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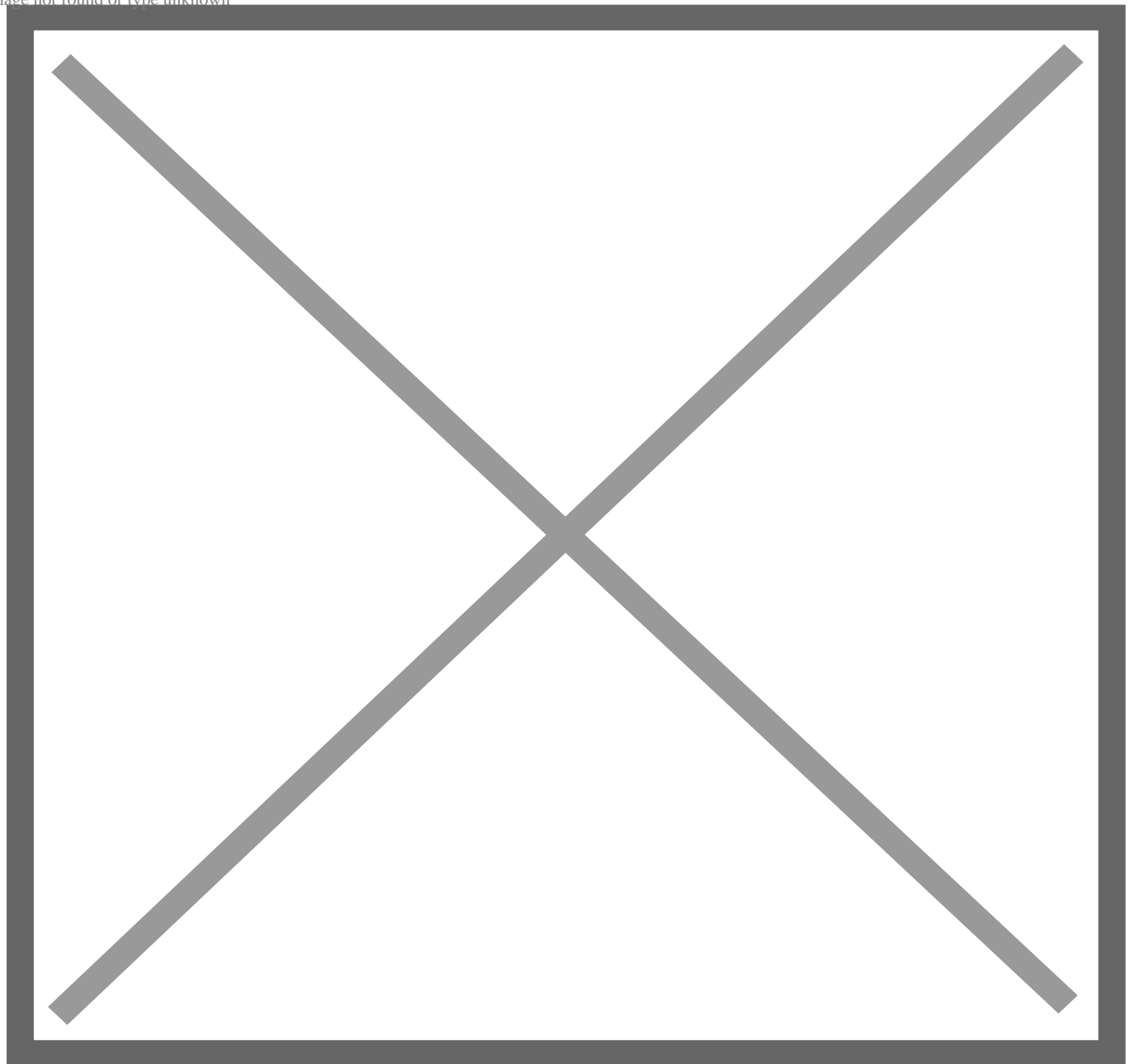
GLOBAL FUND APPROVES FUNDING OF \$1.5 BILLION FOR 35 GRANTS

On 11 September 2015, the Global Fund Board approved \$1.52 billion in funding for 35 grants emanating from concept notes submitted by 15 countries and three regional organizations. This is by far the largest amount approved at any one time under the new funding model. The Board was acting on recommendations from the Grant Approvals Committee and the Technical Review Panel.

Included in the \$1.52 billion was \$123.0 million in incentive funding. In addition, the Fund placed interventions worth \$379.2 million in the registry of unfunded quality demand. Of the \$1.52 billion total, \$730.6 million was for countries in Africa (see Table 1) and \$785.0 million for countries in other regions (see Table 2).

Table 1: Funding for grants approved by the Global Fund, September 2015 – Africa

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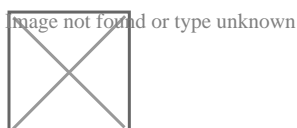


The grants to Burkina Faso and Togo were in euros which we converted to dollars at the rate of 1.12243
Discrepancies in totals due to rounding.

NE = Not eligible

The country that received the most funding was India: \$541.9 million for seven TB/HIV grants (including \$55.5 million in incentive funding), and \$116.4 million for two malaria grants. Kenya received \$367.6 million for four TB/HIV grants (including \$34.3 million in incentive funding), and \$77.2 million for two malaria grants.

In addition, the Board approved an increase of \$1.4 million for a previously approved HIV grant to Burkina Faso (BFA-H-SPCNLS). The additional amount represents funds from the undisbursed balance of a prior HIV grant.



Discrepancies in totals due to rounding

N/E = Not eligible

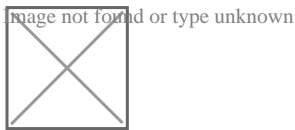
India

The goals of the India TB/HIV grants are to reduce new infections by 50%; provide comprehensive care and support to all persons living with HIV; provide HIV treatment services for all those who require it; and achieve universal access to quality TB care and control, with a specific focus on vulnerable and marginalized populations. The grants include capacity-building for civil society organizations that provide prevention services for populations at risk for HIV; India expects to provide 60,000 people in key populations with treatment and care services in the first year of the grants.

According to the GAC, current prevention activities will continue to be managed by a civil society principal recipient through March 2016, “to allow for a smooth transition to government ownership from the next government fiscal cycle, which starts April 2016.” The Global Fund Secretariat informed Aidspan that what is being transitioned are the prevention activities that the India HIV/AIDS Alliance has been implementing and that the government has obtained a loan credit from the World Bank to cover the costs of these activities.

With respect to India’s malaria grants, the GAC said that India will participate in a pilot program designed to strengthen financial management capacity.

Kenya



Mark Eddington, Head of the Global Fund’s Grant Management Division (second from the left, seated at the table) signs grants for the three diseases in Kenya.

Photo credit : Kenya Red Cross

The concept note submitted by Kenya described a significant reprogramming of the country’s malaria program. The GAC said that the reprogramming was the result of “broad engagement of local and international stakeholders in a consultative country dialogue process.”

With respect to Kenya’s HIV grants, the GAC noted that during grant-making additional resources were allocated towards HIV interventions for girls and young women. The GAC commended Kenya for improvements in performance in recent years in programs supported by the Global Fund, including improvements in absorptive capacity and fiduciary controls. The GAC said that this presents an opportunity to document lessons learned for dissemination to other countries.

Other countries

Regarding the TB/HIV grant to Belize, the GAC said that the strategic focus of the program is to halt the spread of HIV and TB/HIV co-infections among men who have sex with men and among other populations at risk, as well as to effectively detect and treat all forms of TB, MDR-TB and TB/HIV co-infections. The GAC said that activities supporting these goals are largely focused on key populations and on addressing systemically embedded stigmas. “These include advocating for the modification of policies that penalize health care providers for working with key populations; training for health care providers to reduce stigma against key populations; ... and creating a system for the monitoring and reporting of human rights violations.”

In its comments on the Cambodia HIV grant, the GAC noted that for the first time the Government of Cambodia is purchasing antiretroviral drugs (\$3.7 million). The Global Fund had been financing 100% of the costs of the ARVs.

Guinea's \$48.7 million HIV grant included \$23.5 million in incentive funding, which will be used to fund services for men who have sex with men, transgender people, and sex workers and their clients, as well as for the scale-up of ARVs, prevention of mother-to-child transmission, and TB/HIV coordination.

Commenting on the HIV grant to South Sudan, the GAC said that "in light of the unresolved issues around human rights protections," the Community, Rights and Gender Department of the Global Fund will be supporting the training of judiciary and law enforcement officials, among others, to create a more enabling environment for key populations in the period before the grant is signed.

Concerning the Sudan HSS grant, the GAC noted that during grant-making, "the applicant took actions to address the TRP's comment on reaching underserved populations, specifically women and girls, by planning the recruitment, training and deployment of additional community health workers, strengthening the civil society organization network and expanding the reach of trained primary health care providers."

The Suriname TB/HIV grant includes a plan to establish a human rights desk, create an inventory of human rights complaints and develop a human rights database.

The Tajikistan HIV grant aims to expand ARV coverage by 178%. Some of the funding for the grant will be used to expand the opioid substitution therapy program from six to 12 sites by 2017, and to remove legal barriers to access to OST. In addition, human rights guidelines and accompanying monitoring tools will be developed.

The GAC noted that the program management unit for the Togo TB/HIV grants will operate from the Office of the Prime Minister.

Regional grants

Included in the funding approvals were grants for three regional applicants:

- Center for Health and Policy Studies (PAS). The focus of the PAS regional TB project is to improve TB and drug-resistant TB outcomes in 11 Eastern European and Central Asian countries through a health systems strengthening approach. The approach involves using patient-centered models for the provision of TB and drug-resistant TB prevention, treatment, and care services. The 11 countries are Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan..
- Southern African Development Community. The focus of this Elimination 8 regional program is to support the malaria elimination effort among eight of the 15 SADC member states to reach zero local transmission by 2020 in the four "frontline" countries of South Africa, Botswana, Namibia, and Swaziland.
- Kenya AIDS NGOs Consortium. The focus of this regional program is to increase access to essential HIV and harm reduction services for people who inject drugs in eight areas in Eastern Africa (Burundi, Ethiopia, Kenya, Tanzania, Mauritius, Seychelles, Uganda, and Zanzibar).

Information for this article comes from the Report of the Secretariat's Grant Approvals Committee to the Board (GF-B33-ER09). This document is not available on the Fund's website. This article was updated on 17 September 2015.

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