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GLOBAL FUND BOARD APPROVES \$18.5 MILLION IN INTERVENTIONS FROM THE UQD REGISTER

On 23 December 2019, the Global Fund Board approved by electronic vote funding for interventions from the Register of Unfunded Quality Demand (UQD) valued at \$18,449,708 for four grants in four countries. The funds come from \$650 million approved by the Audit and Finance Committee for portfolio optimization, from the 2017-2019 allocations. The additional amounts will be integrated into four existing grants through grant revisions that increase each grant's overall amount.

The largest award was \$13.9 million for a Sudan malaria grant, a 13% increment on the previously approved budget. The other three amounts approved, for Eritrea, Eswatini, and Kyrgyz Republic, were all below \$2.4 million, representing a 5-6% increment for each grant.

The Board was acting on the recommendations of the Technical Review Panel (TRP) and the Grant Approvals Committee (GAC).

Table 1: Funding approved for UQD interventions

Applicant	Component	Grant name	Principal recipient	Previously approved program budget (\$)
Eritrea	Malaria	ERI-M-MOH	Ministry of Health	18,442,129
Eswatini	TB/HIV	SWZ-C- NERCHA	National Emergency Response Council on HIV and AIDS	41,142,961
Kyrgyz Republic	TB/HIV	KGZ-C- UNDP	United Nations Development Program	20,959,824
Sudan	Malaria	SDN-M-MOH	Ministry of Health	104,004,056

Note: The funding source for all grants in the above table is portfolio optimization.

In its report to the Board, the GAC provided comments on the awards, which we summarize in the balance of this article.

Funding awarded for UQD interventions

Eritrea Malaria

The additional investment through portfolio optimization of \$1,000,000 will be used to address a gap in funding for indoor residual spraying (IRS) in 2020. IRS is one element of Eritrea's integrated vector management plan, whose main vector control strategy is based on mass distribution of long-lasting insecticidal nets (LLINs). IRS is conducted to reduced malaria transmission in selected areas of the highly malaria zones of Gash-Barka and Debub. Eritrea's current malaria grant from the 2017-2019 allocation period covers only 45% of the funds required for the 2020 IRS campaign. The additional funds from this award will support insecticide procurement and campaign operations.

Eswatini TB/HIV

The additional funding for Eswatini is expected to have a major positive impact on the country's data management and integration capacities, as it will support the scale-up of Eswatini's Client Management Information System (CMIS) to 191 additional health facilities. This brings the total number of the country's health facilities that are connected to CMIS to 277, which is 84% of the total number of health facilities. The funding is intended to optimize CMIS, and support interconnection between the health facilities and the system's central server. The expected results of this CMIS scale-up are the improvement of patient management (seamless provision of services even when patients move from one facility to another), improvement in the quality and management of HIV data (accurate reporting of patients on ART), and accurate monitoring of Eswatini's progress towards 90-90-90.

Kyrgyz Republic TB/HIV

The additional funding to the Kyrgyz Republic will support country's transition to the 2018 WHO multidrug-resistant TB (MDR-TB) treatment guidelines, enabling Kyrgyz Republic to provide treatment to an estimated 1,104 people in 2020 who are in need of the new, higher-cost WHO-recommended MDR-TB regimen. The country is one of the high MDR-TB burden countries, with rifampicin-resistance at 30 percent among new cases and at 68% among previously treated cases.

Sudan malaria

Because of the insecurity in both Sudan and South Sudan, Sudan is receiving an increasing number of refugees, and is experiencing higher usage of public-sector services attributed to inflation as well as to stockouts in the private sector. In addition, Sudan has a higher malaria burden in conflict-affected areas in the southern and south-eastern states of the country. These two factors combined have increased the

overall commodity and programmatic needs of Sudan's malaria program. There is consequently a gap for both indoor residual spraying (IRS) and long-lasting insecticide net (LLIN) coverage in 2020, as well as an additional case-management commodity gap because of the first factor mentioned above. The additional funding to Sudan through this award will address the IRS and LLIN gaps, and support the procurement of additional commodities needed to address the rise in the use of public-sector services.

The information for this article was taken from Board Document GF/B42/ER02 ("Electronic Report to the Board: Report of the Secretariat's Grant Approvals Committee"), undated. This document is not available on the Global Fund website.

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