

# Electronic Report to the Board

## Report of the Secretariat's Grant Approvals Committee

GF/B46/ER04

### Board Decision

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

1. GF/B46/EDP04: 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.*

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<sup>1</sup> The Secretariat recommends the approval of: (i) funding from the 2020-2022 Allocation for 5 grants: Chad HIV/TB and RSSH, Guyana HIV/TB, Mali Malaria, Mauritania HIV/TB/Malaria and Tunisia HIV, up to an amount of **US\$ 29,404,812** and **EUR 130,481,372** of country allocation funding including matching funds of EUR 1,813,300 for Chad HIV/TB and RSSH, and US\$900,000 for Tunisia HIV; and (ii) catalytic funding for 3 multicountry grants: Multicountry EECA APH HIV, Multicountry Asia TB TEAM and Multicountry Asia TB UNDP, up to an amount of **US\$ 24,500,000** of multicountry catalytic funding.

## Decision

### **Decision Point: GF/B46/EDP04: 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/B46/ER04 ("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: (i) funding from the 2020-2022 Allocation for 5 grants: Chad HIV/TB and RSSH, Guyana HIV/TB, Mali Malaria, Mauritania HIV/TB/Malaria and Tunisia HIV, up to an amount of **US\$ 29,404,812** and **EUR 130,481,372** of country allocation funding including matching funds of EUR 1,813,300 for Chad HIV/TB and RSSH, and US\$900,000 for Tunisia HIV; and (ii) catalytic funding for 3 multicountry grants: Multicountry EECA APH HIV, Multicountry Asia TB TEAM and Multicountry Asia TB UNDP, up to an amount of **US\$ 24,500,000** of multicountry catalytic funding.

The grants in Table 1 have been found to be disbursement-ready by the Global Fund Secretariat following a thorough review process and in consultation with Partners.

The funding requests for each country component were reviewed by the Technical Review Panel (TRP) and determined to be strategically focused and technically sound. The TRP, upon its review and when relevant, highlighted issues for the applicant to clarify or address during grant-making and/or grant implementation.

During grant-making, the applicant refined the grant documents, addressed relevant issues raised by the TRP and Grant Approvals Committee (GAC) and sought efficiencies where possible. For each grant, the GAC reviewed: the strategic focus of the program; operational issues, risks and implementation challenges; domestic contributions; and the final grant documents for disbursement-readiness. The GAC also confirmed that the applicant addressed issues requested for clarification by the TRP or the Secretariat to its satisfaction.

A list of documents per disease component to substantiate the Board decision is provided below.

- Funding request;
- Funding request Review and Recommendation Form;
- Grant-making Final Review and Sign-off Form;
- Grant Confirmation; and
- TRP Clarification Form (applicable only if the TRP requested clarifications).

The GAC has reviewed the materials associated with the grants in Table 1 and has deemed the grants disbursement-ready. All relevant documents containing the Secretariat's reasons for its recommendations to the Board have been made available on the Governance Extranet and are accessible through [this link](#).

### Grant Revisions Approved by the Secretariat

The Secretariat hereby notifies the Board that it has approved the extensions set out at Table 2.

### Input Sought

The Board is requested to review the request and agree on a 'no objection' basis, the decision point GF/B46/EDP04: Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation.

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

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

N	Applicant	Disease Component	Grant Name <sup>2</sup>	Grant End Date	Currency	Total Program Budget <sup>3</sup>	Catalytic Funds in Grant	Domestic Commitment <sup>4</sup>	Unfunded Quality Demand
1	<a href="#">Chad</a>	HIV/TB, RSSH	TCD-C-MOH	31/12/2024	EUR	59,795,413	1,813,300	HIV: 18,496,542 TB: 2,452,350	15,151,514
2	<a href="#">Guyana</a>	HIV/TB	GUY-C-MOH	31/12/2024	US\$	4,114,326	-	HIV: 15,290,437 TB: 2,940,402	236,512
3	<a href="#">Mali</a>	Malaria	MLI-M-CRS	31/12/2024	EUR	70,685,959	-	Malaria: 12,032,783	14,818,420
4	<a href="#">Mauritania</a>	HIV, TB, Malaria	MRT-Z-SENLS	31/12/2024	US\$	19,591,501	-	HIV: 5,340,000 TB: 767,361 Malaria: 2,965,663 RSSH: 18,974,359	343,674
5	<a href="#">Multicountry HIV EECA APH</a>	HIV	QMZ-H-AUA	31/12/2024	US\$	13,000,000	-	Multicountry grants exempt from co-financing requirements	4,568,630
6	<a href="#">Multicountry TB Asia TEAM</a>	TB	QSE-T-IOM	31/12/2024	US\$	7,500,000	-	Multicountry grants exempt from co-financing requirements	5,235,259
7	<a href="#">Multicountry TB Asia UNDP</a>	TB	QSD-T-UNDP	31/12/2024	US\$	4,000,000	-	Multicountry grants exempt from co-financing requirements	-
8	<a href="#">Tunisia</a>	HIV	TUN-H-ONFP	31/12/2024	US\$	5,698,985	900,000	Commitment Letter to be endorsed 6 months after grant signature. Numbers subject to adjustments pending final outcome of 2017-2019 compliance review.	1,184,730

<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.

# 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 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:

## Chad HIV/TB and RSSH: Ministry of Public Health and National Solidarity (TCD-C-MOH)

### 1.1 Background and context

Chad's generalized HIV epidemic continues to show a downward trend with a reduction in HIV prevalence from 1.6 percent in 2015 (1.8 percent and 1.3 percent across women and men respectively) to 1.1 percent in 2020. In the same year, 79 percent of people living with HIV were aware of their status, of which 89 percent were on antiretroviral treatment, or 70 percent of the 110,000 people living with HIV estimated in 2020; meanwhile viral load monitoring was severely lacking with only 6.4 percent of those on antiretroviral treatment having completed a viral load test. The mother-to-child transmission rate decreased from 20.7 percent in 2005 to 11 percent in 2020, though access to early infant diagnosis and lack of retention are key barriers to elimination. HIV prevalence and care cascade in key populations, including female sex workers and men who have sex with men, is currently being explored through an Integrated Bio-Behavioral Survey with results anticipated in December 2021.

In 2020, TB incidence in Chad was 144 cases per 100,000 population. TB mortality excluding HIV-positive cases fell from 30 per 100,000 population in 2000 to 22 in 2020. With an estimated TB burden of 24,000 people, a total of 12,809 patients were notified in 2020, suggesting very low treatment coverage at 54 percent. The treatment success rate for the 2019 cohort was 80 percent. In 2019, 69 percent of people with TB knew their HIV status, 15 percent were found to be HIV positive, and of these 99 percent were on antiretroviral treatment. Rifampicin- and multi-drug resistant TB incidence was 4.6 cases per 100,000 population in 2019. In 2020, 96 patients were diagnosed with rifampicin- and multi-drug resistant TB, 89 percent of this cohort were linked to care with a treatment success rate of 66 percent among patients started on second-line treatment in 2018.

Chad's health system is characterized by weaknesses, exacerbated by human rights and gender barriers to accessing health services. Persistent challenges include the supply chain, such as stock outs and poor quality of drugs and health commodities. The country planned to address these challenges through a supply chain transformation plan, however, its implementation has been halted by lack of funding. The country has made commendable progress in community systems strengthening including, but not limited to, a robust community health worker program which has been co-funded by the government, the Global Fund and other donors.

The proposed goals of the Chad HIV/TB and RSSH program include to:

- Increase the number of people living with HIV who know their HIV status from 79 percent in 2020 to 95 percent in 2024;
- Increase the percentage of people living with HIV and on antiretroviral treatment who are virologically suppressed from 59.2 percent in 2020 to 88 percent in 2024;
- Reduce TB incidence from 142 per 100,000 population in 2019 to 124 in 2024;
- Reduce TB mortality from 22 per 100,000 population in 2019 to 16.4 in 2024; and

- Maintain the percentage of health facilities with tracer medicines for the three diseases available on the day of the visit or day of reporting at 100 percent between 2020 and 2024.

## 1.2 Risks and mitigation measures

**Recoveries.** Chad has an outstanding recoverable amount of EUR 2,368,634 relating to previous implementers and implementation periods, which the country has acknowledged. If the recoveries are not repaid by 30 November 2021, a two-to-one allocation reduction will be applied to this grant. This will be done either before signature of the Grant Confirmation or by 31 December 2021.

**Co-financing.** At the time of GAC review of the Chad HIV/TB and RSSH grant, co-financing commitments for the 2017-2019 allocation period were still to be determined for compliance with the STC Policy. The Secretariat will continue to work with the country to obtain a full picture of health expenditures for the relevant period and is expected to receive supporting documentation by the end of 2021.

## 1.3 GAC review and recommendation

- The GAC acknowledged that Chad met the conditions to receive Matching Funds for Finding Missing People with TB: Strategic Engagement in West and Central Africa.
- GAC Partners commended the Chad HIV/TB and RSSH grant, given the difficulties facing the country, emphasizing the strength of HIV prevention, introduction of pre-exposure prophylaxis (PreP), prevention of mother-to-child transmission, key population programming, and high coverage of antiretroviral treatment for the region. The Secretariat called attention to the strong collaboration from the partnership, including technical assistance on HIV testing strategy and transition to dolutegravir (DTG) based regimens, as well as planned technical assistance for laboratory services.
- GAC Partners requested information on the possibility of partnering with the World Bank on a results-based financing scheme. The Secretariat clarified that there were insufficient funds within the grant to engage with the World Bank at this time, and that the Secretariat would explore efficiencies for this purpose during implementation.
- GAC Partners highlighted the pilot prevention of mother-to-child transmission project integrating HIV, TB and malaria services in prenatal care, which the Secretariat noted would address the strategy for prevention of mother-to-child transmission through its two-phase approach.
- GAC Partners took note of the proposed intensified TB case finding in hospitals and asked for information on planned diagnostic interventions. The Secretariat shared plans for expansion of TB services from 106 to 170 treatment sites alongside the acquisition of more GeneXpert machines, which will be used for the first diagnostic test. The Secretariat also highlighted plans to address missing people with TB including a systematic screening campaign in high-risk groups, complementing investments in community systems and integrated service delivery. The GAC noted that it will be important to ensure TB remains a priority within community delivery; and to ensure the continued implementation of drug resistant TB activities to find patients. The GAC also noted that financial gaps remain within the TB program and that it will be important to work with partners and country stakeholders during implementation to mobilize additional funding to cover gaps.

## Mali Malaria: Catholic Relief Services – United States Conference of Catholic Bishops (MLI-M-CRS)

### 1.4 Background and context

Mali is classified by the Global Fund as a challenging operating environment and has experienced pervasive insecurity and political instability. Malaria remains a critical public health challenge in Mali. Between 2018 and 2020, the all-age malaria-related mortality rate increased from 51 to 70 per 1,000 population. In addition, while malaria incidence fell from 133 to 125 per 1,000 population from 2018 to 2020, it increased over the same period among children under five years, from 223 to 246 per 1,000 population. In 2020, malaria was the leading cause of morbidity and mortality, representing 34 percent of cases and 22 percent of deaths, respectively.

The goals of the Mali malaria program include to:

- Reduce the inpatient malaria deaths from 8.01 per 100,000 in 2020 to 3.9 in 2024; and

- Reduce the malaria cases confirmed by microscopy or rapid diagnostic test from 128.89 per 1,000 population in 2020 to 59 in 2024.

## 1.5 Risks and mitigation measures

**Co-financing.** Although indicative commitments have already been received and are in line with the STC policy requirements, at the time of GAC review further review and understanding of commitments is required. The Secretariat is using flexibilities to finalize co-financing commitments for the 2020-2022 allocation period by no later than 31 March 2022.

## 1.6 GAC review and recommendation

- The Secretariat noted that “business as usual” was not leading to a decrease in malaria cases. The grant proposed for approval represents a departure from previous grants with a game-changing saturation strategy and a focus on quality of the interventions to lead to greater programmatic impact.
- GAC Partners highlighted the close and fruitful collaboration across the partnership, particularly in balancing grant-making with the development of the national strategic plan for malaria and the complex situation in-country. Partners remarked that Mali’s increased allocation would lead to significant impact, such as the first nationwide consolidated long lasting insecticidal net campaign planned for 2023. The Secretariat highlighted the importance of support from the partnership in providing stratification and modeling, technical assistance and coordination.
- The GAC and Partners agreed to continue working together to analyze the potential options for expanding care which include, among others, extending the gratuity of malaria services to all ages, as well as improving quality of care.
- GAC Partners expressed that they share the Secretariat’s concern about the overdiagnosis of severe malaria, leading to overuse of costly injectable drugs. The Secretariat indicated that they commissioned a data quality assessment to look into the issue. Results are expected before the end of 2021 and the recommendations shall inform adjustments to the program, as needed.
- The President’s Malaria Initiative (PMI) noted its increased funding for next generation nets and for commodities for the 2022 seasonal malaria chemoprevention campaign in six districts, previously covered by another partner. GAC welcomed the additional investments from PMI to cover critical programmatic gaps highlighted in the grant documents. Partners flagged that coverage of operational costs of the 2022 seasonal malaria chemoprevention campaign remain outstanding if the government does not follow through on its commitment to cover them. The GAC and Partners agreed to jointly advocate in this sense to avoid the gaps seen in 2021, when Government commitments did not materialize.
- Partners requested if the Global Fund’s evaluation plan for seasonal malaria chemoprevention quality would cover all districts in Mali. The Secretariat responded that a decision on coverage has not yet been taken, but it is envisaged that the evaluation would cover a mix of districts, for results to be most meaningful.
- The Secretariat said that it would align interventions in communication with partners and the government, while the partnership would be looking into mobilizing additional resources during grant implementation to cover any remaining gaps.
- Given the significant ongoing health financing challenges in both Mali and other countries, the GAC appreciated that the establishment of the new Health Financing Department at the Global Fund Secretariat would help in strengthening support for domestic resource mobilization, health financing, and co-financing tracking, both at country level and within the Secretariat.

## **Mauritania HIV, TB and Malaria: National Executive Secretariat for Fight against Aids of the Islamic Republic of Mauritania (MRT-Z-SENLS)**

### 1.7 Background and context

Mauritania’s HIV epidemic is concentrated among key populations, with 2019 prevalence rates of 0.29 percent among the general population, 23.4 percent among men who have sex with men and 9 percent among sex workers. AIDS-related deaths have continued to decrease from 434 in 2019 to 411 in 2020 to 335 in 2021.

TB remains a major challenge in Mauritania. In 2020, estimated incidence and mortality were 89 and 16 per 100,000 population, respectively. Estimated incidence of multi-drug resistant TB was 2.8 per 100,000 population in 2019. Low case detection of TB patients has been a recurring problem, with more than one third of the expected number of

cases undetected, due to factors such as a weak network of laboratories and X-ray machines, sub-optimal use of GeneXpert machines, cost barriers to services, poor accessibility and location of TB services, insufficient staff capacity and the COVID-19 pandemic.

Overall, Mauritania has low to very low malaria transmission, though 64 percent of the 2.9 million people in the country still live in areas at high risk of malaria transmission in 2020. Consistent mass long-lasting insecticide treated net campaigns over the last several years have contributed to a decline in malaria incidence in areas considered endemic. The estimated number of malaria cases has declined between 2000 and 2019 from 157 to 43 per 1,000 population in 2019, while malaria-related deaths have declined during the same period from 0.36 to 0.32 per 1,000 population.

The proposed goals of the Mauritania HIV, TB and malaria programs include to:

- Increase the percentage of people living with HIV on antiretroviral treatment who are virologically suppressed from 89.9 percent in 2020 to 90 percent in 2024;
- Increase the treatment success rate of rifampicin- or multi-drug resistant TB from 63.6 in 2019 to 80 percent in 2024; and
- Reduce the malaria cases confirmed by microscopy or rapid diagnostic test from 147,567 per 1,000 population in 2020 to 60,230 in 2024.

### 1.8 Risks and mitigation measures

**Co-financing.** At the time of the GAC review, government commitments for the 2017-2019 allocation period were conditionally met, pending the submission of the final expenditure report covering the stated period by 30 June 2022. The Government of Mauritania has provided indicative commitments for the 2020-2022 allocation period, in line with the national strategic plans and performance framework targets and priorities. Annual monitoring of government investments as per the Letter of Commitment, will be incorporated as a specific grant requirement.

**OIG.** The GAC took note of the OIG's desk-based investigation of activities from January 2018 to June 2019 of grants for Mauritania, which resulted in findings of non-compliant expenditures resulting from fraudulent practices and inadequate justification of expenditures from non-governmental (NGO) and governmental Sub-recipients. While the OIG will not be publishing a standalone investigation report due to the relatively low-value of fraud found and the proportionate response to the findings, it confirmed its findings were based on the usual evidentiary standards.

The Secretariat noted that, as per the Agreed Management Actions, recoveries will be sought, key staff members of the Principal Recipient are being replaced and that the NGO Sub-recipients implicated in these findings are not continuing under the proposed grant. However, three government recipients, the national programs for HIV, TB and malaria, respectively, will continue with mitigation measures in place given their key roles in program implementation. Such measures include enhanced review by the Local Fund Agent, disbursements on the basis of needs justification for a period covering up to a quarter and the presence of a Fiscal Agent at both Principal and Sub-recipient-level. Additionally, the Grant Confirmation includes a condition that the Secretariat receive and approve terms of reference for any position funded with grant funds, or renewed during grant implementation, as well as any recruitment proposal for key staff.

### 1.9 GAC review and recommendation

- GAC Partners appreciated the collaborative efforts and progress made during grant-making and called attention to the inclusion of a pilot for HIV PreP, HIV self-testing, and better linkage to treatment, while suggesting differentiated services for key populations. The Secretariat emphasized that key populations were at the forefront and part of grant-making discussions.
- GAC Partners requested information on absorption, which the Secretariat shared, highlighting a noticeable improvement in the last year of the current grant. The Secretariat assured Partners that it would keep addressing absorption during implementation through biweekly calls with the Principal Recipient to assess the budget line-by-line and to ensure key activities are implemented.
- The GAC acknowledged the gap in financing for the long-lasting insecticidal net campaign. The Secretariat noted it would work with Partners and country stakeholders to seek to mobilize funding during implementation.
- The GAC took note of Mauritania's addressing of issues flagged by the TRP during grant-making, namely the strengthening of diagnostics for drug-sensitive and -resistant TB, exploration of plans for private sector engagement, and use of digital tools.



## Multicountry Afghan Migrants TB: United Nations Development Programme (QSD-T-UNDP)

### 1.10 Background and context

TB remains a serious health challenge affecting Afghan mobile populations in Afghanistan, Pakistan and Iran, and is a cause for concern for the national programs in all three countries because of the inherent difficulties in containing the spread of the infection to their general populations. Incidence is significant across the three countries, particularly in Afghanistan and Pakistan, where in 2020 it was estimated at 189 and 263 per 100,000 population, respectively. With Afghan internally displaced populations, refugees, migrants and returnees disproportionately burdened by TB in the regional context, the coordination of national disease control programs, information-sharing, and diagnosis and treatment service referrals to reach these populations remains crucial to fight the epidemic. However, a lack of sufficient disaggregated data for these key populations, as well as their generally poor living conditions, low socio-economic status, and limited health care access continue to hinder progress. Moreover, the escalating number of internally displaced populations triggered by the severe draught across many parts of the country, and the Taliban's return to power in Afghanistan in 2021, poses additional challenges for delivery of essential TB services. The Secretariat will continue to monitor the situation in Afghanistan and neighboring countries and is ready to accommodate dynamic adaptations of the program within the approved scope of the grant.

The proposed goals of the Multicountry Afghan Migrants/Refugees TB program include:

- Strengthening collaboration, information sharing and diagnosis/treatment service referrals between health services reaching Afghan refugees, returnees and migrants and the respective national TB control programs in the host countries, with the aim of finding and treating TB and MDR-TB cases among mobile Afghan populations;
- Strengthening cross-border collaboration, information sharing and referrals among national TB programs in the three countries, to ensure effective collaboration among the three countries and to ensure treatment is not disrupted for patients relocating from one country to another; and
- Strengthening the capacity of the national TB control program in Afghanistan to effectively diagnose and treat TB cases amongst returnees.

### 1.11 Risks and mitigation measures

**Co-financing.** Co-financing requirements are not applicable to the Multicountry Asia Afghan Migrants TB grant, which is comprised solely of catalytic funding.

**Sanctions.** The Grant Confirmation includes a condition requiring the Principal Recipient (UNDP) to: (a) use all reasonable efforts to ensure that none of the Grant Funds provided under the Grant Agreement are used, directly or indirectly, to provide support to individuals or entities that are subject to UN sanctions; and (b) ensure that all contractual arrangements with non-UN downstream entities include contractual provisions requiring them to comply with all applicable laws.

### 1.12 GAC review and recommendation

- GAC Partners expressed support for the grant in a rapidly changing context, highlighting mobile diagnostics, and requested the Secretariat to have the flexibility to expand to other neighboring countries as necessary as the situation evolves. The Secretariat responded that Uzbekistan and Tajikistan country allocations are sufficient to cover the needs for Afghan migrants and refugees through reprogramming, if needed, and that the National TB Programs of those two countries are invited to observe Steering Committee meetings of this multicountry program, to foster close collaboration and information exchange.
- The GAC noted that the Secretariat will support the submission of an updated Prioritized Above Allocation Request to the TRP to address any additional needs for TB services in migrant, refugee and internally displaced population camps.

## **Multicountry EECA APH HIV: International Charitable Foundation “Alliance for Public Health” (QMZ-H-AUA)**

### **1.13 Background and context**

To address the inadequacy of the HIV response across Eastern Europe and Central Asia (EECA), this regional grant has provided a streamlined set of approaches targeting key populations, whose behaviors are often criminalized, since 2017. The countries included in the grant are Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyz Republic, Moldova, Montenegro, North Macedonia, Russian Federation, Serbia, Tajikistan, Ukraine and Uzbekistan. Annual HIV infections increased by an estimated 43 percent from 2010 to 2020 and AIDS-related deaths rose by 32 percent across the same period, in the context of poorly performing testing and treatment programs. In 2020, 70 percent of people living with HIV knew their HIV status, of whom 53 percent were receiving antiretroviral treatment, and of those 50 percent were virally suppressed.

The proposed goals of the Multicountry EECA Alliance for Public Health HIV grant include:

- Institutionalizing effective HIV response models and processes to strengthen the HIV care cascade in the EECA region;
- Removing barriers to services for key populations, thereby enabling quality health interventions based on human rights principles; and
- Budget advocacy for sustainable services for key populations in EECA.

### **1.14 Risks and mitigation measures**

**Co-financing.** Co-financing requirements are not applicable to the Multicountry EECA APH HIV grant, which is comprised solely of catalytic funding.

### **1.15 Risks and mitigation measures**

- GAC Partners requested information on Sub-recipients for the grant in the Kyrgyz Republic. The Secretariat responded, stating that quarterly financial checks, as well as a 2019 external independent review yielded no findings of inappropriate use of funds by the Kyrgyz Sub-recipient, “Partnership Network”. The Secretariat emphasized that the bulk of funding for Central Asia is channeled through the Central Asia PHLA Association, which provides for and maintains regular financial oversight over implementers in the region.
- GAC Partners also asked which Sub-recipient would be working in Uzbekistan, which the Secretariat clarified would be determined following an open call for proposals and a transparent selection process.
- GAC Partners requested information about the effectiveness of programmatic interventions to remove barriers and strengthening approaches for community, rights and gender. The Secretariat drew attention to the workplan tracking measures and clear targets aimed at maximizing the effectiveness of policy and human rights work, which would be assessed for effectiveness in the final evaluation of the program.

## **Multicountry Asia TEAM TB: International Organization for Migration (QSE-T-IOM)**

### **1.16 Background and context**

TB remains a serious health challenge in the Greater Mekong Subregion encompassing Cambodia, Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam. Cross-border mobility in the region is highly dynamic and complex and migrant and mobile populations are among those most at risk of TB infection. In 2019, the TB treatment success rate among migrant and mobile populations was 78 percent, far below the treatment success rate for all new cases at 89 percent. Estimating the burden of TB among migrants in these countries is difficult. Four of the five countries are high TB burden countries and in 2019 the cohort had a combined notification of 361,500 cases and an estimated incidence of 507,000, with 145,500 missing cases in the region.

The proposed goals of the Multicountry Asia TEAM TB program include to:

- Increase migrant sensitivity of health service provision of TB services;
- Improve monitoring and evaluation of TB in migrants;
- Develop policies and legal frameworks aimed at improved TB control in migrants; and
- Develop, set up and maintain partnerships, networks and multi-country frameworks.

### 1.17 Risks and mitigation measures

**Co-financing.** Co-financing requirements are not applicable to the Multicountry Asia TEAM TB grant, which is comprised solely of catalytic funding.

### 1.18 GAC review and recommendation

- The GAC acknowledged the selection of IOM as a new Principal Recipient and subsequent changes in implementation arrangements.
- The GAC noted the relatively high program management costs and salary incentives included in the grant, which appear justified when taking into consideration that the implementation structure consists of 20 entities implementing in 5 countries. The GAC also acknowledged the importance of adequate compensation for community health workers. The Secretariat emphasized that program management costs would be reviewed periodically during implementation and reduced as much as possible.

## Tunisia HIV: National Ministry of Family and Population (TUN-H-ONFP)

### 1.19 Background and context

Tunisia's HIV epidemic is primarily concentrated among key populations, as well as geographically concentrated in coastal regions. While HIV prevalence in the general population was less than 0.1 percent in 2018, in 2020 it was 8.2 percent among men who have sex with men, 11 percent among people who inject drugs, and 0.5 percent among sex workers. Despite investments in key populations, it is estimated that between 2010 and 2021, HIV incidence among these groups has increased by 29 percent and AIDS-related deaths increased by 328 percent. As of late 2020, 20.52 percent of people living with HIV were receiving treatment, while an estimated 85 percent reported an undetectable viral load.

The proposed goals of the Global Fund-financed HIV program in Tunisia include to:

- Maintain the percentage of men who have sex with men, sex workers, and people who inject drugs living with HIV below 8.2, 0.5 and 11 percent respectively;
- Increase the percentage of people living with HIV who know their HIV status from 46.6 percent in 2020 to 72 percent in 2024; and
- Increase the percentage of people living with HIV on antiretroviral treatment who are virologically suppressed from 72.4 percent in 2020 to 85 percent in 2024.

### 1.20 Risks and mitigation measures

**COVID-19.** Tunisia experienced a severe COVID-19 crisis which culminated during a fourth wave in July to August 2021, during which the country reached fatality rates among the highest in the region. The HIV program with other health services was impacted by travel restrictions and unavailability of health personnel in public health facilities. People living with HIV and key populations have generally suffered greater marginalization and vulnerability. In addition to financing through the Global Fund's 2020 COVID-19 Response Mechanism for the introduction of community-based and multi-month dispensing of antiretrovirals, HIV mitigation measures and the national COVID-19 response, including diagnostics, personal protective equipment and oxygen, are being financed through the 2021 COVID-19 Response Mechanism.

**Co-financing.** At the time of GAC review, government investments for the 2017-2019 allocation period were still under review. The Secretariat will provide financing for Technical Assistance to undertake a rapid HIV expenditure assessment, to be completed no later than June 2022. The Government of Tunisia has provided indicative commitments for the 2020-2022 allocation period, in a draft Letter of Commitment, in line with the Global Fund STC requirements and the performance framework targets and priorities. Finalization of government HIV expenditures report as per the co-financing requirements and the finalization of the Letter of Commitment for the 2020-2022 allocation period are incorporated as specific grant requirements by June 2022.

#### 1.21 GAC review and recommendation

- The GAC acknowledged that Tunisia met the conditions to receive Matching Funds programmed towards removing human rights-related barriers to health services.
- Recognizing with regret that grant-making faced severe delays due to the impact of COVID-19, the GAC noted that the TRP recommendation to align population size estimates, baselines, and targets presented in the national strategic plan, the funding request, and the performance framework was in progress but not complete due to the delayed availability of data from the Integrated Bio Behavioral Survey. Acknowledging the advanced progress made to complete this, the GAC noted that the Secretariat will pursue its completion with the aim to reprogram as needed to reflect updated key population estimates.
- The GAC noted that the transition readiness assessment was recently completed, but not yet endorsed by national stakeholders, which is required by June 2022. The Secretariat reassured the GAC that it would follow up closely during implementation to ensure appropriate technical assistance to support transition preparedness activities.

## Additional Information

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

The Board is hereby notified that the Secretariat approved the extensions in Table 3 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	Georgia	HIV	GEO-H-NCDC	US\$	1,738,999	1,738,999	-	6	31/12/2022	This extension will align the implementation periods of the HIV component with the TB component to allow a consolidated TB-HIV grant in the next implementation period.
2	Romania	Tuberculosis	ROU-T-MOH	EUR	134,258	-	9	3	31/03/2022	This additional 3-month extension (contributing to a total non-costed extension of 12 months) will allow the Principal Recipient to continue the work in progress on transition and will allow the Global Fund time to consider needs of transition portfolios requiring additional support.

## Privileges and Immunities

1.1 Of the applicants for which funding recommendations are currently being made, Montenegro has signed but not ratified the Global Fund Agreement on Privileges and Immunities.

*Document Classification: Internal.*

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

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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>5</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/B39/EDP14: Decision on the Secretariat's recommendation for funding the Romania TB grant	This decision point approved the Romania TB (ROU-T-MOH)
GF/B40/EDP16: Decision on the Secretariat's recommendation for funding the Georgia HIV grant	This decision point approved the Georgia HIV grant (GEO-H-NCDC)

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<sup>5</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/>)