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Iraq poised to join Global Fund's Middle East Response initiative

A patient transported by the International Organization for Migration (IOM) waits to be screened for TB at a National Tuberculosis Program Center in Erbil, Iraq. IOM is the principal recipient for both Iraq's TB grant and the Global Fund's Middle East Response initiative.

Photo: Sarah Ali Abed / UN Migration Agency (IOM) 2017

Ongoing conflicts in Iraq and in neighboring Syria have forced the Global Fund to reconsider its planned transition away from providing support for TB programs in Iraq. Instead, Iraq will join the Fund's Middle East Response (MER) initiative in 2019. In the interim, Iraq is receiving bridge funding for its TB program.

The bridge funding took the form of a 12-month extension of Iraq's existing TB grant, which is managed by the [International Organization for Migration](#) (IOM) as principal recipient (PR). The Global Fund Board approved the extension on 13 December 2017 (see [GFO article](#)). The Board was acting on the recommendation of the Grant Approvals Committee (GAC). The \$2.75 million in extension funding is being financed by efficiencies from the MER's 2014–2016 allocation and savings from Iraq's existing TB grant.

Two transitions for Iraq TB funding

Iraq's TB component was designated as ineligible for Global Fund TB support in the 2014–2016 allocation period, due to Iraq being an upper-middle-income country with a moderate TB burden. Based on this

designation, Iraq received transition TB funding for 2014–2016, resulting in a \$6.7 million grant running from September 2015 to the end of 2016.

Iraq, however, has been plagued by internal conflict due mostly to the ISIS insurgency, which was in full swing in 2015 and 2016. The ISIS situation, coupled with a global dip in oil prices around the same time, created an environment in which the Government of Iraq was unable to carry out some key transition activities, such as the development of a robust and viable national strategic plan for TB. Iraq was also low on cash. The World Health Organization and the U.N. Office for the Coordination of Humanitarian Affairs classified Iraq as a Level 3 emergency — their most severe ranking — during that period. Given the acutely dire circumstances, the Global Fund Secretariat was able to use flexibilities in the Fund’s [Challenging Operating Environments Policy](#) to provide a one-year extension of the TB program, through the end of 2017.

But while Iraq was transitioning out of standard eligibility, it was also preparing to transition into a multi-country approach, the MER initiative. (The full name of the initiative is the Middle East HIV, TB and Malaria Response.)

The conflicts in Iraq and Syria, and in Yemen, as well as the protracted crisis in the Palestinian Territories, led the Global Fund to establish the MER in 2017. Planning for the MER began in 2015 (See [GFO article](#)). The MER is an integrated management platform intended to streamline grant processes in these challenging operating environments, all of which include significant refugee populations. In addition to implementing activities in the four focus countries and territories, the MER also provides support for Syrian refugees in Lebanon and Jordan.

By design, the first phase of the MER, which runs to the end of 2018, does not include Iraq. The plan is to have Iraq join when the MER starts its second phase in 2019. This timeline left a one-year gap for Iraq TB, i.e. all of 2018. The bridge funding for Iraq’s existing TB grant fills that gap.

The MER grant is also managed by the IOM, which should aid a smooth transition between funding streams. In fact, the [Global Fund website](#) lists the current Iraq TB grant title as “Middle East TB, HIV and Malaria Response: Iraq TB Component,” which suggests that integration is already in motion.

As described by the GAC: “The proposed continuation of essential services during the extension period is in line with the overall approach and strategic focus on the MER to provide basic TB services in the context of protracted emergency.” The table below describes the primary activities the extension funding will support.

Table: Main activities supported by Iraq TB extension funding

Procurement	First-line drugs
	Second-line drugs
	Laboratory consumables, reagents and test equipment
Transportation	Presumptive TB cases
	Training of laboratory staff
Capacity building	Support to DOT (directly observed therapy) workers to improve treatment adherence
	Provision of TB services through medical mobile team units in camps, hard-to-reach and remote areas
Patient support	Provision of food packages for most vulnerable TB patients
	Provision of food packages for most vulnerable TB patients
Awareness and communications	TB awareness training for community health workers and vulnerable populations

Distribution of printed materials among vulnerable populations *

* For this context, “vulnerable populations” refers to internally displaced people (refugees), residents of informal settlements, prisoners and residents of host communities.

Some of the information for this article was taken from GF-B38-ER03, Electronic Report to the Board: Report of the Secretariat’s Grant Approvals Committee, undated. This document is not available on the Global Fund’s website.

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