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Global Fund Board approves fifth batch of country grants from 2017-2019 allocations, in the amount of \$1.22 billion

On 12 January 2018, the Global Fund Board approved 33 country grants worth \$1.22 billion. This was the fifth batch of approvals from the 2017–2019 allocations, and brings the cumulative amount awarded to date to \$8.86 billion.

The 33 grants were from 22 funding requests submitted by 16 countries. The Board was acting on the recommendations of the Technical Review Panel (TRP) and the Grant Approvals Committee (GAC).

The \$1.22 billion total included six matching funds requests valued at \$24.2 million. Interventions totaling \$383.3 million were added to the Unfunded Quality Demand (UQD) Register. Domestic commitments to the programs represented by the approved grants amounted to \$2.29 billion.

See Tables 1 and 2 for details.

Table 1: Country grants approved from the 2017-2019 allocations — Fifth batch — A–K (\$US)

Applicant	Comp.	Grant name	Principal recipient	Amount approved
Azerbaijan	TB	AZE-T-MOH	Ministry of Health	6,529,446
Cameroon	HIV	CMR-H-CMF	C. N. Assoc. Fam. Welf.	26,264,891
		CNMR-H-MOH	Ministry of Health	101,946,377
	TB	CMR-T-MOH	Ministry of Health	12,097,015

C.A.R.	Malaria	CAF-M-WVI	World Vision Intl.	32,828,198
	TB/HIV	CAF-C-CRF	Croix-Rouge Fr.	34,819,991
	HIV	GHA-H-WAPCAS	W. A. Prog. AIDS & STIs	7,445,969
Ghana	TB/HIV	GHA-C-MOH	Ministry of Health	76,502,454
	Malaria	GHA-M-AGAMal	AngloGold Ashanti	15,884,008
Guinea		GHA-M-MOH	Ministry of Health	94,148,208
	TB/HIV	GIN-C-PLAN	Plan International	14,550,605
	TB/HIV	IND-C-WJCF	Clinton Foundation	18,283,889
India		IND-T-CHRI	Centre Health Res. & Inn.	15,596,592
	TB	IND-T-CTD	Ministry of Finance	201,344,390
		IND-T-FIND	F. for Inn. New Diag.	33,135,609
		IND-T-IUATLD	Intl. Union vs TB & L. D.	15,511,945
Kosovo	HIV	QNA-H-CDF	Comm. Dev. Fund	1,751,226

Notes:

1. Amounts shown are upper ceilings.
2. For countries using euros, the amounts were converted to U.S. dollars at a rate of 1.2115 euros to the dollar.
3. The domestic commitments shown are for the disease programs and exclude RSSH unless otherwise indicated.
4. The amounts approved for Cameroon include \$11.3 million from a Government of Spain Debt2Health swap.
5. The domestic commitment shown for Cameroon TB only reflects the minimum co-financing commitment to be invested in health products.
6. The UQD and domestic commitments for India TB/HIV were previously shown (under HIV in Batch 4).
7. The amounts approved for Cameroon HIV include matching funds in the amount of \$9,176,325.

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 22 funding requests, four were of the program continuation variety; four were full review; and 14 were tailored. Five of the funding requests were from Window 1 (20 March 2017); 11 from Window 2 (23 May); and six from Window 3 (28 August).

Table 2: Country grants approved from the 2017-2019 allocations — Fifth batch — N–T (\$US)

Applicant	Comp.	Grant name	Principal recipient	Amount approved	UQD
Namibia	Malaria	NAM-M-MOH	Ministry of Health	2,370,582	915,900
	TB/HIV	NAM-C-MOH	Ministry of Health	29,132,416	12,107,000
		NAM-C-NANASO	NANASO	6,603,874	

		PAK-T-MC	Mercy Corps	15,000,000	
Pakistan	TB	PAK-T-NTP	Natl. TB Control Prog.	89,163,205	48,440
		PAK-T-TIH	The Indus Hospital	40,000,000	
P.N.G.	TB/HIV	PNG-C-WV	World Vision	21,076,614	10,194
Paraguay	HIV	PRY-H-CIRD	CIRD	4,432,967	1,326,
	HIV	RWA-T-MOH	Ministry of Health	154,462,907	23,039
Rwanda	TB	RWA-T-MOH	Ministry of Health	14,154,994	
	Malaria	RWA-M-MOH	Ministry of Health	41,460,255	21,841
	RSSH/TB	SEN-Z-MOH	Ministry of Health	13,016,168	9,728,
Sénégal	Malaria	SEN-M-PNLP	Natl. Mal. Control Prog.	39,205,119	N/A
Tajikistan	HIV	TLK-H-UNDP	UNDP	12,939,544	6,069,
Tanzania	TB/HIV	TZA-C-Amref	Amref Health Africa	24,969,148	N/A
Timor-Leste	HIV	TLS-H-MOH	Ministry of Health	3,024,901	486,38

Notes:

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2. For countries using euros, the amounts were converted to U.S. dollars at a rate of 1.2115 euros to the dollar.
3. The domestic commitments shown are for the disease programs and exclude RSSH unless otherwise indicated.
4. At the time of the preparation of the GAC report, Sénégal had not yet submitted its Prioritized Above-Allocation Request.
5. The amounts for Tanzania UQD and domestic commitments were previously reported (in Batch 3).
6. The amounts approved include matching funds for Namibia TB/HIV (\$1,000,000) and Pakistan TB (\$13,999,990).

In its report to the Board, the GAC said that the grants 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.

Judging by the end dates shown in the GAC report, more than three-quarters of the approved grants had a proposed start date of 1 January 2018. The Secretariat told Aidsplan that it was confident most of the confirmations for these grants will be signed very quickly and that few extensions of existing grants will be required. When the grants go to the Board for approval, they are already disbursement ready.

More to come

There were just over 200 country grants approved in the first five batches. 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)

Multi-country grant

In this latest batch of approvals, there was one multi-country grant, known as “Southern Africa WHC.” Submitted by the Southern Africa Regional Coordinating Mechanism, this grant will continue the work of the existing regional grant on TB in the mining sector, with the Wits Health Consortium remaining as PR. The grant has a budget of \$22.5 million and covers the following countries: Lesotho, Swaziland, Mozambique, South Africa, Botswana, Namibia, Zambia, Zimbabwe, Tanzania and Malawi. Aidsplan plans to publish a separate article on this grant in the near future.

Grant extensions

The Board approved extensions for an HIV grant in Guatemala and two HIV grants in Nigeria.

The Guatemala HIV grant (GTM-H-HIVOS) was extended for 12 months to 31 December 2018 to allow for essential services to continue while a new funding request is reviewed. The TRP reviewed the original request in August 2017 but sent it back for iteration. The extension budget of \$4.9 million will come from Guatemala’s 2017–2019 allocation.

HIVOS will be the PR during the extension. Previously, HIVOS was co-PR with the Ministry of Health (MOH), but the MOH has withdrawn. When the new grant is approved, the co-PR is expected to be the Institute for Nutrition of Central America and Panama (INCAP). According to the GAC, the decision to change PR was mainly motivated by the need to lower program costs, promote sustainability, and facilitate coordination with the government. During the extension, the focus will be on providing services to men who have sex with men, and transgendered persons; providing HIV testing; and providing linkage to care for people living with HIV.

The two Nigeria grants (MGA-H-LSMOH and NGA-H-SFHNG) were extended for 18 months. Aidsplan previously [reported](#) on four other HIV grants that received similar extensions.

Note: The \$8.86 billion figure cited in this article for cumulative funding awarded to date is an unofficial figure based on Aidsplan’s interpretation of the reports of the Grant Approvals Committee. The \$8.86 billion includes matching funds but excludes multi-country grants of the type that used to be called “regional grants” — except for the Regional Artemisinin-resistance Initiative (RAI) in Southeast Asia. The RAI is a hybrid grant with a total value of \$243.7 million, of which \$119.0 million comes from the multi-country funding stream in the catalytic investments funding pool; \$1.3 million from matching funds; and \$123.4 million from country allocations. There is a second type of multi-country grant which covers groupings of small island states; these grants are included in the \$8.86 billion figure.

Aidsplan reported on the first batch of grant approvals for 2017-2019 [here](#); on the second batch [here](#); on the third batch [here](#); and on the fourth batch [here](#).

Most of the information for this article was taken from Board Document GF-B38-ER05 (Electronic Report to the Board: Report of the Secretariat’s Grant Approvals Committee). This document is not available on the Global Fund website.

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