



Independent observer  
of the Global Fund

## GLOBAL FUND BOARD APPROVES TRANSFER OF FUNDS WITHIN THE 2014-2016 ALLOCATION TO BURKINA FASO

The Global Fund Board has approved the transfer of € 2.6 million from within the 2014-2016 allocation to Burkina Faso. The funds are being transferred from a TB/HIV grant and an RSSH grant, where they were projected to remain unused, to a malaria grant (BFA-M-PADS) to cover a significant gap that has materialized in the malaria program. The Board was acting on a recommendation from its Grant Approvals Committee (GAC).

The new ceiling for the malaria grant is € 61.9 million. The overall allocation to Burkina Faso (\$204.6 million) remains unchanged.

Burkina Faso's malaria grant started on 1 October 2015 and will end on 31 December 2017. The grant is performing well; it has a rating of B1 and an absorption rate of 87%.

Malaria remains a significant health problem in Burkina Faso and is the leading cause of health care consultations (46.5%), hospitalizations (61.5%) and deaths (30.5%) in the country.

In April 2016, the government launched a free health care policy for children under five and pregnant women, to increase access to health care. The GAC said that the policy has had the desired effect of improving access and usage of public health care for these groups. However, it has resulted in an unfunded gap of € 4,921,344 due to the increased need for malaria commodities. The increase in demand led to intermittent stock outs in 2016, which could intensify in 2017.

Savings in the grant achieved to the end of 2016 have been reinvested in the grant but are insufficient to cover the gap. The reinvestment from the TB/HIV and RSSH components will cover 53% of the gap. The

remainder will be covered by the government and other partners.

In the malaria grant, the government and other partners – USAID, the World Bank and UNICEF – contribute about half the needs for artesunate-injectable and artemisinin-based combination therapy (ACTs); about one-third of the needs for rapid diagnostic tests; and less than 10% of needs for long-lasting insecticide-treated bed nets (mass campaign and routine). Intermittent preventive treatment (IPT) among pregnant women is fully covered by government funds. The costs of seasonal malaria chemoprevention are covered by the government and external donors. With respect to community health, the government is funding three-quarters of the stipends for community health workers; the other 25% is covered by the Global Fund. “The government and other partners are being mobilized for continued funding from 2018 onward,” the GAC said.

The GAC indicated that the Global Fund Secretariat is in on-going discussions with USAID on filling the remaining gap in malaria commodities; initial feedback is positive, it said.

The decision to transfer funds from the TB/HIV and RSSH components to the malaria component is interesting in that the funds in the TB/HIV and RSSH components would otherwise have lapsed. The Global Fund has a policy of not permitting unused funds to be carried over from one allocation period to the next. But, by transferring the funds to a different component for use in the same allocation period, Burkina Faso found a way to avoid having funds lapse.

Information for this article was taken from GF/B37/ER01, the Report of the Secretariat’s Grant Approvals Committee. This report is not available on the Global Fund website.

[Read More](#)

---