
Electronic Report to the Board

Report of the Secretariat's Grant Approvals Committee

GF/B43/ER18

Board Decision

Purpose of the paper: This document proposes the decision points as follows:

1. GF/B43/EDP18: Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation¹

Document Classification: Internal.

Document Circulation: Board Members, Alternate Board Members, Constituency Focal Points and Committee Members.

This document may be shared by the Focal Points within their respective Board constituency. The document must not however be subject to any further circulation or otherwise be made public.

¹ The Secretariat recommends the approval of: (i) funding from the 2020-2022 Allocation for 14 grants: Afghanistan HIV, Bangladesh Malaria, Bangladesh TB, Burkina Faso Malaria, Eswatini Malaria, Honduras Malaria, Lao (People's Democratic Republic) HIV/TB, Tajikistan HIV/TB, Thailand HIV/TB and Uganda Malaria, **up to an amount of US\$526,283,589 and EUR151,025,513 of country allocation funding**, including matching funds of US\$13,000,000 for Bangladesh TB and Uganda Malaria and EUR1,813,300 for Burkina Faso Malaria; and (ii) one multicountry grant (Multicountry Americas ORAS-CONHU) **up to an amount of US\$4,000,000 of catalytic investments**.

Decision

Decision Point: GF/B43/EDP18: Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation

The Board:

- 1. Approves the funding recommended for each country disease component, and its constituent grants, as listed in Table 1 of GF/B43/ER18 ("Table 1");*
- 2. Acknowledges each country 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. Affirms the funding approved under this decision (a) is subject to the availability of funding, and (b) shall be committed in annual tranches; and*
- 4. 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 operating expenses.

Executive Summary

Context and Input Received

Secretariat's Recommendation on Funding from the 2020-2022 Allocation

- The Secretariat recommends the approval of: (i) funding from the 2020-2022 Allocation for 14 grants: Afghanistan HIV, Bangladesh Malaria, Bangladesh TB, Burkina Faso Malaria, Eswatini Malaria, Honduras Malaria, Lao (People's Democratic Republic) HIV/TB, Tajikistan HIV/TB, Thailand HIV/TB and Uganda Malaria, **up to an amount of US\$526,283,589 and EUR151,025,513 of country allocation funding**, including matching funds of US\$13,000,000 for Bangladesh TB and Uganda Malaria and EUR1,813,300 for Burkina Faso Malaria; and (ii) one multicountry grant (Multicountry Americas ORAS-CONHU) **up to an amount of US\$4,000,000 of catalytic investments**.
- The grants in Table 1 have been found to be disbursement-ready by the Global Fund Secretariat following a thorough review process and in consultation with Partners.
- The funding requests for each country component were reviewed by the Technical Review Panel (TRP) and determined to be strategically focused and technically sound. The TRP, upon its review and when relevant, highlighted issues for the applicant to clarify or address during grant-making and/or grant implementation.
- During grant-making, the applicant refined the grant documents, addressed relevant issues raised by the TRP and Grant Approvals Committee (GAC) and sought efficiencies where possible. For each grant, the GAC reviewed: the strategic focus of the program; operational issues, risks and implementation challenges; domestic contributions; and the final grant documents for disbursement-readiness. The GAC also confirmed that the applicant addressed issues requested for clarification by the TRP or the Secretariat to its satisfaction.
- A list of documents per disease component to substantiate the Board decision is provided below.
 - Funding request;
 - Funding request Review and Recommendation Form;
 - Grant-making Final Review and Sign-off Form;
 - Grant Confirmation; and
 - TRP Clarification Form (applicable only if the TRP requested clarifications).
- The GAC has reviewed the materials associated with the grants in Table 1 and has deemed the grants disbursement-ready. All relevant documents containing the Secretariat's reasons for its recommendations to the Board have been made available on the Governance Extranet and are accessible through [this link](#).

Input Sought

The Board is requested to review the request and agree on a 'no objection' basis, the decision point GF/B43/EDP18: Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation.

Table 1: Secretariat's Recommendation on Funding from the 2020-2022 Allocation

Please note that each country (or component) name is linked to the extranet site where supporting documents are available for review.

N	Applicant	Disease Component	Grant Name ²	Grant End Date	Currency	Total Program Budget ³	Catalytic Funds in Grant	Domestic Commitment ⁴	Unfunded Quality Demand
1	Afghanistan	HIV/AIDS	AFG-H-UNDP	31/12/2023	US\$	9,522,739	-	1,573,800	3,419,698
2	Bangladesh	Malaria	BGD-M-BRAC	31/12/2023	US\$	12,951,846	-	10,480,000	9,350,322
3			BGD-M-NMCP	31/12/2023	US\$	11,148,154	-		
4		TB	BGD-T-BRAC	31/12/2023	US\$	53,452,198	6,331,750	168,140,000	46,714,112
5			BGD-T-NTP	31/12/2023	US\$	68,314,825	3,668,250		
6		Burkina Faso	Malaria	BFA-M-PADS	31/12/2023	EUR	151,025,513	1,813,300	68,806,900
7	Eswatini	Malaria	SWZ-M-NERCHA	31/12/2023	US\$	2,635,791	-	2,324,450	310,773
8	Honduras	Malaria	HND-M-CHF	31/12/2023	US\$	4,032,428	-	7,440,590	611,962
9	Lao (People's Democratic Republic)	HIV/TB	LAO-C-MOH	31/12/2023	US\$	15,507,232	-	HIV: 4,202,411; TB: 4,119,182	7,675,804
10	Multicountry Americas ORAS-CONHU	TB	QRA-T-ORAS	31/10/2023	US\$	4,000,000	4,000,000	-	-

² The Grant names are subject to change based on the ISO code.

³ The Program budget for the Grant may be higher than the Program budget being recommended to the Board for approval where Covid-19 Response Mechanism funding has been integrated into the Grant.

⁴ Domestic commitments pertain to the disease programs and exclude other specific commitments for RSSH, unless otherwise specified. Commitments for disease specific programs and RSSH are subject to local currency value fluctuation against US dollar and Euro currencies.

N	Applicant	Disease Component	Grant Name ⁵	Grant End Date	Currency	Total Program Budget ⁶	Catalytic Funds in Grant	Domestic Commitment ⁷	Unfunded Quality Demand
11	Tajikistan	HIV/TB	TJK-C-UNDP	31/12/2023	US\$	25,044,957	-	HIV: 11,808,833; TB: 20,629,106	12,124,067
12	Thailand	HIV/TB	THA-C-DDC	31/12/2023	US\$	27,203,055	-	HIV: 806,684,381; TB: 133,318,240	14,804,113
13			THA-C-RTF	31/12/2023	US\$	33,445,414	-		
14	Uganda	Malaria	UGA-M-MoFPED	31/12/2023	US\$	230,825,564	3,000,000	Malaria: 3,904,950; RSSH: 190,004,165	24,074,455
15			UGA-M-TASO	31/12/2023	US\$	32,199,386			

⁵ The Grant names are subject to change based on the ISO code.

⁶ The Program budget for the Grant may be higher than the Program budget being recommended to the Board for approval where Covid-19 Response Mechanism funding has been integrated into the Grant.

⁷ Domestic commitments pertain to the disease programs and exclude other specific commitments for RSSH, unless otherwise specified. Commitments for disease specific programs and RSSH are subject to local currency value fluctuation against US dollar and Euro currencies.

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

Unless otherwise specified below, each applicant has met the co-financing requirements for the 2020-2022 allocation period as set forth in the Sustainability, Transition and Co-Financing (STC) Policy. The Secretariat will monitor the finalization and realization of commitments over the implementation period. Domestic commitments for disease-specific and health-related spending are subject to local currency value fluctuations against US dollars and Euro currencies. At the time of GAC review of the Eswatini Malaria grant, the Kingdom of Eswatini used flexibilities through the STC Policy to present its co-financing commitments by no later than 31 March 2021. This is memorialized in the Grant Confirmation.

Unless otherwise specified below, following GAC recommendation, the Grant Confirmations relating to these grants have been transmitted to the Principal Recipients to commence the grant signature process contingent to Board approval. These grants will be countersigned by the Global Fund only if Board approval is obtained and will not come into effect until full execution. Execution will be subject to any further revisions recommended by the Board.

For the following grants, the GAC provided additional guidance or made specific observations to inform the investment decision:

Bangladesh Malaria: BRAC (BGD-M-BRAC) and Economic Relations Division, Ministry of Finance of the People's Republic of Bangladesh (BGD-M-NMCP)

1.1 Background and context

Bangladesh has made significant progress in the fight against malaria in recent years, although there was a notable increase in cases in 2019 in at-risk areas linked to flooding and landslides. The number of confirmed malaria cases decreased by 57 percent from 39,719 in 2015 to 17,225 in 2019 and the country is moving from the control phase towards malaria elimination. The proposed grant focuses on full coverage and adequate interventions in the five high- and moderate- endemic districts that reported 99 percent of total country cases in 2019 to drastically reduce malaria burden and will continue to support case investigation and rapid response activities in the eight low-endemic districts, where the objective is to interrupt local transmission. The government will continue to fully cover activities in 51 non-endemic districts and determine their malaria-free status. Interventions include strengthening early detection, diagnosis, treatment, and case investigation, as well as expanding the distribution of long-lasting insecticidal nets, improving case reporting and notification, and reinforcing community awareness and partnership. The objectives of the malaria program by 2025 include, to:

- Achieve and sustain universal coverage of population at risk with appropriate preventive interventions;
- Strengthen context-specific surveillance in all malaria settings and outbreak preparedness and response;
- Strengthen program management, monitoring & evaluation, partnership and coordination; and
- Strengthen and expand research.

1.2 Risk and mitigation measures

Cross-border malaria transmission dynamics pose a risk to the Bangladesh malaria program, including from India and Myanmar. The grant incorporates cross-border activities which will be implemented with WHO technical support.

The proposed grant includes coverage for forcibly displaced Myanmar nationals (Rohingya) in the malaria-endemic Cox's Bazaar district through June 2021. Coverage for the duration of the allocation period following June 2021 is currently in the Register of Unfunded Quality Demand. The Secretariat will look for efficiencies and other means throughout implementation in order to address this critical gap.

1.3 GAC review and recommendation

- The GAC and Partners discussed the programmatic gaps and challenges of identify additional funding for malaria programs for the forcibly displaced Myanmar nationals (Rohingya), including financing through Portfolio Optimization, regional grants, and the Emergency Fund. Both the size of the population and the size of the funding gap were highlighted. The GAC noted the

complexity of the political situation in funding the forcibly displaced Myanmar nationals (Rohingya) and will seek opportunities to ensure funding.

- The Secretariat discussed the growing questions from partners around cross-border collaboration for malaria control in countries with successful malaria programs that neighbor high transmission areas. The Secretariat will coordinate internally to follow-up on this issue.

Bangladesh TB: BRAC (BGD-T-BRAC) and Economic Relations Division, Ministry of Finance of the People's Republic of Bangladesh (BGD-T-NTP)

1.4 Background and context

The Bangladesh TB program reduced TB mortality by 42 percent from 2014 to 2018, linked to a 10 percent annual increase in TB case notification and a treatment success rate above 90 percent. The strong partnership between the country's public health system complimented by the local nongovernmental organization's vast network of community health workers has contributed extensively to this success. With 47,000 deaths and 357,000 estimated incident cases in 2018, TB remains a major public health issue with a large proportion of missing people with TB, barriers to access that hinder early TB diagnosis, limited attention to TB prevention, need to address the social determinants of TB, and health system weaknesses.

The proposed program focuses on enhanced case finding and treatment of TB cases to reduce TB transmission, gradual roll-out of TB preventive therapy, comprehensive laboratory strengthening, and addressing the social and other determinants of TB. The main objectives of the TB program include:

- Early diagnosis of TB including universal drug-susceptibility testing, systematic screening of contacts and high-risk groups, treatment of all people with drug-resistant and drug-susceptible and patient support;
- Preventive treatment of persons at high-risk, and vaccination against tuberculosis as well as social protection, poverty alleviation and actions to address other social determinants of health;
- Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control;
- Collaborative TB/HIV activities and management of comorbidities; and
- Engagement of communities, civil society organizations, and public and private care providers.

1.5 Risk and mitigation measures

The proposed grant includes coverage for forcibly displaced Myanmar nationals (Rohingya) through June 2021. Coverage for the duration of the allocation period following June 2021 is currently in the Register of Unfunded Quality Demand. The Secretariat will look for efficiencies and other means throughout implementation in order to address this critical gap.

Additionally, a significant amount of interventions are transitioning from Principal Recipient BRAC to the Government of Bangladesh. The Secretariat and partners will support the transition to ensure a gradual transfer of activities, smooth ongoing delivery of services and regular monitoring of the accessibility and quality of services throughout the grant implementation.

1.6 GAC review and recommendation

- The GAC and Partners voiced their support for the National TB Program and the building of its capacity in financial oversight and management as well as the grant's focus on laboratory expansion. The quality of collaboration between the Secretariat and Partners in the development of the grant was noted, highlighting the success of the national program in reducing multi-drug resistant TB, and in the collaboration with government, non-government Principal Recipients, and at the community level.
- The GAC also discussed the programmatic gaps and challenges of funding TB programs for the forcibly displaced Myanmar nationals (Rohingya), including financing through Portfolio Optimization, regional grants, and the Emergency Fund. Both the size of the population and the size of the funding gap were highlighted. The GAC noted the complexity of the political situation in funding the Rohingya and will seek opportunities to ensure funding beyond June 2021.
- The GAC further noted the need for managing the transition of certain functions between Principal Recipients (from BRAC to the Government of Bangladesh) including the need for a focus on mitigating the risks of supply chain disruptions for warehousing and the distribution of

TB treatment drugs. The GAC notes that technical support for organizational strengthening of the National TB Program is ongoing and to further strengthen this approach, clear benchmarks will be agreed with the Principal Recipient, based on the ongoing assessments, which will be reviewed to inform the timing and pace of transition.

Burkina Faso Malaria: Programme d'Appui au Développement Sanitaire du Burkina Faso (BFA-M PADS)

1.7 Background and context

Burkina Faso is a malaria-endemic country with a population of 20 million and has one of the top ten highest malaria burdens globally, with approximately 12 million cases reported in 2018. Malaria is a leading cause of morbidity and mortality in the country, representing 39 percent of outpatient visits, 41 percent of hospital admissions and 17 percent of hospital deaths in 2018. Transmission is highly seasonal. Progress has been achieved in recent years in malaria control, however, these gains appear to be threatened by a resurgence, as the number of total reported cases increased by 15 percent between 2000 and 2018, although mortality has decreased by 64 percent. There are a number of potential contributing factors to the rise in reported cases. The introduction of free healthcare for pregnant women and children under five has resulted in increased attendance at healthcare facilities, leading to more cases being captured. Additionally, Burkina Faso is home to one million internally displaced people who are more vulnerable to malaria infection. The proposed grant will leverage the detailed stratification exercise undertaken with partners to focus investments for the strongest impact. The 2020 – 2022 malaria program aims to reduce the burden of malaria by 2025, and to contribute to the best possible health status for the entire population through an accessible, efficient and resilient national health system by 2027. The objectives for the Burkina Faso malaria program by 2025 are, to:

- Reduce malaria mortality rate by at least 75 percent compared to 2015;
- Reduce the incidence of malaria by at least 75 percent compared to 2015;
- Strengthen the capacity of the National Malaria Control Program in the management of the fight against malaria; and
- Guarantee universal access to quality health services.

1.8 Risks and Mitigation Measures

While Burkina Faso does not fall under the Global Fund Challenging Operating Environment policies, there are significant conflict and security issues affecting grant implementation and assurance, including one million internally displaced persons at high risk of infection and transmission given challenges related to reaching these populations. Additionally, the proposed program includes performance incentives for community health workers financed by the Global Fund as well as USAID, conditional upon the Government of Burkina Faso absorbing these costs within the next three years.

1.9 GAC review and recommendation

- The GAC Partners observed that the increased allocation for the Burkina Faso malaria program had been carefully programmed and that the detailed stratification of the high burden-high impact allowed the grant to have more strategically focused interventions.
- The GAC and Partners inquired about the experience of the country in developing a malaria grant with RSSH modules. The Secretariat shared that the RSSH modules were well embedded in the grant and supported the malaria response, including, among others, investments in community systems strengthening, ensuring functioning community health workforce and health management information systems.
- The GAC noted that six of the country's 13 regions are under a state of emergency, contributing to more than 1 million internally displaced persons, with special restricted access currently in some districts in Sahel and Centre-Nord. Noting the TRP recommendation for the Country to prepare operational plans to address the health needs of populations affected by conflict and displacement, the Secretariat assured that the Principal Recipient is working with WHO and other partners to map out partners working in the most security affected regions in order to recruit additional partners to implement specific activities in these regions. An operational plan to implement activities in affected regions will be ready by June 2021. GAC Partners expressed concern about whether there would be emergency funds available for new emerging needs in the context of Burkina Faso. The GAC assured Partners that mechanisms were available to

replenish the Emergency Fund if the need arose and committed to maintain a focus on financing emergency needs.

- The GAC noted the concerns and risks associated with the transition of indoor residual spraying and encouraged careful mitigation planning and monitoring leading up to the phase-out, emphasizing the need to strengthen malaria surveillance and to have clear expectations of the Principal Recipient to i) closely monitor national and sub-national disease trends, and ii) to adequately mitigate and manage the risk of outbreaks or resurgence. The GAC noted that these disease trends and analyses should be shared with partners and appropriate Secretariat members to assist with making informed decisions. The Secretariat reassured GAC Partners of the ongoing collaborative efforts between the Secretariat and partners to ensure the minimization of risks during the phase-out.
- The GAC also noted the need for specific milestones for the handover to the government of the payment incentives program for community health workers. The Secretariat shared that some performance incentives were being adjusted while the country was preparing for elections, but that responsibility was an ongoing governmental expectation and that these adjustments were negotiated on a quarterly basis.
- The GAC and Partners discussed aspects of health financing and the importance of supporting countries to find further efficiencies in their programs amidst increased fiscal pressure. The GAC committed to Partners an intent for ongoing collaboration in the financing of global health.

Lao (People's Democratic Republic) HIV/TB: Ministry of Health of the Lao People's Democratic Republic (LAO-C-MOH)

1.10 Background and context

Lao (People's Democratic Republic) (Lao PDR) TB and HIV programs have made significant progress over the last three years. The TB case notification rate went from 4,981 in 2016 to 6,816 in 2019. The TB treatment success rate remained high at 88 percent in 2019 compared to 87 percent in 2015. However, the multi-drug resistant TB notification rate has not increased as per the set target, with 39 out of 44 cases being notified in 2019 compared to 36 in 2016. This is mainly due to low GeneXpert coverage of 66 percent compared to a target of 80 percent. The HIV epidemic in Lao PDR is concentrated mainly in key populations. HIV testing for key populations increased for men who have sex with men from 8 percent in 2016 to 61 percent in 2019, and for female sex workers from 70 to 92 percent. The antiretroviral treatment outcome indicator reported an increase from 43 percent in 2016 to 81 percent in 2019 and the antiretroviral treatment coverage rate improved from 39 percent in 2016 to 59 percent in 2019.

The objectives of the Lao PDR HIV/TB program include:

- Strengthening an enabling environment for an effective HIV/AIDS and sexually transmitted infection response;
- Improving access to quality prevention services and increased access to quality testing, treatment and care services focused on key and hard to reach populations;
- Preventing TB infection and disease;
- Increasing population access to more sensitive TB screening and diagnosis; and
- Strengthening TB/HIV collaborative activities and integrating HIV/TB prevention and care in primary health care.

1.11 Innovative financing mechanism

Lao PDR is going through a health financing transition. Despite an increasing trend in domestic resources for health and a commitment to reach 9 percent of total government general expenditure, health services are still highly dependent on out-of-pocket payments and external donors. The TB and HIV programs have largely been financed by external donors. Lao PDR is supposed to graduate from least developed country status by 2024 and become an upper middle-income country by 2030. While Lao PDR is a growing economy, it faces huge inequities in health coverage due to limited access to health services and lack of financial protection for poor and vulnerable populations. This results in stark differences among provinces in the achievement of health outcomes. GAVI will transition out of Lao PDR by the end of 2021 and it is envisioned that external donor financing will continue to be reduced. In order to better prepare for these transitions and address varied challenges, the Lao PDR government is undergoing a health sector reform with the aim of reaching universal health coverage by 2025.

To support the government of Lao PDR to increase domestic financing and move from a vertical disease control approach to a greater focus on a sustainable health sector and strengthening of health systems, the HIV/TB program will be implemented through an innovative payment-for-results financing mechanism through a joint investment among the Global Fund, the World Bank and the Australian Government Department for Foreign Affairs and Trade (DFAT), called the Health and Nutrition Services Access (HANSA) project. This project intends to address programmatic and operational challenges at different levels in the health system and is aligned with the Government's health sector reform.

HANSA has three components: i) integrating service delivery performance with National Health Insurance payments at village level, ii) service delivery at central and provincial level; and iii) adaptive learning and program management to support the first two components. The Global Fund will continue to work with the current Principal Recipient, which is the Ministry of Health. This joint investment is the first to be operationalized under the Co-financing Framework Agreement signed with the World Bank in October 2019. As such, the Grant Confirmation with the Principal Recipient and Co-financing Agreement with the World Bank will only be sent for signature if the Board approves the grant.

Tajikistan HIV/TB: United Nations Development Programme (TJK-C-UNDP)

1.12 Background and context

This is the first combined HIV/TB Global Fund-financed program in Tajikistan, building on previously separate HIV and TB funding. Tajikistan's TB program aims to reduce the burden of TB in the country, specifically focused on multi-drug and extremely drug-resistant TB, with an estimated 49 percent of drug-resistant cases detected and 42 percent initiated on second-line treatment in 2018. The National TB Control Program focuses on providing universal access to quality diagnostics and testing and to treatment. The country also has a concentrated HIV epidemic among most key populations, and the general epidemic has been rising during the past four years. The National AIDS Program for the period 2021-2025 focuses on providing universal access to high-quality HIV prevention, treatment and care services, with focus on key and vulnerable groups. Key populations for the National Aids Program include people who inject drugs, men who have sex with men, female sex workers, and people in prisons.

The objectives of Tajikistan's HIV/TB program include, to:

- Ensure effective HIV response measures among at-risk populations including prevention, early diagnosis and immediate treatment initiation to reach the 90-90-90 targets;
- Scale up access for early quality TB, drug-resistant TB, and latent TB diagnosis, treatment and care;
- Ensure integrated care for people affected by TB and HIV; and
- Strengthen the national public health response to ensure universal, patient-centered, efficient, human rights- and gender sensitive-approach to TB, HIV and integrated HIV/TB services.

1.13 Risks and mitigation measures

While the co-financing requirements for Tajikistan's HIV/TB program are anticipated to be met, there are substantial concerns about the sustainability of the Global Fund-financed HIV and TB programs and the remaining gaps in the programs. Multiple internal and external factors such as the deteriorated debt trend, the slow pace of structural reforms, the informal economy, and a weak tax policy pose fiscal challenges. To mitigate the risk, the HIV and TB National Strategic Plans for 2025 are planned to be elevated to top government levels to secure multiple-source funding and increase the co-financing of HIV and TB control activities by 10 to 20 percent annually.

Additionally, the proposed program includes performance incentives for a limited number of positions for government Sub-recipients in line with Global Fund Guidelines for Grant Budgeting, which is reduced by nearly three-quarters from performance incentive costs in the 2017-2019 allocation period.

1.14 GAC review and recommendation

- The GAC and Partners flagged the importance of ownership by national entities for sustainability reasons and requested further information regarding the transfer of Principal Recipient-ship from the National TB Program to the United Nations Development Programme. The Secretariat noted the decision taken by the Country Coordinating Mechanism and Secretariat as driven by efficiency in consolidating the Global Fund HIV and TB funding streams. The Secretariat acknowledged that both the National TB and HIV/AIDS Programs are

well-staffed and have good capacity, which will continue to be built throughout the implementation period, including in the domain of programming for key populations.

- The GAC and Partners also voiced concern that important investments are in the Register of Unfunded Quality Demand, such as differentiated prevention interventions for female people living with HIV, capacity building of nongovernmental organizations and community health workers, and laboratory diagnostics. The Secretariat will look to address these activities through efficiencies identified in the grant or other means during implementation.

Thailand HIV/TB: Department of Disease Control, Ministry of Public Health of the Royal Government of Thailand (THA-C-DDC) and Raks Thai Foundation (THA-C-RTF)

1.15 Background and context

Thailand is an upper-middle-income country with sustained economic growth, poverty reduction, social development, and prospect for population health improvements in the long-term, including through its universal health care program for citizens that covers HIV and TB services. Migrant health, TB, and HIV prevention and care, including harm reduction, remain critical public health issues. Thailand's effective HIV prevention programs have reduced the number of annual new HIV infections from 115,000 in 1992 to less than 6,000 in 2019, although HIV prevalence remains highest among key populations which include men who have sex with men, transgender women, male sex workers, and people who inject drug. Thailand has sustained a decline of the estimated number of people with TB over the last two decades but remains a high TB burden country. In 2018, the estimated number of people with all forms of TB is 153 per 100,000 population, translating to 106,000 people. Key populations at risk of TB include children, the elderly, people living with HIV, people who inject drugs, urban poor, migrants, people in prisons, and household contacts of people with TB.

The objectives of the Thailand HIV/TB program include, to:

- Prevent the transmission of HIV and TB by reaching out to contacts of index cases, sustaining intensive behavior change activities, appropriately using prophylaxis and anti-retroviral drugs, and treating latent TB infections;
- Focus on people who inject drugs for HIV prevention, curing hepatitis C in accordance with the Global Fund Policy on Co-infections and Co-morbidities, and providing treatment, social, and legal support for addiction-related issues;
- Ensure early and accurate diagnosis of HIV and TB diseases by improving diagnostic capability, and reducing turn-around time;
- Integrate activities across HIV and TB programs at national and sub-national levels and ensure sustainability by strengthening linkages between community and health systems; and
- Prepare Thailand to transition to sustained domestic funding by developing national resources in support of its health sector and community-based HIV and TB efforts.

1.16 Risks and mitigation measures

As part of COVID-19 flexibilities, the Global Fund has approved US\$750,000 from grant savings for the procurement of SARS Cov-2 molecular tests and personal protective equipment. Additionally, the grant includes performance incentives to be paid based on the actual deliverables in line with the Global Fund Guidelines for Grant Budgeting.

1.17 GAC review and recommendation

- The GAC Partners noted strengths of the grant in funding areas that the National HIV Program does not cover, including: i) a move to integrate civil society and community-based organizations into the national HIV response, supporting the implementation of HIV prevention and strengthening linkages to treatment; ii) establishing a community think tank to monitor the program implementation at a site level, emphasizing community engagement; and iii) supporting the expansion of TB preventative treatment. GAC Partners affirmed their intent to collaborate with the Global Fund on this shared concept and framework. The GAC welcomed the observation that advocacy efforts were successful in how the grant approached target issues.
- The GAC and Partners discussed the focus of TB preventative treatment in the program and the merits of focusing on missed cases in the elderly or in children. GAC Partners both, encouraged reprogramming to focus more on the elderly and voiced appreciation for the increased focus on childhood TB case detection, given current the very low levels of childhood TB case detection in the national program. Target-setting for MDR-TB and TB preventative

treatment was also discussed, noting that the targets were ambitious compared to the baseline but were not ambitious enough to meet the TB UN High Level Meeting targets. The Secretariat highlighted pushback from clinicians on TB preventative treatment and that WHO-led dialogues with clinicians and health professional associations might be necessary.

- The GAC Partners voiced concern about funding for civil society organizations and harm reduction in the proposed grant, sharing reports about civil society organizations closing due to low levels of investment in communities. Partners emphasized the importance of reducing barriers to community-based organizations receiving financing, such as support of community-based organizations in receiving certification, of supporting the National Health Security office to work on performance incentives for community-based organizations, and for continued work based on a recent assessment of the social contracting mechanism. The Secretariat shared the challenges encountered in the harm reduction space and committed to continued attention to the issue. The Secretariat also shared the challenges encountered for funding for civil society organizations and shared what they were doing in the space.
- The GAC Partners shared their hope for synergies with the Global Fund and a recent initiative from the Bangkok Metropolitan Administration that funded free antiretroviral treatment to HIV positive migrants.
- The GAC noted that the current HIV/TB grant is well performing, while the proposal is ambitious, there is a need for closer monitoring of performance to adequately manage policy and operational bottlenecks.

Uganda Malaria: Ministry of Finance, Planning and Development (UGA-M-MoFPED), The AIDS Support Organisation (Uganda) Limited (UGA-M-TASO)

1.18 Background and context

Uganda is ranked third among countries with the highest number of annual malaria cases, with 12.3 million cases in 2018. Uganda has made significant progress in reducing malaria prevalence over the past years from 42 percent in 2009 to 19 percent in 2015 and 9 percent in 2018. However, the country remains vulnerable to malaria resurgence and upsurge in many districts. Malaria is a leading cause of morbidity and mortality in the country, accounting for approximately 30 to 50 percent of outpatient visits to health facilities, 15 to 20 percent of hospital admissions, and up to 20 percent of all hospital deaths.

The strategic focus of the program is to support the country towards elimination by accelerating malaria burden reduction in high and moderate transmission areas, while reducing transmission intensity in all low transmission areas. The program will prioritize a shift to full coverage with pyrethroid nets through distribution of over 25 million long-lasting insecticide nets through mass campaign in 2023 as well as 3.2 million long-lasting nets through continuous distribution to targeted risk groups in 2021 and 2022; ensure 95 percent of the population is protected by indoor residual spraying in nine districts in 2022 and 11 districts in 2023 to sustain gains already achieved and to mitigate transition of partner funding for this activity and provide universal coverage of first-line antimalarial treatment of confirmed malaria cases. By 2025, the program aims to reduce malaria morbidity by 50 percent and malaria-related mortality by 75 percent of 2019 levels. The objectives of the Uganda malaria program are, to:

- Accelerate access to malaria preventative and curative services to achieve universal health coverage in all eligible populations;
- Enhance quality of care of malaria services in at least 80 percent of private health facilities managing malaria according to national guidelines and reporting quality data;
- Enable at least 90 percent of the population to utilize and practice correct malaria prevention, control and management measures;
- Transform malaria programming in targeted districts from control phase to elimination; and
- Strengthen enabling environments in 80 percent of the districts to deliver malaria interventions and measure progress through coordinated partnership and multisectoral collaboration.

1.19 GAC review and recommendation

- The GAC and Partners commended the quality of the National Strategic Plan, the National Malaria Control Program, the commitment of the Government of Uganda, the programming of additional resources for higher impact, and the strong collaboration of partners. Additionally, partners voiced appreciation for the human rights elements included in the grant.
- Partners posed questions related to co-financing, asking how flexibilities would be shown, given reduced fiscal space for health from the COVID-19 response, recovery costs, and lower domestic revenues. The GAC reassured partners that co-financing requirements in low income

contexts are broad and a 100 percent of those investments can focus on health systems strengthening, and flexibilities can be found as necessary to ensure stability of funding for health sector priorities.

- The Secretariat raised to the GAC's attention, the knock-on effects of COVID-19, sharing that the Secretariat is observing the fiscal space to see what adaptations will be needed and how additional funding can be used to ensure investments can cover and protect programs to achieve their ambitions.
- The GAC and Partners discussed the impact of withdrawal of indoor residual spraying in certain districts by the UK Foreign, Commonwealth and Development Office, for which UK Foreign, Commonwealth and Development Office is funding an entomological surveillance for supporting a national entomological system. Partners assured their commitment to work with the Ministry of Health on gaps around the integrated community case management, noted that the Global Fund would be supporting the malaria commodities.
- The GAC noted the concerns and risks associated with the transition of indoor residual spraying transition and emphasized the need to strengthen malaria surveillance and to have clear expectations of the Principal Recipient to i) closely monitor national and sub-national disease trends, and ii) to adequately mitigate and manage the risk of outbreaks or resurgence. The GAC notes that these disease trends and analyses should be shared with partners, including partners within the Global Fund, to assist with making informed decisions.
- The Secretariat highlighted the issue of sustained vector control over time and the impacts of past donor withdrawals on vector control. They noted the innovations included in the grant and voiced the importance of a focus on local effectiveness of vector control tools such as dual-factor nets or a move away from pyrethroids. GAC Partners agreed with this focus.

Privileges and Immunities

- 1.20 Of the applicants for which funding recommendations are currently being made, Burkina Faso, Eswatini and Uganda have signed and ratified the Global Fund Agreement on Privileges and Immunities.

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