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# Electronic Report to the Board

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## Report of the Secretariat's Grant Approvals Committee

GF/B44/ER06

### Board Decision

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

1. GF/B44/EDP08: Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation<sup>1</sup>
2. GF/B44/EDP09: Decision on the Secretariat's Recommendation on Additional Funding to Finance Unfunded Quality Demand from the 2017-2019 Allocation Period<sup>2</sup>

*Document Classification: Internal.*

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<sup>1</sup> The Secretariat recommends the approval of: (i) funding from the 2020-2022 Allocation for 23 grants: Cameroon HIV/AIDS, Cameroon TB, Cameroon Malaria, Djibouti HIV/TB/Malaria, Eritrea HIV/AIDS, Eritrea TB, Guinea Malaria, Madagascar HIV/AIDS, Mali HIV/TB, Mali RSSH, Multicountry East Asia and Pacific RAI Malaria, Nigeria HIV/AIDS, Papua New Guinea Malaria, Sao Tome and Principe HIV/TB/Malaria, Somalia Malaria, Somalia TB, Turkmenistan TB, Zambia HIV/TB and Zimbabwe HIV/AIDS, **up to an amount of US\$1,359,267,117 and EUR339,408,271**, including matching funds of US\$35,200,000 for Nigeria HIV/AIDS, Zambia HIV/TB and Zimbabwe HIV/AIDS and EUR 5,517,033 for Cameroon TB and Mali HIV/TB, and US\$179,875 of private sector contributions for Multicountry East Asia and Pacific RAI Malaria; and (ii) multicountry catalytic funds **up to an amount of US\$120,000,000**, for Multicountry East Asia and Pacific RAI Malaria.

<sup>2</sup> The Secretariat recommends the approval of **US\$8,790,944** of additional funding through Debt to Health to be integrated into the Multicountry Middle East MER grant.

## Decision

**Decision Point: GF/B44/EDP08: 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/ER06 ("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.***

**Decision Point: GF/B44/EDP09: Decision on the Secretariat's Recommendation on Additional Funding to Finance Unfunded Quality Demand from the 2017-2019 Allocation Period**

The Board:

1. Approves the revised budget recommended for the grant listed in Table 2 of GF/B44/ER06 ("Table 2");
2. Affirms that the additional funding approved under this decision (a) increases the upper-ceiling amount that may be available for the relevant implementation period for the grant listed in Table 2, and (b) is subject to the availability of funding; and

*Delegates to the Secretariat authority to redistribute the overall upper-ceiling of funding available for each country disease component within the grant, provided that the Technical Review Panel (the "TRP") validates any redistribution that constitutes a material change from the program and funding request initially reviewed and recommended by the TRP. **This decision does not have material budgetary implications for operating expenses.***

## Executive Summary

### Context and Input Received

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

- The Secretariat recommends the approval of: (i) funding from the 2020-2022 Allocation for 23 grants: Cameroon HIV/AIDS, Cameroon TB, Cameroon Malaria, Djibouti HIV/TB/Malaria, Eritrea HIV/AIDS, Eritrea TB, Guinea Malaria, Madagascar HIV/AIDS, Mali HIV/TB, Mali RSSH, Multicountry East Asia and Pacific RAI Malaria, Nigeria HIV/AIDS, Papua New Guinea Malaria, Sao Tome and Principe HIV/TB/Malaria, Somalia Malaria, Somalia TB, Turkmenistan TB, Zambia HIV/TB and Zimbabwe HIV/AIDS, **up to an amount of US\$1,359,267,117 and EUR 339,408,271**, including matching funds of US\$35,200,000 for Nigeria HIV/AIDS, Zambia HIV/TB and Zimbabwe HIV/AIDS and EUR5,517,033 for Cameroon TB and Mali HIV/TB, and US\$179,875 of private sector contributions for Multicountry East Asia and Pacific RAI Malaria; and (ii) multicountry catalytic funds **up to an amount of US\$120,000,000**, for Multicountry East Asia and Pacific RAI Malaria.
- 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 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 Additional Funding

- The Secretariat recommends the approval of additional funding for the Multicountry Middle East MER grant as set out at Table 2.

#### Grant Revisions Approved by the Secretariat

- The Secretariat hereby notifies the Board that it has approved a non-costed 12-month extension of the Guyana HIV grant as set out at Table 3.

### Input Sought

The Board is requested to review the request and agree on a 'no objection' basis, the decision points GF/B44/EDP08: Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation and GF/B44/EDP09: Decision on the Secretariat's Recommendation on Additional Funding for the 2017-2019 Allocation Period

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

Please note that each country name (or component) 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	Cameroon	<a href="#">HIV/AIDS</a>	CMR-H-MOH	31-12-23	EUR	116,539,216	-	70,313,975	101,502,115
2		<a href="#">TB</a>	CMR-T-MOH	31-12-23	EUR	16,662,502	3,703,733	6,630,513	
3		<a href="#">Malaria</a>	CMR-M-MOH	31-12-23	EUR	101,245,790	-	46,399,309	25,834,994
4	<a href="#">Djibouti</a>	HIV/TB/Malaria	DJI-Z-UNDP	31-12-23	US\$	10,896,526	-	HIV: 2,490,439; TB: 2,763,542; Malaria: 4,952,621; RSSH: 2,983,051	4,085,844
5	Eritrea	<a href="#">HIV/AIDS</a>	ERI-H-MOH	31-12-23	US\$	21,312,156	-	Indicative: RSSH: 19,000,000	6,594,888
6		<a href="#">TB</a>	ERI-T-MOH	31-12-23	US\$	5,274,977	-		1,582,493
7	<a href="#">Guinea</a>	Malaria	GIN-M-CRS	31-12-23	US\$	71,231,596	-	23,625,205	14,434,473
8	<a href="#">Madagascar</a>	HIV/AIDS	MDG-H-PSI	31-12-23	US\$	5,800,000	-	HIV: 24,675; TB: 3,880; Malaria: 5,061,844; RSSH: 12,140,464	5,533,053
9			MDG-H-SECNLS	31-12-23	US\$	11,331,593	-		
10	Mali	<a href="#">HIV/TB</a>	MLI-C-ARC	31-12-23	EUR	24,161,714	-	12,160,333	30,320,892
11			MLI-C-MOH	31-12-23	EUR	47,103,403	1,813,300		
12		<a href="#">RSSH</a>	MLI-S-MOH	31-12-23	EUR	22,000,000	-		

<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

N	Applicant	Disease Component	Grant Name <sup>6</sup>	Grant End Date	Currency	Total Program Budget <sup>7</sup>	Catalytic Funds in Grant	Domestic Commitment <sup>8</sup>	Unfunded Quality Demand
13	<a href="#">Multicountry East Asia and Pacific RAI</a>	Malaria	QSE-M-UNOPS	31-12-23	US\$	226,725,059 <sup>9</sup>	120,000,000	Cambodia: 12,002,040; Lao PDR: 7,518,000; Myanmar: 63,539,000; Thailand: 41,013,012; Viet Nam: 68,057,841	31,354,582
14	<a href="#">Nigeria</a>	HIV/AIDS	NGA-H-FHI360	31-12-23	US\$	290,478,305	2,365,000	n/a	134,751,363
15			NGA-H-NACA	31-12-23	US\$	20,137,654	535,000		
16	<a href="#">Papua New Guinea</a>	Malaria	PNG-M-RAM	31-12-23	US\$	37,534,288	-	17,723,754	18,150,156
17	<a href="#">Sao Tome and Principe</a>	HIV/TB/Malaria	STP-Z-MOH	31-12-23	EUR	11,695,646	-	HIV: 598,980; TB: 1,267,772; Malaria: 5,928,209	210,666
18	Somalia	<a href="#">Malaria</a>	SOM-M-UNICEF	31-12-23	US\$	37,011,330	-	n/a	18,847,684
19		<a href="#">TB</a>	SOM-T-WV	31-12-23	US\$	29,018,030	-		12,858,778
20	<a href="#">Turkmenistan</a>	TB	TKM-T-UNDP	31-12-24	US\$	5,067,499	-	81,361,928	1,447,446
21	<a href="#">Zambia</a>	HV/TB	ZMB-C-CHAZ	31-12-23	US\$	79,527,415		HIV: 179,565,561; TB: 40,317,323	62,744,942
22			ZMB-C-MOH	31-12-23	US\$	182,886,122	12,300,000		
23	<a href="#">Zimbabwe</a>	HIV/AIDS	ZWE-H-UNDP	31-12-23	US\$	445,034,567	20,000,000	n/a	228,961,147

<sup>6</sup> The Grant names are subject to change based on the ISO code.

<sup>7</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>8</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>9</sup> The Program budget includes a US\$179,875 private sector contribution.

**Table 2: Secretariat’s Recommendation on Additional Funding to Finance Unfunded Quality Demand from the 2017-2019 Allocation Period**

Please note that the applicant name is linked to the extranet site where supporting documents are available for review.

N	Applicant	Disease Component	Grant Name	Additional Funding Source	Currency	Previous Approved Grant Budget	Recommended Additional Funding	Revised Program Budget
1	<a href="#">Multicountry Middle East MER</a>	Multi-Component	QSF-Z-IOM	Debt to Health (D2H)	US\$	42,700,876	8,790,944	51,491,820

## 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:

### **Cameroon TB/HIV: Ministry of Public Health of the Republic of Cameroon (CMR-H-MOH and CMR-T-MOH)**

#### 1.1 Background and context

Cameroon has a mixed HIV epidemic which has seen a 48 percent drop in new infections since 2010 and a 37 percent decline in HIV-related death: an incidence rate of less than 1 percent in 2019, a prevalence of 2.8 percent in the general population and rates of over 20 percent among key populations. An estimated 84 percent of those living with HIV in 2019 knew their status, of whom 74 percent were on treatment, and 34 percent of whom had had a viral load test; 69 percent of those who had had a viral load test had a suppressed viral load. The incidence and death reductions seen in the program are attributed to a combination of prevention activities among key populations and improvement in antiretroviral therapy coverage. TB in Cameroon has an incidence of 186 per 100,000 population; a low case detection rate, estimated at 50 percent; and a treatment success rate at 82 percent in 2018. 90 percent of people with new or relapsed TB cases were screened for HIV, 29 percent of them were HIV-positive and 97 percent of them initiated antiretroviral therapy. 87 percent of people living with HIV were screened for TB. Objectives for the proposed programs include to:

- Reduce between 2019 and 2023 the rate of new HIV infections by 65 percent, the rate of HIV-related mortality by 62 percent, and the rate of mother-to-child transmission of HIV at 6 weeks to less than 5 percent;
- Increase by 2023 the number of reported new cases and relapses of all forms of TB to 34,286 and increase the number of multi-drug resistant TB cases by more than 100 percent, for a total of at least 405 cases in 2023;
- Successfully treat 88 percent of notified TB cases by 2023; and
- Ensure that 98 percent of TB patients are tested for HIV and that 98 percent of co-infected patients are put on antiretroviral treatment by 2023.

#### 1.2 Risks and mitigation measures across HIV, TB and Malaria programs

Co-financing: Cameroon did not meet its co-financing requirements for the 2017-2019 allocation period. As a result, in October 2020 the Secretariat decommitted €9,867,484.80 of grant funds, proportionate to the level of non-compliance applied to the 2017-2019 allocation period. This decommitment has been applied to the three grants implemented by the Ministry of Public Health. The Secretariat has received the letter of commitment for the 2021-2023 period on 20 November 2020, which meets Global Fund co-financing requirements for the 2020-2022 allocation period. As part of the mitigation actions to meet co-financing requirements for this allocation period, the Ministry of Finance has created a basket fund at the Cameroon Central Bank that consolidates co-financing funding for the three diseases and is available for use by the programs to respond to immediate needs. The Secretariat will undertake regular reviews of the materialization of commitments throughout implementation.

Recoveries: Cameroon has an outstanding recovery of €756,246 under grant CMR-M-MOH which the Principal Recipient has acknowledged. Repayment is expected by the end of December 2020. The Grant Confirmation includes a requirement acknowledging to repay the outstanding recoveries.

Grant-making and transition into the 2020-2022 allocation period: To facilitate grant-making negotiations and smooth transition into the 2020-2022 allocation period in the context of COVID-19: (a) the Secretariat will undertake a tailored capacity assessment of the Principal Recipient and will update the risk tracker within three months of the implementation period start date; (b) the Principal Recipient will place advance orders for critical medicines to cover at least the first six months of 2021; and (c) the country will produce, during implementation as agreed by the TRP, an operational plan with regards to the national strategic plan for TB and a national supply chain transformation plan, in response to recommendations by the TRP on the methodologies used to define the national strategic plan for TB and the resumption of the supply chain steering committee.

Fragile political context: Given the security situation in the North-West and South-West regions, the Global Fund will support the finalization and implementation of the contingency plan developed by the Ministry of Public Health and partners, and all efforts to ensure linkage between development and humanitarian activities, notably through contracting a cross-cutting humanitarian Sub-Recipient, under the malaria grant, which will be in charge of implementing activities for all three grants.

### 1.3 GAC review and recommendation

- GAC Partners voiced appreciation for the increased government contribution to the disease programs and its decision to eliminate user fees for HIV services as well as push towards addressing mother-to-child transmission. The Secretariat agreed to count these additional costs now covered by the Government of Cameroon toward its co-financing commitments.
- GAC Partners voiced appreciation for the country's transition to Tenofovir-based regimens, the expansion of HIV self-testing, and the expansion of pre-exposure prophylaxis (PrEP), recommending that PrEP be offered to discordant couples and in increased geographic areas. The Secretariat highlighted the transition to Tenofovir, Lamivudine, and Dolutegravir as a positive example of building on locally generated evidence and GAC Partners reinforced the importance of accelerating the pace of this transition.
- GAC Partners highlighted the technical assistance provided to the country during funding request development and grant-making, citing difficulties on budgetary constraints and moving toward less traditional approaches, as well as the opportunity to improve coordination and collaboration between the HIV and TB programs. The Secretariat thanked partners for the investment and feedback, including the provision of technical assistance that led to the proposed HIV/TB grants incorporating scale-up of new approaches piloted during the the 2017-2019 allocation period as well as other innovative programming. The Secretariat will continue to follow-up on coordination during implementation between the national HIV/AIDS, national TB and Cameroon National Association for Family Welfare (under the planned CMR-C-CMF grant) programs, especially given the synergy between several interlinked activities across the three grants.
- GAC Partners noted the criminalization and stigmatization of some key populations, called for strengthening of prevention programs for these groups during implementation, advocated for the inclusion of trainings of health workers to provide key population friendly services, and suggested the inclusion of a "train-the-trainer" module or similar in this training in order to build capacities to train further peers. The Secretariat informed GAC Partners that such activities are planned under the CMR-C-CMF grant.
- GAC Partners recommended more investment in strengthening lab systems and encouraged the alignment of the supply chain activities in the proposed program with the national supply chain transformation plan and PEPFAR Country Operational Plan 20 strategies.
- GAC Partners recommended support of the health management information system as an area needing follow-up and monitoring during implementation.
- GAC Partners flagged their support for the proposed TB activities and welcomed the opportunity to further collaborating across the partnership during implementation. The Secretariat highlighted Cameroon's evidence-based approach that builds on local experience to develop plans for scaling up tools and approaches for TB, including the potential adoption of latest guidelines and innovative approaches.
- GAC Partners noted the specific opportunities to resolve issues related to expanding the TB diagnostic network, improving diagnostics of childhood TB, expanding access to TB



preventative treatment, service charges, and a catch-up plan in the context of COVID-19. The Secretariat noted the funding for labs specifically as well as the possibility of strengthening supply chains.

## **Cameroon Malaria: Ministry of Public Health of the Republic of Cameroon (CMR-M-MOH)**

### 1.4 Background and context

Malaria is the leading cause of consultation and hospitalization in Cameroon. From 2015 to 2019, cases of malaria rose from 79.5 to 103 per 1,000 population and malaria deaths increased from 15.5 to 17.7 per 1,000 population. Over the same period, incidence among children under the age of five rose from 188 to 218 cases per 1,000 children, and the mortality rate increased from 66.6 to 77.6 deaths per 100,000 children. While the exact cause of the increases is unknown, stratification modelling was used to guide the interventions in the proposed program, which includes seasonal malaria chemoprophylaxis, distribution of long-lasting insecticidal and pyrethroid-piperonyl butoxide (PBO) nets through mass campaign and routine distribution, and intermittent preventive treatment for pregnant women and children. While neither the funding request nor the grant documents include next generation bed nets, the Principal Recipient has welcomed the initiative and agreed to procure them in the next implementation period. The goal of the proposed program is to reduce the disease burden of malaria in Cameroon, with the objectives of reducing malaria related morbidity and mortality by at least 60 percent by 2023 compared to the situation in 2015.

### 1.5 GAC review and recommendation

- GAC Partners commended the Cameroon malaria program being as impactful as could be achieved and welcomed the upgrade to PBO and next generation (dual-insecticide) bed nets, while noting that it is important to coordinate with all implementing partners and keep them up to date on the transition and implementation of next generation bed nets.
- GAC Partners requested more information on how the new cross-cutting Sub-recipient approach will work, noting that each of the three Sub-recipients will cover humanitarian, private sector, and people in prisons/refugees across the three diseases while each having a budget that draws from one grant. The Secretariat clarified the role of each Sub-recipient in implementation and explained that the difference in budget allocated was linked to the geographies targeted, population served and value for money.
- The TRP highlighted concerns around user fees and patient access for malaria services. Follow-up discussions between the GAC and TRP leadership, with partner input, clarified how the country should proceed during grant-making.
- The TRP recommended that the applicant remove user fees in order to broaden access to malaria services. Follow-up discussions between the GAC and TRP leadership, with partner input, clarified how the country should proceed during grant-making. The GAC agreed with the ambition and direction recommended by the TRP to eliminate barriers to access but counseled the applicant to be pragmatic while working with stakeholders to decide how to make steps towards eliminating malaria user fees.

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

### 1.6 Background and context

In Guinea, malaria remains a serious public health problem and controlling the epidemic is considered a national priority by the Ministry of Health. While between 2012 and 2016, malaria parasite prevalence declined significantly from 44 percent to 15 percent, the number of malaria cases tested and confirmed almost doubled from 997,553 in 2016 to 1,801,786 in 2019, with a notable increase in incidence from 80.4 to 109.2 per 1,000 population over the same period. This situation is largely explained by the progressive strengthening of providers' diagnostic capacities and intensification of care at facility and community levels.

Further, there has been a gradual decline in the positivity rate of diagnostic tests from 66.06 percent in 2016 to 58.57 percent in 2019, which may be indicative of the effect of preventive measures including long-lasting insecticidal nets, intermittent preventive treatment of malaria during pregnancy and

seasonal malaria chemoprevention. The proportion of severe cases among confirmed cases has also decreased, from 10 percent in 2018 to 8.89 percent in 2019.

By the end of 2022, the proposed program aims to lead the country towards pre-elimination by reducing malaria-related morbidity by 50 percent compared to 2016. To supplement this goal, the program has the following key objectives to achieve by the end of 2023:

- 60 percent of people at risk of malaria and 67 percent of pregnant women at risk of malaria sleeping under long-lasting insecticidal nets;
- 95 percent of households covered during the 2022 mass bed-nets distribution campaign;
- 70 percent of pregnant women covered by intermittent preventative malaria treatment; and
- 95 percent of children aged between 3–59 months in seasonal malaria chemoprevention-eligible districts covered.

### 1.7 Risks and mitigation measures

One of the TRP's recommendations that were due for completion during grant-making is pending finalization. It relates to the need to address operational challenges of the seasonal malaria chemoprevention campaigns prior to expanding to new districts. The Secretariat will review and approve the seasonal malaria chemoprevention operational plan and budget in quarter one of 2021; an ongoing stratification exercise will also indicate whether seasonal malaria chemoprevention should be expanded to additional the districts.

The proposed program is also exposed to risks regarding co-financing, as funds to finance gaps for the 2022 mass bed-nets distribution campaign are not yet confirmed. While Guinea did meet the Global Fund's co-financing requirements for 2017-2019 allocation period, it has not met the specific commitments to purchase long-lasting insecticidal nets. The Grant Confirmation for this grant, therefore, includes specific requirements for the government to, 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.

### 1.8 GAC review and recommendation

- GAC Partners noted that the Collaboration Framework Document between the US Government's Presidential Malaria Initiative (PMI) and the Global Fund is a model that could be extended to other countries with joint Global Fund and PMI presence. The Secretariat added that this Framework facilitated the Country Dialogue process and the programmatic gap analyses as well as the finance landscape overview.
- GAC Partners noted their appreciation for the reduction of travel costs in the budget and encouraged the further prioritization and domestic health financing including human resources for health, to mitigate the risks of disruption from the political situation or COVID-19.
- GAC Partners noted the country's challenges in managing resource mobilization and donor coordination and encouraged a stronger leadership role by the Ministry's Planning Department (Bureau Stratégique de Développement) in the functioning of the thematic groups established to improve collaboration between the government and financial and technical partners.

## **Madagascar HIV: (Secretariat Exécutif du Comité National de Lutte contre le VIH/SIDA de la République de Madagascar) (MDG-H-SECNLS) and Population Services International (MDG-H-PSI)**

### 1.9 Background and context

The HIV epidemic in Madagascar is concentrated among key populations, with prevalence of 14 percent among men who have sex with men in 2014, 8.4 percent among people who inject drugs in 2016, and 5.6 percent among sex workers in 2016, compared with a prevalence of less than 1 percent in the general population. Almost 70 percent of new HIV infections occur in men and 45 percent of overall new infections occur among men who have sex with men. The rate of mother-to-child transmission was estimated at 31 percent in 2019. 40,025 people are estimated to be living with HIV in 2019, and of these only 15 percent are estimated to know their HIV status. In light of these major challenges, the 2020-2022 HIV program takes a significantly more targeted and differentiated approach to accelerating the disease response. This approach will scale up prevention activities and differentiated treatment and testing strategies for key populations and high-risk gateway populations, and scale up preventing mother to child transmission activities in the highest burden geographical areas with the following objectives by 2025:

- To reduce new infections in key populations, young people and the general population by 75 percent compared to 2018;
- To reduce the rate of mother-to-child-transmission to less than 5 percent from 31 percent in 2019;
- To reduce the HIV mortality rate from 4.4 per 100,000 to 15 per 100,000; and
- To achieve the 90-90-90 targets.

### 1.10 Risks and mitigation measures

**Co-financing:** In previous cycles, the Secretariat has faced challenges tracking expenditure on a routine basis. To ensure stronger monitoring of expenditure in the 2020-2022 program, the Grant Confirmation includes specific requirements to ensure accurate and improved tracking of health expenditures. In addition, the Secretariat will continue to work with the country to improve co-financing and sustainability of Global Fund programs.

**Performance:** The Secretariat will continue to follow up with the HIV Madagascar grants throughout implementation to ensure sufficient improvement in performance and achievement of objectives within the first 18 months of implementation.

**Grant-making and transition into the 2020-2022 allocation period:** To facilitate grant-making negotiations and smooth transition into the new allocation period in the context of COVID-19, the country will produce by January 2021 a plan for how to achieve differentiated HIV testing targets, in response to a recommendation by the TRP. This has been memorialized in the relevant Grant Confirmation.

**Recoveries:** Madagascar has an outstanding recoverable amount of US\$27,595 to be repaid by 31 March 2021 which the country has acknowledged. The Grant Confirmation includes a requirement acknowledging the repayment of the outstanding recoveries.

### 1.11 GAC review and recommendation

- GAC Partners expressed their support of the program, including the inclusive dialogue and new location population approach for key and vulnerable populations. The Secretariat thanked partners for their support in developing a more targeted and focused approach for key populations.
- The GAC acknowledged that improving performance in the first 18 months of the program remains a priority and recognized the significant redesign and approach of the Global Fund-supported program, noting the closer alignment to the epidemiological situation in-country and the potential for better results and impact of the proposed grant.
- GAC Partners noted the reduction in some targets from those proposed in the funding request, which the Secretariat explained are still ambitious given the context of low baselines and that HIV trends are on the decline.

## **Mali HIV, TB and RSSH: Ministry of Health of the Republic of Mali (MLI-S-MOH and MLI-C-MOH) and Association pour Résilience des Communautés vers l'Accès au Développement et à la Santé Plus (ARCAD-SANTE PLUS) (MLI-C-ARC)**

### 1.12 Background and context

Mali is a low-income country with a fragile security situation. HIV is endemic with a general population prevalence of 1.1 percent, with higher rates among key populations and in specific geographical areas. The total number of people living with HIV is estimated at 147,244 people, of which 62 percent are women, who are disproportionately affected by the epidemic. Progress on the 90-90-90 targets has been slow. The country is at the early stages of introducing differentiated HIV care and treatment.

Mali has an estimated TB incidence of 53 cases per 100,000 population with an estimated mortality of 7.7 deaths per 100,000 inhabitants. Both mortality and incidence decreased between 2000 and 2018, with an overall decrease of 41 percent and 31 percent respectively. The major challenge with regards to TB control in Mali is the under-notification of cases: coverage rate has been stagnating at around 67 percent for several years, meaning that a third of TB cases are missing. About 10 percent of TB patients are co-infected with HIV and 22 percent of co-infected patients put on treatment died before completing their course of treatment. The proposed integrated HIV/TB program has the following objectives:

- Increase the percentage of people living with HIV who know their status from 39 percent in 2019 to 95 percent in 2023 and receive antiretroviral treatment from 32 percent in 2019 to 95 in 2023;
- Improve antenatal services to reduce mother-to-child transmission rate to less than two percent by 2025;
- Set up a decentralized and high-quality multi-drug resistant TB management system to increase detection rate from 15 percent in 2018 to 48 percent in 2023;
- Strengthen integrated services to HIV/TB co-infected patients, so that 90 percent of TB patients know their HIV status;
- Increase the number of treatment centers and monitoring mechanisms to reduce human rights-related barriers to HIV/TB services by 2025 and enhance the social and legal environment protecting vulnerable populations from stigma and discrimination.

Additionally, investments for RSSH in Mali are aligned between in-country and funding stakeholders in order to address the inequities, underperformance, stress from population growth and existing weaknesses to infrastructure and community health workers programming. The objectives of the Mali RSSH program include national health system transformation to strengthen primary health care services, support decentralization efforts, improve governance and accountability, enhance use of DHIS2, improve the laboratory network and draft and implement a pharmacovigilance plan.

### 1.13 Risks and mitigation measures

**Salary incentives:** The proposed Global Fund grants in Mali include a material amount under MLI-S-MOH for human resources. Across all three grants, the amount of US\$6.3 million supports task-based incentives for 3,725 new and re-hired community health workers and supervisors. Additionally, a total of US\$346,000 supports monthly incentives linked to grant performance for some government staff directly involved in the implementation of the grants to the Ministry of Health, fixed at up to 30 percent of their base salary. The Secretariat is working jointly with other funding partners to advocate for the government to take charge of the indemnities for a number of community health care workers by the end of the 2020-2022 allocation period.

**Recoveries:** Mali has an outstanding recoverable amount of €350,000.00 to be repaid by 31 January 2021 which the country has acknowledged. The Grant Confirmation includes a requirement acknowledging the repayment of the outstanding recoveries.

### 1.14 GAC review and recommendation

- The GAC and Partners commended the work of the partnership to develop robust and ambitious grants within a complex environment due to the humanitarian crisis, COVID-19 context and fragile political context in Mali.

- GAC and Partners welcomed the continued joint support of the Global Fund and GAVI to health system reform building on the initiative kick-started with Portfolio Optimization investments in the 2017-2019 allocation period, centered on primary health care and noted the importance of investing in health system interventions to remove bottlenecks to implementation to improve impact on the three diseases and beyond.
- GAC Partners commended the focus of the proposed HIV program on human rights and community engagement and noted the need to ensure continued monitoring and support during grant implementation. Partners also noted their expectation of the development of a costed operational plan for HIV/TB implementation, including human rights and gender interventions and for discussions with the government on social protection issues for key and vulnerable populations to ensure effective implementation.
- GAC Partners recognized the ambitious national targets and the inclusion of differentiated testing strategies, including peer-testing and self-testing in the proposed HIV program, but noted the need to focus HIV prevention efforts on the highest risk populations including women having transactional sex, young women in key populations and in specific locations, pregnant women in sero-discordant couples, sex workers and men who have sex with men. GAC Partners reinforced that efforts should be closely monitored and reviewed during implementation.
- GAC Partners noted the slow transition to Tenofovir, Lamivudine, and Dolutegravir and shared that they would be supporting efforts to accelerate the pace that had further been disrupted by COVID-19, including the development of a comprehensive implementation plan.
- GAC Partners emphasized the need for the TB program to consider replacing microscopy with molecular diagnostics and to expand the program. The Secretariat shared that they would be working with the Government to build evidence for diagnostic expansion and have a plan for expansion and would liaise with partners for continued collaboration and support.
- GAC Partners asked about targeted interventions on wider vulnerable groups and how the program would access these groups and ensure them quality service delivery, particularly groups in conflict-affected and hard to reach areas. The Secretariat shared that key populations are defined in the performance framework and considered as part of a TB/HIV prevention package. The Secretariat added that humanitarian nongovernmental organizations will be contracted in conflict affected regions to support the implementation of the grants.
- GAC Partners inquired on what was being done to build a deeper understanding of the barriers to reaching vulnerable and marginalized groups, how would the program work with civil society organizations to build this knowledge and how would this knowledge be incorporated into the operations of the proposed program. The Secretariat noted the TRP's issue on this matter and highlighted the ongoing work to assess data on human rights and gender barriers limiting access to healthcare, which will contribute to dedicated intervention packages.
- GAC Partners commended the strong focus of the proposed program on community systems strengthening. The Secretariat highlighted the integration of community system strengthening into the TB/HIV grant through community Principal Recipient ARCAD Santé Plus, which will focus on capacity building among community organizations and the development of community-led monitoring.
- GAC Partners noted that technical assistance that had been provided to the new civil society and public principal recipients and to the program coordination unit at the Ministry of Health aligned with the health systems strengthening implementation unit, underlining the importance that this unit has on improving the efficiency of RSSH investments. They further noted that Partners' support of the new public principal recipient was focused on responding to the needs for support in grant implementation and on ensuring good coordination and alignment with technical and financial partners.

### **Multicountry East Asia and Pacific RAI Malaria: United Nations Office for Project Services (QSE-M-UNOPS)**

#### 1.15 Background and context

The Greater Mekong Subregion countries of Cambodia, Lao (People's Democratic Republic), Myanmar, Thailand and Viet Nam continue to make significant gains in the collective battle to eliminate malaria by

2030. Since the start of the Regional Artemisinin-resistance Initiative (RAI) in 2012, there has been remarkable progress towards elimination of the disease with the reported number of cases dropping by 81 percent to 2019 and deaths by 95 percent over the same period. However, the decrease of malaria transmission and the number of cases in the Greater Mekong Subregion has led to malaria becoming restricted to focal areas and malaria transmission and burden is mostly found in hard-to-reach areas which are underserved by the health system, such as those which are densely forested and on country borders. In addition, the risk of antimalaria drug resistance spreading to higher burden countries constitutes a global emergency and underscores the need to accelerate collective elimination efforts in the subregion. The vision of the proposed program is to eliminate malaria by 2030 in all GMS countries, and accelerate progress towards targets related to elimination of *P. falciparum* and *P. vivax* malaria including elimination of drug resistant *P. falciparum* by 2023. In areas where malaria transmission has been interrupted, the goal is to maintain malaria-free status and prevent reestablishment.

#### 1.16 Risks and mitigation measures

The proposed program includes program management costs representing 35 percent of the budget. This is explained by the resource-intensive nature of malaria elimination, coupled with relatively low pharmaceutical costs due to reduced disease burden. With updated stratification leading to the reduced cost of long-lasting insecticidal nets, this also reflects higher program management costs proportionally. In addition, noting that the 2017-2019 allocation period grant has been very successful, the Secretariat noted the importance of maintaining the same implementation arrangements, to allow the program to smoothly move into the final stages of elimination.

#### 1.17 GAC review and recommendation

- The TRP highlighted concerns around security and confidentiality of health information, performance assessments of civil society organizations, limiting performance framework indicators, planned assessments and transition plans. Follow-up discussions between GAC and TRP leadership, with partner input, clarified how the country should proceed during grant-making.
  - The TRP recommended that the applicant address insufficient reporting from key malaria providers in the private sector and a need to further strengthen the use of strategic information by taking measures to ensure the security of the database and confidentiality of health information as action point 3 of Issue 2. In discussion with GAC Partners, the GAC recommended that this recommendation be deprioritized, noting that the regional database is aggregated, and confidentiality issues are therefore unlikely.
  - In the context of performance assessment of civil society organizations, the TRP recommended that the applicant build a simplified alert system linked to the WHO malaria database in Cambodia and other participant countries, with detailed information about each *falciparum* malaria case and/or epidemics in action point 2 of Issue 3. In discussion with GAC Partners, the GAC noted that a performance assessment of civil society organizations has already been conducted by the LFA and the results shared with all countries via a management letter. The GAC therefore recommended that the applicant deprioritize this action and focus on the others recommended by the TRP.
  - The TRP recommended that the applicant address the high number of performance framework indicators with unclear relevance for malaria elimination settings in Issue 4. In discussion with GAC Partners, the GAC recognized that the proposed indicators used in the performance framework are standard WHO indicators recommended for elimination settings. The GAC therefore endorsed the proposed indicators and relied on the Secretariat's comprehensive review of harmonized indicators as part of grant-making.
  - The TRP recommended that the applicant develops a multi-year Sustainability Plan for the initiative in Issue 5 and commission an independent assessment of the regional committee, its constituency, its roles and its relationship with the Secretariat and subsequently develop a regional operational sustainability plan for 2021-2025 in Issue 6. In discussion with GAC Partners, the GAC noted alignment with the TRP on the emphasis on sustainability. However, in order to allow the applicant to focus on implementation, the GAC further recommended that the applicant ensure that the University of California San Francisco planned assessments are conducted in each country and followed by the development of transition plans for each country, in place of developing a multi-year

- sustainability plan. The GAC further requested that the applicant develop a plan for a regional structure for post 2023, in place of developing a regional operational sustainability plan that covers 2021-2025.
- The TRP recommended that the applicant review and disaggregate the budget and prepare a proposal for absorption of the cost of the Independent Malaria Panel in order to address the high management costs and value for money of the investment in Issue 7. In discussion with GAC Partners and in recognition of the fact that the Secretariat requested the establishment of the Independent Malaria Panel to monitor the RAI grant, the GAC endorsed its inclusion within the grant budget.
  - The GAC commended RAI for its ambitious goals and noting that, despite the original skepticism about its potential for impact, the program has been very successful. GAC Partners congratulated the outstanding efforts and reinforced that the program should continue to learn by doing, adding that RAI is a good example of the strategic importance and potential for impact of multicountry programs.
  - The GAC welcomed the US\$179,875 private sector contribution from Dhanin Tawee Chearavanont Foundation Limited for the purpose of increasing the detection of malaria cases and surveillance of hard-to-reach, mobile and migrant populations living along the Thai border.
  - GAC Partners requested further information on the elimination of both strains of malaria. The Secretariat acknowledged that efforts towards elimination include *P. vivax* and noted the complexities around them, along with the intention to continue building on the momentum and the ongoing work with Partners to explore expanding access to *P. vivax* radical cure. The Secretariat highlighted that elimination is not algorithmic and that one key asset of the RAI grant has been that of recognizing that there is an “art of elimination” and giving countries the flexibility to exercise it while pursuing a common goal and doing it in such a way that prevents reintroduction.
  - Additionally, GAC Partners noted the incorporation of malaria outreach workers within the broader health system as community outreach workers as a successful example of integration and sustainability.
  - There are substantial investments in health information systems for all three diseases and weak national capacities. Development of the malaria online case-based data system has been substantially delayed and planned to be finalized only by 2023. Additionally, there are two separate case-based systems (facility and community based) with unclear plans on how they will be integrated. GAC therefore recommended that the Ministry of Health in Myanmar support the addition of a health management information systems technical expert for two years to be hired by WHO, to support this scope of work.

### **Nigeria HIV: National Agency for the Control of AIDS (NGA-H-NACA) and Family Health International (also known as FHI360) (NGA-H-FHI360)**

#### 1.18 Background and context

Nigeria has a mixed HIV epidemic, with 1.3 percent prevalence among the general population nationally, up to 4% prevalence in the general population in high burden states but with significantly higher prevalence of up to 20 percent among key populations and other vulnerable groups where data are available. In 2019, an estimated 68 percent of people living with HIV knew their status, of whom 95 percent were on treatment and of whom 86 percent were virally suppressed. Prevention of mother-to-child transmission, antiretroviral therapy coverage and comprehensive services including prevention for key populations remain areas with considerable funding gaps. The goals of the proposed program are to reduce rates of HIV incidence, morbidity and mortality and to ensure that Nigeria reaches 90 percent coverage for HIV testing, treatment and viral load interventions by 2023. Objectives of the program by 2022 are to:

#### 1.19 Risks and mitigation measures

The major risks identified by the Secretariat as part of its review of the proposed HIV grants and are detailed in the relevant sections of the grant documentation are not repeated here. However, the Secretariat notes that the proposed HIV grant to the National Agency for the Control of AIDS includes a material amount for incentives at 10 percent. However, the materiality is overrepresented by the fact that the NACA budget does not include any costs for other HIV service delivery in these two states. All of the costs of all other HIV services in the two states are funded by the Government of Nigeria and are

not included in the overall assessment of the materiality of incentives as a proportion of the program structure in the two states. The incentives are to fund the community-based services that complement the facility-based services. The incentives are both performance and task-based incentives as part of the strategies of HIV case management for the National Agency for the Control of AIDS grant and performance. In addition, the internal audit function and the fiscal agent will be performing periodic reviews of these payments and Local Fund Agent spot checks will be performed throughout grant implementation.

#### 1.20 GAC review and recommendation

- The GAC and Partners noted the excellent work throughout 2020 to develop a technically strong, coordinated strategy for the program and negotiate grants that implement interventions within this strategy as efficiently and effectively as possible. In particular, GAC Partners cited the use of epidemiological data to identify and target country gaps needs, the HIV alignment agreement which includes streamlined implementation arrangements, the harmonization of program standards across funders and implementers, and increased focus on quality of HIV prevention programming for key populations.
- GAC and Partners reinforced the importance of continuing support and coordination throughout implementation, including for prevention of mother-to-child transmission, key population programming, and community systems strengthening. The Secretariat particularly acknowledged the complexity of ensuring community systems strengthening investments in Nigeria are as impactful as possible during the 2020-2022 allocation period. Grant conditions have been utilized to ensure that the TRP identified issues for community systems strengthening and human rights and gender are cleared during the first quarter of 2021. This is expected to lay the groundwork for subsequent use of ring-fenced funds. Additionally, the Secretariat highlighted Nigeria's participation in the Breaking Down Barriers Strategic Initiative focused on community systems strengthening, human rights and gender, including an assessment underway with current grant funding that is expected to be the basis for intervention design for these ring-fenced funds within the two grants.
- GAC Partners noted the human rights- and gender-related barriers to the update of services brought to light by the TRP. The Secretariat shared that the TRP reviewed a revised Prioritized Above Allocation Request (PAAR) that was resubmitted by the applicant at TRP request. The TRP has requested an additional PAAR revision to be submitted by the applicant that includes revised key populations coverage gaps based on coverage included in the allocation. The Secretariat will follow up with the applicant to ensure this is revised, resubmitted, reviewed and finalized with the TRP by the first quarter of 2021.
- GAC Partners welcomed the TRP's identification of integration across the diseases progressing well and requested further information on supply systems and community health worker training and supervision. The Secretariat shared that supply chain integration systems will be part of the RSSH grant and that training and supervision of community health workers is in progress, but in various stages state-by-state depending on the maturity of the government's community health worker program, which the Secretariat will support step-by-step during grant implementation.
- GAC Partners asked about the implications of COVID-19 on the program, including the shift toward community-based HIV services. The Secretariat highlighted that a shift to community-based services has already occurred across PEPFAR and Global Fund programs and program and commodity data indicate that one residual effect has been a higher proportion of rapid test kits being used than previously with largely facility-based service delivery. The Secretariat and PEPFAR jointly agreed to maintain a six-month buffer stock budget in the grants to mitigate against the risk of test kit shortage in future years. The Secretariat and PEPFAR will monitor commodity consumption and performance on a quarterly basis to monitor the impact of COVID-19 on these service delivery areas.
- The GAC acknowledged the significant allocation increase for Nigeria as one of the top five HIV burden countries, conditional upon the Government of Nigeria increasing its commitment to funding antiretroviral treatment from 50,000 to 100,000 persons per year during the full implementation period as confirmed in the co-financing commitment letter and outlined in the Grant Confirmation.
- GAC Partners requested information on the long-term financial sustainability of the HIV and TB programs. The Secretariat highlighted its comprehensive approach to following up this issue in Nigeria in collaboration with partners, including grant conditions related to co-financing requirements, additional funding conditions and the expected provision of updated letters of



commitment and comprehensive sustainability plan by June 2021. The HIV grants follow the same approach in the TB and malaria grants reviewed by the GAC in October 2020 and approved by the Board through GF/B44/ER01.

### **Somalia Malaria: United Nations Children’s Fund (SOM-M-UNICEF)**

#### 1.21 Background and context

The malaria transmission pattern in Somalia is bimodal, associated with the rainy seasons. Over the past few years, confirmed malaria cases increased from 20,947 in 2014 to 40,508 cases in 2019 and remained relatively stable with minor spikes associated with outbreaks in 2017 and 2019. For the past 5 to 10 years, there has been very low malaria-related mortality, peaking in 2017 with 31 reported malaria deaths, predominately due to an isolated outbreak in the arid area of Bosaso. A spike in confirmed cases occurred in 2019, though subsequent mortality rate was lower than the 2017 outbreak.

#### 1.22 Risks and mitigation measures for Somalia malaria and TB

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 for the Somalia grants, the following grant documents will be revised or produced during grant implementation: (a) an updated monitoring and evaluation plan will be produced within six months of the implementation period start date; and (b) the final implementation arrangements map will be provided within six months of the implementation period start date. Additionally, for the TB grant (SOM-T-WV), the agreement on audit arrangement will be confirmed within three months of the implementation period start date. These are memorialized in the Grant Confirmations.

### **Somalia TB: World Vision International (SOM-T-WV)**

#### 1.23 Background and context

Somalia was among 30 high rifampicin- and multi-drug resistant TB burden countries in 2019. Estimated multi-drug resistant TB incidence was 27 per 100,000. However, TB incidence in Somalia declined from 285 per 100,000 in 2010 to 262 per 100,000 in 2018, while notification of TB cases increased by 2 percent between 2017 and 2019. Treatment coverage in 2019 remained low at 9.8 percent for multi-drug resistant TB and 43 percent for drug-sensitive TB, but treatment success rate was high at 86 percent.

### **Zambia TB/HIV: Ministry of Health of the Republic of Zambia (ZMB-C-MOH) and Churches Health Association of Zambia (ZMB-C-CHAZ)**

#### 1.24 Background and context

Zambia has a generalized HIV epidemic, with an estimated prevalence among the general population of 11.1 percent in 2018 and a decline in new infections by 23 percent between 2010 and 2018. An estimated 92 percent of people living with HIV in 2019 knew their status, 87 percent of whom were on antiretroviral therapy and 76 percent of whom were virally suppressed. Low coverage of viral load testing and loss to follow-up among people living with HIV remain challenges for the program. Although TB in Zambia is on the decline, with a 4 percent reduction annually in incidence, the country is not on track to eliminate TB by 2030, with a treatment coverage rate currently at 58 percent. Rifampicin- or multidrug-resistant TB rates are currently at 2.8 percent of new cases and though only 25 percent of these estimated cases were identified and placed on treatment, the successful treatment rate rose from 34 percent in 2015 to 71 percent in 2018. Treatment coverage, contact screening, and universal provision of TB preventive therapy are targeted areas for improvement in the proposed programs. HIV and TB programs have increased coordination and the number of people starting TB preventive therapy jumped from 18,000 in 2018 to 110,000 in 2019. The proposed programming includes screening, training, civil society engagement, and strengthening of strategies and programming for cervical cancer co-morbidity in accordance with the Global Fund Policy on Co-infections and Co-morbidities. Objectives for the proposed programs include to:

- Ensure that 95 percent of people living with HIV know their status, 95 percent of whom are enrolled on antiretroviral therapy and 95 percent of whom achieve viral suppression;
- Reduce stigma and discrimination associated with HIV and to improve access and utilization of services by at-risk populations; and
- Increase by 2023 the treatment success rate of TB to 95 percent from 90 percent and of multi-drug resistant TB to 82 percent from 75 percent in 2019.

## 1.25 Risks and mitigation measures

**Co-financing:** 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.

**Procurement:** 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. The Local Fund Agent also conducts regular Principal Recipient and Sub-Recipient spending reviews to check compliance and identify any non-compliant expenditure for repayment. 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.

**Recoveries:** Zambia has an outstanding recoverable amount of US\$1,813,535 which the country has acknowledged. The Secretariat is working with the country on a revised repayment protocol following receipt of previous repayment tranches. The Grant Confirmation includes a requirement acknowledging the repayment of the outstanding recoveries.

## 1.26 GAC review and recommendation

- GAC Partners recognized the broad and vibrant community health response in the grant, noting that it could be used to support greater involvement of key populations in programming and service delivery in the future.
- GAC Partners noted their support for the inclusion of the package of services for adolescent girls and young women in the HIV program and indicated their intent to advocate to the Government of Zambia for the inclusion of comprehensive sexuality education and to support the national dialogue on the program. GAC Partners noted that it would be particularly important to ensure adolescent and young people have access to evidence- and human-rights based, comprehensive sexuality information and education. Partners also noted the role of the chair of the Country Coordinating Mechanism in lobbying for the suspension of the comprehensive sexual education framework.
- GAC Partners noted the inclusion of the adaptive leadership approach in support of adolescent girls and young women, which some GAC Partners identified as lacking data on effectiveness. Some GAC Partners encouraged a focus on filling gaps in core services and commodities, while other Partners identified interventions for equal promotion, such as the Join-In-Circuit. The Secretariat responded that the innovative approach aims to strengthen the enabling environment around adolescent girls and young women for behavior, values, and norms changes, and for uptake of existing services rather than replacing existing services. Implementation in pilot sites started in 2020 and data is now being captured through a specific monitoring and evaluation framework, an impact study will be undertaken.
- GAC Partners asked how the TRP identified issues of differentiated services for adolescent girls and young women and key populations, of limited indicators for RSSH components on the Performance Framework and of the organization and coordination of the cadres of community health workers had been addressed. The Secretariat shared that the TRP received comprehensive responses to the identified issues for adolescent girls and young women as well as community health workers, which the Secretariat will also share with partners in Zambia. The Secretariat added that additional RSSH indicators have been incorporated into the new HIV/TB grant with the Ministry of Health to track completeness of reporting and availability of tracer medicines for the three diseases, as well as to track laboratory system improvements. The Secretariat shared that gaps remain, specifically for HIV testing and scaling-up antiretrovirals in year 3. While GAC Partners recommended that core commodities be funded over program approaches that do not have clear evidence of impact, the GAC acknowledged

the past and continuing trends of exchange rate and expressed confidence that, as in the past, savings during grant implementation will be able to cover gaps.

- Partners asked about the rationale of the implementation arrangements for the civil society grant. The Secretariat shared that the modest increase in Sub-recipients was justified by the expansion of antiretroviral sites with a view of taking services closer to clients and by an increase in outreach work through peer educators working on an enabling environment for adolescent girls and young women.
- GAC and GAC Partners noted that Zambia was one of the few countries which saw an increase in TB diagnoses despite the impacts of COVID-19, thanks to very good mitigation and adjustment. They noted that Zambia would be a new country for the Strategic Initiative on finding missing people with TB, part of a group of twenty countries which will be closely supported during grant implementation.
- GAC Partners noted with concern the reduction in the request for GeneXpert machines, as part of grant-making negotiations. The Secretariat noted that the reduction was triggered by a request from in-country stakeholders based on analysis of high priority sites but welcomed further discussion on the topic with partners in the TB Situation Room
- GAC Partners noted the risk of disruptions in supply chain and procurement and asked whether the current budget was realistic, considering the Secretariat's assessments of commodity price development.
- GAC Partners also noted with concern the risk of Zambia's debt resulting in a default on their commitment to contribute antiretrovirals. Further, GAC Partners voiced concern about the dependency of the program on external funding and argued that any new grants need to very seriously factor in sustainability and require contributions from the Government of Zambia. The Secretariat added that 75 percent of the funding under the treatment, care and support module goes toward antiretrovirals and that the bulk of the government's co-financing for HIV/AIDS is for the procurement of antiretrovirals. Additionally, a financial sustainability plan is under development by October 2021 per a TRP issue through a working group coordinated by the Ministry of Health.

## **Zimbabwe HIV: United Nations Development Programme (ZWE-H-UNDP)**

### **1.27 Background and context**

Over the past decade, Zimbabwe has registered a sharp decline in new infections and HIV-related deaths and is one of the few countries approaching epidemic control. In 2019, prevalence was estimated at 12.8 percent, but there are important age, sex and geographical differences, including considerably higher prevalence in key populations including adolescent girls and young women, sex workers, men who have sex with men and people in prisons. Zimbabwe has achieved significant progress towards the 95-95-95 targets. In 2019, 91 percent of people living with HIV knew their status; of these, 93 percent were on antiretroviral therapy; and 86 percent of those on antiretroviral therapy were virally suppressed. The proposed program includes interventions for screening of cervical cancer by public health facilities, as well as a formative assessment on non-communicable diseases including cervical cancer among people living with HIV to inform future programming, in accordance with the Global Fund Policy on Co-infections and Co-morbidities. Additionally, the proposed program aims to accelerate progress towards ending HIV/AIDS as a public health threat by 2030 with the objectives to:

- Reduce new HIV infections among adults, adolescents and young people aged 15-24 years and children 0-14 years by 80 percent by 2025;
- Reduce AIDS deaths by 80 percent by 2025; and
- Attain zero HIV stigma and discrimination.

### **1.28 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.

### **1.29 GAC review and recommendation**

- GAC Partners noted the detailed and complex process in negotiating the HIV grant, praising the innovative approaches to improving access for hard-to-reach vulnerable groups such as

migrants and adolescents, men who have sex with men and transgender people. Additionally, GAC Partners acknowledged the impressive progress towards the 95-95-95 fast-track strategy targets and rapid adaptations in light of the country's COVID-19 response.

- GAC Partners expressed the need for close follow-up of potential antiretroviral treatment gaps for scale-up risk of stock-outs in the program and noted that the proposed grant included additional investments in testing, without additional resources for antiretroviral treatment while the support for antiretroviral treatment enrollment will remain flat. The Secretariat acknowledged the trade-offs of finding a balance between sustaining treatment, while simultaneously advancing prevention. The Secretariat expressed its intention to monitor the matter closely and address any potential gaps in scale-up, as done under the 2017-2019 allocation period, through proactive reprogramming of the grant funds and timely escalation as and when needed.
- GAC Partners also noted the newly flagged risk of reduced stock levels for Tenofovir, Lamivudine and Dolutegravir (TLD) in-country. The Secretariat acknowledged that, despite the submission of an early order, stocks have been delayed due to the impact of COVID-19, but that the Global Fund has covered the pipeline until the end of 2021 and that there have not been disruptions linked to reduced stock levels. Additionally, the Secretariat highlighted that the situation is being closely monitored by the Ministry of Health, the Principal Recipient and Secretariat, and appropriate action will be taken to avert stock outs of the item.
- GAC Partners noted that the sustainability of human resources for health is dependent on equitable distribution of health workers and their performance, in addition to retention. The Secretariat recognized that human resources for health implicate multiple underlying factors, necessitating all aspects relative to their deployment and performance to be systematically considered and highlighting retention as priority in order to address both the availability and quality of health service.
- GAC Partners noted that, beyond high-level engagement with the Government of Zimbabwe to advocate for increased co-financing commitments leading to program stability and desired impact, the Global Fund was working with other key health development partners for a more coherent and harmonized approach in supporting the Government of Zimbabwe with human resources for health.
- GAC Partners also asked about the integration of TB and HIV programs with other health services and about plans for long-term sustainability of the programs and interventions. The Secretariat emphasized that integration has improved particularly for HIV, TB, maternal and child health care in the public health facilities.

## **Summary of the Deliberations of the Secretariat's GAC on Grant Revisions**

### **Multicountry Middle East Emergency Response: International Organization for Migration (QSF-Z-IOM)**

The additional funding is being provided through the Debt to Health agreement between the German Federal Government and the Government of Jordan to enable refugees from Syria who are hosted in Jordan to access key TB and HIV services. An equivalent of US\$8,790,944 is expected to be integrated into the 2017-2019 allocation period grant.

## Additional Information

**Table 3: Grant Extensions Approved by the Secretariat**

The Board is hereby notified that the Secretariat approved the extension in Table 3 as follows:

N	Applicant	Disease Component	Grant Name	Currency	Budget for Proposed Extension Period <sup>10</sup>	Additional Funding Required	Previous Extensions Granted (Cumulative in Months)	Proposed Extension Duration (Months)	Proposed End Date
1	Guyana	HIV/AIDS	GUY-H-MOH	US\$	1,201,930	0	0	12	31-12-21

<sup>10</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 2017-2019 allocation, the budget for the proposed extension period will be funded from the 2020-2022 allocation.

## Privileges and Immunities

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

*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 – Corrigendum

The Board is notified that adjusted Performance Frameworks for the following grants have been uploaded to the document portal as linked below. These documents needed to be updated due to technical challenges related to the import of documents resulting in PDF versions of Performance Frameworks with missing information.

Relevant past Report to the Board	The updated Performance Frameworks have each been labelled with “ revision 1”.
GF/B44/ER01: Decision on the Secretariat’s recommendation for funding the grants (November 2020)	<ul style="list-style-type: none"> <li>• Congo (Democratic Republic) HIV/TB: <a href="#">COD-T-MOH</a></li> <li>• Guinea Bissau HIV/TB: <a href="#">GNB-C-MOH</a></li> <li>• Indonesia Malaria: <a href="#">IDN-M-PERDHAK</a> and <a href="#">IDN-M-MOH</a></li> <li>• Liberia HIV/TB: <a href="#">LBR-C-MOH</a></li> <li>• South Sudan: <a href="#">SSD-C-UNDP</a></li> </ul>

## Annex 2 – Relevant Past Decisions

Pursuant to the Governance Plan for Impact as approved at the Thirty-Second Board Meeting,<sup>11</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/B33/11: Policy on Co-infections and Co-morbidities	This decision point approved the Policy on Co-infections and Co-morbidities
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/B40/EDP02: Decision on the Secretariat’s recommendation for funding the Middle East Response grant (November 2018)	This decision point approved the allocation funding for the Middle East Response HIV, TB and malaria grant (QSF-Z-IOM)
GF/B44/EDP01: Decision on the Secretariat’s recommendation for funding the grants (November 2020)	This decision point approved the allocation funding for Congo (Democratic Republic) HIV/TB (COD-T-MOH), Guinea Bissau HIV/TB (GNB-C-MOH), Indonesia Malaria (IDN-M-PERDHAK and IDN-M-MOH), Liberia HIV/TB (LBR-C-MOH), and South Sudan (SSD-C-UNDP)

<sup>11</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/>)