Electronic Report to the Board

Report of the Secretariat's Grant Approvals Committee

GF/B34/ER05
Board Decision

PURPOSE: This document proposes one decision point as follows:

1. GF/B34/EDP06: Decision on the Secretariat's Recommendation on Additional Funding from the 2014 Allocation[1]

[1] Bangladesh TB, Bolivia malaria, Burundi malaria, Burundi TB/HIV, Cameroon TB/HIV, Chad TB/HIV, Côte d'Ivoire TB, Kosovo TB, Malawi TB/HIV, Mali malaria, Mali TB/HIV, Nicaragua malaria, Niger TB, REDLACTRANS HIV and Thailand TB/HIV. Total incremental amount is US$ 82,464,205 and €184,469,705

I. Decision Points

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

1.1 Set forth below is the Secretariat's recommendation to approve additional funding up to an amount of US$82,464,205 and €184,469,705.

Decision Point: GF/B34/EDP06: 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/B34/ER03 (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 Table 1, or any other Principal Recipient(s) deemed appropriate by the Secretariat in accordance with Global Fund policies;*

3. *Approves the reinvestment of within-allocation efficiencies for the Bangladesh TB and Thailand TB/HIV grants and their resultant total program budget, as listed in Table 2 of Section IV to GF/B34/ER03;*

4. *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*

5. *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 2016 Operating Expenses Budget.

II. Relevant Past Decisions

1. Pursuant to the Governance Plan for Impact as approved at the Thirty-Second Board Meeting,[2] the following summary of relevant past decision points is submitted to contextualize the decision points proposed in Section I above.

Relevant Past Decision Point	Summary and Impact
GF/B31/DP12: Extension Policy under the New Funding Model[3]	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/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 TB grant approved by the Board on 16 January 2015. The funding recommendation presented in this report modifies the total budget for the Bangladesh TB 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 Thailand TB/HIV program approved by the Board on 9 December 2014. The funding recommendation presented in this report modifies the total budget for the Thailand TB/HIV program, as described further in Table 2 in Section IV of this report.

III. Action Required

1. The Board is requested to consider and approve the decision point 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)

[2] 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/)
[3] 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

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

N	Country	Disease component	Currency	Grant name	Grant end date	Total Program Budget	Sources		Recommended Total Incremental Funding	Incentive Funding included in Total Incremental Funding	Unfunded Quality Demand	Domestic commitment
							Existing funding	Incremental amount for Board approval				
1	Bolivia (Pluri-national State)	Malaria	US$	BOL-M-UNDP	31 December 2018	10,333,318	65,720	10,267,598	10,267,598	0	770,822	9.8 Million
2	Burundi	TB/HIV	US$	BDI-T-PNILT	31 December 2017	66,729,278	1,336,152	10,119,254	27,151,586	915,278	0	HIV: 5.03 million TB: 0.33 million
				BDI-C-CRB	31 December 2017		0	13,809,422				
				BDI-H-PNLS	31 December 2017		38,241,541	3,222,909				
3	Burundi	Malaria	US$	BDI-M-PNILP	31 December 2017	38,345,477	8,516,577	23,932,695	28,484,108	3,309,352	5,349,163	9.79 million
				BDI-M-CARITAS	31 December 2017		1,344,792	4,551,413				

4	Cameroon	TB/HIV	€	CMR-H-MOH	31 December 2017	89,307,043	6,721,173	76,186,050	81,332,583	637,401	11,055,834	51,708,730
				CMR-T-MOH	31 December 2017		1,253,287	5,146,533				
5	Chad	TB/HIV	€	TCD-T-FOSAP	31 December 2018	39,570,485	221,048	4,773,695	31,731,494	722,250	0	1,589,265
				TCD-H-FOSAP	31 December 2018		7,617,943	26,957,799				8,256,981
6	Côte d'Ivoire	TB	€	CIV-T-MOH	31 December 2017	14,477,195	4,452,034	6,047,403	9,442,173	0	0	6,234,342
				CIV-T-ACI	31 December 2017		582,988	3,394,770				
7	Kosovo	TB	€	QNA-T-CDF	31 December 2018	2,374,196	325,563	2,048,633	2,048,633	0	0	2,283,566
8	Malawi[4]	TB/HIV	US$	MWI-C-AA	31 December 2017	29,287,078	25,887,395	3,399,684	3,399,684	37,213,777	0	HIV: 45.2 million TB: 3.2 million
9	Mali[5]	TB/HIV	€	MLI-T-CRS	31 December 2017	7,874,695	2,708,355	5,166,340	5,166,340	0	0	2,300,000

[4] The Malawi TB/HIV grant covering health sector interventions, MWI-C-MOH with the Ministry of Health as Principal Recipient, was approved for funding in October 2015 in GF/B33/ER15. The grant currently being recommended for financing is a complementary grant with Action Aid as implementer.

[5] While the Mali TB/HIV program submitted an integrated TB/HIV concept note, at this time only the TB grant is ready to be recommended for Board approval.

10	Mali	Malaria	€	MLI-M-PSI	31 December 2018	55,457,098	18,887,843	36,569,255	36,569,255	1,215,341	17,919,103	7,658,984
11	Nicaragua	Malaria	US$	NIC-M-REDNICA	31 December 2018	10,078,911	0	10,078,911	10,078,911	0	0	12.3 million
12	Niger	TB	€	NER-T-SCF	31 December 2018	28,682,344	10,503,116	18,179,227	18,179,227	0	0	2,865,503

02 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	Total Program Budget	Sources		Recommended Total Incremental Funding	Incentive Funding included in Total Incremental Funding	Unfunded Quality Demand	Domestic commitment
							Existing funding	Incremental amount for Board approval				
1	REDLACTRANS	HIV	US$	QRA-H-IOM	28 February 2019	3,082,319	0	3,082,319	3,082,319	0	2,281,940	N/A

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

N	Country	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
1	Bangladesh	BGD-T-BRAC	US$	41,622,156	44,336,544	5,736,408	8,450,796	35,885,748	0	29,549,359
		BGD-T-NTP		29,961,002	36,367,177	6,037,098	12,443,273	23,923,904	0	
2	Thailand	THA-C-DDC	US$	24,354,843	25,075,207	15,208,061	15,928,425	9,146,782	0	0
		THA-C-RTF		22,072,152	22,632,318	3,126,361	3,686,527	18,945,791	0	

04 Summary of the Deliberations of the Secretariat's Grant Approvals Committee (GAC) on Funding Recommendations

The following grants resulting from 15 concept notes, including one regional funding request, have been found overall to be disbursement-ready by the Global Fund Secretariat through a review process 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 prepared to be disbursement-ready.

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.

Bangladesh TB Grants: National Tuberculosis Control Program (BGD-T-NTP) and Bangladesh Rural Advancement Committee (BGD-T-BRAC)

1.1 Reinvestment of savings. The GAC recommends that the Board approve an increase of US$9.1 million to the budget amount of the Bangladesh TB grants BGD-T-NTP and BGD-T-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 TB grants on 16 January 2015 in GF/B32/EDP05. The GAC has endorsed the country's request to reinvest this amount for increased case detection and multidrug resistant-TB (MDR-TB) to address Bangladesh's status as sixth out of the world's 22 high-burden TB countries according to the WHO 2015 TB report and in order to enable the country to reach the targets in the national strategic plan. Specifically, savings will be reinvested in:

- Strengthening case detection to reach the targets outlined in the national strategic plan, including contact-tracing among children of TB patients
- Maintaining treatment success at 90 percent or more
- Ensuring universal access to drug susceptibility testing, treatment of 100 percent of detected MDR-TB cases and achieving treatment success of at least 75 percent in detected MDR-TB cases
- Strengthening the engagement of public and private care providers
- Communication and awareness-raising activities to promote an increase in self-reported cases
- Ensuring development of human resource capacity
- Operational research to identify effective approaches to improve case detection.

The GAC notes that an amount of US$2.5 million has been identified to be used for the development of further innovative approaches to increase case detection, focused on populations and areas of high TB incidence, following the publication of the TB prevalence survey results expected in late 2016. The funds will also be used for activities related to strengthening the joint engagement of public and private care

providers, which are to be agreed upon once a strategy for expanding the public private mix is properly developed. The proposed activities are in line with TRP and GAC recommendations and will reduce remaining unfunded quality demand.

Bolivia Malaria Grant: United Nations Development Programme (BOL-M-UNDP)

1.2 Strategic focus of the program. In recent years, the incidence of malaria in Bolivia has fallen from 30,126 cases in 2000 to 7,342 in 2013, with no recorded deaths from malaria since 2004. Malaria zones in Bolivia are clearly defined, with *P. falciparum* prevalent in the Northern Amazon region and *P. vivax* in the Southern area; healthcare services are also stratified between these regions, with only 9 percent of the country's services located in the Northern Amazon region despite its large size and proportion of the population. The planned use of Global Fund funding geographically prioritizes 19 municipalities of the Amazon region including those with highest incidence of cases, presence of *P. falciparum* and municipalities adjacent to high incidence areas. The goals of the Bolivia malaria program are to:

- Eliminate indigenous transmission of *P. falciparum* by 2019;
- Promote, strengthen and optimize the mechanisms and tools for vector control; and
- Establish ongoing monitoring and evaluation of malaria activities in the national strategic plan.

Impact and outcomes of the planned programming include:

- Increasing the proportion of suspected malaria cases that receive a parasitological test at public sector health facilities from 82.4 percent in 2014 to 100 percent in 2018
- Increasing the proportion of population potentially at-risk of malaria transmission covered by the distribution of long-lasting insecticidal nets from 17.8 percent in 2014 to 100 percent by 2018
- Decreasing the number of confirmed malaria cases by microscopy or rapid diagnostic test per 1,000 population per year from 1.63 in 2014 to 0.77 by 2018

1.3 Domestic contributions. Total domestic financial commitments amount to US$9.8 million, which represents 49 percent of total resources available for the next implementation period. Government commitments related to malaria represent a 30 percent increase compared to the previous implementation period and are planned to increase over the coming years. In order to facilitate the sustainability and increase national ownership of the malaria program, the Principal Recipient shall work to secure the commitment of the Ministry of Health of Bolivia to absorb all human resource positions currently financed with grant funds, as well as carry out a diagnostic of Ministry of Health capacities to develop a transition plan for the handover of responsibilities at an appropriate juncture.

Burundi Malaria Grants: Programme National Intégré de Lutte contre le Paludisme (BDI-M-PNILP) and Caritas Burundi (BDI-M-CARITAS)

1.4 Strategic focus of the program. Malaria is endemic and a leading cause of morbidity and mortality in Burundi, with the highest incidence in Africa at 440 per 1,000 population and accounting for 40 percent of medical consultations in the country. The entire population of Burundi is at risk of malaria transmission with the highest levels of vulnerability among pregnant women and children under the age of five. The goals of the Burundi malaria program are to:

- Reduce malaria morbidity of confirmed cases per 1,000 population by 30 percent from 509 in 2014 to 346 in 2017, as well as the proportion of children between six and 59 months with malaria infection from 17 percent in 2012 to 10 percent in 2017
- Ensure that over 90 percent of the population slept under an insecticide-treated net the previous night, including pregnant women and children under the age of five
- Promote access to intermittent preventive treatment in pregnancy among all eligible women attending antenatal care
- Confirm 100 percent of suspected malaria cases and ensure they receive first-line antimalarial treatment
- Reinforce the management capacity of the national malaria program

Contextually specific activities to be implemented by the Burundi malaria program include:

- Collaboration between Principal Recipients in the messaging around and execution of the 2017 mass distribution campaign of long-lasting insecticidal nets (LLINs)
- LLIN distribution among special groups in 2016 such as residents of boarding schools, orphanages, university dormitories, police and military camps, convents, hospitals and prisons, in addition to routine LLIN distribution to pregnant women and children under the age of five
- Prevention and treatment activities, including integrated community case management, through community health workers
- Training of Batwa community leaders on malaria prevention and treatment, and of health personnel on intermittent preventive treatment in pregnancy

Additional expected impact and outcomes of the planned programming beyond the program goals include:

- Reduction of in-patient malaria lethality from 1.9 percent in 2014 to 1.6 percent in 2017
- Reduction of hospital-based deaths due to malaria among children under the age of five from 37 percent in 2014 to 23 percent in 2017
- Equipping 100 percent of households with at least one insecticide-treated net for every two people

1.5 Operational issues, risks and implementation challenges. Assessments done by the Principal Recipient as well as the Secretariat during grant-making revealed weaknesses in financial management, planning and administration of both Principal Recipients. Additionally, the program faces an unstable political environment and the Secretariat is presently unable to visit the country. To address this, the Secretariat has agreed with the Principal Recipients on the following risk mitigation measures:

- The formation or strengthening of program management units within each Principal Recipient that would be dedicated to working exclusively on the planning, implementation, monitoring, evaluation and reporting of the grant
- The installation of a fiscal agent in the offices of both Principal Recipients
- Procurement through the Global Fund's pooled procurement mechanism
- Technical assistance to the national malaria program to build implementation capacity during the first year of the program
- Increased storage at the central medical store and expanded use of the logistics management information system

Burundi TB/HIV Grants: Croix-Rouge Burundi (BDI-C-CRB), the National Integrated Leprosy and Tuberculosis Control Program (BDI-T-PNILT) and the National HIV Program (BDI-H-PNLS)

1.6 Epidemiological context. Burundi is a country of an estimated 10.1 million inhabitants in a 27,830 square-kilometer territory. It faces a generalized HIV epidemic with a prevalence rate among adults of 1.4 percent (1.7 percent among women and 1.0 percent among men) and a concentrated epidemic among key populations, with prevalence rates of 21.8 percent among sex workers and 4.8 percent among men who have sex with men. HIV rates are also high among TB patients at 15 percent. TB incidence of all forms has more than halved between 2000 and 2014, dropping from 288 to 126 per 100,000 population. However, case detection is low at 53 percent for all forms of TB and the estimated prevalence of TB, including among HIV-positive TB patients, is 195 per 100,000 population. The prevalence of multidrug-resistant TB (MDR-TB) is estimated at 2.2 percent among new cases and 11 percent among retreatment cases.

1.7 The strategic focus of the Burundi TB/HIV program is to:

- Reduce new HIV infections by 50 percent by 2017 compared to 2014
- Decrease HIV prevalence among 15-24 year-olds from 0.5 percent in 2014 to 0.25 percent in 2017 and among sex workers and men who have sex with men from 21 and 4.8 percent in 2013 to 19 and 3.8 percent in 2017, respectively
- Decrease HIV-related mortality per 100,000 from 40 in 2014 to 11 in 2017 and the rate of mother-to-child transmission from 22 percent in 2014 to 5 percent in 2017
- Increase the TB case notification rate per 100,000 population from 79 in 2014 to 93 in 2018

- Reduce the TB incidence rate per 100,000 from 130 in 2013 to 123 cases in 2018, mortality rate per 100,000 from 22 in 2014 (2013 cohort) to 5 in 2018 including HIV-positive individuals, and MDR-TB prevalence among new TB patients from 2.6 percent in 2013 to 2.2 percent by 2017
- Sustain the TB treatment success rate at over 90 percent among bacteriologically confirmed TB cases
- Increase the treatment success rate among bacteriologically confirmed MDR-TB cases to at or above 90 percent

Contextually specific activities to support the goals of the Burundi TB/HIV program include:

- Identification and accreditation of new sites for prevention of mother-to-child transmission services and ART from 275 in 2013 to 651 in 2017 and from 152 in 2013 to 414 in 2017, respectively
- Provision of post-exposure prophylaxis kits, for cases of sexual violence or blood exposure
- Reinforcement of HIV/TB collaborative activities and support for the running of a hotline to answer questions relating to HIV, TB and access to health services
- Trainings among miners, prisoners, Batwa community and refugee leaders to promote access to HIV and TB services, and increase awareness of gender-based violence
- Development of both a hospital-based and ambulatory services approach for MDR-TB patients, to allow for increased numbers of MDR-TB patients treated, as well as performing a national study on TB drug resistance
- Cross-cutting HSS investments in the health information system, through the implementation and roll-out of the District Health Information Software 2, as well as in the supply chain system

1.8 Operational issues, risks and implementation challenges. Assessments done by the Principal Recipient as well as the Secretariat during the grant-making revealed weaknesses in financial management, planning and administration of both Principal Recipients. To address this, the Secretariat has agreed with the Principal Recipients the following risk mitigation measures:

- The formation of a program management unit, in the case of the national HIV program PNLS, and strengthening, in the case of Croix-Rouge Burundi and the national TB program staff, to ensure exclusive work on the planning, implementation, monitoring, evaluation and reporting of the grant
- The installation of a fiscal agent in both Principal Recipients
- Procurement through the Global Fund's pooled procurement mechanism and STOP TB's Global Drug Facility

1.9 Domestic contributions for malaria and TB/HIV. Total domestic financial commitments earmarked are US$9.8 million for malaria, US$5.03 million for HIV and US$0.33 million for TB, representing a 327 percent increase in government commitments across all disease programs compared to the previous implementation period. Burundi is one of the poorest countries in the world and is heavily dependent on external aid to finance its health sector. In recent years, there has been significant prioritization of domestic resources to health, with the share of health in budget spending from the government's own resources increasing from 3 percent in 2005 to 10 percent in 2015. Given the significant financial gaps as well as the low levels of current government spending on the three disease programs, a key focus of the country dialogue was on leveraging additional government resources over the next implementation period. Despite recent progress, the macroeconomic and fiscal constraints faced by Burundi, in addition to the intensifying political instability, contribute significantly to the poor mobilization of domestic resources and there is considerable political uncertainty stemming from events leading up to recent elections.

1.10 GAC review and recommendations on both the TB/HIV and malaria programs. The GAC acknowledged that, in spite of a very challenging grant-making process, significantly delayed by the tense political situation in Burundi, the applicant has managed to finalize grant-making for TB/HIV, HSS and malaria simultaneously to ensure synergies and optimal use of resources. The GAC noted that the integrated approach to programming will be a capacity-building exercise for the national disease programs, helping

the country move toward sustainability. Additionally, GAC partners supported the decision to reinvest savings from the TB/HIV program to cover the gap in LLINs for the mass campaign during this implementation period. GAC partners noted the opportunity presented in budgeting for operational research in the program, and counseled that it be performed in a targeted, cost-efficient manner. GAC partners also mentioned the increasing difficulty of strengthening civil society and maintaining community components during a period of political unrest, highlighting the importance of the Secretariat remaining operationally flexible as the situation develops. The Secretariat informed the GAC that collaboration was underway with partners on the ground to ensure complementarity between programs and the security of health investments, assuring that adequate monitoring and evaluation with commensurate programmatic adjustments would be performed throughout implementation. Additionally, GAC partners commented on the present targets for TB and MDR-TB, and the Secretariat highlighted the ambitious targets and anticipated expansion of technical equipment and outreach among key populations to support the planned program outcomes. The GAC was also informed that on the issue of gender-based violence, the Secretariat was ensuring synergies with the World Bank-supported program in the Great Lakes region, as well as investing in training modules in communities and schools. The Secretariat reassured the GAC that the financial arrangements would not delay disbursements and were secure through fiduciary agent co-signatory and procurement done through the Global Fund's pooled procurement mechanism and the Stop TB Partnership's Global Drug Facility.

Cameroon TB/HIV Grants: The Ministry of Health (CMR-H-MOH and CMR-T-MOH)

1.11 Civil society Principal Recipient. An additional grant with a civil society Principal Recipient, focused on HIV prevention, will be recommended for funding by the GAC in a future report once grant negotiations are completed.

1.12 Strategic focus of the program. Cameroon faces a generalized epidemic characterized by an average HIV prevalence of 4.8 percent among the population aged 15-49 years, with higher rates among key populations, including sex workers, men who have sex with men, people in prisons, refugees and young women. Cameroon is among the 41 countries with a high prevalence of TB/HIV co-infection. In 2014 the WHO estimated TB prevalence to be 299 per 100,000 population. HIV prevalence was 37 percent among all forms of TB (32 percent for bacteriologically-confirmed pulmonary TB). Additionally, there were an estimated 750 cases of multidrug-resistant TB (MDR-TB) in Cameroon in 2013, with 126 MDR-TB patients notified in 2014, of whom 91 were put on treatment. The goals of the Cameroon TB/HIV program are to:

- Reduce new HIV-related infections by 50 percent by 2017
- Reduce HIV-related morbidity and mortality by 2017
- Contribute to reducing TB-related morbidity and mortality by 2025

Impact and outcomes of the planned programming include:

- Increasing the percentage of people living with HIV known to be on treatment 12 months after initiation of ART from 60 percent in 2014 to 80 percent in 2017
- Decreasing the percentage of HIV-positive infants born to HIV-positive women delivered in the past 12 months from 5.6 percent in 2014 to 3.0 percent in 2017
- Significantly improving the collaboration in the management of TB/HIV co-infection
- Increasing TB notification of all forms of TB per 100,000 population from 76 in 2014 to 94 in 2017
- Significantly improving the identification and management of MDR-TB patients

1.13 Operational issues, risks and implementation challenges. The Secretariat highlighted the risk of Cameroon's patient cost recovery policy on access to treatment, especially among the poorest population. Provisions have been made in TB and HIV budgets for an assessment of the impact of patient fees on services uptake and on financial sustainability of subsidizing biological monitoring services. As an operational plan and budget for the roll out of the integrated community strategy is not yet in place, conditions have been included in the grant agreements of TB and HIV grants requesting that these be worked on collaboratively between Principal Recipients. In order to address the incomplete staffing of the national HIV program, the Secretariat and partners have agreed to support the Government of Cameroon to ensure that all vacant positions are filled by qualified staff before the start of the grant.

1.14 Domestic contributions. Total HIV and TB domestic financial commitments amount to €51,708,730 which represents 36 percent of HIV and 39 percent of TB total resources available in the next implementation period. Cameroon continues to experience economic growth, despite the continued security and humanitarian crisis in the region. However, poor infrastructure and weak governance hamper economic activity, making it difficult to reduce poverty in a sustainable manner and adequately address development needs. Despite these challenges, the Global Fund and partners continue to actively engage with the Government of Cameroon to ensure that the it lives up to its commitments, and to discuss next steps towards transition and sustainable health financing in Cameroon in the medium- to long-term.

1.15 GAC review and recommendations. The GAC and partners noted that issues related to absorption and overall programmatic strength are being successfully addressed through collaboration between partners. The GAC was informed that an integrated community strategy across the three diseases has been developed and that sustainability measures were put into place. GAC partners commented on the new task-shifting strategy, the need for a strong stock-out alert system, and the necessity of close monitoring of the planned ART and TB notification scale-up during grant implementation. Additionally, partners emphasized the importance of the Ministry of Health's HIV prevention programming, the critical role of the central medical store, the essential work with civil society to address stigma against key populations, and harmonization between donors on incentive payments.

Chad TB/HIV Grants: Fonds de soutien aux activités en matière de population et de lutte contre le Sida (TCD-T-FOSAP and TCD-H-FOSAP)

1.16 Strategic focus of the program. Chad is a land-locked country where life expectancy at birth is 54 years for women and 47 years for men. There has been a gradual decline in HIV prevalence among the general population since 2005, falling from 3.3 percent to 2.5 percent by 2014. New infections fell by half between 2005 and 2014 from 23,000 to 13,000, bringing the incidence down from 0.38 percent in 2005 to 0.14 percent in 2014. However, the incidence of TB/HIV co-infection is high at an estimated 44 cases per 100,000 inhabitants, and 15 deaths per 100,000. TB is also a significant public health problem in Chad, with estimated rates per 100,000 population of prevalence at 209 cases, of incidence at 159, and of mortality at 23. With 47 percent of the total population concentrated within 10 percent of the territory, the TB incidence rate is proportional to the demographic density, with the three main cities accounting for 60 percent of cases. The goals of the TB and HIV programs of Chad are to:

- Halve new infections in adults and children exposed to HIV per 1,000 population from 1.04 in 2014 (0.73 adult and 1.28 children) to 0.45 in 2018 (0.30 adults and 0.57 children)
- Reduce the prevalence of HIV among most at-risk populations from 20 percent in 2009 to 10 percent in 2018 among sex workers
- Halve mortality of adults living with HIV per 100,000 population from 91.34 in 2014 to 51.4 in 2018
- Reduce the prevalence of TB cases per 100,000 from 200 in 2014 to 181 in 2018

Outcomes and impact of the planned programming include:

- Decreasing the percentage of HIV-positive infants born to HIV-positive women in the past 12 months from 32 percent in 2014 to 8 percent by 2018
- Increasing the percentage of adults and children with HIV known to be on treatment 12 months after initiation of ART from 68 percent in 2011 to 95 percent by 2018
- An increase in all forms of TB case notification rate per 100,000 population from 89 in 2014 to 95 by 2018, as well as the treatment success rate from 72 percent in 2014 to 85 percent in 2018

1.17 Domestic contributions. Total domestic financial commitments amount to €1,589,265 for TB and €8,256,981 for HIV. The security and socio-economic challenges, including the decline in oil prices and Chad's involvement in the fight against Boko Haram in the region, have had an impact on the level and availability of state funds to put toward the health sector in 2015 and will likely continue to do so throughout the implementation period. The Secretariat will monitor government commitments through government budget and expenditure reports to be submitted on a quarterly basis and by maintaining ongoing dialogue with the CCM, the National High Coordination Council and a multi-sectoral counterpart funding committee responsible for the monitoring of government commitments. During this implementation period, the

number of staff receiving salary incentives will decrease for TB and increase for HIV, however the HIV grant includes a condition that a transition plan for the payment of these incentives be developed to reduce Global Fund contributions over time.

1.18 GAC review and recommendations. The GAC noted the challenging operating environment that the Global Fund and partners must accommodate and that the country falls under the Global Fund's Additional Safeguard Policy. GAC partners noted the substantial effort needed to complete grant-making and anticipated challenges both absorbing funds and maintaining domestic commitments throughout implementation. Additionally, GAC partners affirmed their engagement through the Secretariat-driven Implementation through Partnership initiative, including providing technical assistance to laboratories, hosting discussions in country, technical assistance for procurement and supply chain management, monitoring of ART, and technical assistance for financial and human resource management to be implemented upon the appointment of staff. The Secretariat requested GAC partners to continue their support through this initiative, including the provision of a surge team for enhanced collaboration during the first period of the programs' implementation. The GAC acknowledged the progress made on activities for key populations during grant-making and partners expressed support for continuing services to these populations in the difficult operational context. GAC partners also mentioned the opportunity to provide nutritional support to address chronic malnutrition in the country and noted that it has been included in the TB program budget for patients diagnosed with multidrug resistant-TB. Furthermore, the GAC noted that HIV/AIDS knowledge among the general population should be expanded during this implementation period. GAC partners also expressed support for the Global Fund financing of psychosocial workers/counselors previously funded by UNICEF. The Secretariat highlighted the opportunity during this implementation period to build a strong relationship with the CCM, with the support of partners.

Côte d'Ivoire HIV program: Alliance Nationale Contre Le Sida en Côte D'Ivoire (CIV-T-ACI) and the Ministry of Health (CIV-T-MOH)

1.19 Strategic focus of the program. Côte d'Ivoire is deeply affected by the problem of TB with prevalence and incidence of 215 and 170 per 100,000 population, respectively, in 2013. The country faces the highest HIV infection rates in the region with 3.7 percent prevalence among the general population in 2012, creating a high risk of co-infection; however, HIV testing among TB patients was as high as 93 percent with ART enrollment of 67 percent in 2014. Additionally, the country has made substantial progress in terms of multidrug resistant-TB (MDR-TB) treatment. In 2014, 313 MDR-TB patients were put on treatment out of the 471 diagnosed and 639 estimated total cases, compared to the 4 patients put on treatment in 2012. The goal of the Côte d'Ivoire TB program is to contribute to a 20 percent reduction of the TB mortality rate between 2015 and 2020. Activities to support this goal include:

- Undertaking community-level interventions for TB treatment (DOTS)
- Collaborating with private health sector and traditional practitioners
- Training of health community workers and peer educators in community-based follow-up of TB patients and on TB/HIV co-infection
- Testing services for people in prisons
- Awareness-raising, communication and social mobilization
- Strengthening TB-HIV coordination mechanisms
- Supporting monitoring and evaluation

Impact and outcomes of the planned programming include:

- Reducing the mortality rate to 17.5 per 100,000 population in 2017
- Increasing case notification rates per 100,000 population from 63 in 2014 to 68 in 2017
- Successfully treating 86 percent of all forms of TB, totaling 21,545 patients
- Increasing TB screening among people living with HIV from 67 percent in 2014 to 90 percent in 2017
- Successfully treating 86 percent of confirmed MDR-TB cases

1.20 Office of the Inspector General (OIG) investigation. The Côte d'Ivoire national TB program is currently being investigated due to TB medicines found on sale on street markets. Diversion of TB drugs is

being investigated as well as overconsumption at the program level. To address the identified main risk area of the program procurement and supply chain management, the following actions will be undertaken:

- The Principal Recipient will submit an operational plan for 2016 and 2017 for the procurement of TB treatment medicines including proposed dates for placement of orders and delivery dates, along with respective quantities.
- The Principal Recipient will also submit terms of reference for a technical committee to regularly follow up and oversee the management of the stock of anti-TB drugs.
- The Principal Recipient will be required to conduct cross-validation between stocks of TB medicines distributed to the facility level and the reported number of detected TB cases under treatment for the same period, investigate the causes of discrepancies, and submit remedial measures to the Secretariat.
- The Secretariat, together with national stakeholders and partners, is working to include a stock and logistic module into the DHIS2 for better oversight and visibility of stocks in country, linking patients' data with drug consumption data.

1.21 Domestic contributions. Total domestic financial commitments amount to €6.2million, which represents 34 percent of total resources available for the next implementation period and a 26 percent increase compared to the previous implementation period. To move toward greater sustainability, the previously implemented scheme to incentivize staff by providing €5 for each successfully treated TB case has been removed. Compensation for the TB stamp payment will be covered by the willingness-to-pay budget. The implementation of a performance-based funding program, in alignment with partners, will also provide greater incentive to public health workers. Performance-based incentives to key staff of the national program are included but represent only 1.5 percent of the total grant amount while remaining an important source of motivation for civil servants.

1.22 GAC review and recommendations. The GAC commended the Côte d'Ivoire TB program for its successfully expedited grant-making as well as partners for their support for the program via the Implementation through Partnership initiative. GAC partners also commented positively on the planned TB sites expansion plan, including laboratory infrastructures and noted that the program intends to collaborate closely with technical partners in this area. The GAC was informed that, after discussing with the national TB program and partners, a budget was included in the workplan to ensure specific interventions for people who inject drugs. The GAC acknowledged the Secretariat's coordination with the OIG and in-country partners in incorporating adequate risk management measures into the grant, particularly in the area of procurement and supply chain management. Additionally, the GAC endorsed the incorporation of the current grant cash balance and refunds from the Global Drug Facility into the program budget in order to invest in technical assistance.

Kosovo TB Grant: The Community Development Fund (QNA-T-CDF)

1.23 Strategic focus of the program. TB re-emerged in Kosovo as a public health problem after 1999, although according to the concept note, notification rates have dropped an average rate of 2.9 percent per year since 2001. Multidrug-resistant (MDR-TB) is a relatively small problem in terms of absolute numbers, however, an unknown backlog of chronic cases has been estimated to exist in Kosovo. The burden of co-infection with TB/HIV is unknown because of incomplete testing and reporting HIV among TB patients and poor linkages with the HIV surveillance system; only one HIV-positive case was registered among the 300 TB patients tested under the current Global Fund TB grant in Kosovo. The goal of the program and the national strategic plan is to reduce the overall incidence of notified cases per 100,000 population from a projected 46 in 2014 to 36 in 2020. Contextually specific activities to support this goal include:

- Strengthening active case finding and significantly increasing the proportion of bacteriologically confirmed TB cases from 33 percent in 2014 to 70 percent by 2018
- Implementing rapid diagnostics, improving recording and reporting of laboratory data and ensuring a robust sputum transportation network
- Improving infection control measures and developing and implementing facility-based infection control plans
- Establishing programmatic guidelines and standard operating procedures for all key areas
- Improving case management, including in prisons

- Enhancing MDR-TB patient management according to established standards
- Improve the drug supply management system
- Enhancing monitoring and evaluation by implementing the electronic individual TB register

Impact and outcomes of the planned programming beyond the program goal of incidence reduction include:

- Reducing MDR-TB prevalence among previously treated TB patients from 12.9 percent in 2008 to 3 percent in 2019
- Increasing treatment success rate among bacteriologically confirmed TB cases from 86 percent in 2013 to 92 percent in 2019

1.24 Domestic contributions. Total domestic financial commitments amount to €2,283,566 which represents 47 percent of total resources available for the next implementation period. To optimize the current allocation and ensure sustainability, a key consideration during grant-making has been to provide that in addition to funding core TB activities, funds are also programmed to strengthen the Ministry of Health and national TB program as well as support the systematic transfer of governance of the TB program to the government of Kosovo. To this end, several measures have been agreed and incorporated in the grant to strengthen the coordinating role of the national TB program and empower its manager:

- The reorganization of the reporting and coordination of the program
- The transfer of essential program components such as reporting and health procurement from nongovernmental organizations to the Ministry of Health
- The provision of technical assistance from WHO to the national TB program manager to help prepare for the absorption of its new functions over the lifetime of the grant
- The increase of domestic financing for the national TB program, including procurement of drugs and other program resources

Malawi TB/HIV Grant: Action Aid (MWI-C-AA)

1.25 Previously approved grant. The Malawi TB/HIV grant covering health sector interventions, MWI-C-MOH with the Ministry of Health as Principal Recipient, was approved for funding in October 2015 in GF/B33/ER15. The grant currently being recommended for financing is a complementary grant with Action Aid as implementer for community-based interventions and community systems strengthening.

1.26 The strategic focus of the Malawi TB/HIV program is to reduce the number of new HIV infections toward elimination of HIV transmission, reduce HIV-related morbidity and mortality, and reduce morbidity and mortality from TB. HIV prevalence has decreased from 14.2 percent in 2000 to 10.5 percent in 2010 and treatment has been effectively scaled up with an increase of people receiving ART from 3,000 in 2003 to 536,185 in 2014. Contextually specific strategies and activities during this implementation period include:

- Ensuring uninterrupted supply of ARV drugs and other basic HIV commodities at all 700 service delivery points
- Scaling up provider-initiated testing and counseling to dramatically increase the proportion of people living with HIV who know their status
- Improving diagnosis and treatment of multidrug-resistant TB cases
- Conducting active TB case finding among populations at risk through use of mobile equipment, door-to-door screening and contact investigation.

In line with TRP recommendations and prioritization of unfunded quality demand, savings identified during grant-making will contribute to further scale-up prevention activities for women and girls, voluntary medical male circumcision, expanding the ART buffer-stock, community systems strengthening, prevention of mother-to-child transmission, and building resilient and sustainable systems for health. Expected impact and outcomes of the planned programming include:

- Reducing HIV incidence among people aged 15 to 49 years from 0.39 in 2015 to 0.29 in 2017;
- Reducing AIDS-related mortality per 100,000 population from 181 in 2015 to 151 in 2017;
- Decreasing TB/HIV mortality per 100,000 population from 21 in 2015 to 18 in 2017.
- Decreasing TB incidence per 100,000 population from 261 in 2015 to 257 in 2017;

- Increasing TB case notification per 100,000 population from 106 in 2014 to 191 in 2017;
- Increasing the MDR-TB treatment success rate from 63 percent in 2014 to 72 percent in 2017.

1.27 Operational issues, risks and implementation challenges. During implementation, the selection process of sub-recipients and the recruitment of key program staff will be closely monitored in order to effectively mitigate identified risks, such as translating grant documents into operational workplans, harmonizing with other donor-funded programs and recruiting additional staff to improve the institutional capacity of Principal Recipients. Additionally, the Secretariat has proposed outsourcing procurement to an international entity.

1.28 Domestic contributions. Domestic financial commitments include US$45.2 million for HIV and US$3.2 million for TB programs, which represents 6 percent of total resources available in the next implementation period. Following engagement during country dialogue and grant-making, the government has committed an additional counterpart financing of US$30 million for fiscal years 2016 and 2017, over and above current funding for all three diseases and health system strengthening. This includes specific government investments for the procurement of an ART commodity buffer, strengthening supply chain systems, human resources for health and laboratory strengthening. Total government commitments for Global Fund TB/HIV-supported programs represent a 92 percent increase compared to the previous implementation period.

1.29 GAC review and recommendations. The GAC reviewed and endorsed the country's request for reinvestment of US$9 million of savings identified within the TB/HIV grants during grant-making to fund additional prevention activities for adolescent women and girls. The GAC acknowledged that the proposed activities are in line with recommendations highlighted by the TRP and expressed support for further investments in the prevention package to reach 60 percent of the focus population. The GAC noted that the detailed targets and outcomes of this package will be determined in full consultation with stakeholders and technical partners via the Implementation through Partnership initiative between January and June 2016 to be implemented from July 2016 onwards.

Mali Malaria Grant: Population Services International (MLI-M-PSI)

1.30 Strategic focus of the program. Malaria is one of the leading causes of morbidity and mortality in Mali. The country's entire population is at risk for transmission, however transmission is more intense in the southern part of the country. The goal of the Mali malaria program is to contribute to reducing malaria morbidity by 75 percent compared with 2000, and reduce mortality to almost zero by 2018. Contextually-specific strategies to achieve this goal include:

- Routine distribution of long-lasting insecticide treated nets (LLINs) to pregnant women and children under the age of five
- Provision of LLINs by means of a mass distribution campaign
- Intermittent preventive treatment in for pregnant women
- Community-based malaria case management
- Strengthening of program management, including coordination, monitoring and evaluation at all levels of the health system and at the community level

Impact and outcomes of the planned programming include:

- A decrease in reported presumed and confirmed malaria cases from 2,090,045 in 2016 to 2,007,107 in 2018
- A decrease in malaria cases confirmed by microscopy or rapid diagnostic test per 1,000 persons per year from 81 in 2016 to 62 in 2018
- An increase in the proportion of households with at least one insecticide-treated net for every two people from 40 percent in 2013 to 80 percent in 2017

1.31 Domestic contributions. Total domestic financial commitments for malaria amount to €7,658,984, which represents 14 percent of the total resources available for malaria in this implementation

period. The pledged contribution of the government across the three disease components shows a 40 percent increase compared to the previous implementation period. Health in Mali is mainly financed by the state, with the share of state budget devoted to the development of health increasing from 5.65 percent in 2003 to 12 percent in 2014. During the next implementation period, contributions from the Government of Mali for malaria will mostly go toward malaria commodities, human resources, and operational costs.

1.32 GAC review and recommendations. The GAC commended the Secretariat for its navigation of a sensitive political and security situation, as well as for reinvesting the efficiencies generated during grant-making towards the LLIN distribution campaign planned for 2018. GAC partners acknowledged the significant scale up of integrated community case management in this grant as well as the transition of funding from UNITAID to the Global Fund of an ambitious seasonal malaria chemoprophylaxis program in 2017. The GAC encouraged the Secretariat and CCM to continue working closely with the government and partners on the ground to ensure that contributions from all parties are well coordinated and that commitments are fulfilled. The GAC also noted that a limited number of performance-based incentives are included in the malaria grant but that the budget was reduced by 25 percent for the second and third years of the grant. The GAC was informed that, in order to ensure long-term sustainability, the country is requested to develop a transition plan that will allow the Malian government to take over the payment of incentives beyond 2018.

Mali TB Grant: Catholic Relief Services (MLI-T-CRS)

1.33 Previously approved grant. The Mali TB/HIV program submitted an integrated TB/HIV concept note and has planned for integrated implementation. The Mali HIV grant covering health sector interventions, MLI-H-UNDP with UNDP as Principal Recipient, was approved for funding in December 2015 in GF/B34/ER02. The grant currently being recommended for financing is a complementary grant with Catholic Relief Services for the TB component. Additionally, a civil society Principal Recipient for the HIV grant focusing on prevention will be reviewed by the GAC at a future meeting.

1.34 Strategic focus of the program. TB is a major public health problem in Mali with an estimated incidence of 60 cases per 100,000 population in 2014. Although the TB prevalence and mortality have seen decreases of 36 and 47 percent, respectively, between 1990 and 2014, it is not sufficient to achieve the goals of halving TB prevalence and mortality by 2015 compared to their 1990 values. In addition to multi-resistant drug TB (MDR-TB) rates of 1.7 percent among new cases and 17 percent among retreatment cases, 14 percent of TB patients were co-infected with HIV. The goal of the TB program of Mali is, by 2025, to reduce TB prevalence by 25 percent compared to 2013. Contextually-specific activities to support this goal include:

- Establishing new diagnosis and treatment centers in underserved areas
- Strengthening the laboratory network
- Training health care workers in the management of TB, including in TB children
- Strengthening the capacity to diagnose and treat MDR-TB by expanding GeneXpert availability and increasing access to treatment
- Improving the coordination between the TB and HIV programs
- Involving community actors in active case finding, community DOTS, TB awareness and sensitization activities

Planned impact and outcomes of this programming include:

- Increasing the case notification rate of all forms of TB per 100,000 population from 34.5 in 2014 to 40.2 by 2017
- Increasing the treatment success rate of all forms of TB cases from 76 percent in 2014 to 85 percent by 2017
- Increasing the treatment success rate of laboratory-confirmed rifampicin-resistant TB and/or MDR-TB to 70 percent by 2017

1.35 Domestic contributions. Total domestic financial commitments for TB amount to €2.3 million, which represents 24 percent of the TB allocation for this implementation period. The pledged contribution of the government across the three disease components shows a 40 percent increase compared to the previous implementation period. Health in Mali is mainly financed by the state, with the share of state budget devoted to the development of health increasing from 5.65 percent in 2003 to 12 percent in 2014. During the next implementation period, contributions from the Government of Mali for TB will mostly go toward first and second line anti-TB drugs and other commodities, human resources, and operational costs. With the contributions from the Global Fund and other sources, it is estimated that there is no funding gap for the TB program of Mali.

1.36 GAC review and recommendations. The GAC commended the Secretariat for its navigation of a sensitive political and security situation, as well as for its operational flexibility in revising the zero cash policy in Mali to ensure an adequate balance between risk management and program implementation. GAC partners highlighted the planned scale-up of the laboratory system for TB diagnosis (including increased GeneXpert coverage for MDR-TB) and the opportunity to streamline a strong monitoring and evaluation system with the introduction of DHIS2. The GAC noted the planned scale-up of community-level interventions, such as the expansion of case finding through community health workers. The GAC acknowledged the possibility that expanded testing for MDR-TB may reveal more cases than previously thought to exist in Mali, necessitating the adjustment of programmatic targets and arrangements for monitoring and evaluation. Additionally, the GAC was informed that, in order to ensure long-term sustainability, the country is requested to develop a transition plan that will allow the Malian government to take over the payment of incentives within the TB program beyond 2017.

Nicaragua Malaria Grant: Federación Red NICASALUD (NIC-M-REDNICA)

1.37 Strategic focus of the program. Malaria incidence has remained relatively constant at around 1,200 cases per year in Nicaragua, though the annual parasite index and slide positivity rate have reduced 28 percent and 27 percent, respectively, since 1996. The malaria burden is concentrated in Nicaragua's three departments of the Northern Atlantic Region, which account for more than 95 percent of the malaria cases reported nationally. To fight malaria, the Nicaragua program has worked and will continue to work closely with the Malaria Elimination in Mesoamerica and the Hispaniola Island (EMMIE) regional malaria-elimination project since 2013 and has publicly committed to malaria elimination by 2020. The goals of the Global Fund-financed Nicaragua malaria program are to have zero cases of P. falciparum by 2018 and to reduce cases of *P. vivax* by 60 percent between 2014 and 2018. To support these goals and move toward elimination, the country plans to employ the following strategies:

- Strengthen early diagnosis and timely and full treatment with quality guaranteed in line with the national standard
- Improve the prevention, surveillance and early detection of malaria to control outbreaks, promoting vector control through strengthening integrated vector management
- Strengthen the health system, strategic planning, monitoring, evaluation and operational investigations
- Improve promotion and communication for malaria, promoting strategic partnerships, family participation and community organizations that form part of the national response to malaria

Impact and outcomes of the programming during this allocation period include reducing malaria cases confirmed through microscopy or rapid drug test per year from 1163 in 2014 to 233 in 2019, as well as increasing the proportion of population that slept under an insecticide-treated net the previous night from 67.9 in 2014 percent to 95 percent in 2017.

1.38 Domestic contributions. Total domestic financial commitments amount to US$12.3 million, which represents 44 percent of total resources available for the next implementation period and a 32 percent increase compared to the previous implementation period for malaria. As part of the concept note and grant-making processes, the country began the development of a transition and sustainability strategy. The transition activities include, among others, capacity-building, ensuring that all cases are microscopy confirmed and treated according to the national guidelines, maintaining consistent quality of microscopy, and ensuring the investigation and recording of all malaria cases. To complement these efforts, databases

for elimination are also expected during this implementation period, including geo-referenced foci, cases, vectors, parasitic strains and interventions. Additionally, the Government of Nicaragua and the national malaria program also committed to gradually assume the cost of human resources with a full sustainability strategy, with a focus on malaria elimination, to be ready by 2018.

Niger TB Grant: Save the Children Federation (NER-T-SCF)

1.39 Strategic focus of the program. With an incidence rate estimated at 102 new cases per 100,000 population, Niger represents a country with high TB endemicity. For TB testing of all forms, coverage rates increased from 54.7 percent in 2008 to 63.2 percent in 2013; treatment success rates remained stable between 2008 and 2013 from 80 to 79 percent, with a slight drop in 2012 to 77 percent. The rate of TB cases confirmed bacteriologically and cured dropped from 70 percent in 2008 to 62 in 2013. The strategic focus of the Niger TB program is to reduce TB mortality 30 percent from 2013 rates by 2018. Specific objectives of the program to support this goal include:

- Testing a total of 50,520 cases of TB of all forms and successfully treating at least 85 percent
- Test at least 90 percent of TB cases for HIV, place 90 percent of patients co-infected with TB/HIV on co-trimoxazole and place 70 percent on ARVs
- Raising the MDR-TB testing rate among re-treatment cases to at least 70 percent

Additional impact and outcomes of the planned programming include:

- Detecting a total of 38,605 cases of tuberculosis, all forms over three years
- Providing second-line treatment to all patients diagnosed with multidrug resistant-TB (MDR-TB)
- Increasing the proportion of routine reporting units submitting timely reports according to national guidelines from 62 percent in 2014 to 80 percent in 2018

1.40 Risks and implementation challenges. The Secretariat acknowledges the risk rating of Niger related to the capacity of implementers. In order to mitigate the volatile security environment, a fiscal agent has been installed and a targeted zero-cash policy has been implemented. The risk management strategy is considered to be adequate and the implementation of mitigation measures will be closely monitored throughout the grant lifetime.

1.41 Domestic contributions. Total domestic financial commitments amount to US$3,945,229, which represents 16 percent of total resources available for the next implementation period. Over the lifetime of the grant, a gradual and well-planned phase-out of Global Fund-supported incentives for government staff involved in this grant's implementation will occur. The Secretariat will work with the Principal Recipient, CCM and relevant government officials to ensure a smooth transition to reduced support from the Global Fund at 80 percent of previous levels in 2017 and 60 percent in 2018. Furthermore, the Principal Recipient will submit a capacity-building plan for the national TB program, which will include linking the payment of incentives to performance.

1.42 GAC review and recommendations. The GAC acknowledged the security issues, limited capacity and complex operating environment of the program, as well as the safeguards in place after the 2011 OIG investigation, such as the installation of a fiscal agent. GAC partners noted that community linkages are key to the success of the grant. Additionally, GAC partners commented on the increase in MDR-TB targets and inquired if there was technological capacity in-country to reach these. The Secretariat assured the GAC that the number of GeneXpert machines were sufficient to reach the number of patients that would need testing. GAC partners commended the country's stably high treatment success rates and requested follow-up on the gender assessment recently performed. The GAC was informed that the procurement and supply chain management component of the grant was cross-cutting across disease components and discussions were held with all key stakeholders to agree on a work plan to be funded under the Niger TB program.

REDLACTRANS HIV Grant: International Organization for Migration (QRA-H-IOM)

1.43 The strategic focus of the program is to cover identified gaps not currently supported by regional efforts or country-level activities in order to reduce human rights barriers and enhance the impact of current

HIV national responses towards transgender people in the Latin American and Caribbean region. In this region, transgender people are disproportionately affected by HIV/AIDS with a prevalence rate between 26 and 35 percent, a life expectancy between 35.5 and 41.25 years, with HIV/AIDS as the main cause of death. This is triggered by various problems that give rise to the exclusion and marginalization of the population, including a lack of access and acceptability in health services that consider specific needs for transgender people, high levels of stigma, discrimination and violence, and a lack of legislation that respects the gender identity. These problems are exacerbated by insufficient representation of the transgender population in the decision-making spaces and a lack of information on the epidemic for this key population. The REDLACTRANS HIV program aims to promote a positive legal environment with respect to the human rights of transgender people in Latin American and the Caribbean, to contribute to better access to comprehensive healthcare and the HIV/AIDS response. The countries included in the grant are Argentina, Belize, Bolivia, Chile, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay and Uruguay. Strategies to support this aim include:

- Promoting policy-level changes, laws, regulations and their applications to facilitate access to health and HIV services for transgender people
- Strengthening the capacities of REDLACTRANS and its national chapters
- Increasing information on human rights violations and access to comprehensive healthcare
- The provision of HIV services in the region for political advocacy

Thailand HIV Grants (THA-C-DDC and THA-C-RTF)

1.44 Reinvestment of savings. The GAC recommends that the Board approve an increase of US$1,280,529 to the budget amount of the Thailand TB/HIV grants THA-C-DDC and THA-C-RTF. The additional amount requested is within the allocation and represents reinvestment of savings of unspent cash balance from closed grants THA-H-PSI and THA-H-ACC that were not included in the total budget when the Board approved an incremental amount for the Thailand TB/HIV grants on 9 December 2014 in GF/B32/EDP01. The GAC acknowledged that savings will be reinvested in strengthening civil society in anticipation of the country's transition from Global Fund investment. The GAC noted that the updated budget and workplan are in line with recommendations given at the GAC review of the grants as well as the national strategic plan. Specifically, the savings will be reinvested in:

- Civil society participation and capacity building
- Technical assistance and advocacy for the transition funding mechanism
- Support for innovation and for monitoring the transition process

The GAC acknowledged that the Secretariat will work with the CCM and civil society organizations to further refine the activities during implementation to address specific capacity-building needs. The GAC noted that the Thailand TB/HIV program did not have unfunded quality demand registered and this increase would not reduce any amount as such, but that this investment is consistent with TRP and GAC guidance provided to the country in its reviews. Additionally, the GAC stressed the importance of flexibilities, for example through a small grant to ensure continuity of services in the context of a high profile transition to government ownership in the case of Thailand. The GAC highlighted the need for policies, processes, and tools to support successful transition from Global Fund investments for governments as well as civil society organizations.

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 3 of GF/B34/ER05 in accordance with the Board decision GF/B31/DP12.

Table 3: Grant Extensions Approved by the Secretariat

Country	Disease Component	Grant Name	Currency	Period of Extension (Months)	Additional Funding
Georgia	HIV/AIDS	GEO-H-NCDC	€	6	0
Liberia	HIV/AIDS	LBR-810-G07-H	US$	6	0
Comoros	HIV/AIDS	COM-910-G04-H	€	6	0