

Electronic Report to the Board

Report of the Secretariat's Grant Approvals Committee

GF/B50/ER01

Board Decision

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

1. GF/B50/EDP01: Decision on the Secretariat's Recommendation on Funding from the 2023-2025 Allocation¹

Document Classification: Internal.

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

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¹ The Secretariat recommends the approval of funding from the 2023-2025 Allocation for 16 grants: Guinea HIV, Guinea TB, Guinea Malaria, Honduras Malaria, Nigeria HIV, Nigeria HIV/TB, Nigeria TB, Uganda HIV, Uganda HIV/TB, Uganda TB, Uganda Malaria, Viet Nam HIV and Viet Nam TB, up to an amount of **US\$1,370,495,453** of country allocation funding, including matching funds of **US\$30,700,000** for Nigeria HIV, Nigeria HIV/TB, Nigeria TB, Uganda HIV, Uganda HIV/TB, Uganda TB and Viet Nam TB.

Decision

Decision Point: GF/B50/EDP01: Decision on the Secretariat's Recommendation on Funding from the 2023-2025 Allocation

The Board:

1. Approves the funding recommended for each country disease component, and its constituent grants, as listed in Table 1 of GF/B50/ER01 ("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 2023-2025 Allocation

The Secretariat recommends the approval of funding from the 2023-2025 Allocation for **16** grants: Guinea HIV, Guinea TB, Guinea Malaria, Honduras Malaria, Nigeria HIV, Nigeria HIV/TB, Nigeria TB, Uganda HIV, Uganda HIV/TB, Uganda TB, Uganda Malaria, Viet Nam HIV, and Viet Nam TB, up to an amount of **US\$1,370,495,453** of country allocation funding, including matching funds of **US\$30,700,000** for Nigeria HIV, Nigeria HIV/TB, Nigeria TB, Uganda HIV, Uganda HIV/TB, Uganda TB and Viet Nam TB.

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](#).

Input Sought

The Board is requested to review the request and agree on a 'no objection' basis, the decision point GF/B50/EDP01: Decision on the Secretariat's Recommendation on Funding from the 2023-2025 Allocation.

Table 1: Secretariat’s Recommendation on Funding from the 2023-2025 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	Catalytic Funds in Grant	Domestic Commitment ³	Unfunded Quality Demand (US\$)
1	Guinea	HIV	GIN-H-MOH	31/12/2026	US\$	44,687,705	-	HIV: 18,024,510 TB: 4,599,899	18,806,951
2		HIV/TB	GIN-C-PLAN	31/12/2026	US\$	18,989,027	-		
3		Malaria	GIN-M-CRS	31/12/2026	US\$	81,506,179	-	Malaria: 13,453,039	25,503,105
4	Honduras	Malaria	HND-M-CHF	31/12/2026	US\$	3,002,794	-	Malaria: 10,445,675	1,321,653
5	Nigeria	HIV	NGA-H-NACA	31/12/2026	US\$	10,663,394	1,406,331	Pending finalization of the Commitment Letter	162,565,979
6		HIV	NGA-H-NASCP	31/12/2026	US\$	30,038,555	-		
7		HIV/TB	NGA-C-IHVN	31/12/2026	US\$	340,095,438	10,105,816		
8		TB	NGA-T-NTBLCP	31/12/2026	US\$	122,390,772	1,987,853		
9	Uganda	HIV	UGA-H-MoFPED	31/12/2026	US\$	246,220,613	5,200,000	HIV: 246,150,000 TB: 8,450,000 Malaria: 4,410,000 RSSH: 360,730,000	398,568,924
10		HIV/TB	UGA-C-TASO	31/12/2026	US\$	47,437,621	4,000,000		
11		TB	UGA-T-MoFPED	31/12/2026	US\$	54,418,552	4,000,000		
12		Malaria	UGA-M-MoFPED	31/12/2026	US\$	217,056,092	-		138,016,449
13		Malaria	UGA-M-TASO	31/12/2026	US\$	35,194,655	-		
14	Viet Nam	HIV	VNM-H-VAAC	31/12/2026	US\$	48,480,054	-	Pending finalization of the Commitment Letter	30,888,383
15		HIV	VNM-H-VUSTA	31/12/2026	US\$	6,500,000	-		
16		TB	VNM-T-NTP	31/12/2026	US\$	63,814,002	4,000,000		42,786,339

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

³ 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 on Funding Recommendations

This section will provide an overview of some grants recommended by the GAC, prioritizing for Board visibility by, among others, level of financing, strategic risks and impact on the achievement of the 2023-2028 Global Fund Strategy. Grant summaries will also highlight key observations and recommendations made by the GAC and Partners, as well as other key strategic issues. Unless otherwise specified, each applicant has met the co-financing requirements for the 2020-2022 allocation period and has made sufficient co-financing commitments for the 2023-2025 allocation period as set forth in the Sustainability, Transition and Co-Financing (STC) Policy. Where co-financing commitments for the 2023-2025 allocation period are indicated as pending, final commitments will be shared with the Board, upon receipt of duly finalized and signed commitment letters. In most cases, the letters are expected to be received within six months of the implementation period start date, in line with requirements in the Grant Confirmations. The Secretariat will monitor the finalization and realization of commitments over the grant's 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:

Guinea HIV, TB and Malaria: Plan International, Inc. (GIN-C-PLAN); Ministry of Health of the Republic of Guinea (GIN-H-MOH); and Catholic Relief Services – United States Conference of Catholic Bishops (GIN-M-CRS)

1.1 Background and context

HIV prevalence in Guinea was recorded at 1.4 percent among the general population in 2022, with a significantly higher burden among key populations: 9.8 percent among men who have sex with men (MSM), 4.9 percent for female sex workers, and 3.6 percent for people who inject drugs (PWID). HIV treatment cascade shows variable progress, with rates of 68-64-93 in 2022. However, pediatric HIV treatment coverage is critically low, at only 31 percent.

TB is a significant health issue in Guinea with 19,620 cases reported in 2022. In 2021, TB incidence was estimated at 175 per 100,000 population, with treatment coverage of 85 percent. Multi-drug resistant TB (MDR-TB) represents 2.3 percent of new TB cases and 17 percent of retreatment cases. TB mortality among people living with HIV is low, at 8 per 100,000 population in 2022.

Malaria prevalence in Guinea has declined significantly, from 44 percent in 2012 to 17 percent in 2021. Before the 2022 campaign for distributing long-lasting insecticide treated nets (LLIN), only 42 percent of the population had access to an LLIN, and 33 percent had used one the previous night. The National Strategic Plan prioritizes increasing access to LLINs, targeted programming for vulnerable groups, and promoting LLIN usage through informed messaging.

1.2 Risks and mitigation measures

Procurement for the TB program has been assessed to be at high risk due to the potential for the Government to be unable to meet its co-financing requirements. The Secretariat has worked to mitigate this risk through close collaboration with the Government, including plans to establish a co-financing monitoring committee which will involve members of civil society. An associated workplan tracking measure has been included in the GIN-C-PLAN grant.

1.3 Co-financing

2020-2022 allocation period: The Secretariat granted Guinea a waiver for its co-financing requirements for the 2020-2022 allocation period, considering the socio-political and macroeconomic challenges the country is facing, including the military coup d'état in September 2021, which led to a formation of the current transition government. The Secretariat recognized that the domestic health budget has been volatile, partly due to reduced external funding following the coup d'état. Additionally, the authorities' decision to temporarily freeze public accounts and halt hiring after the coup has led to a significant increase in domestic expenditure arrears amid a context of limited capacity at Ministry of Health to manage public investments and execute the approved domestic budget.

2023-2025 allocation period: Guinea has submitted a commitment letter signed by the Ministry of Health, Minister of Budget and Minister of Economy and Finance, detailing financial and programmatic commitments that include procuring HIV, TB and malaria commodities and funding salaries for 900 community health workers. The Ministry of Health's domestic budget is anticipated to increase by 12 percent between 2023 and 2025.

The Secretariat has implemented precautionary measures to ensure these commitments are met, recognizing the significant programmatic consequences of non-fulfillment. A monitoring committee led by the CCM, with representatives from the Ministry of Economy and Finance, Ministry of Budget, Ministry of Health, Ministry of Territorial Administration and Decentralization, and Observatoire Citoyen sur l'Accès aux Services de Santé (a national community-led monitoring organization), will be established by June 2024 to monitor co-financing commitments and will report quarterly to the Secretariat.

1.4 GAC review and recommendation

- The GAC, echoing the TRP's concerns, noted the substantial shortfall of LLINs for the mass distribution campaign in Year 2 and for routine distribution in Year 3, due to changes in partner commitments, population growth, increased costs of service delivery as well as the insecticide resistance data indicating national need for pyrethroid-chlorfenapyr nets. They recognized this poses a threat to achieving the National Malaria Control Program's strategy. The Secretariat has proactively engaged with partners to address the gap in campaign nets and these discussions continue to date. The Secretariat noted, however, that even if the campaign gaps are covered, a shortfall of 1 million nets for routine distribution in 2026 persists. The Secretariat will continue to seek efficiencies and noted that if supplementary funds do not become available, trade-offs may be required, including scaling back routine distribution in Year 2 or narrowing the geographic reach of the campaign.

- The GAC recognized progress in resolving supply chain and procurement issues for TB and HIV commodities, noting that remaining challenges include the need to improve domestic procurement oversight, distribution efficiencies, warehousing capacity, and the use of supply data for planning. The Secretariat underlined concerted efforts, further enhanced by C19RM funding, to reinforce supply chain management, warehouse and distribution operations, and to harness data analytics for informed decision-making and proactive supply chain governance. The Secretariat will diligently monitor these areas.
- **Complementarity with C19RM.** The Secretariat noted that a holistic view was taken during the single Resilient and Sustainable Systems for Health (RSSH) country dialogue, which informed the investment strategies for both the 2023-2025 Allocation and C19RM portfolio optimization wave 2 funding requests. Funds were primarily invested in strengthening community health worker networks, laboratory systems and the health products management system. In coordination with Partners, and with support from the Government of Guinea, the grants resulting from these funding requests will also synergistically scale up the network of community health workers in Guinea during the 2023-2025 Allocation Period.

Nigeria HIV and TB: National Agency for the Control of AIDS; National AIDS, Viral Hepatitis and STIs Control Programme (NGA-H-NACA); Institute of Human Virology Nigeria (NGA-H-NASCP); and National Tuberculosis and Leprosy Control Programme (NGA-C-IHVN)

1.4 Background and context

Nigeria has Africa's second-largest HIV burden, with 2 million people living with HIV in 2022. The prevalence among the general population aged 15-49 stands at 1.3 percent as of 2018. HIV prevalence is disproportionately higher among key populations with a prevalence of 25 percent, 15.5 percent, 11 percent, and 29 percent among MSM, female sex workers, PWID and transgender individuals, respectively. Nigeria has made significant progress in treatment coverage, which increased from 44 percent in 2019 to 96 percent in 2022. However, the coverage for prevention of mother-to-child transmission (PMTCT) and pediatric antiretroviral therapy (ART) remains low at 34 percent and 31 percent, respectively.

Nigeria ranks sixth among the world's 30 high TB burden countries and first in Africa. In 2022, TB incidence was 219 per 100,000, with drug-resistant TB (DR-TB) at 2.5 percent for new cases and 19 percent for retreatment cases. While notified TB cases have seen a substantial rise from 120,266 in 2019 to 285,563 in 2022, childhood TB detection is still inadequate, with around 90 percent of cases remaining undiagnosed. Treatment coverage has improved considerably, from 30 percent in 2020 to 60 percent in 2022.

1.5 Co-financing

2020-2022 allocation period: Nigeria has met its co-financing commitments for HIV when measured in local currency terms and efficiency gains from improved pricing of HIV commodities are considered. The government has made an investment of 31,743,858,864 Naira (US\$75,942,246) in procuring HIV drugs and other health products. With regards to TB, the Secretariat issued a waiver to address the non-compliance with commitments during the 2020-2022 period. This waiver addressed the: (i) suboptimal performance in detecting and retaining individuals on TB preventive therapy; which led to an oversupply of Isoniazid and consequently reduced commodity needs for TB prevention to be covered by domestic funding; and (ii) significant 32 percent depreciation of the Nigerian Naira.

The country has nearly doubled its health allocation in absolute terms since the 2017-2019 allocation period and health's share of the overall government budget has also increased between 2020 and 2023.

2023-2025 allocation period: Nigeria has conditionally met its co-financing commitment. While an initial commitment letter was received, the Secretariat has requested a revised letter with a recalibrated disease split to ensure compliance with current policies. The grant agreement requires the country to submit this revised commitment letter within the first six months of implementation.

1.6 Risks and mitigation measures

A Capacity Assessment was conducted for the National AIDS, Viral Hepatitis, and STIs Control Programme (NASCP) as it undertakes the role of Principal Recipient for the first time. The Secretariat also noted that a fiscal agent will oversee the internal controls and monitoring for the Institute of Human Virology Nigeria (IHVN), ensuring robust assurance within the portfolio. Additionally, capacity assessments were conducted for IHVN and the National Tuberculosis and Leprosy Control Programme, in light of the grants' expanded scope and scale. Technical assistance will be deployed throughout the course of the grant in identified areas of weakness to bolster implementation.

1.7 GAC review and recommendation

- The GAC and Partners recognized the significant progress made by the HIV and TB programs due to the notable efforts of the country's leadership. The GAC expressed satisfaction with the grants' strategic prioritization, noting that available resources have been optimized for maximum impact in line with normative guidance within a complex country context and building on the HIV and TB programs' lessons learned. The GAC recognized the program design to expand HIV and TB services coverage through; (i) streamlined state-level implementation arrangements to foster area-wide programming, align partner and donor locations for increased accountability and efficiency and optimize overhead and program management costs; (ii) integrated HIV and TB programming for joint implementation, which is vital for sustainability, allowing for expanded coverage due to efficiencies from this approach, ensuring interventions reach all 36 states and Federal Capital Territory; and (iii) harmonized approach to community systems strengthening, gender, human rights and community-led monitoring among health systems networks, as well as a focus on data utilization.
- The GAC acknowledged the challenging macroeconomic conditions in the country, noting the significant devaluation of the Naira by over 80 percent in 2023 due to the unification of exchange rate markets and high inflation, which have increased prices by more than 20 percent. The Secretariat expressed concerns that despite projected health budget increases for the 2023-2025 allocation period, prevailing macroeconomic and fiscal limitations could present challenges in implementation and potentially compromise adequate financing for health interventions. The Secretariat highlighted ongoing joint efforts across the Partnership for strengthened advocacy with Government of Nigeria for increased TB commitments.
- The Secretariat highlighted the need for increased focus on addressing gender and equity issues during implementation, as well as leveraging in-country partners for advocacy and strategic engagement to mitigate the impact of punitive laws and policies on program delivery. The Secretariat noted that gender assessments have thoroughly informed the integration of gender considerations into the program.

- The GAC acknowledged that Nigeria was designated Matching Funds for HIV Prevention Pre-exposure prophylaxis (PrEP), Human Rights and Gender and TB Finding Missing People. The TRP confirmed that access and programmatic conditions have been met and the Secretariat reaffirmed this following grant-making.
- The GAC asked for clarity around the allocation of US\$23 million for external professional services across the HIV and TB grants, marking an 18.5 percent increase from the 2020-2022 allocation period. The Secretariat clarified that the funds will be strategically invested in technical assistance, fiscal agent services and external audit fees, which are essential for managing the high-risk context in Nigeria, also in light of the expansion of TB and HIV service coverage for the 2023-2025 allocation period. Technical assistance will bolster areas such as the HIV commodity framework, supply chain oversight, payment systems across regions, PMTCT interventions, TB hotspot mapping, service delivery hubs, lab system improvements and emergency response mechanisms for human rights issues affecting key populations.
- **C19RM Complementarity.** The Secretariat emphasized the harmonized approach in aligning Global Fund grants and C19RM investments, as well as across RSSH planning. This coordination ensures that resources are optimally allocated to strengthen pandemic preparedness and fortify health systems. Emphasizing the impact of C19RM investments, the Secretariat noted that these activities have significantly bolstered health and community systems, laying a strong foundation for ongoing pandemic preparedness efforts. Additionally, the Secretariat drew attention to the significant improvements in laboratory systems for TB case detection, facilitated by C19RM funding, which not only strengthens RSSH, but is also expected to lead to an increase in TB case detection.

HIV

- GAC Partners appreciated the ongoing efforts to address known data quality issues in HIV reporting, pointing out shared challenges, such as discrepancies in reported data figures and reliance on outdated census information. Partners highlighted efforts to assist the government in harmonizing multiple data platforms used by implementing partners into an aggregated platform based on the District Health Information Software 2. The Secretariat highlighted that, with Partner support, measures are being taken in the interim to enhance data reliability, including conducting National ART data quality assessments, implementing biometrics for all ART clients and triangulating consumption and programmatic data.
- The Secretariat emphasized the importance of continued monitoring and maintaining adaptability, noting that if updated information from the upcoming data quality exercises necessitate review of indicators, reprogramming will be conducted during grant implementation to reallocate resources to other strategic areas, as needed.
- Partners endorsed the ambitious targets for key population interventions, emphasizing the need for careful execution and stakeholder engagement in the expansion to new states. The Secretariat affirmed its commitment to rigorous oversight of the implementation process and underscored the collaborative efforts with partners to ensure that the program's expansion prioritizes key population investments within the overall implementation strategy.
- GAC Partners appreciated the prioritization of the treatment cascade for children and PMTCT as crucial and emphasized the need for close monitoring of progress. They noted the concerning trends with Nigeria accounting for a significant percentage of global pediatric HIV infections. The Secretariat will monitor implementation in this area and is prepared to reallocate funding as necessary during implementation to meet targets. Partners appreciated the emphasis on expanding Tuberculosis Preventive

Treatment (TPT) coverage for children and people living with HIV, noting commitments to support implementation efforts to ensure that the set targets are met, and interventions are scaled where possible to reach patients with prevention and diagnosis.

TB

- GAC Partners endorsed the strategic focus of the TB grants, noting the collaborative delineation of geographical focus among the Global Fund, in-country Partners and the national program, which ensures complementarity across states to maximize the impact of TB programs. The Secretariat articulated their appreciation for Partners' support in this coordination effort, emphasizing that a 9-month consultative process was employed for strategic planning and alignment among all critical stakeholders, including partners, the private sector and the Government of Nigeria.
- GAC Partners commended the significant progress in Nigeria's TB response, with bacteriological notifications doubling and marked improvements across the treatment cascade. They underscored the necessity of ensuring proper operationalization, including the supply of cartridges/test chips to new molecular testing sites. The Secretariat reaffirmed the existence of a viable plan, bolstered by robust support from in-country partners, to facilitate implementation and build upon lessons learned from pilot projects.
- The GAC noted with appreciation that the New Tools Project has enabled the rollout of new technology and provided evidence for scaling up screening and diagnoses of TB.
- The GAC and Partners acknowledged a TB gender assessment has fully informed gender considerations and integration in the grants. Most notably, support for the TB Network and strengthening relationships between community-led and community-based organizations with the national program is expected to lead to improved case finding and notifications and treatment support under the 2023-2025 allocation period.
- The GAC acknowledged continued advocacy efforts with the Government of Nigeria to secure a loan aimed at supporting TB diagnostics, including ensuring comprehensive coverage for cartridges. The GAC and GAC Partners reaffirmed the importance of joint, high-level advocacy around increased domestic resources for TB.

Uganda HIV, TB and Malaria: Ministry of Finance, Planning and Economic Development of the Republic of Uganda; (UGA-H-MOFPED, UGA-T-MOFPED and UGA-M-MOFPED); and The AIDS Support Organisation (Uganda) Limited (UGA-C-TASO and UGA-M-TASO)

1.7 Background and context

While HIV remains a concern in Uganda, the incidence has seen a downward trend, dropping to 1.21 per 1,000 in 2022, from 3.9 per 1,000 in 2010. HIV-related deaths have also decreased to 17,788 in 2022, down from 53,000 in 2010. Adolescent girls and young women (aged 15-24) face a higher incidence rate, recorded at 0.62 percent as of 2022. Key populations are disproportionately affected, with significant prevalence rates. Uganda has made notable progress across the HIV treatment cascade, achieving rates of 89-92-95 as of 2022. However, punitive laws, policies and practices, recently reinforced with the adoption of the Anti-Homosexuality Act in 2023, continue to pose barriers in access to services for key populations.

TB remains a major public health issue, with a significant burden of morbidity and mortality. In 2022, the TB incidence rate was 199 per 100,000 population. Strategic investments aimed at improving TB patient retention have yielded promising results, with the treatment success rate

climbing from 72 percent in 2019 to 88 percent in 2022. Prioritizing DR-TB and drug-susceptible (DS-TB) treatment coverage will continue in the 2023-2025 allocation period, informed by the successful case-finding strategies from 2020-2022 allocation period.

Malaria is a leading cause of morbidity and mortality in Uganda, contributing to 30-50 percent of outpatient visits, 15-20 percent of hospital admissions, and up to 20 percent of hospital deaths. The country has seen a decrease in malaria-related inpatient mortality by 35 percent, from 8.9 per 100,000 population in 2019 to 6.8 per 100,000 in 2022. However, the number of reported cases has been rising, from 308 per 1,000 population in 2019 to 374 per 1,000 in 2022.

1.8 Risks and mitigation measures

Anti-homosexuality Act 2023. The enactment of the 'Anti-homosexuality Act' on 29 May 2023, could derail progress towards achieving programmatic targets and the UNAIDS 95-95-95 goals by obstructing health education and access to prevention and treatment services. Guided by TRP recommendations, the Secretariat has engaged in a thorough review of interventions targeting key populations and aimed at dismantling access barriers, in order to assess and address challenges presented by this new legislation. This collaborative effort with the CCM, Principal Recipients and community stakeholders, as well as Partners, aims to bolster security measures for key populations and service providers, and ensuring the continuity of services to all populations in need while mitigating the legislation's adverse effects.

1.9 Co-financing

2020-2022 allocation period: Uganda met its co-financing commitments for malaria and RSSH. Due to extenuating circumstances, a waiver was granted for unmet HIV and TB commitments. The Secretariat acknowledged the redirection of allocated HIV and TB funds to address the COVID-19 pandemic and then Ebola outbreaks and recognized the country's broader macroeconomic and fiscal challenges.

Reflecting a significant uptrend in health investment, Uganda's Domestic Government Health Expenditure doubled from US\$323 million in financial year 2017/2018 to US\$585 million in financial year 2022/2023.

2023-2025 allocation period: The Ministry of Finance, Planning and Economic Development has submitted a signed commitment letter outlining co-financing commitments amounting to US\$619.74 million – 40 percent more than the country's minimum requirement. The Secretariat granted a waiver pertaining to the allocation split of Uganda's co-financing commitment, noting a greater share of investments to be directed towards RSSH. Additionally, Uganda has been granted an exception to retain its co-financing baseline from the 2020-2022 period for the subsequent 2023-2025 period.

1.10 GAC review and recommendation

- The GAC acknowledged that Uganda was designated for Matching Funds HIV Prevention; HIV Prevention PrEP; Human Rights and Gender; RSSH Lab systems; and TB Finding Missing People. The TRP deemed that access and programmatic conditions have been met and the Secretariat reaffirmed this following the conclusion of grant-making.
- The GAC acknowledged the comprehensive technical assistance included across HIV and TB grants, mainly to support a comprehensive prevention and human rights service

package for key populations, monitoring and evaluation systems, aimed at bolstering supply chain information systems, laboratory system strengthening and public financial management systems.

- **Complementarity with C19RM investments.** The GAC recognized the Secretariat's holistic approach to managing investments in HIV, TB, malaria and C19RM, ensuring their complementarity within RSSH planning. The Secretariat underscored the ongoing collaborative process for planning C19RM reinvestments to strategically pivot towards pandemic preparedness and response (PPR) and related RSSH. The shift is taking into account current investments and employs analytical frameworks for PPR, including the WHO's Joint External Evaluation, to guide decision-making. Strategic priority reinvestment areas include: (i) strengthening surveillance systems, with a focus on genomic, environmental and antimicrobial surveillance; (ii) integrating diagnostic services; (iii) enhancing waste management systems; and (iv) fortifying data systems.

HIV

- The GAC and Partners expressed concerns about the implications of the 'Anti-homosexuality Act' enacted in 2023, commending the Secretariat for their diligent efforts, alongside implementing partners and civil society organizations, to maintain service provision to key populations without compromising their safety and security. Partners noted the act's potential to impede progress towards the 95-95-95 targets. The Secretariat underlined that, informed by insights from the 2020-2022 allocation period, programmatic adaptations at both community- and health facility levels have been further refined and will continue to be refined as the context evolves. These adaptations aim to ensure continued access to HIV prevention, testing and treatment for and with key populations, enhancing safety and security measures for these groups and healthcare providers, and continue to address human rights barriers to health service delivery.
- The GAC and Partners acknowledged that significant funding gaps persist in Year 3 of the HIV grant, particularly in prevention, diagnosis and treatment areas, due largely to reprogramming in response to heightened risks associated with community and key population interventions. The Secretariat plans to reinvest any efficiency gains in these critical areas as they become available during grant implementation in Year 1 and 2.
- GAC Partners recognized the importance of persistent efforts to advance pediatric HIV interventions and the expansion of TPT within the HIV care package. The Secretariat emphasized the ambition of the 2023-2025 allocation period's targets and underlined that Partner support and advocacy will be crucial for achieving significant progress.

TB

- The GAC and Partners commended the resilience of Uganda's TB program amidst COVID-19 challenges, noting remarkable achievements in case detection, lab confirmation rates and treatment success. The Secretariat acknowledged the program's significant gains, particularly in treatment coverage and testing, due to the increased scope of community-level interventions. The Secretariat noted that despite reinvestment of efficiencies, funding available for the TB program may not be able to sustain this scale-up with critical funding gaps remaining for these community TB interventions and in Year 3.

- The GAC and Partners expressed concerns about the potential impact of shortfalls in laboratory commodities and cartridges on the momentum of the TB response, as well as the success of the *National Community Awareness, Screening, Testing, Prevention and Treatment of TB* campaign. The Secretariat is committed to continuing its support for civil society organizations to strengthen grassroots advocacy for increased domestic TB funding and will reinvest any available efficiencies into these critical areas.

Malaria

- GAC Partners expressed concerns over the recent surge in malaria cases, which has reversed progress in combating the disease. The Secretariat highlighted steps to refine implementation strategies, including collaborative efforts with Partners to conduct sub-national assessments that identify and address the underlying causes of the malaria resurgence. Additionally, a detailed, costed operational plan for the 2026 mass net distribution campaign is in development, incorporating insights from past LLIN campaigns and is expected to be ready by June 2024.
- The GAC and Partners acknowledged the emergent challenge posed by potentially increasing trends in antimalarial drug and insecticide resistance. Emerging data is currently being validated and the GAC and Partners agreed on the need to remain vigilant and ensure a concerted response from the partnership and national stakeholders as needed. Particularly, Partners indicated the potential necessity for a strategic revision of Uganda's antimalarial drug policy in response to the evolving resistance patterns. The Secretariat appreciated the technical guidance provided by Partners and clarified that it will be leveraging the regional consultations to elucidate the resistance dynamics and inform evidence-based intervention strategies.

Viet Nam HIV/TB: Viet Nam Authority of HIV/AIDS Control (VNM-H-VAAC); Viet Nam Union of Science and Technology Associations (VNM-H-VUSTA) and Viet Nam National Lung Hospital (VNM-T-NTP)

1.11 Background and context

In 2022, Viet Nam's HIV prevalence was estimated at 249,774 individuals, with approximately 11,037 new infections and 1,582 AIDS-related deaths. The epidemic concentrated among key populations, with high prevalence among transgender individuals (12.6 to 16.5 percent), MSM (12.5 percent), PWID (12.1 percent), and female sex workers (2.4 percent). The country has significantly reduced new HIV infections from 30,000 in 2007 to 10,000 in 2019. By 2019, 63 percent of diagnosed HIV-positive individuals were receiving ART with 95.5 percent of those achieving viral suppression.

Viet Nam remains one of the top 30 high TB-burden countries globally and ranks eleventh in the burden of MDR-TB. From 2006, Viet Nam reduced the prevalence of adult TB by an average of 4.1 percent annually until 2017 when the prevalence for all TB forms was 292 per 100,000 population. During this same period, TB incidence decreased by 3 percent annually and TB mortality decreased by 4 percent annually. Despite this progress, the pace is considered insufficient to meet the goal of ending TB by 2035.

1.12 Co-financing

2020-2022 allocation period: Viet Nam conditionally met co-financing requirements for the 2020-2022 allocation period, subject to submission of supporting documents. The Government has made significant progress in health spending, with an increase of 11.8 percent since 2018. The draft commitment letter indicates that domestic spending during the 2020-2022 allocation period increased by 17 percent on HIV and by 8.7 percent on TB.

2023-2025 allocation period: Vietnam has conditionally met the criterion for committing to progressive government health expenditures. Compliance is conditional subject to submission of final signed commitment letter and supporting underlying documents. This will be provided before grant signing.

As an upper LMI country, Vietnam is required to commit additional 15 percent of allocation with the required 75 percent of additional amount in the disease focused interventions. Co-financing commitments are assessed against the minimum policy requirement with the flexibility to invest up to 25 percent of the additional requirement in RSSH and other diseases.

1.13 GAC review and recommendation

- The GAC recalled that Viet Nam was designated US\$4 million in matching funds. The GAC acknowledged that Viet Nam met the access and programmatic conditions for the “Find and treat missing people with TB” matching fund priority area under the focus areas “accelerate implementation of private sector engagement models” and “catalyze early and accurate diagnosis”.
- The Secretariat underscored Viet Nam’s efforts to bolster private sector engagement, noting that the Government has submitted plans to utilize US\$1.5 million of the TB allocation towards collaboration with the private sector, as well as highlighting additional planned procurement of commodities (drugs and diagnostics) through the private sector.
- The GAC acknowledged US\$2.6 million to support technical assistance in strategic areas, including support for implementation of normative guidance on prevention, testing and treatment, and a survey for data analysis and reporting in all provinces, as well as for external and internal audits.

Honduras Malaria: Cooperative Housing Foundation (HND-M-CHF)

1.14 Co-financing

2020-2022 allocation period: The Secretariat granted Honduras a waiver of its 2020-2022 total minimum co-financing requirement, taking into consideration that the initial minimum requirement calculation was based on an anticipated Inter-American Development Bank loan that ultimately did not materialize, rendering the baseline inaccurate. However, as part of the co-financing review the Government of Honduras submitted malaria expenditure and budgets, and when reviewed against previous allocation period spending Honduras complies with minimum co-financing requirements.

2023-2025 allocation period: The country has submitted a signed commitment letter indicating a co-financing commitment for malaria of US\$ 10,445,675 to be invested in the uptake of key program costs. This commitment exceeds the minimum requirements, and co-financing commitments are now included in specific budget lines in the national budget.

Privileges and Immunities

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

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