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# Electronic Report to the Board

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## Report of the Secretariat's Grant Approvals Committee

GF/B44/ER08

### Board Decision

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

1. GF/B44/EDP11: Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation<sup>1</sup>
2. GF/B44/EDP12: Decision on the Secretariat's Recommendation on Additional Funding for the 2020-2022 Allocation Period<sup>2</sup>
3. GF/B44/EDP13: Decision on the Secretariat's Recommendation on Grant Extensions<sup>3</sup>

*Document Classification: Internal.*

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<sup>1</sup> The Secretariat recommends the approval of funding from the 2020-2022 Allocation for 16 grants: Cambodia RSSH, Congo HIV/TB, Congo (Democratic Republic) Malaria, Congo (Democratic Republic) RSSH, Haiti RSSH, Multicountry Western Pacific HIV/TB, Pakistan HIV/AIDS, Papua New Guinea HIV/TB, Senegal HIV/AIDS, Senegal TB/Malaria/RSSH, Solomon Islands Malaria, Sudan HIV/AIDS and Sudan TB, **up to an amount of US\$560,717,622 and EUR 97,970,952**, including matching funds of EUR 2,901,280 for Congo HIV/TB and Senegal HIV/AIDS.

<sup>2</sup> The Secretariat recommends the approval of **US\$5,758,982** of additional funding for the Congo (Democratic Republic) HIV/TB grant.

<sup>3</sup> The Secretariat recommends the approval of grant extensions for Pakistan TB and Sudan Malaria for total incremental funding of **US\$45,059,692**.

## Decision

### **Decision Point: GF/B44/EDP11: 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/ER08 ("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/EDP12: Decision on the Secretariat's Recommendation on Additional Funding for the 2020-2022 Allocation Period**

The Board:

1. Approves the revised budget recommended for the grant listed in Table 2 of GF/B44/ER08 ("Table 2");
2. Affirms the additional funding approved under this decision (a) increases the upper-ceiling amount that may be available for the relevant implementation period of each disease component's constituent grants, and (b) is subject to the availability of funding; and
3. 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 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/EDP13: Decision on the Secretariat's Recommendation on Grant Extensions**

The Board:

1. Approves the extension budget and revised implementation period recommended for each grant listed in Table 3 of GF/B44/ER08 ("Table 3"); and
2. Affirms that any additional funding provided to fund the extension budget (a) shall increase the upper-ceiling amount that may be available for the relevant implementation period for each grant listed in Table 3, and (b) is subject to the availability of funding.

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

## Executive Summary

### Context and Input Received

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

- The Secretariat recommends the approval of funding from the 2020-2022 Allocation for 16 grants: Cambodia RSSH, Congo HIV/TB, Congo (Democratic Republic) Malaria, Congo (Democratic Republic) RSSH, Haiti RSSH, Multicountry Western Pacific HIV/TB, Pakistan HIV/AIDS, Papua New Guinea HIV/TB, Senegal HIV/AIDS, Senegal TB/Malaria/RSSH, Solomon Islands Malaria, Sudan HIV/AIDS and Sudan TB, **up to an amount of US\$560,717,622 and EUR 97,970,952**, including matching funds of EUR 2,901,280 for Congo HIV/TB and Senegal HIV/AIDS.
- 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 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 of **US\$5,758,982** for the Congo (Democratic Republic) HIV/TB grant set out at Table 2.

#### Secretariat's Recommendation on Grant Extensions

- The Secretariat recommends the approval of grant extensions for Pakistan TB and Sudan Malaria for total incremental funding of **US\$45,059,692** set out at Table 3.

#### Grant Revisions Approved by the Secretariat

- The Secretariat hereby notifies the Board that it has approved the extensions set out at Table 4.

### Input Sought

The Board is requested to review the request and agree on a 'no objection' basis, the decision points GF/B44/EDP11: Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation, GF/B44/EDP12: Decision on the Secretariat's Recommendation on Additional Funding for the 2020-2022 Allocation Period and GF/B44/EDP13: Decision on the Secretariat's Recommendation on Grant Extensions.

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

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

N	Applicant	Disease Component	Grant Name <sup>4</sup>	Grant End Date	Currency	Total Program Budget <sup>5</sup>	Catalytic Funds in Grant	Domestic Commitment <sup>6</sup>	Unfunded Quality Demand
1	<a href="#">Cambodia</a>	RSSH	KHM-S-MEF	31-12-23	US\$	4,000,000	-	6,925,093	782,419
2	<a href="#">Congo</a>	HIV/TB	COG-C-UNDP	31-12-23	EUR	27,261,566	1,813,300	HIV: 2,633,281; TB: 854,668	6,442,439
3	Congo (Democratic Republic)	<a href="#">Malaria</a>	COD-M-MOH	31-12-23	US\$	45,730,701	-	64,493,579	-
4			COD-M-SANRU	31-12-23	US\$	325,081,393	-		-
5		<a href="#">RSSH</a>	COD-S-MOH	31-12-23	US\$	45,779,591	-		45,696,998
6	<a href="#">Haiti</a>	RSSH	HTI-S-UGP	31-12-23	US\$	23,460,622	-	8,569,155	21,825,141
7	<a href="#">Multicountry Western Pacific</a>	HIV/TB	QUA-C-UNDP	31-12-23	US\$	10,286,474	-	N/A	-
8	<a href="#">Pakistan</a>	HIV/AIDS	PAK-H-NZT	31-12-23	US\$	22,500,430	-	24,790,000	13,815,298
9	<a href="#">Papua New Guinea</a>	HIV/TB	PNG-C-WV	31-12-23	US\$	40,454,580	-	HIV: 18,308,886; TB 17,888,206	33,367,109
10	Senegal	<a href="#">HIV/AIDS</a>	SEN-H-ANCS	31-12-23	EUR	7,100,868	699,272	27,629,481	7,438,967
11			SEN-H-CNLS	31-12-23	EUR	17,277,030	388,708		
12		<a href="#">TB/Malaria/RSSH</a>	SEN-Z-MOH	31-12-23	EUR	34,712,016	-	TB: 7,623,417; Malaria: 21,683,840	21,119,873
13			SEN-Z-PLAN	31-12-23	EUR	11,619,471	-		

<sup>4</sup> The Grant names are subject to change based on the ISO code.

<sup>5</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>6</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>7</sup>	Grant End Date	Currency	Total Program Budget <sup>8</sup>	Catalytic Funds in Grant	Domestic Commitment <sup>9</sup>	Unfunded Quality Demand
14	<a href="#">Solomon Islands</a>	Malaria	SLB-M-MHMS	31-12-23	US\$	8,031,136	-	2,087,877	5,061,434
15	Sudan	<a href="#">HIV/AIDS</a>	SDN-H-UNDP	31-12-23	US\$	22,106,965	-	HIV: 3,780,695; RSSH: 128,767,478	143,521,989
16		<a href="#">TB</a>	SDN-T-UNDP	31-12-23	US\$	13,285,731	-	TB: 2,352,656; RSSH: 128,767,478	

**Table 2: Secretariat's Recommendation on Additional Funding to be Integrated into Grants**

N	Applicant	Disease Component	Grant Name	Additional Funding Source	Currency	Previous Approved Grant Budget	Additional Funds	Revised Grant Budget for approval	Rationale
1	<a href="#">Congo (Democratic Republic)</a>	HIV/TB	COD-C-CORDAID	RSSH Allocation	US\$	198,318,844	5,758,982	204,077,826	The additional funds from the post-program split RSSH allocation are urgently required to be integrated into the HIV/TB grant from 1 January 2021 to avoid disruption of core RSSH activities, in the context of an RSSH funding request iterated for resubmission by the TRP which was subsequently cleared and recommended by the TRP in Window 3.

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

<sup>8</sup> The Program budget for the Grant may be higher than the Program budget being recommended to the Board for approval where Covid-19 Response Mechanism funding has been integrated into the Grant.

<sup>9</sup> Domestic commitments pertain to the disease programs and exclude other specific commitments for RSSH, unless otherwise specified. Commitments for disease specific programs and RSSH are subject to local currency value fluctuation against US dollar and Euro currencies. Please note that the domestic commitments included in this report are recorded as of GAC date and may be updated during implementation for countries that have been granted policy flexibilities.

**Table 3: Secretariat's Recommendations on Grant Extensions**

N	Applicant	Disease Component	Grant Name	Currency	Total extension budget <sup>10</sup>	Additional Funding Required	Previous Extensions Granted (Cumulative in Months)	Proposed Extension Duration (Months)	Proposed End Date	Rationale
1	<a href="#">Pakistan</a>	TB	PAK-T-NTP	US\$	23,855,575	23,855,575	0	6	30-06-21	<p>This six-month extension will bridge the gap of funding for grant implementation in the context of a TB funding request iterated for resubmission by the TRP to allow adequate time for the Secretariat and Principal Recipient to finalize grant-making and Board request for approval of the new TB grant, while addressing concerns related to scale-up of case finding, strengthening of private sector involvement in TB response, implementation of the multi-drug resistant TB response at a large scale and introduction of innovative systems.</p> <p>The Office of the Inspector General (OIG) is currently undertaking an investigation relating to The Indus Hospital TB grant program under the PAK-T-TIH grant. The investigation findings indicate issues are limited to this grant and do not affect PAK-T-NTP. PAK-T-TIH will not continue and the Secretariat is currently processing grant closure and transfer of activities to PAK-T-NTP and PAK-T-MC.</p> <p>Additionally, the GAC has recommended the extension documents include a requirement for the Principal Recipient to repay outstanding recoveries of US\$182,214.</p>
2	<a href="#">Sudan</a>	Malaria	SDN-M-MOH	US\$	21,204,117	21,204,117	0	6	30-06-21	<p>This six-month extension will bridge the gap of funding and implementation to avoid disruption of essential services by allowing adequate time for the Secretariat to design and put in place a tailored implementation arrangement under which the Ministry of Health can be retained as a Principal Recipient, with significant support and oversight by an appropriate assurance provider.</p> <p>Additionally, the GAC has recommended the extension documents include a requirement for the Principal Recipient to repay outstanding recoveries of US\$518,064.</p>

<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.

## 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:

### **Congo HIV/TB: United Nations Development Programme (COG-C-UNDP)**

#### 1.1 Background and context

The Republic of Congo (Brazzaville) has a generalized HIV epidemic with a 3.1 percent prevalence in the general population in 2019. Prevalence among women is twice as high as in men, with the gender gap even wider among adolescents and young people. Estimated prevalence among key populations in 2018 was 41.2 percent for men who have sex with men, 8.1 percent for sex workers and 3.9 percent for people in prison. HIV incidence is increasing, with an estimated 8,000 new infections in 2019 from 6,400 in 2010. In 2019, mother-to-child transmission rate was high at 30 percent. Ranked among the top 30 countries with high TB burden, TB incidence in Congo was 373 per 100,000 population in 2019. TB mortality rate in 2019 was estimated at 52 deaths for HIV-negative patients and 40 deaths for HIV-positive patients per 100,000 population. Treatment coverage was 59 percent in 2019, with low and declining treatment success rate. For multi-drug resistant TB in 2018, only 25 percent of the estimated cases were identified and of these, 85 percent initiated treatment. Congo is also a high-burden TB/HIV co-infection country. In 2019, only 11 percent of people with TB knew their HIV status. The rate of HIV positivity among those tested in 2019 was high at 49 percent, but only 61 percent of co-infected patients were on antiretroviral therapy. The country has the lowest TB treatment success rate for people with TB/HIV co-infection. The proposed HIV/TB program aims to, by 2023:

- Reduce new infections by 50 percent among vulnerable and key populations and eliminate new infections among children;
- Achieve the 90-90-90 targets to significantly reduce morbidity and mortality among people living with HIV by at least 62 percent compared to the current baseline;
- Reduce the number of TB-related deaths by 35 percent compared to the 2015 baseline; and
- Reduce the incidence of TB by 20 percent compared to the 2015 baseline.

#### 1.2 Risks and mitigation measures

Principal Recipient. Congo is under the Additional Safeguards Policy and a new Principal Recipient was selected for the 2020-2022 allocation period. The selection of the United Nations Development Programme (UNDP) as Principal Recipient was made based on a detailed analysis of program performance, proposed program expansion in scope and scale in the next period, associated risks and ambition of building the national TB and HIV program capacity. As part of its mandate, UNDP will be responsible for developing and implementing a capacity strengthening plan for national implementing partners and local civil society organizations. The Secretariat has conducted the necessary due diligence in evaluating this transition and UNDP is presently recruiting for key positions to be filled by the implementation period start date of the grant.

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 approved to complete the full capacity assessment and the integrated risk matrix within three months of the implementation start date.

### 1.3 GAC review and recommendation

- The GAC and Partners commended the partnership's efforts in funding request development and grant-making, resulting in a strategically stronger program in which important gaps are addressed.
- GAC Partners highlighted the improved focus on prevention interventions for key populations and harm reduction interventions for people who inject drugs.
- GAC Partners remarked with concern on the high mother-to-child transmission rate and low antiretroviral coverage among pregnant women and children. The Secretariat noted the inclusion of strategies within the proposed program to improve antiretroviral treatment from low baselines with a comprehensive approach that covers differentiated testing to capture pregnant women, infants, and children who may not have been tested due to leakages in the treatment cascade, followed by improved diagnosis, sample transport, and links to treatment.
- GAC Partners flagged opportunities to improve TB programmatic interventions, noting need for strengthening human resources at the national TB program level, including for the laboratory, decentralization of TB diagnosis, and sustained technical assistance at the national level. The Secretariat agreed with Partners and reinforced that it would monitor progress against indicators, scale-up of multi-drug resistant TB diagnosis and delivery, and timely delivery of technical assistance during implementation, notably through the Strategic Initiative Finding Missing People with TB: Strategic Engagement in West and Central Africa. The Secretariat noted the opportunity to jointly push for capacity strengthening at the national level, which currently includes support for salaries which are envisioned to be taken over by the Government of Congo in the future.
- The GAC emphasized that continued collaboration with partners, and a deliberate and targeted partnership approach, would be critical during program implementation to move the country towards results and impact.
- GAC Partners highlighted the importance of technical assistance provided by Expertise France in developing the funding request and grant-making, noting the opportunity to improve coordination across the partnership, build the capacity of the CCM, and fully address the TRP's recommendations during implementation. Additionally, Partners cited lab capacity, national systems for procurement, implementing differentiated HIV/TB services, the national plan on health information systems, and national disease programs as areas for improvement during the allocation period. The Secretariat noted that these areas would be closely monitored and technical assistance would be sought, where appropriate.

## **Congo (Democratic Republic) Malaria and RSSH: Ministry of Health and Population of the Democratic Republic of Congo (COD-M-MOH and COD-S-MOH) and SANRU Asbl (COD-M-SANRU)**

### 1.4 Background and context

The Democratic Republic of Congo (DRC) has the second highest malaria burden in the world, accounting for 11 percent of the total global malaria burden. Malaria is the number one cause of morbidity and mortality in DRC, a significant cause of poverty and remains the top cause of patient consultation, hospitalization and death. The country has seen a significant reduction in all-cause mortality in children under the age of five from 104 per 1,000 live births in 2013 to 2014 to 70 per 1,000 live births in 2017 to 2018, maintaining a strong downward trend shown since 2010. Conversely, malaria prevalence has not shown any significant improvement since 2013 to 2014 as seen through increases in prevalence. Test positivity rates have also increased consistently to 75.6 percent nationally in 2019, including provinces exceeding 90 percent rapid diagnostic testing positivity. Despite high impact interventions and significant efforts in malaria control, current trends are showing cases will continue to increase at a rate which seriously challenges the country's capacity to reach 2030 goals and reduce malaria burden in any meaningful way. Furthermore, the contextual realities in DRC present operational complexities to achieving the ambitious goal of health for all. The fractured and weak health system, the complexity introduced by upsurges in conflicts and recurrent Ebola outbreaks, as well as further aggravation caused by the COVID-19 pandemic, has resulted in parts of the country becoming periodically inaccessible and has strained the already limited and basic infrastructure available. The overall strategic vision for prioritized RSSH investments is to enable improved integration across all



levels of the health system and strengthen decentralized processes and ultimately improve the delivery of essential health services that meet patients' actual needs. Overall, the proposed malaria and RSSH programs have the following broad objectives to achieve by 2023:

- Reduce malaria-related morbidity by 40 percent compared to the 2018 baseline;
- Reduce malaria mortality by 50 percent compared to the 2018 baseline; and
- Contribute to the well-being of the Congolese people within the framework of universal health coverage and other health-related targets of the sustainable development objectives.

### 1.5 Risks and mitigation measures

Recoveries: DRC has an outstanding recoverable amount of US\$156,147 by the Ministry of Health, which the country has acknowledged and committed to repay by the deadline of 31 May 2021. The Grant Confirmation includes a requirement acknowledging the repayment of outstanding recoveries.

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 approved to allow the applicant to submit the external audit by 31 December 2020.

### 1.6 GAC review and recommendation

- The GAC and Partners commended the partnership for exemplary progress under difficult circumstances, including political tensions and COVID-19, welcoming the strong and integrated response to addressing increasing malaria incidence and the collaboration around the universal health care roadmap.
- GAC Partners pointed out that, while the collaboration among stakeholders has been positive and the program is set to make the most impactful use of available funds, only basic malaria needs are being covered and substantial gaps remain, including long-lasting insecticidal net coverage for Kinshasa. The Secretariat clarified that the full gaps would be included in the Prioritized Above Allocation Request that was iterated by the TRP and is planned for resubmission beginning of 2021. The GAC further noted that ensuring programmatic gains and outcomes are not reversed in DRC will require additional resource mobilization efforts. GAC Partners noted the importance of working with the African Leaders Malaria Alliance on providing additional resources to bend the curve, as well as working with the Government of DRC on domestic commitments to uphold the Abuja Declaration and long-term public financial management reform.
- The GAC commended the partnership for bringing forward prioritized RSSH investments with increased geographic focus and greater emphasis on service delivery. GAC Partners expressed support for the human resources for health interventions in RSSH programming, noting that salary incentives cover TB, HIV and malaria grants and are interlinked with successful outcomes.
- GAC Partners noted the challenges of reaching remote areas and called attention to the strategy of scaling up community health centers, citing the opportunity for these to provide a foundation for primary health care in addition to malaria.
- The Secretariat highlighted the use of Direct Facility Financing in one province to improve service delivery, for which strong risk mitigation measures are in place. The grant will use this financing mechanism for the direct provision of funds to health facilities to pay for their operations. Through this, facilities are given substantial autonomy in the use of the funds within pre-agreed and established guidelines to allow them to respond flexibly and creatively to local challenges and thus more effectively responding to community health needs in real time. The Secretariat added that this funding modality is innovative for the Global Fund but builds on previous examples from the World Bank and is expected to be a learning opportunity for the Global Fund. The Secretariat clarified that these funds would initially be ringfenced to allow further refining of the model and that further discussions would take place in order to appropriately mitigate risks and demonstrate value of the approach during implementation.
- GAC Partners expressed concern about domestic financing for health. The Secretariat flagged the mitigation measures in place, including the government commitment to procure commodities through Wambo as part of the additional co-financing amount, as a positive and promising development for the 2020-2022 allocation period and strongly encouraged that technical assistance from partners would be leveraged during implementation for better execution of the budget and reporting.

- GAC Partners highlighted the opportunity to support collaboration across the partnership to improve lab systems and noted the importance of ensuring sustainability, including that the government has the capacity to run the lab system after support is phased out. The Secretariat noted that laboratory system strengthening is included on the Register for Unfunded Quality Demand for DRC and that it would be a priority for 2021 as funds become available through efficiencies in order to boost disease outcomes and the COVID-19 response.
- GAC Partners appreciated the plans for in-country private sector engagement for resource mobilization and anticipated the need for flexibility to reprogram funds, depending on the strategic focus and prioritization of additional resources that become available.
- The Secretariat flagged the work done with partners on community systems strengthening and Partners and Secretariat alike converged on looking forward to the Malaria Matchbox work in the new grant.

## **Haiti RSSH: Ministry of Public Health and Population (HTI-S-UGP)**

### 1.7 Background and context

Haiti's health system is primarily under the responsibility of the Ministry of Public Health and Population of Haiti and presents significant challenges in terms of resources, organization and management. Issues include supply chain, laboratories, human resources for health, including community health workers and health information management. Overall, the primary goal of the proposed RSSH grant is to meet the needs of the HIV, TB and malaria programs with cross-cutting activities to strengthen the health system and broaden the level of care and services offered in Haiti, driven by principles of equity and universality. The grant focuses on four components: a national management system for health products, a health information management system, a health workforce also in the communities, and a national laboratory system.

### 1.8 Risks and mitigation measures

**Co-Financing:** At the time of the GAC review of these grants, the country had not yet submitted final information on its co-financing commitments for the 2020-2022 allocation period. The country will be required to provide these commitments by June 2021, as permitted by flexibilities through the STC Policy. In order to ensure compliance with the co-financing requirements, language is included in the Grant Confirmation to ensure reporting on the progress towards compliance by the country.

**Implementation arrangements:** The grant will be implemented as a joint investment with the World Bank, leveraging World Bank's considerable experience working with the Ministry of Public Health and Population on the implementation of health-related projects. The World Bank will provide an enhanced package of support to the Ministry as implementer, as it grows into its role as Principal Recipient for the Global Fund grant.

**Grant-making and transition into the 2020-2022 allocation period:** To facilitate grant-making negotiations and smooth transition into the new allocation period, the following grant documents and actions for Haiti will be revised or produced during grant implementation: (a) refined and revised budgets with additional details for years two and three of implementation; (b) agreed implementation workplan for year one, or the period remaining, within the first six months of implementation; and (c) audit arrangements to be completed within the first three months of implementation.

### 1.9 GAC review and recommendation

- Haiti benefited from the technical assistance from Expertise France on the development of the funding request. GAC Partners reinforced the importance of technical assistance provided to Haiti by Expertise France in improving the program management unit's approach to the RSSH funding request and grant-making, while noting the opportunity to further strengthen its capacity and improve donor coordination. The Secretariat agreed to continue improving these areas during implementation.

## **Multicountry Western Pacific HIV/TB: United Nations Development Programme (UNDP)**

### 1.10 Background and context

The Multicountry Western Pacific HIV/TB integrated grant covers eleven countries; Cook Islands, Federated States of Micronesia, Kiribati, Nauru, Niue, Palau, Republic of Marshal Islands, Samoa, Tonga, Tuvalu and Vanuatu. The grant is implemented by UNDP in close collaboration with the

Ministries of Health, civil society organizations, technical and bilateral partners. As a multicountry grant, the Multicountry Western Pacific program is not required to meet formal co-financing requirements as outlined in the STC Policy. However, the Global Fund continues to encourage country governments benefiting from the grant to take collective measures in strengthening domestic financing as part of efforts to enhance sustainability.

In recommending the Pacific Islands Regional Coordinating Mechanism (RCM) funding request, the TRP considered the HIV component to be strategically focused and technically sound. In recommending the TB component, the TRP highlighted pending issues and asked that the CCM address those issues during grant implementation. As part of grant-making, the RCM, in close collaboration with the WHO and technical partners, submitted an action plan to address the TRP's recommendations.

In view of the above, the grant budget for the HIV component has been fully detailed and elaborated. However, release and use of 80 percent of TB grant funds is conditioned on satisfactory resolution of the issues raised by the TRP. The Secretariat will work closely with the RCM and UNDP to review, approve and operationalize the revised TB program budget and work plan by no later than 30 June 2021.

## **Pakistan HIV: Nai Zindagi (PAK-H-NZT)**

### 1.11 Background and context

Pakistan has seen a 57 percent increase in HIV incidence between 2010 and 2018 with an estimated 190,000 people living with HIV in 2019. In the same year, 45 percent of new HIV infections were estimated to have occurred among men who have sex with men, 26 percent among people who inject drugs and 6 percent among sex workers. A further 19 percent of infections were estimated to occur between spouses, including those of clients of sex workers, of people who inject drugs and married men who have sex with men. By the end of 2019, it is estimated that only 21 per cent of people living with HIV knew their status, of whom 12 percent were receiving antiretroviral therapy. Coverage of HIV prevention activities is very low, with 3 percent of men who have sex with men and 28 percent of people who inject drugs accessing prevention services. The incidence-to-prevalence ratio is 13 to 4, one of the highest globally. The overall goal of the proposed program is to reduce new HIV infections among people who inject drugs and improve the health and quality of life of people living with and affected by HIV by linking them to care. In particular, the grant aims to achieve the following objectives by 2023:

- Increase coverage of prevention services for people who inject drugs by 55 percent from 31,971 in 2019 to 33,881;
- Increase the number of newly diagnosed patients who are linked to care from 59 percent in 2019 to 90 percent; and
- Enroll 2,000 people who inject drugs in an opioid substitution therapy program and achieve a retention rate of 60 percent.

### 1.12 GAC review and recommendation

- The GAC and GAC Partners considered the options proposed on antiretroviral treatment decentralization for people who inject drugs in Pakistan, including having antiretroviral treatment available in centers close to beneficiaries or delivered through outreach workers. While noting that both options have merit and a hybrid option might also be envisaged, the GAC and Partners noted that in both options, linkages and collaboration with the government Principal Recipient and Provincial Control Programs will be essential to address this issue.
- GAC Partners highlighted strategic priorities of opioid substitution therapy availability, antiretroviral treatment adherence and client retention. Partners encouraged the Secretariat to assist and strengthen community-based organizations, particularly in high burden provinces, in order to improve awareness and knowledge of HIV, particularly among people who inject drugs.
- Specifically, with regards to opioid substitution therapy, the GAC and Partners also noted the differing views across governmental bodies in Pakistan and expressed support for the proposal to hire an opioid substitute therapy project manager, suggesting a concerted effort and consistent messaging across partners, including organizing a joint advocacy mission. The Secretariat welcomed the call for unified support to push opioid substitute therapy, while noting that in-person missions in the future will be more likely to achieve positive results in this area than virtual missions.
- GAC Partners flagged the lack of clarity on estimates of people who inject drugs and the room for improvement on sharing of unclean needles and unprotected sexual activities, also among men who have sex with men, transgender people and sex workers.

- GAC Partners acknowledged challenges around domestic financing, further complicated by the COVID-19 pandemic and health sector devolution and noted ongoing efforts to raise awareness on the importance to fund HIV/AIDS and the co-financing requirements included in the Grant Confirmation.
- GAC Partners enquired about the mitigation measures against fragmentation of the HIV response in Pakistan, and measures to strengthen the links between the private and public Principal Recipients and with the Provincial Control Programs. The Secretariat identified this area as an ongoing challenge and highlighted continued collaboration with the CCM, while noting that the Additional Safeguards Policy was invoked for the portfolio in July 2020 as part of an effort to address structural weaknesses in the program. The Secretariat further reported discussions with international nongovernmental organizations to act as additional Principal Recipients or participate in implementation, depending on the outcome of an ongoing assessment and in view of additional HIV grants being presented for GAC recommendation and Board approval in the first half of 2021. In addition, the Secretariat highlighted the continued collaboration with the provincial programs, particularly around monitoring, evaluation, and data systems, which are facilitated by provincial coordinators who act as liaison officers with Provincial Control Programs.
- GAC Partners flagged past issues with national capacity and suggested further integration between the HIV and hepatitis C program, so as to build on the strong political commitment around the latter, in order to improve HIV programmatic outcomes including strengthening the opioid substitution program, and harm reduction programs more broadly. The Secretariat highlighted the positive expectations given new leadership at the national AIDS control program and noted that these opportunities would be explored during grant implementation through proactive dialogue and collaboration with WHO and the Government of Pakistan.

## **Papua New Guinea HIV/TB: World Vision PNG Trust (PNG-C-WV)**

### 1.13 Background and context

Papua New Guinea has a mixed HIV epidemic with general population prevalence of 0.85 percent, but prevalence of greater than 1 percent in a set of eight high-burden provinces which accounted for two-thirds of the known people with HIV in the country in 2019. HIV transmission is fueled by high levels of sexually transmitted infections, with rates of up to 19 percent among the general population, as well as the world's second highest rate of sexual and other gender-based violence. HIV prevalence is also significantly higher among a set of key populations, including female sex workers, men who have sex with men and transgender people. Papua New Guinea is one of the 30 highest TB, multi-drug resistant TB and TB/HIV co-infection burden countries globally. In 2018, TB incidence was estimated at 432 per 100,000 population, TB mortality was estimated to be 4,700 deaths, and the mortality of people with TB who were not living with HIV was estimated at 52 per 100,000 compared to 40 per 100,000 population in 2015. Overall, the HIV/TB program has the following key objectives to achieve by 2025:

- 80 percent of key populations are provided with comprehensive package of HIV prevention services;
- 90 percent of people living with HIV are initiated into highly efficacious antiretroviral therapy and 90 percent of people living with HIV are virally suppressed;
- 95 percent of pregnant mothers attending antenatal care clinics provided with mother-to-child transmission services;
- 90 percent of people with TB provided with universal drug susceptibility tests;
- 85 percent treatment success rates for all forms of TB; and
- 95 percent of patients with TB tested and know their HIV status.

### 1.14 GAC review and recommendation

- GAC Partners commended the country for its strong focus on improving HIV prevention strategies and interventions, in particular, the inclusion of populations at high-risk of HIV infection and high-burden provinces, the expansion of community-based HIV testing and linkages, and strengthening key population outreach, human rights interventions, and capacity building for community-led national and provincial groups.
- GAC Partners highlighted the need for greater engagement at subnational levels and encouraged further prioritization of investments in order to continue to build sustainable and resilient health systems during grant implementation.

- GAC Partners expressed concern for the funding gap in the HIV program and flagged the need to encourage the government to fulfill co-financing commitments for the procurement of drugs and diagnostics, which have resulted in occasional stock-outs.

**Senegal HIV, TB and malaria: Alliance Nationale des Communautés pour la Santé - Sénégal (SEN-H-ANCS), Conseil National de Lutte contre le SIDA de la République du Sénégal (SEN-H-CNLS), Ministry of Health and Social Action of the Republic of Senegal (SEN-Z-MOH) and Plan International, Inc. (SEN-Z-PLAN)**

#### 1.15 Background and context for HIV and TB

Senegal has a concentrated HIV epidemic with an estimated prevalence in 2019 of 0.5 percent among the general population of and high prevalence among key populations such as men who have sex with men, estimated at 27.6 percent in 2017, and people who inject drugs, estimated at 9.2 percent in 2019. In 2019, 81 percent of people living with HIV knew their status, 71 percent had been initiated on antiretroviral treatment, and 57 percent were virally suppressed. Barriers to service include violence, stigma, and discrimination against key populations and people living with HIV. Senegal had an estimated TB incidence of 118 cases per 100,000 population in 2019, a decrease from 139 cases per 100,000 population in 2015. Multi-drug resistant TB was estimated in 2019 to be 0.9 percent among new cases. 95 percent of TB patients knew their HIV status in 2019 and 91 percent were on antiretroviral therapy; however only 61 percent of people living with HIV were screened for TB, and 20 percent of people living with HIV were on TB preventive therapy.

The goals of the proposed programs are to reduce new HIV infections by more than 80 percent from 2019 to 2023, reduce AIDS-related deaths by more than 82 percent from 2019 to 2023, and reduce the number of TB-related deaths by 40 percent by 2023 compared to 2015. Objectives of the proposed program include to:

- Increase condom use by men who have sex with men by 75.8 percent in 2017 to 90 percent in 2023 and by sex workers from 91.6 percent in 2019 to 95 percent in 2023;
- Increase the percentage of people living with HIV who know their status from 80.8 percent in 2019 to 92 percent in 2023;
- Increase people living with HIV and on antiretroviral treatment who are virally suppressed from 81.4 percent in 2019 to 92 percent by 2023;
- Increase the notification rate for TB from 82.4 percent in 2019 to 93 percent in 2023;
- Ensure a TB treatment success rate from 89 percent in 2019 to 90 percent in 2021; and
- Ensure a multi-drug resistant TB treatment success rate from 80.4 in 2017 to 84 percent in 2023.

#### 1.16 Background and context for malaria

Between 2015 to 2019, scale-up of malaria control interventions in Senegal led to a 28 percent decline in confirmed malaria cases and a 51 percent reduction in malaria-related deaths, although achieving high-coverage of long-lasting insecticidal nets and of intermittent preventive treatment in pregnancy remain outstanding challenges. The proposed malaria programs in Senegal are informed by stratification efforts and targeting interventions in high-burden districts while earmarking other geographic areas for pre-elimination and elimination activities. Goals for the proposed programs are to reduce malaria cases from 21.9 per 1,000 population in 2019 to 10 per 1,000 population in 2023, and to reduce malaria-related deaths from 1.6 per 100,000 population in 2019 to 0.4 per 100,000 in 2023. Objectives for the proposed programs include:

- Increase the proportion of the population sleeping under mosquito nets from 52 percent in 2018 to 85 percent in 2024; and
- Increase the proportion of pregnant women attending antenatal clinics who received three or more doses of intermittent preventive treatment for malaria from 53.6 percent in 2019 to 67 percent in 2023.

#### 1.17 Risks and mitigation measures

Co-financing: At the time of the GAC review, Senegal had not yet submitted its final co-financing commitments for the 2020-2022 allocation period. The country has been given additional time until 15 May 2021 to resubmit its commitment letter with adequate HIV commitments, in accordance with the

STC policy. Senegal has made adequate commitments for malaria and TB. The government will submit a monitoring mechanism in 2021, to the Secretariat's satisfaction, to routinely track its co-financing commitments, including on commodities, namely 100 percent of first-line TB drugs and 50 percent of antiretroviral drugs. The procurement of the government's share of commodities will be done through its national procurement and supply chain management system or through a pooled procurement mechanism with appropriate waivers from the government to provide the Principal Recipient with access to use alternative procurement processes. Additionally, going forward in the 2020-2022 allocation period, use of Wambo, rather than Pharmacie Nationale d'Approvisionnement, for the procurement of Global Fund-financed HIV drugs will provide better visibility on stock management.

Matching Funds: The GAC noted that the Human Rights Matching Funds access condition for the 2020-2022 allocation period was fully met, considering that the match from the HIV allocation is at least as high as the one in the 2017-2019 allocation period. A single outstanding programmatic condition (out of four) has not been met, which relates to country tracking and reporting domestic expenditures in programs to reduce human rights-related barriers. The National AIDS Spending Assessment will address this condition and is expected in December 2020.

Recoveries: The Ministry of Health has an outstanding recoverable amount of EUR 120,379 which the country has acknowledged and committed to repay by the deadline of 31 December 2020.

Key populations programming: Given the challenging human rights environment and the centrality of key populations, particularly men who have sex with men and transgender people, in achieving HIV epidemic control, the proposed programming in Senegal includes ambitious targets for HIV prevention and testing of key populations and a five-year strategic plan has been developed to reduce barriers to HIV services. Additionally, Senegal is part of the Breaking Down Barriers Strategic Initiative and the partnership is committed to continue political advocacy in favor of protecting key populations rights to health services.

#### 1.18 GAC review and recommendation

- GAC Partners noted the need to continue improving continuity of care and care cascades for key populations, highlighting the specific need for reducing barriers to HIV services for criminalized key populations given the challenging human rights environment. GAC Partners encouraged the accelerating efforts in collaboration with the Ministry of Justice to ensure access to key prevention interventions in prisons including opioid substitution therapy, condoms and needle and syringe program. The Secretariat shared the work done to identify efficiencies during grant-making and reprogram towards more prevention interventions for key populations and increased targets, highlighting that these programs were still not at the scale needed to control the epidemic and would require ongoing partner support.
- However, GAC Partners commended the inclusion and differentiation of prevention interventions in the HIV grant for transgender people, noting their availability to support further target-setting and as well as pre-exposure prophylaxis (PrEP).
- GAC Partners commended the country as one of the leaders in the Sahel Malaria Elimination initiative region that will get close to subnational elimination by the end of the grant's implementation period (2022). A stratification approach was adopted to target evidence-based interventions in high burden districts, namely community malaria prevention and promotion interventions in three high burden regions in the South that account for 80 percent of confirmed cases and 39 percent of deaths in 2019.
- GAC Partners expressed appreciation for the efforts of the Secretariat to collaborate with malaria partners by harmonizing approaches with partners to reduce duplication and improve impact, notably for supervision and training noting that cooperation and alignment with partners (PMI/USAID/GIZ/IDB) will be essential. They highlighted the need to further collaborate in supporting the Consultation Framework for Partners in the Fight against Malaria and the national malaria control program, which is fully supported by the Secretariat.
- GAC acknowledged the increased investments in RSSH investments which will build much needed synergies across the three diseases and enable impact including HPM, laboratory systems, integrated service delivery, HMIS, HRH and community system strengthening.

## **Sudan HIV/TB: United Nations Development Programme (SDN-T-UNDP and SDN-H-UNDP)**

### 1.19 Background and context

Sudan has a low-level HIV epidemic, with an estimated general prevalence of 0.17 percent and a rate of 0.08 new HIV infections per 1,000 population in 2019. Between 2015 and 2019, AIDS-related deaths declined from 2,900 to 2,300. Of people living with HIV in 2019, an estimated 37 percent knew their status, 60 percent were enrolled on antiretroviral treatment, and only 9 percent on antiretroviral treatment had access to viral load testing. The program faces challenges linked to sub-optimal linkage of newly diagnosed HIV positive people to care and antiretroviral treatment services for key and vulnerable populations. Only 6.8 percent of pregnant women have had HIV testing and only 4 percent of those tested positive linked to treatment. Sudan had an estimated TB incidence of 67 people per 100,000 population in 2019, a treatment coverage rate of 69 percent in 2019, and a treatment success rate of 84 percent in 2018. Areas for growth within the TB program include improving service coverage in peripheral areas and for refugees and displaced persons, improving the proportion of rifampicin- and multi-drug resistant TB cases detected, improving cross-testing between the TB and HIV programs, and improving the availability of TB preventive treatment. The goals of the proposed program are to eliminate HIV as a public health threat in Sudan by 2030 and to reduce the number of TB-related deaths between 2015 and 2025 by 75 percent. Objectives for the programs include to:

- Reduce the rate of new HIV infections per 1,000 population from 0.08 in 2019 to 0.074 in 2023 and reduce the number of AIDS-related deaths per 100,000 population from 5.51 in 2019 to 4.38 in 2023;
- Increase the percentage of people living with HIV who know their status from 37.5 percent in 2020 to 77.6 percent by 2023;
- Increase people living with HIV and on antiretroviral treatment who are virally suppressed from 70 percent in 2019 to 90 percent by 2023;
- Reduce the TB incidence rate per 100,000 population from 67 in 2019 to 59 in 2023;
- Reduce the TB mortality rate per 100,000 population from 9.9 in 2019 to 5 in 2023; and
- Increase TB treatment coverage from 69 percent in 2019 to 84 percent in 2023 and increase the treatment success of all forms of TB from 84 percent in 2018 to 88 percent in 2023.

### 1.20 Risks and mitigation measures

Co-financing: Sudan, a Challenging Operating Environment managed under the Global Fund's Additional Safeguards Policy, has not made sufficient co-financing commitments for the 2020-2022 allocation period. Sudan has suffered a severe economic crisis characterized by soaring inflation, local currency devaluation and scarcity of hard cash. The fiscal space is limited, primarily due to weak capacity to collect taxes, and the low priority given to health in public spending which has affected the level of public revenue allocated for health. The Secretariat will continue to evaluate what can be done in the current context and plans to request a partial waiver of co-financing requirements given the severity of the economic circumstances in Sudan.

### 1.21 GAC review and recommendation

- GAC Partners acknowledged the difficult context in which the grants will be implemented and highlighted the good collaboration so far between partners and the Ministry of Health, as well as the need for continued capacity building.
- GAC Partners commended the inclusion of community-based outreach and HIV services for key populations, noting the importance of improving their treatment uptake. The Secretariat noted the need to continue to reshape and strengthen these interventions throughout implementation to achieve the targets and deliver greater impact.
- GAC Partners encouraged a greater focus on prevention of mother-to-child transmission of HIV and of scaling up social network-based testing approaches.
- GAC Partners noted the importance of reducing age, gender, and human rights related barriers to HIV services, noted recent legal changes in Sudan that reduced some barriers, and highlighted the need to continue to push for further decriminalization of key populations, continuing the momentum gained during the government transition and building capacity for faster implementation of national policies and strategies.

- GAC Partners noted that the investments proposed for systems strengthening addressed some of the issues generated by the COVID-19 pandemic, but that further support and integration of HIV services were needed.
- GAC Partners noted the challenges experienced by the national TB program, which has been negatively impacted by the political instability, and expressed support to the proposed program and its scale-up of TB testing using GeneXpert, while noting that great domestic financing for the TB response is needed. The Secretariat requested the support of partners in shaping the implementation of the program and monitoring progress.
- GAC Partners noted that the proposed programs need to be flexible and respond to regional political changes to address the needs of inaccessible populations, and refugees, especially with the recent influx of refugees emerging on the borders with Ethiopia. The Secretariat noted that supporting refugees and internally displaced people was a priority and that they were working with the Principal Recipient to support these groups as much as possible with existing grants as well as in the proposed programs.



## Additional Information

**Table 4: Grant Extensions Approved by the Secretariat**

The Board is hereby notified that the Secretariat approved the extensions in Table 4 as follows:

N	Applicant	Disease Component	Grant Name	Currency	Budget for Proposed Extension Period <sup>11</sup>	Additional Funding Required	Previous Extensions Granted (Cumulative in Months)	Proposed Extension Duration (Months)	Proposed End Date	Rationale
1	Benin	Malaria	BEN-M-PNLP	EUR	4,896,093	4,896,093	0	6	30-06-21	This six-month extension will allow adequate time for TRP review, grant-making and approval of the new malaria grant, in the context of a funding request iterated for resubmission by the TRP.
2	Pakistan	HIV/AIDS	PAK-H-NACP	US\$	4,762,548	4,762,548	0	6	30-06-21	This six-month extension will give the Ministry of Health sufficient time to reform the Common Management Unit under which the Principal Recipient operates, and to allow the Secretariat to work with future lead implementers to assess their capacity and plan the appropriate resources to improve their capacity. Additionally, the GAC has recommended that the grant revision documents include a requirement for the Principal Recipient to repay outstanding recoveries of US\$18,486.

<sup>11</sup> In accordance with the Comprehensive Funding Policy (GF/B36/02 – Annex 1, Rev 1), where the extension is for a grant for a disease component with a 2017-2019 allocation, the budget for the proposed extension period will be funded from the 2020-2022 allocation.

## Privileges and Immunities

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

*Document Classification: Internal.*

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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>12</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/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 grant (COD-C-CORDAID).
GF/B38/EDP08: Decision on the Secretariat's recommendation for funding the grants (December 2017)	This decision point approved the allocation funding for Pakistan TB grant (PAK-T-NTP).
GF/B38/EDP02: Decision on the Secretariat's recommendation for funding the grants (October 2017)	This decision point approved the allocation funding for Sudan malaria grant (SDN-M-MOH).
GF/B37/EDP05: Decision on the Secretariat's recommendation for funding the grants (July 2017)	This decision point approved the allocation funding for Benin malaria grant (BEN-M-PNLP).
GF/B38/EDP04: Decision on the Secretariat's recommendation for funding the grants (November 2017)	This decision point approved the allocation funding for Pakistan HIV grant (PAK-H-NACP).

<sup>12</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/>)