Electronic Report to the Board

Report of the Secretariat's Grant Approvals Committee

GF/B33/ER18
Board Decision

PURPOSE: This document proposes three decision points as follows:

1. GF/B33/EDP27: Decision on the Secretariat's Recommendation on Additional Funding from the 2014 Allocation[1]
2. GF/B33/EDP28: Decision on the Secretariat's Recommendation on Grant Extensions[2]
3. GF/B33/EDP29: Decision on the Secretariat's Recommendation on Policy Exceptions for Processing HIV and TB Funding Applications from Certain Countries in the Middle East Region

[1] Armenia HIV, Azerbaijan HIV, Bangladesh malaria, Belarus HIV and TB, Benin HIV, TB and malaria, Côte d'Ivoire malaria, Dominican Republic TB, El Salvador TB, Gabon TB, Gambia TB, Jamaica HIV, Paraguay TB, Tajikistan TB, Timor-Leste HIV and TB, Viet Nam malaria, ICW Latina HIV, Zimbabwe HIV. Total incremental amount US$145,998,207 and € 41,593,081
[2] Uzbekistan HIV. Total incremental amount is US$1,562,783

I. Decision Points

1. Based on the rationale described in Section IV below, the following electronic decision points are recommended to the Board:

1.1 Set forth below is the Secretariat's recommendation to approve additional funding up to an amount of US$147,560,990 and €41,593,081

Decision Point: GF/B33/EDP27: Decision on the Secretariat's Recommendation on Additional Funding from the 2014 Allocation

The Board:

1. *Approves the incremental funding recommended for each country (or, as the case may be, regional) disease component, and its constituent grants, as listed in Tables 1a and 1b of Section IV to GF/B33/ER18 (collectively, "Table 1");*

2. *Acknowledges each country (or, as the case may be, regional) disease component's constituent grants will be implemented by the proposed Principal Recipients listed in Tables 1a and 1b, or any other Principal Recipient(s) deemed appropriate by the Secretariat in accordance with Global Fund policies;*

3. *Approves the additional funding for the Zimbabwe HIV Program and its resultant total program budget, as listed in Table 1c of Section IV to GF/B33/ER18;*

4. *Approves the reinvestment of within-allocation efficiencies for the Bangladesh malaria and Cote d'Ivoire malaria grants and their resultant total program budget, as listed in Table 2 of Section IV to GF/B33/ER18;*

5. *Affirms the incremental funding approved under this decision (a) increases the upper-ceiling amount that may be available for the relevant implementation period of each country (or, as the case may be, regional) disease component's constituent grants, (b) is subject to the availability of funding, and (c) shall be committed in annual tranches; and*

6. *Delegates to the Secretariat authority to redistribute the overall upper-ceiling of funding available for each country disease component among its constituent grants, provided that the Technical Review Panel (the "TRP") validates any redistribution that constitutes a material change from the program and funding request initially reviewed and recommended by the TRP.*

This decision does not have material budgetary implications for the 2015 Operating Expenses Budget.

1.2 Set forth below is the Secretariat's recommendation to approve grant extensions.

Decision Point: GF/B33/EDP28: Decision on the Secretariat's Recommendation on Grant Extensions

The Board:

1. *Approves extension of the relevant implementation period for each grant listed in Table 3 of Section IV to GF/B33/ER18.*

This decision does not have material budgetary implications for the 2015 Operating Expenses Budget.

1.3 Set forth below is the Secretariat's recommendation to approve policy exceptions for processing certain funding applications.

Decision Point: GF/B33/EDP29: Decision on the Secretariat's Recommendation on Policy Exceptions for Processing HIV and TB Funding Applications from Certain Countries in the Middle East Region.

The Board:

1. Acknowledges the current political context and challenging implementation environment in Iraq, Palestine, Syria and Yemen due to ongoing conflicts; and

2. Accordingly, approves the following policy exceptions for processing HIV and TB funding applications from these countries to access relevant 2014-2016 funding allocations:

- *Waiver of the CCM eligibility requirements;*
- *Waiver of the counterpart financing requirement; and*
- *Waiver of the "willingness-to-pay" requirement*

This decision does not have material budgetary implications for the 2015 Operating Expenses Budget.

II. Relevant Past Decisions

1. Pursuant to the Governance Plan for Impact as approved at the Thirty-Second Board Meeting,[3] the following summary of relevant past decision points is submitted to contextualize the decision points proposed in Section I above.

[3] GF/B32/DP05: Approval of the Governance Plan for Impact as set forth in document GF/B32/08 Revision 2 (http://www.theglobalfund.org/Knowledge/Decisions/GF/B32/DP05/)

Relevant Past Decision Point	Summary and Impact
GF/B27/DP07: Evolving the Funding Model **GF/B28/DP04: Evolving the Funding Model (Part Two)**	These decision points establish the current policy regarding how to access relevant funding allocations.
GF/B31/DP12: Extension Policy under the New Funding Model[4]	This decision point establishes the current policy, based on which the extensions described in this report are granted and reported by the Secretariat or otherwise recommended to the Board for approval.
GF/B33/EDP07: Decision on the Secretariat's Recommendation on Additional Funding from the 2014 Allocation	This decision point refers to the funding recommendation with regards to the Côte d'Ivoire malaria grant approved by the Board on 30 June 2015. The funding recommendation presented in this report modifies the total budget for the Côte d'Ivoire malaria program, as described further in paragraphs in Section IV of this report.
GF/B32/EDP05: Decision on the Secretariat's Recommendation on Additional Funding from the 2014 Allocation	This decision point refers to the funding recommendation with regards to the Bangladesh malaria grant approved by the Board on 16 January 2015. The funding recommendation presented in this report modifies the total budget for the Bangladesh malaria program, as described further in Table 2 in Section IV of this report.
GF/B32/EDP01: Decision on the Secretariat's Recommendation on Additional Funding from the 2014 Allocation	This decision point refers to the funding recommendation with regards to the Zimbabwe HIV grant approved by the Board on 8 December 2014. The funding recommendation presented in this report modifies the total budget for the Zimbabwe HIV program, as described further in paragraphs in Section IV of this report.

III. Action Required

1. The Board is requested to consider and approve the decision points recommended in Section I above.

2. Please find here a list of documents provided per disease component to substantiate the Board decision. All relevant documents containing the Secretariat's reason for its recommendations to the Board and the Funding Requests/comments have been posted on the Governance Extranet available at this link.

    a. Concept Note
    b. Concept Note Review and Recommendation Form
    c. Grant Confirmation
    d. TRP Clarification Form (applicable only if the TRP requested clarifications)

[4] GF/B31/DP12: Extension Policy under the New Funding Model (http://www.theglobalfund.org/Knowledge/Decisions/GF/B31/DP12/)

IV. Summary of the deliberations of the Secretariat's Grant Approvals Committee

Table 1a: Secretariat's Funding Recommendation on Additional Funding from the 2014 Allocation (Countries)

N	Country	Disease component	Grant name	Grant end date	Currency	Total program budget	Existing funding	Incremental amount for Board approval	Recommended Total Incremental Funding	Incentive Funding included in Total Incremental Funding	Unfunded Quality Demand	Domestic commitment
1	Armenia	HIV/AIDS	ARM-MOH-H	30 Sept 2018	US$	5,626,288	710,948	3,240,258	4,915,340	N/A	5,015,040	6.2 million
			ARM-MEA-H	30 Sept 2018	US$		0	1,675,082				
2	Azerbaijan	HIV/AIDS	AZE-H-MOH	30 June 2018	US$	9,887,685	3,604,730	6,282,955	6,282,955	N/A	0	23.6 million
3	Belarus	HIV/AIDS	BLR-H-RSPCMT	31 Dec 2018	US$	13,727,239	1,744,481	11,982,758	11,982,758	N/A	191,393	51.8 million
4	Belarus	TB	BLR-T-RSPCMT	31 Dec 2018	US$	12,325,452	452,141	11,873,311	11,873,311	N/A	0	189.9 million
5	Benin	HIV/AIDS	BEN-H-BENPNLS	31 Dec 2017	€	28,641,072	21,500,531	0	4,860,581	N/A	0	7.23 million
			BEN-H-PlanBen	31 Dec 2017	€		2,279,960	4,860,581				
6	Benin	Malaria	BEN-M-PNLP	31 Dec 2017	€	31,541,017	7,904,770	23,636,247	23,636,247	8,372,774	0	6.72 million

7	Benin	TB	BEN-T-PNTUB	31 Dec 2017	€	5,988,747	1,369,346	4,619,401	4,619,401	398,982	0	1.36 million
8	Côte d'Ivoire*	Malaria	CIV-M-SCI	30 Dec 2017	€	12,999,177	8,899,472	4,099,706	4,099,706	N/A	19,532,595	65,916,636
9	Dominican Republic	TB	DOM-T-MSPAS	31 Dec 2018	US$	8,373,610	608,585	7,765,025	7,765,025	N/A	0	67.1 million
10	El Salvador	TB	SLV-T-MOH	31 Dec 2018	US$	9,950,916	150,000	9,800,916	9,800,916	N/A	0	24,456,238
11	Gabon	TB	GAB-T-MSPS	31 Dec 2018	€	3,630,386	0	3,630,386	3,630,386	N/A	0	10.5 million
12	Gambia	TB	GMB-T-NLTP	31 Dec 2017	US$	7,989,687	1,343,987	6,645,700	6,645,700	352,000	0	356,990
13	Jamaica	HIV/AIDS	JAM-H-MOH	31 Dec 2018	US$	15,242,178	323,560	14,918,618	14,918,618	N/A	0	53.6 million
14	Paraguay	TB	PRY-T-AVA	31 Dec 2018	US$	5,988,073	425,056	5,563,017	5,563,017	N/A	0	15.7 million
15	Tajikistan	TB	TJK-T-HOPE	31 Dec 2017	US$	17,966,668	4,677,082	8,622,891	13,289,586	N/A	0	16,006,534
			TJK-T-RCTC	31 Dec 2017	US$		0	4,666,695				
16	Timor-Leste	TB	TLS-708-G04-T	31 Dec 2017	US$	4,813,831	625,139	4,188,692	4,188,692	N/A	908,297	10.95 million
17	Timor-Leste	HIV/AIDS	TLS-H-MOH	31 Dec 2017	US$	4,312,116	3,944,635	367,480	367,480	N/A	0	4,426,110

18	Viet Nam	Malaria	VNM-M-NIMPE	31 Dec 2017	US$	15,249,222	2,769,522	12,479,700	12,479,700	4,797,180	13,547,023	12.7 million

Table 1b: Secretariat's Funding Recommendation on Additional Funding from the 2014 Allocation (Regional Applicant)

N	Applicant	Disease Component	Currency	Grant name	Grant end date	Recommended budget	Total program budget	Existing funding	Incremental amount for Board approval	Recommended total incremental funding	Unfunded Quality Demand
1	ICW Latina	HIV/AIDS	US$	QRA-H-HIVOS	31 Dec 2018	4,330,296	4,330,296	0	4,330,296	4,330,296	0

Table 1c: Secretariat's Funding Recommendation on Additional Funding for Zimbabwe HIV Program

Applicant	Grant Name	Currency	Approved Grant Budget	Revised Budget for Board Approval	Source of Funding	Incremental Funding Already Approved	Additional Incremental Funding for Board Approval	Revised Unfunded Quality Demand
Zimbabwe	ZIM-H-UNDP	US$	437,272,910	468,705,052	Incentive funding	126,053,783	25,274,085	127,621,036
					CIFF		6,160,057	

Table 2: Reinvestment of Within-Allocation Efficiencies for Previously-Approved Programs

Applicant	Grant Name	Currency	Approved Grant Budget	Revised Budget for Board Approval	Existing Funding	Revised Existing Funding	Incremental Funding Already Approved	Additional Incremental Funding for Board Approval	Revised Unfunded Quality Demand
Bangladesh[5]	BGD-M-BRAC	US$	9,607,092	9,800,254	113,476	228,972	9,493,616	77,666	17,213,518
	BGD-M-NMCP	US$	15,744,966	15,883,897	3,415,293	3,471,219	12,329,673	83,005	
Côte d'Ivoire	CIV-M-MOH	€	77,924,323	82,496,017	20,231,712	24,056,646	57,692,611	746,760	19,532,595

Table 3: Secretariat's Recommendation on Grant Extensions

Country	Disease Component	Grant Name	Currency	Period of Extension (Months)	Additional Funding	Rationale
Uzbekistan	HIV/AIDS	UZB-H-UNDP	US$	6	1,562,783	To allow for continuation of grant activities while the concept note is being reviewed and subsequent steps completed.

[5] The GAC recommends that the Board approve an increase to the budget amount of the Bangladesh malaria grants BAN-M-NMCP and BAN-M-BRAC. The additional amount requested is within the allocation and represents reinvestment of undisbursed and unused cash funds from round 10 grants that were not included in the total budget when the Board approved an incremental amount for the Bangladesh malaria grants on 30 June 2015 (GF/B33/EDP05). The CCM requests to reinvest this amount in unfunded quality demand, in line with the current program and TRP recommendations.

01 Summary of the deliberations of the Secretariat's Grant Approvals Committee (GAC) on funding recommendations

The following grants resulting from eighteen concept notes, including one regional funding request, have been found to be disbursement-ready by the Global Fund Secretariat in a thorough review process and in consultation with partners.

The concept note for each country component was submitted for review, reviewed by the TRP and determined to be strategically focused and technically sound. The TRP, upon its review, highlighted issues for the applicant to clarify or address during grant-making.

The GAC considered and endorsed the TRP's recommendations and provided an additional level of review. At the time of its first review, the GAC set the upper-ceiling funding amount for grant-making, awarded incentive funding bearing in mind TRP recommendations on the prioritization of the above allocation request, and identified other issues for the applicant to consider as the grant was developed.

During grant-making, the applicant refined the grant documentation, addressed issues raised by the TRP and GAC and sought efficiencies where possible. In its second review, the GAC reviewed the final grant documentation for disbursement-readiness and confirmed that the applicant addressed issues requested for clarification by the TRP to its satisfaction. Additionally, the GAC endorsed the reinvestment of efficiencies in one of the following: (i) the areas recommended by the TRP; (ii) in other disease components of the same applicant – in the case that the TRP did not provide such recommendations; or (iii) into the general funding pool.

Each applicant has met the counterpart financing requirements as set forth by the Eligibility and Counterpart Financing Policy.

Armenia HIV Grants (ARM-H-MEA and ARM-H-MOH)

1.1 The strategic focus of the Armenia HIV program is to maintain the low levels of the HIV epidemic and provide HIV treatment to all who need it. Armenia has a low HIV prevalence among the general population and a concentrated epidemic specifically affecting people who inject drugs, labor migrants, men who have sex with men, and sex workers with some of these categories overlapping and the largest reported mode of transmission being heterosexual contact. According to 2014 data, an estimated 4,000 people are living with HIV in the country, of whom fewer than two out of five are aware of their status and only one-third are linked to care. Strategic interventions specific to the context of this program include:

- Improving access to ART as well as providing care and support to people living with HIV
- Providing prevention services to key populations such as people who inject drugs and their partners, sex workers and their clients, men who have sex with men, transgender people, and labor migrants and their sexual partners
- Providing methadone substitution therapy in both the penitentiary and civil sectors
- Sustainability planning
- Increasing knowledge of key populations on their rights as well as documenting and ensuring follow-up of cases of human rights violations

1.2 Domestic contributions. Total domestic financial commitments amount to US$6.2 million which represents 53 percent of total resources available for the next implementation period. The proposed activities in the grant are planned to accommodate the 47 percent proportional reduction in funding from the current HIV program, ending on 31 December 2015. The development of a sustainability plan by 30 June 2016 is set as a grant condition and will be used to further leverage the government commitment for increasing HIV-related expenditures during the next three years and taking 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 starting from 2017, such as ART for 200 patients in 2017, 300 patients in 2018 and methadone procurement from 2018.

Azerbaijan HIV Grant (AZE-H-MOH)

1.3 The strategic focus of the program is to reduce HIV prevalence among key populations and AIDS-related mortality in Azerbaijan. Azerbaijan's HIV epidemic is concentrated among key populations, including people who inject drugs, men who have sex with men, sex workers and people in prisons. To achieve the program goals, context-specific strategies include:

- Upholding and scaling-up needle and syringe programs for people who inject drugs
- Supporting HIV testing of key populations through mobile units
- Providing easy access to condoms, communication and education materials, risk reducing counseling, peer education, referrals to healthcare for sex workers and their clients
- Supporting clinical examination of people in prisons living with HIV
- Scaling-up counseling and psycho-social support, including home-based care for people living with HIV

1.4 Domestic contributions. Total domestic financial commitments amount to US$23.6 million, which represents 72 percent of total resources available for the next implementation period. Since the inception of the Global Fund-funded HIV program, the Government of Azerbaijan has fully funded opioid substitution therapy, prevention of mother-to-child transmission, blood safety, post-exposure prophylaxis, voluntary testing and counseling, ART, and services for opportunistic infections. The Government of Azerbaijan continues to gradually increase commitments toward activities previously funded by the Global Fund, with the goal of a full takeover of the HIV program from mid-2018 onwards. This grant includes funds to strengthen the capacity of nongovernmental organizations to continue the indispensable role that civil society plays in implementing the HIV program.

Belarus HIV (BLR-H-RSPCMT)

1.5 The strategic focus of this program is to contain the HIV epidemic and reduce HIV-related morbidity and mortality in Belarus, through evidence-based, integrated and regionally prioritized packages of HIV services to key populations, as well as strengthened national capacities and community systems. Belarus' steadily increasing HIV epidemic is concentrated among key populations; in particular, people who inject drugs, female sex workers (among whom there are also high rates of drug use) and men who have sex with men. To support the program goals and meet the needs of key populations, the Belarus HIV program includes context-specific activities such as:

- Prevention services including voluntary testing and counseling, needle exchange, condom distribution, opioid substitute therapy, psychological support, medical and social services
- Advocacy for operationalization of government funding of social services through nongovernmental organizations
- Training for relatives and volunteers to render basic home-based support to people living with HIV

Key targets of the program include increases in:

- The percentage of adults and children with HIV known to be on treatment 12 months after initiation of ART from 71.3 percent in 2014 to 80.1 percent in 2019
- The percentage of adults and children with an undetectable viral load 12 months after initiation of ART from 58.6 percent in 2014 to 70 percent in 2019
- The percentage of people who inject drugs that receive an HIV test and know their result from 10.5 percent in 2014 to 44 percent in 2019

1.6 Domestic contributions. Total domestic financial commitments amount to US$51.8 million, which represents 80 percent of total resources available for the next implementation period. Sustainability is at the core of this grant, with a national Principal Recipient taking over program implementation from UNDP and the government expanding its commitment to fund various program areas, such as 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. Furthermore, the grant includes a condition on development of a sustainability plan for Global Fund funded activities by the end of 2016.

1.7 GAC review and recommendations. The GAC and partners acknowledged the program's successful mobilization of domestic resources and clear direction toward sustainability. GAC partners highlighted the importance of reaching key populations with prevention efforts and encouraged the program to create civil society funding mechanisms. GAC partners noted that targets for men who have sex with men and sex workers are low and highlighted the need to increase coverage rates of opioid substitution therapy, as well as to monitor and address increasing HIV incidence among youth through programming tailored to this population.

Belarus TB Grant (BLR-T-RSPCMT)

1.8 Strategic focus of the program. Belarus is a WHO priority country for TB in Europe and is among the top 27 high multidrug resistant-TB (MDR-TB) burden countries in the world. Furthermore, the TB incidence rate among people in prisons is five times the incidence rate within the general population. The program aims to:

- Scale-up TB prevention, case detection and diagnosis, by ensuring universal access to rapid laboratory diagnosis of TB and MDR or extensively drug-resistant TB (XDR-TB)
- Achieve universal coverage of MDR- and XDR-TB patients with high-quality treatment through the strengthening of patient-centered approaches and introduction of new models of ambulatory TB care
- Supporting the involvement of nongovernmental organizations in TB care and support, with an emphasis on vulnerable and at-risk population groups represented by prisoners and ex-prisoners
- Providing adherence support to the most vulnerable patient groups, such as TB/HIV co-infected patients and those with MDR- or XDR-TB, through various pilot programs
- Strengthening management, monitoring and evaluation of the national TB program

Key targets of the program include:

- Reduction of the prevalence of MDR-TB among previously treated patients from 66.7 percent in 2015 to 60 percent in 2018 and among new patients from 34.9 percent in 2015 to 29 percent in 2018
- Improving TB/HIV integration by increasing TB patients who have had an HIV test result recorded in the TB register from 39.9 percent in 2015 to 98 percent in 2018

1.9 Domestic contributions. Total domestic financial commitments amount to US$189.9 million, which represents 94 percent of total resources available for the next implementation period. Sustainability is central to this grant and this grant is considered a transition step toward government ownership with the government expanding its commitment to fund various program aspects such as patient adherence support, first-line and most second-line TB drugs, and laboratory costs. The grant also includes a condition on the development of a sustainability plan for Global Fund funded activities by the end of 2016.

1.10 GAC review and recommendations. The GAC and partners expressed strong support for the Belarus TB program, commending the government's strong commitment to domestic financing, while encouraging the country to continue its efforts towards a more efficient allocation of its resources. GAC partners expressed support for the program's ambitious targets and increasing treatment success rates, while emphasizing the need for monitoring and operational research to strengthen outcomes around drug resistance. GAC partners highlighted the opportunity to link the program to the Center for Health and Policy Studies (PAS) regional grant on health system reform and stressed the importance of investing in systems to enhance sustainability going forward. The Secretariat assured the GAC and partners that, as commodity prices continue to decrease, efficiencies identified will be reinvested in strengthening the health system.

Benin HIV Grants (BEN-H-PLAN and BEN-H-PNLS)

1.11 The strategic focus of the program. Benin has a generalized HIV epidemic with concentrated sub-national epidemics among high-risk populations. The strategic focus of the program is to strengthen health and community systems for care, treatment and support, and service delivery for general and key populations. Context-specific strategies included in these grants aim at:

- Addressing gender violence and removing legal barriers through policy and legal advocacy;
- Raising awareness and improving access to legal protection, in collaboration with two national nongovernmental organizations;
- Offering psychological, legal and microcredit economic support to people living with HIV, orphans and vulnerable children, and key populations, such as men who have sex with men, sex workers and people who inject drugs;
- Providing prevention outreach activities and referrals to health services to sex workers, men who have sex with men, people who inject drugs, truckers, and people in prisons; and
- Developing a public-private partnership to fund biological monitoring performed through private services, thus enabling free access to private sector laboratory services among people living with HIV.

Key targets of the program include reductions of:

- New HIV infections by 30 percent among the general population, in particular, among key populations
- New HIV infections by 75 percent among exposed children
- The rate of mother-to-child transmission to 3 percent
- HIV prevalence to 13 percent among sex workers, 11 percent among men who have sex with men, 5 percent among people who inject drugs and less than 2 percent among people in prisons

1.12 Domestic contributions. Total domestic financial commitments amount to €7.23 million, which represents 19 percent of total resources available for the next implementation period and a 50 percent increase compared to the previous implementation period. The grant agreement with the government Principal Recipient provides that while the Global Fund will contribute towards the funding of 70 percent of the total national need for HIV-related health products, the government of the Republic of Benin shall fulfill its domestic commitments to fund 30 percent of such need.

1.13 GAC review and recommendations. The GAC and partners expressed support for the Benin HIV program, highlighting its strong emphasis on vulnerable populations, such as people living with HIV, pregnant women and people in prisons, as well as key populations (sex workers, men who have sex with men, people who inject drugs, and truckers). GAC partners highlighted the need to ensure planned decentralization is supported by the efficient flow of resources from the central level, and emphasized the importance of taking into consideration the role of the private sector in Benin's healthcare systems. Additionally, GAC partners stressed the importance of strengthening the legal enabling environment for key populations and encouraged strong collaboration with the OCAL regional Global Fund-supported grant. The GAC was informed that, during grant-making, the country coordinated closely with OCAL and this resulted in the increase in Benin's prevention targets among men who have sex with men and people who inject drugs.

Benin Malaria Grant (BEN-M-PNLP)

1.14 The strategic focus of this program. Malaria transmission in Benin varies geographically, with some areas semi-endemic and others seasonal, and mortality rates have decreased over the last two years. The main goal of the program is to reduce the number of malaria cases by 75 percent compared to the 2000 baseline, and achieve a mortality rate of one death per 100,000 population. To achieve the program objectives, management capabilities of the national malaria program will be strengthened. Context-specific strategies include:

- Provide 100 percent of suspected malaria cases with parasitological testing and antimalarial treatment in public and private health facilities, and at community level, according to national treatment policies.
- Increase the proportion of the population sleeping under long lasting insecticide-treated (LLINs) nets to 100 percent and invest in information, education and behavior change communication to support the standard utilization of insecticide-treated nets and early health-seeking behaviors
- Strengthening of procurement and supply management mechanisms including the consolidation of a common basket for ACTs and rapid drug tests for all programs across partners

1.15 Operational issues and risk. Spot checks of a sample of 140 vendors in markets and streets, conducted by the joint interagency taskforce, revealed that up to 50 percent of those sampled are selling counterfeit or substandard ACTs. In the context of a high proportion of the population seeking services from the private sector, the country plans to use efficiencies found during grant-making to support the drug regulatory agency, alongside efforts made by partners such as USAID and PMI.

1.16 Domestic contributions. Total domestic financial commitments to the Benin malaria program amount to €6.72 million, which represents 8 percent of total resources available for the next implementation period and a 70 percent increase compared to the previous implementation period. These commitments go toward the "free malaria care initiative," a mechanism to reimburse health providers for providing free malaria treatment for all children under five, pregnant women and low-income patients to address high out-of-pocket expenses for healthcare.

1.17 GAC review and recommendations. GAC partners expressed concern about the country's desire to procure higher cost, non-standard size LLINs at the expense of universal coverage, and recommended procurement of LLINs based on standard size specifications, as originally agreed upon and budgeted, unless substantial evidence for the benefits of alternative nets is presented. GAC partners further stressed that achieving universal coverage of LLINs is a priority in Benin. GAC partners expressed support for the transition of the national malaria program to the role of Principal Recipient, and emphasized the importance of leveraging partners' support and ensuring capacity-building and training activities are earmarked into the grant to support the performance and sustainability of the program.

Benin TB Grant (BEN-T-PNTUB)

1.18 The strategic focus of the program. Though TB remains a public health concern in Benin, joint efforts from the government and technical partners in TB control have resulted in substantial impact, with a TB prevalence falling from 254 to 105 per 100,000 population, and mortality reducing from 37 to 12 per 100,000 population according to WHO estimates, between 1990 and 2013. The strategic focus of the program includes:

- The creation of additional TB treatment centers to extend current service coverage;
- The decentralization and use of GeneXpert among retreatment cases, contacts of MDR-TB cases, people living with HIV and children;
- Strengthening the cooperation between the national TB and HIV programs; and
- Continuing and expanding its multidrug resistant TB (MDR-TB) program, with the creation of a second MDR-TB treatment site as well as providing the MDR-TB short-course regimen through the operational research pilot implemented in collaboration with the International Union Against Tuberculosis and Lung Disease.

Key outcomes of the planned programming are:

- A reduced TB incidence per 100,000 population from 70 in 2013 to 63 in 2017;
- A reduced TB mortality per 100,000 population from 12 in 2013 to 11.3 in 2017;
- A 90 percent treatment success rate among bacteriologically confirmed pulmonary TB cases; and
- An 80 percent treatment success rate among bacteriologically confirmed MDR-TB cases.

1.19 Domestic contributions. Total domestic financial commitments amount to €1.36 million, which represents 13 percent of total resources available for the next implementation period and a 66 percent increase compared to the previous implementation period. In light of the increase in domestic contribution, a workplan tracking measure has been added to the performance framework of the grant for the transition of 17 out of the 54 staff fully paid by the Global Fund grant to the national budget by 2017.

1.20 GAC review and recommendations. The GAC and partners expressed support for the Benin TB program, including the added value of the supranational reference laboratory project, which builds on the strength of the Benin TB program and is anticipated to benefit the Western Africa region. The GAC encouraged Benin to build on lessons learned from the supranational laboratory for East/Southern Africa in Uganda. The GAC sought assurance that use of the Benin country allocation towards the laboratory would be a one-time investment, and that ongoing maintenance costs would be supported through multiple

countries' grants in the future. The Secretariat assured the GAC members that the supranational laboratory project is supported by a strong technical partnership with WHO accreditation anticipated in 2016.

Côte d'Ivoire Malaria Grant (CIV-M-SCI)

1.21 Increase in program budget (CIV-M-MOH). The GAC recommends that the Board approve an increase to the budget amount of the Côte d'Ivoire malaria grant CIV-M-MOH. The increase in the budget was not included in the Board approved budget and incremental amounts for the Côte d'Ivoire malaria grant CIV-M-PNLP on 30 June 2015 (GF/B33/EDP05). This additional amount requested, is within the allocation, and:

- Accounts for the omission of key activities at the time of the initial GAC review of the grant;
- Represents existing funds from an uncommitted cash balance (held by a previous sub-recipient) that was not taken into account during grant-making; and
- Includes efficiencies found during grant-making for the CIV-M-SCI grant which the country requests to reinvest in unfunded quality demand, in line with TRP recommendations.

The unfunded quality demand to be registered will therefore be reduced accordingly, with the final amount registered totaling €19,532,595, which corresponds to the remaining funding gap for the 2017 LLIN mass campaign. Mobilization of resources from partners and domestic sources as well as potential savings from the Côte d'Ivoire portfolio in 2016 will be sought to fill part of this funding gap. Additionally, the GAC notes that, while the national malaria program (PNLP) will continue to implement the grant as an entity within the Ministry of Health, the CIV-M-PNLP grant name was changed to CIV-M-MOH prior to grant signature to promote accountability of the Ministry of Health.

1.22 The strategic focus of the civil society grant (CIV-M-SCI) implemented by Save the Children International is to contribute to the reduction of malaria-related mortality below 1 death per 100,000 population and the number of malaria cases by 75 percent by the end of 2015 and maintain these rates through 2017. The strategies implemented by Save the Children, the Principal Recipient of this grant, are focused on civil society and are complementary to those implemented by the government Principal Recipient, the national malaria control program, approved in the previous report mentioned above. The Save the Children grant contributes toward the program goals on behalf of the civil society Principal Recipient through strategies including capacity-building for community-based organizations involved in malaria control activities as well as health system strengthening in support of malaria control.

1.23 Domestic contributions. Total domestic financial commitments amount to €65,916,636, representing a 10 percent increase compared to the previous implementation period. The country's efforts to ensure financial sustainability include initiatives with potential to increase revenues for the health sector including 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.

Dominican Republic TB Grant (DOM-T-MSPAS)

1.24 The strategic focus of the program. Although the Dominican Republic has reached its UN millennium development goal objectives, it is one of the 12 countries in the region with the highest estimated rates of TB and has a high burden of TB/HIV co-infection. Global Fund investments will contribute to the following programmatic objectives and outcomes:

- Reducing TB incidence in the Dominican Republic through detection and successful treatment of cases in key populations, particularly people in prisons, Haitian migrants and residents of large cities. Expected outcome is an increase in the treatment success rate among the cohort of new bacteriologically confirmed cases of TB/HIV, from 67 percent in 2013 to 78 percent in 2018.
- Reducing TB mortality through detection and early treatment of cases of drug-resistant forms of TB. Expected results include increasing the number of notified new and relapse cases of all forms of TB, both bacteriologically confirmed and clinically diagnosed, from 4,605 in 2014 to 5,010 in 2018.

- Increasing detection, early treatment and prevention of TB/HIV co-infection. The expected outcome is a decrease in the proportion of co-infected TB/HIV cases confirmed bacteriologically, who died during treatment, from 18 percent in 2013 to 12 percent in 2018.

1.25 Domestic contributions. Total domestic financial commitments amount to US$67.1 million, which represents 89 percent of total resources available for the next implementation period and a 21 percent 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.

El Salvador TB Grant (SLV-T-MOH)

1.26 Results-based financing and the strategic focus. While TB case notification and estimated incidence have been increasing since 2000, treatment success rates in El Salvador are above international targets for all forms of TB, and coverage of HIV testing among TB patients is nearly 100 percent. The goal of the program is to achieve early TB detection, decrease mortality, and start advanced control of TB as a public health threat. In this regard, Global Fund investments will support El Salvador to continue moving towards detecting and treating all people with tuberculosis in line with the new global End TB Strategy and towards elimination of TB in some areas of the country. Using an innovative results-based financing approach to investing in the national TB program, this grant will contribute to achievement of the national strategic plan targets and is designed to reward performance through an objectively verifiable set of indicators that will be monitored and verified by an independent entity on an annual basis. To sustain gains and achieve strategy targets, strategies and outcomes include:

- Implementing differentiated interventions for prevention and control of TB in municipalities prioritized according to the level of case detection gaps
- Designing and implementing an innovative digital TB information system
- Promoting action on the social determinants of TB through multi-sectoral action and social support
- Maintaining the percentage of drug resistant TB cases confirmed during the last year that are on second-line treatment at 100 percent
- Reaching an incidence rate between 15 and 19 per 100,000 population in at least 50 percent of municipalities classified as pre-elimination and reducing TB mortality from 0.5 to 0.4 per 100,000 population.

1.27 Domestic contributions. Total domestic financial commitments amount to US$24.5 million, which represents 71 percent of total resources available for the next implementation period. 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.

Gabon TB Grant (GAB-T-MSPS)

1.28 The strategic focus of this program is to reduce TB morbidity and mortality rates by 2018. Gabon has a high TB burden with an estimated prevalence of 578 per 100,000 population and an estimated incidence of 423 per 100,000 population in 2013. Activities to support the program include the prevention, care and support to key populations, such as prisoners, and collaboration with community agents to provide patient support, including patient follow-up, psycho-social services and training of community agents. Planned outcomes of the program include:

- An increase in notification of all forms of TB from 5,608 in 2014 to 9,144 in 2018
- Providing HIV testing and counseling to at least 90 percent of TB patients
- Providing ARVs and cotrimoxazole to at least 90 percent of co-infected TB/HIV patients
- Testing at least 50 percent of multidrug resistant-TB cases and treating 100 percent of confirmed multidrug-resistant TB cases.

1.29 Domestic contributions. Total domestic financial commitments amount to €10.5 million, which represents 74 percent of total resources available for the next implementation period. Government contributions go toward multiple aspects of the TB program, including the procurement of first line drugs.

Gambia TB Grant (GMB-T-NLTP)

1.30 The strategic focus of the program is to reduce TB prevalence by at least 2 percent per year, from 128 per 100,000 population in 2013 to 118 per 100,000 by 2017 and to provide adequate, effective and affordable health care for all Gambians, according to the national health sector plan for 2015-2020. TB is a major public health threat in the country, affecting mostly the productive age groups, with the majority of patients being males. To support the program aims, the Gambia TB grant includes provision for:

- Intensified systematic screening of key populations and groups vulnerable to TB exposure, including people in prisons, contacts of TB patients and people living with HIV
- Cross-border TB care, management and control
- Retention and capacity building of health workers and technicians

1.31 Domestic contributions. The 2015-2020 national health sector plan has the strategic objective to use tax-base and non-tax base approaches to increase financing for health care, including advocacy for innovative financing and instituting a 3 percent levy on tobacco and tobacco products, alcohol and other hazardous products. A financial sustainability plan will be developed as well as a resource mobilization plan, to improve revenues to the health sector.

International Community of Women Living with HIV/AIDS (ICW) Latina (QRA-H-HIVOS)

1.32 The strategic focus of this program is to position women living with HIV in 11 Latin American countries as a key population in the effort to contain and reverse HIV, and empower them as actors who are trained to defend their human rights in their communities. The countries prioritized in this grant include Bolivia, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Peru and the Dominican Republic. In the Latin American and Caribbean region, 30 percent of people living with HIV are women, many of them young adults. This population has specific unmet needs and exacerbated vulnerability, which are inadequately addressed by the programs, actors, policy frameworks, and legal environment that form part of the regional HIV response. In addition to the gender inequity that is culturally prevalent in the region, women living with HIV face gender-based violence and other violations of their human rights (including sexual and reproductive rights), and barriers to healthcare access that often diminish their ability to receive high-quality, integrated healthcare services. The program aims to address the three mutually reinforcing issues of violence against women, gender inequity and HIV through strategies such as:

- Advocacy at the regional and national level, including the development of an online tool to track regulatory and policy frameworks related to the rights of women living with HIV
- Capacity building of women living with HIV, including: 1) the development of a methodological toolkit that focuses on gender-based violence, human rights, and exercise of citizenship; and 2) transformational leadership workshops for the ICW Latina network

Furthermore, the program includes linkages to other regional networks and women's movements to support ongoing advocacy for policy change and removal of barriers to services, thus adding value at the regional level and complementing the activities of other organizations implementing programs in the region.

Jamaica HIV Grant (JAM-H-MOH)

1.33 The strategic focus of this program is to reduce AIDS-related morbidity and mortality with effective biomedical and other supporting interventions, while reducing new HIV infections among key populations through behavioral and structural interventions. The epidemiological profile of HIV in Jamaica has transitioned to a mixed epidemic, with a low-level generalized epidemic of 1.8 percent among the general adult population and varying HIV sero-prevalence among key populations, from 4.2 percent among female

sex workers to 32 percent among adult men who have sex with men. Jamaica aims to achieve program goals through context-specific strategies such as:

- Scaling up HIV testing and linkage to care for men who have sex with men and transgender populations
- Improving adherence, availability and quality of counseling and psychosocial support for people living with HIV
- Advocating for the creation of a comprehensive redress system to aid in access to justice for key populations

Expected outcomes of the program include increasing:

- The percentage of men who have sex with men reached by HIV prevention programs from 24.3 percent in 2014 to 53 percent by 2018
- The percentage of men who have sex with men who received an HIV test during the reporting period who know their results from 6 percent in 2014 to 42 percent by 2018
- The percentage of adults and children currently receiving ART among people living with HIV from 28.7 percent in 2014 to 55 percent in 2018

1.34 Operational issues and implementation arrangements. To mitigate potential risks related to challenges of health product absorption, a special condition has been included in the grant confirmation, which requests the grantee, through the Principal Recipient, to submit a detailed, annual report on compliance with essential health product absorption commitments including ARV expenditures and management. Further, to address issues of financial control and reporting, an action plan has been designed that includes guidelines for bank transactions, budget management, expenditure controls and audits as well as capacity building and verification measures.

1.35 Domestic contributions. Total domestic financial commitments amount to US$53.6 million, which represents 54 percent of total resources available for the next implementation period. The country has also committed US$5.74 million on top of current HIV spending. The government will progressively absorb costs related to treatment and clinical diagnostics, assuming the full cost of ART 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 moving forward.

Paraguay TB Grant (PRY-T-AV)

1.36 The strategic focus of this program is to reduce TB incidence by 25 percent and TB-related mortality by 35 percent by 2020, as well as TB/HIV-related mortality. Key populations most affected by TB are people living with HIV, people in prisons and indigenous populations. While TB-related mortality has declined since the late 1990s, treatment success among co-infected cases remains at a low level of 34 percent (2014). Strategies specific to the country context include supporting the procurement of a modular laboratory, providing food support to multidrug-resistant TB (MDR-TB) patients, and supporting the implementation of an online TB information system, which will link with HIV data. Expected outcomes include:

- Reducing the TB mortality rate per 100,000 population from 2.9 in 2014 to 2.0 by 2019
- Increasing the treatment success rate of all forms of TB from 69.7 percent in 2014 to 84 percent by 2018
- Increasing the percentage of TB patients who have received an HIV test result that has been recorded in the TB register from 78.3 percent in 2014 to 100 percent by 2018

1.37 Domestic contributions. Total domestic financial commitments amount to US$15.7 million, which represents 73 percent of total resources available for the next implementation period. The government has absorbed various activities, such as human resource costs, the purchase of second-line drugs, and has increased its commitment for funding the provision of food packages and transport for MDR-TB patients, which were previously entirely financed by the Global Fund.

Tajikistan TB Grants (TJK-T-RCTC and TJK-T-HOPE)

1.38 The strategic focus of this program is to decrease the burden of TB in Tajikistan by ensuring universal access to timely and quality diagnosis and treatment of all forms of TB, in alignment with the national strategic plan for 2015 to 2020. TB burden remains high in Tajikistan, with an estimated TB incidence of 100 per 100,000 population, the fifth highest among the 53 countries in the European region. Additionally, the country also has one of the highest drug-resistant TB burdens in the region. Targets of the program include:

- Increasing the treatment success rate of all forms of TB from 87 percent in 2013 to 89.5 percent by end of 2017
- Increasing the coverage of first-line drug susceptibility testing among all notified culture-positive TB patients from 46 percent in 2013 to 80 percent by mid-2018
- Increasing of notified drug resistant TB cases out of estimated from 68 percent in 2013 to 80 percent by mid-2018

1.39 Domestic contributions. Total domestic financial commitments amount to US$16 million, which represents 27 percent of total resources available for the next implementation period. The Tajikistan 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 percent of financing for first-line drugs by the end of 2017. Additionally, the Government of Tajikistan 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.

1.40 GAC review and recommendations. The GAC acknowledged potential risks associated with the new government Principal Recipient (Republican Center for Tuberculosis Control) and expressed support for the management actions and strengthening measures included in the grant. The GAC was informed that the actions aim to mitigate potential programmatic and operational risks, including the allocation of low-risk procurement activities to the new Principal Recipient, use of an international procurement agent for the procurement of lab equipment and other health commodities, and facilitation of further technical assistance to strengthen financial management systems and governance capacity. The GAC stressed the importance of ensuring actions that are time-bound and feasible with proper follow-through by key implementers.

Timor Leste HIV Reprogramming (TLS-H-MOH)

1.41 Rationale for reprogramming and strategic focus of HIV program. The Timor Leste CCM is seeking approval for the reprogramming of remaining existing funds from the Round 10 HIV grant that commenced in the second implementation phase in January 2014 and to extend the grant for one year until the end of 2017, in addition to integrating the funds available to the country through the 2014-2016 allocation. The strategic focus of the program is to reduce sexually transmitted infections and HIV/AIDS mortality and morbidity in Timor-Leste by enhancing related prevention and treatment services particularly for key populations such as men who have sex with men and sex workers. Specifically, program interventions include:

- Improving coverage of HIV and sexually transmitted infection prevention services
- Ensuring expanded access to treatment and care services
- Strengthening community and health systems related to sexually transmitted infections and HIV
- Establishing an enabling environment through policy development, civil society capacity building and addressing reproductive health rights, sexual orientation and gender identity issues

1.42 Domestic contributions. Given the high dependence on external financing of disease programs, leveraging domestic resources for these programs was a core focus of the country dialogue in Timor-Leste. A number of programmatic staff were absorbed onto the government payroll during the last implementation period and in the next phase the government is committed to further absorbing additional staff as well as procuring commodities for hepatitis B and C testing, testing and treatment for sexually transmitted infections and HIV, blood banks, and laboratories.

Timor Leste TB Grant (TLS-T-MOH)

1.43 The strategic focus of the TB program is to decrease the prevalence of TB by 10 percent by 2020, based on re-assessment of TB burden figures to be conducted in 2015. It is estimated that Timor-Leste has one of the highest TB incidence rates among countries in the South East Asia Region at an estimated 498 per 100,000 population and mortality rate due to TB at 87 per 100,000 population. Specific to this high-prevalence context, the program includes plans to implement a strategy to engage family health promoters in screening at the community level nationwide. This model also aims to decentralize access to TB diagnostic services especially in remote areas. With this new approach to TB case detection, it is envisaged that high population districts will be covered by the end of 2016, representing 50 percent of the total population in the country. Program outcome targets are aligned with the national strategic plan and WHO's post-2015 TB strategy, such as:

- Detecting at least 75 percent of incident TB cases of all forms by 2017
- Providing diagnostic services for 50 percent of the estimated persons with suspected multidrug resistant TB (MDR-TB) by 2017
- Successfully treating at least 70 percent of the diagnosed MDR-TB patients
- Ensuring the availability of quality TB services, in line with current international standards and provided by qualified personnel at 70 percent of all facilities by 2017

1.44 Domestic contributions. Given the high dependence on external financing of disease programs, leveraging domestic resources for these programs was a core focus of the country dialogue in Timor-Leste. The salaries of program staff are covered through domestic contributions and in the next implementation period, the government is committed to allocating additional resources including to procure digital X-ray machines, fund additional laboratory staff and take-up operational costs of the new TB reference laboratory.

1.45 GAC review and recommendations on both the HIV, malaria and TB programs. The GAC acknowledged the recommendations from the Office of the Inspector General's report on findings in Timor Leste, published earlier this year and applying to both the HIV and TB programs. The GAC reinforced the agreed management action of installation of a fiscal agent to enhance risk mitigation requirements that need to be met to permit the signature of the HIV and TB grants, including:

- The development and implementation of a risk mitigation plan
- Minimizing the use of cash transactions, and increasing the use of traceable bank transactions
- Ensuring procurement responsibilities are appropriately undertaken by the Principal Recipient for all sub-recipients
- Financial management capacity-building being undertaken at the Principal Recipient and sub-recipient levels

Viet Nam Malaria Grant (VNM-M-NIMPE)

1.46 The strategic focus of the program. Since 1994, malaria morbidity and mortality has dropped by 85 percent and 99 percent respectively and only 6 malaria-related deaths were reported in 2014. However, while the overall disease burden has decreased considerably in the past two decades, the epidemiological landscape of malaria in Viet Nam is complex, with *P.falciparum* malaria predominant in tropical South and Central Viet Nam, while *P.vivax* malaria predominates in the more temperate North of the country. Despite progress, the disease remains a key health problem in forest and forest fringe communities, particularly in remote border areas. As the country transitions from malaria control towards the goal of malaria elimination by 2030, context-specific activities to support program goals include:

- Expansion and modernization of the malaria information system
- Active case detection including in areas affected by artemisinin resistance, and provision of rapid diagnostic tests for standby diagnostic services at health facilities, among village health workers and at army health posts
- Strengthening of cross-border collaboration in support of outbreak control

Expected outcomes of the program include increasing:

- Reduce malaria morbidity to below 0.15 per 1,000 population
- Reduce malaria mortality to below 0.02 per 100,000 population
- Reach zero provinces in the active malaria control phase, 40 provinces in the prevention of malaria re-introduction phase, 15 provinces in the malaria elimination phase and eight provinces in the pre-elimination phase by 2020

1.47 Domestic contributions. The government of Viet Nam has demonstrated strong commitment and steady progress, with total health expenditure increasing from 26 percent in 2005 to 42 percent in 2013. Central funding for social health insurance is the most significant driver for increased government health spending, however, commitment to Global Fund supported programs also shows significant progress. For the malaria component, the government primarily finances procurement of ACTs and other antimalarials, diagnostics supplies, microscopes (for provinces not supported by the Global Fund grant), indoor residual spraying and the treatment of conventional nets. In addition, the government finances program management costs and in-service training of health workers for case management.

1.48 GAC review and recommendations. The GAC and partners commended the Viet Nam malaria program for its significant achievements so far, with anticipation that, should the program continue its successful course, the country will move from the malaria control to elimination phase. The GAC and partners acknowledged the synergistic relationship between the RAI regional grant and the Viet Nam malaria program, which are coordinated closely to ensure the programmatic and financial efficiency of both programs. The GAC noted that Global Fund contributions to salary incentives will be phased out of the program by the end of 2015, and only a travel allowance for village health workers, which is considered critical for active case finding efforts, will be supported by the Global Fund during this implementation period. The GAC stressed that malaria elimination must remain a national priority and commented that, while the government's commitments to date are substantial, increased domestic funding will be necessary to sustain the programmatic gains beyond the period of external donor support.

Zimbabwe HIV Grant (ZIM-H-UNDP)

1.49 Increase in incremental funding. The GAC recommends for Board approval an increase in the final grant amount for the Zimbabwe HIV grant ZIM-H-UNDP to incorporate (i) incentive funding awarded and (ii) a private sector contribution from the Children's Investment Fund Foundation (CIFF) toward the program's unfunded quality demand (UQD). This additional amount would increase the total budget beyond the incremental amount previously approved by the Board on 9 December 2014 (GF/B33/EDP01). As an early applicant in April 2013, Zimbabwe HIV did not have the opportunity to compete for incentive funding and, therefore, submitted to the TRP a funding request for incentive funding totaling US$40.1 million in window 6 in June 2015, based on prioritization of remaining UQD recommended by the TRP as well as other priorities, taking into account current epidemiological trends, new guidance, and the findings of recent operational research. The full request was considered quality demand by the TRP, and the GAC awarded incentive funding of US$25.3 million. The GAC recommends that the CIFF investment be considered additional to the incentive funding awarded by the GAC, to allow for investment in the remaining UQD for the Zimbabwe HIV program, in line with TRP recommendations.

1.50 The strategic focus of the additional investments is on :

- Treatment and care, to address critical gaps in pediatric treatment, community-based services for adolescents, and laboratory services
- Scale up of voluntary medical male circumcision focused on a newly identified gap in adolescent boys and young men
- Innovative approaches to reaching young women and girls as well as planning for focusing of future investments through operational research, mapping, and demand creation

1.51 Investment from CIFF. CIFF has signed an agreement to fund, among other things, US$6.2 million toward pediatric ART needs in Zimbabwe, which have been included in the register of UQD. This represents the first private sector investment in the UQD Register since publication. This investment will close the gap for Zimbabwe's pediatric ART needs, ensuring that all HIV-positive infants and children are covered with this essential service.

Policy Exceptions for Processing HIV and TB Funding Applications from Certain Countries in the Middle East Region

1.52 Request for policy exceptions. Through this Report, the GAC is seeking a decision from the Board on certain policy exceptions to the requirements of current funding model in order to develop an appropriate response to challenging operating environments in the Middle East region and to process relevant funding proposals. These policy exceptions are requested for Iraq, Palestine, Syria and Yemen. The exceptions sought hereunder include:

- CCM eligibility;
- Counterpart financing; and
- Willingness-to-pay.

1.53 Purpose and rationale. The countries included in the aforesaid request are those presently considered by the United Nations Office for the Coordination of Humanitarian Affairs undergoing a "Level 3" height of large-scale humanitarian crisis or benefiting from a humanitarian response plan. Accordingly, these countries are unable to develop robust national strategic plans that are reflective of the actual situation, nor fully address the HIV and TB program needs and provide services for those living in or displaced by conflict zones. The situation in each of the proposed countries is described below:

- Syria has 12 million people in need of HIV and TB services and an allocation for US$13 million to cover 152 people on ART and those included in the TB prevalence and incidence rates of 24 and 17 per 100,000 population, respectively. Additionally, key populations among Syrian refugees will be included. Currently there is an ongoing TB grant dealing with Syrian refugees in Lebanon and Jordan:
    - Lebanon, hosting 1.5 million refugees, including 275 TB cases in 2014, is part of an Emergency TB grant and has a severely damaged health system and insufficient human resources for health; and
    - Jordan, hosting 750,000 Syrian refugees, including 144 TB cases in 2014, and also part of the said Emergency TB grant.

- Yemen has 21.1 million people in need of HIV, TB and malaria services and an allocation for US$40 million to cover 631 people on ART, over 16 million population at-risk for malaria and those included in the TB prevalence and incidence rates of 60 and 48 per 100,000 population, respectively;

- Iraq has 8.2 million people in need of HIV, TB and malaria services, including 250,000 Syrian refugees and over 3 million internally displaced persons. Iraq's US$11 million grant goes toward fighting TB prevalence and incidence rates of 75 and 45 per 100,000 population, respectively; and

- Given the protracted crisis, Palestine is also included in this request to benefit from the efficiencies that may be generated from the combined grant management platform. Palestine has a population of 4.4 million people and eligible for a US$7 million allocation to address the needs of 27 people on ART and those included in the TB prevalence and incidence rates of 7 and 5 per 100,000 population, respectively.

1.54 Multi-country integrated management platform and governance framework. Subject to the approval by the Board of future funding proposals, the Secretariat with the proposed policy exceptions (if approved by the Board) expects to develop funding proposals to manage relevant grants through a combined management platform that will rely on existing health clusters as steering mechanisms for governance and accountability purposes. While the details will be laid out in relevant funding proposals to be submitted to the Board for approval at a later stage, such management approach is expected to have an integrated grant management platform located in one center (which will be in close proximity to the proposed countries) in order to enhance effectiveness of the investments and to have greater value for money. Furthermore, this approach is expected to help fulfill the need to deliver life-saving services to populations where they are, which is changing on a constant basis for a high number of people. It would also address the status of the CCMs of these individual countries, which in reality are not able to fulfill

relevant CCM eligibility requirements. This approach is in line with WHO and UNAIDS guidelines on HIV, TB and malaria interventions in conflict settings. The programs in each geographic area are expected to be designed based on modified strategic scope focusing on integrated curative and preventive health services.

1.55 GAC review and recommendations. The GAC expressed strong support for an alternative approach to invest in the aforesaid countries, emphasizing that some of the Global Fund-supported operations in these countries are ending this year and the proposed approach or modality would allow for more flexibility and responsiveness. Furthermore, the GAC noted that we have precedents for working with health clusters in other conflict areas, such as Ukraine to deliver ARVs and in Yemen to deliver insecticide-treated nets. The GAC is of the view that such methodology, at an institutional level, shifts greater responsibility and empowerment to those in-country with up-to-date knowledge of the situation, in terms of both security and epidemiology, as well as greater likelihood of access to the most vulnerable populations.

V. Additional Matters

01 Extensions Approved by the Secretariat Pursuant to Its Delegated Authority

The Secretariat hereby notifies the Board that it has approved extensions to the grants listed in Table 4 of GF/B33/ER18 in accordance with the Board decision GF/B31/DP12.

Table 4: Grant Extensions Approved by the Secretariat

Country	Disease Component	Grant Name	Currency	Period of Extension (Months)	Additional Funding
Burundi	TB	BRN-708-G06-T	US$	6	172,571
Guinea	TB	GIN-T-PSI	US$	9	
Liberia	HIV/AIDS	LBR-810-G07-H	US$	6	-
Nicaragua	TB	NIC-202-G05-T	US$	7	-
Afghanistan	HIV/AIDS	AFG-708-G04-H	US$	3	-

02 Corrections to Previous Reports to the Board

The Secretariat hereby notifies the Board of the non-material corrections to previous reports to the Board, of which the details are shown in Table 5 of GF/B33/ER18.

Table 5: Amendments to Previous Reports

Applicant	Component	Grant Name	GAC Report Reference	Issue	Original Text and Source	Correct Information
ANECCA (Regional)	HIV	QPA-H-ANECCA	GF/B33/ER14	Grant end date	• End date for grant is 30 June 2018 (Table 1 on page 5)	• Correct end date for grant is 30 November 2018
India	TB/HIV	IDA-T-CTD	GF/B33/ER09	Final budget and amount for IDA-T-CTD grant and domestic contributions amount	• Budget amount for IDA-T-CTD grant was US$231,695,496 • Domestic contribution amounts was US$1,195 million. (Table 1 on page 5)	• Correct budget amount for IDA-T-CTD is US$235,295,495[6] • Correct domestic contribution amounts are US$1195 million for HIV and US$867 million for TB.
ALCO/ OCAL (Regional)	HIV	QPF-H-ALCO	GF/B33/ER14	Grant end date	• End date for grant was 30 June 2018 (Table 1 on page 5)	• Correct end date for grant is 31 December 2018
RLB (Regional)	HIV	QPA-H-UNDP	GF/B33/ER14	Grant end date	• End date for grant was 30 September 2018 (Table 1 on page 5)	• Correct end date for grant is 31 December 2018
Swaziland	HIV	SWZ-H-CANGO	GF/B33/ER07	Incremental amount for Board approval of CANGO grant	• Incremental approval amount was US$ 5,536,567 (narrative on page 12)	• Correct incremental amount is US$5,636,567

6 The narrative section on the India TB/HIV program in GF/B33/ER09 makes reference to the correct total budget amount for Board approval. The Table 1 on page 5 of GF/B33/ER09 contains a typo in the total budget amount for IDA-T-CTD while both incremental and existing funding amounts are reflected correctly, and therefore the proposed revision does not have implications on the Board Decision on India TB/HIV program as approved through GF/B33/ER09 (GF/B33/EDP15).