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# Electronic Report to the Board

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## Report of the Secretariat's Grant Approvals Committee

GF/B44/ER07

### Board Decision

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

1. GF/B44/EDP10: Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation<sup>1</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.*

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<sup>1</sup> The Secretariat recommends the approval of funding from the 2020-2022 Allocation for 16 grants: Benin HIV/AIDS, Benin TB, Burkina Faso HIV/AIDS, Burkina Faso HIV/TB, Burkina Faso TB, Cambodia HIV/TB, Cameroon HIV/TB, Central African Republic HIV/TB, Côte d'Ivoire Malaria, Ghana HIV/AIDS, Ghana HIV/TB and Ghana Malaria, up to an amount of **US\$299,740,113** and **€310,140,843**, including matching funds of US\$17,500,000 for Cambodia HIV/TB, Ghana HIV/AIDS and Ghana HIV/TB and €15,698,577 for Benin HIV/AIDS, Burkina Faso TB and Cameroon HIV/TB.

## Decision

**Decision Point: GF/B44/EDP10: 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/ER07 ("Table 1");*
- 2. Acknowledges each country disease component's constituent grants will be implemented by the proposed Principal Recipients listed in Table 1, or any other Principal Recipient(s) deemed appropriate by the Secretariat in accordance with Global Fund policies;*
- 3. Affirms the funding approved under this decision (a) is subject to the availability of funding, and (b) shall be committed in annual tranches; and*
- 4. Delegates to the Secretariat authority to redistribute the overall upper-ceiling of funding available for each country disease component among its constituent grants, provided that the Technical Review Panel (the "TRP") validates any redistribution that constitutes a material change from the program and funding request initially reviewed and recommended by the TRP.*

***This decision does not have material budgetary implications for operating expenses.***

## Executive Summary

### Context and Input Received

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

- The Secretariat recommends the approval of funding from the 2020-2022 Allocation for 16 grants: Benin HIV/AIDS, Benin TB, Burkina Faso HIV/AIDS, Burkina Faso HIV/TB, Burkina Faso TB, Cambodia HIV/TB, Cameroon HIV/TB, Central African Republic HIV/TB, Côte d'Ivoire Malaria, Ghana HIV/AIDS, Ghana HIV/TB and Ghana Malaria, up to an amount of **US\$299,740,113** and **€310,140,843**, including matching funds of US\$17,500,000 for Cambodia HIV/TB, Ghana HIV/AIDS and Ghana HIV/TB and €15,698,577 for Benin HIV/AIDS, Burkina Faso TB and Cameroon HIV/TB.
- The grants in Table 1 have been found to be disbursement-ready by the Global Fund Secretariat following a thorough review process and in consultation with Partners.
- The funding requests for each country component were reviewed by the Technical Review Panel (TRP) and determined to be strategically focused and technically sound. The TRP, upon its review and when relevant, highlighted issues for the applicant to clarify or address during grant-making and/or grant implementation.
- During grant-making, the applicant refined the grant documents, addressed relevant issues raised by the TRP and Grant Approvals Committee (GAC) and sought efficiencies where possible. For each grant, the GAC reviewed: the strategic focus of the program; operational issues, risks and implementation challenges; domestic contributions; and the final grant documents for disbursement-readiness. The GAC also confirmed that the applicant addressed issues requested for clarification by the TRP or the Secretariat to its satisfaction.
- A list of documents per disease component to substantiate the Board decision is provided below.
  - Funding request;
  - Funding request Review and Recommendation Form;
  - Grant-making Final Review and Sign-off Form;
  - Grant Confirmation; and
  - TRP Clarification Form (applicable only if the TRP requested clarifications).
- The GAC has reviewed the materials associated with the grants in Table 1 and has deemed the grants disbursement-ready. All relevant documents containing the Secretariat's reasons for its recommendations to the Board have been made available on the Governance Extranet and are accessible through [this link](#).

#### Grant Revisions Approved by the Secretariat

The Secretariat hereby notifies the Board that it has approved the extensions 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/EDP10: Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation.

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

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

N	Applicant	Disease Component	Grant Name <sup>2</sup>	Grant End Date	Currency	Total Program Budget <sup>3</sup>	Catalytic Funds in Grant	Domestic Commitment <sup>4</sup>	Unfunded Quality Demand
1	<a href="#">Benin</a>	<a href="#">HIV/AIDS</a>	BEN-H-PlanBen	31-12-23	EUR	6,319,106	889,320	22,150,180	16,077,569
2			BEN-H-PSLS	31-12-23	EUR	31,173,408	651,985		
3		<a href="#">TB</a>	BEN-T-PNT	31-12-23	EUR	6,710,455	-	7,828,398	1,885,355
4	<a href="#">Burkina Faso</a>	<a href="#">HIV/AIDS</a>	BFA-H-SPCNLS	31-12-23	EUR	35,285,088	-	62,381,397	23,843,982
5		<a href="#">HIV/TB</a>	BFA-C-IPC	31-12-23	EUR	8,510,440	-	HIV: 62,381,397; TB: 1,525,001	
6		<a href="#">TB</a>	BFA-T-PADS	31-12-23	EUR	10,298,113	1,813,300	1,525,001	
7	<a href="#">Cambodia</a>	HIV/TB	KHM-C-MEF	31-12-23	US\$	61,544,056	6,000,000	HIV 35,792,493; TB 15,466,888	18,188,849
8	<a href="#">Cameroon</a>	HIV/TB	CMR-C-CMF	31-12-23	EUR	31,596,095	12,343,972	HIV: 70,313,975; TB: 6,630,513	101,502,115
9	<a href="#">Central African Republic</a>	HIV/TB	CAF-C-CRF	31-12-23	EUR	68,046,892	-	n/a	18,304,180
10	<a href="#">Côte d'Ivoire</a>	Malaria	CIV-M-MOH	31-12-23	EUR	73,217,831	-	26,400,293	8,141,559
11			CIV-M-SCI	31-12-23	EUR	38,983,416	-		

<sup>2</sup> The Grant names are subject to change based on the ISO code.

<sup>3</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>4</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>5</sup>	Grant End Date	Currency	Total Program Budget <sup>6</sup>	Catalytic Funds in Grant	Domestic Commitment <sup>7</sup>	Unfunded Quality Demand
12	Ghana	<a href="#">HIV/AIDS</a>	GHA-H-WAPCAS	31-12-23	US\$	16,045,066	4,077,450	106,595,735	100,984,417
13		<a href="#">HIV/TB</a>	GHA-C-CHAG	31-12-23	US\$	17,618,871	1,422,550	HIV: 106,595,735; TB: 26,269,887	
14			GHA-C-MOH	31-12-23	US\$	75,866,326	6,000,000		
15		<a href="#">Malaria</a>	GHA-M-AGAMal	31-12-23	US\$	23,276,567	-	243,049,493	10,080,719
16			GHA-M-MOH	31-12-23	US\$	105,389,227	-		

<sup>5</sup> The Grant names are subject to change based on the ISO code.

<sup>6</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>7</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.

- 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 (requested for approval through GF/B44/EDP08) and the Cameroon National Association for Family Welfare (CAMNAFAW).

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:

### **Benin HIV/TB: Plan International, Inc. (BEN-H-PlanBen) and Programme santé de lutte contre le Sida (BEN-H-PSLS), Programme National contre la Tuberculose de la République du Bénin (BEN-T-PNT)**

#### 1.1 Background and Context

Benin has a mixed HIV epidemic with an overall prevalence of 1.2 percent, and concentrated prevalence among key populations with prevalence of 15.7 percent among sex workers, 7.7 percent among men who have sex with men and 4.7 percent among people who inject drugs. HIV incidence has seen a slow and gradual decline of 12 percent since 2010, attributed to progress made in scaling up HIV testing and antiretroviral therapy: of people living with HIV in 2019, an estimated 76 percent of people knew their HIV status and an estimated 68 percent were on antiretroviral treatment. Additionally, 95 percent of pregnant women who presented at antenatal care were tested for HIV by 2019, and of those who were diagnosed with HIV, close to 100 percent started antiretroviral treatment. Benin's national TB program is one of the best performing in its region. TB incidence decreased from 60 to 56 cases per 100,000 inhabitants between 2015 and 2018, mortality declined from 9.5 deaths to 8.8 deaths per 100,000 population over the same period, and the treatment success rate remained stable at 88 to 90 percent. Prevalence of multi-drug resistant TB in new TB patients was low at 1.2 percent in 2017 and the national TB reference laboratory has been nominated by WHO as the only supranational reference laboratory for West and Central Africa. Lastly, in 2019, 98 percent of TB patients received an HIV test. The objectives of the proposed HIV and TB programs are to achieve the following by 2023:

- Reduce the rate of mother-to-child transmission from 8 percent in 2019 to 5 percent;
- Increase the coverage rates of antiretroviral treatment from 68 percent in 2019 to 82 percent for people living with HIV;
- Ensure that 90 percent of sex workers, 90 percent of people in prisons, 80 percent of men who have sex with men and 50 percent of people who inject drugs use the combined package of prevention;
- Increase the number of newly notified TB cases by 24 percent from 4,003 in 2018 to 4,945; and
- Reach a treatment success rate of 90 percent for all forms of TB and increase the treatment success rate for patients with rifampicin- and multi-drug resistant TB from 70.8 percent in 2019 to 85 percent.

## 1.2 Risks and Mitigation Measures

The proposed grant BEN-H-PLAN includes a material amount of performance incentives in line with the Global Fund Guidelines for Grant Budgeting. The incentives reflect the grant focus on prevention activities for key populations and are task-based incentives intended for outreach workers and peer educators.

## 1.3 GAC Review and Recommendation

- The GAC and Partners commended the inclusive grant-making process, scale-up for prevention and treatment for key populations, and ambitious targets even in the context of COVID-19.
- GAC Partners pledged their commitment to work with the Principal Recipients on detailed action plans for additional services for key populations and people living with HIV, including those related to gender-based violence. They also recommended ensuring greater implementation of more targeted HIV testing strategies beyond provider-initiated testing and counseling. GAC Partners raised a concern around the potential for duplication with the incentive-based funding where HIV testing might become priority against behavioral change communication and psycho-social support for key populations, namely for men who have sex with men. The Secretariat acknowledged this concern about the flow of testing, noting the weakness of data along the HIV cascade for key populations which is to be addressed through technical assistance during implementation and further building the country's capacity to analyze data and use the results for refining implementation.
- GAC Partners inquired about the alternative strategies to address HIV prevention needs among sex workers following the decision to exclude pre-exposure prophylaxis (PrEP) for sex workers. The Secretariat shared that a PrEP demonstration project for sex workers had shown poor retention and low adherence and suggested that it would benefit from more focused targeting. A subsequent modeling study indicated that high treatment coverage would be a more effective means of reducing cases over the long term. However, the Secretariat noted that the new HIV Integrated Biological and Behavioral Surveillance survey and planned technical assistance would support further refinement and micro-targeting of the HIV response, including re-evaluation of PrEP for sex workers.
- GAC Partners highlighted the high treatment response rates for TB, in addition to the good performance on notification and diagnosis. Pediatric TB, multi-drug resistant TB, and TB preventative treatment were noted as areas for improvement and further attention. The Secretariat acknowledged that the country generates and makes good use of local evidence in anticipation of scaling up new strategies, contributing to their maintenance of good performance for TB. GAC Partners requested further information on RSSH interventions to support the program. The Secretariat clarified that RSSH interventions are included in a stand-alone grant to be developed during the second semester of 2021, at which point, Partners will be provided a detailed update. The malaria funding request has been resubmitted to account for the TRP recommendations, including a more appropriate disease split between RSSH and malaria.
- Benin proposed a single financial management platform for adequately performing disease grants implemented by the Ministry of Health to be hosted under the Conseil National de Lutte contre le VIH/Sida, la Tuberculose, le Paludisme, les Infections Sexuellement Transmissibles et les Épidémies, the Principal Recipient that is currently implementing the RSSH grant. While the Global Fund supports approaches that meet country ownership, enhanced governance, and integration of financial management for improved efficiency, the Secretariat is not yet able to recommend with certainty that this arrangement fully meets the principles of transparency, accountability, efficiency and performance. These concerns are based on experience with the entity in the management of the RSSH grant. In the first 18 months of the next implementation period, the Secretariat will work with Benin to design an effective grant management platform that aligns with the country's vision which has health as one of the pillars of its development agenda, and includes the minimum assurances that are required by the Board.

## **Burkina Faso HIV/TB: Initiative Privée et Communautaire pour la santé et la riposte au VIH/SIDA au Burkina Faso (BFA-C-IPC), Secrétariat Permanent du Conseil National de Lutte contre le Sida et les Infections Sexuellement Transmissibles (BFA-H-SPCNLS), Programme d'Appui au Développement Sanitaire (BFA-T-PADS)**

### 1.4 Background and context

Burkina Faso has a concentrated HIV epidemic, with a 0.7 percent prevalence in the general population in 2017 and a higher prevalence among key populations at 5.4 percent among female sex workers, 1.9 percent among men who have sex with men and 2.2 percent among people in prisons. Progress towards epidemic control has been relatively slow and, among people living with HIV in 2018, 70 percent were identified, 62 percent who knew their status were initiated on antiretroviral treatment and 14 percent demonstrated a viral load suppression.

TB incidence in Burkina Faso declined by 32 percent between 2000 and 2018. The country had an estimated TB incidence of 48 per 100,000 population and mortality rate of 9.3 per 100,000 population in 2018. In 2018, Burkina Faso only identified 89 people with MDR-TB, however, the treatment success rate among the 2018 cohort for drug-sensitive TB was high at 84 percent.

The goals of the proposed joint HIV/TB program include, by 2025, to:

- Reduce new infections by 75 percent;
- Reduce HIV-related mortality by 70 percent among people living with HIV;
- Reduce human rights- and gender-related barriers and inequalities that impede access to services;
- Strengthen governance at central and regional levels;
- Contribute to the improvement of the health status of the population of Burkina Faso by reducing the burden of TB by the end;
- Reduce the incidence of TB per 100,000 from 48 cases in 2018 to 40 cases; and
- Reduce the mortality rate per 100,000 from 7.8 in 2018 to 5.7 deaths.

### 1.5 Risks and mitigation measures

**Security:** While Burkina Faso is not classified as a Challenging Operating Environment, there are significant conflict and security issues affecting grant implementation and assurance, including one million internally displaced persons at high risk of infection and transmission given challenges related to reaching these populations.

**Grant-making and transition into the 2020-2022 allocation period:** To facilitate funding request, grant-making negotiations and smooth transition into the new allocation period in the context of COVID-19, a request was submitted to allow the CCM to defer Principal Recipient nomination until implementation. The CCM has agreed to continue grant making with the current Principal Recipients, and with respect to Initiative Privée et Communautaire pour la santé et la riposte au VIH/SIDA au Burkina Faso only, reserved the right to nominate a different Principal Recipient after year 1 of the implementation period. Any such nomination must comply with the CCM Eligibility Policy requirements and meet capacity standards for implementation.

### 1.6 GAC review and recommendation

- The GAC commended the partnership for the development of the grants within a challenging context. GAC Partners noted the strong engagement of civil society and associations of key populations in the planning, governance and delivery of services in the proposed grant and the good alignment of the program with the work of partners, especially as a part of the West and Central Africa Strategic Engagement Strategic Initiative.
- GAC Partners noted TRP recommendations related to important issues from a health system strengthening and human rights and equity perspective. The Secretariat reinforced that these issues were being taken seriously, with government, partner, and other stakeholders engaged in their resolution through multiple assessments and mapping to support the development and an implementation of an action plan.
- GAC Partners noted with concern the challenges in ensuring access to services in conflict areas and for displaced populations and encouraged the Secretariat and partners to continue to collaborate closely on implementing the basic service delivery plan.
- GAC Partners noted the inclusion of performance incentives in the proposed program and asked whether it would be linked to the new strategic plan for human resources for health that was currently under development with support from partners. The Secretariat shared that these incentives had been developed while the strategy development was ongoing, but that the Secretariat would closely monitor the development of the strategic plan to explore alignment.



- GAC Partners further encouraged the HIV program to focus on access to pediatric care and viral load testing; on generating age and gender disaggregated data for all key and vulnerable populations; on gender and gender-based violence; and on optimizing antiretroviral regimens by focusing on fewer regimens such as Tenofovir, Lamivudine, and Dolutegravir (TLD). The Secretariat confirmed these as important areas of focus during implementation and highlighted ongoing work and plans for future collaboration across the partnership to accelerate the transition to TLD in particular.
- GAC Partners commended the expansion of HIV prevention interventions, particularly the ambitious and targeted interventions for the prevention of comorbidities such as cervical cancer and hepatitis in accordance with the Global Fund Policy on Co-infections and Co-morbidities. The GAC and Partners recognized the joint efforts of Project SUCCESS among the Ministry of Health, GAVI, Expertise France and JHEPIEGO with the Global Fund grants focusing on synergies with primary HIV prevention while GAVI covers Human Papillomavirus (HPV) vaccinations and other partners also focused on primary and secondary HPV prevention activities. The Secretariat highlighted that these joint efforts to address HIV prevention would focus on high burden regions, vulnerable populations, and specifically adolescent girls and young women to promote primary prevention of cervical cancer.
- GAC Partners requested further information on the specific strategies the proposed program would use to find and retain men in HIV prevention and treatment programs, noting the need for planning and close monitoring of these strategies. The Secretariat noted work with the country to address this area since 2019, including technical assistance to develop differentiated service delivery approaches with special focus on improving accessibility for men, which are being scaled-up following initial roll-out. The Secretariat reinforced that this work would be linked to targets and that the Secretariat would closely monitor these approaches during implementation and adjust as necessary.
- GAC Partners further noted that continued attention would be needed during grant implementation, especially around improving access to viral load testing, self-testing and early-infant diagnosis and asked what was being done to ensure adequate funding for the human rights and gender interventions during implementation. The Secretariat highlighted that they were working on addressing these barriers, with dedicated resources included across components, including the implementation of the Matchbox Tool and gender assessment requested by the TRP and in alignment with other assessments and programs financed by partners.
- The GAC and GAC Partners expressed concern for the funding gap for blood safety and transfusion services which was expected to be funded with domestic financing and voiced their willingness to advocate for resources, including domestic and additional funding to cover the provision of high-quality blood services as recommended by the TRP. The Secretariat highlighted plans for discussion of this issue in a joint meeting before 31 December 2020 with the Ministers of Finance and Health in order to advocate for government commitment to support provision of high-quality blood services.
- The GAC and GAC Partners supported the innovative TB interventions included in the proposed program, including community interventions and diagnostics. Partners further noted the low treatment coverage for TB and multi-drug resistant TB and expressed support for the planned scale-up, which also builds on the innovative community interventions. GAC Partners also requested information about the community system strengthening budget. The Secretariat noted the inclusion of an adequate amount of funding to support 236 community-based organizations through the malaria and RSSH grant approved by the Board through GF/B43/EDP18.
- GAC Partners further encouraged the TB program to accelerate the scale-up of TB preventive therapy.
- GAC Partners enquired about the lower absorption of the TB grant compared to the HIV one and how this will be addressed in the 2020-2022 allocation period. The Secretariat shared the latest absorption rates and confirmed delayed installation of the P3 lab is the root cause. With estimated completion by end of December 2020, projected absorption for the grant will be over 90%. GAC Partners also asked about the creation of a coordinated e-health strategy that strengthens the national health information management systems. The Secretariat noted ongoing work with technical and financial partners, as well as national stakeholders, to

strengthen the national health information system which will include an eHealth strategy covering ongoing health digitalization efforts.

- GAC Partners noted the importance of these systems for continuous quality improvement and data-informed decision making, highlighting that the system will be needed to identify early issues at the site level and that an emphasis on the use of the data for decision making would be important. The Secretariat agreed with Partners and noted important steps to support data systems with the support of technical assistance to develop an eTracker, the results of which are being scaled-up during implementation.

## **Cambodia HIV/TB: Cambodia Ministry of Economy and Finance (KHM-C-MEF)**

### 1.7 Background and context

Cambodia has a concentrated HIV epidemic with a prevalence of 0.5 percent among the general population in 2019 and much higher prevalence among key populations, including 15.2 percent among people who inject drugs and 9.6 percent among transgender women. New HIV infections have declined 62 percent from 2010 to 2019 and, among people living with HIV, an estimated 84 percent knew their status, 99 percent of them had received antiretroviral therapy and 95 percent of those tested for viral load were virally suppressed. Cambodia is one of the 30 TB high-burden countries, with an estimated incidence of 302 cases per 100,000 population in 2018, a decline from 575 cases per 100,000 population in 2000. Only an estimated 12.8 percent of multi-drug- or rifampicin-resistant TB cases were detected and treated in 2018. An estimated 94.2 percent of TB patients knew their status in 2019 and 98 percent of HIV positive TB patients were provided with antiretroviral treatment in 2019.

The proposed HIV/TB program objectives include:

- Reduce new HIV infections from 780 in 2020 to less than 250 by 2025;
- Achieve the UNAIDS Fast-Track goals of 95 percent of people living with HIV knowing their status by 2023 from 84 percent in 2019 and maintain at 95 percent the people on antiretroviral treatment and virally suppressed, from 96.5 percent and 95.4 percent respectively in 2019;
- Improve the percentage of new and relapse TB cases that were notified and treated from 58.4 percent in 2018 to 75 percent by 2024;
- Maintain the TB treatment success rate for all forms of TB at 94.5 percent; and
- Increase the treatment success rate for multi-drug- and rifampicin-resistant TB from 70.6 percent in 2018 to 75 percent in 2024.

### 1.8 GAC review and recommendation

- GAC and Partners noted with appreciation the significant strides that the proposed programs had made as a result of the TB funding request iteration process.
- GAC Partners praised the inclusive, participatory and collaborative nature of the funding request development process, which included people living with HIV, key populations, civil society organizations and other key stakeholders. Noting that technical assistance had been provided to both the TB and HIV development processes, Partners highlighted that they considered the funding request as a model for partnership and a role model for other countries, especially on use of data such as epidemiologic analyses and application of lessons learned.
- GAC Partners highlighted the new domestic financing commitment from the Council of Ministers of Cambodia which may lead to further domestic funding for HIV through the roll-out of decentralization and de-concentrations mechanisms. The GAC and Partners commended the great job of the partnership in terms of path to sustainability and noted their intention to support the review of the roadmap and the implementation of measures through the new domestic financing mechanism. The GAC commended the country for building on existing health financing policies such as the Health Equity Fund and for expanding its responsibility for commodities, with the Government of Cambodia increasing its financing fourfold of the cost for antiretrovirals in the 2020-2022 allocation period.
- GAC Partners noted that in order for Cambodia to achieve the fast-track 95-95-95 goals, they will need to continue to increase the domestic financing share of the national HIV response particularly in the areas of HIV prevention and community-based HIV service delivery that target the needs of key populations. The Secretariat acknowledged and agreed with Partners that more domestic funding should be invested in prevention activities such as PreP to preserve the gains and ensure that the HIV epidemics continues to be under control and that the numbers of new infections per year goes under 400. The Secretariat will continue to have this conversation with the Royal Government of Cambodia in coordination with partners.

- GAC Partners noted the strong HIV prevention programming in the grant, highlighting the inclusion of virtual outreach, PrEP, differentiated HIV testing services and differentiated treatment and care.

## Central African Republic HIV/TB: La Croix-Rouge Française (CAF-C-CRF)

### 1.9 Background and context

The Central African Republic has a mixed HIV epidemic with a prevalence rate of 3.32 percent among adults aged 15 to 49 and higher prevalence reported among key populations including men who have sex with men at 6.4 percent, and sex workers at 15 percent. An estimated 102,465 people were living with HIV in 2020. Progress has been made since 2012, with the number of new HIV infections per 1,000 population decreasing from 1.91 in 2012 to 1.1 in 2019. At the end of 2019, 46 percent of all people living with HIV were receiving antiretroviral therapy with an estimated 63 percent of the 2018 cohort having an undetectable viral load. Mother-to-child transmission rates remain a challenge, with an estimated 12.3 percent transmission rate, and only 21 percent of HIV-exposed infants are diagnosed within the first 8 weeks of life. The country experienced a rise in TB incidence between 2012 and 2019, from 378 to 540 per 100,000. The number of confirmed multi-drug resistant TB cases has increased consistently between 2010 and 2019, from 9 to 99 cases. Of the 99 estimated multi-drug resistant TB cases in 2019, 100 percent started on treatment. In 2019, 79 percent of TB patients were tested for HIV, an increase from 66 percent in 2016. Antiretroviral therapy provision for co-infected patients in care has increased from 52 percent in 2012 to 85 percent in 2019. The goals of the proposed program are to decrease the number of new HIV infections per 1,000 inhabitants from 1.1 in 2019 to 0.7 by 2023 and to reduce the mother-to-child transmission rate from 12.4 percent in 2019 less than 7.5 percent by 2025, as well as to reduce the TB incidence rate, currently at 540 cases per 100,000, reduce mortality rates per 100,000 population from 98 in 2019 to 93 in 2023.

### 1.10 Risks and mitigation measures

**Co-financing:** The Government of the Central African Republic submitted information on co-financing commitments for the 2020-2022 allocation period. Specific financial commitments will be provided in the first six months of 2021. The Secretariat is working toward the sustainability of the program by identifying synergies and developing a model for future incentive payments in coordination with other financing partners and the Ministry of Health.

**Recoveries:** The Central African Republic has an outstanding recoverable amount of €207,868 which the country has acknowledged and committed to repay by the deadline of 31 December 2020.

### 1.11 GAC review and recommendation

- GAC Partners commended the country and Secretariat for negotiating a solid grant in a challenging country context. GAC Partners appreciated the expansion of services for key populations, especially sex workers and men who have sex with men, through innovative approaches and integrated services and the inclusion of activities to prevent and address gender-based violence particularly for adolescent girls and young women.
- GAC Partners noted with concern the limited coordination between the national programs, and CCM difficulties in assuming a coordination role. GAC Partners highlighted limitations on the multi-sectoral approach as civil society organizations lack recognition, especially for their role in leading community health activities, which results in low financing being attributed to civil society structures and activities. The Secretariat acknowledged that the CCM needs support and noted that oversight and administration will be included in the second phase of CCM evolution, to mitigate these concerns. In addition, the Secretariat noted that the country plans to strengthen testing and treatment with community-based monitoring, community navigators, as well as connecting home visit and peer education with referral.
- GAC Partners also noted with concern the low rate of early infant diagnosis as well as the high gap in antiretroviral therapy initiation and encouraged accelerating the review of the antiretroviral treatment initiation guidelines, highlighting the need for close monitoring and support to the country to scale up their capacity to generate impact.
- GAC Partners expressed support for the TB activities in the grant, while noting the TB molecular scale-up is only at very early stages and requires support to accelerate implementation. The Secretariat noted the focus on improving molecular test expansion, including the work underway to analyze the country context and existing capacity, assess the utilization rate of

existing testing, and draft a strategy on scaling up TB molecular testing, and committed to monitoring and refining the scale-up during implementation.

## **Côte d'Ivoire Malaria: Ministry of Health and Public Hygiene of the Republic of Côte d'Ivoire (CIV-M-MOH) and Save the Children Federation, Inc. (CIV-M-SCI)**

### 1.12 Background and context

Côte d'Ivoire is among the top ten countries with the highest malaria burden globally. Malaria is endemic and a leading cause of morbidity and mortality in the country. As per the 2019 World Malaria Report, there were approximately 8.3 million malaria cases in Côte d'Ivoire. Despite this heavy burden, progress in malaria control has been achieved in recent years and malaria-related mortality has steadily declined, from 3,340 cases in 2016 to 1,641 in 2019. Malaria incidence, on the other hand, has increased during this period, from 155 cases to 191 per 1,000 population of all ages and from 287 to 582 per 1,000 children under the age of five.

Through a significant expansion of the community-based malaria program and the optimization and coverage of long-lasting insecticidal nets, the proposed program aims to:

- Increase the proportion of the population sleeping under an insecticide-treated net from 63 percent in 2019 to 80 percent in 2025;
- Increase the proportion of pregnant women taking all three doses of SP from 53 percent in 2018 to 80 percent in 2025;
- Confirm and test at least 90 percent of malaria cases according to national guidelines in public and private health facilities and in the community by 2025; and
- Strengthen and maintain the program's management, coordination and partnership capacities to achieve performance at all levels.

### 1.13 Risks and mitigation measures

Salary incentives. The proposed program includes a material amount of performance incentives in line with the Global Fund Guidelines for Grant Budgeting. Under CIV-M-MOH grant, there are performance-based payments for the national program staff. The Grant Confirmation includes a condition around the requirements to award performance-based payments to Principal Recipient staff. Under the CIV-M-SCI grant, salary incentives are for task-based payments for community health workers, including support for transportation.

Grant-making and transition into the 2020-2022 allocation period: In order to facilitate grant-making negotiations and smooth transition into the new allocation period, the following grant documents for Côte d'Ivoire will be revised or produced during grant implementation: (a) an updated funding landscape will be provided within six months of implementation period start date; and (b) an agreed implementation workplan for Year 1 will be provided at the implementation period start date. This is memorialized in the relevant Grant Confirmation.

### 1.14 GAC review and recommendation

- GAC Partners noted that the proposed program was an example of a high-burden, high-impact malaria country where significant progress has been made to design a high impact grant grounded on robust data.
- The GAC acknowledged a general concern from Partners on malaria program split funds primarily contributing to fund RSSH interventions that benefit the three diseases and acknowledged the challenge to ensure visibility of RSSH interventions when integrated into disease-specific grants. Partners asked for more information on the process and data used to inform the program split. The Secretariat clarified that the split for the proposed program was largely in line with the proportion of RSSH interventions included across the HIV/TB and Malaria grants under the 2017-2019 allocation period, with RSSH interventions to be presented as part of a forthcoming standalone RSSH grant under the 2020-2022 allocation period. The Secretariat further highlighted that the planned RSSH interventions will be critical for the Malaria programmatic outcomes, notably by addressing key gaps in supply chains, data systems, information systems, funding for national community health worker strategies, integrating malaria into national systems and building the capacity for the government to run service delivery networks and the malaria response.

- GAC Partners noted with appreciation the plans to use RSSH interventions to improve sustainable impact by removing cross-cutting barriers and closely integrating programming in Côte d'Ivoire, while avoiding having RSSH interventions as a fourth, siloed program.
- GAC Partners brought forward concerns from civil society around the electronic monitoring of community health workers by the Government as Principal Recipient, noting that these programs must tangibly benefit workers, or else they risk adding to the reporting burden and lead to a perception of violation of privacy rights. The Secretariat shared that they were in an early stage of preparing for a pilot which would be developed by the civil society Principal Recipient Save the Children Federation, Inc., before being transferred to the Government Principal Recipient. The Secretariat assured partners that they would highlight the partnership's concerns and explore them specifically when looking at the evaluation of the pilot, noting that Save the Children Federation, Inc. works closely and systematically with the Government Principal Recipient.
- The GAC and Partners noted plans for continued domestic resource mobilization and acknowledged that a sustainability and transition plan would be developed within the first year of implementation, as recommended by the TRP.

**Ghana HIV/TB: Christian Health Association of Ghana (GHA-C-CHAG), Ministry of Health of the Republic of Ghana (GHA-C-MOH), and West African Program to Combat AIDS and STI (GHA-H-WAPCAS)**

1.15 Background and context

Ghana has a generalized HIV epidemic, with national HIV prevalence at 1.7 percent and a total of 342,307 people living with HIV in 2019. Last year, there were 20,068 new HIV infections and 13,616 HIV deaths. At the end of 2019, of people living with HIV, 58 percent were aware of their status, 77 percent of those who knew their status are on antiretroviral therapy, and 68 percent achieved viral suppression.

Ghana has an estimated TB incidence rate of 148 per 100,000 population, which declined by an average of 2.7 percent per annum over the past four years. Treatment coverage remained low at 34 percent in 2019, albeit representing a slight increase from 32 percent in 2018. The estimated incidence of drug resistant-TB is 2.9 per 100,000 population, which is equivalent to 1.3 percent of new TB cases and 16 percent of previously treated patients. The TB/HIV co-infection rate among new TB cases is 21 percent.

The proposed HIV/TB program includes the following key objectives to:

- Increase the percentage of people living with HIV who know their status from 58 percent in 2019 to 90 percent by 2023;
- Increase the percentage of people newly diagnosed with HIV initiated on antiretroviral therapy from 77 percent in 2019 to 95 percent in 2023;
- Increase the percentage of people living with HIV who know their status and are on antiretroviral therapy who are virally suppressed from 68 percent in 2019 to 90 percent by 2023;
- Reduce TB incidence by 25 percent from 148 per 100,000 population in 2018 to 111 per 100,000 population by 2025;
- Reduce TB mortality rate by 35 percent from 52 deaths per 100,000 population in 2018 to 41 deaths per 100,000 population by 2025; and
- Increase TB treatment coverage from 34 percent in 2019 to 90 percent by 2025.

1.16 Risks and mitigation measures for the Ghana HIV/TB and malaria programs

**Co-financing:** At the time of GAC review of these grants, the country had not yet submitted final information on its co-financing commitments for the 2017-2019 allocation period. The Government of Ghana procured US\$13.2 million in health commodities out of the US\$29 million required for the three diseases in the 2017-2019 allocation period. In November 2020, the Government of Ghana informed the Secretariat that orders for the remaining health commodities have been put in place. The country will be required to provide these commitments by 30 June 2021, as permitted under the STC policy. This is memorialized in the Grant Confirmations.

**Office of the Inspector General (OIG) ongoing investigation:** The OIG has one ongoing investigation at the Sub-sub-Recipient level, which does not involve significant financial losses. The findings will be shared with the Principal Recipient and affected parties in the coming days. Once the findings have

been shared and the subject entities have been offered due process, further details will be reported to the Board, as per the usual process.

Recoverable amounts: Ghana has an outstanding recovery of US\$ 2,500,597 across all Principal Recipients and disease components which the country has acknowledged and includes outstanding balance of the Central Medical Store fire agreement, unrecovered taxes and various non-compliant expenditures identified through Local Fund Agent reviews and spot checks. The Secretariat is following up closely to ensure timely resolution of the outstanding recoverable and would consider a potential two-to-one allocation reduction in the event of default. The Grant Confirmation includes a requirement acknowledging the repayment of outstanding recoveries.

#### 1.17 GAC review and recommendation for TB/HIV

- GAC Partners commended the country and Secretariat for the excellent collaboration and very inclusive country dialogue to ensure participation of all stakeholders, in particular key and vulnerable populations. The GAC highlighted that guidance included as part of the allocation letter to increase funding for civil society actors, HIV prevention and key population programming, as well as inform the HIV allocation for the Ministry of Health, served as a useful tool in supporting the country to incentivize increased investment by the Ministry of Health in the epidemiological response with the aim to shift to performance-based funding, focus investments on strategic priority interventions, address gender and human rights barriers, and promote sustainability. The GAC recognized the funding request and resulting grants had effectively addressed the key issues highlighted in the allocation letter, including strategic actions raised by the TRP and reinforced by partners.
- GAC Partners praised the strong prioritization of interventions for key populations, especially men who have sex with men and female sex workers, the introduction of the roll out of PrEP, the expansion of community-based organizations including in service delivery and monitoring and the integration of comprehensive human rights interventions. In addition, GAC Partners welcomed interventions that target the elimination of mother-to-child transmission and the improvement of antiretroviral therapy coverage for HIV-exposed infants and early infant diagnosis and those which prioritize pediatric populations in order to accelerate progress. GAC Partners asked whether challenges were foreseen in meeting recommendations of the TRP related to people in prison, on HIV prevention for people who inject drugs and for the transgender community. The Secretariat shared that plans were already in place and should be implemented according to the timeline requested by the TRP, especially if political support is provided by GAC Partners for the proposed key populations program.
- GAC Partners reinforced the importance of close monitoring to assure the potential for significant programmatic growth during the grant lifecycle, notably differentiated service delivery, key population programming, treatment scale-up, and ensuring efficiency in implementation arrangements to support core program work. The Secretariat agreed to reinforce and monitor these areas through technical assistance and links to the Strategic Initiative for differentiated service delivery, expansion and integration of key population programming, ambitious scale-up of antiretroviral treatment, and ongoing identification and reinvestment of efficiencies during implementation.
- GAC Partners recommended increased efforts to address low HIV case finding among men, including through promotion of self-testing and index testing, highlighted the need for increased efforts to ensure effective outreach for men who have sex with men based on lessons learned and innovative approaches, and stressed immediate action to ensure access to free condoms for key populations.
- GAC Partners also noted with concern the potential projected gap in funding for the procurement of HIV and TB health products, due to a number of factors, including donor withdrawal of funds for antiretroviral treatment in early 2019 and insecurities around the Government's capacity to deliver on its co-financing commitments, especially in light of COVID-19 disruptions. The Secretariat noted that the portfolio is now in a stronger position to address risks in supply chains, due to last mile Logistics Management Information and Health Management/E-tracker case management systems and stronger engagement of Government through domestic financing of commodities, than in the previous allocation period and expressed a guarded optimism that solutions to any commodity gaps will be found during grant implementation.
- GAC Partners expressed strong support for the proposed TB interventions, in particular activities to increase TB case detection and improve access to rapid molecular tests across

districts, while also highlighting the importance of childhood TB case detection and TB preventative treatment coverage, which are both very low. The Secretariat noted the strong support from partners to develop an enhanced approach to case detection, including alignment with the national strategic plans and setting extremely ambitious targets. Partners also expressed support for addressing community, rights and gender barriers based on TRP recommendation, noting plans to conduct an assessment, followed by the development of a workplan.

#### 1.18 GAC review and recommendation for cross-cutting issues

- GAC Partners noted with concern outstanding recoveries pertaining to the agreement following the fire at the Central Medical Store, non-compliant payments and unrefunded tax. The Secretariat noted that the Government of Ghana, in discussions with Global Fund leadership, had written to confirm its commitment to repay. In addition, the Secretariat is engaged to resolve debt across the portfolio. The Secretariat is grateful for the continued support from Partners to provide strong encouragement to the Government of Ghana for repayment.
- GAC Partners asked what was being done to strengthen the governance of the grants with the Ministry of Health and mitigate the risks of commodity gaps in the proposed program. The Secretariat shared that previous investments in supply chain and health information management systems allowed for detailed, regular discussions with the Ministry of Health and other stakeholders on the actual needs by commodity, quantities, and delivery schedules, and that the country was offered the opportunity for performance-based above allocation funding in the allocation letter should the Ministry of Health meet its targets and commitments.
- GAC Partners asked about the planned development and implementation of the Universal and Primary Health Care Roadmap (UHC Roadmap), namely what grants it would apply to, whether access to affordable essential services was included, and what the plans were for continued engagement. The Secretariat shared that they expected the UHC Roadmap, which would be leveraged by all grants, to move ahead in the first half of 2021 after the national elections. One key focus of the Ministry of Health and partner collaboration, supported by the grants, is affordable access by strengthening the National Health Insurance Authority and improving private sector engagement. The Secretariat added that the implementation plan and budget for the Public Financial Management system were closely integrated into planning for the UHC Roadmap as it required common agreement between MOH/Development Partners, an opportunity highlighted by the TRP.
- GAC Partners asked about the scale-up and funding of community services and community system strengthening. The Secretariat shared that mitigation measures were on track to update operations, hire and train the community cadres, and that funding for community system strengthening was incorporated under several different budget modules. GAC Partners asked whether training for the community health workers would be specific to the three diseases or integrated other health services. The Secretariat responded that the cadres would be trained on other essential services such as nutrition, maternal and child health, and treatment of minor illnesses.

### **Ghana Malaria: Ministry of Health of the Republic of Ghana (GHA-M-MOH) and AngloGold Ashanti (Ghana) Malaria Control Limited (GHA-M-AGAMal)**

#### 1.19 Background and context

Ghana is one of the eleven countries which contribute to 80 percent of the world's malaria burden and, as such, is considered part of WHO's High Burden High Impact response (HBHI). The country has made significant progress in malaria mortality reduction, from 10.8 per 100,000 population in 2012 to 1.01 per 100,000 population in 2019, representing a 90 percent reduction over this period. Meanwhile, case fatality rate among children under the age of five has reduced from 0.6 percent to 0.1 percent over the same period. In addition, progress has also been made in the testing of suspected malaria cases, from 76.3 percent in 2015 to 93.7 percent in 2019, while sentinel-site based testing positivity rates have decreased from 23.7 percent in 2014 to 16.4 percent in 2019. However, malaria is a continuing and increasing cause of out-patient consultations, increasing from 38.7 percent in 2012 to 42.7 percent in 2019, while in-patient admissions declined over the same period. Reported incidence has risen in association with this, from 154 per 1000 population in 2016 to 193 per 1000 population in 2019.

The proposed 2020-2022 malaria program has set the following key objectives:

- Reduce malaria mortality by 90 percent from 1.01 deaths per 100,000 population in 2019 to 0.4 deaths per 100,000 population by 2025;
- Reduce malaria case incidence by 50 percent by 2025 compared with 2019 baseline; and
- Achieve malaria pre-elimination in at least 7 districts by 2025.

#### 1.20 GAC review and recommendation

- GAC Partners commended the partnership for the close collaboration in the field, in particular the open, consistent communication.
- GAC Partners commended the great progress in the malaria portfolio, noting that the country was one of the very few HBHI countries on track to achieve the 2020 global targets, primarily due to an approximately 40 percent reduction in malaria incidence.
- In addition, GAC Partners appreciated the use of RSSH activities as a coordinating framework to improve integration, coordination, efficiency and impact, highlighting the Ghana portfolio as an example of sustainable impact.



## Additional Information

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

The Board is hereby notified that the Secretariat approved the extensions in Table 2 as follows:  
Additional Information

N	Applicant	Disease Component	Grant Name	Currency	Budget for Proposed Extension Period <sup>8</sup>	Additional Funding Required	Previous Extensions Granted (Cumulative in Months)	Proposed Extension Duration (Months)	Proposed End Date	Rationale
1	Indonesia	HIV/AIDS	IDN-H-MOH	US\$	13,200,290	0	0	12	31-12-21	To bridge the gap of funding for grant implementation in the context of an iterated HIV funding request by allowing adequate time for resubmission, grant making and the approval process, as well as to thoroughly address key concerns in the areas of HIV outreach, testing, treatment and viral suppression raised by the TRP in September 2020.
2			IDN-H-SPIRITI	US\$	8,181,959	0	0	12	31-12-21	

<sup>8</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

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

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## Annex 1 – Relevant Past Decisions

Pursuant to the Governance Plan for Impact as approved at the Thirty-Second Board Meeting,<sup>9</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/B38/EDP04: Decision on the Secretariat's recommendation for funding the Indonesia HIV grants (November 2017)	This decision point approved the allocation funding for the Indonesia HIV grants (IDN-H-MOH and IDN-H-SPIRITI)

<sup>9</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/>)