

---

# Electronic Report to the Board

---

## Report of the Secretariat's Grant Approvals Committee

GF/B45/ER03

### Board Decision

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

1. GF/B45/EDP03: Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation<sup>1</sup>

*Document Classification: Internal.*

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

*This document may be shared by the Focal Points within their respective Board constituency. The document must not however be subject to any further circulation or otherwise be made public.*

---

<sup>1</sup> The Secretariat recommends the approval of funding from the 2020-2022 Allocation for four (4) grants: Liberia Malaria, Pakistan HIV and Uzbekistan HIV/TB, up to an amount of US\$109,590,927 of country allocation funding, including matching funds of US\$2,900,000 for Pakistan HIV and private sector contribution of US\$3,143,760 for Liberia Malaria. Additionally, the Secretariat recommends the approval of the Sri Lanka RSSH grant, to be fully funded by a Debt2Health Swap Agreement with the Government of Germany, up to an amount of US\$25,181,290.

## Decision

**Decision Point: GF/B45/EDP03: 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 Tables 1a and 1b of GF/B45/ER03 ("Tables 1a and 1b");*
- 2. Acknowledges each country disease component's constituent grants will be implemented by the proposed Principal Recipients listed in Tables 1a and 1b, 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 four (4) grants: Liberia Malaria, Pakistan HIV and Uzbekistan HIV/TB, up to an amount of **US\$109,590,927** of country allocation funding, including matching funds of US\$2,900,000 for Pakistan HIV and US\$3,143,760 of private sector funding for Liberia Malaria. Additionally, the Secretariat recommends the approval of the Sri Lanka RSSH grant, to be fully funded by a Debt2Health Swap Agreement with the Government of Germany, up to an amount of US\$25,181,290.
- The grants in Table 1a 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 1a 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 Revision Approved by the Secretariat

The Secretariat hereby notifies the Board that it has approved total additional funding of **US\$5,392,367**, for a 3-month extension for Pakistan TB and a 6-month extension for Liberia Malaria, 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/EDP03: Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation.

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

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

N	Applicant	Disease Component	Grant Name <sup>2</sup>	Grant End Date	Currency	Total Program Budget <sup>3</sup>	Catalytic Funds in Grant	Domestic Commitment <sup>4</sup>	Unfunded Quality Demand
1	<a href="#">Liberia</a>	Malaria	LBR-M-PII	30-06-24	US\$	18,146,967 <sup>5</sup>	-	14,654,255	23,730,757
2	<a href="#">Pakistan</a>	HIV	PAK-H-UNDP	31-12-23	US\$	47,104,249	2,900,000	104,504,970	13,359,659
3	<a href="#">Sri Lanka</a>	RSSH	LKA-S-MOH	30-06-24	US\$	25,181,290 <sup>6</sup>	-	TBC <sup>7</sup>	26,922,470
4	<a href="#">Uzbekistan</a>	HIV/TB	UZB-C-RAC	31-12-24	US\$	44,119,711	-	HIV:121,759,420 TB: 221,468,796	14,124,362

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

<sup>3</sup> The Program budget for the Grant may be higher than the Program budget being recommended to the Board for approval where COVID-19 Response Mechanism funding has been integrated into the Grant.

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

<sup>5</sup> The Program budget for LBR-M-PII includes US\$3,143,760 of private sector contribution.

<sup>6</sup> Sri Lanka RSSH grant is fully funded by a Debt2Health Swap Agreement with the Government of Germany and does not derive funds from the 2020-2022 Allocation resource pool.

<sup>7</sup> Co-financing commitments for the implementation period of the 2020-2022 Allocation will be confirmed during grant making of the disease components.

**Table 1b: Secretariat’s Funding Recommendation on Integrating Funding into Board approved grants 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	Additional Funding Source	Currency	Previously Approved Grant Budget	Recommended Additional Funding	Revised Program Budget	Context
1	<a href="#">Pakistan</a>	HIV	PAK-H-NZT	HIV Allocation	US\$	22,500,430	220,000	22,720,430	This additional funding revision will integrate the remaining HIV allocation alongside recommendation of the final HIV grant (PAK-H-UNDP) for the 2020-2022 Allocation. This approach aligns with the Global Fund’s Comprehensive Funding Policy. <sup>8</sup> Additional funding is focused on prevention, targeting people who inject drugs and other people at risk within prisons and is consistent with the TRP’s recommendation.

<sup>8</sup> [Global Fund Comprehensive Funding Policy](#) (GF/B36/EDP02 – Revision 1).

## 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.

Unless otherwise specified below, following GAC recommendation, the Grant Confirmations relating to these grants will be transmitted to the Principal Recipients, once the grant funds amounts have been included, 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:

### **Liberia Malaria: Plan International, Inc. (LBR-M-PII)**

#### 1.1 Background and context

Malaria is endemic in Liberia with continuous transmission throughout the year and the entire population at risk. However, certain populations are disproportionately affected, including children under five years of age and pregnant women, who in 2019 accounted for 35 percent and 10 percent of cases, respectively. While malaria remains the highest cause of death for children under five, the country saw a decline in malaria prevalence in this group from 66 percent in 2005 to 45 percent in 2016. Liberia also saw a decline in overall malaria incidence per 1,000 population, from 385 in 2016 to 238 in 2019, representing a 38 percent reduction. Additionally, Liberia recorded a 67 percent decline in malaria mortality over the same period per 100,000 population, from 172 in 2016 to 71 in 2019.

The goal of the proposed program is to:

- Reduce malaria burden by 75 percent, from overall prevalence of 45 percent in 2016 to 11 percent in 2025;
- Reduce malaria case incidence per 1,000 population from 380 in 2016 to 95 in 2025; and
- Reduce malaria mortality rates per 100,000 population from 172 in 2016 to 43 in 2025.

#### 1.2 Risks and mitigation measures

**COVID-19.** The first cases of COVID-19 started appearing in Liberia in March 2020, when the Government declared a State of Emergency and imposed lockdowns and curfews across the country. The outbreak sent shock waves into the already fragile health system and saw a drop in general consultation, overall treatment of diseases and routine supervision. Malaria interventions have been affected as evidenced by the significant reduction in malaria cases tested and treated since March 2020. Fortunately, the country is now seeing malaria services beginning to return to their pre-pandemic state. In 2020, to mitigate the impact of the pandemic on the three diseases and support health and community systems, the Global Fund approved US\$4,602,831 through the Global Fund COVID-19 Response Mechanism to finance laboratory strengthening, personal protective equipment, community engagement, and activities for adaptation of the 2021 long-lasting insecticidal net mass campaign.

**Investigation by the Office of the Inspector General (OIG).** While there is an ongoing OIG investigation in the Liberia portfolio, it is not related to the LBR-M-PII grant. A letter setting out findings will be shared with the Board once the investigation has concluded.

**Plan International, Inc.** Continuing Principal Recipient, Plan International, Inc., has strong risk management processes. Plan International, Inc. will manage the logistics and implementation of the upcoming long-lasting insecticidal net mass campaign, while the Ministry of Health retains its role leading policy and strategy for malaria.

**Performance-based incentives.** The proposed program includes US\$4,384,575 of performance-based incentives, amounting to 24 percent of LBR-M-PII's budget, in line with the Global Fund Guidelines for Grant Budgeting. The incentives involve task-based remuneration to be paid to community health workers and traditional trained midwives.

### 1.3 GAC review and recommendation

- The GAC welcomed the private sector contribution from Co-Impact to improve supply chain systems, of which US\$3,143,760 will be integrated into the malaria LBR-M-PII grant and US\$1.5 million will be integrated into the supply chain Strategic Initiative component for Liberia, with the goal of improving access to medicines through community health workers.
- GAC Partners welcomed Liberia's increased overall domestic health expenditures as well as the incorporation of TRP recommendations into the proposed grant.
- GAC Partners reinforced the need for strong mitigating actions for the risks regarding internal controls for the Ministry of Health grant (LBR-M-MOH) to be presented to the Board at a later time, particularly in the context of COVID-19. The Secretariat noted these concerns and confirmed ongoing efforts are in place to enhance the Principal Recipient Ministry of Health (for grant LBR-M-MOH)'s internal controls.

## **Pakistan HIV: United Nations Development Programme (PAK-H-UNDP)**

### 1.4 Background and context

Pakistan has one of the highest rates of rising new HIV infections in the world, increasing 75 percent between 2010 and 2020. AIDS-related deaths have increased during this period and in 2019, only 12 percent of people living with HIV were accessing treatment. General HIV prevalence is estimated to be less than 0.1 percent, representing an estimated 83,705 people living with HIV, of which 91 percent live in the Provinces of Punjab and Sindh. The HIV epidemic is concentrated in and escalating among key populations. According to estimates from the 2020 AIDS Epidemic Model, 38 percent of people who inject drugs, 8 percent of transgender people, 4 percent of men having sex with men whom are non-sex-workers, 5.6 percent of higher-risk men who have sex with men and 2.2 percent of female sex workers are living with HIV. In 2019, only 21 percent of people living with HIV were aware of their HIV status. Prevention of mother-to-child transmission coverage is similarly low, estimated at 12 percent in 2018. The objectives of the proposed program include to:

- Increase the coverage of treatment services for people living with HIV by 25 percent between 2019 and 2023;
- Increase the percentage of people living with HIV on antiretroviral treatment who are virologically suppressed from 22.8 percent in 2019 to 50 percent in 2023;
- Increase coverage of the prevention services for men who have sex with men by 39 percent by 2023 from the 2019 baseline;
- Increase coverage of the prevention services for female sex workers by 44 percent by 2023 from the 2019 baseline; and
- Increase coverage of the prevention services for the estimated population of transgender people by 56 percent by 2023 from the 2019 baseline.

### 1.5 Risks and mitigation measures

**COVID-19.** Pakistan has so far seen a relatively milder epidemic compared to its neighbors with a total of over 864,557 cases and 19,106 deaths as of 20 May 2021. A short lockdown in May 2020 helped to keep cases low and a recent increase in numbers has resulted in an extension of a long public holiday in May 2021. COVID-19 has not majorly affected treatment continuity across the three diseases, including supply and uptake of medications for HIV, however, there has been impact on HIV testing and initiation of treatment. Pakistan has received US\$ 8,342,808 so far through the COVID-19 Response Mechanism for procurement of personal protective equipment; additional efficiencies through grant flexibilities for the 2017-2019 allocation period grants were channeled toward diagnostic cartridges and communication materials for COVID-19.

**Principal Recipient.** Pakistan is under the Additional Safeguard Policy and a new Principal Recipient for the HIV program was selected for the 2020-2022 allocation period. The selection of the United Nations Development Programme (UNDP) as Principal Recipient will help to build national and sub-national capacity, and UNDP can act as a neutral party between the federal and provincial levels of government in Pakistan in the context of its health system devolution. Additionally, UNDP has experience working on HIV in the region, can build on well-developed systems and processes for the

management of Sub-recipients and relies on a regional hub that can deploy HIV thematic experts. UNDP has already initiated recruitment and Sub-recipient contracting, with most Sub-recipients continuing from the 2017-2019 allocation period grants to limit the risk of service disruption.

**Recoveries.** There is an outstanding recoverable amount of US\$61,467 relating to the former Principal Recipient, the National AIDS Control Programme (PAK-H-NACP), a Sub-recipient under the proposed grant, for which the Secretariat has issued a demand letter. The Secretariat is exploring ways forward in pursuing repayment of these funds.

#### 1.6 GAC review and recommendation

- GAC Partners acknowledged the complex operating environment and resource constraints and welcomed the increase in targets and ambition compared to the baseline, including the platforms being rolled out for key populations. Partners also highlighted the intention to focus on major problems and need, as well as the good design and balance across prevention and treatment given the circumstances. The Secretariat highlighted the intention to continue efforts for increased political commitment and materialization of domestic commitments.
- GAC Partners expressed concern for the low HIV prevention coverage rates and asked if there would be capacity to achieve beyond the targets currently set, given the poor performance and need to bring parts of the program to scale. Partners reinforced the need to analyze the epidemic trends and address the root causes of the 2019 outbreak, some of which are still unknown and point to the need for improved surveillance. The Secretariat echoed the call for high ambition in the 2020-2022 allocation period and pointed to the planned capacity assessment in 2021, following which, targets may be further adjusted. Additionally, an Integrated Bio-Behavioral Survey and key population size estimates are also planned during the 2020-2022 allocation period. The Secretariat highlighted that the Global Fund response to the Larkana outbreak includes funding in the grant for ten additional sentinel sites and for the WHO outbreak investigation. The upcoming COVID-19 Response Mechanism Funding Request is also planning to focus on infection prevention and control to address gaps in injection and blood safety.
- GAC Partners observed the high rates of HIV among women and children in the Larkana district and suggested that the Secretariat work with the Country to look beyond the usual partners for HIV to collaborate more closely with those working in reproductive and maternal as well as indigenous health in the country. The Secretariat expressed willingness to explore these avenues of cooperation and appreciated the connections partners could offer in this regard.
- GAC Partners highlighted the opportunity for the country to transition to more digital platforms to reach key populations and for reporting in the context of COVID-19.
- GAC Partners also highlighted the need for a transition plan for responsibilities to eventually shift from UNDP to the Government as soon as capacities allow. GAC Partners reinforced the need to build capacity to ensure that quality and equity are considered by both federal and provincial authorities. The Secretariat noted the shared understanding among stakeholders that this grant is a transition grant to work on curbing the epidemic trend while equipping the federal and provincial levels of government with adequate capacity to lead the fight against HIV. This will be achieved by building capacity during implementation through close collaboration between the National AIDS Control Programme and UNDP. The former will be a Sub-recipient closely involved in working with the provinces as part of the grant. Additionally, the Secretariat emphasized that collaboration with the provinces as Sub-recipients would continue, given that two provinces account for 85 percent of the HIV burden in the country. Toward the end of the implementation period, a capacity assessment will be carried out by the Local Fund Agent to assess the different government entities, including the readiness of the National Common Management Unit of the Ministry of Health to become a Principal Recipient in the HIV program.
- GAC Partners flagged that punitive laws, stigma and discrimination are significantly hampering the implementation of harm reduction programming and HIV prevention and treatment activities in general and requested information on how this is being addressed. The Secretariat agreed on the need to tackle these punitive laws and highlighted the budget for advocacy work with parliamentarians, media and law enforcement agencies, as well as training on stigma and discrimination with health workers.
- GAC Partners called attention to the initiative in the province of Punjab to test all TB patients for HIV in collaboration with the TB program and suggested that further collaboration with provincial TB programs would benefit HIV programming. The Secretariat highlighted that HIV



testing for TB patients is in the TB grant, with the target of reaching 85 percent of TB patients with HIV testing.

- GAC Partners highlighted the opportunity for the country to transition to more digital platforms to reach populations and for reporting in the context of COVID-19.
- GAC Partners asked if the Secretariat was concerned that COVID-19 vaccination efforts would slow down HIV efforts. The Secretariat responded that, based on current information, this did not appear as a source of concern.

## **Sri Lanka RSSH: Ministry of Health of the Democratic Socialist Republic of Sri Lanka (LKA-S-MOH)**

### 1.7 Background and context

The Sri Lankan health system has a track record of satisfactory performance and has gained international recognition as a successful model of good health at low cost. In 2020, Sri Lanka was ranked third on universal health coverage among countries in South East Asia by WHO, indicating a high level of prevention coverage. However, indicators on treatment coverage are lagging and the country faces challenges in implementing health system reforms, including managing the rising burden of non-communicable diseases and the problems of an ageing population, while maintaining equitable access and improving quality of services. These constraints are partly due to limited interoperability across facilities and services, little or no alignment with national health system needs, and limited capacity of the Ministry of Health to use the health management information system to combine or analyze information across the entire health system, including for HIV, TB and malaria.

The goal of the proposed RSSH program is to achieve effective, efficient, equitable, economical, and quality health services while ensuring privacy and confidentiality of care recipients and improving health outcomes. Key strategies to achieve this goal include, to:

- Establish a digital national health management information system to integrate all nationally reached programs and share information across patient settings;
- Establish a laboratory management information system to support the improvement of quality and efficiency at laboratory operations; and
- Improve capacity of health systems to deliver improved quality of care.

### 1.8 Investment focus and financing

**Debt2Health.** The grant presented for approval will mainly focus on electronic information systems capacity building, training and procurement of TB digital X-rays. It will be funded exclusively from the proceeds of a debt swap agreement between the Global Fund, the Government of Sri Lanka (represented by the Ministry of Finance) and the Government of Germany (represented by the KfW Development Bank). Under this debt swap, the Ministry of Finance of Sri Lanka will channel a series of Counterpart Payments totaling EUR 20 million to the Global Fund, and the Global Fund will channel those payments to support the LKA-S-MOH grant. In exchange, KfW will cancel Official Development Assistance claims owed by Sri Lanka to Germany for the same amount. In essence, German claims will be converted into RSSH funding through the Global Fund.

### 1.9 Risks and mitigation measures

**COVID-19.** In 2020, the three disease programs in Sri Lanka faced significant challenges due to COVID-19 as the result of lockdowns that interrupted the implementation of HIV and TB activities. Sri Lanka largely went through milder first and second waves in 2020 but has been experiencing a recent surge in cases of COVID-19, which is currently threatening to overrun its healthcare system. The total confirmed cases as of 26 May 2021 is 171,481 and a total of 1,298 deaths from COVID-19. The travel bubble between India and Sri Lanka was not halted until early May and Sri Lanka is presently in a complete lockdown until 7 June 2021, given the high probability that the Delta variant of COVID-19 that originated in India has been in the community since April 2021. There are no reliable statistics on available beds in intensive care units or on oxygen requirements, though the Sri Lanka Army is building 10,000 beds in intermediary facilities to treat COVID-19 patients. A total of 1.8 million people have received at least a first vaccination injection, but supplies in-country are presently insufficient to complete second injections. In 2020, savings and reprogramming from the TB, HIV and malaria grants were reinvested to mitigate the impact of the three diseases through the procurement of personal protective and diagnostic equipment.

**Grant Confirmation.** All relevant parties have agreed to the terms of the execution version of the Debt2Health agreement and signature of the agreement is in progress. Given this and the unique nature

of the grant, which is entirely funded from the debt swap payments, signature of the Grant Confirmation will be held until after execution of the Debt2Health agreement and Board approval. In addition, given that disbursements will be made on a bi-annual basis by 30 June and 31 December respectively, signature of the Grant Confirmation with the current implementation period start date of 1 July 2021 would not be completed until after receipt of the initial tranche of debt payments from the Government of Sri Lanka by no later than 30 June 2021. If the initial tranche of debt payments is not made by 30 June 2021, the Grant Confirmation (and associated documents) will be amended to start on 1 January 2022 and signed thereafter, in accordance with the Board's decision.

#### 1.10 GAC review and recommendation

- GAC Partners welcomed the commitment of the Government of Sri Lanka in maintaining the health management information system and building capacities, while emphasizing that the financial sustainability of the RSSH investment should be addressed both during and after the implementation of the RSSH grant, in line with the TRP's recommendations. The Secretariat agrees with GAC Partners and is fully aligned with this concern, noting the plan for a digital architecture blueprint to be developed during the first year of grant implementation in response to the TRP's recommendation. The digital architecture blueprint will include both an interoperability plan as well as a detailed sustainability plan with a long-term vision and will be reviewed and approved by the TRP and the Global Fund Secretariat.

### **Uzbekistan HIV/TB: Republican Center to Fight AIDS (UZH-C-RAC)**

#### 1.11 Background and context

Uzbekistan has an HIV prevalence in the adult population of 0.2 percent, with an estimated 51,018 people living with HIV in 2020. The epidemic is concentrated among key and vulnerable populations. According to the most recent seroprevalence survey conducted in 2017, 5.1 percent of people who inject drugs, 3.7 percent of men who have sex with men, and 3.2 percent of sex workers, are living with HIV. This represents an increasing epidemic among men who have sex with men and sex workers, up from 3.3 percent and 2.2 percent in 2013, respectively, while the epidemic is steadily decreasing among people who inject drugs, down from 8.5 percent in 2011.

Uzbekistan is among the 18 high TB burden countries in Europe. However, the country saw a decline in TB incidence per 100,000 population from 100 in 2000 to 67 in 2019, and a similar decline in TB mortality among people who are HIV-negative per 100,000 population from 15 in 2000 to 4.7 in 2019. In 2019, 100 percent of persons notified with TB knew their HIV status, 4 percent were HIV-positive, and 74 percent were on antiretroviral therapy. Additionally, Uzbekistan has one of the world's highest burdens of multi-drug resistant TB. Of the estimated 3,200 persons with multi-drug resistant TB, 83 percent had laboratory confirmation and 88 percent started on treatment. Treatment success for people with multi-drug resistant TB and extensively drug resistant TB started on second-line treatment in 2017 was 61 percent and 63 percent, respectively.

The key goals of the combined HIV/TB program are to:

- Reduce HIV prevalence in key populations, including people who inject drugs from 5.1 percent in 2017 to 4.9 in 2024, men who have sex with men from 3.7 percent in 2017 to 3.5 percent in 2024, and sex workers from 3.2 percent in 2017 to 2.9 percent in 2024;
- Reduce TB mortality rate per 100,000 population from 1.2 in 2020 to 1.05 in 2025; and
- Reduce rifampicin resistant and multi-drug resistant TB prevalence among new TB patients from 16.8 percent in 2020 to 14 percent in 2025.

#### 1.12 Risks and mitigation measures

**COVID-19.** The COVID-19 situation in the Republic of Uzbekistan is relatively stable and as of 24 May 2021, there had been 98,849 registered cases, of which 94,385 cases (95 percent) were successfully treated and 682 cases of death (0.7 percent) were registered. The country is trying to cover the population with testing as much as possible with 9.1 million people tested so far. Uzbekistan received US\$2,000,186 in 2020 from the Global Fund's COVID-19 Response Mechanism mainly for the procurement of personal protective equipment, tests and laboratory consumables.

**Allocation utilization period.** The allocation utilization period of 3.5 years is in line with the allocation letter through which the Global Fund requested that Uzbekistan submits a joint TB/HIV funding request and strongly encouraged Uzbekistan to plan for integrated grant programming while aligning implementation periods with the fiscal year. To facilitate this change, the allocation amount has been

adjusted to allow for the extension of the allocation utilization period for the HIV and TB components beyond the standard three-year period.

#### 1.13 GAC review and recommendation

- GAC Partners called attention to TRP recommendations on reducing human rights barriers and welcomed efforts to take this into account through the three-fold increase of investments during grant-making in human rights-related activities. Additionally, GAC Partners commended involvement of civil society and communities, while calling attention to the need for further scale-up in across these areas. The Secretariat assured partners that these issues would continue to be prioritized throughout grant implementation in collaboration with partners. The Secretariat also noted that the existing network of non-governmental organizations will continue to offer programming as Sub-recipients, with further work on government social contracting mechanisms to be developed during implementation as per recommended by the TRP.

## Additional Information

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

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

N	Applicant	Disease Component	Grant Name	Currency	Budget for Proposed Extension Period	Additional Funding Required	Previous Extensions Granted (Cumulative in Months)	Proposed Extension Duration (Months)	Proposed End Date	Rationale
1	Liberia	Malaria	LBR-M-MOH	USD	1,726,435	1,726,435	0	6	31 Dec 2021	This 6-month extension will ensure continuity of services while relevant grant management and risk mitigation issues are addressed and the new grant for the 2020-2022 Allocation Period is put in place.
2	Pakistan	TB	PAK-T-MC	USD	3,665,932	3,665,932	3	3	30 June 2021	This 3-month extension is to coordinate and align with key stakeholders in addressing concerns around the positioning of the new grant for the 2020-2022 Allocation Period within the overall Pakistan portfolio.

## Privileges and Immunities

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

*Document Classification: Internal.*

*Document Circulation: Board Members, Alternate Board Members, Board Focal Points and Committee Members. This document may be shared by the Focal Points within their respective Board constituency. This document must not however be subject to any further circulation or otherwise be made public.*

## Annex 1 – Relevant Past Decisions

Pursuant to the Governance Plan for Impact as approved at the Thirty-Second Board Meeting,<sup>9</sup> the following summary of relevant past decision points is submitted to contextualize the decision points proposed in Section I above.

Relevant past Decision Point	Summary and Impact
GF/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 grants (October 2017).	This decision point approved the allocation funding for the Liberia Malaria grant (LBR-M-MOH).
GF/B38/EDP08: Decision on the Secretariat's recommendation for funding the grants (December 2017).	This decision point approved the allocation funding for the Pakistan TB grant (PAK-T-MC).

<sup>9</sup> GF/B32/DP05: Approval of the Governance Plan for Impact as set forth in document GF/B32/08 Revision 2 (<http://www.theglobalfund.org/Knowledge/Decisions/GF/B32/DP05/>)