

---

# Electronic Report to the Board

---

## Report of the Secretariat's Grant Approvals Committee

GF/B44/ER03

### Board Decision

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

1. GF/B44/EDP04: Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation<sup>1</sup>
2. GF/B44/EDP05: Decision on the Secretariat's Recommendation on Grant Extensions<sup>2</sup>

*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.*

---

<sup>1</sup> The Secretariat recommends the approval of funding from the 2020-2022 Allocation for twenty seven (27) grants: Burundi HIV/TB, Congo Malaria, Guatemala HIV/AIDS, Haiti HIV/TB, Indonesia TB, Madagascar TB, Mauritius HIV/AIDS, Mozambique HIV/AIDS, Mozambique HIV/TB, Mozambique TB, Myanmar HIV/AIDS, Myanmar TB, Pakistan Malaria, Solomon Islands TB, Tanzania (United Republic) HIV/AIDS, Tanzania (United Republic) HIV/TB, Tanzania (United Republic) TB, Tanzania (United Republic) Malaria, Timor-Leste HIV/AIDS, Timor-Leste TB, Venezuela Malaria and Zambia Malaria, **up to an amount of US\$1,736,666,737 and EUR 29,070,712**, including matching funds of US\$58,588,420 for Indonesia TB, Mozambique HIV/AIDS, Mozambique HIV/TB, Mozambique TB, Myanmar HIV/AIDS, Myanmar TB, Tanzania (United Republic) HIV/AIDS, Tanzania (United Republic) HIV/TB and Tanzania (United Republic) TB, and US\$971,794 of private sector contribution for Guatemala HIV.

<sup>2</sup> The Secretariat recommends the approval of grant extensions for Gambia HIV/TB for total incremental funding of US\$5,052,608.

## Decision

### **Decision Point: GF/B44/EDP04: Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation**

*The Board:*

- Approves the funding recommended for each country disease component, and its constituent grants, as listed in Table 1 of GF/B43/ER03 ("Table 1");
- 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;
- Affirms the funding approved under this decision (a) is subject to the availability of funding, and (b) shall be committed in annual tranches; and
- 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.***

### **Decision Point: GF/B44/EDP05: Decision on the Secretariat's Recommendation on Grant Extensions**

*The Board:*

1. Approves the extension budget and revised implementation period recommended for each grant listed in Table 2 of GF/B44/ER02 ("Table 2");
2. Affirms that any additional funding provided to fund the extension budget (a) shall increase the upper-ceiling amount that may be available for the relevant implementation period for each grant listed in Table 2, and (b) is subject to the availability of funding.

***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 twenty seven (27) grants: Burundi HIV/TB, Congo Malaria, Guatemala HIV/AIDS, Haiti HIV/TB, Indonesia TB, Madagascar TB, Mauritius HIV/AIDS, Mozambique HIV/AIDS, Mozambique HIV/TB, Mozambique TB, Myanmar HIV/AIDS, Myanmar TB, Pakistan Malaria, Solomon Islands TB, Tanzania (United Republic) HIV/AIDS, Tanzania (United Republic) HIV/TB, Tanzania (United Republic) TB, Tanzania (United Republic) Malaria, Timor-Leste HIV/AIDS, Timor-Leste TB, Venezuela Malaria and Zambia Malaria, **up to an amount of US\$1,736,666,737 and EUR 29,070,712**, including matching funds of US\$58,588,420 for Indonesia TB, Mozambique HIV/AIDS, Mozambique HIV/TB, Mozambique TB, Myanmar HIV/AIDS, Myanmar TB, Tanzania (United Republic) HIV/AIDS, Tanzania (United Republic) HIV/TB and Tanzania (United Republic) TB, and US\$971,794 of private sector contribution for Guatemala HIV.
- 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](#).

#### Secretariat's Recommendation on Grant Extensions

- The Secretariat recommends the approval of grant extensions for Gambia HIV/TB for total incremental funding of US\$5,052,608, set out at Table 2.

### Input Sought

The Board is requested to review the request and agree on a 'no objection' basis, the decision point GF/B44/EDP04: Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation and GF/B44/EDP05: Decision on the Secretariat's Recommendation on Grant Extensions.

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

Please note that each country name (or disease in the case of multiple components) is linked to the extranet site where supporting documents are available for review.

N	Applicant	Disease Component	Grant Name <sup>3</sup>	Grant End Date	Currency	Total Program Budget <sup>4</sup>	Catalytic Funds in Grant	Domestic Commitment <sup>5</sup>	Unfunded Quality Demand
1	<a href="#">Burundi</a>	HIV/TB	BDI-C-UNDP	31-12-23	US\$	44,840,462	-	HIV: 5,183,481; TB: 1,273,375	19,898,168
2	<a href="#">Congo</a>	Malaria	COG-M-CRS	31-12-23	EUR	29,070,712	-	4,689,897	2,650,379
3	<a href="#">Guatemala</a>	HIV/AIDS	GTM-H-INCAP	31-12-23	US\$	26,581,388 <sup>6</sup>	-	100,920,140	-
4	<a href="#">Haiti</a>	HIV/TB	HTI-C-WV	31-12-23	US\$	79,144,246	-	HIV: 6,954,510; TB: 4,852,016	21,825,141
5	<a href="#">Indonesia</a>	TB	IDN-T-PBSTPI	31-12-23	US\$	26,461,010	2,988,420	498,167,347	81,535,827
6	<a href="#">Madagascar</a>	TB	MDG-T-CRS	31-12-23	US\$	15,094,285	-	HIV: 24,675; TB: 3,880; Malaria: 5,061,844; RSSH: 12,140,464	6,403,165
7	<a href="#">Mauritius</a>	HIV/AIDS	MUS-H-NAS	31-12-23	US\$	2,265,213	-	679,564	801,200
8	Mozambique	<a href="#">HIV/AIDS</a>	MOZ-H-FDC	31-12-23	US\$	83,256,029	9,000,000	Indicative amounts: HIV: 97,476,480; TB: 16,785,140; Malaria: 13,233,564; RSSH: 90,159,335	162,013,433
9			MOZ-H-MOH	31-12-23	US\$	382,706,224	5,400,000		
10		<a href="#">HIV/TB</a>	MOZ-C-CCS	31-12-23	US\$	59,170,102	2,000,000		
11		<a href="#">TB</a>	MOZ-T-MOH	31-12-23	US\$	48,779,616	6,000,000		

<sup>3</sup> The Grant names are subject to change based on the ISO code.

<sup>4</sup> 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.

<sup>5</sup> 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. Please note that the domestic commitments included in this report are recorded as of GAC date and may be updated during implementation for countries that have been granted policy flexibilities.

<sup>6</sup> The Program budget includes US\$971,794 of private sector contribution.

N	Applicant	Disease Component	Grant Name <sup>7</sup>	Grant End Date	Currency	Total Program Budget <sup>8</sup>	Catalytic Funds in Grant	Domestic Commitment <sup>9</sup>	Unfunded Quality Demand
12	Myanmar	<a href="#">HIV/AIDS</a>	MMR-H-SCF	31-12-23	US\$	39,572,600	1,936,991	48,000,000	74,136,985
13			MMR-H-UNOPS	31-12-23	US\$	89,135,961	4,363,009		
14		<a href="#">TB</a>	MMR-T-SCF	31-12-23	US\$	16,781,101	1,015,741	55,402,125	
15			MMR-T-UNOPS	31-12-23	US\$	82,345,154	4,984,259		
16	<a href="#">Pakistan</a>	Malaria	PAK-M-DOMC	31-12-23	US\$	20,767,377	-	86,940,91	51,697,949
17			PAK-M-TIH	31-12-23	US\$	13,657,282	-		
18	<a href="#">Solomon Islands</a>	TB	SLB-T-MOH	31-12-23	US\$	1,193,480	-	5,664,905	480,000
19	Tanzania (United Republic)	<a href="#">HIV/AIDS</a>	TZA-H-MOF	31-12-23	US\$	352,484,424	9,892,190	HIV: 153,341,163; TB: 29,350,390	75,915,823
20		<a href="#">HIV/TB</a>	TZA-C-Amref	31-12-23	US\$	34,268,459	8,007,810		
21		<a href="#">TB</a>	TZA-T-MOF	31-12-23	US\$	42,055,633	3,000,000		
22		<a href="#">Malaria</a>	TZA-M-MOFP	31-12-23	US\$	179,362,012	-		
23	Timor-Leste	<a href="#">HIV/AIDS</a>	TLS-H-MOH	31-12-23	US\$	3,465,299	-	2,839,107	2,667,312
24		<a href="#">TB</a>	TLS-T-MOH	31-12-23	US\$	8,348,220	-	2,750,531	4,498,973
25	<a href="#">Venezuela</a>	Malaria	VEN-M-UNDP	31-12-23	US\$	19,800,000	-	N/A	17,643,315
26	<a href="#">Zambia</a>	Malaria	ZMB-M-CHAZ	31-12-23	US\$	21,854,574	-	114,329,476	34,622,192
27			ZMB-M-MOH	31-12-23	US\$	43,276,586	-		

<sup>7</sup> The Grant names are subject to change based on the ISO code.

<sup>8</sup> 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.

<sup>9</sup> 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. Please note that the domestic commitments included in this report are recorded as of GAC date and may be updated during implementation for countries that have been granted policy flexibilities.

# 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 has made sufficient co-financing commitments 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.

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 TB/HIV: United Nations Development Program (BDI-C-UNDP)**

### 1.1 Background and context

Burundi has made progress in reducing the mixed HIV epidemic, with a decrease in prevalence in the general population aged 15 to 49 from 3.2 percent in 2002 to 0.9 percent in 2017. Eighty percent of people living with HIV know their status and 80 percent of them are on antiretroviral therapy, however viral suppression rates are still low at 43 percent. The TB program in Burundi has a high treatment success rate of 93 percent, but case detection and community involvement remain areas to strengthen. Testing for HIV among TB patients is high, with 98 percent tested and 99 percent of those found positive started on antiretrovirals. Forty-one percent of those living with HIV were treated with isoniazid preventive therapy in 2018 and the treatment success of TB for those with HIV was the same as the general success rate of 93 percent. The goals of the proposed TB/HIV program by 2023 from 2017 baselines include to:

- Reduce new HIV infections by 20 percent, mother-to-child transmission to 2 percent and mortality by 34 percent;
- Screen and diagnose 121,666 patients who suspect they may have TB;
- Detect and treat 636 patients with multi-drug resistant TB;
- Maintain a treatment success rate of more than 93 percent in new TB patients and more than 90 percent in new patients with multi-drug resistant TB; and
- Test 100 percent of TB patients for HIV and put 100 percent of TB/HIV co-infected patients on antiretroviral treatment.

### 1.2 Risks and mitigation measures

Burundi, a Challenging Operating Environment that falls under the Global Fund's Additional Safeguards Policy, has been granted 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.

### 1.3 GAC review and recommendation

- GAC Partners voiced their appreciation for the inclusive country dialogue process, focus on human rights and community engagement, integration of gender issues and programming, and work done to ensure the inclusion of prevention and harm reduction programming for key populations in the final proposal.

- GAC Partners voiced concerns about the viral load strategy in the grant given the existing viral load platforms which were recently added to the program. The Secretariat plans to work with partners and in-country stakeholders to determine the way forward toward disease elimination. The intent is to facilitate a discussion with all in-country stakeholders to ensure a common approach to leveraging investments to achieve the third high-level goal of 90 percent viral load suppression.
- GAC Partners emphasized a need to focus on the optimization of the laboratory systems as the initial proposal requested more instrumentation than was necessary for the population size of people living with HIV. They added that early warning for HIV drug resistance was important but should be aligned with the representative risk and restricted to sentinel sites.
- GAC Partners noted the approach included in the program for maternal retesting during pregnancy and breastfeeding was unlikely to be an efficient or effective approach to eliminating mother-to-child transmission of HIV, suggesting that the focus be shifted to developing alternatives for identifying the women likely to be at risk for acquiring HIV during pregnancy and breast-feeding. The Secretariat welcomed this comment and noted plans for engagement with the national HIV/AIDS program and partners to ensure alignment with WHO guidelines and effective testing in Burundi. The Secretariat highlighted that the new national guidelines recommend testing for HIV/AIDS at first contact at antenatal services as well as re-testing for HIV/AIDS and testing for syphilis throughout the pregnancy and post-partum depending on HIV/AIDS status of both partners and risk level.
- GAC Partners noted that the final treatment targets for the program remained high and that gaps in funding for the program may emerge in 2023, as seen through interventions listed on the Register of Unfunded Quality Demand.
- GAC Partners suggested that differentiated service delivery and adherence support for key populations and the increase of multi-month dispensing of antiretroviral treatment from three to six months as areas for further refinement during implementation.
- GAC Partners identified capacity building and engagement of sex workers and women's organizations; expansion of testing using GeneXpert machines; and expansion of TB preventive therapy as areas for further prioritization and funding.
- GAC Partners also noted the outstanding co-financing commitments and voiced their intent to advocate for increased domestic financing to ensure long-term sustainability of the HIV response.

## **Congo Malaria: Catholic Relief Services - United States Conference of Catholic Bishops (COG-M-CRS)**

### 1.4 Background and context

The entire population of the Republic of Congo (Congo Brazzaville) is at risk for malaria, which is responsible for about 18 percent of all deaths in the country and 28 percent of causes of death for children under the age of five. The program for the 2017-2019 allocation period exclusively financed a long-lasting insecticidal net campaign which achieved a successful distribution rate of 86 percent towards universal coverage. The proposed funding request includes malaria prevention and case management activities, supported by health systems strengthening activities in human resources for health, health management information and monitoring and evaluation and community systems. The goal of the proposed program is to improve the health status of the Congolese population by reducing the human and socio-economic burden due to malaria. The objectives of the proposed grant are to reduce 2019 morbidity and mortality rates by 2023 and to strengthen epidemiological surveillance and management capacities of the national malaria control program.

### 1.5 GAC review and recommendation

- The GAC noted the strong partnership mechanism and thanked Partners for the support to the Congo national malaria program, sharing that the support would be needed for the outstanding challenges in the program.
- GAC Partners noted with appreciation the allocation for financing the long-lasting insecticidal net campaign in Congo, highlighting that the additional resources allow for leverage to strengthen the health systems approach in the country.
- GAC Partners noted the significant increase in targets for intermittent preventive treatment of malaria during pregnancy and advised the Secretariat that this indicator has been shown difficult to improve, recommending strong monitoring during program implementation and that expectations be moderated.

## **Guatemala HIV: Institute of Nutrition of Central America and Panama (GTM-H-INCAP)**

### 1.6 Background and context

Guatemala updated its national HIV estimates in 2019, which suggest an improvement in HIV control with a reduction in the number of estimated people living with HIV from 47,000 to 36,048, representing a 3.3 percent decrease over the last four years. Additionally, there was a 40 percent reduction in the number of new infections since 2010, and AIDS-related mortality decreased from 1,432 deaths in 2017 to 1,177 deaths in 2019. However, the mother-to-child transmission rate was 17.5 percent in 2019, with a significant gap in pregnant women who did not receive anti-retroviral therapy. The distribution of new HIV cases in Guatemala corresponds with the HIV epidemiological corridor, which is directly related to the Pan-American Highway that crosses Central America, where the highest HIV prevalence rates range from 21.45 percent in Guatemala City to 10.98 percent in Izabal.

The objectives of the proposed HIV program, to achieve by 2023, are to:

- Reduce new HIV infections through differentiated and innovative combined prevention interventions and reach people living with HIV with undetectable viral load, which responds to the due functioning of the comprehensive care system; and
- Reduce HIV deaths by ensuring early detection, adequate case management and retention, tracking of patients lost to follow-up, and a functional comprehensive care system, providing treatment to all people living with HIV through differentiated delivery and ensuring adherence to the system.

### 1.7 Risks and mitigation measures

To facilitate grant-making negotiations and a smooth transition into the new allocation period, the country has planned management actions in response to recommendations by the TRP, regarding (a) data quality, and (b) human rights and gender, to ensure these are adequately addressed during the first year of grant implementation.

### 1.8 GAC review and recommendation

- The GAC welcomed the US\$971,794.37 private sector contribution from Comic Relief US for prevention of mother-to-child transmission.
- GAC Partners affirmed the focus on prevention activities, while noting the limited clarity on the link between the specific activities and the pathway to epidemic control. The Secretariat added that its investments are based on a gap analysis which showed prevention as the most under-funded component of the national responses. The Secretariat also noted the focus on addressing human rights barriers to services for key populations and invest in strengthening health systems, in particular, the health information system for HIV.
- Additionally, GAC Partners highlighted the importance of registering linkage to services for antiretroviral treatment. GAC Partners also requested further information on targets for HIV prevention, to which the Secretariat responded that indicators to measure positivity rates were added to the final performance framework and the HIV cohort of patients on antiretroviral treatment will also be monitored to promote adherence and viral load suppression. The Secretariat added that targets are ambitious and coherent with the country's capacity to invest in treatment and, in particular, to sustain PEPFAR investment in tenofovir, lamivudine and dolutegravir in subsequent years.

## **Haiti TB/HIV: World Vision International (HTI-C-WV)**

### 1.9 Background and context

The HIV program in Haiti is showing results from its scale-up of programs in its decline of HIV incidence by 22 percent and mortality by 48 percent between 2015 and 2019. An estimated 79 percent of people living with HIV knew their status in 2019, of whom 92 percent were enrolled on antiretroviral therapies and 80 percent of those tested for viral load were virally suppressed. Rates continue to be higher in key populations and challenges such as initiation, treatment, retention, viral load testing and prevention of mother-to child transmission remain. Haiti has a high TB incidence rate of 176 per 100,000 population in 2019, and a high mortality rate of 9 per 100,000 population, though this has dropped from 25 per 100,000 population in 2015. The treatment success rate for drug-susceptible TB is 83 percent and 84 percent for multidrug- or rifampicin-resistant TB. TB/HIV coinfection in Haiti has decreased from 21 percent in 2011 to 16 percent in 2019. Ninety-two percent of TB patients know their HIV status and 82



percent of TB patients co-infected with HIV receive antiretroviral therapy. Of people living with HIV, 80 percent are screened quarterly for TB and 27 percent of those eligible started TB preventive therapy in 2019. The goals of the proposed TB/HIV program are to end the TB epidemic in Haiti by 2035 and to control and halt the progression of HIV. Objectives include:

- From 2015 to 2021, reduce TB incidence from 200 cases to 165 cases per 100,000 population and TB mortality from 18 cases to 6 cases per 100,000 population;
- Ensure that no affected family suffers catastrophic TB-related costs;
- By 2023, reduce new HIV infections by 90 percent in the general population and in priority target groups and ensure that 100 percent of the population has access to early access and effective treatment;
- Reach a 90 percent 12-month survival rate of children and adults treated by antiretroviral therapy; and
- Reduce stigma and discrimination against people living with HIV and key populations by 80 percent.

#### 1.10 Risks and mitigation measures

At the time of GAC review of this grant, 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 June 2021, as permitted under the STC policy.

#### 1.11 GAC review and recommendation

- GAC Partners welcomed the enhanced engagement of communities in the HIV response and inclusion of community-led monitoring, a multisectoral plan to address stigma and discrimination, and prevention interventions, while noting the importance of increase funding and support for key population organizations. Partners also highlighted that key population interventions still require attention, recommending developing data and strategy to access issues. The Secretariat agreed and noted the grant activities to support key population organizations, data, and strategies, which may be further increased through efficiencies during implementation.
- GAC Partners flagged the issue of retention as a significant challenge to the HIV response in Haiti. The Secretariat agrees and noted areas of the proposed grant where this is reflected, including through the indicators in the performance framework for the UNAIDS 95-95-95 objectives as well as budget and programming alignment with PEPFAR strategies.
- The Secretariat also highlighted that pre-exposure prophylaxis (PreP) is a new intervention in the proposed grant and following its roll-out for targeted populations, the Principal Recipient will continue to monitor implementation and revise as more information becomes available.

### **Indonesia TB: Penabulu-STPI Consortium (IDN-T-PBSTPI)**

#### 1.12 Background and Context

The Indonesia TB grant with Principal Recipient Penabulu-STPI Consortium (IDN-T-PBSTPI) complements the TB grant with Directorate General of Disease Prevention and Control, Ministry of Health of The Republic of Indonesia (IDN-T-MOH) requested for approval by the Board through GF-B43-EDP01.

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 and 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.

#### 1.13 GAC review and recommendation

- In its review in May 2020, TRP highlighted concerns around human resource costs and prioritized TB key population screenings for Matching Funds for Missing People with TB over private-public mix activities. Follow-up discussions between GAC and TRP leadership in September 2020, with GAC Partner input, clarified how the country should proceed during grant-making for both the Ministry of Health and Penabulu-STPI Consortium grants. Namely, the GAC clarified the following:
  - The TRP recommended the de-prioritization of human resource costs, which increased from the 2017-2019 allocation period in proportion to the grant size, particularly given the funding gaps, through Issues 5b and 8. In discussion with GAC Partners, the GAC recommended to remove the TRP's restrictions on Global Fund financing to human resources at the district level and the number of staff positions. The GAC noted that levels of human resource spending shall be driven by specific programmatic needs, rather than generic proportions of overall grant and should be concentrated towards key strategic priorities and achievement of outcomes, including MDR-TB management of multi-drug resistant TB, TB surveillance, and health product management. The GAC added that in Indonesia's geographical and epidemiological context, effective decentralization of TB services is critical to improving outcomes including levels of case finding and care and requires commensurate levels of human resources.
  - In its recommendation for Matching Funds for Finding Missing TB Cases, the TRP highlighted people with diabetes and the elderly as high-risk populations on which to focus these funds. In discussion with GAC Partners, the GAC recommended to move the screening for these populations in health facilities under the allocation and prioritize public-private mix interventions for the Matching Funds. The GAC highlighted that the implementation of screening interventions for specified TB key populations has historically been slow, while innovative and systematic private sector engagement will be critical to finding missing people with TB in the coming years and in turn to catalyzing TB programmatic impact.
- Additionally, at the 19 November GAC meeting, the GAC noted the high percentage of grant funds going toward human resources and salary incentives in the Penabulu-STPI Consortium (IDN-T-PBSTPI) grant presented for approval in this report. In the context of previous discussions with the TRP and GAC Partners in September 2020, the GAC acknowledged that this is explained by four main root causes. Firstly, the GAC noted that, with commodities largely funded through domestic resources, this grant is focused on service delivery, including TB contact investigation and multi-drug resistant TB patient support delivered by community health workers. Secondly, the GAC noted that most of health workers delivering these services are volunteers, whose compensation is dependent on their delivery and performance. Thirdly, the nature of TB prevalence and the response in Indonesia is widely spread geographically. And finally, the GAC acknowledged that this is further exacerbated and made more costly by Indonesia's complex island geography and political decentralization.

### **Mozambique TB/HIV: Ministry of Health of Mozambique (MOZ-T-MOH and MOZ-H-MOH), Fundação para o Desenvolvimento da Comunidade (MOZ-H-FDC), Centro de Colaboração em Saúde (MOZ-C-CCS)**

#### 1.14 Background and context

Mozambique has a generalized HIV epidemic, with an estimated population of 2.2 million people living with HIV and an estimated 130,000 new infections in 2019. Annual AIDS-related deaths declined from 71,756 in 2006 to 50,587 in 2019, largely due to a scale-up of antiretroviral therapy programs, but the treatment cascade faces challenges: 73 percent knew their status, 59 percent are on antiretroviral therapy and 32 percent were virally suppressed by the end of 2019. Mozambique has an estimated TB incidence of 551 per 100,000 population. TB-related mortality is reducing, including TB mortality among HIV-positive TB patients which declined from 191 to 73 per 100,000 population between 2009 and 2018. TB notifications have increased, as well as diagnosis of drug-resistant TB cases, although there is still room for improvement in treatment coverage. Co-infection rates of TB and HIV are at 36 percent and

96 percent of co-infected patients were started on antiretroviral therapy. TB preventive coverage with antiretroviral therapy among people living with HIV is at 74 percent and it is at 100 percent for children under the age of five.

The objectives of the proposed program are to:

- By 2025, increase the percentage of people living with HIV who know their status to 95 percent, their coverage on antiretroviral therapies to 81 percent and the number of them who are virally suppressed to 73 percent;
- Increase case notification rates of all forms of TB per 100,000 population from 340 in 2019 to 402 in 2023;
- Sustain the treatment success rate of all forms of TB at 90 percent or above; and
- Improve the treatment success of rifampicin- and/or multidrug-resistant TB from 57 percent in 2019 to 70 percent in 2023.

#### 1.15 Risks and mitigation measures

Mozambique has an outstanding recovery of US\$3,933,880 total which the country has acknowledged. The amount in full is owed by the Principal Recipient Ministry of Health, and it includes US\$3,750,641 of VAT charged on grants by all implementers. 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 has followed up with the Minister of Health to arrange the pending payment as soon as possible 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 Secretariat is following up closely to ensure that a repayment plan is agreed as soon as possible. The Grant Confirmation includes a requirement acknowledging the outstanding recoveries.

Given the increase in the scale and scope of prevention interventions, including new beneficiary groups, as well as the significant increase in number of sub-recipients to be managed by Principal Recipient Fundação para o Desenvolvimento da Comunidade, its oversight capacity requires strengthening. The Secretariat will work with this Principal Recipient to review implementation arrangements, prepare an institutional capacity building plan, and set up an audit committee among other mitigating actions during implementation.

#### 1.16 GAC review and recommendation

- The GAC and Partners congratulated the strong partnership mechanism for the excellent work to develop a strong funding request and negotiate robust grants with increased scope and scale, building on the increased allocation in the 2020-2022 allocation period.
- GAC Partners highlighted the strong focus on key populations and high-impact and technically robust prevention interventions in the HIV grants, including programming for adolescent girls and young women, human rights, condom programming and community-based outreach. Partners identified the HIV Integrated Biological and Behavioral Surveillance surveys for people in prisons, people who use drugs and transgender people, as well as the consequent interventions as an area that will improve outreach and access for key populations within the program.
- The Secretariat highlighted the intention to invest in human rights programming and subsequently integrate these investments in prevention and community-based programs, while noting that there were significant capacity gaps to be met to ensure successful scale-up. These latter will continue to be carefully looked at during grant implementation.
- In response to Partner questions about PreP indicators, the Secretariat explained that the Global Fund's investments in this area are minimal and intended to complement partner investments, which is reflected in the performance framework.
- GAC Partners highlighted the need for increased attention to be paid during grant implementation to programming for adolescent girls and young women including coordinating interventions for this group between partners, particularly the PEPFAR Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program. The Secretariat emphasized its support for using unique identifiers for participants and that discussions on geographic division are ongoing, enabled by mapping work. Notably, in districts where both programs operate, further division by school or health facility area is achieved through close coordination.
- GAC Partners noted the strong community component in HIV and TB programs, and investments for civil society strengthening but emphasized the need to continue focusing on

addressing barriers to registration and funding for civil society organizations, including in hard-to-reach areas.

- GAC Partners noted the systemic and systematic approach to improving diagnostic capacity for TB, and highlighted the improvement in TB notification, while noting challenges remain in increasing bacteriologically confirmed cases. The Secretariat highlighted the following as positive innovations in TB programming which would require follow-up and support during implementation: ambitious targets for multidrug-resistant TB; the introduction and scale-up of short oral regimens; the scale-up and expansion of TB preventive treatment; efforts to improve the accurate diagnosis of TB and drug-resistant TB; and mobile diagnostic approaches for hard-to-reach populations.
- The GAC and Partners emphasized the importance of domestic financing and highlighted the opportunity for joint advocacy of partners to increase government contributions and enhance sustainability of the program.

### **Myanmar HIV/TB: United Nations Office for Project Services (MMR-H-UNOPS and MMR-T-UNOPS), Save the Children Federation, Inc. (MMR-H-SCF and MMR-T-SCF)**

#### 1.17 Background and context

The HIV epidemic in Myanmar is concentrated in key populations, with many of the new infections in people who inject drugs, female sex workers, men who have sex with men and their partners. The country has reduced new HIV infections by 31 percent and HIV-related deaths by 30 percent between 2018 from 2010. In 2018, 81 percent of people living with HIV knew their status, 87 percent of whom are on antiretroviral therapy and 92 percent virally suppressed, among those whose viral load was tested.

Myanmar's 2018 TB prevalence survey indicated an annual decline of nearly 5 percent and an improvement in TB treatment coverage from 49 percent in 2009 to 75 percent in 2019. However, only 39 percent of estimated rifampicin- or multidrug-resistant TB cases were notified in 2019. Among TB patients in Myanmar in 2019, 95 percent knew their HIV status and 7.4 percent were HIV positive. Ninety-seven percent of people living with HIV received TB screening, but only 26 percent were given isoniazid preventive therapy. Among those TB/HIV co-infected, 75 percent accessed antiretroviral therapy.

The goals of the proposed TB/HIV program are to reduce HIV transmission, morbidity, and mortality and to reduce TB incidence by 50 percent from 2015 to 2025. Objectives include to:

- Reduce HIV incidence and ensure viral suppression of people living with HIV;
- Improve quality of care and accessibility for antiretroviral therapy and the enabling environment to support the national HIV response;
- Expand TB services as part of universal health coverage and support a multisectoral TB response; and
- Minimize TB transmission.

#### 1.18 GAC review and recommendation

- GAC Partners noted the strong collaboration and partnership mechanism and with the community on the review of current programs and the development of the funding request. Partners further flagged that, while the funding request was well aligned with the needs of the country, progress towards achieving high coverage of core interventions continues to be slow, to which the Secretariat responded that the proposed program indicators are ambitious.
- GAC Partners highlighted the following areas as strengths of the proposed program: a comprehensive approach to tackling the epidemics in key populations; innovations including pre-exposure prophylaxis, index testing and self-testing; expanding alternatives to opioid substitution therapy by piloting buprenorphine; and a community system strengthening strategy that included social contracting in HIV service delivery.
- GAC Partners noted their concern about the lack of aggressive plans to address the scale and quality concerns of harm reduction programming, the need for movement in addressing policies around broken data systems and stigma and discrimination and the need for further building the program management capacity of the national AIDS program. The Secretariat noted the ongoing assessment for packages for people who inject drugs, as well as assessments related to terminology and coverage for transgender and men who have sex with men and capacity-building for the national HIV program.

- GAC Partners noted the need for higher coverage targets on prevention, testing and harm reduction programming; the need for time-bound commitments on the transition to recommended HIV first-line regimens; and the need for a commitment to ambitious targets for testing and viral load suppression which are achievable if technical assistance is provided. A GAC Partner welcomed the increase of multi-month dispensing of antiretroviral treatment and encouraged that this practice continues. The Secretariat highlighted the high targets related to prevention and viral load suppression as well as the planning with the national AIDS program to transition to the tenofovir, lamivudine, and dolutegravir regimen.
- GAC Partners highlighted prevention interventions for prioritization should efficiencies be found or further resources become available.
- GAC Partners noted that donor financing would need to be complemented with domestic financing for implementation and that the Global Fund and partners may need to advocate for government commitments on legal and policy adjustments, especially given the challenges in implementation presented by COVID-19, which the Secretariat agreed.

**Pakistan Malaria: Directorate of Malaria Control, Ministry of National Health Services, Regulations and Coordination of Pakistan (PAK-M-DOMC) and The Indus Hospital (PAK-M-TIH)**

1.19 Background and context

Pakistan has made significant progress in malaria reduction through a focus on universal access to free malaria diagnosis and treatment and improving coverage of risk populations with vector control interventions, with incidence dropping from 10.3 per 1,000 population in 2016 to 6 per 1,000 population in 2018. Ensuring equitable coverage of interventions across the entire country remains a challenge for the program. The goal of the malaria program for 2021-2023 is to reduce malaria incidence by 10 percent compared with 2019. Objectives of the program are to achieve the following, by 2023:

- Strengthen program management, disease and entomological surveillance, emergency response capacity and delivery of interventions to hard-to-reach at-risk population groups and communities;
- Sustain 80 percent coverage of diagnosis and treatment services; and
- Reduce transmission, incidence and prevalence by 20 percent in target districts through preventive measures.

1.20 Risks and mitigation measures

The Office of the Inspector General (OIG) is currently undertaking an investigation relating to The Indus Hospital (TIH) TB grant program (PAK-T-TIH). The investigation findings indicate issues are limited to The Indus Hospital TB grant and do not affect TIH's other activities in the malaria grant requested for Board approval in this report.

According to the OIG's Stakeholder Engagement Model, the investigation is advanced at stage six, with the draft report being issued in-country, to the Country Coordinating Mechanism and Principal Recipient imminently.

Additional risk mitigation measures will be implemented to ensure there is strong separation between the TIH malaria program management unit and the team responsible for managing the TIH TB grant program. Additionally, the individuals and entities which are the relevant subjects of the OIG investigation will not play any role in the implementation of the TIH malaria grant.

Also, from the commencement of the TIH malaria grant on 1 January 2021, if approved by the Board, malaria program management unit staff will be located in offices separate from the other programs managed by TIH, and will operate along modified reporting lines to strengthen the management and financial oversight of the malaria program management unit. Under the TIH malaria grant, TIH will be required to revise and strengthen its governance, oversight and management procedures, as well as its procurement and financial management protocols. The Local Fund Agent will be overseeing all material value procurements of goods and services. The TIH malaria grant will also fund technical assistance by a prequalified financial risk and assurance team to conduct a fraud risk assessment, and to support the development of a TIH fraud risk management policy, and the design of preventive controls to deter fraud and corruption.

## **Tanzania (United Republic) TB/HIV: Ministry of Finance and Planning of the United Republic of Tanzania (TZA-H-MOF and TZA-T-MOF), Amref Health Africa (TZA-C-AMREF)**

### 1.21 Background and context

Tanzania has an estimated HIV prevalence of 4.7 percent in 2019 among the general population, a decline from the 7 percent in 2004 and 5.1 percent in 2011-2012, with further declines among key populations. In 2018, 78 percent of people living with HIV knew their status, 71 percent were on treatment and 62 percent had viral suppression. Among those who knew their status, 99 percent were on treatment and 90 percent of those were virally suppressed. Mother-to-child transmission rates are still high and stigma and discrimination challenges to service are faced by key populations and vulnerable adolescent girls and young women. TB treatment success of all forms of TB in Tanzania was 91 percent in 2018 and TB notifications increased 32 percent from 2016 to 2019, but treatment coverage was 59 percent in 2019. The estimated incidence of TB in Tanzania was 237 per 100,000 population in 2019. The proportion of people who are TB/HIV co-infected has reduced from 36 percent in 2015 to 24 percent in 2019. In 2019, treatment success for co-infected individuals was 88 percent, and HIV testing was conducted in 99 percent of people with TB.

The objectives of the proposed TB/HIV program include the following:

- Improve testing so that 95 percent of people living with HIV know their status by 2022;
- Reduce mother-to-child transmission to 4 percent;
- Increase TB treatment coverage to 90 percent and maintain the proportion of childhood TB among the notified cases at 15 percent by 2025;
- Ensure that 95 percent of people living with HIV receive highly active antiretroviral therapy and attain sustainable viral suppression; and
- Increase the detection and treatment of multidrug- and rifampicin-resistant TB cases from 54 percent to 90 percent among notified cases by 2025.

### 1.22 Risks and mitigation measures

At the time of GAC review, Tanzania was unable to meet the programmatic requirements for TB preventative treatment Matching Funds for People Living with HIV due to changes in the commodity needs for the target population. The relevant Grant Confirmation includes a requirement that prior to the use of grant funds for this area, the Principal Recipient is required to submit relevant details including a work plan and other supporting documents.

A total of US\$1,611,534 of non-compliant expenditures were identified from the Ministry of Health grants of which US\$523,734 has been refunded to date, leaving an outstanding recoverable amount of US\$1,087,800. The Secretariat continues to engage the Principal Recipient and has included in the Ministry of Health Grant Confirmations a requirement to repay by 31 March 2021, the outstanding recoverable amounts.

At the time of GAC review of the grants, the Country had not yet submitted final information on its co-financing commitments for the 2020-2022 allocation period. The relevant Grant Confirmations include a requirement to provide to the Global Fund by 30 June 2021, a confirmation of total government investments in HIV, tuberculosis, malaria and RSSH (2021-2023).

### 1.23 GAC review and recommendation

- GAC Partners noted with appreciation the expansion of interventions for adolescent girls and young women, including adolescent friendly sexual and reproductive health services, targeted cash transfers for out of school girls including basic training in business development and comprehensive sexuality education for in-school adolescents.
- GAC Partners requested information about the targets and funding provided for HIV key populations interventions in the program, especially the needle and syringe exchange programming. The Secretariat shared that the country had made an effort to invest in key population programming, including needle and syringe exchange programs, which is integrated in the proposed grant, including naloxone. The Secretariat clarified that all needs in the above allocation for people who inject drugs was brought within allocation and will address any remaining concerns highlighted by GAC Partners. The Secretariat further clarified that the prevention program was divided between the Global Fund and PEPFAR and that, while some

gaps remain, the program has a comprehensive prevention, testing and treatment cascade for key populations and ambitious programs.

- GAC Partners advocated for continued attention and strengthening of key population programming during implementation, as supported by the HIV Integrated Biological and Behavioral Surveillance survey.
- GAC Partners requested a status update on the clearance of commodities, which has been a challenge for Global Fund and Partners alike. The Secretariat shared that a new government imports clearing agent was introduced and introduced changes to the importation process. The Secretariat highlighted its ongoing work with the Ministry of Finance and customs commissioner to address the capacity issues of the new organization, noting that high-level engagement shall also help address the challenges faced by the programs.
- GAC Partners shared that they were pleased to see the inclusion of PreP for discordant couples and highly vulnerable populations, noting specific at-risk populations and barriers. GAC Partners also noted that, despite improvements in the legal environment, they had concerns about human rights barriers for key populations and welcomed continued collaboration with the Global Fund on the Breaking Down Barriers initiative.
- GAC Partners noted with appreciation the increased availability of molecular diagnostics for TB in the proposed program as recommended by the TRP, with the expectation that this would support the ambitious targets linked to finding additional bacteriologically confirmed cases, which has been a weak area for the program to date. The Secretariat highlighted the momentum for expanding treatment coverage for TB and the provision of TB preventative therapy to people living with HIV, for which commodities are covered in the proposed program. The Secretariat added that, based on lessons learned, service delivery innovations, community TB screening and diagnosis, rapid molecular testing, and private sector engagement would be scaled up. GAC Partners were requested to support in the development of action plans for TB preventative therapy, which Partners said in-country colleagues would do in collaboration with the Ministry of Health.

## **Tanzania (United Republic) Malaria: Ministry of Finance and Planning of the United Republic of Tanzania (TZA-M-MOFP)**

### **1.24 Background and context**

Tanzania has made progress in the fight against malaria, with a 20 percent decline in confirmed malaria cases and a decline in incidence from 162 to 118 per 1,000 population from 2015 to 2019. Increases have been seen in the coverage of intermittent preventive treatment of malaria in pregnancy, while use of long-lasting insecticidal nets is an outstanding area for improvement, as is the low testing rate of 47 percent in low malaria strata. The proposed program includes a private sector partnership for TB case finding and diagnosis success. The objectives of the proposed program are to achieve the following, by 2023:

- Reduce malaria parasite transmission to 0.1 from 2.9 in 2020;
- Reduce malaria related mortality from 4 to 3 cases per 100,000;
- Increase the proportion of councils with very low transmission risk from 20 percent in 2020 to 25 in 2023 percent;
- Increase the proportion of those with a fever who seek advice or treatment from 63 percent in 2020 to 75 percent in 2023; and
- Ensure 100 percent of malaria commodities are received as per the supply plan.

### **1.25 Risks and mitigation measures**

At the time of GAC review of the grant, the Country had not yet submitted final information on its co-financing commitments for the 2020-2022 allocation period. The Grant Confirmation includes a requirement to provide to the Global Fund by 30 June 2021, a confirmation of total government investments in HIV, tuberculosis, malaria and RSSH (2021-2023).

### **1.26 GAC review and recommendation**

- GAC Partners voiced their appreciation for the inclusive country dialogue process and the efforts to address some of the key gaps that were identified in the initial funding request around human rights, gender and programming for key populations during grant-making.

- GAC Partners inquired on the ability of the program to effectively absorb the allocated funding. The Secretariat shared the intention to keep a keen eye on absorption, with key enablers being the alignment with partners on commodities and supply plans and that the budget had been built to mitigate these challenges.
- GAC Partners expressed concern about the impact of the country's program split decision, observing that the increased malaria allocation for Tanzania had been used to finance investments in resilient and sustainable systems for health. The Secretariat clarified that based on the previous allocation where RSSH investments were taken from the HIV grant and combined with malaria, the country decision was to obtain RSSH investments from malaria in the next implementation period. Moreover, RSSH investments shall contribute to delivery of all disease programs, including the malaria program and that efficiencies found during grant-making further increased the share going to malaria programming, and noted that essential commodities are fully covered for the program.
- The Secretariat acknowledged the challenge of meeting all key priorities across the three diseases and making sure RSSH investments support these investments. It also noted the opportunity to provide clearer guidance on program split, while leaving the final split as a choice for the country coordinating mechanism and notably recognizing the tradeoffs between the vertical needs and horizontal needs of programs.
- GAC Partners and the Secretariat agreed on the opportunity for continued coordination of investments, including for therapeutic efficacy studies.
- GAC Partners raised questions about the trainings included in the program. The Country Team shared their plan to pilot online platforms for trainings, which might lead to savings to be further reinvested into the program.
- GAC Partners highlighted the importance of having an urban mosquito control plan which included public works stakeholders. The Secretariat acknowledged this as an important point, noting that, whereas programs have been encouraged to conduct microstratification in urban areas as the burden is often lower, the introduction of *A. stephensi* to the region necessitated close monitoring and strong surveillance to guide malaria programming.
- GAC Partners asked whether the current political environment or the COVID-19 epidemic were likely to impact implementation. The Secretariat shared that there had been full restoration of service since April and that beneficiaries indicated accessibility since then, giving confidence for implementation.

## Venezuela M: United Nations Development Program (VEN-M-UNDP)

### 1.27 Background and context

For the 2020-2022 allocation period, Venezuela was exceptionally made eligible, in line with the Eligibility Policy<sup>10</sup>, to receive a malaria allocation due to significant resurgence in malaria cases. This will be the first Global Fund grant in Venezuela, a Challenging Operating Environment under the Additional Safeguards Policy. Malaria cases in Venezuela have increased from 45,155 cases in 2010 to more than 400,000 cases in 2019. Areas which had previously been declared malaria-free have since seen significant resurgence, in part due to high internal migration. Challenges to the malaria control program include reduced capacity in control teams, insufficient availability of malaria related products, lack of equipment and low levels of logistics management. Interventions included in the proposed program focus in the highest burden areas and in identified vulnerable at-risk populations and interventions that include diagnosis, treatment and use of long-lasting insecticidal nets. The program's goal is to reduce the disease burden in Venezuela by 28 percent and reduce the number of deaths from malaria by 41 percent by 2023.

### 1.28 TRP and GAC recommendations

- The TRP highlighted concerns around relevant consultations during the development of the funding requests, expansion of mass drug administration, and prioritization of rapid diagnostic tests over microscopes. Follow-up discussions between GAC and TRP leadership, with partner input, clarified how the country should proceed during grant-making. Namely, the GAC clarified the following:
  - The TRP recommended the development of terms of reference for an independent malaria advisory committee. In discussion with GAC Partners, the GAC acknowledged

<sup>10</sup> Paragraph 11 of the Eligibility Policy (GF/B39/02) allows for technical partners to recommend to the Secretariat, in the event of a significant increase in malaria cases in a non-eligible countries. This recommendation was approved by the Board on 13 August 2019 through GF/B41/EDP06.



also the importance of financing this committee to facilitate monitoring visits and meetings, especially for to ensure civil society organizations' participation.

- The TRP recommended that the country explore innovative approaches to increasing access to malaria treatment at the community level, including expanding mass drug administration in high burden areas. In discussion with GAC Partners, the GAC recommended that the country retain its targeted mass drug administration strategy considering sustainability issues, insufficient evidence for scale-up, and high logistic and human resource associated costs
- The TRP also recommended that the country prioritize procurement of rapid diagnostic tests over microscopes and reconsider the budget for microscopy. In discussion with GAC Partners, the GAC recommended that the country maintain the strategy as it proposed prioritizing microscopy. The GAC highlighted the strength of national capacity of microscopy and that funding in this area would contribute to sustainability post-grant in those areas where trained human resources exist, while noting that rapid diagnostic tests would complement this approach in remote areas.

#### 1.29 Risks and mitigation measures

For the 2020-22 allocation period, Venezuela is managed as a non-CCM country due to the context and therefore co-financing requirements are not applicable. Venezuela is currently experiencing sustained community transmission of COVID-19. There is limited official information regarding health in the country, including the actual number of COVID-19 cases. The impact of the pandemic will continue to be felt during implementation, compounding the vulnerabilities of the already fragile context given shortages of essential goods and services and limiting communication. The Global Fund has contributed funds to Venezuela through the COVID-19 Response Mechanism as well as other donors in response to the Humanitarian Response Plan.

### **Zambia Malaria: Ministry of Health of the Republic of Zambia (ZMB-M-MOH) and the Churches Health Association of Zambia (ZMB-M-CHAZ) and**

#### 1.30 Background and context

Malaria is endemic in Zambia, with the entire population at risk, though with burden varying by geography. The malaria program has made progress in increasing coverage of core prevention and case management interventions and in reducing mortality. Coverage of indoor residual spray has increased, as has the proportion of suspected cases that received a bacteriological test. Correspondingly, between 2015 and 2019, malaria incidence per 1,000 population reduced from 335 to 296 and mortality per 100,000 population dropped from 15.2 to 7. Low usage of insecticide treated nets by those with access to them and low coverage of intermittent preventive treatment in pregnancy remain challenges for the program. The goals for the proposed program are to eliminate local malaria infection and maintain malaria-free status by 2021. Objectives by the end of 2021 are to:

- Increase implementation rate of interventions from 36 percent in 2015 to 95 percent;
- Reduce malaria incidence per 1,000 population from 336 in 2015 to 5 cases;
- Increase the coverage of malaria-free health facility catchment areas from 0.5 percent in 2015 to 100 percent; and
- Reduce malaria deaths per 100,000 population from 15.2 in 2015 to less than 5.

#### 1.31 Risks and mitigation measures

While Zambia has met the minimum co-financing requirements, macroeconomic constraints and high dependence on external resources, especially for the HIV, TB, and malaria programs, are the major risks for sustainability. The near-term fiscal outlook is challenging: increasing cost of servicing debt and the huge wage bill are crowding out domestic resources for other programs including health care provision. The medium-term outlook is clouded by substantial debt vulnerabilities and the risk of over-indebtedness is very high. Inflation rose to 9.8 percent in 2019 due to the depreciation of the kwacha and the consequences of the drought on food and electricity prices. To address these risks, the Secretariat has included a management action in the grant that require the Principal Recipient to provide annual updates on the execution of budget for TB and Malaria. In addition, following specific requests by the TRP, the country stakeholders will produce financial sustainability plans for the three diseases.

In order to manage fiduciary risk, there is a no-objection process on material Ministry of Health procurements. Each procurement is examined carefully by the Local Fund Agent before approval is given even in the context of COVID-19, including checks on new potential suppliers and regular

Principal Recipient and Sub-Recipient spending reviews to ensure repayment of non-compliant expenditures. Additionally, the proposed program includes ongoing work to strengthen the Ministry of Health financial management, after installation and training during the current cycle on a platform for security, audit tracing, and efficiency in reporting and analysis.

#### 1.32 GAC review and recommendation

- The GAC and Partners commended the great collaboration in negotiating these grants, while noting that substantial gaps remain in the malaria program in Zambia, notably for long lasting insecticidal nets, rapid diagnostic tests, artemisinin-based combination therapy and community health workers. GAC Partners registered concern around the gaps, highlighting that resource mobilization of additional private, public and domestic resources would be challenging but critical for the program under the 2020-2022 allocation period and beyond. The Secretariat emphasized the work being done to maximize the efficiency of the current allocation, highlighted the efforts on ensuring optimal forecasting and quantification for the program and shared the resource mobilization efforts. Additionally, the Secretariat noted the common concern among partners for vector control funding gaps in Year three, subject to work with in-country stakeholders to broaden the resource base. In addition, forecasting and quantification and contingency planning to prevent stockouts will be strengthened.
- GAC Partners also highlighted the importance of assessing possible risks and mitigation strategies to make sure that essential interventions are implemented, particularly in the potentially disruptive context of COVID-19. The Secretariat shared that, despite COVID-19 disruptions, the annual indoor residual spraying campaign has started and for the long-lasting insecticidal net campaign, district teams are prepared and households are registered for the distribution of seven million nets. Health provision, community engagement, monitoring of commodity supply, and hot spot tracking also continues. GAC Partners noted that a successful and sustainable malaria program would need to systematically address the needs of seasonal fishing communities, identified as a vulnerable group in the funding request, which may have limited to no access to basic facilities, including health care, with tailored interventions.
- GAC Partners noted the concerns raised by the Technical Review Panel regarding missing plans which would address human rights- and gender-related barriers within the grants which would ensure equality and equity and reach the populations most-at-risk of malaria. Partners asked how universal malaria prevention and treatment would be ensured when these barriers were not addressed by differentiated interventions with tailored program delivery to different key populations. The Secretariat emphasized the opportunity for the national program, partners, and the Secretariat to strengthen planning and implementation for vulnerable populations through the inclusive processes and timelines agreed in the response to the TRP's comments. The Secretariat will participate in identifying the membership and scope for this work.

## Grant Extensions

**Table 2: Secretariat's Recommendations on Grant Extensions**

N	Applicant	Disease Component	Grant Name	Currency	Total extension budget <sup>11</sup>	Additional Funding Required <sup>12</sup>	Previous Extensions Granted (Cumulative in Months)	Proposed Extension Duration (Months)	Proposed End Date	Rationale
1	<a href="#">The Gambia</a>	HIV/TB	GMB-C-AAITG	US\$	579,994	537,072	0	9	30-09-21	(i) To avoid disruption of essential services including outreach, prevention, treatment and care for key populations; and (ii) To allow for review of the iterated HIV/TB funding request for 2020-2022 by the TRP in March 2021; including grant-making and signing of the next grant. The current implementation period from 1 January 2018 to 31 December 2020 is proposed to be extended by nine months to 30 September 2021. The new grants, if approved by the board, will be implemented from 1 October 2021 to 31 December 2023.
2			GMB-C-NAS	US\$	4,515,536	4,515,536	0	9	30-09-21	

<sup>11</sup> In accordance with the Comprehensive Funding Policy (GF/B36/02 – Annex 1, Rev 1), where the extension is for a grant for a disease component with a 2017-19 allocation, the Total Extension Budget will be funded from the 2017-2019 allocation.

<sup>12</sup> Additional funding is calculated as the Total Extension Budget net of forecasted funds remaining in the grant and may vary according to the final reconciliation of remaining funds, up to a maximum of the Total Extension Budget. The Total Extension Budget will remain the same.

## Privileges and Immunities

- 1.33 Of the applicants for which funding recommendations are currently being made, Burundi has signed the Global Fund Agreement on Privileges and Immunities and Mozambique has signed and ratified the Agreement.

*Document Classification: Internal.*

*Document Circulation: Board Members, Alternate Board Members, Board Focal Points and Committee Members. This document may be shared by the Focal Points within their respective Board constituency. This document must not however be subject to any further circulation or otherwise be made public.*

## Annex 1 – Relevant Past Decisions

Pursuant to the Governance Plan for Impact as approved at the Thirty-Second Board Meeting,<sup>13</sup> the following summary of relevant past decision points is submitted to contextualize the decision points proposed in Section I above.

Relevant past Decision Point	Summary and Impact
GF/B36/02: Approval of the Amended and Restated Comprehensive Funding Policy (CFP)	This decision point approved the financial framework to support the full implementation of the allocation-based funding model. With regard to grant extensions, the CFP provides that funding used for extension periods will be part of, and not in addition to, the amount which is to be allocated to such grant for the subsequent allocation period.
GF/B38/EDP02: Decision on the Secretariat's recommendation for funding the Gambia HIV/TB grants (December 2017)	This decision point approved the allocation funding for the Gambia HIV/TB grants (GMB-C-AA and GMB-C-NAS)
GF/B39/DP02: Approval of the Revised Eligibility Policy	This decision point approved the revised Eligibility Policy. Paragraph 11 of the Eligibility Policy (GF/B39/02) allows for technical partners to recommend to the Secretariat, in the event of a significant increase in malaria cases in a non-eligible countries.
GF/B41/EDP06: Eligibility of Venezuela's Malaria Component for the 2020-2022 Allocation Period	This decision point approved that Venezuela's malaria component would be eligible for funding under the 2020-2022 allocation period, due to a significant resurgence in malaria cases.

<sup>13</sup> GF/B32/DP05: Approval of the Governance Plan for Impact as set forth in document GF/B32/08 Revision 2 (<http://www.theglobalfund.org/Knowledge/Decisions/GF/B32/DP05/>)