
Electronic Report to the Board

Report of the Secretariat's Grant Approvals Committee

GF/B44/ER09

Board Decision

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

1. GF/B44/EDP14: Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation¹

Document Classification: Internal.

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¹ The Secretariat recommends the approval of funding from the 2020-2022 Allocation for 3 grants: Iran (Islamic Republic) HIV/AIDS, Paraguay HIV/AIDS and Suriname Malaria, up to an amount of **US\$21,237,465**.

Decision

Decision Point: GF/B44/EDP14: 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/ER09 ("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 3 grants: Iran (Islamic Republic) HIV/AIDS, Paraguay HIV/AIDS and Suriname Malaria, up to an amount of **US\$21,237,465**.
- 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 a non-costed 9-month extension of the Romania TB grant as 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/EDP14: 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 ²	Grant End Date	Currency	Total Program Budget ³	Catalytic Funds in Grant	Domestic Commitment ⁴	Unfunded Quality Demand
1	Iran (Islamic Republic)	HIV/AIDS	IRN-H-UNDP	31-03-24	US\$	11,222,077	-	78,989,775	4,528,432
2	Paraguay	HIV/AIDS	PRY-H-CIRD	29-02-24	US\$	6,722,401	-	70,390,950	145,901
3	Suriname	Malaria	SUR-M-MoH	31-03-24	US\$	3,292,987	-	5,242,488	680,000

² The Grant names are subject to change based on the ISO code.

³ 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.

⁴ Domestic commitments pertain to the disease programs and exclude other specific commitments for RSSH, unless otherwise specified. Commitments for disease specific programs and RSSH are subject to local currency value fluctuation against US dollar and Euro currencies. Please note that the domestic commitments included in this report are recorded as of GAC date and may be updated during implementation for countries that have been granted policy flexibilities.

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

Unless otherwise specified below, each applicant has met the co-financing requirements for the 2017-2019 allocation period and has made sufficient co-financing commitments for the 2020-2022 allocation period as set forth in the Sustainability, Transition and Co-Financing (STC) Policy. The Secretariat will monitor the finalization and realization of commitments over the implementation period. Domestic commitments for disease-specific and health-related spending are subject to local currency value fluctuations against US dollars and Euro currencies.

Following GAC recommendation, the Grant Confirmations relating to these grants have been transmitted to the Principal Recipients to commence the grant signature process contingent to Board approval. These grants will be countersigned by the Global Fund only if Board approval is obtained and will not come into effect until full execution. Execution will be subject to any further revisions recommended by the Board.

For the following grants, the GAC provided additional guidance or made specific observations to inform the investment decision:

Iran (Islamic Republic) HIV: United Nations Development Program (IRN-H-UNDP)

1.1 Background and context

In 2019, there were an estimated 59,000 people living with HIV in Iran and the principal routes of transmission were through syringe sharing, representing 26.5 percent of new infections, and sexual contact, representing 47 percent of new infections. Prevalence among people who inject drugs decreased from 15 percent in 2010 to 3.1 percent in 2019. However, due to increasing numbers of sexually transmitted infections, the infection rate among women is expected to increase from 24 percent to 29 percent of all people living with HIV by 2025. An estimated 38 percent of people living with HIV knew their status in 2019, of whom 67 percent were on antiretroviral treatment, and of whom 85 percent had a suppressed viral load. The rate of new infections declined by 12 percent between 2010 and 2019, but in the same period the number of HIV-related deaths increased by 8 percent from 2,367 to 2,525.

The objectives of the proposed grant are to, by 2023:

- Maintain prevalence among people who inject drugs at less than 5 percent;
- Maintain prevalence among people who are exposed to sexual transmission of HIV at less than 5 percent; and
- Decrease the AIDS mortality rate by 20 percent compared to 2019.

1.2 Risks and mitigation measures

One of the TRP's recommendations that were due for completion during grant-making is pending finalization following an initial response submitted by the applicant with which the TRP was partially satisfied and delegated to the Secretariat for further clearance. The recommendation relates to the strategy to accelerate progress towards reaching the UNAIDS 90-90-90 targets. The Principal Recipient and Secretariat will complete an assessment to identify the gaps and challenges when the COVID-19 situation in Iran stabilizes and will continue to address follow-up actions identified by the TRP during implementation.

Additionally, to facilitate grant-making negotiations and smooth transition into the new allocation period, the monitoring and evaluation plan for Iran will be updated and shared within the first six months of the grant implementation start date. This is memorialized in the Grant Confirmation.

1.3 GAC review and recommendation

- GAC Partners commended the focus of the program on addressing stigma and discrimination as a key barrier to impact. They praised the collaboration with partners and civil society organizations on solutions and suggested further refinement in the area of prevention for key populations. The Secretariat welcomed this comment and noted that further efforts will be made to focus on prevention for key populations during implementation.

Paraguay HIV: Centro de Información y Recursos para el Desarrollo (Center for Development Information and Research) (PRY-H-CIRD)

1.4 Background and context

Between 2010 and 2018, the number of new HIV infections in Paraguay decreased by 11 percent and the number of AIDS-related deaths decreased by 10 percent. The epidemic is concentrated among key populations: prevalence in the general population was 0.5 percent, whereas prevalence among transgender people was 23 percent, 20 percent among men who have sex with men, and 1.4 percent among female sex workers. In 2018, there were an estimated 21,198 people living with HIV in Paraguay, 71 percent of them knew their HIV status, 40 percent were on treatment and 24 percent were virally suppressed. The number of people on treatment has more than doubled since 2010, however, the country is not currently on target to meet the fast-track targets for 2030.

The proposed program aims to increase equitable access and coverage of combined prevention in key population groups, reduce diagnostic gaps, increase access to health systems for early treatment initiation, improve treatment adherence as well as strengthening laboratory capacities and information systems.

1.5 Risks and mitigation measures

The Secretariat has included a requirement in the Grant Confirmation for the Principal Recipient to provide Integrated Bio-Behavioral Surveys and key population size estimates for men who have sex with men, transgender people, and female sex workers by June 2021 for the Secretariat's review, on the basis of which the Performance Framework may be reviewed and amended with tailored indicators.

1.6 GAC review and recommendation

- GAC Partners highlighted the inclusive country dialogue and involvement of civil society organizations and key population community members. While commending the focus on social contracting mechanisms included in the proposed grant, they called for more attention to effective engagement of key populations.
- Additionally, GAC Partners welcomed the sustainability and transition action plan for HIV and TB responses developed with the support of the Sustainability, Transition and Effectiveness Strategic Initiative.

Suriname Malaria: Ministry of Health of the Republic of Suriname (SUR-M-MOH)

1.7 Background and context

The Republic of Suriname aims to achieve malaria-free status by 2025. The country reported a 93 percent decline in cases between 2006 and 2018, from 3,289 cases in 2006 to 235 cases in 2018, including imported and local cases of both *P. falciparum* and *P. vivax*. Significant progress towards elimination of *P. falciparum* has been made, with zero locally acquired and only 13 imported cases reported in 2019. Transmission and local cases of *P. vivax* are now limited to specific geographical areas including the gold mining Savannah and Lake areas, the border with French Guiana, West Suriname and the interior communities.

The proposed grant aims to contain imported malaria and local outbreaks as well as prevent reintroduction of malaria with these specific goals by 2023:

- Achieve more than 90 percent coverage of LLINs in at-risk areas;
- Provide free treatment for 95 percent of malaria cases; and
- Track and report 90 percent of diagnosed cases.

1.8 Risks and mitigation measures

To facilitate grant-making negotiations and transition into the new allocation period, one of the TRP recommendations on assessing human rights and gender-related barriers to expand coverage and achieve elimination will be finalized during grant implementation rather than during grant-making. Technical assistance to tackle issues identified by the TRP and to elaborate an action plan will be finalized by the end of March 2021 and the budget will be amended accordingly during grant implementation. This is memorialized in the Grant Confirmation.

Additional Information

Table 2: Grant Extensions Approved by the Secretariat

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

N	Applicant	Disease Component	Grant Name	Currency	Budget for Proposed Extension Period ⁵	Additional Funding Required	Previous Extensions Granted (Cumulative in Months)	Proposed Extension Duration (Months)	Proposed End Date
1	Romania	Tuberculosis	ROU-T-MOH	EUR	539,522	0	0	9	31 Dec 2021

⁵ 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

- 1.9 None of the applicants for which funding recommendations are currently being made, have signed or ratified the Global Fund Agreement on Privileges and Immunities.

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Annex 1 – Relevant Past Decisions

Pursuant to the Governance Plan for Impact as approved at the Thirty-Second Board Meeting,⁶ 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/B39/EDP14: Decision on the Secretariat's recommendation for funding the grants (October 2018).	This decision point approved the allocation funding for the Romania TB grant (ROU-T-MOH).

⁶ 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/>)