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Global Fund Board approves \$36 million for Middle East Response

As part of a larger package of approvals in December, the Global Fund Board approved a \$36.4 grant known as the Middle East Response. This is the second time the several-country arrangement has been funded as such, but now includes an expanded remit.

The Middle East Response 2 (MER2) grant covers five countries in the Middle East region (Iraq, Jordan, Lebanon, Syria and Yemen), and aims to provide essential HIV, TB, and malaria services to populations in these countries. The MER initiative was created by consolidating the country allocations for Syria, Yemen and Palestine under one integrated grant-management platform and governance framework, tailored to address healthcare in the context of protracted conflicts (in Syria and Yemen) and a refugee crisis.

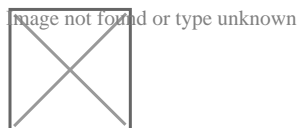


Image: The Global Fund to Fight AIDS, Tuberculosis and Malaria, “Focus on the Middle East Response”.

Lebanon is newly eligible to receive an allocation for HIV. Jordan is not eligible for either HIV or TB, but under the Challenging Operating Environments (COE) Policy the Global Fund is able to provide support to Syrian refugees in Jordan.

Lebanon hosts over 1.5 million Syrian refugees, as well as a large population of Palestinian refugees. Jordan hosts an estimated 1.3 million Syrian refugees. The Syrian crisis and the ensuing influx of refugees into both countries has placed their health systems under significantly increased pressure.

Iraq is joining the MER for the first time under this grant. As reported in [GFO 334](#) last year, Iraq was designated as ineligible for Global Fund support, and thus received just \$6.7 million in TB transition funding for the 2014-2016 allocation period. Because of challenges driven by the internal and cross-border conflict associated with the ISIS insurgency, the Global Fund extended the transition funding through the end of 2017. Then it was determined that Iraq should join MER in 2019. To facilitate that, 12-month bridge funding was provided to Iraq for 2018—effectively a second extension of the 2014-2016 transition grant.

The principal recipient of MER2, as with MER1, is the International Organization for Migration (IOM). The IOM, also served as the PR for Iraq transition grants, managed the grants out of its offices in Amman, Jordan.

The MER1 began in January 2017. The MER2 funding represents a continuation and expansion of that grant, and will run from 2019 to 2021. The Global Fund published a brochure on the initiative in October 2018, which can be found [here](#).

In its electronic report to the Board, the GAC cited several achievements of the current MER1 grant:

- Some overhead costs have been shifted to program budgets.
- The countries have developed contingency plans detailing actions that would be needed if the grant enters an emergency phase.
- In the malaria component, services have been scaled up, there has been engagement at the community level, and there is a strong bed-net tracking system that is being presented as a best practice.

MER2 will build on lessons learned from the current grant to deliver additional impact through:

- Scaling-up prioritized interventions in the current program;
- Preventing the collapse of public health services that received considerable support from earlier Global Fund grants;
- Prioritizing and protecting vulnerable populations, especially conflict-affected populations; and
- Enhancing the managerial capacity of national programs to cope with complex emergency situations; and
- Strengthening health systems.

The GAC described how the grant will address the three diseases, as follows:

HIV. According to data from UNAIDS, Lebanon, Jordan, Syria and Yemen have a low incidence of HIV. HIV interventions are focused on the total population in Yemen and Syria, the Syrian refugees in Jordan, and Syrian displaced populations and affected host communities in Lebanon. HIV investments focus on prevention interventions among key and vulnerable populations, with an emphasis on scale-up of HIV testing and linkages to HIV care and treatment services.

TB. Yemen, Iraq, Syria and Lebanon have a moderate incidence of TB; Jordan has a low incidence. Programmatic management of MDR-TB has been initiated in all five countries with financial support from the Global Fund but is still not fully implemented.

Iraq received transition funding for the 2014-2016 allocation period because the country was reclassified as upper-middle-income. However, under flexibilities provided in the Challenging Operating Environment (COE) Policy,

Iraq's TB component regained eligibility for the 2017-2019 allocation period. It is on this basis that Iraq's TB component is included within the scope of this grant.

Malaria: Malaria has historically been a major public concern in Yemen. Somewhere between 60% and 78% of Yemen's 2.2 million population live in malaria risk areas. MER2 aims to support prevention and reduction of the impact of malaria outbreaks by early detection and timely responses – with implementation of effective malaria control measures through activities organized around vector control and case management.

The Secretariat granted a waiver for the co-financing requirement for the MER2 countries in light of the protracted emergency situation in these countries.

Although MER2 does fund services in several countries, it is not grouped with the other “multi-country approaches” grants, which form one of the catalytic investment modalities approved by the board for the 2017-2019 period. Thus the \$36.4 million for MER2 does not come out of the \$260 million set aside for the formal multi-country grants. Rather, it represents a combining of the allocations of participating countries, insofar as they have allocations.

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