

Electronic Report to the Board

Report of the Secretariat's Grant Approvals Committee

GF/B50/ER08

Board Decision

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

1. GF/B50/EDP10: Decision on the Secretariat's Recommendation on Funding from the 2023-2025 Allocation¹
2. GF/B50/EDP11: Decision on the Secretariat's Recommendation on Additional Funding to Finance Unfunded Quality Demand from the 2020-2022 Allocation²
3. GF/B50/EDP12: Decision on the Secretariat's Recommendation on Grant Extensions³

Document Classification: Internal.

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¹ The Secretariat recommends the approval of funding from the 2023-2025 Allocation for 23 grants: Benin HIV/TB/Malaria (2 grants), Burundi HIV/TB/Malaria, Central African Republic HIV/TB/Malaria (2 grants), Ghana HIV, Ghana HIV/TB, Ghana Malaria (2 grants), Lao (People's Democratic Republic) HIV/TB, Liberia HIV/TB, Mozambique HIV (2 grants), Mozambique TB, Mozambique HIV/TB, Mozambique Malaria (2 grants), Multi-Country East Asia and Pacific RAI multi-component, Multi-Country North Africa HIV, Myanmar HIV (2 grants) and Myanmar TB (2 grants), up to an amount of **US\$1,523,913,107** and **EUR246,120,963** of country allocation funding, including (i) matching funds of US\$35,450,000 for Ghana HIV, Ghana HIV/TB, Ghana Malaria, Lao (People's Democratic Republic) HIV/TB, Liberia HIV/TB, Mozambique HIV (2 grants), Mozambique TB, Mozambique HIV/TB, Multi-Country North Africa HIV, Myanmar HIV (2 grants) and Myanmar TB (2 grants), and EUR1,610,400 for Benin HIV, and Benin HIV/TB/Malaria; and (ii) multicountry catalytic funds up to an amount of US\$50,000,000, for Multi-Country East Asia and Pacific RAI.

² The Secretariat recommends the approval of **US\$1,514,836** of portfolio optimization funds to be integrated into the 2020-2022 allocation period Armenia grant.

³ The Secretariat recommends the approval of a 12-month extension for the Papua New Guinea HIV/TB grant, with total incremental funding of **US\$9,302,014**.

Decision

Decision Point: GF/B50/EDP10: 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/ER08 ("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/EDP11: Decision on the Secretariat's Recommendation on Additional Funding to Finance Unfunded Quality Demand from the 2020-2022 Allocation

The Board:

1. Approves the revised budget recommended for the grant listed in Table 2 of GF/B50/ER08 ("Table 2");
2. Affirms the additional funding approved under this decision (a) increases the upper-ceiling amount that may be available for the relevant implementation period of each country disease component's constituent grants, and (b) is subject to the availability of funding; and
3. Delegates to the Secretariat authority to redistribute the overall upper-ceiling of funding available for each country disease component among its constituent grants, provided that the Technical Review Panel (the "TRP") validates any redistribution that constitutes a material change from the program and funding request initially reviewed and recommended by the TRP.

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

Decision Point: GF/B50/EDP12: 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 3 of GF/B50/ER08 ("Table 3"); 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 3, 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 23 grants: Benin HIV/TB/Malaria (2 grants), Burundi HIV/TB/Malaria, Central African Republic HIV/TB/Malaria (2 grants), Ghana HIV, Ghana HIV/TB, Ghana Malaria (2 grants), Lao (People's Democratic Republic) HIV/TB, Liberia HIV/TB, Mozambique HIV (2 grants), Mozambique TB, Mozambique HIV/TB, Mozambique Malaria (2 grants), Multi-Country East Asia and Pacific RAI multi-component, Multi-Country North Africa HIV, Myanmar HIV (2 grants) and Myanmar TB (2 grants), up to an amount of **US\$1,523,913,107** and **EUR246,120,963** of country allocation funding, including (i) matching funds of US\$35,450,000 for Ghana HIV, Ghana HIV/TB, Ghana Malaria, Lao (People's Democratic Republic) HIV/TB, Liberia HIV/TB, Mozambique HIV (2 grants), Mozambique TB, Mozambique HIV/TB, Multi-Country North Africa HIV, Myanmar HIV (2 grants) and Myanmar TB (2 grants), and **EUR1,610,400** for Benin HIV, and Benin HIV/TB/Malaria; and (ii) multicountry catalytic funds **up to an amount of US\$50,000,000**, for Multi-Country East Asia and Pacific RAI.

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

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

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

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

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

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

Secretariat's Recommendation on Additional Funding

The Secretariat hereby recommends the approval of:

- **US\$1,514,836** of portfolio optimization funding to be integrated into the 2020-2022 allocation period Armenia HIV/TB grant set out in Table 2.

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 a 12-month grant extension for the Papua New Guinea HIV/TB grant for total incremental funding of **US\$9,302,014**, as 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/EDP10: Decision on the Secretariat's Recommendation on Funding from the 2023-2025 Allocation; GF/B50/EDP11: Decision on the Secretariat's Recommendation on Additional Funding to Finance Unfunded Quality Demand from the 2020-2022 Allocation; and GF/B50/EDP12: 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 ⁴	Grant End Date	Currency	Total Program Budget	Catalytic Funds in Grant	Domestic Commitment ⁵	Unfunded Quality Demand (US\$)
1	Benin	HIV	BEN-H-PlanBen	31/12/2026	EUR	7,317,344	1,561,338	Pending confirmation of the Commitment Letter	21,651,926
2	Benin	HIV/TB/Malaria	BEN-Z-CNLS-TP	31/12/2026	EUR	97,675,091	49,062		
3	Burundi	HIV/TB/Malaria	BDI-Z-UNDP	31/12/2026	US\$	115,305,967	-	HIV: 2,775,056 TB: 308,080 Malaria 5,332,169 RSSH: 9,980,326 Total: 18,385,631	15,955,748
4	Central African Republic	HIV/TB/Malaria	CAF-Z-CRF	31/12/2026	EUR	62,845,645	-	Pending confirmation of the Commitment Letter	13,587,790
5	Central African Republic	HIV/TB/Malaria	CAF-Z-WVI	31/12/2026	EUR	78,282,883	-		
6	Ghana	HIV	GHA-H-WAPCAS	31/12/2026	US\$	19,889,407	2,000,000	Pending confirmation of the Commitment Letter	67,160,592
7	Ghana	HIV/TB	GHA-C-MOH	31/12/2026	US\$	105,377,061	10,000,000		
8	Ghana	Malaria	GHA-M-MOH	31/12/2026	US\$	98,763,927	2,000,000		
9	Ghana	Malaria	GHA-M-AGAMal	31/12/2026	US\$	24,017,580	-		
10	Lao (People’s Democratic Republic)	HIV/TB	LAO-C-MOH	31/12/2026	US\$	17,537,388	2,000,000	Pending confirmation of the Commitment Letter	3,648,116
11	Liberia	Malaria	LBR-C-PLAN	31/12/2026	US\$	44,974,752	1,200,000	RSSH: 25,663,676 TB: 229,333 HIV: 1,753,521	17,385,197

⁴ The Grant names are subject to change based on the ISO code.

⁵ Domestic commitments pertain to the disease programs and exclude other specific commitments for RSSH, unless otherwise specified. Commitments for disease specific programs and RSSH are subject to local currency value fluctuation against US dollar and Euro currencies. Please note that the domestic commitments included in this report are recorded as of the date of the GAC meeting and may be updated during implementation for countries that have been granted policy flexibilities.

12	Mozambique	HIV	MOZ-H-FDC	31/12/2026	US\$	75,920,932	3,898,876	RSSH: 195,000,000	72,062,425
13	Mozambique	HIV	MOZ-H-MOH	31/12/2026	US\$	342,183,001	2,851,124		
14	Mozambique	TB	MOZ-T-MOH	31/12/2026	US\$	40,169,431	397,340		
15	Mozambique	HIV/TB	MOZ-C-CCS	31/12/2026	US\$	74,204,423	4,602,660		
16	Mozambique	Malaria	MOZ-M-MOH	31/12/2026	US\$	133,897,947	-		
17	Mozambique	Malaria	MOZ-M-WV	31/12/2026	US\$	56,420,644	-		
18	Multi-Country East Asia and Pacific RAI	Multi-component	QSE-Z-UNOPS	31/12/2026	US\$	186,294,061	50,000,000	Cambodia: 12,095,589 Lao PDR: 4,480,329 Vietnam: 66,414,455 Myanmar: Pending confirmation of the Commitment Letter Thailand: Pending confirmation of the Commitment Letter	58,145,756
19	Multi-Country North Africa	HIV	QPD-H-UNDP	31/12/2026	US\$	10,047,127	500,000	Pending confirmation of the Commitment Letter	1,324,848
20	Myanmar	HIV	MMR-H-SCF	31/12/2026	US\$	31,111,893	401,079	Pending confirmation of the Commitment Letter	60,895,494
21	Myanmar	HIV	MMR-H-UNOPS	31/12/2026	US\$	68,344,512	1,598,921		
22	Myanmar	TB	MMR-T-SCF	31/12/2026	US\$	13,450,620	464,774		
23	Myanmar	TB	MMR-T-UNOPS	31/12/2026	US\$	66,002,434	3,535,226		

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

N	Applicant	Disease Component	Grant Name	Additional Funding Source	Currency	Previous Approved Grant Budget	Additional Funds	Revised Grant Budget for approval ⁶
1	Armenia	<u>HIV/TB</u>	ARM-C-MOH	Portfolio Optimization	US\$	9,667,181	1,514,836	11,182,017

Table 3: 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	Papua New Guinea	HIV/TB	<u>PNG-C-WV</u>	US\$	12,989,298	9,302,014	0	12	31/12/2024	Following its review, the TRP requested PNG to resubmit an iterated HIV/TB Funding Request. The iteration will be submitted in Window 5, expected in April 2024. This extension is therefore recommended for approval to enable sufficient time for resubmission of the HIV/TB Funding Request and grant-making.

⁶ “Revised Grant Budget for approval” is the budget for GAC recommendation to the Board. This excludes C19RM funding and any other funding that does not require Board approval. Accordingly, the Program budget for the Grant may be higher than the Program budget being recommended to the Board for approval.

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:

Benin HIV, TB and Malaria: Plan International, Inc. (BEN-H-PlanBen), Conseil National de Lutte contre le VIH/SIDA, la Tuberculose, le Paludisme, les Hépatites, les Infections sexuellement transmissibles et les Epidémies (BEN-Z-CNLS-TP)

1.1 Background and context

Benin has progressed in combating its HIV epidemic, lowering the adult prevalence from 1.2% in 2006 to 0.8% in 2021. By 2021, 85% of the general population knew their HIV status, 84% were on antiretroviral therapy (ART) and 66% achieved viral suppression. There have been significant reductions in prevalence among some key populations, with prevalence among sex workers dropping from 8.5% in 2017 to 7.2% in 2021. However, there has been an increase in other groups, notably men who have sex with men (MSM) and prisoners.

Regarding its response to TB, Benin has shown progress, with an estimated incidence of 52 cases per 100,000 population in 2022, a decrease from 86 cases per 100,000 in 2000. TB-related mortality also declined to an estimated 10 deaths per 100,000 population in 2021, down from 28 deaths per 100,000 in 2000. Efforts continue to enhance the notification rate; in 2021, approximately 54% of TB cases were tested and notified. Additionally, the treatment success rate is improving, with around 90% of cases successfully treated.

Malaria continues to be one of the main challenges in public health in Benin, with its estimated incidence climbing from 16.7% in 2017 to 21.2% in 2021. During this period, mortality due to malaria also increased, rising from 1.4% to 1.6% of cases. The northern region of Benin faces a higher malaria

burden, where four states, constituting 34% of the nation's population, accounted for 47% of malaria cases and 54% of malaria-related deaths in 2021.

1.2 Co-financing

2020-2022 allocation period: Benin has met co-financing requirement 1 and increased its national budget allocation for health by 37% from the 2017-2019 allocation period to the 2020-2022 allocation period and historic data show high budget execution rates. Conclusions of the compliance analysis for requirement 2 are pending the verification of expenditures data by the Local Fund Agent. The analysis has been delayed due to challenges in assessing non-specific commitments but is expected within the next three months.

2023-2025 allocation period: The commitment letter for the 2023-2025 allocation period is pending final alignment on expenditures for the 2020-2022 allocation period, which are needed to set the baseline for the 2023-2025 allocation period commitments. A condition has been included in the Grant Confirmation requiring a signed commitment letter within the first six months of implementation.

1.3 GAC review and recommendation

- The GAC appreciated the EUR 15.2 million in efficiencies, which were identified in grant-making and reinvested into the disease programs, primarily on differentiated HIV testing services; TB diagnosis, testing and care; TB/HIV interventions; and vector control interventions, including specific prevention interventions and case management. The Secretariat noted that, as a result of these re-investments, as well as the decision of the Government to use standard insecticide treated net (ITN) specifications, there are no gaps in health products for the malaria program.
- The Secretariat highlighted that, in line with TRP recommendations, efforts are ongoing to establish more ambitious targets for detecting drug-susceptible TB (DS-TB) and drug-resistant TB (DR-TB) TB cases, noting that funding is a key constraint, particularly in expanding molecular diagnostic testing to all presumptive TB patients. The Secretariat and Principal Recipient will track trends and adjust TB case notification targets based on the initial year's program results to ensure feasibility.
- The Secretariat brought to the GAC's attention that the CNLS-TP grant will not be fully implementation ready by 1 January 2024, as the Principal Recipient was still filling key positions in the newly created grant management unit. A grant requirement has been included in the Grant Confirmation conditioning the use of grant funds for programmatic activities to the approval of the detailed workplan until the grant management unit becomes fully functional.
- The GAC acknowledged that Benin was designated the following matching funds: HIV Prevention for Key Populations; and Scaling-up Programs to Remove Human Rights and Gender-related Barriers. The TRP confirmed that access and programmatic conditions have been met for matching funds for HIV Prevention for Key Populations and the Secretariat reaffirmed this during grant-making. The GAC noted that compliance with the programmatic conditions of the Scaling-up Programs to Remove Human Rights and Gender-related Barriers matching funds has been confirmed for all access and programmatic conditions relevant to grant-making, except one, on the provision of baseline scores for each human rights program to enable progress reporting under the Global Fund's key performance indicators (KPI). The Secretariat confirmed that compliance with this programmatic condition would be determined by no later than 31 January 2024. This score shall become the baseline for KPI E1 and a requirement has been included in the Grant Confirmation conditioning the use of matching funds in year 3 until compliance with this condition has been determined.
- The GAC noted that a high percentage of the budget is directed towards external professional services. They expressed comfort around this percentage noting that these funds are meant for financing surveys and studies; initiatives to strengthen the financial system; data quality and monitoring and evaluation (M&E) system strengthening; and external auditors and fiscal agent fees which would strengthen overall monitoring and oversight of the program.

- The GAC noted that the grants include budgets for incentives and salaries at different levels of the health system and appreciated that, in line with guidance from the TRP, the Grant Confirmation for BEN-Z-CNLS-TP includes a grant condition that requires a transition and sustainability plan be in place to ensure that these costs are funded without Global Fund support from the 2026-2028 allocation period onwards.

Burundi HIV, TB, Malaria: United Nations Development Programme (BDI-Z-UNDP)

1.4 Background and context

Burundi's HIV prevalence is estimated at 0.9% in the adult general population but is significantly higher among key populations: 30.9% among female sex workers, 15.3% among people who inject drugs, and 5.96% among MSM. These key populations, often facing stigma and discrimination, are identified in the grants as men and women most at risk of HIV and their sexual partners. While Burundi has made notable progress in the HIV treatment cascade, achieving 87-98-93 in 2022, this progress has been uneven across populations.

TB remains a significant public health concern in Burundi, with a 2022 incidence rate of 97 cases per 100,000 population and a mortality rate among HIV-negative people of 17 deaths per 100,000 population. In the same year, 61% of DS-TB and only 17% of estimated DR-TB cases were notified, showing the large remaining gap, especially in DR-TB detection. However, the treatment success rate for TB cases in 2020 reached 95% of DS-TB cases, and 100% of rifampicin-resistant TB (RR-TB) and multi-drug resistant TB (MDR-TB) cases. In 2022, over 99% of TB patients knew their HIV status and 89% of people living with HIV starting ART were screened for TB. All patients identified with TB/HIV co-infection were started on ART.

Malaria remains a major health issue in Burundi, the whole country is endemic, and the 13 million people living in the country are at risk. It is among the 20 countries with the highest number of malaria cases and deaths, with 1.5% of the global malaria cases and 0.9% of global malaria deaths in 2021. In 2022, the country reported 8.1 million confirmed malaria cases and 2,400 deaths. Cases increased during the 2020-2022 allocation period, despite major efforts, and caused by a combination of factors including climate change, decreased ITN durability, limited access to quality care and human resource and financial limitations.

1.5 Risks and mitigation measures

Civil society engagement. The TRP highlighted insufficient emphasis on involving civil society and human rights organizations in delivering services to key populations and in TB human rights programming in light of the challenges posed by the political context. Many of these activities were either not budgeted or only included in the prioritized above-allocation request. During the grant-making process, the Secretariat collaborated with country stakeholders to include robust investments in human rights and gender. Efforts to identify opportunities for expanding programming in these areas will continue during the implementation of the 2023-2025 allocation period.

CCM Capacity. The Secretariat noted that that the CCM has been benefiting from focused capacity strengthening support. While it currently meets the first six CCM eligibility requirements, there remain gaps concerning inclusiveness, decision-making, planning and oversight capabilities.

1.6 Co-financing

2020-2022 allocation period: Burundi met its co-financing requirement of health expenditure increase for the 2020-2022 allocation period, with its domestic health budget growing by 5.5% in absolute terms. Regarding disease-specific commitments, the Secretariat approved a waiver for the total minimum co-financing requirement due to challenges in monitoring commitments. The waiver was granted considering that specific costs could not be tracked and monitored effectively, including

infrastructure expenses that were transferred to the Ministry of Infrastructure and salary allocations which were calculated as an estimate for disease-specific workforce contributions. This waiver maintained co-financing requirements but allowed these specific costs to be excluded when evaluating compliance and setting a baseline for the 2023-2025 allocation period. After adjusting for these costs, Burundi fulfilled its disease-specific co-financing commitments.

2023-2025 allocation period: Burundi has met both co-financing requirements, and a commitment letter signed by the Ministry of Health and Ministry of Finance has been received, outlining financial and programmatic commitments for HIV, TB, malaria and resilient and sustainable systems for health (RSSH).

1.7 GAC review and recommendation

- The GAC noted that Burundi has made notable progress in the response to HIV, TB and malaria, and commended the Secretariat's efforts to bolster key population programming in light of the political context. The GAC appreciated the identification of US\$29.1 million in efficiencies during the grant-making process, with the funds being reinvested towards digitalization of the ITN mass campaign, eradicating vertical transmission of HIV, improving prevention packages for key populations and their sexual partners, enhancing data quality, and monitoring community interventions, among others.
- The GAC noted the implementation arrangements for the grants in the Burundi portfolio. They noted that the United Nations Development Programme (UNDP) remains the Principal Recipient for this 2023-2025 allocation period grant; the performance of the Ministry of Health as Principal Recipient/Sub-recipient will be monitored by the Secretariat; and that the Ministry of Health remains the Principal Recipient for the stand-alone RSSH grant.
- The Secretariat highlighted that despite efficiency gains, gaps persist in HIV, TB and malaria programs: limited coverage of Pre-exposure Prophylaxis (PrEP) and quantities of condoms for key populations below the amount recommended by the Joint United Nations Programme on HIV/AIDS (UNAIDS); underfunding of TB which, despite the ambitious targets, will not be able to close the gap in notification by the end of the 2023-2025 allocation period; and, ITN needs for continuous distribution during Year 3, and boost private sector involvement. The Secretariat will seek further efficiencies within the grant as they arise and to advocate for additional funding from the Government and partners, with the support of civil society actors.
- The GAC appreciated that given the country context, the grant includes support for technical assistance in the first year, which will support human rights and gender programming in the disease programs by supporting key decision makers to better understand and respond to the needs of HIV-related key populations; by building capacity in organizations of key populations to better advocate and engage in governance processes; by increasing accountability and responsiveness of national entities towards key populations and lesbian, gay, transgender, bisexual and intersex people; and by strengthening the capacity of organizations led by key populations to provide effective and secure person-centered services.
- The GAC noted the intent of the Secretariat to revise the targets for PrEP based on a rapid assessment on the introduction of PrEP currently in process and for female sex workers based on an independent review of the process and methodology used to estimate the size of this key population.
- **Complementarity with C19RM investments.** The Secretariat highlighted that the reinvestment strategy for the funding request from the COVID-19 Response Mechanism (C19RM) was aligned with the funding request and grant-making process for the 2023-2025 allocation period, ensuring investment synergy in key areas such as strengthening of surveillance systems, laboratory and diagnostics, health product management systems, and waste management systems, as well as human resources for health (HRH) and community systems strengthening (CSS). The GAC

expressed their appreciation for the demonstrated synergies across these critical investment areas, recognizing their contribution to enhancing pandemic preparedness and RSSH.

Central African Republic HIV, TB, Malaria: Croix Rouge Française (CAR-Z-CRF), World Vision (CAF-Z-WVI)

1.8 Background and context

HIV remains a serious public health concern in the Central African Republic, which in 2022 had an estimated HIV prevalence of 3.4% in the general population and prevalence among key populations of 15% among sex workers, 6.4% among men having sex with men in 2019, and 5.6% among prisoners in 2022. While the Central African Republic has made progress in identifying and treating HIV-positive individuals, challenges persist, including viral load monitoring, low coverage of preventing mother-to-child transmission (PMTCT) interventions, and barriers to early infant diagnosis. In 2022, an estimated 51% of people living with HIV knew their status, of whom 49% were on ART, noting that there is limited data on viral load.

Tuberculosis is also a significant challenge in the Central African Republic, which is one of the 30 high-burden TB countries globally with an estimated incidence of 540 cases per 100,000 population in 2022. Despite progress made by the country on treatment coverage, only 48% of the estimated people with TB infections knew their TB status in 2022. One in four TB patients is HIV positive, 83% of TB patients knew their HIV status and 98% of HIV positive TB patients were on ART in the same year. MDR-TB treatment coverage only reached 22% with an 80% treatment success rate.

Malaria remains a significant public health concern in the Central African Republic, with an incidence estimated at 311 cases per 1,000 population at risk, ranking fifth globally and malaria mortality rate is 93 per 100,000 population. Despite a decline in incidence over the years (12% between 2015 and 2022), the number of cases has increased over the last five years, indicating ongoing challenges in malaria control. Coverage of ITNs remains the main prevention approach. In 2022, 1,534,570 ITNs were distributed and the modelled proportion of the population with access to an ITN was 76%.

1.9 Co-financing

2020-2022 allocation period: Due to a lack of reliable budget execution data, methodological challenges, unmonitorable commitments and macroeconomic tensions, the Secretariat approved a waiver for the co-financing requirements for the Central African Republic for the 2020-2022 allocation period.

2023-2025 allocation period: The Central African Republic has provided a signed commitment letter for the 2023-2025 allocation period, but the letter did not meet the requirements of the STC policy. Despite scarce financial resources, high uncertainty and volatility of available resources, and financial institutions structural issues around budget execution transparency, there is a willingness to improve and meet ambitious health targets, and the Secretariat is working with the Government to develop fit-for-context co-financing commitments. The deadline for the negotiation and finalization of these commitments is 30 June 2024, as set out in the Grant Confirmation.

1.10 GAC review and recommendation

- GAC Partners appreciated the collaborative grant-making efforts and noted the need for further collaboration on the continuous refinement of ART coverage estimates during grant implementation and on the development of the new UNAIDS estimates. The Secretariat welcomed these opportunities for collaboration.
- The GAC noted the change in implementation arrangements, with two separate multicomponent grants which will focus on separate regions of the country, supporting the integrated primary health approach and improving coverage noting that in the 2023-2025 allocation period there will be

national coverage of services which will include differentiated package of services designed and tailored to the challenging operating environment context. The GAC emphasized the importance of capacity building with the Principal Recipients and Sub-recipients to ensure that activities are effectively implemented at sub-national levels.

- The GAC appreciated the flexibilities displayed by the Principal Recipients and the Secretariat during grant-making to ensure that assurance mechanisms were in place and mitigation measures strengthened to ensure optimal program performance despite the challenging operating environment.
- The GAC noted the Secretariat's intention to request approval for an extension of flexibilities for challenging operating environments, which were originally granted during the 2020-2022 allocation period and allow for direct appointment of Sub-recipients or service providers, including in hard-to-reach conflict areas; for using performance-based incentives and for waiving verification of program data in zones where the Local Fund Agent or third parties are unable to physically verify data reported by the Principal Recipient.
- The GAC noted that the Ministry of Health is developing a management unit, recognizing that a transition of key activities away from CAF-Z-WVI and CAF-Z-CRF grants would only take place following thorough consideration during a forthcoming risk and capacity assessment.
- The proposed 2023-2025 allocation period activities are consistent with major sanctions regimes involving the Central African Republic. This is because of the nature of the activities (provision of medicines and activities related to health and basic human needs), the implementation arrangements, and the scope of the relevant sanctions orders. Additionally, the Grant Confirmations include an obligation for each Principal Recipient to: (i) adhere to applicable sanctions; (ii) ensure both downstream compliance and upstream reporting by all Sub-recipients and suppliers; and (iii) ensure that all Sub-recipients and suppliers require the same obligations in any contracts entered into using grant funds.
- The GAC noted the high human resource costs in the CAF-Z-CRF grant, further recognizing the grant conditions included in the Grant Confirmation which only approve the human resource budget lines for the period covering January to June 2024. The remainder of the period from 1 July 2024 to 31 December 2026 (inclusive) is only indicative. A condition has been included in the Grant Confirmation which requires the Principal Recipient to, by no later than 15 February 2024, submit to the Global Fund a detailed budget including an adjusted human resources structure based on a comprehensive analysis of the contribution of each staff proposed to be directly or indirectly funded under the program budget.
- The GAC noted the importance of the decentralization of the integrated package of services, noting the requirement included in the Grant Confirmation related to the tailoring of services to the district level and further noting that technical assistance was in place to support this decentralization. The GAC Partners endorsed this approach.
- The GAC Partners voiced appreciation for the country's transition to full use of dual active ingredient (AI) nets.
- **Complementarity with C19RM investments:** The CCM for the Central African Republic held one country dialogue session on RSSH, which was used to inform both the C19RM request as well as the funding request for the 2023-2025 allocation. C19RM funds will be used in Year 2 and Year 3 to scale-up community health worker (CHW) activities, including an increase in the number of CHW, training, equipment, supervision and incentives which will all be transitioned to funding by the 2023-2025 allocation for Year 3. In parallel, C19RM funds will, with the support of partners, support a national dialogue on HRH, recruit health personnel, address unequal deployment and retention challenges, and support the decentralization of services, expanding coverage.

Ghana HIV, TB, and Malaria: Ministry of Health of the Republic of Ghana (GHA-C-MOH, GHA-M-MOH) West African Program to Combat AIDS and STI (GHA-H-WAPCAS) AngloGold Ashanti (Ghana) Malaria Control Limited (GHA-M-AGAMal)

1.11 Background and context

HIV continues to be a public health challenge in Ghana, which had an estimated HIV prevalence of 1.7% among adults 15 to 49 in 2022. While the epidemic is generalized, there is some degree of geographic concentration, with 90% of people living with HIV in 9 of the 16 regions. As at the end of 2022, 78% of people living with HIV are aware of their status, 85% of the people living with HIV who know their status are on ART and 68% of them have achieved viral suppression.

In Ghana, the TB response has faced significant challenges, resulting in a low treatment coverage of 37% for DS-TB, of 18% for DR-TB and a treatment success rate of 88% for DS-TB and 71% for DR-TB. In 2021, Ghana was estimated to have a TB incidence rate of 136 per 100,000 population and a TB mortality of 47 per 100,000 population. In 2022, 93% of TB patients have been tested for HIV and 97% of TB/HIV co-infected persons initiated on ART.

Ghana has made significant progress against malaria in the past ten years, with a decrease in prevalence from 27.5% in 2011 to 8.6% in 2022. Use of ITNs has increased from 2019 to 2022 from 54.10% to 62% among children under the age of five and from 48.7% to 59.4% among pregnant women in households with at least one ITN. In 2022, more than 97% of suspected malaria cases were tested across public, community and private sectors. Some areas of Ghana have progressed to the stage of pre-elimination.

1.12 Co-financing

2020-2022 allocation period: Ghana has steadily increased its nominal government spending on health, with an average of 10.5 billion Ghanaian Cedi (GHS) spent during the 2020-2022 allocation period compared to GHS 5.6 billion spent during the 2017-2019 allocation period. The country has met the minimum requirements for additional spending on all 3 diseases, based on reported spending and budget data.

2023-2025 allocation period: Ghana has submitted a commitment letter signed by the Minister of Health, but not by the national budgetary authority. The letter and its supporting documentation indicate an increase in total government spending on health from US\$1.6 billion (GHS 18.0 billion) in 2023 to US\$2.1 billion (GHS 22.5 billion) in 2026, including commitments for specific HIV and malaria commodities of US\$81 million. Ghana's fulfillment of its co-financing requirements for the 2023-2025 allocation period is conditional on submission of an updated commitment letter that includes a TB-specific commitment co-signed by the Minister of Finance, by 30 June 2024. Noting the challenging macro-economic environment, the Secretariat plans to closely monitor fulfillment of commitments to provide specific commodities for HIV, TB and malaria in the 2023-2025 allocation period.

1.13 GAC review and recommendation

- The GAC appreciated the US\$38.8 million in efficiencies which was identified during grant-making and reinvested in TB diagnosis, treatment and care; in rapid diagnostic tests (RDTs) and ARVs; in programming for key populations; in insecticide treated nets (ITNs) for the 2027 mass campaign; and in procurement and supply-chain management-related costs associated with ITNs provided by another donor. The GAC also noted the funding gap still remains for the Year 3 mass campaign and for RDTs.
- The GAC appreciated the significant efforts the CCM, the Ministry of Health, and other implementers were undertaking to address risks of sexual exploitation, abuse and harassment.

- The GAC noted the important support that Partners provided during funding request development, supporting the strategic work with in-country partners and stakeholders and noted the inclusive country dialogue during grant-making, which resulted in an informed scale-up of HIV programming for key populations, for community outreach for TB case detection and for community-led monitoring (CLM). GAC Partners echoed their support for the collaborative efforts of the Secretariat.
- The GAC acknowledged the challenges in programs for key populations in Ghana, noting both, the funding shortfall for the needed scale-up of testing and treatment programs, as well as the increasingly challenging human rights landscape, which presents challenges for the delivery of differentiated services. GAC Partners supported the proactive approach and requested clarification on whether funding for harm-reduction investments requested by the TRP were already funded and whether investments in HIV self-testing could be expanded. The Secretariat clarified that the current self-testing program is being scaled-up from the pilot stage and is now approved as a policy. Similarly, a pilot has been conducted for the harm-reduction component in the 2020-2022 allocation period and is planned to continue during the 2023-2025 allocation period, with plans to further expand these interventions to 14 districts following completion of the integrated biological and behavioral assessment in Year 1.
- The GAC noted the ongoing assessment of HIV and TB services being undertaken by the Breaking Down Barriers Strategic Initiative and encouraged adaptations of investments to address human rights barriers based on the final lessons learned.
- GAC Partners supported the TB programming included in the grants and recommended the grants to prioritize specific interventions during implementation, including the scale-up of the OnImpact community monitoring app, the conducting of the size estimates of the key and vulnerable populations for TB and interventions aimed towards the elimination of stigma. The Secretariat will take these suggestions forward with partners in Ghana to assess their feasibility during implementation.
- The GAC noted the TRP recommendation flagging the shortfall in funding for vector control and recommending the development of a plan to ensure full coverage of effective vector control interventions by the end of the first year of implementation. Particularly, the TRP recommends that, in the presence of inadequate funding to achieve this with currently used methods, the plan should include a switch from indoor residual spraying (IRS) to ITNs in districts where IRS is currently employed, with adequate monitoring and an outbreak response plan. The TRP further recommends that the choice of ITNs should be based on entomological data, with a preference for dual AI ITNs where pyrethroid resistance is demonstrated. GAC Partners emphasized the importance of a very careful approach to the potential switch and reinforced the commitment to continue time-sensitive follow-up between Partners and in-country stakeholders to identify the most impactful strategy for vector control based on the collective resources available over the next three years. The GAC also noted the assessment currently being undertaken to understand the drivers of malaria prevalence in districts where IRS is currently planned. The GAC further recognized Ghana's intentions to implement the R21 malaria vaccine.
- The Secretariat flagged that AngloGold Ashanti (Ghana) Malaria Control Limited will continue supporting IRS (for Year 1 and if it continues), and will also be supporting the GHA-C-MOH grant by managing financial flows to community-level community-based organizations (CBOs) implementers and volunteers and by strengthening the capacity of the Sub-recipients, noting that the Principal Recipient will still maintain final responsibility for the use of the funds.
- **Complementarity with C19RM:** The GAC noted that grant-making for the 2023-2025 allocation grants was held in parallel to the development of the C19RM funding request, which allowed for

strong cohesion across the funding streams, particularly on scaling-up of CHW in areas with high HIV and malaria burdens, finding missing TB cases and CBO strengthening via investments in CSS.

Lao (People's Democratic Republic) HIV and TB: Ministry of Health of the Lao People's Democratic Republic (LAO-C-MOH)

1.14 Background and context

The HIV epidemic in Lao (People's Democratic Republic) (Lao PDR) is primarily concentrated among key populations, particularly MSM amidst growing concerns over high levels of sexually transmitted infections (STIs) in both key and general populations. The country's vulnerability to HIV/AIDS and STIs is heightened by its extensive land borders, young and ethnically diverse rural population, and ongoing regional economic integration. The program focuses on key populations, particularly men MSM and transgender population in priority locations, urban areas in highest-burden provinces, providing access to prevention, testing and treatment services through differentiated service delivery modalities, be delivered with strong involvement and participation of the affected communities.

In terms of TB, Lao PDR successfully halved its TB prevalence by 2015, meeting the Millennium Development Goal target (MDG 6 Goal 4). Since then, the country has made significant progress, reducing TB incidence by over 20% from 182 to 143 cases per 100,000 people between 2015 and 2020, and achieving a 74% TB treatment coverage. Currently, Lao PDR reports an estimated TB incidence of 143 and mortality of 27 per 100,000 population, with approximately 98 (1.3/100,000) cases of MDR TB in 2021. The program aims to increase TB case notification through active case-finding in high burden areas targeting key populations, systematic contact tracing of TB patients, improving TB diagnosis in children and providing TB preventive therapy.

1.15 Co-financing

2020-2022 allocation period: Lao PDR has conditionally met its co-financing commitment to increase government expenditure for health, pending submission of supporting documentation. Over the past two funding cycles, the Government of Lao PDR has consistently increased its commitment to supporting the national HIV and TB programs with domestic resources. In the 2020-2022 allocation period, Lao PDR progressively took on the procurement of a significant proportion of critical life-saving drugs previously funded through grant resources while maintaining investments in other areas of the program.

2023-2025 allocation period: Lao PDR has submitted a draft commitment letter pending signature and finalization. A condition has been included in the Grant Confirmation requiring the country to submit the final signed commitment letter within the first six months of implementation.

1.16 GAC review and recommendation

- The GAC acknowledged the continuation of the blended finance transaction with the World Bank in for the Health and Nutrition Services Access (HANSA) project in Lao PDR approved by the Board through GF/B43/EDP18. HANSA is designed to support the government of Lao PDR to increase domestic financing and move from a vertical disease control approach to a greater focus on a sustainable health sector and strengthening of health systems. The Secretariat noted that the overall co-financing structure remains consistent with the 2019 Framework Agreement signed between the Global Fund and World Bank.
- The Secretariat highlighted the lessons learned from HANSA in the 2020-2022 allocation period, noting that the project has significantly contributed to improved integrated planning, implementation and collaboration within the Ministry of Health, resulting in programmatic efficiencies and better health outcomes. The Secretariat underlined that there is a need to establish best practices for managing differences in the internal processes of the World Bank

and the Global Fund. The Secretariat will continue its collaboration with the World Bank to further align and streamline processes for HANSA in the 2023-2025 allocation period.

Liberia HIV/TB: Plan International, Inc. (LBR-C-PLAN)

1.17 Background and context

Liberia has shown progress in addressing its HIV epidemic, with adult prevalence decreasing from 1.6% in 2010 to 1% in 2022. The epidemic predominantly affects key populations, with 2022 estimates showing HIV prevalence rates of 37.9% among MSM, 16.7% among female sex workers, 27.6% among transgender people, and 14.4% among people who inject drugs. The HIV treatment and care cascade stood at 74-72-65 as of 2022.

TB continues to be a significant public health issue in Liberia, with an incidence rate of 308 per 100,000 population, unchanged since 2015. TB-related deaths have decreased by 12% from 2015 to 2022. However, in 2022, only 43% of the estimated TB cases were tested and treated, and in 2021, 78% of TB cases were successfully treated. Among TB patients tested for HIV, the positivity rate decreased from 17% in 2018 to 10% in 2022.

1.18 Risks and mitigation measures

Implementation arrangements. Following a report from the Office of the Inspector General (OIG) in April 2022, which identified systemic issues at the Ministry of Health, and given insufficient improvements of the compliance framework of the Ministry of Health despite risk mitigation efforts, the Secretariat invoked the Additional Safeguard Policy across Liberia's portfolio, addressing ongoing challenges. As a result, for the 2023-2025 allocation period, the Ministry of Health will no longer serve as Principal Recipient, and Plan International Inc., an international non-governmental organization, has been selected as the sole Principal Recipient for the HIV/TB grant. Various measures, including a limited cash policy, have been instituted across the Liberia portfolio in order to mitigate the systemic issues identified by the OIG.

To ensure focused attention on critical services and the continuity of essential program activities and using flexibilities afforded to portfolios under challenging operating environments, the Secretariat approved presenting this grant for approval with only the Year 1 detailed budget and Years 2 and 3 as indicative. This arrangement provides the Secretariat, Plan International Inc., and the Ministry of Health (acting as Sub-recipient under the LBR-C-PLAN grant) the necessary time to adapt the programs for specific local needs and to progressively enhance quality of care in health facilities, especially in areas with high burden. The Grant Confirmation outlines that the approval of the detailed budget for the second and third years will be based on the program's adjustments, which will evolve from the experiences and lessons learned during the first year.

1.19 Co-financing

2020-2022 allocation period: During the 2020-2022 allocation period, Liberia increased government health expenditure from US\$142 million in the previous period to US\$215 million. Health contributed 10.4% of the total government expenditure, well above the 5.8% average for Low Income countries. Due to difficulties in assessing spending on HIV, TB, malaria and RSSH, the Secretariat issued Liberia a waiver for disease-specific co-financing commitments. Furthermore, the Secretariat and Liberia collaborated to establish a realistic and measurable baseline for the 2023-2025 allocation period.

2023-2025 allocation period: Liberia has submitted a commitment letter indicating a 2.5% increase in government health expenditure, amounting to an additional US\$5.39 million compared to the 2020-2022 allocation period. Additionally, the Government has committed to fund specific programmatic activities, including allocating US\$3 million for CHW supervisors.

1.20 GAC review and recommendation

- The GAC acknowledged the Secretariat's efforts in developing a comprehensive and ambitious grant despite the constraints, noting the enhanced targets for key population HIV programming and the raised TB notification and treatment goals established during grant-making. The Secretariat, however, pointed out that budgetary constraints and limitations in the sample referral network continue to pose challenges in scaling-up TB case finding.
- The Secretariat noted the recent presidential elections in Liberia have resulted in a change in administration, which may impact the current levels of engagement with the Liberian Government on health and community health initiatives. Alongside incorporating activities to bolster public financial management into the grant, the Secretariat plans to implement additional measures to sustainably finance disease responses, including technical support for the fiscal optimization of the CHW strategy and efforts in advocacy and planning to ensure that new policies do not unintentionally increase financial barriers to accessing health care.
- The GAC acknowledged that Plan International, Inc. has made efforts to address concerns identified during its Principal Recipient capacity assessment conducted in October 2023. These efforts include finalizing a performance monitoring system, implementing a limited cash policy, introducing enhanced payment-for-results schemes, and revising detailed workplans and operational plans to foster a differentiated investment approach with a focus on high burden facilities. The Secretariat will maintain support for the Principal Recipient to enhance processes during the implementation phase.
- The GAC recognized the difficulties the CCM encountered in selecting a Principal Recipient. The Secretariat mentioned ongoing plans under the CCM Evolution project to analyze the root causes of these challenges in Principal Recipient selection and to offer solutions for addressing them.
- The Secretariat pointed out that travel-related expenses, accounting for a US\$2.9 million of the budget, are reflective of the practical necessities associated with executing specific grant activities in Liberia, including training for key populations, enhancing laboratory systems, and conducting quality assurance for health products.
- The GAC acknowledged Liberia was designated the following matching funds: Effective Community Systems and Responses and RSSH Innovation Fund. The TRP confirmed that access and programmatic conditions have been met, and the Secretariat reaffirmed this during grant-making.

Mozambique TB/HIV Malaria: Ministry of Health of Mozambique (MOZ-H-MOH, MOZ-T-MOH, MOZ-M-MOH); Centro de Colaboração em Saúde (MOZ-C-CCS); Fundação para o Desenvolvimento da Comunidade (MOZ-H-FDC); World Vision (MOZ-M-WV)

1.21 Background and context

In 2022, there were an estimated 2.4 million people living with HIV in Mozambique. Prevalence among the adult population was estimated at 12.5%. The epidemic disproportionately affects young women aged 20-24, among which prevalence is 3.1 times higher than their male peers. While adult incidence has declined, the total number of new infections remains high, with young women (15-24) and men (20-34) being the most affected. Female sex workers and MSM contribute disproportionately to new infections, as stigma, discrimination and unsafe working conditions continue to limit access to services. Low condom use, particularly among partners of women, is a major driver of new infections. Knowledge of HIV status varies across regions. Health system coverage is very low and PMTCT is still a significant challenge.

Mozambique is among the WHO-listed high TB burden countries for HIV/TB co-infection, as well as for MDR-TB. In 2022, TB incidence was estimated at 361 cases per 100,000 population, with 4,300 cases of MDR/RR-TB. TB notification rates significantly increased, from 217 per 100,000 population in 2015 to 344 per 100,000 population in 2022, narrowing the treatment detection gap with 92% of treatment coverage and with 8,900 TB cases missed. Important gaps remain in RR/MDR-TB detection, with only 27% of estimated cases detected in 2022.

Although malaria death rates have decreased by 65% between 2017-2022, reported incidence saw a 9% rise due in part to improved care seeking, diagnostics and reporting, but also to insecticide resistance and severe weather events (e.g., cyclones). The prevalence of children under the age of five dropped by 17% from 2018 to 2023. The 2023-2030 National Strategic Plan for malaria guides the current program with emphasis on case management, universal diagnosis and treatment access, targeted ITN coverage and chemoprevention expansion.

1.22 Risks and mitigation measures

TB Program Quality: Despite a progressive increase in TB notification, the proportion of bacteriologically confirmed TB cases remains low. This is partially due to a suboptimal use of diagnostic equipment and fragmented sample transportation system. The Secretariat and relevant Partners will support the country in the operationalization of the revised algorithms with optimal utilization of screening and diagnostic tools. In addition, third party provider contracts will be put in place for maintenance and replacement of equipment/modules and optimize utilization of data.

In-Country Supply Chain: The national supply chain system is fragile and insufficient funding impacts first mile distribution of essential health products. Furthermore, the warehouses are oversaturated and the distribution of health products from community outreach is ineffective, which limits the ability to increase the distribution of HIV prevention products. In order to mitigate the situation, the Secretariat will closely work with the country and relevant Partners to: i) put in place supply chain reform, including the implementation of a supply chain strengthening action plan, in line with the agreed action of the Office of the Inspector General's audit; ii) leverage the improvements of information systems (logistics management information systems and enterprise resource planning) for better product traceability; iii) restore inventory management practices and product flow in the relevant intermediary warehouses and leverage UN logistic capacity in-country to alleviate supply chain pressures, as an exceptional and temporary measure.

1.23 Co-financing

2020-2022 allocation period: Mozambique has met the co-financing requirements for the 2020-2022 allocation period, as Government spending on health has progressively increased, from 23.1 billion MZN in 2018 to 35.8 billion MZN in 2023. Expenditures were US\$128 million, which exceeded the minimum required by the co-financing policy by 14%.

2023-2025 allocation period: Mozambique has met the co-financing requirements for the 2023-2025 allocation period, as a signed commitment letter was received in November 2023 in which the Government committed to increase health expenditure by 28% compared to the 2020-2022 allocation period to reach US\$2.1 billion during the 2023-2025 allocation period. Government commitments of US\$194.5 million are 52% above the co-financing requirements. The Government plans a 52% increase in RSSH investments from the 2020-2022 allocation period to the 2023-2025 allocation period, thus satisfying the forward-looking requirement.

1.24 GAC review and recommendation

- GAC Partners congratulated the country on the strides in the fight against HIV. They, however, expressed concerns as this progress does not consistently apply to women and children. GAC Partners further emphasized that eliminating vertical transmission and pediatric HIV, including advanced HIV in children, should remain a priority for the country. GAC Partners also pointed to the TRP's recommendation to tailor services for pregnant and lactating women, who have different needs compared to female sex workers and adolescent girls and young women, to ensure interventions are adapted to their specific needs.
- GAC Partners highlighted concerns around the country's HIV incidence rate and expressed their willingness to continue working together to address this across the partnership. Even though GAC Partners applauded the proposed interventions focusing on key populations, they also suggested

that further emphasis be placed specifically on condom use by sex workers. The Secretariat confirmed that the issues highlighted by Partners on HIV are high on the agenda and they shall continue working closely to address them during grant implementation.

- GAC Partners expressed support for the proposed TB investments, notably the high TB treatment coverage, testing using molecular diagnostics and a strong community TB approach. They also encouraged the grants to further develop private sector engagement where relevant, set targets to improve TB bacteriological confirmation and to scale-up X-ray screening. The Secretariat confirmed that these elements were treated as priorities as part of the TB investments.
- GAC Partners and the Secretariat expressed mutual concerns for the funding gaps in the TB grant. They indicated a willingness to continue discussions around resource mobilization, including leveraging the RSSH investments, which might be beneficial to the TB grant, the approval of which is expected in Q 1 of 2024.
- GAC Partners highlighted the opportunity for the country to benefit from scaling-up the use of the OneImpact community-based monitoring app for TB, particularly in Maputo, Zambezia and Nampula provinces and to leverage real-time TB stigma data, as available. Lastly, GAC Partners indicated the opportunity to conduct a size estimation exercise for TB key and vulnerable populations. The Secretariat confirmed that there is alignment on the TB issues highlighted by Partners and flagged that they will ensure alignment and complementarity of the OneImpact tool to CLM efforts focused on HIV and TB.
- GAC Partners congratulated the country and the Secretariat for great collaboration around finalizing the malaria grants and for the sub-tailoring of interventions to allow the grants to achieve maximum impact with the resources available. They, however, expressed concerns around the major vector control gaps for LLINs planned for distribution in high priority districts in 2026. GAC Partners indicated that they welcomed opportunities for collaboration to mobilize additional funding to cover this critical gap.
- The GAC acknowledged the Secretariat's commitment to continue close monitoring of the comprehensive assessment of the project management unit within the Ministry of Health, to ensure smooth implementation.

Multicountry East Asia and Pacific RAI multi-component: United Nations Office for Project Services (QSE-Z-UNOPS)

1.25 Background and context

Significant strides have been made since the launch of the Regional Artemisinin-resistance Initiative (RAI) in the Greater Mekong Subregion countries (Cambodia, Lao PDR, Myanmar, Thailand and Viet Nam) in 2012, driving progress towards malaria elimination. In 2022, reported malaria cases (including both *P. falciparum* and *P. vivax*) were 4,021 in Cambodia, 2,302 in Lao PDR, 454 in Vietnam and 10,161 in Thailand. Political instability and insecurity in Myanmar following the 2021 military take-over and COVID-19 pandemic have hindered malaria elimination efforts, with a 195% increase in cases in 2022 to 124,813, adversely impacting Thailand's elimination plans due to increased cross-border movement.

The 2023-2025 allocation period Multicountry East Asia and Pacific malaria grant will be the fourth RAI grant. It aims to continue supporting the elimination of malaria by 2030 across the five Greater Mekong Subregion countries, by expediting progress towards eradicating *P. falciparum* and *P. vivax* malaria, with a specific focus on eliminating drug-resistant *P. falciparum* by 2025, aligning with the unique needs and National Strategic Plans of each country.

The RAI grant also includes US\$40 million for a regional integrated health response and RSSH package.

1.26 Risks and mitigation measures

Sanctions. The proposed 2023-2025 allocation period activities are consistent with major sanctions regimes relevant to the RAI grant, specifically those involving Myanmar. This is due to the nature of the activities, the implementation arrangements (including having UNOPS as a Principal Recipient), the scope of the relevant sanctions orders and applicable licenses and exemptions. In addition, the Grant Confirmation for RAI includes an obligation requiring (i) adherence to applicable sanctions; (ii) downstream compliance and upstream reporting by all Sub-recipients and suppliers; and (iii) cascading down of the same obligations by Sub-recipients and Suppliers.

Elimination threat. The GAC noted with concern that the political situation in Myanmar has led to an 85% rise in malaria cases in Myanmar and Thailand Western border over the past three years, threatening the elimination targets in these 2 countries. The Secretariat highlighted that the trend presents a substantial threat to reversing the achievements made in the regional malaria elimination initiatives, noting that the situation is being closely monitored and responsive measures are currently in place and will continue to be adapted according to needs throughout the 2023-2025 allocation period. Cambodia, Lao and Vietnam are on track to eliminating *P. falciparum* by 2025 and all malarial species by 2030.

1.27 Co-financing

2020-2022 allocation period: The Secretariat issued waivers for Myanmar and Vietnam from the 2020-2022 allocation period co-financing commitments. Myanmar's waiver was justified by virtue of the challenging operating environment and prevailing political instability in country. For Vietnam, a waiver for the allocation period was also justified due to several factors including a significant decrease in malaria burden, resulting in a reduction in malaria investments, and the continued programmatic progress towards malaria elimination. Thailand's compliance with malaria co-financing is currently under review, awaiting additional government expenditure data at the sub-district level. A condition has been included in the Grant Confirmation requiring the government of Thailand to submit the final signed commitment letter within the first three months of implementation. Both Cambodia and Lao PDR have met their co-financing requirements for the 2020-2022 allocation period.

2023-2025 allocation period: Cambodia and Vietnam fulfil the co-financing requirements for the 2023-2025 allocation period per their signed Commitment Letters. The Secretariat granted a partial waiver of the co-financing requirement for Lao PDR due to the forecasted continued economic and fiscal constraints, impacting government revenues and lower health and disease spending. The partial waiver requires Lao PDR to achieve the level of total commitment indicated in their signed Commitment Letter. Thailand and Myanmar have not yet provided commitment letters. A requirement has been included in the Grant Confirmation, requiring the submission of the signed Commitment Letter for Thailand by March 2024 and for Myanmar by June 2024.

1.28 GAC review and recommendation

- The GAC and Partners commended the successes of RAI since its launch in 2012 as a best practice on regional collaboration and shared the excitement at the prospect of nearing malaria elimination in Cambodia, Lao PDR and Viet Nam. The GAC and Partners also praised the Secretariat on the grant's design, flagging that it makes the best use of available resources and tailors interventions to specific national contexts. GAC Partners particularly appreciated the focus on vulnerable populations (men who are mobile, displaced populations and those in rural and forested areas) in the region through scaling up community-level access to malaria testing, treatment and preventive measures.
- GAC Partners recommended continued focus on sustainability and the need for clear milestones demonstrating commitments from governments to progressively take over interventions. The Secretariat confirmed that there are plans for sustained focus on developing robust sustainability plans during grant implementation.

- The Secretariat highlighted the substantial investment in external professional services primarily covering technical assistance and supporting: (i) the national health sector strategy, policy and regulations; (ii) analyses, evaluations, reviews and data use through the World Health Organization Malaria Mekong Elimination program; and (iii) supervision and oversight of the grant through a regional steering committee and an independent monitoring panel.

Multicountry North Africa HIV: United Nations Development Programme (QPD-H-UNDP)

1.29 Background and context

This multicountry grant focuses on accelerating the HIV response in Tunisia and Algeria, aiming to enhance access to prevention, testing and treatment services for key populations. Tunisia and Algeria exhibit similar epidemiological HIV profiles, with a concentration in key populations, with high prevalence among MSM and people who inject drugs. In Algeria in 2021, 91% of the estimated 21,000 people living with HIV knew their status, with 81% on ART, though viral suppression data is not available. Conversely, Tunisia lacks data on the status knowledge of its estimated 5,400 people living with HIV. Among those known, only 29% are on ART, and of these, 22% are virally suppressed, contributing to the increase in HIV-related deaths.

1.30 Risks and mitigation measures

Incentives. The Secretariat highlighted performance-based incentives in QPD-H-UNDP to support CHW and peer educators delivering the HIV testing and prevention package for other vulnerable populations to support ambitious targets for key population testing.

1.31 Co-financing

2020-2022 allocation period: Algeria did not have a 2020-2022 allocation, so co-financing requirements were not applicable. Tunisia conditionally met its co-financing commitment to increase public health expenditure pending verification of public expenditure data. The submitted data shows that Tunisia exceeded the disease-specific requirement for HIV and fulfilled the overall portfolio-level spending requirement.

2023-2025 allocation period: Algeria and Tunisia have submitted a draft commitment letter for the 2023-2025 allocation period. The Secretariat advised for the commitment letters to be revised to reflect recent projections for health products in Tunisia and civil society organization financing in Algeria. The Grant Confirmation stipulates that these revised commitment letters should be submitted by the first semester of 2024. As a country preparing to transition from financing from the Global Fund, key co-financing components have been agreed with the Government of Algeria, notably 25% and 75% of funding of Sub-recipients through social contracting in Year Two and Year Three respectively. In addition, the Government will cover all grant health products in line with the transition principles jointly agreed with the Global Fund.

1.32 GAC review and recommendation

- The GAC recognized the consolidation of Algeria and Tunisia's 2023-2025 allocation into the "Multicountry North Africa" grant in order to harmonize programmatic and grant management approaches in the region. The Secretariat highlighted that a joint committee from CCM Algeria and CCM Tunisia was formed to submit the Funding Request for both countries.
- The GAC recognized that the Multicountry North Africa HIV grant was allocated matching funds for Scaling-up Programs to Remove Human Rights and Gender-related Barriers in Tunisia. Access conditions have been met. All programmatic conditions relevant to grant-making have also been met except for the provision of baseline scores for each human rights program to enable progress reporting under the Global Fund's KPI which is expected before implementation period start date and during the December 2023 CCM meeting. If the validation of baseline scores does not occur

in December 2023, the Secretariat will issue an implementation letter to ringfence the use of matching funds in Year 3 to satisfactory evidence of compliance with that programmatic condition.

- The Secretariat noted that RSSH investments represent 12% of the grant funds, supporting significant improvements in data quality and usage, supply chain management in Tunisia, CSS, capacity-building of civil society organizations in line with country dialogue priorities, and health financing, particularly social contracting.

Myanmar HIV and TB: Save the Children Federation, Inc. (MMR-H-SCF and MMR-T-SCF); and United Nations Office for Project Services (MMR-T-UNOPS and MMR-H-UNOPS)

1.33 Background and context

In 2022, Myanmar reported an estimated 280,000 people living with HIV, including 8,900 children. The national HIV prevalence among adults aged 15 and older was 0.9%, with significantly higher rates among key populations and their partners: 34.9% among people who inject drugs, 8.8% among MSM and 8.2% among female sex workers.

Myanmar was the only country in Southeast Asia to reach the 2020 Sustainable Development Goals target of reducing TB incidence by 20% from the 2015 baseline. Despite this achievement, Myanmar remains among the top 30 high TB burden and TB/HIV burden countries globally and continues to report a significant number of undetected TB cases each year. Progress made in TB control and reduction was substantially impacted by the military takeover after 2021.

1.34 Risks and mitigation measures

Sanctions. The proposed 2023-2025 allocation period activities are consistent with major sanctions regimes relevant to the Myanmar grants. This is due to the nature of the activities, the implementation arrangements (including having UNOPS and Save the Children Federation Inc., as Principal Recipients), the scope of the relevant sanctions orders and applicable licenses and exemptions. In addition, the Grant Confirmations include an obligation requiring (i) adherence to applicable sanctions; (ii) downstream compliance and upstream reporting by all Sub-recipients and suppliers; and (iii) cascading down of the same obligations by Sub-recipients and Suppliers.

1.35 Co-financing

2020-2022 allocation period: The Secretariat granted Myanmar a waiver by virtue of the challenging operating environment and prevailing political instability in country.

2023-2025 allocation period: Myanmar has not yet submitted a signed commitment letter detailing its co-financing commitments for the 2023-2025 allocation period. The Grant Confirmation includes a requirement for this letter to be submitted by 30 June 2024.

1.36 GAC review and recommendation

- The GAC Partners fully supported and praised the Secretariat for effectively managing the Myanmar grants amidst a challenging political and security environment, acknowledging the pivotal role of the Global Fund in this context. The Secretariat reinforced that the combined effect of the 2021 military take over and the sustained impact of the COVID-19 pandemic hinders service provision and achievement of programmatic targets. The GAC recognized the necessity for agile implementation of the grants, affirming that the flexibilities introduced in the 2020-2022 allocation period would continue.
- The Secretariat noted that, beyond the human rights violations resulting from armed conflict in Myanmar, the country has stringent laws criminalizing key populations, including female sex workers, MSM, and people who use drugs. The Secretariat highlighted that the grants will focus on prioritizing interventions to ensure the safety of key populations, staff and volunteers of CBOs. In

addition, key strategic investments will be directed towards safeguarding and maintaining services for key populations, including: (i) technical assistance for training on CLM, (ii) capacity building for the CBO network, and (iii) monitoring discrimination-related issues reported by key populations and the community in dialogues with health authorities.

- The GAC recognized the Secretariat's efforts to identify efficiencies across HIV and TB portfolios during the grant-making process, particularly through a thorough review of program management costs. The Secretariat noted that, in line with TRP recommendations, these efficiencies were primarily reinvested in key areas such as HIV and TB health products: treatment and care for DR-TB, including training for molecular diagnostic testing; support for DR-TB patients; TB diagnosis, treatment and care, especially the provision of chest X-rays in private sectors to extend the reach of new diagnostic algorithms where public services are hard to reach; and M&E systems.
- The GAC acknowledged that Myanmar was allocated the following matching funds: HIV Prevention for Key Populations and Find and Treat the Missing people with Drug-susceptible TB and Drug-resistant TB. The TRP confirmed that access and programmatic conditions have been met and the Secretariat reaffirmed this during grant-making.
- GAC Partners acknowledged the Secretariat's successful collaboration with in-country partners and civil society organizations in maintaining HIV service coverage levels. Partners noted with appreciation that, despite the challenging context, there has been consistent progress in treatment targets and PrEP expansion. Partners further emphasized the importance of maintaining access to key interventions, including Hepatitis C for people who inject drugs, transgender intervention package and viral load coverage. In addition, Partners recommended continued work to collectively ensure the safeguarding and continuity of multi-month dispensing and use of dried blood spot samples, particularly in areas with limited access.
- GAC Partners expressed their support for the grant, acknowledging the considerable challenge posed by the unstable political situation for implementation during the 2023-2025 allocation period. Partners appreciated the grant's emphasis on active TB case finding, including the scale-up of chest X-ray and WHO-recommended molecular diagnostics. Partners advocated for increased investments in public-private mix and DR-TB. The Secretariat acknowledged the importance of public-private mix and clarified that the targets for the 2023-2025 allocation period are set in line with country estimates on private sector coverage, noting the increase from the 2020-2022 allocation period. The Secretariat further clarified that the coverage of DR-TB needs to be seen in light of the estimates (from WHO) used as the denominator for these targets, which have been agreed among Partners.
- GAC Partners acknowledged the substantial challenges related to community, rights and gender, emphasizing the need for heightened focus in this area due to the difficulties in implementation. The Secretariat recognized the grant's emphasis on practical and implementable community rights, and gender responses, given the context, concentrating on safety and security, stigma reduction and CLM to ensure the quality of programming.

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

Operationalization of the Prioritization Framework for Portfolio Optimization

The Secretariat has operationalized the Strategy Committee-approved 'Prioritization Framework for Funds that Become Available for Portfolio Optimization and Financing Unfunded Quality Demand' (Prioritization Framework) through a rigorous and comprehensive process in line with the Strategy Committee decision (GF/SC04/DP02).⁷ Board reports GF/B47/ER13 and GF/B48/ER08 provide an explanation of the Prioritization Framework and previous Portfolio Optimization decisions made in the 2020-2022 allocation period.

The GAC is responsible for overseeing the operationalization of the Prioritization Framework, ensuring that the criteria for portfolio optimization awards are met as well as making final investment decisions and awarding funds to recommend to the Board for its approval.

Critical gaps in the 2020-2022 allocation period grants ending beyond 2023 were highlighted to the GAC. The GAC recognized the limited funding available for Portfolio Optimization (US\$17 million), and hence provided steer to operationalize the Prioritization Framework, focusing only on critical and urgent priority needs in the 2020-2022 allocation period grants that end beyond 2023 in order to balance the organizational efforts with the resources available.

The Secretariat therefore conducted a rigorous and consultative prioritization exercise of interventions on the UQD register and newly emerging needs of this cohort to identify where potential investments could be made to help address such gaps, consistent with the Prioritization Framework.

Secretariat staff who have core responsibilities for managing portfolios together with advisors on the three diseases and Resilient and Sustainable Systems for Health (RSSH) took the lead on identifying which interventions, proposed by the countries and deemed technically sound by the TRP, should be prioritized for financing through portfolio optimization. Subject matter experts on health financing, recoveries, sustainability and transition matters, as well as finance and allocation specialists were involved to ensure alignment with Prioritization Framework criteria and the overall aims of the allocation.

Specifically, the Secretariat (i) screened the 2020-2022 allocation period grants ending beyond 2023 considering the filters as outlined in Stage 1 of the Prioritization Framework; (ii) identified the most urgent needs based on inputs from in-country stakeholders and technical advisors whilst also confirming these needs against items on the UQD register; (iii) assessed whether funding was required to maintain Global Fund-supported essential life-saving services and programs in line with the aims of the allocation methodology; and (iv) carried out a business analysis and prioritization of identified needs focusing on potential for increased measurable impact by addressing critical gaps and time-sensitive priority needs that remain uncovered, and/or have emerged, in a sustainable manner.

In December 2023, the GAC made recommendations on investment cases prioritized for award. These were categorized into three subsets: (i) portfolios with end date in December 2025; (ii) lower absorption portfolios; and (iii) high absorption portfolios with end dates in 2024. For portfolios with an end date in December 2025, the most time-sensitive needs and essential gaps were considered for additional funding. For lower absorption portfolios, it was noted that urgent and critical unfunded needs could be funded by in-country savings and optimization and consequently final awards were adjusted downwards to reflect recommended co-funding by the countries. Finally, for portfolios with high absorption and an end date in 2024, critical and urgent demand was recommended for full funding.

⁷ Available [here](#). Please note this document is part of an internal deliberative process of the Global Fund and as such cannot be made public.

The GAC recommended portfolio optimization awards totaling US\$14,319,517 for 8 portfolios, which utilized 85% of the remaining Portfolio Optimization Funds available for award (US\$17 million) by the AFC. GAC reports to the Board will reflect the GAC's recommendations to the Board for approval of each grant revision integrating additional funds awarded to countries through portfolio optimization. These will be presented for Board approval on a case-by-case basis, the timing of which will be aligned to in-country planning timelines and programmatic needs. Additionally, the Secretariat will continue to report on progress to the relevant Committees of the Board.⁸

In this report, the Secretariat recommends to the Board an additional funding revision for the Armenia (ARM-C-MOH) grant.

2.1 Armenia HIV/TB: Ministry of Health of the Republic of Armenia (ARM-C-MOH)

Seventy percent of the budget of the Armenia 2020-2022 allocation period grant is based on local currency, which has rapidly appreciated by 24 percent compared to when the grant was signed. This appreciation has been driven by the volatile geo-political landscape, sharp increases in oil and other commodity prices, as well as an influx of Russian migrants into Armenia, and Armenia's move to buy Russian gas in rubles rather than US dollars.

As a result of these developments, there is a funding gap of around US\$ 1.5 million to implement the HIV/TB program in 2024. Significant efforts were made by the Secretariat to cover the gap, however Armenia has faced significant challenges with the arrival of over 100,000 displaced people from Nagorno-Karabakh. Nagorno-Karabakh is a region primarily populated by Armenians, with a long-standing international dispute, and recognized as part of Azerbaijan. The displaced people have sought refuge in Armenia, placing immense pressure on the Armenian government to meet their immediate needs, including shelter, food and health care. Armenia's government is now tasked with managing this large influx of displaced persons alongside the broader geopolitical implications, exacerbating the country's existing economic and political challenges. There is a high risk that such large displacement of people might affect the current TB and HIV epidemiological situation and will also increase the burden on the country's HIV and TB programs supported by the Global Fund. Previously confirmed government commitments to increase the co-financing for the HIV and TB programs for 2024, as well as for the upcoming allocation period, could be at risk, potentially impacting the successful transition.

The GAC recognized the prevailing macroeconomic challenges confronting Armenia and awarded portfolio optimization funds of US\$ 1,514,836 to preserve the year 3 budget, by covering the following critical activities in 2024:

- to ensure uninterrupted provision of prevention services, including HIV testing, to commercial sex workers, people who inject drugs, MSM, transgender individuals and labor migrants;
- provision of care and support to people living with HIV;
- MDR-TB related activities (active case finding, procurement of drugs, etc.);
- RSSH related activities; and
- Program Management costs for the Principal Recipient and Sub-recipients (US\$275,000).

The GAC is aware that interruption in provision of HIV prevention and testing services for key and vulnerable populations would lead to increased unsafe behaviors/practices: condom use among such populations would decrease and safe injection among people who inject drugs would decrease. Further, identification of HIV-positive individuals and their enrollment to treatment will decrease as currently more than half of people living with HIV enrolled on HIV care are identified through key and vulnerable

⁸ For further details on the approach to operationalize the Strategy Committee-approved 'Prioritization Framework for Funds that Become Available for Portfolio Optimization and Financing Unfunded Quality Demand', please refer to the GAC report to the Board GF/B39/EDP15.

populations HIV testing programs, resulting in worsening of the HIV care cascade (first and second 95 will be decreased), and increased incidence among key and vulnerable populations and bridge populations. Interruption in the provision of care and support services to PLHIV would lead to delayed initiation of ART, decreased enrollment in ART, poor adherence to treatment, decreased viral load suppression, and increased HIV mortality.

Interruption in the provision of treatment adherence services for MDR-TB patients would lead to poor treatment adherence, deteriorating treatment outcomes due to high default and failure rate, increased TB mortality, an increase in the pool of MDR-TB patients, and an increase in MDR-TB transmission and incidence.

Privileges and Immunities

2.1 Of the applicants for which funding recommendations are currently being made, Burundi, Mozambique and Liberia have signed and ratified the Global Fund Agreement on Privileges and Immunities. Ghana has signed but not yet ratified the Agreement.

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Annex 1 – Relevant Past Decisions

Pursuant to the Governance Plan for Impact as approved at the Thirty-Second Board Meeting,⁹ 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/SC04/DP02: Approval of the Prioritization Framework for Funds Becoming Available for Portfolio Optimization and Financing Unfunded Quality Demand	This decision point approved the prioritization framework to guide investments in the register of unfunded quality demand using funds available for portfolio optimization
GF/AFC19/DP03: Approval of Available Sources of Funds for Portfolio Optimization and Financing Unfunded Quality Demand for the 2020-2022 Allocation Period	This decision point approved US\$150 million to be made available for portfolio optimization
GF/AFC17/DP03: Approval of Available Sources of Funds for Portfolio Optimization and Financing Unfunded Quality Demand for the 2020-2022 and 2017-2019 Allocation Period	This decision point approved US\$100 million to be made available for portfolio optimization
GF/B45/EDP11: Decision on the Secretariat’s Recommendation on Funding from the 2020-2022 Allocation	This decision point approved the Armenia HIV/TB grant (ARM-C-MOH)
GF/B44/EDP11: Decision on the Secretariat’s Recommendation on Funding from the 2020-2022 Allocation	This decision point approved the Papua New Guinea HIV/TB grant (PNG-C-WV)

⁹ 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/>)