

Electronic Report to the Board

Report of the Secretariat's Grant Approvals Committee

GF/B47/ER05

Board Decision

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

1. GF/B47/EDP06: 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 2 grants: Benin RSSH and Multicountry LAC MCC HIV/TB, up to an amount of EUR8,058,459 (including matching funds of EUR1,087,980) and US\$3,370,759 of country allocation funding respectively.

Decision

Decision Point: GF/B47/EDP06: 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/B47/ER05 ("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 2 grants: Benin RSSH and Multicountry LAC MCC HIV/TB, up to an amount of EUR 8,058,459 (including matching funds of EUR 1,087,980) and US\$3,370,759 of country allocation funding respectively.

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](#).

Input Sought

The Board is requested to review the request and agree on a 'no objection' basis, the decision point GF/B47/EDP06: 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	Benin	RSSH	BEN-S-CNLS-TP	31/12/23	EUR	8,058,459	1,087,980	HIV-12,536,630, TB-2,267,313 Malaria - 4,639,813 RSSH -33,862,262	1,970,160
2	Multicountry LAC MCC HIV/TB	HIV/TB	QRB-C-OECS	31/03/25	US\$	3,370,759	-	Not applicable	954,000

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 the date of the GAC meeting and may be updated during implementation for countries that have been granted policy flexibilities.

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

Recommendations on Funding from the 2020-2022 Allocation

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.

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:

Benin RSSH: Conseil National de Lutte contre le VIH/SIDA, la Tuberculose, le Paludisme, les Hépatites, les Infections sexuellement transmissibles et les Epidémies (BEN-S-CNLS-TP)

1.1 Background and context

Benin is a high-burden country for HIV, TB and malaria, with a stretched health system. The country's health system faces many challenges, around equitable access to health services, quality of care, availability of quality health products, and the overall coordination and management of services. There is a shortfall of health workers, which are unevenly distributed throughout the country - leaving remote and marginalized areas underserved. The private sector provides more than 60 percent of health services and in 2002, the World Health Organization estimated that 80 percent of the population has recourse to traditional medicine.

Opportunities for better coordination are recognized as the national health management information system faces difficulties integrating data from the private and community sectors. Data incompleteness, poor feedback mechanisms, and use of data for decision-making are also bottlenecks to effective coordination.

In line with Benin's National Strategic Integrated Plan to Fight the Epidemics 2019-2023 (PSNIE) and new Community Health Strategy, and Global Fund investments in fighting HIV, TB and malaria, this program aims to strengthen data quality, community health, supply chain and human resources for health. The grant will also specifically support HIV-related activities to reduce stigma and ensure access to HIV services for all people living with HIV, as well as social mobilization around human rights, gender-based violence. Objectives include to:

- Improve human resources management at the operational and community levels;

- Strengthen the National Health Management Information System and the monitoring and evaluation system to support informed decision-making;
- Improve the health products management systems by improving the logistic management information system for better and continuous access to good quality health supplies;
- Support implementation of the newly developed plan to reduce human rights related barriers for accessing health services, which was supported by the Global Fund's Strategic Initiative on "Breaking Down Barriers"; and
- Expand national coverage of high-quality integrated service delivery at community level.

1.2 Risks and mitigation measures

Co-financing and domestic commitment: The Government of Benin committed to spend EUR 53.3 million to co-finance programs supported by the Global Fund for the 2020-2022 allocation period. Commitments include EUR 12.5 million for HIV, EUR 2.26 million for TB, EUR 4.63 million for malaria, and EUR 33.86 million in health system-related indirect contributions. This total amount of EUR 53.3 million is above the minimum total commitment required.

While the Government provided sufficient minimum co-financing commitments, the Secretariat has requested that the country align the Government's HIV co-financing commitments with the country's HIV programmatic objectives. As such, the government will be required to submit (i) an updated commitment letter in line with the country's programmatic objectives, and (ii) the official 2020/2021 annual budget for health, HIV, TB, and malaria, as well as evidence of its execution, within six months of the start of implementation.

1.3 GAC review and recommendation

- The GAC and Partners commended the clear funding request and appreciated the focus on building the health workforce to support the implementation of the Government's priorities.
- GAC Partners expressed concern regarding the feasibility of the Government's plan to roll out the new Community Health Strategy and noted that the shift in malaria testing and treatment from community health workers to the "Agents de santé communautaire qualifiés", may limit access to care rather than expand it. Partners reiterated their commitment to support the program and called for continued collaboration and flexibility in working to address this.
- The GAC and Partners reinforced their commitment to sustain efforts alongside the Secretariat to ensure that malaria case management activities are not reduced because of the new national Community Health Strategy. The GAC highlighted that this RSSH grant is an opportunity to support the implementation and monitoring of the Community Health Strategy and called for all key stakeholders to be involved in supporting and monitoring progress of the national malaria response.
- Noting concerns raised by the GAC and Partners regarding availability of resources to scale up the community health workers' strategy, the Secretariat confirmed that the Principal Recipient would be required to produce: (i) an independent evaluation of the community health workers program pilot phase assessing the activity and commodity needs of the community health workers to ensure that the resources available can be allocated to achieve maximum impact; (ii) a revised community health workers strategy reflecting necessary adjustments based on the independent evaluation findings, and including a phased implementation plan to gradually extend the full community health workers program package nationwide in line with the resources available and (iii) documentation supporting the endorsement by the relevant stakeholders (including notably the Government and donors involved in the funding of community health services) of the increased remuneration of the community health workers in line with the independent evaluation, before accessing grant funds related to such activities. To advance this, two in-country missions were held in March

2022 to meet with key stakeholders and facilitate the establishment of monthly discussion forums.

- The GAC noted that the allocation utilization period for this grant covers 18 months. This allocation utilization period was proposed to align the RSSH funding with the country's disease-specific grants and it was confirmed that the funding adequately covers activities defined for the 18-month period.
- The GAC acknowledged that Benin was designated Matching Funds for programs to remove human rights-related barriers to health services. The TRP confirmed that access and programmatic conditions have been met and the Secretariat confirmed that this has not changed during grant-making.

Multicountry LAC MCC HIV/TB: Organisation of Eastern Caribbean States (QRB-C-OECS)

1.4 Background and context

This program tackles HIV/TB in six countries in the Organization of Eastern Caribbean States ("OECS"): Antigua and Barbuda, Dominica, Grenada, St Kitts and Nevis, St Lucia, and St. Vincent and the Grenadines (collectively, the "target countries").

The HIV epidemic in the target countries is concentrated among key populations, with an estimated prevalence of 0.8 percent among adults aged 15-49 years. Overall, the number of people living with HIV in the OECS region increased by 25 percent from 2017 to 2020. The OECS has seen uneven progress towards the HIV testing and treatment cascade due to widespread stigma and discrimination, inadequate data, and criminalization of key populations in some states. In 2020, 84 percent of people living with HIV were aware of their status; of those, only 45 percent are on antiretroviral therapy (ART), of whom 50 percent are virally suppressed.

The OECS have a low TB burden, with a regional incidence of 4.46 per 100,000 in 2019. Five of the six target countries fall within the WHO range for elimination (incidence of <10 cases per 100,000), with only Dominica exceeding this range attributable to migration from high-burden countries. Treatment coverage in the OECS region has been increasing since 2015, and stood at 96 percent in 2017, while treatment success rates have stayed consistently above 80 percent. Data on TB-HIV co-infection remain inconsistent, and routine TB screening among people living with HIV is irregular.

The program aims to promote the sustainability of health and community systems to reduce the incidence of HIV and STIs and eliminate TB through:

- Increasing the number of key populations accessing differentiated prevention, testing, and treatment services;
- Continuing implementation of the TB elimination framework for low incidence countries to accelerate the elimination of TB in the OECS;
- Increasing access to quality laboratory testing, screening and diagnosis for the clinical management of HIV and TB;
- Increasing the number of people living with HIV who are linked and retained in care;
- Improving HIV, STI and TB surveillance systems to increase the availability of data to support evidence-based planning, measure the impact of the response, and the achievement of targets; and
- Strengthening health and community systems response to address human rights and gender inequality barriers.

1.5 GAC review and recommendation

- The GAC noted that as a multicountry grant with a single allocation, no co-financing requirements were specified in the 2020-2022 allocation letter and underlined the importance of ensuring the sustainability of activities financed under this grant. The Secretariat informed the GAC that the OECS has developed a HIV/TB Regional Framework and tailored country action plans to strengthen disease responses and sustainability in the next 3-5 years.
- The GAC noted that the implementation period for this grant covers 2 years and 9 months. This is consistent with the Global Fund's Amended and Restated Comprehensive Funding Policy; the 2017-2019 allocation period grant end date was extended by three months (until 30 June 2022),⁵ thereby reducing the available funding and implementation period for the 2020-2022 allocation period grant by US\$279,241 and three months respectively. The allocation utilization period, however, remains unchanged.
- The Secretariat informed the GAC that to facilitate grant-making negotiations and a smooth transition into the new allocation period, the monitoring and evaluation plan will be updated and shared within the first six months of the grant implementation start date. This is memorialized in the Grant Confirmation.

⁵ Notified to the Board under GF/B46/ER16.

Privileges and Immunities

1.1 None of the applicants for which funding recommendations are currently being made has signed and 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/B46/ER16: Notification of the Secretariat's approval of a 3-month extension of Multicountry LAC MCC HIV/TB	The Board notified of the approval the extension of Multicountry LAC MCC HIV/TB grant (QRB-C-OECS)

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/>)