

INTEGRATING SERVICES FOR MAXIMUM IMPACT IN THE HIV/AIDS, TB AND MALARIA RESPONSE IN SOUTH SUDAN



Grant Value: \$167M.

Allocation breakdown:

HIV: \$50.2M.

Malaria: \$53.3M.

TB: \$17M.

Resilient and Sustainable Systems for Health (RSSH): \$23.5M.

COVID-19 Response Mechanism Portfolio Optimisation (C19RM-PO): \$23M.

Principal Recipients:



United Nations Development Programme (UNDP) for HIV, TB, RSSH, and C19RM components and will manage a total of **\$116.3M** of the Grant.



UNICEF to manage malaria component worth **\$53.3 M.**

HIGHLIGHTS OF THE 2024 – 2026 HIV /AIDS, TB AND MALARIA GRANT FINANCED BY THE GLOBAL FUND

In December 2023, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) confirmed the seventh Grant Cycle (GC7) to consolidate gains and strengthen the national response to HIV, tuberculosis (TB) and malaria in South Sudan over the 2024-2026 period. Valued at \$167 million, the contribution comprises of \$50.2 million for HIV and AIDS, \$53.3 million for malaria, \$17 million for TB, \$23.5 million for Resilient and Sustainable Systems for Health (RSSH), and an additional \$23 million under the COVID-19 Response Mechanism Portfolio Optimisation (C19RMPO) opportunity.

This is the largest Global Fund contribution to the Government and people of South Sudan since Independence in 2011 and it draws lessons from experiences in managing previous grants. As the principal recipient for the HIV, TB, RSSH and C19RM components, the United Nations Development Programme (UNDP) will manage a total of \$116.3 million of this grant up from \$104 million in the previous 2021-2023 implementation period, and the highest amount under UNDP's stewardship since 2011 .

PRIORITY AREAS

While continuing to focus on provision of life-saving HIV and TB care and treatment services, and reducing new infections and mortalities, the new grant prioritizes differentiated HIV Testing Services, strengthening community and laboratory systems and elimination of vertical transmission of HIV, syphilis and hepatitis B. Other priorities are reducing human rights-related barriers to HIV/TB services and prevention packages for key and vulnerable populations.

Under the C19RMPO component, \$23 million will support 'legacy investments' over the 2024-2025 period, including solarization of hospitals and health facilities, strengthening laboratory, health management, surveillance, and waste management systems. Emphasis will also be put on pandemic preparedness and resilience, strengthening coordination and management of national disease control programmes and gender-based violence prevention.

KEY GOALS/ TARGETS IN NUMBERS

HIV and AIDS

Reduce new HIV infections by 25% by 2026

Reduce AIDS-related deaths by 25% by 2026

Reduce HIV-related discrimination and other inequalities towards People Living with HIV/AIDS (PLHIV)

Increase the first 95 (people who are living with HIV knowing their HIV status) to 85,000 by 2026

Increase the second 95 (people who know that they are living with HIV receiving ART) to 75,000 by 2026

Maintain the third 95 (people who are on treatment being virally suppressed) above 85% by 2026

Maintain above 70% coverage of combination HIV prevention for key and vulnerable populations

Reach 85% of HIV+ pregnant women by 2026

Reach 3,000 of HIV-Exposed Infants (HEI) with early Infant Diagnosis (EID) by 2026

TB

Notify 21,787 Drug Susceptible TB (DS-TB) cases by the end of 2026 or 90% of estimated cases up from the 81% baseline in 2022.

Notify 300 Drug Resistant – TB (DR-TB) cases by the end of 2026 or 55% of estimated cases (baseline is 31% in 2022).

Reach and sustain TB Treatment Success Rate (TSR) of above 95% by 2026 up from 2021 baseline of 83%.

Maintain HIV screening of new TB cases at above 95%, up from the 92% baseline in 2022.

CO-FINANCING

The grant comes with a co-financing obligation which requires the Government of South Sudan to progressively increase the national budgetary allocation to health. The Government is also required to maintain or increase domestic funding of Global Fund-supported programmes and absorb the key costs of national disease plans failure of which the Global Fund may reduce grant funds during the current or any subsequent implementation periods.

CAPACITY DEVELOPMENT FOR TRANSITION

The new grant includes important investments for the Ministry of Health to renew and strengthen its core systems for Global Fund grants management as a sub-recipient (SR.) Wherever UNDP functions as a PR, it maintains a commitment to capacity development for transition so that national institutions may resume the PR role at a mutually agreed upon future date. During GC7, UNDP will continue to support the MOH to build and strengthen core systems in financial management, monitoring and evaluation, programme planning and management, and procurement and supply management. Important milestones have been set so that, by the end of 2026, the MOH will have strong and resilient systems and processes for Global Fund grants management as an SR.

OVERSIGHT OF THE GRANT

The Country Coordinating Mechanism (CCM) oversees the implementation of the Global Fund investments in the country. Comprising both state and non-state actors, the CCM represents the interests of country-level stakeholders in the fight against HIV and AIDS, TB, and malaria. All funding requests to the Global Fund, material budget revisions and other major adjustments to the Global Fund grants are endorsed by the CCM before submission to the Global Fund for approval.

SUB-RECIPIENTS

To deliver on the grant, the Government and UNDP will work with six sub-recipients and other partners. These include the Ministry of Health, the South Sudan AIDS Commission, the Arkangelo Ali Association, Cordaid, AMREF, and the United Nations Population Fund. Other implementation partners include the South Sudan Network of People Living with HIV/AIDS (SSNeP+) and the National Empowerment of Positive Women United (NEPWU).

