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MAJOR FOCUS ON SUSTAINABILITY IN NOVEMBER FUNDING APPROVALS

Sustainability was a prominent theme in the November report of the Grant Approvals Committee to the Board. Ten of the 22 grants recommended for approval had already taken some steps towards sustainability or included measures in their proposed programs. Three of the 10 grants were from low income countries.

For Armenia, an upper lower-middle-income country, the funding awarded to its two HIV grants was conditional on the development of a sustainability plan by 30 June 2016. The plan will call for increasing HIV-related expenditures during the next three years and having the government take over the costs of the full HIV program after the Global Fund grant ends in 2018. The government has already committed to gradually increasing financing for some activities, such as providing antiretrovirals for 200 patients in 2017, 300 patients in 2018 and methadone procurement from 2018 on.

Total domestic financial commitments for the HIV program in Belarus, an upper-middle-income country, amounted to \$52 million, which represented 80% of total resources available for the next implementation period. "Sustainability is at the core of this grant," the GAC said. A national principal recipient is taking over from the UNDP and the government is expanding its commitment to fund various program areas, including HIV prevention services, ARV procurement, patient adherence support, and HIV testing. "The grant is regarded by all national stakeholders as a transition step toward government ownership," the GAC said. Furthermore, the grant included a condition on development of a sustainability plan for Global Fund funded activities by the end of 2016.

Sustainability is also central to the Belarus TB grant, where total domestic financial commitments amounted to \$190 million, which represented 94% of total resources available for the next implementation

period. This grant is also considered a transition step toward government ownership with the government expanding its commitment to fund various activities, including patient adherence support, procurement of first-line and most second-line TB drugs, and laboratory work. The development of a sustainability plan for Global Fund funded activities by the end of 2016 is a condition of this grant as well.

Regarding the malaria grant to Benin, a low-income country, the national malaria program is taking over as PR from the UNDP. Capacity-building and training activities are included in the grant to support sustainability of the program.

According to the GAC, Côte d'Ivoire, a lower-LMI country whose malaria grant was recommended for approved, has taken steps to ensure financial sustainability, including initiatives with potential to increase revenues for the health sector, such as the universal health insurance bill passed in March 2014, and introduction of innovative financing mechanisms, such as taxes on tobacco and air travel as well as Debt2Health.

With respect to a TB grant to the Dominican Republic, a UMI country, total domestic financial commitments to the TB program amounted to \$67 million, which represented 89% of total resources available for the next implementation period and a 21% increase from the previous implementation period. The Dominican Republic has taken several steps toward sustainability, including absorbing costs of human resources and second-line TB drugs from previous Global Fund-financed programs.

One of the grants recommended for funding was a TB grant to El Salvador, an upper-LMI country. Total domestic financial commitments to the TB program amounted to \$24.5 million, which represented 71% of total resources available for the next implementation period. The GAC said that the new national strategic plan will increase the sustainability of the national TB response by gradually shifting financial responsibility from the Global Fund grant to the government, and implementing interventions through cost-effective health and community systems. Government contributions are largely focused on human resource costs, to support the country's TB response strategy in detecting more respiratory symptoms and administering TB treatment in the community and health facilities.

Gambia is an LI country whose TB grant was recommended for funding. The 2015-2020 national health sector plan aims to use tax-base and non-tax base approaches to increase financing for health care, including advocacy for innovative financing and instituting a 3% levy on tobacco and tobacco products, alcohol and other products hazardous to one's health. A financial sustainability plan will be developed as well as a resource mobilization plan, to improve revenues to the health sector.

In the case of an HIV grant to Jamaica, a UMI country, total domestic financial commitments to the HIV program amounted to \$54 million, which represented 54% of total resources available for the next implementation period. The country has also committed to spending an additional \$6 million. The government will progressively absorb costs related to treatment and clinical diagnostics, assuming the full cost of ARVs by the end of the implementation period. Investment from the Global Fund and other partners will help to build capacity and develop plans for sustainability.

Finally, concerning the TB grant to Tajikistan, another LI country, total domestic financial commitments amounted to \$16 million, which represented 27% of total resources available for the next implementation period. The GAC said that the government has taken some constructive steps towards the sustainability of TB services in the country, including developing a funding sustainability plan through which the country will take over 100% of financing for first-line drugs by the end of 2017. Additionally, the government will encourage and motivate local public administrations to engage in developing solutions for effective adherence support to TB patients, which will enhance program sustainability and government ownership.

All of the grants recommended for funding were approved by the Global Fund Board in November.

Information for this article comes from the November 2016 report of the Secretariat's Grant Approvals Committee to the Board (GF-B33-ER18). This document is not available on the Fund's website.

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