



Independent observer
of the Global Fund

Board approves third batch of Global Fund grants valued at \$2.83 billion

On 1 December 2017, the Global Fund Board approved grants worth \$2.83 billion from the 2017-2019 allocations. This is the largest amount approved in a single batch since the start of the new funding model.

The Board approved funding for 62 grants emanating from 41 funding requests submitted by 29 countries – plus two multi-country grants for small island states (Western Pacific) and a hybrid grant (RAI2E). The Board was acting on the recommendations of the Technical Review Panel (TRP) and the Grant Approvals Committee (GAC).

This was the third batch of funding approvals in the 2017-2019 funding cycle. The \$2.83 billion included eight matching funds requests valued at \$48.6 million. Interventions totaling \$721.2 million were added to the Unfunded Quality Demand (UQD) Register. Domestic commitments to the programs represented by the approved grants amounted to \$3.82 billion.

See Tables 1, 2 and 3 for details. (Because of the high volume of grants, we have split them into three tables – “Africa I: A-K,” “Africa II: L-Z” and “Other Regions.”)

Table 1: Grants approved from the 2017-2019 allocations – Third batch: Africa I: A-K (\$US)

Applicant	Comp.	Grant name	Principal recipient	Amount	UQD	Domestic commitment
Burkina Faso	TB/HIV	BFA-C-IPC	Init. Privée et Comm.	8,391,291	8,665,319	59,342,2
		BFA-SPCNLS	SPCNLS	38,149,108		58,888,1

Malaria	BFA-M-PADS	P. d'Appui au Dev. San.	100,724,448	30,659,843	54,090,598		
Cameroon	Malaria	CMR-M-MOH	Ministry of Health	77,897,239		15,579,4	
Cape Verde	3 diseases	CPV-Z-CCSSIDA	Coord. Comm.	4,289,072	1,300,775	9,393,14	
Côte d'Ivoire	HIV	CIV-H-ACI	All. Nat. Contre le Sida	22,686,745		117,387,	
		CIV-H-MOH	Ministry of Health	9,070,896			
		CIV-M-MOH	Ministry of Health	96,569,403		137,856,	
Eritrea	Malaria	CIV-M-SCI	Save the Children	35,671,076			
		HIV	ERI-H-MOH	Ministry of Health	21,256,673	10,275,019	14,000,0
		TB	ERI-T-MOH	Ministry of Health	4,366,636	2,153,201	14,000,0
Ethiopia	TB/HIV	ETH-H-HAPCO	H/A Prev. & Control Office	194,160,288	89,298,208	90,239,2	
		ETH-T-FMOH	Ministry of Health	45,599,381		32,645,0	
Gambia	TB/HIV	GMB-C-AA	Action Aid Intl.	1,793,360		5,537,90	
		GMB-C-NAS	Nat. AIDS Sect.	77,067,074			
		KEN-H-KRCS	K. Red Cross Soc.	70,745,412	112,897,732	678,500,	
Kenya	TB/HIV	KEN-H-TNT	National Treasury	179,594,995			
		KEN-T-AMREF	AMREF	32,651,550	21,019,778	45,300,0	
		KEN-T-TNT	National Treasury	30,043,120			
		Malaria	KEN-M-AMREF	AMREF	13,240,138	43,338,676	19,700,0
		KEN-M-TNT	National Treasury	54,156,636			

Notes:

1. Amounts shown are upper ceilings.
2. For countries using euros, the amounts were converted to U.S. dollars at a rate of 1.1901 euros to the dollar.
3. The domestic commitments shown for Eritrea HIV and TB are being invested in strengthening Eritrea's health systems.
4. The amounts approved shown in this table include three matching funds requests – one for Burkina Faso malaria \$2,120,076; one for Kenya HIV \$18,800,000; and one for Kenya TB \$6,000,000.
5. The final amount for the domestic commitment for Cameroon malaria is subject to confirmation.

As is customary, the approved funding is subject to availability of funding and will be committed in annual tranches. Where more than one grant has been approved for a component, the Secretariat has the authority to redistribute the approved amounts among the grants (except that any material change must be validated by the TRP).

Of the 41 country funding requests, 20 were of the program continuation variety; 11 were full review and 10 were tailored. Twenty of the funding requests were from Window 1 (20 March), 20 from Window 2 (23 May) and one from Window 3 (28 August).

Table 2: Grants approved from the 2017-2019 allocations – Third batch: Africa 2: L-Z (\$US)

Applicant	Comp.	Grant name	Principal recipient	Amount	UQD	Domestic commitment
Liberia	TB/HIV	LBR-C-MOH	Ministry of Health	23,480,099	14,604,860	26,418,779
	Malaria	LBR-MOH	Ministry of Health	23,291,765		44,697,227
		LBR-M-PII	Plan International	12,976,384		
Madagascar	HIV	MDG-H-PSI	Pop. Services Intl.	6,321,686		1,541,974
		MGD-H-SECNLS	Secr. Exéc. CNLS	7,615,103		
	TB	MDG-T-ONN	Office Nat. De Nutrition	9,021,000		3,190,137
Mali	TB/HIV	MLI-H-PLAN	Plan International	8,476,315		17,162,298
		MLI-T-CRS	Catholic Relief Serv.	8,896,876		6,247,263
		MOZ-C-CCS	Centro de Col. Saúde	27,850,971		47,028,011
Mozambique	TB/HIV	MOZ-H-FDC	Fund. Desenv. De Comm.	27,875,236	135,323,122	22,000,428
		MOZ-H-MOH	Ministry of Health	249,416,867		
		MOZ-T-MOH	Ministry of Health	41,858,657		5,027,583
Niger	Malaria	NER-M-CRS	Catholic Relief Serv.	53,040,170		15,434,801
S.T. & Principe	Integrated	STP-Z-UNDP	UNDP	7,008,381	673,186	8,080,986
Somalia	HIV	SOM-H-UNICEF	UNICEF	22,776,275	13,121,960	Exempt
	TB	SOM-T-WV	World Vision	22,110,931	8,816,077	34,813,896
Sudan	Malaria	SDN-M-MOH	Ministry of Health	100,783,761		152,072,790
Tanzania	Malaria	TAZ-M-MOFP	Min. of Fin. & Plan.	145,258,808	89,429,759	20,275,996
	TB/HIV	ZMB-C-CHAZ	Church Health Assoc.	63,401,344	94,165,870	207,000,000
		ZMB-C-MOH	Ministry of Health	137,984,476		
Zambia	Malaria	ZMB-M-CHAZ	Church Health Assoc.	17,725,490	11,586,696	100,000,000
		ZMB-M-MOH	Ministry of Health	51,274,510		

Notes:

1. Amounts shown are upper ceilings.
2. For countries using euros, the amounts were converted to U.S. dollars at a rate of 1.1901 euros to the dollar.
3. Although the table shows a domestic commitment amount for Somalia TB, Somalia is exempt from the domestic co-financing requirements.
4. The amounts approved shown in this table include three matching funds requests – two for Mozambique TB/HIV \$6,000,000 (for MOZ-C-CCS) and \$5,990,631 (for MOZ-H-FDC and MOZ-H-MOH); and one for Zambia TB/HIV \$6,999,818.

The GAC said that the grants approved by the Board were found to be disbursement-ready by the Secretariat after a thorough review process and in consultation with partners. During grant-making, the GAC said, each applicant refined the grant documents, addressed issues raised by the TRP and GAC,

and sought efficiencies where possible. The GAC endorsed the reinvestment of efficiencies in one of the following: (a) the same grant, in areas recommended by the TRP; (b) other disease components of the same applicant – where the TRP did not recommend reinvesting in the same grant; or (c) the general funding pool.

Table 3: Grants approved from the 2017-2019 allocations – Third batch: Other regions (\$US)

Applicant	Comp.	Grant name	Principal recipient	Amount	UQD	Domestic commitment
Afghanistan	HIV	AFG-H-UNDP	UNDP	8,861,891	2,468,030	1,800,000
	TB	AGF-T-MOPH	Ministry of Health	9,522,516	4,337,999	1,400,000
		AFG-T-UNDP	UNDP	13,429,462		
Cambodia	Malaria	AFG-M-UNDP	UNDP	20,804,866	7,281,169	588,018
	TB/HIV	KHM-C-MEF	Min. of Econ. & Fin.	55,410,198	9,802,669	42,525,573
Haiti	TB/HIV	HTI-C-PSI	Pop. Services Intl.	84,112,929		13,387,733
	Malaria	HTI-M- PSI	Pop. Services Intl.	21,600,000		1,228,691
Honduras	Malaria	HND-M-CHF	Coop. Housing Found.	5,376,572		5,806,485
Kazakhstan	HIV	KAZ-H-RAC	R. Center Prev. & Control	4,500,000		140,800,000
Lao	HIV	LAO-H-GFMOH	Ministry of Health	6,931,650	2,515,711	7,849,233
Multi-Country W. Pacific	TB/HIV	QUA-C-UNDP	UNDP	11,368,713		N/A
	Malaria	QUA-M-UNDP	UNDP	1,566,350		N/A
Nicaragua	HIV	NIC-H-INSS	Inst. N. de Seg. Soc.	8,429,981		48,058,633
RAI2E	Malaria	QSE-M-UNOPS	UNOPS	243,690,850	30,945,477	321,600,000
Solomon Is.	HIV	SLB-C-MOH	Ministry of Health	1,512,241		2,170,427
	Malaria	SLB-M-MHMS	Ministry of Health	4,394,587		5,446,657
Timor-Leste	Malaria	TLS-M-MOH	Ministry of Health	7,951,919	1,019,243	2,025,773
Thailand	TB/HIV	THA-C-DDC	Dept. Dis. Control MOH	18,033,492	11,346,422	901,025,400
		THA-C-RTF	Raks Thai Found.	19,631,167		
		UKR-C-AUA	Alliance for Public Health	35,817,918		
Ukraine	TB/HIV	UKR-AUN	All-U. Ntwk. PLHIV	39,365,910	34,108,097	242,770,100
		UKR-C-PHC	Public Health Centre MOH	44,298,703		

Notes

1. Amounts shown are upper ceilings.

2. RAI2E = Regional Artemisinin-resistance Initiative Phase 2 (Elimination). The countries included in RAI2E are Cambodia, Lao, Myanmar, Thailand and Viet Nam. This is a hybrid initiative. Of the \$245,690,850 total funding, \$120,297,271 comes from the catalytic investment pool (\$119,000,000 from multi-country approaches and \$1,297,271 from RSSH matching funds for Myanmar); the balance (\$123,393,579) comes from country allocations. The other multi-country grants shown here (Multi-Country Western Pacific) are funded entirely from the country allocations. (Yes, it does get confusing!)
3. The amounts approved shown in this table include two matching funds requests – one for Afghanistan TB \$1,432,340; and one for RAI2E Malaria \$1,297,271.

Judging by the end dates shown in the GAC report, more than three-quarters of the approved grants have a proposed start date of 1 January 2018. We reported in earlier articles that in the 2014-2016 funding cycle, it took, on average, about two months from Board approval to first disbursement. However, the Secretariat is confident that grants from this batch that need to be signed by 1 January 2018 – because current grants have 31 December 2017 end dates – will, in fact, be signed by then, and that few existing grants will need to be extended. If the Secretariat is right, that would mean that the time from Board approval to first disbursement will have been reduced to about one month.

More to come

There were 143 grants reviewed in the first three batches. The GAC met on 21-22 November, where it was slated to review 22 grants; a decision on these grants is expected on 13 December. The GAC was scheduled to meet one more time in 2017, on 6-7 December, where it was expected to review 14 grants; a decision on these grants is expected on 12 January 2018.

The grants that will have been reviewed at these meetings are from Windows 1, 2 and 3. Three more windows have been scheduled for 2018, as follows (with the TRP meeting dates shown in parentheses):

Window 4 — 7 February (TRP: 19-29 March)

Window 5 — 30 April (TRP: 3-11 June)

Window 6 — 6 August (TRP: 9-21 September)

Grant extension approved

The Board approved a no-cost extension of the Multi-Country South Asia HIV grant to September 2018 from 31 December 2017. This grant aims to support the development and strengthening of civil society and community-based organizations to reduce vulnerability to HIV and to reduce the impact of HIV on men who have sex with men (MSM) and transgender communities in seven South Asian countries: Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka. In three of the seven countries – Afghanistan, Pakistan and Sri Lanka – program implementation was completed and transition to the National HIV programs has been achieved. In the other four countries, efforts are still ongoing, the GAC said. An extension of nine months was required to complete planned programmatic activities and achieve the intended results. This was not the first extension given to this grant: The total cumulative extension of the grant has reached 33 months.

During the extension period, the PR will focus on fully transitioning the program to the national HIV programs and completing unfinished work, including advocacy efforts and sensitization of health workers and law enforcement agencies. The budget for the period of the extension will be completely financed from savings found in the grant in the amount of \$1,677,524. The budget includes costs associated with close-out of the program in Afghanistan, Pakistan and Sri Lanka in Quarter 1 of 2018 and for the overall closure of the grant activities in Quarter 3 of the same year.

The GAC noted that a number of multi-country grants will not be eligible for additional investments from the 2017-2019 allocation period because the focus of their grants is not aligned with the priorities for multi-country approaches under catalytic investments.

Change of PR for multi-country grant

Via the GAC report, the Global Fund Secretariat formally notified the Board of a change in implementation arrangements for the Multi-Country Key Population Research and Advocacy (KPRA) grant. The PR, the Asia-Pacific Network of People Living with HIV/AIDS (APN+) has been replaced by Save the Children Federation (SCF).

In December 2016, from the 2014-2016 allocations, the Board conditionally approved this regional grant with an upper ceiling of \$3,576,375, contingent on APN+ fulfilling three specific requirements which were intended to address management capacity weaknesses. The conditions included the hiring of new program management; completion of the grant budget; and addressing all TRP clarifications. According to the GAC, APN+ had not addressed any of the requirements by the specified deadlines. Because of the technical soundness, potential for impact and strategic value of the proposed program in the region, the GAC supported continuing the grant-making process with a new PR, SCF.

The goal of the KPRA regional (or multi-country) grant is to strengthen community capacity to improve access to quality HIV prevention, testing, treatment, care and support services among key populations in Bangladesh, Cambodia, Indonesia, Nepal, Thailand, Myanmar and Vietnam. The proposed strategies include (a) building evidence and engaging in strategic advocacy for the purposes of improving the quality of HIV prevention and care services for people who inject drugs, sex workers and transgender people; and (b) improving understanding of existing community-based HIV testing services, and advocating for community-centered models to meet the UNAIDS strategy and the 90-90-90 targets on testing, treatment and viral load suppression.

SCF was able to complete grant-making to the satisfaction of the Secretariat.

Aidspan reported on the approval of the first batch of grants for 2017-2019 [here](#); and on the second batch of grants [here](#).

Most of the information for this article was taken from Board Document GF-B38-ER02, Report of the Secretariat's Grant Approvals Committee. This document is not available on the Global Fund website.

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