



Independent observer
of the Global Fund

FUNDING OF \$164 MILLION APPROVED FOR 13 GRANTS IN 11 COUNTRIES

In May 2016, the Global Fund Board approved \$164 million in funding for 13 grants emanating from concept notes submitted by 11 countries. Of the \$164 million, \$114 million represented new money; the balance was existing funding that had been approved prior to the new funding model but was nevertheless included in the NFM allocations to countries. The Board was acting on recommendations from the Grant Approvals Committee and the Technical Review Panel.

In addition, the Fund placed interventions worth \$55 million in the registry of unfunded quality demand. See the table for details.

Table: Funding for country grants approved by the Global Fund, March 2016 (\$ million)

Country (component)	Grant name	Principal recipient	Approved funding			Added to UQD register
			Existing	New	Total	
Colombia (HIV)	COL-H-FONADE	FONADE	4.5 m	3.0 m	7.5 m	0.5 m
Comoros (HIV)	COM-H-DMLS	Ministry of Health	1.0 m	5.0 m	6.0 m	NIL
Congo (TB/HIV)	COG-H-CRF	French Red Cross	7.7 m	0.0 m	7.7 m	NIL
	COG-H-SEPCNLS	SEPCNLS	0.8 m	5.9 m	6.7 m	
	COG-T-MSP	Min. of Health and Pop.	0.4 m	2.8 m	3.2 m	
Georgia (HIV)	GEO-H-NCDC	Nat. C. for Dis. Control	14.0 m	4.4 m	18.4 m	0.9 m

Guatemala (TB)	GTM-T-MSPAS	Min. of Health and S.A.	0.7 m	5.8 m	6.5 m	NIL
Kyrgyzstan (TB/HIV)	KGC-C-UNDP	UNDP	11.8 m	11.5 m ¹	23.3 m	NIL
Mongolia (TB)	IND-S-MOH	Min. of Health and Sport	2.1 m	3.4 m	5.5 m	3.5 m
Nicaragua (TB)	NIC-T-INSS	Instituto N. de S.S.	1.0 m	6.9 m	7.9 m	NIL
Niger (malaria)	NER-M-CRS	Catholic Relief Services	5.5 m	32.8 m ²	38.3 m	47.3 m
S. Leone (HSS)	SLE-Z-MOHS	Min. of Health and Sanit.	0.0 m	27.9 m ³	27.9 m	3.5 m
Turkmenistan (TB)	TKM-T-UNDP	UNDP	1.2 m	4.1 m	5.3 m	0.5 m
TOTALS			50.7 m	113.5 m	164.2 m	56.2 m

The grants to Comoros, Congo, and Niger were in euros which were converted to dollars at the rate of 1.1184.

¹ The new funding for Kyrgyzstan (TB/HIV) includes \$1.1 million in incentive funding.

² The new funding for Niger (malaria) includes \$2.5 million in incentive funding.

³ The new funding for Sierra Leone (HSS) includes \$11.0 million in incentive funding.

The largest awards went to Niger (\$38.3 million for malaria), Sierra Leone (\$27.9 million for HSS), Kyrgyzstan (\$23.3 million for TB/HIV), and Georgia (\$18.4 million for HIV).

The following is a summary of the GAC's comments on some of the grants awarded funding.

Niger (malaria)

The goal of the program to be funded by the grant to Niger is to reduce malaria incidence and mortality by 75% from 2013 to 2018.

The grant includes provision for staff incentive payments totaling 1.7% of the budget. Similar incentives were paid under the previous malaria grant. In the context of low government wages and the high workload expected from government staff involved in the implementation of the grant, the GAC considered these incentives to be necessary to ensure the successful implementation of grant activities. However, its also called for a gradual and well-planned phase-out of incentive payments.

As a result of an investigation conducted by the Office of the Inspector General in December 2014, which found unsupported and inadequately supported expenditures as well as procurement irregularities, the following risk mitigation measures were put in place:

- the installation of an international fiscal agent;
- the implementation of the zero cash policy;
- procuring health products through the pooled procurement mechanism;
- outsourcing some non-health procurements through international nongovernmental organizations; and
- increasing the scope of work of the local fund agent (LFA) for tender reviews.

However, the GAC noted that while these measures have greatly mitigated the risks linked to procurement and financial processes, they have also slowed implementation and reduced absorption levels. The Secretariat is currently working with its risk management team, the fiscal agent and the LFA to revise and gradually adapt these measures to the current country context, in order to improve absorption and increase program impact.

Sierra Leone (HSS)

The \$29.9 million in funding approved for Sierra Leone included incentive funding of \$11 million. This represents an exception to the policy that HSS grants are not eligible for incentive funding. The GAC said this action was taken because The Global Fund recognized that significant additional investments for HSS could greatly contribute to the recovery of the TB and HIV disease programs, as well as the health systems, following the devastation of the Ebola outbreak.

The goal of the program to which The Global Fund is contributing is to build functional and resilient national and district systems for health. Under the grant, 13,000 community health workers will be trained and incentivized to provide an essential package of services upgraded to include HIV, TB, and malaria. Money will also be provided for the distribution of medical supplies and for building a central warehouse.

The GAC report identified a number of risks associated with this grant as well as the measures that will be undertaken to mitigate these risks.

Georgia (HIV)

The goal of the program being supported by the grant to Georgia is to reverse the HIV epidemic through strengthened interventions targeting key affected populations, and improvements in health outcomes for people living with HIV. One of the objectives is to ensure a strong response through an enhanced commitment from government, an enabling legislative and operational environment, and the greater involvement of civil society.

According to the GAC, strategies to support the program's goal and objectives include: (a) effective transition planning and advocacy activities, with high-level involvement of civil society representatives and community groups; and (b) improving the quality and increasing the scale of preventive interventions focused on key populations.

The GAC said that the government has increased domestic funding and is now funding all first-line antiretrovirals; prevention of mother-to-child transmission, including HIV testing; post-exposure prophylaxis for health care workers; and opioid substitution therapy services. During the implementation period of this grant, Georgia also plans to assume responsibility for fully funding all ARVs, and for covering the costs of clinical monitoring and treatment adherence measures by healthcare workers; remaining opioid substitution therapy activities; community-based voluntary counselling and testing; and HIV surveillance among key populations.

Colombia (HIV)

In Colombia, the HIV epidemic is concentrated among men who have sex with men, transgender females, people who inject drugs, people who live on the street, and sex workers.

The GAC says that the focus of the program supported by this grant is to enhance the sustainability of the "sub-national" response. This will include:

- strengthening the coordination of sub-national actors involved in the HIV response;

- expanding community outreach efforts of civil society organizations for key populations; and
- promoting and facilitating the contracting of civil society organizations by the Colombian health system and sub-national authorities.

Congo (TB/HIV)

The three principal recipients for this grant are the French Red Cross, the Permanent Executive Secretariat of the National Council for the Fight Against AIDS (SEP/CNLS), and the Ministry of Health and Population.

The Government of Congo co-finances the HIV program by procuring ARVs for adults. There have been instances in the past where the government has not obtained the drugs, resulting in recurrent stock-outs and sub-satisfactory grant performance. The GAC said that high-level advocacy resulted in ARVs and anti-TB drugs being earmarked in the national budget for 2016. Nevertheless, the Secretariat will continue to closely monitor the fulfillment of the government's commitment.

Additional risks identified by the Secretariat include weaknesses in the capacity of PRs, as well as poor financial reporting and the absence of asset verification during grant implementation. To address these risks, the Secretariat will review all positions within the PRs to ensure that the "most fit" candidates are hired for the program; new financial management software will be installed; the PRs will conduct an asset verification exercise; and the number of sub-recipients in the grant administered by the French Red Cross will be reduced from 22 to 11 to make the workload of the PR more manageable.

Shortened grant

The Board also approved incremental funding in the amount of \$32 million for the Sudan malaria grant to allow for services to be provided through to 31 December 2017, and to sustain the scope and scale of essential services in malaria vector control in 2017. The grant had been funded only to 30 June 2017.

Information for this article comes from the May 2016 report of the Secretariat's Grant Approvals Committee to the Board (GF-B35-ER01). This document is not available on the Fund's website.

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