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TRP and GAC Comment on the Funding Awarded to Myanmar

When the Global Fund Board approved early applicant funding for Myanmar for all three diseases (see first article in this newsletter), it also approved funding for the renewal of existing grants for these diseases. The total funding approved for Myanmar is shown in the following table:

Table: Funding approved for Myanmar, both new and renewal

Disease	Funding approved (\$ million)		
	Renewal funding	Early applicant funding	
		Indicative funding	Incentive funding
HIV	91.7	39.5	30.0
TB	42.4	26.3	14.0
Malaria	34.3	26.0	12.0
Total	168.4	91.8	56.0

The Global Fund provided one narrative to explain the comments of the Technical Review Panel (TRP) and the Grant Approvals Committee (GAC) for both the new funding and the renewals. This article provides a summary of the comments.

The GAC commented on the effectiveness of the Myanmar Country Coordinating Mechanism (M-CMM) and said that with strong support from major donors – including the UK, Australia, Japan, the EU and the US – the M-CCM will be transformed into the Health Sector Coordinating Committee, a partner coordination mechanism for the entire health sector in Myanmar, through which all donor funds will be coordinated with government resources.

The renewal funding is for grants for all three diseases that originated in Round 9 and that are currently being managed by the United Nations Office for Project Services (UNOPS) and Save the Children. (Each PR manages one grant for each disease.) The NFM funding will combined with the renewal funding.

HIV

The GAC said that the existing HIV grants being managed by UNOPS and Save the Children performed well in their initial phases. The GAC said that there is an opportunity at this time in Myanmar to ensure that Global Fund investments reach vulnerable populations that have previously been beyond the reach of key health services.

The activities included in the concept note aim to lower HIV transmission and HIV-related morbidity, mortality, disability and socio-economic impact. The activities are designed to reduce service coverage gaps of key treatment interventions and to increase coverage of prevention activities among key affected populations. In addition, the activities involve the expansion of harm reduction programmes to new areas with high transmission – for example, the conflict areas bordering China where HIV prevalence is estimated to be as high as 30%.

When it reviewed the concept note, the TRP said that the focus of the note – on scaling up ARVs, combined with prevention activities among persons living with HIV, men who have sex with men, and female sex workers – was appropriate. The TRP also said that the concept note was generally well aligned with the national strategy; that there is a synergy between the activities in the concept note and Myanmar's TB proposal; and that the principal recipients (PRs) appear to have the capacity to absorb additional funds. The TRP also applauded the fact that a community feedback mechanism is in place for monitoring the scale-up of ARVs.

TB

The GAC said that the National TB Programme is heavily dependent on external resources for its financing. The Global Fund is the primary source of funding, contributing about 37% of the funding need and 70% of the currently available funding.

The GAC said that the challenges of the current implementation period of the existing TB grants – and the risks for the next implementation period – include a general lack of Global Fund experience in Myanmar; delays in the procurement of health products; complex mechanisms for getting funds to the government; and delays on the part of the government in issuing operational memoranda of understanding to international NGOs.

The GAC said that both PRs demonstrated consistent improvement in programmatic and financial performance throughout the current implementation period. Performance across the Fund's top ten indicators was 100%. However, the results for one indicator – multiple-drug-resistant TB (MDR-TB) – were only 44% of target. This GAC said that this was largely due to the low enrolment of MDR-TB patients which, in turn, was due to procurement delays and a global shortage of second line drugs at the Global Drug Facility (GDF).

When it reviewed the concept note, the TRP said that the main focus areas of the note are in line with a recent joint programme review, and that they reflect the main priorities of the national strategic plan. The TRP asked for 10 clarifications.

In its review, the GAC stressed the need to increase active case-finding. The GAC also said that the MDR initiatives in the concept note were insufficient.

The TRP clarifications and the GAC recommendations were addressed during the grant making stage. With respect to active case finding, the Ministry of Health agreed to expand health services in remote areas. Regarding MDR-TB, the GAC said that the coverage will increase from 38 townships (currently) to 100 townships in 2016. As a result, a total of 2,808 MDR-TB patients will be treated over four years. The GAC said that “although coverage levels are still woefully inadequate, it is nonetheless an important step forward in terms of MDR-TB program scale-up.”

In its review of the concept note, the GAC commented on the weaknesses of data systems in Myanmar. According to the GAC, the Secretariat’s country team for Myanmar said that the weaknesses will be addressed through a strategic initiative agreement with the government, co-financed by the Global Fund. The initiative will focus on strengthening the disease management information systems for the entire country, and on strengthening capacity for routine surveillance systems for all three diseases, including human resource capacity building in M&E at township, state and regional levels.

Malaria

The Global Fund is the primary source funding for the National Malaria Control Programme (NMCP), contributing about 19% of the funding need and 71% of the currently available funding.

The GAC said that the challenges of implementing the malaria grants in Myanmar are similar to those for the TB grants (see above). It said that the results of both PRs against certain indicators were affected by a rapid decline in malaria cases. The overall performance rating for both PRs in the current implementation period is B1.

The GAC said that the interventions proposed for the next implementation period are fully aligned with the National Strategic Plan for Malaria 2011–2015. The focus is on increasing the LLIN coverage in high-risk areas and on some moderate-risk areas, and on providing testing and malaria treatment.

In its review of the concept note, the TRP said that the note builds on approaches that have been proven to be effective in the local and international context, and that the interventions are at a scale that has potential for impact. The TRP noted that there is good involvement of partners in the implementation plan. The TRP asked for 15 clarifications.

In its review of the concept note, the GAC recommended that during grant-making and implementation greater attention be paid to coordination, and to ensuring synergies and complementarity of investments with partners that are co-financing the NMCP.

The TRP clarifications and the GAC recommendations were addressed during grant making.

Information for this article was taken from Board Decision B28-EDP-24 and from Board Document GF-B28-ER18, the Report of the Secretariat Funding Recommendations for June 2013. The latter document is not available on the Global Fund website. The text of the Board decision will be included in an electronic decisions document to be released after the Board meeting in Sri Lanka (18–19 June).

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