# Electronic Report to the Board

## Report of the Secretariat's Grant Approvals Committee

GF/B44/ER01

### Board Decision

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

1. GF/B44/EDP01: Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation[1]

*Document Classification: Internal.*

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

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1 The Secretariat recommends the approval of funding from the 2020-2022 Allocation for 39 grants: Burundi Malaria, Cabo Verde HIV/TB/Malaria, Central African Republic Malaria, Congo (Democratic Republic) HIV, Congo (Democratic Republic) HIV/TB, Congo (Democratic Republic) TB, Cuba HIV, Eritrea Malaria, Guinea HIV, Guinea HIV/TB, Guinea-Bissau HIV/TB, Haiti Malaria, Indonesia Malaria, Indonesia TB, Kazakhstan HIV, Kyrgyz Republic HIV/TB, Liberia HIV/TB, Moldova HIV/TB, Morocco HIV/TB, Mozambique Malaria, Multicountry Western Pacific Malaria, Niger HIV, Niger Malaria, Nigeria Malaria, Nigeria TB, Somalia HIV, South Sudan HIV/TB, Timor-Leste Malaria, Viet Nam HIV, Viet Nam TB, Zimbabwe Malaria and Zimbabwe TB, **up to an amount of US$1,715,588,465 and EUR 231,144,684 of country allocation funding**, including matching funds of US$38,611,559 for Congo (Democratic Republic) HIV/TB, Indonesia TB, Kyrgyz Republic HIV/TB, Nigeria TB, Viet Nam TB and Zimbabwe TB, and US$1,804,240 of private sector contribution for Guinea HIV/TB.

# Decision

***Decision Point: GF/B44/EDP01: 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/B44/ER01 ("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 funding from the 2020-2022 Allocation for 39 grants: Burundi Malaria, Cabo Verde HIV/TB/Malaria, Central African Republic Malaria, Congo (Democratic Republic) HIV, Congo (Democratic Republic) HIV/TB, Congo (Democratic Republic) TB, Cuba HIV, Eritrea Malaria, Guinea HIV, Guinea HIV/TB, Guinea-Bissau HIV/TB, Haiti Malaria, Indonesia Malaria, Indonesia TB, Kazakhstan HIV, Kyrgyz Republic HIV/TB, Liberia HIV/TB, Moldova HIV/TB, Morocco HIV/TB, Mozambique Malaria, Multicountry Western Pacific Malaria, Niger HIV, Niger Malaria, Nigeria Malaria, Nigeria TB, Somalia HIV, South Sudan HIV/TB, Timor-Leste Malaria, Viet Nam HIV, Viet Nam TB, Zimbabwe Malaria and Zimbabwe TB, **up to an amount of US$1,715,588,465 and EUR 231,144,684 of country allocation funding**, including matching funds of US$38,611,559 for Congo (Democratic Republic) HIV/TB, Indonesia TB, Kyrgyz Republic HIV/TB, Nigeria TB, Viet Nam TB and Zimbabwe TB, and US$1,804,240 of private sector contribution for Guinea HIV/TB.
- 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.

## Grant Extensions Approved by the Secretariat

The Secretariat hereby notifies the Board that it has approved extensions set out in Table 2.

# Input Sought

The Board is requested to review the request and agree on a 'no objection' basis, the decision point GF/B44/EDP01: 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 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[4,5] | Unfunded Quality Demand |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Burundi | Malaria | BDI-M-UNDP | 31-12-23 | US$ | 65,570,729 | - | 10,439,631 | 34,225,120 |
| 2 | Cabo Verde | HIV/TB/Malaria | CPV-Z-CCSSIDA | 31-12-23 | EUR | 4,281,826 | - | HIV: 5,515,680; TB: 932,022; Malaria: 3,629,141 | 1,408,498 |
| 3 | Central African Republic | Malaria | CAF-M-WV | 31-12-23 | EUR | 53,760,205 | - | N/A | 11,003,977 |
| 4 | Congo (Democratic Republic) | HIV/TB | COD-H-MOH | 31-12-23 | US$ | 17,828,631 | | 64,493,579 | 89,394,808 |
| 5 | | | COD-C-CORDAID | 31-12-23 | US$ | 198,318,844 | 12,600,000 | | |
| 6 | | | COD-T-MOH | 31-12-23 | US$ | 19,037,643 | | | |
| 7 | Cuba | HIV/AIDS | CUB-H-UNDP | 31-12-23 | US$ | 17,394,860 | - | 304,416,286 | 2,586,798 |
| 8 | Eritrea | Malaria | ERI-M-MOH | 31-12-23 | US$ | 18,032,288 | - | RSSH: 19,000,000 | 2,889,053 |

[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.
[5] Please note that the domestic commitments included in this report are recorded as of the GAC meetings on 29 October and 5 November and may be updated during implementation for countries that have been granted policy flexibilities.

| N | Applicant | Disease Component | Grant Name[6] | Grant End Date | Currency | Total Program Budget[7] | Catalytic Funds in Grant | Domestic Commitment[8] | Unfunded Quality Demand |
|---|---|---|---|---|---|---|---|---|---|
| 9 | Guinea | HIV/TB | GIN-H-MOH | 31-12-23 | US$ | 44,368,688 | - | 26,871,306 | 4,639,833 |
| 10 | | | GIN-C-PLAN | 31-12-23 | US$ | 22,428,055[9] | - | HIV: 26,871,306; TB: 5,644,500 | |
| 11 | Guinea-Bissau | HIV/TB | GNB-C-MOH | 31-12-23 | EUR | 26,459,211 | - | HIV: 2,237,300; TB: 884,300; RSSH: 7,363,400 | 10,052,497 |
| 12 | Haiti | Malaria | HTI-M-UNDP | 31-12-23 | US$ | 16,777,027 | - | 5,971,257 | 21,825,141 |
| 13 | Indonesia | Malaria | IDN-M-MOH | 31-12-23 | US$ | 31,593,659 | - | 155,876,880 | 17,934,252 |
| 14 | | | IDN-M-PERDHAK | 31-12-23 | US$ | 7,942,690 | - | | |
| 15 | | TB | IDN-T-MOH | 31-12-23 | US$ | 131,267,438 | 7,011,559 | 498,167,347 | 81,535,827 |
| 16 | Kazakhstan | HIV/AIDS | KAZ-H-RAC | 31-12-23 | US$ | 7,197,500 | - | 173,966,049 | 1,836,144 |
| 17 | Kyrgyz Republic | HIV/TB | KGZ-C-UNDP | 31-12-23 | US$ | 27,436,393 | 1,000,000 | HIV: 7,754,292; TB: 37,750,029 | 9,969,437 |
| 18 | Liberia | HIV/TB | LBR-C-MOH | 31-12-23 | US$ | 28,871,467 | - | HIV: 4,533,969; TB: 895,020 | 18,549,230 |
| 19 | | | LBR-C-PLAN | 31-12-23 | US$ | 9,027,520 | - | | |
| 20 | Moldova | HIV/TB | MDA-C-PCIMU | 31-12-23 | EUR | 18,061,192 | - | HIV: 19,816,064; TB: 33,134,218 | 5,393,205 |

[6] The Grant names are subject to change based on the ISO code.
[7] 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.
[8] 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.
[9] The Program budget for GIN-C-PLAN includes US$1,804,240 of private sector contribution.

| N | Applicant | Disease Component | Grant Name[10] | Grant End Date | Currency | Total Program Budget[11] | Catalytic Funds in Grant | Domestic Commitment[12] | Unfunded Quality Demand |
|---|---|---|---|---|---|---|---|---|---|
| 21 | Morocco | HIV/TB | MAR-C-MOH | 31-12-23 | EUR | 15,937,917 | - | HIV: 42,333,333; TB: 52,613,747 | 4,701,204 |
| 22 | Mozambique | Malaria | MOZ-M-MOH | 31-12-23 | US$ | 142,773,664 | - | Malaria: 13,233,564; RSSH: 90,159,335 | 21,187,219 |
| 23 | | | MOZ-M-WV | 31-12-23 | US$ | 57,227,547 | - | | |
| 24 | Multicountry Western Pacific | Malaria | QUA-M-UNDP | 31-12-23 | US$ | 2,968,368 | - | - | 3,149,005 |
| 25 | Niger | HIV/AIDS | NER-H-MSP | 31-12-23 | EUR | 24,227,951 | - | 16,838,689 | 12,333,802 |
| 26 | | Malaria | NER-M-CRS | 31-12-23 | EUR | 88,416,382 | - | 16,773,752 | 18,131,311 |
| 27 | Nigeria | Malaria | NGA-M-CRS | 31-12-23 | US$ | 323,935,333 | - | 1,161,625,802 | 165,006,393 |
| 28 | | | NGA-M-NMEP | 31-12-23 | US$ | 79,705,814 | - | | |
| 29 | | TB | NGA-T-IHVN | 31-12-23 | US$ | 53,248,569 | 5,000,000 | N/A | 134,751,363 |
| 30 | | | NGA-T-LSMOH | 31-12-23 | US$ | 10,828,845 | - | | |
| 31 | | | NGA-T-NTBLCP | 31-12-23 | US$ | 89,518,547 | 5,000,000 | | |
| 32 | Somalia | HIV/AIDS | SOM-H-UNICEF | 31-12-23 | US$ | 18,599,905 | - | N/A | 5,619,365 |

[10] The Grant names are subject to change based on the ISO code.
[11] 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.
[12] 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[13] | Grant End Date | Currency | Total Program Budget[14] | Catalytic Funds in Grant | Domestic Commitment[15] | Unfunded Quality Demand |
|---|---|---|---|---|---|---|---|---|---|
| 33 | South Sudan | HIV/TB | SSD-C-UNDP | 31-12-23 | US$ | 71,526,259 | - | HIV: 6,750,000, TB: 2,400,000 | 43,540,561 |
| 34 | Timor-Leste | Malaria | TLS-M-MOH | 31-12-23 | US$ | 3,937,840 | - | 1,337,828 | 649,595 |
| 35 | Viet Nam | HIV/AIDS | VNM-H-VAAC | 31-12-23 | US$ | 48,496,342 | - | 222,624,266 | 19,065,126 |
| 36 | | | VNM-H-VUSTA | 31-12-23 | US$ | 6,500,000 | - | | |
| 37 | | TB | VNM-T-NTP | 31-12-23 | US$ | 65,771,812 | 6,000,000 | 174,034,579 | 39,592,185 |
| 38 | Zimbabwe | Malaria | ZWE-M-MOHCC | 31-12-23 | US$ | 51,684,333 | - | The Global Fund granted a waiver to the co-financing requirements for the 2020-2022 allocation period. | 5,018,166 |
| 39 | | TB | ZWE-T-MOHCC | 31-12-23 | US$ | 25,771,855 | 2,000,000 | | 242,943,621 |

[13] The Grant names are subject to change based on the ISO code.
[14] 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.
[15] 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 2017-2019 allocation period and 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.

- As a multicountry grant, the Multicountry Western Pacific program is not required to meet formal co-financing requirements as outlined in the STC Policy. However, the Global continues to encourage the Government of Vanuatu to take collective measures in strengthening domestic financing for Malaria elimination as part of its efforts to enhance sustainability.
- Although indicative commitments have already been received, at the time of GAC review of the Haiti malaria grant the country is using flexibilities under the STC Policy to finalize its co-financing commitments by no later than 30 June 2021.
- As a non-CCM country, co-financing requirements are not applicable to Somalia. Additionally, to facilitate grant-making negotiations and smooth transition into the new allocation period, the following grant documents will be revised or produced during grant implementation: (a)the health products management list currently covers year one of the implementation period and will be revised to include health products for years two and three; (b) an updated monitoring and evaluation plan will be produced within six months of the implementation period start date; and (c) the final implementation arrangements map will be provided within six months of the implementation period start date. This is memorialized in the Grant Confirmation.

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:

## Burundi Malaria: United Nations Development Programme (BDI-M-UNDP)

1.1 Background and context

Malaria in Burundi is one of the main morbidities affecting the whole population and one of the main causes of mortality in children under the age of five. An epidemic was declared in 2017 which spurred a successful response led by the National Malaria Control Program with assistance from partners. In 2019, incidence increased again to 895 per 1,000 population, with a total of 8.5 million cases being reported and, while the country did not declare an epidemic, intensified malaria interventions successfully reduced cases. In 2019, a long-lasting insecticidal nets (LLIN) mass campaign was conducted in which pyrethroid-piperonyl butoxide (PBO) nets were introduced in some districts. The proposed program follows a targeted strategy to address factors contributing to the frequent outbreaks and to reduce malaria morbidity and mortality. Objectives include to:

- Achieve and maintain universal household coverage of LLIN and reach a utilization rate in the general population of at least 80 percent;
- Ensure and maintain 95 percent coverage of indoor residual spraying;
- Ensure and maintain 80 percent coverage of intermittent preventive treatment of malaria for pregnant women;
- Ensure 90 percent of health facilities and community health workers have continuous access to antimalarial supplies and ensure, 95 percent of facilities are providing quality data on malaria and that 100 percent of suspected malaria cases received in health facilities are treated;
- Lead 80 percent of the population to adopt behaviors favorable to the fight against malaria; and
- Ensure early detection of 100 percent of malaria epidemics and control them within two weeks.

1.2 Risk and mitigation measures

Burundi, a Challenging Operating Environment that falls under the Global Fund's Additional Safeguards Policy, is requesting a waiver of its co-financing requirements for the 2017-2019 allocation period. Following the political crisis in 2015, development aid was suspended by international donors and the country has been facing several challenges, in particular, a lack of budgetary resources to finance public investments, a persistent shortage in foreign exchange together with a decline in national reserves, currency depreciation, and the vulnerability of the financial sector. The Secretariat anticipates that Burundi will continue to face issues in meeting the 2020-2022 co-financing commitments and is likely to require flexibilities through the STC Policy that would allow Burundi to safeguard proposed disease program activities. The proposed grant includes the use of PBO nets in areas with appropriate insecticide resistance profile, in line with WHO guidelines, and to introduce next-generation dual insecticide nets in other high burden, high insecticide resistance districts with strategic initiative support. Coverage for the remainder of districts 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 highlighted the strong partnership mechanism and good collaboration among stakeholders, particularly given the challenging operating country context in Burundi, highlighting the need to closely observe implementation and mobilize additional resources to cover identified programmatic gaps.
- Partners highlighted the positives of increased surveillance data used to inform decisions, drive impact, and improve vector control, in addition to offering ongoing support for defining and preempting challenges.
- Partners asked whether the exceptional circumstances of the new government might lead to a co-financing exception and asked if Emergency Funds may be available if there is another upsurge in the country. Additionally, they highlighted the potential need for additional PBO nets for the 2022 campaign based on growing insecticide resistance. As mentioned above, the Secretariat will look to address these gaps through efficiencies or other means during implementation of the grant.
- Partners from civil society requested information on the level of civil society engagement in the malaria program. The Secretariat shared the vibrancy of the civil society engagement in Burundi, the roles of the Principal Recipients and Sub-Recipients, the support of community health workers in the program, and the relationships the program had with other international organizations operating in the country to flag shortages and other issues.

## Central African Republic Malaria: World Vision International (CAF-M-WVI)

1.4 Background and context

The Central African Republic is considered a Challenging Operating Environment under the Additional Safeguards Policy, with the population including large numbers of refugees and internally displaced people. Despite a relative improvement in the security situation after several years of social disruption, non-governmental armed groups still control many parts of the country. Reported annual malaria incidence has decreased from 413 to 347 per 1,000 population from 2012 to 2018, with the number of malaria-related deaths decreasing from 1,442 to 1,292 in the same period. Pyrethroid resistance was recorded in five out of seven health regions in 2019. Fifty-two percent of malaria cases are in children under five years of age. Objectives for the program to meet by 2023 include:

- Ensuring that at least 80 percent of: at-risk populations are covered through vector control initiatives; pregnant women are provided chemo-prevention; all malaria cases receive treatment and care services; and the population adopts behaviors favorable to the fight against malaria;
- Ensuring that at least 95 percent of health facilities have access to antimalarial drugs and supplies; and
- Improving the monitoring and evaluation system within the malaria surveillance system so that timeliness improves from 46 percent to at least 80 percent and completeness improves from 66 percent to 95 percent.

1.5 Risks and mitigation measures

The Government of the Central African Republic submitted information on co-financing commitments for the 2020-2022 allocation period. Final commitments will be completed at a later date. The Secretariat is working toward the sustainability of the program by identifying synergies and developing a model for future incentive payments in coordination with other financing partners and the Ministry of Health.

## Congo (DRC) HIV/TB: Ministry of Health and Population of the Democratic Republic of Congo (COD-H-MOH and COD-T-MOH) and Stichting Cordaid (COD-C-CORDAID)

1.6 Background and context

The Democratic Republic of the Congo has a generalized HIV epidemic with a prevalence that has decreased by more than 60 percent since 2000. The prevalence was estimated at 0.8 percent in 2018. The treatment cascade in 2018 showed that 62 percent of people living with HIV knew their status, 92 percent of them were on antiretrovirals and of those who had access to viral load, 74 percent had a suppressed viral load. Critical gaps persist in prevention, diagnosis and treatment for children; treatment coverage for key populations; access to viral load testing; and laboratory system challenges. The Democratic Republic of the Congo is listed among the 30 high-burden countries for TB and is one of the 14 countries accounting for a high burden of drug sensitive TB, multi-drug resistant TB and TB/HIV co-infection, with an estimated TB incidence of 321 per 100,000 population in 2018. TB case notification and treatment coverage have increased significantly reaching a notification rate of 59 percent in 2018 compared to 48 percent in 2015. TB incidence and mortality have remained stable over the last 10 years and case detection remains a challenge. However, management of TB patients has improved in recent years, with a treatment success rate of 90 percent in 2018. In 2018, the TB prevalence among people living with HIV was 8 percent and the HIV prevalence among TB patients was 9 percent. In the same year, the proportion of TB patients who had received an HIV test and knew their status was 60 percent; 87 percent of coinfected patients were put on ARV treatment; the proportion of HIV patients who were screened for TB was 49 percent; and 73 percent of co-infected patients were put on TB treatment. Though testing and screening remain a challenge, two models of integrated service delivery will be piloted and scaled-up, as appropriate. The 2020-2022 HIV, TB and HIV/TB programs focus on controlling the HIV and TB epidemics by 2025, with the following main objectives by 2023:

- Reduce new HIV infections by 75 percent and HIV-related deaths among people living with HIV by 90 percent;
- Reduce HIV-related discrimination and stigma among people living with HIV and key populations;
- Screen a cumulative total of 691,338 cases of all forms of TB and put TB contacts under 5 years of age with confirmed TB on treatment for latent TB infection;
- Successfully treat at least 95 percent of notified TB patients and at least 72 percent of notified multi-drug resistant TB cases; and
- Test at least 90 percent of TB patients notified of HIV during the period and put 100 percent of TB/HIV co-infected patients on antiretroviral treatment.

1.7 Risks and mitigation measures

At the time of GAC review of these grants, the country had not yet submitted final information on its co-financing commitments for the 2020-2022 allocation period. The country will be required to provide these commitments by January 2021, as permitted under the STC policy. This is memorialized in the Grant Confirmations. The projected health allocation by the Government of the Democratic Republic of the Congo in 2020 had increased by 45 percent compared to 2019 prior to the pandemic.

GAC also discussed the risk mitigation measures included in the grant, as well as the use of fiscal agents. The Secretariat noted that the use of fiscal agents mitigates risks in addition to helping build the capacity of the Ministry of Health as a Principal Recipient.

1.8 GAC review and recommendation

- GAC Partners identified this grant as an example of strong Global Fund partnership mechanism and effective coordination and alignment among different actors. However, they expressed concern about the dependency of the program on donor funding and committed to continue advocacy for domestic funding to ensure the long-term sustainability of the programs, as well as improved financial management in the health sector.
- The GAC and Partners discussed the progress made on a rights-based approach to HIV using community-led monitoring and particularly recognized the innovative evidence-based approach

taken towards serving adolescent girls and young women, specifically by refocusing on female sex workers. In addition, noted the integration of a humanitarian framework and the importance of strengthening trusted access platforms to improve HIV prevention among key populations.
- GAC Partners praised the innovative approach the TB grant planned for quality improvement, for community engagement and for private sector engagement, while noting that there was still room for expansion of lab systems strengthening.
- GAC Partners highlighted the program's success in detection and treatment of drug sensitive TB, while encouraging further focus on detecting cases of multi-drug resistant TB. They also shared their support for prioritizing the purchase of additional GeneXpert machines for funding through any Portfolio Optimization resources that may become available during grant implementation.

## Guinea HIV/TB: Plan International, Inc. (GIN-C-PLAN) and The Ministry of Health of the Republic of Guinea (GIN-H-MOH)

1.9 Background and context

Since 2000, Guinea has shown a positive trend in their fight against TB, with an estimated incidence in 2018 of 176 per 100,000 population and a treatment coverage of 65 percent, though this progress appears to be stalling. Guinea has a mixed HIV epidemic with an estimated general prevalence of 1.5 percent with an estimated 120,000 living with HIV of whom 47 percent know their status, 40 percent of whom receive antiretroviral treatment. Specific progress has been made in preventing mother-to-child-transmission of HIV. TB/HIV co-infection is common and testing for HIV among TB patients has improved, while screening for TB among people living with HIV is limited, as is TB preventive therapy. The 2021-2023 program has the objectives to reduce:

- HIV infections by 50 percent;
- HIV and AIDS-related mortality by at least 62 percent; and
- TB burden to achieve the global End TB Strategy milestones for 2030.

The GIN-C-PLAN grant incorporates an additional US$1.8 million in private sector contributions from Plan International, Inc. for programming for adolescent girls and young women.

1.10 Risk and mitigation measures

In 2020, Guinea faced delays in procurement of TB commodities by the Government of Guinea that led to a near stock-out of key health products, prompting the approval of Portfolio Optimization funds in quarter 3 of 2020. To ensure greater predictability and stability in domestic financing of health commodities for both HIV and TB, while encouraging increased domestic investments in health as part of the government's co-financing commitment, the Secretariat actively engaged with the Ministry of Finance and other key stakeholders. The Grant Confirmations, therefore, include specific requirements as follows:

- Creation of a dedicated bank account by the Government of Guinea for the purchase of health commodities into which funds must be deposited at the beginning of each calendar year;
- Formalization of the discussions with the Ministry of Finance to date, by issuance of an updated commitment letter from the Ministry of Economy and Finance with specific provisions about health commodities;
- The establishment of a health supply planning committee chaired by the Ministry of Economy and Finance and supported technically by the Ministry of Health which will be responsible for planning the total needs of health commodities for the HIV, TB and malaria programs for the duration of the implementation period;
- The submission and biannual update of the total needs of health commodities for the three diseases which details the products to be purchased and the respective sources of funding;
- The submission of a verifiable list of health commodities that have been ordered and received by the Republic of Guinea to accompany each biannual status update; and
- The inclusion of a separate budget line in the National Budget for the purchase of health commodities for the three diseases.

1.11 GAC review and recommendation

- The Republic of Guinea has an outstanding recovery of US$4,527,125 which the country has acknowledged, relating to a fire in a medical warehouse that resulted in the loss of

antiretrovirals purchased with Global Fund grant funds. The GAC highlighted the importance of pursuing the pending recoveries in Guinea. Details of the repayment protocol are being finalized.

## Indonesia Malaria: IDN-M-MOH (Directorate General of Disease Prevention and Control, Ministry of Health of The Republic of Indonesia) and IDN-M-PERDHAK (Persatuan Karya Dharma Kesehatan Indonesia) (also known as "PERDHAKI", Association of Voluntary Health Services of Indonesia)

1.12 Background and context

Since 2010, Indonesia has experienced a significant decline in the number of malaria cases reported, from 465,764 in 2010 to 222,085 in 2018, a 52 percent decline. In 2018, 285 out of 514 districts in Indonesia had received certificates of malaria elimination and a further 168 were in the pre-elimination phase. The Global Fund investments will be used to accelerate reduction of the malaria burden in the provinces of Papua, West Papua and Nusa Tengarra Timur, which carry 80 percent of the malaria burden in the country. Indonesia aims to achieve country-wide malaria elimination by 2030. The program's overall objective is that 75 percent of the Indonesian territory will be malaria-free and no district will be highly endemic by 2023. The program objectives are to ensure:

- A decrease in the number of districts with low or moderate transmission from 61 in 2018 to 17 districts;
- An increase in the number of malaria-free districts from 285 in 2018 to 385 districts; and
- Malaria-free status is maintained in districts which have been awarded malaria-free certification.

1.13 Risks and mitigation measures

The Secretariat is working with the Principal Recipient to strengthen oversight mechanisms to identify and mitigate risks concerning program implementation at Principal Recipient and Sub-recipient level, particularly as physical Sub-recipient monitoring has been impacted by COVID-19 restrictions.

## Indonesia TB: IDN-T-MOH (Directorate General of Disease Prevention and Control, Ministry of Health of The Republic of Indonesia)

1.14 Background and Context

Indonesia is ranked among the top 30 high TB burden countries, with an incidence rate of 312 per 100,000 in 2019 and an estimated incidence of TB/HIV coinfection of 7 per 100,000 in 2019. Indonesia has a positive trajectory on TB control, achieving national targets on prevalence, incidence and mortality, and increasing the case detection rate from 40 percent in 2017 to 67 percent in 2019. The program focuses on increasing the quality of TB services, the expansion of molecular diagnostic capacity and strengthening community systems, to achieve the following objectives by 2023:

- Achieve TB case notification rate of 90 percent, and drug-resistant TB treatment coverage rate of 80 percent;
- Achieve treatment success rate for drug-sensitive TB of 90 percent, treatment success rate for drug- resistant TB of 80 percent;
- Provide TB preventative treatment to 68 percent of household contacts of bacteriologically confirmed TB patients, and to 50 percent of people living with HIV who are receiving antiretroviral therapy; and
- Achieve 75 percent of TB patients who know their HIV status, and 100 percent coverage by antiretroviral therapy for TB-HIV co-infected patients.

1.15 Technical Review Panel (TRP) Review

Follow-up discussions between GAC and TRP leadership clarified how the country should proceed with allocation of human resources to support effective decentralization of TB services and the implementation of screening interventions.

1.16 Risks and mitigation measures

The Secretariat will continue to work with the Government to ensure efficient procurement of health products in light of national law restrictions on the import of those products which are locally registered and therefore can be procured locally.

1.17 GAC review and recommendation

- The GAC highlighted this grant as an example of partnership and innovation despite the challenges resulting from the COVID-19 response.
- GAC Partners also noted the Indonesia TB program as a success story for their successful approach to increase TB case notification from 33 percent in 2015 to 67 percent in 2019, testing for multi-drug resistant TB, while reminding of the necessity for those tested and diagnosed to initiate treatment. The Secretariat shared the positive signs they were seeing in increased enrollment rate and the decentralization of service delivery to bring services closer to the patients.
- GAC Partners expressed support for the innovation in private-sector engagement, following an external evaluation recommended by the TRP which proposed an operational model, policy and operational resources and geographical prioritization. GAC Partners noted that this is particularly relevant in a high burden country with a high proportion of patients seeking care in the private sector. Additionally, GAC Partners expressed support for strengthening national buy-in on the operational model illustrated by the Secretariat. The Secretariat welcomed continuous engagement with Partners on this issue.
- GAC Partners encouraged the country to continue to maintain a mechanism for effective civil society communication and coordination with the Ministry of Health and relevant local government organizations for effective disease control.
- GAC Partners expressed support plans to explore how to cover some of the remaining funding gaps identified in the program, particularly on patient enablers, which might include exploring options such as Debt to Health, reprogramming of any savings found during grant implementation or prioritizing interventions for Portfolio Optimization.

## Mozambique Malaria: Ministry of Health (MOZ-M-MOH) and World Vision (MOZ-M-WV)

1.18 Background and context

While occurrence of malaria in Mozambique has continued to grow, with a 21 percent increase between 2000 and 2017, the country saw an overall 61 percent reduction in in-patient malaria deaths and an increase in bed net use over the same period. The program has achieved 95% coverage of LLIN and indoor residual spraying in targeted districts and 95 percent coverage of cases offered testing and treatment. However, provision of three doses of intermittent preventive treatment of malaria to pregnant mothers remains a challenge. The country's malaria strategic plan aims to reduce in-patient mortality by 40 percent from 2015 levels by 2022 and is on track. The proposed program aligns with the strategic plan and its objectives include:

- Provide at least 85 percent coverage of the population, with a minimum of one vector control intervention in every district of the country;
- Test 100 percent of suspected malaria cases and treat 100 percent of confirmed malaria cases at the health facility and community level;
- Implement social and behavior change communication strategies to ensure at least 70 percent of people seek appropriate and timely healthcare and at least 85 percent of the population uses an appropriate protection measure; and
- Strengthen the surveillance system so that 100 percent of health facilities and districts are reporting complete, timely, and quality data.

1.19 Risks and mitigation measures

US$2 million of emergency funds were provided in July 2020 to address the humanitarian emergency in Cabo Delgado, in the northern part of the country, to procure malaria drugs for mass drug administration. Distribution is planned for early 2021. Plans include time-bound, targeted interventions to populations without coverage, while the program elaborates a strategy to provide nets to the area in collaboration with humanitarian agencies.

As part of the 2020 mid-term review of the Mozambique malaria program, an in-depth analysis has been conducted on the increasing malaria incidence. This review indicated the main drivers to be climate change and growing pyrethroid resistance. In response, the National Malaria Control Program has pushed forward efforts to procure and incorporate the use of PBO nets in areas with appropriate insecticide resistance profile, in line with WHO guidelines, and to introduce next-generation dual insecticide nets in other high burden, high insecticide resistance districts with strategic initiative support, as well as increasing access to treatment at community level. The National Malaria Control Program

will continue working with partners on a rigorous sub-national assessment focusing on high-burden districts and the North Eastern region to further define the situation and most appropriate response.

Mozambique has an outstanding recovery of US$3,933,880 which the country has acknowledged. According to the repayment plan, the amount of US$489,845 was due by 30 June 2020 and has not yet been received. The Secretariat is following up in the coming weeks with the Minister of Health to arrange the pending payment and a new payment schedule. There is no fixed timeline and repayment plan yet for the remaining outstanding recovery amount of US$3,444,035. The Grant Confirmation includes a requirement acknowledging the outstanding recoveries.

1.20 GAC review and recommendation

- GAC Partners expressed their appreciation for the strong partnership mechanism and quality of the collaboration with in-country stakeholders in developing these well-designed grants.
- GAC Partners asked if financing from the Emergency Fund may be available in the future, particularly to address the evolving emergency situation of internally displaced people in Cabo Delgado, which the Secretariat confirmed could be requested if necessary, as it has been the case in the past.

## Niger HIV and RSSH: Ministère de la Santé Publique (NER-H-MSP)

1.21 Background and context

Niger is experiencing a concentrated HIV epidemic among certain sub-groups, specifically sex workers and men who have sex with men, with a low prevalence of 0.3 percent in the general population. Mortality due to AIDS fell from 7.77 per 100,000 population in 2015 to 5.25 in 2019. In 2019, 72 percent of people living with HIV knew their status, 54 percent were on antiretroviral therapy, and 45 percent had a suppressed viral load. The main purpose of this grant is to contribute to 75 percent reductions in new HIV infections and deaths by 2022, as well as to strengthen the demand for and supply of quality health care and services to the entire population. The proposed objectives for the grant include:

- Improving the quality of life of 90 percent of people living with HIV/AIDS by 2022;
- Ensuring efficient governance of the national response to HIV/AIDS and improving governance and leadership;
- Providing quality care and service delivery;
- Ensuring sustainable financing of the health sector; and
- Ensuring adequate management, including equipment maintenance and developing the health information system integrating new technologies and research.

1.22 GAC review and recommendation

- Partners also inquired about the national community health strategy as well as whether community health workers were being financed through the proposed grant. The Secretariat highlighted that the Resilient and Sustainable Systems for Health financing will support the operationalization of the country's new national community health strategy, including community health workers, their training on an integrated service of packages, supervision, and coordination among stakeholders. Indicators to measure the progress of these interventions are included in the performance framework.

## Niger Malaria: Catholic Relief Services (NER-M-CRS)

1.23 1.1 Background and context

Malaria incidence in Niger decreased by 28.7 percent and mortality by 63 percent between 2011 and 2019. The entire country is malaria-endemic with highly seasonal transmission. The proposed program focuses on case management, universal LLIN coverage, full seasonal malaria chemoprevention coverage, intermittent preventive treatment in pregnancy, operationalization of community health strategy and improvement of the quality of interventions and data. The goal of the program is to reduce the morbidity and mortality due to malaria in the general population by 40 percent between 2015 by 2023. The specific objectives are to:

- Protect at least 80 percent of the population at risk of malaria with vector control interventions and ensure correct case management, including diagnosis and treatment, of at least 90 percent of malaria cases;
- Provide chemoprevention coverage to at least 80 percent of pregnant women and children under the age of five;
- Ensure that at least 80 percent of the population know the major signs and national malaria prevention measures;
- Improve the surveillance, monitoring and evaluation system by having at least 80 percent of health facilities reporting on time at the central level; and
- Build managerial capacity by having at least 85 percent of activities and budget executed by 2023.

1.24 Risks and mitigation measures

Niger faces major risks for realization of co-financing commitments due to an increase in allocation that requires increased domestic commitments in the coming cycle in addition to chronic insecurity, the need to respond to multiple humanitarian crises and COVID-19 causing economic contraction and reduced fiscal space for health spending.

The proposed grant includes the use of PBO nets in areas with appropriate insecticide resistance profile, in line with WHO guidelines, and to introduce next-generation dual insecticide nets in other high burden, high insecticide resistance districts with strategic initiative support. Coverage for the remainder of districts 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.

1.25 GAC review and recommendation

- The GAC and Partners commented that this is the best funding request submitted by Niger so far and that the country has done well in terms of LLIN and seasonal malaria chemoprevention coverage. They also voiced concerns about the upsurge of malaria cases in the region and highlighted the importance of closely monitoring the situation in case emergency reprogramming is needed.
- GAC Partners asked for clarifications on the expansion criteria for the integrated community case management program and on the distribution criteria for PBO and next-generation nets. The Secretariat shared that the country had preliminarily settled on criteria of burden, resistance, and feasibility and that a final decision on districts would be made in forthcoming discussions with stakeholders.
- GAC Partners praised the grant's focus on expanding the community health workers program and on strengthening the national malaria control program. They additionally noted the goal of universal LLIN distribution, scale-up of seasonal malaria chemoprevention, and use of stratification data to inform targeting and implementation.
- GAC Partners sought clarification on how the national malaria control program would be strengthened, to which the Secretariat responded that an envelope is set for a capacity-building transition plan, with the strategy of the country picking up activities currently being performed by partners.
- Partners lauded the refinement of focus on equity and requested information on integration of activities. The Secretariat noted the opportunity to work with in-country stakeholders to take a gender-sensitive and gender-inclusive equity approach during grant implementation. The Secretariat also agreed with the importance of integration and improving quality of interventions, including for the expanded program for immunization and antenatal care.
- The Secretariat thanked partners who adapted effectively to the circumstances of COVID-19 to support the country dialogue, funding request development, and grant negotiation. Additionally, the Secretariat emphasized that even with the current epidemiological setbacks in Niger due to upsurges, the situation would be much worse without the current level of interventions.

## Nigeria Malaria: Catholic Relief Services – United States Conference of Catholic Bishops (NGA-M-CRS) National Malaria Elimination Programme of the Federal Ministry of Health of the Federal Republic of Nigeria (NGA-M-NMEP)

1.26 Background and context

Nigeria is classified by the Global Fund as a Challenging Operating Environment and operates under the Additional Safeguards Policy. Malaria incidence has decreased from 450 to 300 cases per 1,000 population between 2010 and 2018 and malaria-specific mortality has fallen from over 140 to below 50 cases per 100,000 population. Positive changes have been seen in rates of rural and poor populations, but rates in populations of internally-displaced persons are rising. The programs proposed for continuation aim for children under the age of five to have a morbidity rate of less than 10 percent and a mortality rate of below 50 per 1,000 live births by 2025. Objectives by 2025 include:

- Improve access to and utilization of vector control interventions of targeted populations by at least 80 percent;
- Ensure the provision of chemoprevention, diagnostic and appropriate treatment services for 80 percent of eligible individuals in both public and private facilities;
- Improve the generation of evidence through malaria data reporting from at least 80 percent of health facilities;
- Improve efficiency and effectives of malaria control activities by at least 75 percent; and
- Improve funding for malaria control by at least 25 percent annually.

Program coverage complements the investments of the U.S. President's Malaria Initiative and the UK's Foreign, Commonwealth and Development Office. Additionally, interventions for Resilient and Sustainable Systems for Health (RSSH), which are complementary to the proposed malaria programs, are included in forthcoming RSSH activities.

1.27 GAC review and recommendation

- GAC Partners expressed their appreciation for the quality of the final grants, the successful leveraging of co-financing commitments and the good results emerging from high-level engagement with the government.
- GAC Partners added their encouragement for outstanding gaps to be prioritized for funding, including for investment in future rounds of Portfolio Optimization as needed, especially to expand the buffer stocks for artemisinin-based combination therapy and for rapid diagnostic tests, as well as seasonal malaria chemoprevention commodities based on continued monitoring of consumption and stock levels. The Secretariat shared the commodities management planning that has gone into the development of the grants and plans for urgent advanced procurements to cater for increased demands and shipment delays.
- GAC Partners highlighted their satisfaction with the proposed engagement with private sector care providers, the proposed scale-up of programming, the use of seasonal malaria chemoprevention, engagement with communities and inclusion of interventions targeting internally displaced persons.
- The GAC and Partners discussed the challenges of domestic financing and noted that conditions to accessing the portions of the allocation, contingent upon increased domestic contributions, are included as part of the Grant Confirmations. Partners offered their support for continued advocacy with the Nigerian Ministry of Finance.

## Nigeria TB: Institute of Human Virology Nigeria (NGA-T-IHVN), Lagos State Ministry of Health (NGA-T-LSMOH), National Tuberculosis Leprosy and Buruli Ulcer Control Programme (NGA-T-NTBLCP)

1.28 Background and context

Nigeria has an estimated TB incidence of 219 per 100,000 population and has seen a 13 percent increase in notifications since the 2017-2019 grants began in January 2019. The proposed grants are a continuation of the revised structure put in place in January 2019 and are focused on finding missing persons with TB and linking these patients to treatment and care. The program aims to accelerate efforts at ending the TB epidemic by ensuring scaled-up efforts to find TB cases, differentiate levels of interventions based on burden, maintain quality care once in treatment and to increase the contribution of the public-private mix to the National TB case notification rate from 14 percent in 2019 to 35 percent in 2023. Objectives include:

- Engagement in TB services and referrals: increasing the number of faith-based organizations from 81 percent to 100 percent, maintaining the number of private for-profit clinics at 15 percent, maintaining the number of standalone laboratories at 19 percent and maintaining the number

of patent medicine vendors, chest physicians, TB advisory services and religious houses at 38 percent.
- Notify 213,212 new TB cases, notify 7,356 drug resistant TB cases, increase notification of childhood TB cases to 15 percent of all cases and clinically screen 100 percent of outpatient department attendees at private facilities.
- Place 100 percent of notified drug-resistant TB cases on treatment, place 100% of children under five who are in contact with TB cases on isoniazid preventive therapy and attain a 90 percent treatment success rate by 2023.

1.29 Risks and mitigation measures

The Government of Nigeria has presented sufficient co-financing commitments for the 2020-2022 allocation period in alignment with the STC Policy. A commitment letter dated 23 March 2020 and a draft concept note for an HIV/TB sustainability plan in response to a TRP issue have been submitted to the Secretariat. Additionally, the Secretariat has included requirements in the grant confirmations requesting:

- An updated commitment letter detailing the commitment of the Federal Republic of Nigeria to comply with the Co-Financing Incentive Requirements, with details on relevant budget commitments for each year from 2021 to 2023 by 31 March 2021; and
- A comprehensive transition and sustainability plan and budget setting out steps, starting in 2023, for the progressive governmental absorption of funding and implementation of Program Activities independently of Global Fund support by 30 June 2021.

1.30 GAC review and recommendation

- GAC Partners expressed their appreciation for the strong partnership mechanism, collaboration and coordination between the Global Fund, National TB Program and other key partners, encouraging the Secretariat to maintain this engagement. The GAC and Partners also acknowledged outstanding remaining financing gaps for TB in Nigeria such as multi-drug resistant TB if the national strategy targets are met. The Secretariat emphasized that the Government of Nigeria is responsible for funding and procuring isonicotinic acid hydrazide or its equivalent for TB preventative treatment for the next three years.
- GAC Partners expressed their support for the scope of the expansion of TB services to additional clinics, with good standards of services. Additionally, they noted that the country made good use of GeneXpert capabilities and that it had a high proportion of bacteriologically confirmed tests, while noting that case finding remains low. The Secretariat shared that this would be partially addressed by scaling up a successful hub-and-spoke model for the TB sample transport system. The Secretariat noted that joint efforts are underway between the Global Fund and USAID to assess the integrated TB/HIV lab network and make it more effective.
- GAC Partners requested information on the inclusion of civil society Principal Recipients or Sub-recipients in the grants. The Secretariat explained that the current implementation arrangement mitigates risk at the Principal Recipient level while still investing in and working closely with civil society at the Sub-recipient level and beyond.
- GAC Partners also acknowledged the work being done to build the capacity of civil society organizations, to monitor services and to mobilize resources at the local level, including as Sub-recipients, noting that the work in progress is reflected in the proportion of the budget currently allocated to them.
- GAC and Partners highlighted the need to advocate with the Honorable Minister of Health for continued strong leadership and support for the National TB Program.
- GAC Partners encouraged the Secretariat to continue building the capacity of the states to steer the local TB responses, building on the example of Lagos State. The Secretariat echoed the need for this effort, sharing that the new grant provided a more differentiated focus on the state level.
- The GAC and Partners acknowledged that while the TB and HIV programs have worked closely together in developing the funding request and negotiating the final grants, the HIV program will be discussed separately in the coming weeks.

## South Sudan HIV/TB: United Nations Development Programme (SSD-C-UNDP)

1.31 Background and context

South Sudan has a generalized HIV epidemic and estimated adult prevalence was 2.5 percent. The number of annual new infections has been increasing with 19,000 new HIV infections in 2019. There are significant differences in HIV prevalence in age, sex, location, and population group, including key populations.

TB incidence estimations for 2018 of 146 per 100,000 population are based on outdated data and treatment coverage may be as low as 61 percent, corresponding to 10,520 missing persons with TB, with large parts of the country not covered with TB services at all. TB preventive therapy is not routinely offered to people living with HIV. Through the funding of the Global Fund, TB services start to be integrated into health facilities that provide HIV services and vice-versa.

The 2021-2023 program aims to reduce:

- New HIV infections by 50 percent by 2023, from 2010 levels;
- Deaths among men, women and children living with HIV by 50 percent by 2023, from 2010 levels; and
- TB incidence by at least 30 percent, relative to the 146 per 100,000 population in 2019, to less than 102 per 100,000 population by 2024.

1.32 Risk and mitigation measures

South Sudan, a Challenging Operating Environment that falls under the Global Fund's Additional Safeguards Policy, requested flexibilities for its co-financing requirements for the 2017-2019 allocation cycle. Despite the granted flexibility, the country has been unable to meet the adjusted requirements with additional challenges in tracking and representing the commitments fulfilled due to insufficient data systems for program-specific as well as general health government expenditures.

At the time of GAC review of these grants, the country submitted information on its co-financing commitments for the 2020-2022 allocation period that fall short of the Global Fund's requirement. The country will therefore request a waiver given economic conditions and Challenging Operating Environment context. For the 2020-2022 allocation cycle, the government has proposed expansion of HIV and TB services along with significant investments in health systems, meaning that government's share of program expenditures will similarly increase assuming peace prevails following the new peace agreement in February 2020.

1.33 GAC review and recommendation

- GAC Partners expressed the need to mobilize resources to scale-up HIV prevention and treatment and acknowledged the need to adjust treatment targets given resource constraints. Additionally, GAC Partners flagged that the treatment targets should be adjusted upwards if additional funding is available and encouraged the Global Fund to prioritize the grant for Portfolio Optimization.
- GAC Partners voiced their appreciation of the strong partnership mechanism and collaborative approach, especially in effectively managing the funding request development, grant making and the challenge of prioritizing areas of investment. USAID offered support for short-term technical assistance to the TB program and is open to discuss a long-term technical advisor, which the Secretariat welcomed for further discussion.
- GAC Partners noted a risk of parallel community interventions and of a siloed approach to the HIV program. The Country Team explained the approaches being undertaken to integrate TB and HIV service delivery, detailed the collaborative efforts underway with the Health Pooled Fund, Provision of Essential Health Services Project by UNICEF funded by the World Bank, and with PEPFAR and expressed openness to further coordination.

## Viet Nam HIV: Ministry of Health of Viet Nam - Viet Nam Authority of HIV/AIDS Control (VNM-H-VAAC) and Viet Nam Union of Science and Technology Associations (VNM-H-VUSTA)

1.34 Background and context

Viet Nam has a concentrated HIV epidemic focused in three key populations, namely people who inject drugs, men who have sex with men and female sex workers. Overall HIV prevalence was estimated at 230,000 in 2019, with an estimated 5,700 new infections and 4,700 AIDS-related deaths in 2018. Overall annual HIV notifications in Viet Nam have been declining, with progress made in reducing new infections among people who inject drugs. However, prevalence rates are rising among men who have

sex with men and other key population groups. The goal of the proposed program is to contribute to implementing the Viet Nam national HIV/AIDS control strategy and achieve the following by 2025:

- Increase access to HIV prevention services to 70 percent of key populations;
- Increase the proportion of people living with HIV who know their status to 90 percent;
- Reach 90 percent of people with diagnosed HIV infection receiving antiretroviral therapy by 2025 and the goal of 95 percent of people receiving antiretroviral therapy achieving viral suppression every year; and
- Consolidate and strengthen the capacity of the HIV/AIDS prevention and control system to closely surveil the HIV/AIDS epidemic situation in population groups, whose behavior puts them at high risk of HIV.

1.35 GAC review and recommendation

- The GAC cited the robust programmatic design, ambition, strong performance and potential for impact of the investments, highlighting Viet Nam's collaboration with partners and exemplary integration of TB and HIV under the national health insurance scheme, contributing to overall program sustainability.

## Viet Nam TB: Viet Nam National Lung Hospital (VNM-T-NTP)

1.36 Background and context

Viet Nam has seen a substantial decline in TB cases in the last decade but remains a high TB burden country with an estimated incidence of 137 cases per 100,000 population, an estimated detection gap of 43 percent, and mortality rate of 8 percent. Viet Nam is also a high rifampicin- and multidrug-Resistant TB burden country, with an estimated 8,600 new rifampicin- and multidrug-resistant cases in 2018 and an estimated detection gap of 64 percent. The objectives of the proposed program are to:

- Achieve a 22 percent reduction in TB incidence from 182 cases in 2018 to 142 cases per 100,000 population in 2023;
- Reduce TB mortality by 27 percent from 11 cases in 2018 to 8.5 cases per 100,000 in 2023; and
- Maintain the proportion of multi-drug resistant TB patients among newly-diagnosed TB patients below 5 percent.

1.37 Risks and mitigation measures

Despite increased domestic and external funding, significant gaps remain across most program areas. The proposed grant continues to catalyze efforts to generate efficiencies and will support the NTP leadership in the implementation of a National Accountability Framework, to ensure policies and joint planning to develop multisectoral, funded TB plans and thereby potentially catalyze additional resources to address financing gaps. A transition and sustainability plan will be developed during grant implementation to better address the financing gap.

## Zimbabwe Malaria: The Ministry of Health and Child Care of the Republic of Zimbabwe (ZWE-M-MOHCC)

1.38 Background and context

Zimbabwe has achieved significant progress against malaria, with a reduction of 42 percent in malaria mortality and 24 percent in malaria incidence from 2015 to 2019. The program targets high burden areas, and malaria pre-elimination and elimination activities have been initiated in 13 districts, with the aim of expanding these to eight additional districts in the next three years. The 2020-2022 malaria program focuses on further reducing malaria incidence and malaria deaths, towards malaria elimination, with the goal of ensuring that Zimbabwe is malaria-free by 2030, therefore contributing to the efforts of the Southern African Development Community Malaria Elimination Eight Regional Initiative. Objectives include, among others:

- To protect at least 85 percent of the population at risk of malaria with an appropriate malaria prevention intervention;
- To provide prompt and quality assured diagnosis for all malaria suspected cases and treatment to all confirmed cases;
- To achieve zero malaria transmission in 20 districts and increase the elimination districts to 36 by 2025; and

- To increase utilization of malaria interventions to at least 85 percent of the targeted population by 2025.

1.39 Risks and mitigation measures

Due to significant macro-economic challenges, Zimbabwe received a waiver of its co-financing requirements for the 2020-2022 allocation period.

1.40 GAC review and recommendation

- Partners voiced their intention to continue supporting malaria implementation in Zimbabwe, praising the exemplary quality of the malaria control program and the collaboration between stakeholders. They noted the challenges in approaching elimination and highlighted the need for the country to seek additional resources to avoid reversing gains, particularly given the malaria-related challenges in the region. The Secretariat emphasized the plans for continued close monitoring to best utilize the funds and mitigate the risks relative to the economic situation.
- Partners flagged the impact of COVID-19 on Zimbabwe, as seen through a malaria upsurge, and noted the opportunity to integrate health system response to both COVID-19 and malaria. They also requested further information of health management information systems and data demand. The Secretariat informed the GAC and Partners that funds were reprogrammed to enable a response to the upsurge and highlighted that joint malaria and COVID-19 testing was already taking place, with additional protection measures provided to health workers. Regarding data systems, the Secretariat concurred that there should be data use for action and noted the use of data to deliver a stratified strategy for malaria.
- Partners requested clarifications on the upcoming intended revision of national malaria targets asking if there were upward revisions of targets for confirmed malaria cases to adjust for the context of COVID-19 would also include targets for mortality as measured by in-patient deaths. The Secretariat clarified that in-country discussions had focused on proactively increasing the targets for testing and treatment and ensuring sufficient provision of diagnostics and artemisinin-based combination therapy to address the potential increase in malaria cases. The intention of this approach is to protect progress to date and minimize malaria deaths, therefore avoiding an upward revision of projected deaths from malaria. The Secretariat emphasized that these discussions on target reviews were ongoing and, once completed, would also feed into the National Health Strategy document.

## Zimbabwe TB: The Ministry of Health and Child Care of the Republic of Zimbabwe (ZWE-T-MOHCC)

1.41 Background and context

Zimbabwe is among seven high TB burden countries on track to achieve the 2020 global targets for reduction in TB deaths. Between 2015 and 2018, HIV-associated TB mortality rate declined by 40 percent to 24 per 100,000 population, with scale-up of HIV treatment among co-infected TB patients contributing to these gains. Mortality due to TB alone also declined from 11 in 2015 to 7.7 per 100,000 population. TB burden remains high with incidence at 210 per 100,000 population in 2018. The objectives of the proposed program aim to achieve the following by 2025:

- Increase the treatment coverage of drug sensitive TB from 83 percent in 2018 to 90 percent;
- Increase the treatment success rate of patients with drug susceptible TB from 83 percent in 2017 to 90 percent;
- Achieve universal HIV testing and ART coverage for TB cases by 2021 and sustain coverage through to 2025; and
- Cumulatively detect 2,267 patients with rifampicin- and multidrug-resistant TB between 2021 and 2025 and increase the treatment success rate of patients with rifampicin- and multidrug-resistant TB from 57 percent in 2016 to 75 percent.

1.42 Risks and mitigation measures

Due to significant macro-economic challenges, Zimbabwe received a waiver of its co-financing requirements for the 2020-2022 allocation period.

## Additional Information

The Secretariat hereby notifies the Board that it has approved the grant extensions listed in the table below:

### Table 2: Grant Extensions Approved by the Secretariat

| N | Applicant | Disease Component | Grant Name | Currency | Budget for Proposed Extension Period | Additional Funding Required | Previous Extensions Granted (Cumulative in Months) | Proposed Extension Duration (Months) | Proposed End Date |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Bangladesh | HIV/AIDS | BGD-H-ICDDRB | US$ | 825,568 | 825,568 | 0 | 4 | 31-03-21 |
| 2 | | | BGD-H-NASP | US$ | 143,210 | 143,210 | 0 | 4 | 31-03-21 |
| 3 | | | BGD-H-SC | US$ | 1,082,590 | 1,082,590 | 0 | 4 | 31-03-21 |
| 4 | Sierra Leone | HIV/AIDS | SLE-H-NAS | US$ | 2,060,059 | 1,493,578 | 0 | 6 | 30-06-21 |

## Privileges and Immunities

1.43 Of the applicants for which funding recommendations are currently being made, Burundi and Niger have signed the Global Fund Agreement on Privileges and Immunities and Liberia and Zimbabwe have signed and ratified the Agreement.