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BOARD APPROVES FUNDING TO EXTEND THE DURATION OF TWO SHORTENED GRANTS IN DRC AND MOZAMBIQUE

For the first time, the Board has approved additional funding for two shortened grants. The decision came on 14 March 2016, the same day that the Board approved additional funding for two TB/HIV grants for Liberia from the 2014-2016 allocations.

Shortened grants

The two shortened grants that received additional funding were malaria grants for the Democratic Republic of Congo and Mozambique.

Requests for approval for additional funding for other shortened grants – Kenya malaria, Mozambique HIV, Sudan malaria, Tanzania HIV, Uganda malaria, Uganda HIV, Zimbabwe malaria, Nigeria malaria, and Ghana malaria – will be presented for approval over the coming months.

The additional resources for investment in shortened grants will be derived from the amount of funding validated by the Finance and Operational Performance Committee at its meeting in March 2016 as being available for portfolio optimization. (The FOPC said that \$0.7 billion was available as a ceiling for optimization.)

The following information is on the two shortened grants for which funding has been approved.

Democratic Republic of Congo – Malaria. Principal recipient: Population Services International (COD-M-PSI)

The Board approved an increase in the budget for this grant from \$119.8 million to \$174.1 million. The

additional amount requested is within the 2014-2016 allocation. It represents existing funds from cash balances from previous single-stream-of-funding grants that were not taken into account during grant-making, as well as anticipated savings from grants currently in implementation.

The additional amount allows for this grant to continue implementation through to the original planned grant end date of 31 December 2017, with no change to the scope and scale of grant activities.

The unfunded quality demand previously registered will be fully covered by this increase and is therefore reduced to zero.

The initiative that was on placed the UQD register was for a mass distribution of long-lasting insecticide bednets in 2017. At the time, the cost of the campaign was estimated at \$63.5 million. It was hoped that Global Fund resources could be found to cover half of that cost and that the other half might come from another source. Due to changing market dynamics and unit price fluctuations for LLINs, the amount of UQD to cover the 2017 LLIN gap increased from \$63.5 million in July 2014 to \$74.8 million in March 2016. In the end, The Global Fund covered 62% of the \$74.8 million, with the remaining 38%, or \$28.3 million, coming from the (U.S.) President's Malaria Initiative.

Mozambique – Malaria. Principal recipients: Ministry of Health (MOZ-M-MOH) and World Vision (MOZ-M-WV)

The Board approved an increase in the MOH grant from \$84.2 million to \$124.4 million, and an increase in the WV grant from \$23.2 million to \$44.9 million. This will allow both grants to continue implementing programs until the end of 2017 and to sustain the scope and scale of essential services in malaria vector control in 2017. LLIN coverage levels previously funded by The Global Fund will be maintained.

The Technical Review Panel and the GAC estimated that the total funding gap to sustain services through to the end of 2017 was \$70.6 million. Of this amount, \$9.2 million will be covered from savings found within the grants. The GAC said that the remaining amount, \$61.4 million, "is to be funded through the allocation of funds from the overall amount validated by the FOPC as available for portfolio optimization."

Funding approval for Liberia grants

The Board approved \$37.6 million for two TB/HIV grants to Liberia, made up of \$28 million in existing funding and \$9.6 million in new money. The PRs are the Ministry of Health and Population Services International.

Liberia had submitted separate simplified funding requests for TB and HIV in October and November 2015, respectively, based on the Investment Plan for Building a Resilient Health System in Liberia 2015-2021, which was written in response to the Ebola virus disease outbreak of 2014-2015. The requests were consolidated in December following discussions with the Ministry of Health.

The grants, which will cover the years 2016 and 2017, were developed as the country was emerging from the Ebola virus disease outbreak, from which 10,672 cases and 4,808 deaths were reported by November 2015. Poor early recognition of suspected cases of Ebola by inadequate infection prevention and control standards led to a disproportionate infection rate among health care workers. Ebola had a devastating impact on the already fragile health system and severely affected the Global Fund-supported programs.

According to the GAC report, “health service provision declined severely with facility closures, the refusal of health workers to provide routine health services in the absence of protective equipment and fear in the community to attend health services.” Communities turned to private, traditional, and informal health providers, with the number of outpatient visits in the public sector dropping by 61%. Women and children were most affected; antenatal care provision declined by 43%.

Reporting through routine channels such as logistics or health management information systems was also severely disrupted, the report said. By the time Liberia was first declared Ebola-free in May 2015, it was estimated that only 30% of facilities were functioning adequately. Previous achievements against TB and HIV were rolled back.

By March 2016, the ministry successfully fulfilled its aim of reopening 100% of health facilities closed during the Ebola outbreak. The goals of the TB/HIV program in Liberia are to reduce TB prevalence and incidence by 2018; stop new HIV infections; keep people living with HIV alive and healthy; and mitigate the socio-economic impact on people infected and affected by HIV.

Because of the Ebola context, 5% of the funding will support HIV positions directly working for the TB/HIV programs. A condition in the grant agreement requires the MOH to submit an updated budget reflecting the gradual transition to government payroll of salary incentive payments and performance incentives currently paid by The Global Fund. The transition is to be completed by the end of 2017.

According to the GAC report, lessons learned from the Ebola response, especially with respect to contact tracing and community engagement, have been applied to TB and HIV program strategies – specifically toward TB case finding and the use of community outreach to promote adherence, and to find lost-to-follow-up cases of HIV.

Most of the information for this article comes from the March 2016 report of the Secretariat’s Grant Approvals Committee to the Board (GF-B34-ER12-EDP16-17). This document is not available on the Fund’s website. The information on what the FOPC approved for grant portfolio optimization came from the 2015 Annual Financial Statements and 2015 Financial Performance, Board Document GF-B35-20, which should be available shortly at www.theglobalfund.org/en/board/meetings/35.

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