



Independent observer
of the Global Fund

Global Fund Board approves another \$102.9 million in funding

Launch of Save the Children's Every Last Child campaign in Katmandu, Nepal. Save the Children is the principal recipient for HIV, TB and malaria grants awarded to Nepal.

Photo: [Save the Children website](#)

On 21 March 2018, the Global Fund Board approved six country grants worth \$102.9 million. This was the seventh batch of approvals from the 2017–2019 allocations, and brings the cumulative amount awarded to date to just under \$9 billion.

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

The \$102.9 million total included one matching funds request valued at \$1.3 million. Interventions totaling \$40.3 million were added to the Unfunded Quality Demand (UQD) Register. Domestic commitments to the programs represented by the approved grants amounted to \$890.5 million.

The largest award went to Nepal which had three grants approved worth \$43.6 million. See the table for further details.

Table: Country grants approved from the 2017-2019 allocations — Seventh batch (\$)

Applicant	Comp.	Grant name	Principal recipient	Amount approved	UQD
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Azerbaijan	HIV	AZE-H-MOH	Ministry of Health	6,068,394	2,009,722
	HIV	NPL-H-SCF	Save the Children	23,264,244	11,300,00
Nepal	Malaria	NPL-M-SCF	Save the Children	4,208,457	1,664,513
	TB	NPL-T-SCF	Save the Children	16,138,548	5,616,547
Tajikistan	TB	TJK-T-RCTC	Rep. Center TB Control	9,752,657	1,001,000
Tanzania	RSSH	TZA-M-MOFP	Min. of Fin. & Planning	43,459,547	18,725,36
Total				102,891,847	40,317,14

Notes:

1. Amounts shown are upper ceilings.
2. The domestic commitments shown are for the disease programs and exclude RSSH unless otherwise indicated.
3. Funding approved for the Nepal HIV grants includes \$1.3 million in matching funds.
4. Funding for the Tanzania malaria grant was previously approved. The amount shown here is for the RSSH portion; it will be added to the malaria grant.

As is customary, the approved funding is subject to availability of funding and will be committed in annual tranches.

Of the six funding requests, four were full review; and two were tailored (material change). One of the funding requests was from Window 2 (23 May 2017); the other five were from Window 3 (28 August).

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 the 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.

More to come

There were just over 200 country grants approved in the first six batches. Three windows were scheduled for 2017. Window 4 was scheduled for 7 February 2018, with the TRP reviews scheduled for 19–29 March. Two more windows have been scheduled for 2018, as follows:

Window 5 — 30 April (TRP review: 3-11 June)

Window 6 — 6 August (TRP review: 9-21 September)

The Secretariat anticipates receiving 47 requests in Window 5 and 24 in Window 6.

Comments on individual funding requests

The GAC report provided comments on three of the four countries: Nepal (HIV, malaria and TB), Tajikistan (TB) and Tanzania (RSSH). Aidsplan plans to do a separate article on the Nepal funding request in the near future. Below, we provide a brief summary of the comments for Tajikistan and Tanzania.

Tajikistan TB

Despite its depreciating currency, the somoni or TJS, Tajikistan met its willingness-to-pay requirements for 2014–2016, the GAC said. Government expenditure for the period 2013–2016 as well as projections for 2018–2020 show consistently increasing co-financing commitments when measured in TJS. Nevertheless, the GAC said that because of the depreciation and other factors — Tajikistan’s economy has suffered from external shocks that have affected economic confidence, reduced fiscal space and external buffers, and increased vulnerabilities — the government’s capacity to meet the financial needs for the TB control program has decreased. “To mitigate the risk of the country not meeting its co-financing commitments, the Secretariat will continue to work with the Government of Tajikistan to monitor the progress in improving domestic fiscal capacity,” the GAC said.

Tajikistan’s fiscal challenges will likely impact the country’s capacity to plan for a successful future transition from Global Fund and other external financial support, the GAC stated. In light of the significant TB funding gap, the GAC said that it welcomed the decision to develop a gradual and realistic plan for using domestic finances to sustain program gains, identifying key milestones and requirements for meeting the co-financing commitments, and implementing the planned transition readiness assessment.

Tanzania RSSH

The Tanzania RSSH component was originally submitted for TRP review in June 2017 as a part of a joint malaria-RSSH funding request. At the time, the TRP recommended that the malaria component proceed to grant-making and that the RSSH component be sent back for iteration. The RSSH request was re-submitted and the TRP recommended that it proceed to grant-making in September 2017.

The malaria grant (TZA-M-MOFP) was approved in December 2017. The RSSH activities will be integrated into the malaria grant. Tanzania had also submitted a request for \$3.0 million in matching funds for data systems, generation and use. However, the request was returned for iteration by the TRP. If it is approved, it will be incorporated into the malaria grant at a later stage.

The lead sub-recipient for the RSSH component is the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC).

According to the GAC, the RSSH component will tackle three major barriers to resilient and sustainable systems for health: (a) poor quality of services; (b) weak referrals; and (c) inadequate health facilities infrastructure and equipment for service delivery. The RSSH component will support the disease programs through integrated service delivery and quality improvement, strengthening the supply chain management for health products and investing in health information systems. The GAC said that the RSSH component recognizes the need for additional human resources for health and addresses this gap, “with the Government of Tanzania leading the response.”

The GAC said that the RSSH grant confirmation included a requirement for staggered transition of human resources for health (HRH) to the Tanzanian public service payroll by mid-2020. The same requirement was included in the HIV, TB and malaria grants already signed. The goal is to align both the position classifications and salary scales to the public service nomenclature and remuneration schemes, as a sustainability measure. The GAC said that the government will provide a written commitment to this effect, and a description of the revised grant management structures and related staff remuneration scales, before the revision to malaria grant agreement is signed. The GAC said that sign-off and release of the ring-fenced HRH budget was projected for the end of March 2018.

Given its limited resources, the government's ability to absorb the entire HRH component into the public service will closely be monitored during grant implementation, and adjustments will be made as necessary, the GAC explained.

The GAC reported that it was informed by the Secretariat that the infrastructure investments under the RSSH component targeting rehabilitation and renovation of facilities were aimed at improving service delivery as opposed to the construction of new units. "This innovative approach aims to address concerns over historically slow absorption of funds for construction activities," the GAC said.

During its review of the RSSH component, the GAC noted that the impact and outcome indicators were not able to show the investments planned for the RSSH component, and that there were no indicators at outcome or impact level for the community component. The Secretariat provided the following clarifications:

- the impact and outcome indicators in the performance framework were the national indicators for the health systems as a whole, into which the investments are made from various funding sources, including the Global Fund;
- the scope and scale of community interventions did not allow for outcome and impact indicators specifically linked to that level of service delivery;
- to maximize impact, the community interventions will be implemented as a pilot in two regions as opposed to the original plan to deploy 600 community health workers across the entire country targeting a wide range of services, including for all three diseases; and
- the community pilot will have an evaluation component at the end of the implementation period in order to assess the effectiveness of the community structures in contributing to the health outcomes at facility level.

The GAC noted that Tanzania is in "paced reduction" for its HIV and malaria components, and that significant qualitative adjustments were made during the determination of the country's allocation for 2017–2019. The GAC said that these developments "highlight the importance of prioritizing sustainability and country ownership on the health agenda in Tanzania going forward."

"Paced reduction" refers to the fact that Tanzania's HIV component was labelled "over allocated" when the 2014–2016 allocations were made. (The GAC mentioned both HIV and malaria components, but our records show that only HIV was so labelled.) Countries were told that over-allocated components would see reductions in future allocations until such time as the components were no longer over-allocated.

Aidspan reported on Tanzania's TB/HIV funding request in [GFO #332](#).

Aidspan reported on the first batch of grant approvals for 2017-2019 [here](#); on the second batch [here](#); on the third batch [here](#); on the fourth batch [here](#); on the fifth batch [here](#); and on the sixth batch [here](#). (The sixth batch consisted of just one grant.)

Most of the information for this article was taken from Board Document GF-B38-ER11 (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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