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of the Global Fund

Early Applicant Funding for Zimbabwe to Be Combined with Funding from a Round 8 HIV Grant

The \$278.9 million in early applicant funding approved for HIV in Zimbabwe will be combined with existing funding from a Round 8 HIV grant. The principal recipient (PR) for this grant is the United Nations Development Programme.

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

The GAC said that the new funding will build on successes Zimbabwe has achieved in reaching universal treatment coverage. It said that the concept note submitted by the CCM contains an “ambitious combination prevention component that aims to massively improve access to testing and counseling and condoms.”

Some of the new funding will be used to introduce high impact interventions such as male circumcision. The goal is to circumcise 720,000 men by 2016.

When the TRP reviewed the concept note, it asked for 15 clarifications. In the GAC’s review of the concept note, it recommended that TB and HIV integration be strengthened; that the activities in the note focusing on human rights and policy reform be better explained; and that the health systems strengthening and community systems strengthening activities be clearly defined and differentiated.

The TRP clarifications and the GAC recommendations were addressed during grant making. Cost efficiencies achieved during the discussions on the grant agreement were re-invested in priority areas

recommended by the TRP and the GAC, including prevention activities for most-at-risk populations.

The GAC said that although it believes that the Global Fund should continue to invest in the health worker retention scheme in order to safeguard the achievements of the Round 8 grant, there is a need for discussions to continue with the government and other stakeholders with a goal to getting the government to commit to gradually assume the full costs of the retention scheme.

During grant making, it was discovered that the unit costs and the buffer requirements for antiretrovirals had been underestimated by about \$57 million. After reallocation of some savings from cost efficiencies, a gap of \$31 million remained. The GAC said that this should be considered unfunded quality demand and it recommended that the amount be included in the unfunded quality demand register.

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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