

Electronic Report to the Board

Report of the Secretariat's Grant Approvals Committee

GF/B47/ER09

Board Decision

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

1. GF/B47/EDP11: Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation¹
2. GF/B47/EDP12: Decision on the Secretariat's Recommendation on Additional Funding to Finance Unfunded Quality Demand from the 2020-2022 Allocation Period²

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.

¹ The Secretariat recommends the approval of funding from the 2020-2022 Allocation for: (i) 2 grants: Colombia HIV and Georgia HIV/TB up to an amount of **US\$35,274,488** of country allocation funding; and (ii) 2 multicounty grants: Multicountry Caribbean CARICOM-PANCAP HIV and Multicountry HIV Latin America ALEP, up to an amount of **US\$17,000,000** of multicounty catalytic funding.

² The Secretariat recommends the approval of **US\$430,814** of private sector funding from the New Venture Fund (NVF), through the Co-Impact project, to be integrated into the Liberia Malaria grant. Of the total amount, **US\$426,419** are private sector contribution funds originally integrated into the 2017-2019 allocation period grant, which remained unused owing to COVID-19-related delays; and **US\$4,395** are previously committed private sector contribution funds recommended to be incorporated into the 2020-2022 allocation period grant.

Decision

Decision Point: GF/B47/EDP11: 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/ER09 ("Table 1");
2. Acknowledges each country disease component's constituent grants will be implemented by the proposed Principal Recipients listed in Table 1, or any other Principal Recipient(s) deemed appropriate by the Secretariat in accordance with Global Fund policies;
3. Affirms the funding approved under this decision (a) is subject to the availability of funding, and (b) shall be committed in annual tranches; and
4. Delegates to the Secretariat authority to redistribute the overall upper-ceiling of funding available for each country disease component among its constituent grants, provided that the Technical Review Panel (the "TRP") validates any redistribution that constitutes a material change from the program and funding request initially reviewed and recommended by the TRP.

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

Decision Point: GF/B47/EDP12: Decision on the Secretariat's Recommendation on Funding Unfunded Quality Demand from the 2020-2022 Allocation Period

The Board:

1. Approves the revised budget recommended for the grants listed in Table 2 of GF/B47/ER09 ("Table 2");
2. Affirms the additional funding approved under this decision (a) increases the upper-ceiling amount that may be available for the relevant implementation period of each country disease component's constituent grants, and (b) is subject to the availability of funding; and
3. 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: (i) 2 grants, Colombia HIV and Georgia HIV/TB, up to an amount of **US\$35,274,488** of country allocation funding; and (ii) 2 multicountry grants, Multicountry Caribbean CARICOM-PANCAP HIV and Multicountry HIV Latin America ALEP, up to an amount of **US\$17,000,000** 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](#).

Secretariat's Recommendation on Additional Funding

The Secretariat recommends the approval of:

- **US\$430,814** of private sector funding from the New Venture Fund (NVF), through the Co-Impact project, to be integrated into the Liberia Malaria grant, as set out at Table 2. Of the total amount, **US\$426,419** are private sector contribution funds originally integrated into the

2017-2019 allocation period grant which remained unused owing to COVID-19; and **US\$4,395** are previously committed private sector contribution funds recommended to be incorporated into the 2020-2022 allocation period grant.

- 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/EDP11 Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation; and decision point GF/B47/EDP12 Decision on the Secretariat's Recommendation on Funding Unfunded Quality Demand from the 2020-2022 Allocation Period.

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

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

N	Applicant	Disease Component	Grant Name ³	Grant End Date	Currency	Total Program Budget ⁴	Catalytic Funds in Grant	Domestic Commitment ⁵	Unfunded Quality Demand
1	Colombia	HIV	COL-H-ENTerritorio	31/12/25	USD	19,457,001	-	HIV: 756,713,490	1,984,521
2	Georgia	HIV/TB	GEO-C-NCDC	31/12/25	USD	15,817,487	-	HIV: 54,199,548 TB: 22,268,065	3,914,480
3	Multicountry Caribbean CARICOM-PANCAP	HIV	QRA-H-CARICOM	30/09/25	USD	6,500,000	6,500,000	Multicountry grants comprised solely of catalytic funding are not subject to co-financing requirements.	-
4	Multicountry HIV Latin America ALEP	HIV	QRA-H-HIVOS2	30/09/25	USD	10,500,000	10,500,000	Multicountry grants comprised solely of catalytic funding are not subject to co-financing requirements.	-

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

⁴ The Program budget for the Grant may be higher than the Program budget being recommended to the Board for approval where Covid-19 Response Mechanism funding has been integrated into the Grant.

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

Table 2: Secretariat’s Recommendation on Additional Funding to Finance UQD from the 2020-2022 Allocation Period

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	Previous Approved Grant Budget	Additional Funds	Revised Grant Budget for approval	Rationale
1	Liberia	Malaria	LBR-M-P11	Private Sector: Co-Impact	USD	20,048,812	PSC rollover: 426,419 PSC funding: 4,395	Previous budget: 20,048,812 PSC rollover: 426,419 PSC additional funding: 4,395	Reallocation of unspent US\$426,419 private sector contribution (PSC) funds from the 2017-2019 allocation period LBR-M-P11 grant, plus US\$4,395 of previously committed PSC funds, both from the New Venture Fund (NVF) through the Co-Impact project, mainly for community health worker refresher trainings and trained traditional midwives feedback meetings. This additional funding supplements PSC funds totalling US\$5,050,000 from Co-Impact which were integrated into the 2020-2022 allocation period LBR-M-P11 grant pursuant to GF/B46/EDP10.

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:

Colombia HIV: Republic of Colombia (COL-H-ENTerritorio)

1.1 Background and context

In 2019, there were reportedly 123,490 people living with HIV (PLHIV). Between 2020 and 2021, an additional 14,698 cases were reported in the country. The HIV epidemic is concentrated among key populations, specifically men who have sex with men (MSM) and transgender women. Venezuelan migrants are also at high risk, with HIV prevalence among Venezuelan migrants being two times higher than the general Colombian population. As of January 31, 2020, 73.3 percent of all 12,632 tuberculosis (TB) cases were screened for HIV, and the prevalence of TB-HIV co-infection was 12.7 percent.

The grant aims to expand the HIV prevention, testing and treatment response in the country from seven to 15 territories, with a focus on the most vulnerable populations to reach the 2030 95-95-95 targets, through the following activities:

- Increasing the national institutional and community response to HIV by implementing the combination prevention and testing strategy for key populations and Venezuelan migrants;
- Promoting the linkage of key populations and Venezuelan migrants to health promotion, sexually transmitted infection (STI) prevention and comprehensive HIV/AIDS care services in the general social security health system; and
- Strengthening the implementation of the National Response Plan for STIs, HIV, TB-HIV co-infection, viral hepatitis B and C through restructuring and modernizing the monitoring and evaluation (M&E) and information management system.

1.2 GAC review and recommendation

- The GAC applauded the design of the program noting that it will contribute to addressing the need for strengthened information systems and will enable stronger evidence-based decision-making for HIV care during the implementation of this grant.
- The GAC noted that Colombia should continue to prioritize and advance its sustainability and transition planning. The Secretariat noted that a detailed sustainability and transition roadmap was articulated in 2019 recommending five strategic areas. Implementation in most strategic areas is progressing, and the Secretariat will continue to support the country to enhance sustainability and address bottlenecks.

- The Secretariat notified the GAC that a new government will take office from August 2022 and efforts will be made to engage with the administration as soon as possible to understand envisaged health sector reforms and outcomes.

Georgia HIV/TB: National Center for Disease Control and Public Health (GEO-C-NCDC)

1.3 Background and context

In 2020, there were an estimated 8,400 PLHIV in Georgia, with key populations most affected by the epidemic. In 2017, the HIV prevalence among MSM reportedly ranged between 9.6 percent and 21.5 percent. At the end of 2020, 76 percent of the estimated number of PLHIV knew their HIV status, 84 percent of those who knew their status were on antiretroviral therapy (ART) and 91 percent of those on ART were virally suppressed.

Over the last decade, TB incidence in Georgia has declined by 7.2 percent annually and was estimated at 69 per 100,000 population in 2020. The proportion of multidrug-resistant and rifampicin-resistant TB remains high, with estimates of 10.6 percent among new patients and 26.4 percent among previously treated patients in 2020. Treatment coverage declined from 80.6 percent in 2016 to 72.3 percent in 2019 and 59.6 percent in 2020, influenced by the COVID-19 pandemic.

This grant aims to reverse the HIV epidemic's trajectory through strengthened interventions addressing key populations, and significant improvement in health outcomes for PLHIV. For TB, the goal is to decrease the disease burden and its impact by ensuring universal access to timely and quality diagnosis and treatment of all forms of TB, thus decreasing illness, death and drug resistance. Strategies include:

- Improving HIV health outcomes through ensuring universal access to quality treatment, care and support;
- Ensuring sustainable strong response to the epidemic through enhanced government commitment, enabling legislative and operational environment, and greater involvement of civil society;
- Improving effectiveness of outreach and prevention and ensure timely detection of HIV and progression to care;
- Providing universal access to early and quality diagnosis of all forms of TB including drug resistant TB;
- Scaling up effective TB prevention and improving treatment outcomes through universal access to quality treatment of all forms of TB including drug resistant TB with appropriate patient support; and
- Strengthening the health system's cross-cutting functions and performance for TB and HIV/AIDS control.

1.4 GAC review and recommendation

- The GAC recognized the country's commitment to financing health, noting that around 80 percent and 67 percent of funding for HIV and TB programs, respectively, is financed by the Government of Georgia with continuous efforts to optimize government investments. The GAC also appreciated government's commitment and co-financing of service provision to key populations by civil society organizations.
- The GAC acknowledged that the country continues to gradually take over activities previously funded by the Global Fund and demonstrates sustainable implementation of those activities, such as the scale-up of the opioid substitution therapy program. The GAC commended progress made in key areas in HIV and TB, including moving towards patient-centered models of TB care, acceleration of transition to new TB treatment regimes, ART decentralization, scale up of HIV rapid testing, and expansion of access to PrEP.

Multicountry Caribbean CARICOM-PANCAP HIV: Caribbean Community Secretariat (QRA-H-CARICOM)

1.5 Background and context

This multicountry grant will be implemented in the Caribbean region, including Antigua and Barbuda, Barbados, Belize, Cuba, Dominican Republic, Guyana, Haiti, Jamaica, Suriname and Trinidad and Tobago. Key populations and their sexual partners account for 68 percent of new HIV infections in the Caribbean region. The median of HIV prevalence in countries is 27.7 percent among transgender people, 4.3 percent among MSM, 3.8 percent among prisoners, and 0.8 percent among sex workers. 2021 data shows that since 2010, new HIV infections have decreased by 28 percent and AIDS-related deaths by 51 percent. Progress towards the 95-95-95 targets is varied in the region.

In 2020, 83 percent of PLHIV knew their status, 67 percent were on treatment, and 60 percent were virally suppressed.

The program is designed to provide sustainable prevention, treatment and care services for key populations in the region, while building on lessons learned from the 2017-2019 allocation period, through:

- Increasing domestic resources for effective key population programming;
- Mobilizing resources for key population organizations;
- Reducing barriers to key population services (including stigma and discrimination and gender-based violence); and
- Improving knowledge generation and use of strategic information on key populations for decision-making and advocacy by communities and other stakeholders.

1.6 Risks and mitigation measures

Co-financing. Co-financing requirements are not applicable to the Multicountry Caribbean CARICOM-PANCAP HIV, which is comprised solely of catalytic funding. Ensuring sustainability of activities financed under this grant will remain a priority.

1.7 GAC review and recommendation

- The GAC noted the program has been designed to strengthen the sustainability of the regional HIV response by supporting of catalytic priorities and strengthening capacity of civil society and regional coordination mechanisms. They also noted the longer-term risk to sustainability of financing key regional entities. The Secretariat flagged to the GAC that the grant has been designed and negotiated to include a resource mobilization component as a mitigation measure to ensure sustainability.

Multicountry HIV Latin America ALEP: Humanist Institute for Co-operation with Developing Countries (QRA-H-HIVOS2)

1.8 Background and context

This multicountry grant will support the sustainability of services for key populations in 11 countries in Latin America: Bolivia, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Paraguay, and Peru. In 2020, about 100,000 new HIV infections were estimated in Latin America, with key populations and their sexual partners accounting for 92 percent of new infections. The region falls short of the 95-95-95 targets in some areas. In 2020, 81 percent of estimated PLHIV knew their status; 65 percent who knew their status were on treatment; 60 percent of estimated PLHIV were virally suppressed.

Building on the impact and lessons learned from the 2017-2019 allocation period, this grant will continue to expand the capacity of countries to improve the life expectancy of vulnerable and HIV populations through the following activities:

- Introducing regional and national mechanisms to map, monitor and mobilize domestic funding increase for PLHIV, key populations and their organizations;
- Supporting community-led monitoring and promoting strategies to reduce inequalities in the access to comprehensive health services for PLHIV and key populations; and
- Improving skills to manage strategic information by key populations and PLHIV.

1.9 Risks and mitigation measures

Co-financing. Co-financing requirements are not applicable to the Multicountry Latin America ALEP-PC HIV grant, which is comprised solely of catalytic funding. Ensuring sustainability of activities financed under this grant will remain a priority.

1.10 GAC review and recommendation

- The GAC and partners appreciated the design of the program noting that the proposed grant includes revised implementation arrangements with greater clarity on roles, responsibilities, and the overall governance structure. They noted this is likely to foster more effective participation and collaboration amongst regional networks and organizations around a shared goal in the coming implementation period.

- Partners also appreciated the revised programmatic focus, which aligns with the new Global AIDS strategy. Given the negative impact of the COVID-19 pandemic on HIV programs, competing priorities in national public health agendas, and given that several national AIDS programs in the region may be experiencing resource constraints, partners called for continued efforts from the Global partnership and reaffirmed their own commitment to supporting regional efforts to ensure HIV remains a priority in national public health agendas.

Privileges and Immunities

2.1 Of the applicants for which funding recommendations are currently being made, Georgia 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/B45/EDP03: Decision on the Secretariat's recommendation for funding the Liberia Malaria grant	This decision point approved the Liberia Malaria 2020-2022 allocation period grant (LBR-M-P11)
GF/B46/EDP10: Decision on the Secretariat's recommendation for additional funding for the Liberia Malaria grant	This decision point approved Private Sector Contributions from Co-Impact to be integrated into the Liberia Malaria 2020-2022 allocation period grant (LBR-M-P11)

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/>)