m |
| S.T.P. (HIV) | STP-H-UNDP | UNDP | 0.4 m | 0.3 m |
| TOTALS | | | 119.5 m | 60.1 m |

The awards to the Central African Republic, Côte d'Ivoire, Mali and Morocco were in euros, which we have converted to U.S. dollars at a rate of 1.1162.

¹ An additional \$1.8 million was added to the unfunded quality demand register.

² An additional \$4.8 million was added to the unfunded quality demand register.

The Board also added \$3.3 million to the program budget for a previously approved TB/HIV grant to Zambia. The money comes from uncommitted funds from a closed HIV grant. As well, the Board approved additional funding of \$25 million to allow an early applicant grant (Philippines TB) to provide services through to 31 December 2017. When the original grant was approved, the budget only covered the period to the end of 2016.

By far the largest award was for two HIV grants and one TB grant to Namibia (\$72.9 million). Côte d'Ivoire was next with \$30.5 million for two HIV grants. GFO will report in a future issue on what the GAC had to say about some of the grants it recommended for funding.

Under the new Strategy, one of the priorities of the Global Fund is to increase the amount of domestic funding being invested in programs supported by the Fund. Table 2 provides information on domestic funding investments for the disease-related grants approved by the Board in this wave.

Table 2: Domestic funding investments for disease-related grants approved by the Board in August

| Country/ Component/ Income level | Domestic financial commitment (\$ million) | % of total resources for ne implementation period |
|---|--|---|
| Bolivia/ HIV/ Lower-LMI | \$26.8 m | 55% |
| WHERE THE FUNDS WILL BE INVESTED: | | |
| Government has used funds to absorb 95% of ART costs. In the future, it plans to use this funding to: (a) distribute treatment and health products; (b) partially fund viral load monitoring, condoms and rapid HIV tests; and absorb human resource costs. | | |
| C.A.R./ TB-HIV/ LI | \$4.0 m | 12% |
| WHERE THE FUNDS WILL BE INVESTED: | | |
| (To be negotiated when the operating environment improves.) | | |
| Côte d'Ivoire/ HIV/ Lower-LMI | \$31.7 m | 9% |
| WHERE THE FUNDS WILL BE INVESTED: | | |
| Scale-up of ARV investment. | | |
| Georgia/ TB/ Upper-LMI | \$23.3 m | 55% |

WHERE THE FUNDS WILL BE INVESTED:

Continue to procure first line drugs, medicines to manage adverse reactions and infection control consumables. Continue to cover laboratory expenses. Additionally, the government provides income tax for cash incentives treatment adherence for all patients. During this implementation period, the government will increase the proportion of second and third line drugs it finances.

| | | |
|---------------------------|----------|-----|
| Guatemala/ HIV/ Upper-LMI | \$31.7 m | 80% |
|---------------------------|----------|-----|

WHERE THE FUNDS WILL BE INVESTED:

The government plans to use these funds to continue financing the national HIV program and plans to absorb the cost of ARVs and human resources, currently financed with grant funds.

| | | |
|-------------------------|---------|-----|
| Honduras/ TB/ Lower-LMI | \$7.0 m | 21% |
|-------------------------|---------|-----|

WHERE THE FUNDS WILL BE INVESTED:

The country is using these funds to procure first line and second line medicines, to pay for health staff and to absorb costs related to lab supplies and the salary of lab employees currently paid by the grant.

| | | |
|---------------|----------|-----|
| Mali/ HIV/ LI | \$12.5 m | 16% |
|---------------|----------|-----|

WHERE THE FUNDS WILL BE INVESTED:

This funding will be used to finance third-line ARV treatments, equipment, reagents, and products for diagnostic laboratory equipment maintenance, some human resources costs, and other operational costs.

| | | |
|-------------------|-----------|-----|
| Namibia/ HIV/ UMI | \$290.0 m | 67% |
|-------------------|-----------|-----|

WHERE THE FUNDS WILL BE INVESTED:

These funds will be used to maintain current HIV- and AIDS-related service coverage rates.

| | | |
|---------------------------------|---------|-----|
| S. T.& Principe/ HIV/ Lower-LMI | \$4.1 m | 29% |
|---------------------------------|---------|-----|

WHERE THE FUNDS WILL BE INVESTED:

Government contributions pertain mainly to direct programmatic costs including human resources, operational infrastructure, and procurement of first-line ARVs.

With respect to the Guatemala HIV grant, the GAC added, “The Secretariat will follow up on this proposed use of these funds since the Ministry of Health was unable to absorb ARV costs in 2016 and requested an emergency reprogramming for the Global Fund to cover these costs. Going forward, there is a risk of this scenario repeating again in 2017. There has, however, been a limited degree of success in absorbing personnel costs.”

Finally, the Board approved \$25 million for four regional grants. See Table 3 for details.

Table 3: Funding for regional grants approved by the Global Fund, August 2016 (\$ million)

| Applicant (component) | Grant name | Approved funding | |
|--|---------------|------------------|--------|
| | | Existing | New |
| Caribbean Vulnerable Communities Coalition (CVC) & El Centro de Orientación e Investigación Integral (COIN) | QRA-H-UNDP | N/A | 7.4 m |
| Intergovernmental Authority on Development (IGAD) Island of Southeast Asia Network on Male and Transgender Sexual Health (ISEAN-HIVOS) | QPA-C-IGAD | N/A | 10.0 m |
| | MEI-011-G01-H | 0.8 m | 1.4 m |
| Pan-Caribbean Partnership Against HIV/AIDS (PANCAP) | QRA-H-CARICOM | N/A | 5.1 m |

The ISEAN-HIVOS grant was approved in the first wave of regional applications in 2015. The other three grants stem from Wave 2 proposal submitted earlier this year.

GFO plans to report in a future issue on what the GAC had to say about the regional grants it recommended for funding.

Information for this article comes from the August 2016 report of the Secretariat's Grant Approvals Committee to the Board (GF-B35-ER11). This document is not available on the Fund's website.

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