
Electronic Report to the Board

Report of the Secretariat's Grant Approvals Committee

GF/B44/ER02

Board Decision

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

1. GF/B44/EDP02: Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation¹
2. GF/B44/EDP03: Decision on the Secretariat's Recommendation on Grant Extensions²

Document Classification: Internal.

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

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¹ The Secretariat recommends the approval of funding from the 2020-2022 Allocation for 10 grants: Afghanistan TB, Côte d'Ivoire HIV/AIDS, Côte d'Ivoire HIV/TB, Togo HIV/AIDS, Togo Malaria, Togo TB and Ukraine HIV/TB, **up to an amount of US\$148,478,266 and EUR183,222,987**, including matching funds of US\$16,300,000 for Ukraine HIV/TB and €1,994,630 for Côte d'Ivoire HIV/TB.

² The Secretariat recommends the approval of grant extensions for Kosovo HIV/AIDS and Nicaragua HIV/AIDS for total incremental funding of **US\$3,288,311 and EUR563,163**.

Decisions

Decision Point: GF/B44/EDP02: 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/ER02 ("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/EDP03: Decision on the Secretariat's Recommendation on Grant Extensions

The Board:

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

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

Executive Summary

Context and Input Received

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

- The Secretariat recommends the approval of funding from the 2020-2022 Allocation for 10 grants: Afghanistan TB, Côte d'Ivoire HIV/AIDS, Côte d'Ivoire HIV/TB, Togo HIV/AIDS, Togo Malaria, Togo TB and Ukraine HIV/TB, **up to an amount of US\$148,478,266 and €183,222,987**, including matching funds of US\$16,300,000 for Ukraine HIV/TB and EUR1,994,630 for Côte d'Ivoire 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](#).

Secretariat's Recommendation on Grant Extensions

- The Secretariat recommends the approval of grant extensions for Kosovo HIV/AIDS and Nicaragua HIV/AIDS for total incremental funding of US\$3,288,311 and €563,163, set out at Table 2.

Input Sought

The Board is requested to review the request and agree on a 'no objection' basis, the decision points GF/B44/EDP02: Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation and GF/B44/EDP03: Decision on the Secretariat's Recommendation on Grant Extensions.

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

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

N	Applicant	Disease Component	Grant Name ³	Grant End Date	Currency	Total Program Budget ⁴	Catalytic Funds in Grant	Domestic Commitment ⁵	Unfunded Quality Demand
1	Afghanistan	TB	AFG-T-MOPH	31-12-23	US\$	12,407,765	-	5,686,673	5,154,228
2			AFG-T-UNDP	31-12-23	US\$	16,592,235	-		
3	Côte d'Ivoire	HIV/AIDS	CIV-H-MOH	31-12-23	€	52,225,642	-	15,831,116	31,143,460
4		HIV/TB	CIV-C-ACI	31-12-23	€	34,135,815	1,994,630	HIV: 15,831,116; TB: 3,395,660	
5	Togo	HIV/AIDS	TGO-H-PMT	31-12-23	€	40,782,952	-	24,016,847	7,341,419
6		Malaria	TGO-M-PMT	31-12-23	€	54,555,577	-	12,688,161	13,164,810
7		TB	TGO-T-PMT	31-12-23	€	3,517,631	-	6,619,328	1,895,112
8	Ukraine	HIV/TB	UKR-C-AUA	31-12-23	US\$	48,657,826	5,405,948	HIV: 173,639,534; TB: 168,679,254	24,177,756
9			UKR-C-AUN	31-12-23	US\$	50,502,584	5,898,603		
10			UKR-C-PHC	31-12-23	US\$	36,617,856	4,995,449		

³ The Grant names are subject to change based on the ISO code.

⁴ 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.

⁵ Domestic commitments pertain to the disease programs and exclude other specific commitments for RSSH, unless otherwise specified. Commitments for disease specific programs and RSSH are subject to local currency value fluctuation against US dollar and Euro currencies.

Summary of the Deliberations of the Secretariat's Grant Approvals Committee (GAC) on Funding Recommendations

Unless otherwise specified below, each applicant has met the co-financing requirements for the 2017-2019 allocation period and 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:

Côte d'Ivoire HIV: Ministry of Health and Public Hygiene of the Republic of Côte d'Ivoire (CIV-H-MOH) and Alliance Nationale pour la Santé et le Développement en Côte D'Ivoire (CIV-C-ACI)

1.1 Background and Context

Côte d'Ivoire remains one of the countries most affected by HIV/AIDS in West and Central Africa, with an estimated prevalence rate of 2.39 percent in the adult population. The epidemic disproportionately affects women and is also concentrated in key populations and in specific geographical areas. Progress has been made since 2010, with a 54 percent reduction of new infections and a 52 percent reduction of AIDS-related deaths by 2018. TB incidence in Côte d'Ivoire was estimated at 142 cases per 100,000 inhabitants and TB related mortality was 32 deaths per 100,000 inhabitants in 2018. Although estimated TB incidence is declining, the country still had an estimated 35,000 TB cases in 2018, of which only 21,034 were notified, leaving a high number of missing cases and a treatment gap estimated at 64 percent. The integrated TB/HIV grant will focus on strengthening integration at the community level and enhance the role of community health workers to conduct active case detection and support the diagnostic network. The 2020-2022 HIV program aims to achieve the 95-95-95 treatment cascade and to reduce the number of new HIV infections by 70 percent between 2020 and 2025. By 2023, the HIV, TB, and HIV/TB programs aim to reduce:

- The number of new HIV infections by 47 percent from 51 cases per 100,000 to 27 cases per 100,000;
- The number of HIV-related deaths by 34 percent from 51.69 cases per 100,000 in 2019 to 34 per 100,000 by 2023;
- Stigma and discrimination towards people living with HIV and strengthen respect for human rights issues in all prevention and care interventions;
- The number of deaths from tuberculosis by 60 percent by 2025 compared to 2015; and
- The incidence of TB by 50 percent by the year 2025 compared to 2015.

1.2 Risks and mitigation measures

The current political and social conflict related to presidential elections may impact program implementation.

To facilitate grant-making negotiations and smooth transition into the new allocation period in the context of COVID-19, the following grant documents will be revised or produced during grant implementation: (a) the government's co-financing commitment will be submitted no later than 31 January 2021; and (b) the funding landscape table will be updated no later than 30 June 2021. These are memorialized in the Grant Confirmation.

1.3 GAC review and recommendation

- The GAC and Partners thanked the country and Secretariat for excellent collaboration and efforts to ensure complementarity with national and donor-funded programming. The Secretariat confirmed that Global Fund-financed programming for adolescent girls would complement the PEPFAR Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program and that the focus would be on strengthening rather than geographical expansion of interventions for antenatal care, prevention of mother-to-child transmission, and early infant diagnosis.
- GAC Partners called attention to differentiated service delivery as an area of ongoing concern that requires monitoring throughout implementation. The Secretariat noted that Côte d'Ivoire is a priority under the Strategic Initiative in this area and that Partner support and engagement alongside the national HIV program is welcome in drafting the workplan.
- GAC Partners called attention to the collaborative efforts to address remaining weaknesses during grant-making. In particular, GAC Partners cited the reduction of travel-related costs reinvested in national condom management, media campaigns to address discrimination, psychosocial support packages, and care units for co-morbidity management. Additionally, they noted the strengthening of community-based organizations, the roll-out of community-led monitoring, and the strength of key population programs. The Secretariat agreed with the emphasis on monitoring and strengthening key population programming and civil society organization-led prevention during implementation and welcomed the opportunity to jointly identify needs for technical assistance beyond what is already planned.
- GAC Partners highlighted the need to give more attention to programming to address gender inequality and welcome the efforts to address gender-related barriers and harmful norms, including through the results of the study on gender-responsive HIV programming and subsequent refinement of packages for adolescent girls and young women.

Togo HIV: Primature de la République Togolaise (TGO-H-PMT)

1.4 Background and context

Togo has a generalized HIV epidemic with an HIV prevalence of 2.5 percent in the general population estimated in the 2014 Demographic Health Survey. There are significant disparities of HIV prevalence in terms of gender, age, place of residence, and level of education. Prevalence among key populations, including men who have sex with men, sex workers, people who inject drugs and people in prison far exceeds the general population, as do new infections among young people and adolescent girls and young women. Togo has decreased its new HIV infections by 31 percent and HIV-related mortality by 34 percent between 2010 and 2018. The proposed HIV program includes activities on differentiated testing and client-centered services, introduction of self-testing, especially among key populations, and viral load scale-up. It focuses on increasing treatment retention and follow-up, community monitoring as well as policy development for a national pre-exposure prophylaxis (PrEP) policy and standard operating procedures.

The program goals are as follows:

- To reduce new infections by 75% in the general population by 2025;
- To reduce mortality among adults, adolescents and children living with HIV by 80 percent by 2025; and
- To make the social, political and legal environment supportive of continued access to and use of HIV services for key populations and people living with HIV.

1.5 GAC review and recommendation

- The GAC and Partners congratulated the Secretariat for the inclusive country dialogue. Partners noted that, while the grant includes interventions for people who inject drugs and key populations, including prevention, it requires monitoring and strengthening during implementation as well as future detailed strategies for scale-up, initiation, retention, and outreach. Partners highlighted the prioritization and strengthening of services for adolescent girls and young women, including the inclusion of pre-exposure prophylaxis (PrEP) and linkages to sexual and reproductive health services, and stressed the need for continuous monitoring of these activities and incorporation of data from the planned survey of key populations in 2021 to ensure the use of evidence-based strategies. The Secretariat responded that, following the positive experience of the PEPFAR project Ending Aids in West Africa, the national program will expand and continuously monitor the differentiated HIV prevention and care services in all regions with the support of the Secretariat.

- The GAC and Partners lauded Togo's increased co-financing commitments. While noting the risks to sustainability linked to COVID-19 and its macroeconomic impacts. Partners requested information on the possibility of further integrated service delivery and the sustainability of community health workers (CHW) salaries, as well as information on private sector engagement. The Secretariat emphasized that sustainability is at the heart of Global Fund support to Togo, highlighting the ongoing dialogue on and progress towards universal health coverage among health, finance and other authorities through mechanisms such as the public financial management system.
- Additionally, the Secretariat shared the discussions with the Ministry of Health regarding the absorption of salaries through the national payroll and scheme, including through two recruitment processes expected to take place during the 2020-2022 allocation period to address current human resource shortages. The Secretariat added that CHWs are trained in integrated care and that a technical commission has been established to strengthen private-public collaboration.
- Partners cited the opportunity for additional attention on civil society interventions and recommended identifying opportunities to strengthen their engagement and capacity moving forward. The Secretariat highlighted the expanded funding going to civil society through efficiencies found during grant-making and agreed to continue seeing further opportunities during implementation.
- Partners also flagged the importance of human rights and allocating funding to address human rights-related barriers and called for more funding to be dedicated to this area to enable scale-up, to be informed by the outcomes of the people living with HIV stigma index, an approach with which the Secretariat is aligned.
- Partners noted low health service utilization in the public health sector despite free services and welcomed the Secretariat's proposals for targeted communications to inform the general public about the free services. The Secretariat noted the suggestion of community leader and health worker involvement as well as the use of digital platforms and agreed to work with in-country stakeholders to explore these ideas during implementation.

Togo Malaria: Primature de la République Togolaise (TGO-M-PMT)

1.6 Background and context

Malaria in Togo is endemic throughout the country; children under the age of 5 accounted for 58 percent of malaria cases and 73 percent of malaria-related deaths in hospitals in 2019. Increases in official morbidity rates between 2016 and 2019 largely resulted from improvements in health care facility attendance and increased provision of antimalarial supplies for case management. The Global Fund and partners' investments are aligned to fully cover distribution of long-lasting insecticidal nets, prevention of malaria in pregnancy, seasonal malaria chemoprevention, case management, and social mobilization. With the goal of significantly reducing the burden of malaria in Togo by 2023, the objectives of the program are to reduce the incidence of malaria by 50 percent and the malaria mortality rate by at least 40 percent compared to 2015.

1.7 Risks and mitigation measures

The 2023 mass campaign of long-lasting insecticidal nets is co-financed by the Global Fund and Against Malaria Foundation, with support from the government for in-country logistics. Government support is planned to be provided through a concessional loan and if this loan is not approved, the Secretariat will explore reprogramming and other ways to support these costs.

Togo TB: Primature de la République Togolaise (TGO-T-PMT)

1.8 Background and context

TB remains endemic in Togo, even though rates are steadily declining with incidence decreasing from 76 per 100,000 population in 2010 to 36 in 2018. Mortality significantly decreased from 10 per 100,000 population in 2013 to 2.7 in 2018. The TB fatality rate remains high among TB/HIV, representing 37 percent of all TB-related deaths recorded in the 2017 cohort. TB is geographically stratified with 36 percent of all TB cases reported in the Maritime region alone, 28 percent in the Lomé Commune region and 14 percent in the Plateau region. The proposed program focuses on strengthening TB care and prevention, increasing detection and management of multidrug-resistant TB, improving early detection efforts and capacity to diagnose TB among the people living with HIV. Their main objectives are to:

- Reduce the incidence of TB in Togo from 37 cases per 100,000 inhabitants in 2019 to 34 cases per 100,000 inhabitants in 2023;
- Reduce the tuberculosis mortality rate from 2.7 cases per 100,000 inhabitants in 2019 to 1.44 cases per 100,000 inhabitants in 2023; and
- Strengthen the management and coordination capacities of the program and actors at all levels, including community actors.

Ukraine TB/HIV: Charitable Organization "All-Ukrainian Network of People Living with HIV/AIDS" (UKR-C-AUN), State Institution "Public Health Center of the Ministry of Health of Ukraine" (UKR-C-PHC), and International Charitable Foundation "Alliance for Public Health" (UKR-C-AUA)

1.9 Background and context

Ukraine's TB incidence has decreased significantly, from over 127 cases per 100,000 in 2004-2005 to 77 in 2019. However, Ukraine has persistently high and widespread multi- and extensively- drug-resistant TB rates, and high TB/HIV co-infection rates. While Ukraine has the second largest HIV epidemic in the Eastern Europe and Central Asia region, the epidemic is concentrated among people who inject drugs, men who have sex with men, and sex workers. There has been a significant scale up in ART, from 88,270 patients in 2017 to 136,105 patients in 2019. There is high viral load suppression, at 94% in 2019. Over the past ten years, Ukraine's HIV epidemic has transitioned from an epidemic mainly driven by people who inject drugs towards sexual transmission among partners of key populations. The 2020-2022 TB/HIV programs aim to reduce TB and HIV burden through universal access for timely and quality TB and drug-resistant TB diagnosis and treatment, scaling up evidence-based HIV prevention, diagnosis and treatment, and building up resilient and sustainable systems for health in Ukraine. The proposed grant under the International Charitable Foundation "Alliance for Public Health" includes a continuation of the successful payment for results approach for city, regional, government-funded or private health care institutions offering opioid substitution therapy, aiming at facilitating improved impact and efficient work of medical providers in achieving pre-agreed targets. The proposed objectives by the end of 2023 include:

- Reducing the number of AIDS-related deaths from 14.1 per 100,000 population in 2019 to 6.9;
- Reducing the percentage of key populations living with HIV, including people who inject drugs from 22.5 percent in 2017 to 22 percent, men who have sex with men from 7.5 percent in 2017 to 6.5 percent and sex workers from 5.2 percent in 2017 to 4.7 percent;
- Reducing TB mortality rate from 8.7 per 100,000 population in 2019 to 6.8 per 100,000;
- Improving outcomes of drug resistant TB patients by implementing modified shorter treatment regimens and scaling up people-centered approaches with comprehensive adherence support;
- Reducing TB/HIV mortality rate from 4.6 per 100,000 population in 2019 to 3.9 per 100,000; and
- Removing human rights and gender barriers and achieving zero discrimination towards people with TB and HIV and representatives of key and vulnerable groups.

1.10 Risks and mitigation measures

Procurement guidelines for the government Principal Recipient, State Institution "Public Health Center of the Ministry of Health of Ukraine", will incorporate relevant clauses to mitigate potential procurement risks. This grant's annual procurement plans will be reviewed for approval. Requirements on the use of funds for procurement, and the procurement plan, have also been included in the Grant Confirmation with this Principal Recipient. The Local Fund Agent will conduct annual procurement reviews for all three grants in Ukraine.

To facilitate grant-making negotiations and smooth transition into the new allocation period in the context of COVID-19, the following has been memorialized in the relevant Grant Confirmations: (a) the Principal Recipients have committed to providing an updated monitoring and evaluation plan within six months of the implementation period start date; (b) within three months of the implementation period start date, audit arrangements will be finalized, Sub-Recipients will be selected and contracted, and suppliers of health products and critical services for Year 1 of implementation will be selected and contracted; and (c) the country will produce to the Global Fund a costed and timebound strategy within three months of the implementation period start date to support the country's plans to accelerate transition to the WHO recommended drug-resistant TB treatment regimens, and ambulatory treatment for multi-drug resistant TB, in response to a recommendation by the TRP.

1.11 GAC review and recommendation

- The GAC and Partners expressed strong support for the bold and specific transition plan for HIV prevention services for key populations to domestic sources, as well as appreciation of efforts for working through outstanding issues during grant-making, noting the complementarity of the final program with other donors. Partners noted that this funding will cover half of key population basic packages and contracting of services provided by nongovernmental organizations, anticipating further implementation and scale-up of this funding to address the current gaps, while ensuring quality of services for these groups during the transition process.
- Partners highlighted that it remains fundamental to ensure the scale-up of services for key populations, including opioid substitution therapy, pre-exposure prophylaxis (PreP) coverage, and sustained domestic funding. Partners encourage more efforts in this direction and recommend to carefully monitor the scale up during implementation towards the achievement of the UNAIDS 90-90-90 targets for key populations.
- The Secretariat agreed that it was critical to ensure the scale-up of services for key populations and highlighted that the grant prioritizes the scale-up of PreP, opioid substitution therapy, and complementary services alongside the state-guaranteed HIV prevention basic package targeting key populations through approaches that strengthen community systems and address human rights-related barriers. The Secretariat will closely monitor prevention activities to ensure alignment between funders and support the country toward domestically financed resources. Additionally, the Secretariat looks forward to sharing the results of Strategic Initiative-related activities for community monitoring and human rights-related barriers to HIV and TB services.

Grant Extensions

Table 2: Secretariat's Recommendations on Grant Extensions

N	Applicant	Disease Component	Grant Name	Currency	Total extension budget ⁶	Additional Funding Required ⁷	Previous Extensions Granted (Cumulative in Months)	Proposed Extension Duration (Months)	Proposed End Date	Rationale
1	Kosovo	HIV/AIDS	QNA-H-CDF	EUR	563,900	563,163	0	12	31-12-21	To allow sufficient time for transition to a new Principal Recipient, including knowledge transfer and the development of a detailed transition plan, as well as for the continuation of critical HIV prevention services.
2	Nicaragua	HIV/AIDS	NIC-H-WVI	US\$	3,288,311	3,288,311	0	12	31-12-21	To align the implementation period of the HIV grant with the TB grant.

⁶ 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 Total Extension Budget will be funded from the 2020-2022 allocation.

⁷ Additional funding is calculated as the Total Extension Budget net of forecasted funds remaining in the grant and may vary according to the final reconciliation of remaining funds, up to a maximum of the Total Extension Budget. The Total Extension Budget will remain the same.

Privileges and Immunities

1.12 Of the applicants for which funding recommendations are currently being made, Côte d'Ivoire has signed the Global Fund Agreement on Privileges and Immunities and Togo has signed and ratified the Agreement.

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,⁸ the following summary of relevant past decision points is submitted to contextualize the decision points proposed in Section I above.

Relevant past Decision Point	Summary and Impact
GF/B36/02: Approval of the Amended and Restated Comprehensive Funding Policy (CFP)	This decision point approved the financial framework to support the full implementation of the allocation-based funding model. With regard to grant extensions, the CFP provides that funding used for extension periods will be part of, and not in addition to, the amount which is to be allocated to such grant for the subsequent allocation period.
GF/B38/EDP02: Decision on the Secretariat's recommendation for funding the Nicaragua HIV grant (October 2017)	This decision point approved the allocation funding for the Nicaragua HIV grant (NIC-H-INSS)
GF/B38/EDP08: Decision on the Secretariat's recommendation for funding the Kosovo HIV grant (December 2017)	This decision point approved the allocation funding for the Kosovo HIV grant (QNA-H-CDF)

⁸ 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/>)