

Electronic Report to the Board

Report of the Secretariat's Grant Approvals Committee

GF/B50/ER07

Board Decision

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

1. GF/B50/EDP08: Decision on the Secretariat's Recommendation on Funding from the 2023-2025 Allocation¹
2. GF/B50/EDP09: Decision on the Secretariat's Recommendation on Grant Extensions²

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 2023-2025 Allocation for **11 grants**: Burkina Faso Malaria, Burkina Faso TB, Cabo Verde HIV/TB/Malaria, Congo (Democratic Republic) HIV/TB, Congo (Democratic Republic) Malaria, Congo (Democratic Republic) RSSH, Malawi HIV/TB, Malawi Malaria, Zimbabwe HIV, Zimbabwe TB, and Zimbabwe Malaria up to an amount of **US\$1,139,683,536** and **EUR173,371,491** of country allocation funding, including matching funds of **US\$16,000,000** for Congo (Democratic Republic) HIV/TB, Malawi HIV/TB, Zimbabwe HIV and **EUR103,989** for Burkina Faso TB.

² The Secretariat recommends the approval of a 6-month extension for the Congo (Democratic Republic) HIV/TB, Congo (Democratic Republic) Malaria grants total incremental funding of **US\$154,086,370**.

Decision

Decision Point: GF/B50/EDP08: 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/ER07 ("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/B50/EDP09: Decision on the Secretariat's Recommendation on Grant Extensions

The Board:

1. Approves the extension budget and revised implementation period recommended for each grant listed in Table 2 of GF/B50/ER07 ("Table 2"); and
2. Affirms that any additional funding provided to fund the extension budget (a) shall increase the upper-ceiling amount that may be available for the relevant implementation period for each grant listed in Table 2, and (b) is subject to the availability of funding.

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 **11** grants: Burkina Faso Malaria, Burkina Faso TB, Cabo Verde HIV/TB/Malaria, Congo (Democratic Republic) HIV/TB, Congo (Democratic Republic) Malaria, Congo (Democratic Republic) RSSH, Malawi HIV/TB, Malawi Malaria, Zimbabwe HIV, Zimbabwe TB, and Zimbabwe Malaria up to an amount of **US\$1,139,683,536** and **EUR173,371,491** of country allocation funding, including matching funds of **US\$16,000,000** for Congo HIV/TB, Malawi HIV/TB, Zimbabwe HIV and **EUR103,989** for Burkina Faso 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](#).

Secretariat's Recommendation on Grant Extensions

- The Secretariat recommends the approval of 6-month grant extensions for the Congo (Democratic Republic) HIV/TB and malaria grants for total incremental funding of US\$154,086,370, as set out at Table 2.

Grant Revisions Approved by the Secretariat

- The Secretariat hereby notifies the Board that it has approved, pursuant to its delegated authority, the extensions set out at Table 3.

Input Sought

The Board is requested to review the request and agree on a 'no objection' basis, the decision point GF/B50/EDP08: Decision on the Secretariat's Recommendation on Funding from the 2023-2025 Allocation; and GF/B50/EDP09: Decision on the Secretariat's Recommendation on Grant Extensions.

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 ³	Grant End Date	Currency	Total Program Budget	Catalytic Funds in Grant	Domestic Commitment ⁴	Unfunded Quality Demand (US\$)
1	Burkina Faso	TB	BFA-T-PADS	31/12/2026	EUR	8,552,311	103,989	Pending finalization of the Commitment Letter	57,720,397
2	Burkina Faso	Malaria	BFA-M-PADS	31/12/2026	EUR	160,080,050	-		
3	Cabo Verde	HIV/TB/Malaria	CPV-Z-CCSSIDA	31/12/2026	EUR	4,739,130	-	HIV: 6,850,286 TB: 1,227,483 Malaria: 3,239,282 RSSH: 2,448,645 Total: 13,765,696	4,893,366
4	Congo (Democratic Republic)	HIV/TB	COD-C-MOH	31/12/2026	US\$	36,432,536	4,000,000	HIV: 8,310,000 TB 2,595,000 Malaria: 11,430,000 Total: 140,130,773	103,746,785
5	Congo (Democratic Republic)	Malaria	COD-M-MOH	31/12/2026	US\$	47,781,491	-		129,585,702
6	Congo (Democratic Republic)	RSSH	COD-S-MOH	31/12/2026	US\$	43,015,571	-		18,998,218
7	Malawi	HIV/TB	MWI-C-MOH	30/06/2027	US\$	419,267,229	8,000,000	HIV: 794,482 TB: 149,347 Malaria: 273,018 RSSH: 88,369,664 Total: 89,586,510	100,227,111
8	Malawi	Malaria	MWI-M-MOH	30/06/2027	US\$	84,442,883	-		55,788,162
9	Zimbabwe	HIV	ZWE-H-UNDP	31/12/2026	US\$	436,970,984	4,000,000	Pending finalization of the Commitment Letter	209,573,413
10	Zimbabwe	TB	ZWE-T-MOHCC	31/12/2026	US\$	23,797,805	-		
11	Zimbabwe	Malaria	ZWE-M-MOHCC	31/12/2026	US\$	47,975,037	-		

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

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.

Table 2: Secretariat's Recommendation on Grant Extensions

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	Congo (Democratic Republic)	HIV/TB	COD-C-CORDAID	US\$	74,067,601	74,067,601	0	6	30/06/2024	This six-month extension will enable the selection of the 2023-2025 allocation period civil society Principal Recipients following invocation of the 'Principal Recipient selection' safeguard under the Additional Safeguards Policy by the Secretariat in July 2023. The extension will ensure continuity of services after 31 December 2023 and implementation of 2023-2025 allocation period activities planned for the first semester of 2024. The main activities during the extension period include the procurement and distribution of TB and HIV drugs and diagnostics; provision of HIV prevention and treatment services to KPs; and TB community support to find missing people.
2	Congo (Democratic Republic)	Malaria	COD-M-SANRU	US\$	80,018,769	80,018,769	0	6	30/06/2024	This six-month extension will enable the selection of the 2023-2025 allocation period civil society Principal Recipients following invocation of the 'Principal Recipient selection' safeguard under the Additional Safeguards Policy by the Secretariat in July 2023. The extension will ensure continuity of services after 31 December 2023 and implementation of the 2023-2025 allocation period activities planned for the first semester of 2024, as well as continuation of the C19RM reallocation approved by the Investment Committee for the COD-M-SANRU grant. The main activities during the extension period include case management, vector control and RSSH.

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.

Following GAC recommendation, the Grant Confirmations relating to these grants may be 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:

Burkina Faso TB, Malaria: Programme d'Appui au Développement Sanitaire (BFA-T-PADS, BFA-M-PADS)

1.1 Background and context

Burkina Faso has made significant progress in reducing its TB burden, achieving a 15 percent decrease in incidence and a 32 percent reduction in mortality from 2015 to 2020. As of 2022, TB prevalence stood at 44 cases per 100,000 population, with around 9,900 new infections. Treatment success rates were 82 percent for drug-susceptible TB (DS-TB) and 75 percent for multi-drug resistant or rifampicin-resistant TB (MDR/RR-TB). TB fatalities in 2022 were estimated at 1,340, including 140 among patients co-infected with HIV.

For malaria, Burkina Faso is a high-burden country, contributing to 70 percent of the global malaria burden and one of the High Burden to High Impact countries. Despite reducing malaria-related mortality by 31 percent from 2015 to 2021, the incidence rose by 27 percent in the same period. In 2021, malaria accounted for 37 percent of all medical consultations, 56 percent of hospital admissions, and 15 percent of deaths in the country.

1.2 Risks and mitigation measures

Volatile political context. The Secretariat highlighted that the integrated contingency plan, validated in February 2023, is currently in place to address challenges arising from Burkina Faso's volatile political situation. This plan outlines a service provision framework for areas affected by security challenges. To mitigate risks in regions where health facilities are non-operational, the plan includes leveraging humanitarian, community organizations, and non-governmental organizations (NGOs) for service delivery.

Continuing from the 2020-2022 allocation period, the Secretariat will implement further measures to ensure the continuity of health services, including contracting humanitarian organizations for air

transportation of drugs, equipment, and health personnel to areas inaccessible by road. In addition, local transporters will be contracted to maintain the supply chain of health products and drugs from regional capitals to district levels.

Sub-recipient Selection: The Secretariat noted the ongoing selection process for the Sub-recipient of the BFA-M-PADS grant, highlighting potential delays due to the complex social and political landscape. A condition in the Grant Confirmation requires the completion of this selection process by February 2024, as a critical step to mitigate potential implementation delays.

1.3 Co-financing

2020-2022 allocation period: Burkina Faso met its co-financing commitments for the 2020-2022 allocation period, increasing health expenditure from CFA 230 billion in the 2017-2019 allocation period to CFA 250 billion. Despite facing ongoing security challenges and a complex socio-political environment, the country allocated EUR156.9 million towards HIV, TB, malaria, and Resilient and Sustainable Systems for Health (RSSH) programs, exceeding the minimum co-financing requirement. The Secretariat noted some gaps in fulfilling programmatic commitments, particularly regarding the remuneration of community health workers (CHW).

2023-2025 allocation period: Burkina Faso submitted a final commitment letter for the 2023-2025 allocation period that is co-signed by the Minister of Health and the Minister of Finance. Although the minimum requirements were to maintain health spending, the Government has committed to increasing government health spending as a share of total government spending from 13.5 percent to 14.5 percent over GC7, and to slightly increase spending on specific disease program and RSSH budget lines to a total of EUR191.1 million.

1.4 GAC review and recommendation

- The GAC and Partners expressed their support for the design and prioritization of interventions in the grants and commended the Secretariat for their collaborative consultations with in-country stakeholders to leverage the available resources efficiently. The GAC acknowledged the strategic contingency planning undertaken during the grant-making process to mitigate the challenges posed by the unstable social and political environment. The Secretariat will seek opportunities to provide additional technical support, including support to strengthen the Country Coordinating Mechanism (CCM) oversight capacity and the Principal Recipient's implementation capacity.
- The GAC acknowledged that Burkina Faso was designated the following matching funds: Scaling-up Programs to Remove Human Rights and Gender-related Barriers; Effective Community Systems and Responses; RSSH Digital Health Impact Accelerator; and RSSH Innovation Fund. The Secretariat noted that the deadline for compliance with programmatic conditions of the Programs to Remove Human Rights and Gender-related Barriers matching funds is set for June 2024 by the TRP. As such, a condition has been included in the Grant Confirmation ring-fencing the use of those funds until the programmatic conditions have been met. The TRP confirmed that access and programmatic conditions have been met for the other matching funds, and the Secretariat reaffirmed this during grant-making.
- The GAC appreciated that significant savings across the TB and malaria grant were identified during grant-making, largely through reduced unit costs and rationalized human resource costs. The Secretariat note that efficiencies were reinvested in: (i) procuring rapid diagnostic tests (RDT) and artemisinin-based combination therapy (ACT) for the community level; (ii) covering increased mass campaign logistics costs due to insecurity in different areas of the country; (iii) insecticide treated nets (ITN) for vulnerable groups; and (iv) seasonal chemoprevention interventions.
- The Secretariat noted that, amidst a challenging environment, the TB strategic initiative has been effectively leveraged to support and introduce innovative approaches within the country, including the Ministry of Health's *recherche active des cas de TB project*, the 99Dots tool, and approaches

employing ultraportable X-rays. Additionally, specific focus has been given to contacts of TB cases, people living with HIV, detainees, and health center users.

- **Complementarity with C19RM investments.** The Secretariat highlighted that the COVID-19 Response Mechanism (C19RM) Wave 2 portfolio optimization and reinvestment strategy were developed in parallel with the funding request and grant-making process for the 2023-2025 allocation period to ensure complementarity across investments, while enhancing pandemic preparedness and RSSH. The key areas of synergy include strategic investments in surveillance and data systems, laboratory strengthening and community systems and responses. The GAC noted the significant synergies in laboratory systems strengthening, where the 2023-2025 TB grant will enhance the sample transportation system, laboratory equipment, and laboratory accreditation. Concurrently, C19RM will amplify molecular diagnostic capacity in regions affected by security issues and support the implementation of a laboratory information system.

Cabo Verde HIV, TB, Malaria: Coordination Committee of the Fight Against AIDS of Cabo Verde (CPV-Z-CCSIDA)

1.5 Co-financing

2020-2022 allocation period: Cabo Verde's domestic government health expenditure progressively increased in the 2020-2022 allocation period, rising from EUR33.98 million in 2018 to EUR59.46 million in 2023, thereby fulfilling the health expenditure co-financing commitment. The country reported total disease-specific expenditures of EUR10.43 million on HIV, TB, malaria, and RSSH, exceeding the minimum requirement of EUR10.01 million by 3 percent. The Secretariat noted that domestic government expenditure directly attributed to HIV and malaria fell short of the minimum requirement by 15 percent and 34 percent, respectively, while TB expenditure exceeded the requirement by 21 percent.

The Secretariat has approved a waiver for the 2020-2022 disease-specific co-financing commitments for HIV and malaria. This consideration takes into account the challenges posed by health emergencies, such as the COVID-19 pandemic, and the associated macroeconomic and fiscal constraints that have affected the country's ability to meet these commitments; the limited capacity of public financial management systems to track disease-specific spending; and the epidemiological evolution of malaria in Cabo Verde which is in the final phase of certification for elimination by the WHO.

2023-2025 allocation period: Cabo Verde has submitted a commitment letter signed by the Ministries of Health and Finance for the 2023-2025 allocation period, outlining commitments for HIV, TB, malaria, and RSSH totaling EUR13.8 million. This amount exceeds the total minimum co-financing requirement by 28 percent, with specific commitments for HIV, TB, malaria, and RSSH surpassing the minimum requirements by 42 percent, 7 percent, 32 percent, and 4 percent, respectively.

The Secretariat noted that Cabo Verde was among the countries granted an exception regarding forward-looking co-financing requirements. This exception involved "de-linking" the 2020-2022 allocation period co-financing incentive, which was set at 15 percent of the allocation, from the additional co-financing commitments that were established at 7.5 percent. This adjustment was made to accommodate the unique financial circumstances and constraints faced by the country.

1.6 GAC review and recommendation

- The GAC commended the combined efforts of the Government, in-country stakeholders, and the Secretariat, noting that Cabo Verde is nearing malaria elimination certification. The Secretariat highlighted that 2023-2025 allocation period malaria interventions aim to sustain this achievement of zero indigenous transmission through indoor residual spraying (IRS) in the targeted areas, ITNs for specific population groups, and strengthened surveillance activities.

- The Secretariat noted this as Cabo Verde's third attempt to eliminate malaria; and emphasized that while Cabo Verde is committed to maintaining zero indigenous malaria transmission, there remains a high risk of malaria reintroduction. Continuous technical and financial support is crucial to solidify the progress made. Additionally, the Secretariat noted that as Cabo Verde is now listed on the latest WHO "Supplementary List" of countries that are malaria-free (since 2021), their 2023-2025 allocation is their allocation of Global Fund Transition Funding. Hence, it is imperative that support from technical and financial partners are directed towards strengthening cross-cutting surveillance systems and supporting the operational plan to prevent the reintroduction of malaria in the country.
- The Secretariat noted the funding gaps in coverage for key programmatic interventions and RSSH activities, with EUR4,925,173 in activities in the register of Unfunded Quality Demand (UQD), including essential HIV and TB treatment and care interventions and key prevention activities such as community systems strengthening (CSS), limited resources remain to build sustainable systems for the three diseases and pandemic preparedness. The Secretariat will continue to seek efficiencies during grant implementation and continue to advocate for additional funding from the Government technical and financial partners.

Congo (Democratic Republic) HIV, TB, Malaria, RSSH: Ministry of Public Health, Hygiene and Prevention (COD-C-MOH, COD-M-MOH, COD-S-MOH)

1.7 Background and context

The Congo (Democratic Republic) (DRC) is a high-burden country for HIV but has shown positive trends in recent years, including prevalence among adults decreasing from 1.2 percent in 2013 to 0.74 percent in 2022. There was also a 50 percent drop in new infections from 2010 to 2021 and a 68 percent decrease in AIDS-related mortality from 2015 to 2021. The epidemic is concentrated among key populations, with a prevalence of 7.7 percent among sex workers, 7.1 percent among men who have sex with men (MSM) and 3.9 percent among people who inject drugs. The HIV treatment and care cascade stood at 82-82-73 in 2021. Prevention of mother-to-child transmission (PMTCT) remains a critical area, with only 43 percent of HIV-positive pregnant women on antiretroviral therapy (ART).

The DRC is a top 10 country for DS-TB, drug-resistant TB (DR-TB), and TB/HIV co-infection. The 2021 TB incidence was 318 per 100,000, with an MDR-TB incidence of 6.7 per 100,000 and a mortality rate of 44 per 100,000. Treatment coverage was 70 percent, leaving over 90,000 people with undiagnosed TB. Of the 6,700 expected MDR-TB patients, only 1,300 were identified, and 1,100 began treatment. The treatment success rate for DS-TB and MDR-TB was 77 percent, and the TB-HIV co-infection rate was 74 percent.

The DRC has the third highest malaria burden in the world, accounting for 12 percent of cases and 13 percent of deaths in 2021. The country reported over 27 million cases and 27,830 malaria deaths in 2022. Test positivity rates remained high at 73 percent in 2022. Nevertheless, though not at an optimal pace, since 2010, malaria incidence has decreased 18 percent while the mortality has decreased 37 percent, linked to the important increase in coverage of malaria case management and prevention in the country over the same period.

The Global Fund classifies DRC as a challenging operating environment with a fragmented and fragile health system, which faces many complexities due to frequent conflict escalations and recurrent Ebola outbreaks, occasionally rendering parts of the country inaccessible. DRC has consistently grappled with epidemics, conflicts and wars, which have stretched its limited and basic infrastructure. These challenges have been exacerbated by the COVID-19 pandemic.

1.8 Risks and mitigation measures

A number of mitigation measures are envisaged to address the risks of implementing in the challenging operating environment, including maintaining a fiscal agent to enhance the quality and accuracy of

financial reports and statements, as well as the overall quality of accounting records; restructuring the Principal Recipient team in accordance with the capacity assessment conducted during grant-making; and having a procurement agent to manage major procurement activities, while health product procurement responsibilities are primarily assigned to civil society Principal Recipients as part of the six-month extensions proposed for GAC recommendation to the Board.

The Secretariat noted challenges with the CCM in relation to the civil society Principal Recipient selection process. Consequently, the Secretariat invoked the Additional Safeguard Policy, leading to a delay in the selection of the Principal Recipients and resulting in the need for 6-month extensions in the existing grants implemented by civil society Principal Recipients

Salary incentives. The GAC acknowledged that COD-S-MOH include performance-based incentives for Ministry of Health staff, as well as for the expansion of the Direct Facility Financing (DFF) project. The Secretariat noted that 2023-2025 incentives investment will further reduce the number of staff receiving incentives at central and provincial level and allocate more resources to front-line health workers at the lowest level of the health pyramid through the DFF pilot. The Secretariat noted that use of this budget is conditioned to the submission of a payment scheme.

1.9 Co-financing

2020-2022 allocation period: The Government's health expenditure increased substantially, with the Ministry of Health's spending (excluding external funds) rising from an annual average of CDF 503 billion in 2018-2020 to an estimated CDF 1,003 billion in 2021-2023. However, the Ministry of Health's share of total government spending decreased from 6.7 percent to 5.4 percent, indicating a relative decline in health prioritization. The total co-financing for HIV, TB, malaria and RSSH from the 2020-2022 allocation period reached an estimated US\$930 million, exceeding the minimum requirement.

The Government's commitment to spend US\$12.9 million on HIV, TB and malaria commodities was partially fulfilled. To date, US\$5.7 million (44 percent of the commitment), covering HIV test kits, TB lab reagents and injectable artesunate has been spent. The Secretariat highlighted that an order for injectable artesunate through Wambo, valued between US\$8.1 million and US\$10.3 million, is in process. The Secretariat is monitoring this order, which will fulfill the remaining commitment if paid by 31 December 2023.

2023-2025 allocation period: DRC submitted a finalized commitment letter and detailed annexes on 24 November 2023. The letter is co-signed by the Ministers of Finance and Health and pledges to increase the Government's health budget (excluding external resources) from CDF 1,520 billion in 2023 to CDF 2,838 billion in 2026. Furthermore, the Government commits to a total co-financing of US\$140.1 million from 2024-2026, including: (i) US\$22.3 million for essential commodities for HIV, TB and malaria such as antiretroviral drugs (ARV), HIV test kits, GeneXpert equipment and/or cartridges, microscopes, ITNs and injectable artesunate for adults; and (ii) an RSSH investment for the expansion of the national free healthcare program for maternal and child health.

1.10 GAC review and recommendation

- The GAC and Partners recognized the Secretariat's efforts in effectively navigating the complex grant negotiations within the challenging operating environment in DRC, which were influenced by the dynamic political landscape, including the recent government transition. The Secretariat highlighted that this resulted in substantial grant-making delays, leading to residual issues that will continue to be discussed and addressed during grant implementation, including on final implementation arrangements for the portfolio. The Secretariat highlighted that as a result, some tailored budget adjustments were made, including some specific conditionally approved budget lines.
- **Complementarity with C19RM investments.** The Secretariat noted the parallel execution of the C19RM reinvestment strategy with the funding request and grant-making process for the 2023-2025 allocation period, ensuring alignment across investments with an emphasis on

RSSH. Areas of synergy include human resources for health (HRH), CSS and health products and waste management. Joint funding will support: (i) 6,627 community health sites in 16 provinces and the scale-up of an additional 2,000; (ii) integrated community-led monitoring (CLM) in three provinces; (iii) materials and support for 15,600 CHWs for home visits in three provinces; (iv) Mentor Mothers in 15 provinces; (v) community-level research and advocacy activities; and (vi) strengthening the supply chain.

- The GAC acknowledged that DRC was designated the following matching funds: Scaling-up Programs to Remove Human Rights and Gender-related Barriers and Find and Treat the Missing People with DS-TB and DR-TB. The TRP confirmed that access and programmatic conditions have been met for matching funds and the Secretariat reaffirmed this during grant-making.

HIV

- GAC Partners expressed their appreciation for the design of the grant, acknowledging the balance between the great need and limited resources. They particularly commended the program's focus on priority areas that are challenging to address in the DRC context, such as key population programming, PMTCT, and viral load suppression. Partners emphasized the necessity to ensure focus on adolescent girls and young women (AGYW), as one of the most vulnerable groups, and the need for improvement and retention in treatment. The Secretariat recognized the limited focus on AGYW due to limited funding and will advocate for Partners and the Government to invest in this critical area.
- GAC Partners commended the Mentor Mother intervention for reducing mother-to-child HIV transmission and emphasized the need for adaptation during implementation to suit the DRC's context, with its vast health zones and limited staff coverage. They stressed the importance of carefully managing the workload of Mentor Mothers within the realm of community mobilization and maintaining a focused outcome. The Secretariat appreciated Partners' steer, recognizing that the extended mandate of the mentors may need to be reassessed and closely monitored during implementation.
- GAC Partners expressed concerns about funding gaps in early infant diagnosis and PMTCT, questioning their sufficiency for target achievement. The Secretariat recognized these concerns, emphasizing the strategic focus of the grant-making process, which, despite resource constraints, effectively builds on prior achievements in testing and treatment while addressing prevailing challenges in prevention, PMTCT and child treatment.

TB

- GAC Partners raised concerns about funding shortfalls in the TB program, particularly noting that molecular diagnostics, crucial for MDR-TB management, are not included in Year 2 or Year 3 of the grant. Partners observed that while the expansion of GeneXpert technology is underway, with 200 laboratories equipped by the end of 2022, this still represents only 10 percent of laboratories, leading to a significant number of missed MDR-TB cases, as evidenced by the low rate of MDR-TB detection among laboratory-confirmed cases. Partners expressed their commitment to support any reprogramming or reinvestment of efficiencies during implementation to ensure additional resources to enhance molecular diagnostic capacity.
- The Secretariat echoed the Partners' concerns regarding funding gaps in molecular diagnostic testing capacity, emphasizing the need for vigilant follow-up and exploration of opportunities for additional funding to address gaps. The Secretariat clarified that although molecular diagnostic testing is available in only 10 percent of sites, these have been strategically placed and prioritized in locations to maximize population coverage, especially in high-burden areas. The Secretariat noted DRC's effective utilization of opportunities provided by the matching funds and strategic initiative during the 2020-2022 allocation period, particularly with their Program Quality

and Efficiency approach, which significantly enhanced DS-TB and DR-TB detection, which could be further expanded in the 2023-2025 allocation period.

- Partners appreciated the country's significant progress in identifying missing TB cases and emphasized the need to continue supporting early detection, treatment and increase TB preventive therapy (TPT) coverage to prevent further spread. The Secretariat, aligning with Partners, emphasized that the TB program, with effective leadership, provincial coordination and robust civil society engagement, possesses the necessary structures and systems to achieve more and improve, however funding is a major constraint. The Secretariat committed to identifying efficiencies and advocating for resources to cover many critical TB investments included on the UQD register, particularly TB cartridges for Year 2 and Year 3 of grant implementation.

Malaria

- GAC Partners acknowledged the challenges encountered during the grant-making negotiations, expressing appreciation for the measures put in place to ensure service continuity. This includes specific arrangements for the 2024 ITN mass campaign, which will proceed while pending issues are being addressed and aligned.
- Partners expressed appreciation for the planned deployment of chlorphenapyr (CFP) and piperonyl butoxide (PBO) nets in the 2023-2025 allocation period, based on entomological resistance study data and supported this approach, despite the increased costs and the need for prioritization.
- GAC Partners echoed the Secretariat's concerns regarding critical funding gaps in the malaria program, particularly following the withdrawal of some donors. They noted that concerted efforts will be made across the malaria partnership to address these significant shortfalls in Years 2 and 3 of the grant, as several high-burden areas remain without coverage. Partners emphasized the need to strengthen surveillance to prevent upsurges in disease.

RSSH

- GAC Partners underlined the need for an integrated approach, emphasizing the need to avoid isolating the standalone RSSH grant. They emphasized the importance of extending the visibility and impact of health outcomes, especially those enhancing community systems. The Secretariat noted efforts made to ensure that the 2023-2025 allocation period grants are complementary and do not overlap.
- GAC Partners queried the strategic alignment of laboratory optimization within the RSSH and TB/HIV grants, as well as broader laboratory infrastructure enhancements nationwide. The Secretariat acknowledged the challenges in attaining the target of 25 percent molecular diagnostic coverage and detailed ongoing efforts to fortify the laboratory system's capacity through integrated planning across multiple funding avenues, including the acquisition of photovoltaic-compatible climate control systems. Additionally, collaborative efforts with Partners are underway to augment the laboratory network. The Secretariat also pointed out potential avenues for Government investments in items on the UQD register through co-financing to mitigate critical gaps.

Malawi HIV, TB, Malaria: Ministry of Health of the Republic of Malawi (MWI-C-MOH, MWI-M-MOH)

1.11 Background and context

Malawi has made significant progress in controlling its HIV epidemic: adult HIV prevalence has fallen by about 40 percent since 2010, AIDS-related deaths have decreased from 58,000 annual deaths in

2010 to 16,000 in 2022, and the country is close to achieving the 95-95-95 treatment targets. However, Malawi remains one of the countries with the highest HIV burden in Southern Africa with over 1 million people living with HIV and a prevalence among adults 15 years and older at 9.3 percent. Young people are particularly at risk of HIV infection, as are the key populations of female sex workers and MSM.

Malawi remains on the WHO's list of 30 high TB/HIV burden countries, and its high TB burden is primarily driven by the HIV epidemic. In 2022, TB incidence was 125 per 100,000 population. Mortality among people co-infected with TB and HIV dropped from 46 per 100,000 population to 18 per 100,000 from 2015 to 2022 and mortality among those without HIV dropped from 22 per 100,000 population to 9.5 per 100,000 over the same period. TB treatment coverage increased from 55 percent in 2021 to 71 percent in 2022. With support from the Global Fund and other partners, the number of GeneXpert sites has increased from 89 in 2019 to 147 in 2022, and it is expected to rise to 197 by the end of 2023.

For malaria, Malawi is in the control phase and has made strong gains against the disease: malaria deaths have decreased by about 70 percent over two decades and rates of access and use of ITNs has significantly increased, contributing to a slow yet steady downward course with incidence declining from 336 cases per 1,000 population in 2017 to 220 per 1,000 population in 2022. Malaria still accounts for 23 percent of all outpatient visits in all age groups. New trends are emerging, attributed to climate change, where even highlands which otherwise have not been good mosquito breeding grounds because of associated low temperatures are experiencing increases in malaria transmission.

1.12 Co-financing

2020-2022 allocation period: Malawi has met its co-financing commitments for the 2020-2022 allocation period and is estimated to have expenditures exceeding the minimum total co-financing requirement by 18 percent. Due to methodological challenges in identifying and monitoring the total commitments during the 2020-2022 allocation period, the Secretariat has approved a waiver of the total minimum requirements for the allocation period, as well as to establish a new baseline for the 2023-2025 co-financing commitments.

2023-2025 allocation period: Malawi has submitted a signed commitment letter in which it commits to maintaining its current spending on health of US\$232 million per annum, which represents 9 percent of total government spending, thereby meeting the minimum co-financing requirement for the 2023-2025 allocation period. Malawi has also established an improved methodology for setting and monitoring specific disease program and RSSH co-financing commitments, which include employment of additional health sector staff and investments in primary health care services.

1.13 GAC review and recommendation

- The GAC and Partners appreciated the good collaboration with the country and other health development partners and the responsiveness around AGYW programming. It acknowledged the increasingly challenging human rights space in Malawi, noting that programs providing services to key populations may face challenges during grant implementation. The Secretariat noted that human rights and gender programming has been built into the design of the grants focusing on vulnerable groups including AGYW and their male sexual partners; sex workers, their clients and other sexual partners people who use drugs; MSM; transgender people and their partners; and, people in prison in the case of HIV; the urban poor/slum dwellers; children and adolescents; people in prisons; miners and mining communities; and, mobile population (migrants/refugees/Internally Displaced Persons (IDPs) under TB programming; and pregnant women and children under 5 years of age for malaria.
- The GAC noted the severe currency-related fiscal crisis impacting Malawi and encouraged the Secretariat and Partners to support the Government in building the sustainability of its health financing, particularly in the diversification of funding sources. The Secretariat will continue to

monitor the macroeconomic context and support the country to ensure realization of co-financing commitments.

- GAC Partners noted their appreciation for the significant decrease in costs for CFP nets available through the revolving fund managed in conjunction with the Global Fund's Market Shaping Strategic Initiative, observing that better access to these nets has had a vital result and is a best practice. The Secretariat acknowledged that the grant-making efforts benefitted from these reduced prices which were able to be re-invested into the national malaria program to address gaps in the program including school distribution of nets to complement the mass campaign in the 4 high burden districts where the program will switch from indoor residual spraying (IRS) to CFP ITNs and the digitization of the ITN mass campaign in 2024.
- The GAC and Partners commended the Secretariat and the country for the strong collaboration during grant-making and welcomed the country's decision to change its malaria vector control strategy by withdrawing from IRS and instead adopting country-wide distribution of more efficacious dual AI nets as the primary vector control strategy while adding strengthened case surveillance and budgeting for additional malaria tests and treatment in the case of a surge. Partners encouraged that particular attention should be focused on surveillance to ensure prevention of any potential malaria upsurges and to continued collaboration on areas such as climate challenges. The Secretariat acknowledged that this surveillance was a critical element of the new approach.
- The GAC noted the highly commoditized nature of the MWI-C-MOPH grant and encouraged the Secretariat to continue closely collaborating with Malawi on health product quantification exercises to prevent wastage of commodities. The Secretariat outlined mitigation measures to ensure effective health product management, such as: the national HIV program to use standardized tools such as the CHAI quantification tools for ARVs and Quantification Analytics Tool.
- GAC Partners acknowledged the investments that will be made towards TB diagnostic network and screening at health facilities and communities during the 2023-2025 allocation period as these have led to a steady increase in treatment coverage over the 2020-2022 allocation period.
- GAC Partners noted that Malawi's testing policies restricted the use of molecular testing for TB and shared that advocacy was needed to update the algorithm towards upfront use of rapid molecular tests. The Secretariat noted that Malawi was undertaking a reform of the health sector, including legislation related to this testing policy, and that the ongoing strong support from health development partners for ensuring the best outcomes to these revisions was welcome.
- The GAC and Partners expressed strong concerns related to the ending of the World Bank's regional TB program with the Southern Africa Development Community in December 2023. The Secretariat strongly emphasized that uncertainty remains in terms of filling this funding gap which could have a significant impact on programming for priority themes including TB/DR-TB amongst miners and mobile populations. The Secretariat will continue to monitor the situation and be attentive in case alternative funding opportunities arise through other partners. GAC Partners indicated their willingness to closely work together to ensure that implementation continues smoothly considering the limited resources in the grant.
- GAC Partners applauded plans for comprehensive laboratory investments which will allow for a significant increase in capacity and recommended the further inclusion of molecular testing and on-site diagnostics. Partners signaled that they look forward to further discussions with the country on re-investment of potential efficiencies and savings.

Zimbabwe HIV, TB, Malaria: United Nations Development Programme (ZWE-H-UNDP), Ministry of Health and Child Care of the Republic of Zimbabwe (ZWE-T-MOHCC)

1.14 Background and context

In 2022, there were an estimated 1.3 million people living with HIV in Zimbabwe, of which 94.3 percent were adults and 5.7 percent children under 15 years old. The adult (15-49) HIV prevalence rate declined from 15.6 percent in 2010 to 11.01 percent in 2022—this is attributed to comprehensive interventions and a robust national response. The country has made tremendous progress reaching the 95-95-95 HIV targets. However, progress is uneven among children. ART coverage increased from 80.09 percent in 2018 to 94.14 percent in 2022, with higher coverage among adults (95.7 percent) than children (69.0 percent).

In 2022, the TB incidence rate stood at 204 cases per 100,000 population. The country's TB epidemic is intricately linked with the HIV epidemic, socio-economic challenges, migration and unmet needs of high-risk populations. Zimbabwe is on a positive trajectory towards achieving the 2030 milestones, with a 13 percent decline in incidence and a 40 percent reduction in mortality from 2015 to 2018, including among TB patients coinfecting with HIV.

Malaria remains a major health issue in Zimbabwe, with about half the population at risk. The country has made notable progress towards the Global Technical Strategy 2025 targets, achieving a 40 percent reduction in malaria case incidence. In 2021, an estimated 342,000 malaria cases and 865 malaria-related deaths were reported. Despite this strong performance over the past two decades, further efforts are needed to reach the program's ambitious targets.

1.15 Risks and mitigation measures

Programmatic risks: The Secretariat noted that procurement and supply chain systems and health financing for HRH, including community cadres, pose the most significant risk for Global Fund grant implementation. Among the supply chain related risks, inadequate warehousing space and facility capacity at peripheral level, aged equipment and insufficient resources for maintenance, security and access controls are prominent with measures clearly defined to mitigate them. Regarding health financing, the absence of sustainable and equitable funding for HRH, including CHW dominates other RSSH related risks. Mitigation measures are being actively pursued with the Government and other HRH funding partners both bilaterally and in designated technical working groups.

OIG investigation. Following the OIG investigation having made findings of sexual exploitation and abuse under the 2020-2022 allocation period ZWE-H-UNDP grant, two of the agreed management actions included ensuring that UNDP appropriately acknowledges and handles sexual exploitation, abuse and harassment (SEAH) as a prohibited practice in the management of grant funds, and that the Principal Recipients take appropriate measures to ensure that the concerned staff from the Ministry of Health and Child Care (MOHCC) is not involved in the implementation of Global Fund grants in Zimbabwe. These actions have been addressed and are now implemented. In particular, the staff contract was terminated in May 2023.

1.16 Co-financing

2020-2022 allocation period: Zimbabwe was exempted from the co-financing commitments in the 2020-2022 allocation period in light of the country's severe macroeconomic instability, hyperinflation and currency devaluation, as well as the macroeconomic impact of external shocks, including commodity price fluctuations.

2023-2025 allocation period: Zimbabwe has submitted a draft commitment letter which is currently under revision. The Secretariat found the initial commitments to be overly ambitious and is collaborating with the country to develop a revised right-sized commitment that more accurately reflects the country's fiscal space and is linked to ongoing HRH sustainability reforms in country. A requirement has been included in the Grant Confirmation for the submission of the revised commitment letter by 30 June 2024.

1.17 GAC review and recommendation

- The GAC and partners appreciated the diligent work by the Secretariat, in collaboration with the Government of Zimbabwe and partners amid a complex operating context. The Secretariat noted its commitment to work with stakeholders and partners on the ground to expand the ambition and scale of human rights programming in light of the restrictive policy and legal environment in-country and the deterioration of human rights context regionally, which potentially may pose a threat to key and vulnerable populations.
- The GAC acknowledged that Zimbabwe was designated the following matching funds: RSSH Digital Health Impact Accelerator and RSSH Innovation Fund. The TRP confirmed that access and programmatic conditions have been met for matching funds and the Secretariat reaffirmed this during grant-making.
- The Secretariat emphasized the importance of HRH sustainability efforts being planned for the 2023-2025 allocation period, noting the plans to reduce the numbers of funded positions and concentrate on holistic approaches to staff production and retention thus improving the worsened HRH situation in the country in the wake of COVID-19 pandemic. The Secretariat highlighted that to bolster sustainability, the Government is expected to absorb 10 percent, 20 percent and 20 percent of Global Fund-supported management cadres onto the government payroll in the first, second and third years, respectively. Additionally, the Government and development partners are working to finalize and sign a Health Workforce Investment Compact, with US\$27 million earmarked for its implementation. The GAC acknowledged that HRH future support is dependent on the Global Fund's timely receipt, review and approval of Health Workforce Strategy 2023-2030 and Compact, with Village Health Workers being included as an integral part of the financing strategy going forward.
- **Complementarity with C19RM Investments.** The Secretariat emphasized the robust alignment and synergy between the C19RM investments and the 2023-2025 allocation. These investments are collaboratively focused on enhancing surveillance systems, laboratory systems, HRH and community systems. For laboratory strengthening, the 2023-2025 allocation period will continue to support integrated specimen transportation and improve laboratory quality and information management systems. Complementarily, C19RM funding will focus on training in WHO's Integrated Disease Surveillance and Response, data management as well as providing technical assistance for electronic health records and the Impilo system.

HIV

- The GAC recognized the HIV program's impressive performance, particularly its progress toward the 95-95-95 targets and commended the design of the future grant, noting the efforts to manage trade-offs, identify efficiencies, optimize the prevention program, while building on the lessons learned of a mature and high performing program. The Secretariat highlighted that the HIV program aims to reduce HIV-related morbidity and mortality through comprehensive HIV testing and counselling, including diagnostic enhancements for these services. The program will also scale-up prevention models targeting communities at increased risk of HIV infection. Notable interventions include both indigenous and adapted workstreams through Brotha2Brotha, Sista2Sista, DREAMS modified and peer-led initiatives, as well as community adolescent treatment supporters focused on AGYW, sex workers, transgender individuals, MSM and people who use drugs.
- The Secretariat acknowledged Zimbabwe's highly feminized HIV epidemic, emphasizing the country's efforts to integrate gender-responsive investments into the program in recognition of the challenges faced by women and adolescents in accessing the services. The HIV program has set ambitious targets to support 15,757 AGYW with Pre-Exposure Prophylaxis (PrEP) from 2024 to 2026. Additionally, the program aims to strengthen AGYW agency through capacity building and

enabling them to contribute more effectively to program planning. Budgeted CLM interventions will support the implementation of these strategies. Gender Based Violence prevention and management components are also prominent in the grant.

TB

- GAC Partners noted that Zimbabwe's TB response experienced a significant setback due to the COVID-19 pandemic, with treatment coverage dropping to just 55 percent in 2022, a stark contrast to pre-pandemic levels, 79 percent in 2018. Partners acknowledged the support facilitated by the TB recovery plan but emphasized the need for additional efforts to effectively restore and advance the TB response in the country.
- GAC Partners also welcomed the planned scale-up of molecular testing and the implementation of an action plan following the Community, Rights and Gender assessment.
- The Secretariat highlighted strategic priorities of Zimbabwe's TB program to achieve its targets, including: (i) scaling-up TPT beyond children under five years old and extending it to other high-risk groups; (ii) training on hybrid contact investigation and TPT will be provided for healthcare workers and CHW in 65 districts; and (iii) strengthening the linkage to care and follow-up for bacteriologically confirmed TB cases, supported by enhancing the clinical and laboratory interface, with regular coordination between district health staff and laboratory personnel.
- GAC noted the necessity to enhance DR-TB outcomes by implementing the new 6-month regimen for DR-TB and reinforcing the DR-TB program to ensure an improved treatment success rate.

Malaria

- The GAC recognized the achievements during the 2020-2022 allocation period and noted that the 2023-2025 allocation period grant is structured to build upon these programmatic successes and lessons learned. The Secretariat outlined that the malaria grant's core activities include indoor residual spraying, ITN mass campaigns, intensified elimination activities and enhanced testing and treatment at both health facilities and community levels. Additionally, the grant will focus on realigning efforts to meet malaria program targets, including advocating for increased funding from the Government and partners. There is also a plan to enhance engagement with civil society organizations and other stakeholders, aiming to boost community outreach and surveillance efforts.
- GAC Partners noted the deployment of PBO nets for malaria response activities in the 2023-2025 allocation period and emphasized that the Secretariat, along with in-country partners, must closely monitor insecticide resistance and other relevant factors during implementation to determine the most effective ITN choice.
- GAC noted that although the TRP recommended using 2023-2025 allocation period grant funds on hemodialysis machines and training in high-burden provinces for early diagnosis and treatment to reduce severe cases, the Secretariat had to deprioritize the consumables for hemodialysis in favor of other critical malaria-related products and activities.

Additional Information

Table 3: Grant Extensions Approved by the Secretariat

The Board is hereby notified that the Secretariat approved the extension 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	Pakistan	HIV/AIDS	PAK-H-NZT	US\$	5,809,875	5,809,875	0	6 months	30/06/2024	This six-month extension will allow adequate time for grant-making and approval of the new PAK-H-NZT grant, in the context of a funding request iterated for resubmission by the TRP. The grant does not have sufficient uncommitted funds from the 2020-2022 allocation period (estimated at US\$2.65M) to cover the extension period's budget (US\$5.8M). The difference will, therefore, be funded with the 2023-2025 allocation. This amount and duration fall within the Secretariat's delegated authority for approval.
2	Pakistan	HIV/AIDS	PAK-H-UNDP	US\$	9,033,162	0	0	6 months	30/06/2024	This six-month extension will allow adequate time for grant-making and approval of the new PAK-H-UNDP grant, in the context of a funding request iterated for resubmission by the TRP. This grant extension will be fully funded with 2020-2022 allocation period uncommitted funds . This falls within the Secretariat's delegated authority for approval

Privileges and Immunities

2.1 Of the applicants for which funding recommendations are currently being made, Burkina Faso, Malawi and Zimbabwe have 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,⁵ 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/ DP04: 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/B44/EDP01: Decision on the Secretariat's recommendation on funding the DRC grants	This decision point approved the DRC HIV/TB and malaria components grants (COD-C-CORDAID and COD-M-SANRU)
GF/B44/EDP11: Decision on the Secretariat's recommendation on funding the Pakistan grants	This decision point approved the Pakistan HIV component grants (PAK-H-NZT and PAK-H-UNDP)

⁵ 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/>)