

Electronic Report to the Board

Report of the Secretariat's Grant Approvals Committee

GF/B50/ER05

Board Decision

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

1. GF/B50/EDP05: Decision on the Secretariat's Recommendation on Funding from the 2023-2025 Allocation¹
2. GF/B50/EDP06: Decision on the Secretariat's Recommendation on Additional Funding to Finance Unfunded Quality Demand from the 2020-2022 Allocation Period ²

Document Classification: Internal.

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

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¹ The Secretariat recommends the approval of funding from the 2023-2025 Allocation for 40 grants: Burundi RSSH, Cameroon HIV/TB, Cameroon HIV, Cameroon Malaria, Cameroon TB, Djibouti HIV/TB/Malaria, Gambia HIV/TB (2 grants), Haiti HIV/TB, Haiti Malaria, Haiti RSSH, Madagascar Malaria, Mali HIV/TB (2 grants) Mali RSSH, Moldova HIV/TB, Namibia HIV/TB/Malaria, Paraguay HIV, Senegal HIV (2 grants), Senegal HIV/TB/Malaria, Somalia Malaria, Somalia HIV, South Sudan Malaria, Tanzania (United Republic) HIV/TB, Tanzania (United Republic) HIV, Tanzania (United Republic) Malaria, Tanzania (United Republic) TB, Togo HIV, Togo Malaria, Togo TB, Ukraine HIV/TB (3 grants), Zambia HIV/TB (2 grants), Zambia Malaria (2 grants), Zanzibar HIV/TB and Zanzibar Malaria, up to an amount of **US\$1,517,878,166** and **EUR610,676,514** of country allocation funding, including matching funds of US\$26,100,000 for Namibia HIV/TB/Malaria, Tanzania (United Republic) HIV/TB, Tanzania (United Republic) TB, Ukraine HIV/TB (3 grants), Zambia HIV/TB (2 grants) and EUR17,160,825 for Cameroon HIV/TB, Cameroon TB, Mali HIV/TB, Mali RSSH, Senegal HIV (2 grants) and Senegal Multi-Component.

² The Secretariat recommends the approval of **US\$3,000,000** of additional funding representing a private sector contribution to be integrated into the Uganda HIV and Uganda HIV/TB grants.

Decision

Decision Point: GF/B50/EDP05: 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/ER05 ("Table 1");
2. Acknowledges each country disease component's constituent grants will be implemented by the proposed Principal Recipients listed in Table 1, or any other Principal Recipient(s) deemed appropriate by the Secretariat in accordance with Global Fund policies;
3. Affirms the funding approved under this decision (a) is subject to the availability of funding, and (b) shall be committed in annual tranches; and
4. Delegates to the Secretariat authority to redistribute the overall upper-ceiling of funding available for each country disease component among its constituent grants, provided that the Technical Review Panel (the "TRP") validates any redistribution that constitutes a material change from the program and funding request initially reviewed and recommended by the TRP.

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

Decision Point: GF/B50/EDP06: Decision on the Secretariat's Recommendation on Additional Funding to Finance Unfunded Quality Demand from the 2020-2022 Allocation Period

The Board:

1. Approves the revised budget recommended for the grant listed in Table 2 of GF/B50/ER05 ("Table 2");
2. Affirms the additional funding approved under this decision (a) increases the upper-ceiling amount that may be available for the relevant implementation period of each country disease component's constituent grants, and (b) is subject to the availability of funding; and
3. Delegates to the Secretariat authority to redistribute the overall upper-ceiling of funding available for each country disease component among its constituent grants, provided that the Technical Review Panel (the "TRP") validates any redistribution that constitutes a material change from the program and funding request initially reviewed and recommended by the TRP.

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

Executive Summary

Context and Input Received

Secretariat's Recommendation on Funding from the 2023-2025 Allocation

The Secretariat recommends the approval of funding from the 2023-2025 Allocation for 40 grants: Burundi RSSH, Cameroon HIV/TB, Cameroon HIV, Cameroon Malaria, Cameroon TB, Djibouti HIV/TB/Malaria, Gambia HIV/TB (2 grants), Haiti HIV/TB, Haiti Malaria, Haiti RSSH, Madagascar Malaria, Mali HIV/TB (2 grants) Mali RSSH, Moldova HIV/TB, Namibia Multi-Component, Paraguay HIV, Senegal HIV (2 grants), Senegal HIV/TB/Malaria, Somalia Malaria, Somalia HIV, South Sudan Malaria, Tanzania (United Republic) HIV/TB, Tanzania (United Republic) HIV, Tanzania (United Republic) Malaria, Tanzania (United Republic) TB, Togo HIV, Togo Malaria, Togo TB, Ukraine HIV/TB (3 grants), Zambia HIV/TB (2 grants), Zambia Malaria (2 grants), Zanzibar HIV/TB and Zanzibar Malaria, up to an amount of **US\$1,517,878,166** and **EUR610,676,514** of country allocation funding, including matching funds of **US\$26,100,000** for Namibia Multi-Component, Tanzania (United Republic) HIV/TB, Tanzania (United Republic) TB, Ukraine HIV/TB (3 grants), Zambia HIV/TB (2 grants) and **EUR17,160,825** for Cameroon HIV/TB, Cameroon TB, Mali HIV/TB, Mali RSSH, Senegal HIV (2 grants) and Senegal Multi-Component.

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\$3,000,000** of additional funding representing a private sector contribution to be integrated into the 2020-2022 allocation period Uganda HIV grant set out at 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](#).

Input Sought

The Board is requested to review the request and agree on a 'no objection' basis, the decision point GF/B50/EDP05: Decision on the Secretariat's Recommendation on Funding from the 2023-2025 Allocation; and GF/B50/EDP06: Decision on the Secretariat's Recommendation on Additional Funding to Finance Unfunded Quality Demand from the 2020-2022 Allocation Period.

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	Burundi	RSSH	BDI-S-UGADS	31/12/2026	US\$	8,927,482	-	HIV: 2,775,056 TB: 308,080 Malaria: 5,322,169 RSSH: 9,980,326	13,046,230
2	Cameroon	HIV	CMR-H-MOH	31/12/2026	EUR	132,408,949	-	Pending the finalization of the Commitment Letter	4,772,999
3	Cameroon	TB/HIV	CMR-C-CARE Cameroon	31/12/2026	EUR	34,496,349	4,498,263		
4	Cameroon	TB	CMR-T-MOH	31/12/2026	EUR	19,782,356	2,647,887		
5	Cameroon	Malaria	CMR-M-MOH	31/12/2026	EUR	110,367,028	-		
6	Djibouti	HIV/TB/Malaria	DJI-Z-MoH	31/12/2026	US\$	11,460,384	-	Pending the finalization of the Commitment Letter	3,025,003
7	Gambia	TB/HIV	GMB-C-AAITG	31/12/2026	US\$	4,477,912	-	HIV: 2,199,243 TB: 115,644 Malaria: 433,450 RSSH: 27,601,470	6,353,441
8	Gambia	TB/HIV	GMB-C-NAS	31/12/2026	US\$	18,937,878	-		

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.

9	Haiti	TB/HIV	HTI-C-WV	31/12/2026	US\$	84,523,948	-	Pending the finalization of the Commitment Letter	30,844,891
10	Haiti	Malaria	HTI-M-UNDP	31/12/2026	US\$	17,444,350	-		
11	Haiti	RSSH	HTI-S-UGP	31/12/2026	US\$	8,813,970	-		
12	Madagascar	Malaria	MDG-M-PSI	31/12/2026	US\$	67,297,135	-	Pending the finalization of the Commitment Letter	52,109,780
13	Mali	TB/HIV	MLI-C-ARC	31/12/2026	EUR	27,032,903	653,401	Total: 305,557,965	5,075,661
14	Mali	TB/HIV	MLI-C-PLAN	31/12/2026	EUR	54,564,229	-		
15	Mali	RSSH	MLI-S-MOH	31/12/2026	EUR	19,781,699	4,781,699		
16	Moldova	TB/HIV	MDA-C-PCIMU	31/12/2026	EUR	18,507,625	-	HIV: 22,681,467 TB: 38,519,062	7,803,845
17	Namibia	HIV/TB/Malaria	NAM-Z-MOH	31/12/2026	US\$	34,052,913	1,300,000	Pending the finalization of the Commitment Letter	14,681,339
18	Paraguay	HIV	PRY-H-CIRD	31/12/2026	US\$	7,028,868	-	HIV: 23,015,657	601,424
19	Senegal	HIV	SEN-H-ANCS	31/12/2026	EUR	10,912,956	1,569,451	Pending the finalization of the Commitment Letter	56,897,288
20	Senegal	HIV	SEN-H-CNLS	31/12/2026	EUR	19,677,022	162,020		
21	Senegal	HIV/TB/Malaria/RSSH	SEN-Z-MOH	31/12/2026	EUR	50,317,586	2,848,104		
22	Somalia	Malaria	SOM-M-UNICEF	31/12/2026	US\$	38,913,645	-	Exempt as a non-CCM country	22,408,063
23	Somalia	HIV	SOM-H-UNICEF	31/12/2026	US\$	17,318,858	-		335,350
24	South Sudan	Malaria	SSD-M-UNICEF	31/12/2026	US\$	53,272,089	-	Pending the finalization of the Commitment Letter	56,685,584

25	Tanzania (United Republic)	HIV	TZA-H-MOFP	31/12/2026	US\$	324,149,753	-	HIV: 138,260,000 TB: 28,370,000 Malaria: 345,800,000 RSSH: 157,970,000 Total: 670,400,000	31,162,997
26	Tanzania (United Republic)	TB/HIV	TZA-C-MDH	31/12/2026	US\$	41,009,453	2,665,786		
27	Tanzania (United Republic)	TB	TZA-T-MOFP	31/12/2026	US\$	41,880,960	1,334,214		
28	Tanzania (United Republic)	Malaria	TZA-M-MOFP	31/12/2026	US\$	199,837,170	-		
29	Togo	HIV	TGO-H-PMT	31/12/2026	EUR	44,808,281	-	HIV: 14,900,396 TB: 2,473,202 Malaria: 3,869,306 RSSH: 23,291,949 Total: 44,534,853	5,585,293
30	Togo	Malaria	TGO-M-PMT	31/12/2026	EUR	64,085,190	-		14,634,352
31	Togo	TB	TGO-T-PMT	31/12/2026	EUR	3,934,341	-		1,771,721
32	Ukraine	TB/HIV	UKR-C-AUA	31/12/2026	US\$	48,943,492	3,351,959	Waived for the 2023-2025 allocation period	194,131,871
33	Ukraine	TB/HIV	UKR-C-AUN	31/12/2026	US\$	48,975,126	2,600,341		
34	Ukraine	TB/HIV	UKR-C-PHC	31/12/2026	US\$	67,617,274	2,447,700		
35	Zambia	TB/HIV	ZMB-C-CHAZ	31/12/2026	US\$	82,880,897	2,837,683	Pending the finalization of the Commitment Letter	165,657,775
36	Zambia	TB/HIV	ZMB-C-MOH	31/12/2026	US\$	202,055,427	9,562,317		
37	Zambia	Malaria	ZMB-M-CHAZ	31/12/2026	US\$	23,173,744	-		35,842,651
38	Zambia	Malaria	ZMB-M-MOH	31/12/2026	US\$	54,069,275	-		
39	Zanzibar	TB/HIV	QNB-C-MOH	31/12/2026	US\$	5,112,637	-	Pending the finalization of the Commitment Letter	1,946,739
40	Zanzibar	Malaria	QNB-M-MoH	31/12/2026	US\$	5,703,526	-		3,009,554

Table 2: Secretariat's Recommendation on Additional Funding

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

N	Applicant	Disease Component	Grant Name	Additional Funding Source	Currency	Previously Approved Program Budget ⁵	Recommended Additional Funding	Revised Program Budget
1	Uganda	HIV	UGA-H-MOFPED	Private sector	US\$	438,436,483	2,600,000	279,941,323
			UGA-C-TASO			39,359,849	400,000	33,312,064

⁵ "Program 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.

Unless otherwise specified below, following GAC recommendation, the Grant Confirmations relating to these grants have been transmitted to the Principal Recipients to commence the grant signature process contingent to Board approval. These grants will be countersigned by the Global Fund only if Board approval is obtained and will not come into effect until full execution. Execution will be subject to any further revisions recommended by the Board.

For the following grants, the GAC provided additional guidance or made specific observations to inform the investment decision:

Burundi RSSH: Ministry of Public Health and Fight against AIDS of the Republic of Burundi (BDI-S-UGADS)

1.1 Co-financing

2020-2022 allocation period: Burundi met its co-financing requirement of health expenditure increase for the 2020-2022 implementation period, with its domestic health budget growing by 5.5 percent 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).

The Secretariat noted that the Burundi HIV, TB and malaria grants will be submitted for GAC recommendation and Board approval in December 2023.

1.2 Risks and mitigation measures

Absorption. The Secretariat highlighted that the BDI-S-UGADS grant was a 2-year grant due to the delays in 2020-2022 allocation period negotiations for this standalone grant, with cumulative absorption rate remaining low at 31 % as of June 2023. The Secretariat highlighted that Ministry of Health Health Secretary is now leading on the Project Management Unit restructuring with the view of having a fully functional Project Management Unit by no later than end of Q1 2024. The Ministry of Health is closely supported in this process by long- and short-term consultants from Expertise France, as well as by GAVI and the Global Fund. Meanwhile until the revised grant structure and payment modality are agreed, the grant will be implemented under the current set up to avoid any gaps and ensure that implementation can begin on 1 January 2024.

Cameroon HIV, TB and Malaria: Ministry of Health of the Republic of Cameroon (CMR-H-MOH, CMR-T-MOH, CMR-M-MOH); and Care International Cameroon (CMR-C-CARE Cameroon)

1.3 Background and context

Cameroon has the highest HIV prevalence in Central and West Africa with an estimated 485,013 people living with HIV in 2022 and an estimated 9,900 people contracting HIV each year, although prevalence was reduced by 36 percent between 2020 and 2022. Female sex workers (FSW) and men who have sex with men (MSM) have incidences that are much higher than the general population and prevalence among adolescent girls and young women (AGYW) is significantly higher than their male peers.

TB is similarly a public health priority in Cameroon, with an estimated 44,000 cases in 2022, of whom 25,286 were notified that they had TB. Once notified, 88 percent of people with TB are successfully treated. Five percent of people with a TB disease die from it annually, a rate which is higher for those with multi-drug resistant TB (MDR-TB). Many regions within Cameroon report that more than 10 percent of people with TB do not complete their treatment.

Cameroon is part of the original cohort of High Burden to High Impact countries with a growing burden of malaria, with the disease representing 30 percent of all medical consultations. Reported malaria incidence has increased from 89 in 2018 to 120 per 1,000 population in 2022, but the mortality rate has decreased from 13 to 9 per 100,000 population over the same period. Estimated prevalence in children under 5 years of age is 26 percent.

1.4 Co-financing

2020-2022 allocation period: Cameroon has increased its national health budget allocation for each year between 2018 and 2013, except for 2019/2020. During the 2020-2022 allocation period, Cameroon's co-financing minimum requirement on investments in HIV, TB, malaria and RSSH was EUR75.4 million of which they invested EUR34.8 million. The Secretariat

approved a waiver for Cameroon's co-financing requirements for the 2020-2022 allocation period based on an assessment, which indicated challenges in health expenditure tracking and co-financing reporting and in achieving commitments due to foreign exchange policies and changes in the macroeconomic and fiscal context, which include deteriorating debt sustainability and increasing inflation.

2023-2025 allocation period: Cameroon has submitted a draft commitment letter for the 2023-2025 allocation period. The Secretariat is working with Cameroon to develop a right-sized co-financing baseline which is reflective of the macroeconomic realities by June 2024 on which to base Cameroon's co-financing requirements for the 2023-2025 allocation period.

1.5 GAC review and recommendation

- The GAC appreciated the EUR3.2 million in efficiencies which were identified during grant-making which were reinvested into the programs, primarily on the prevention package for key populations, interventions for eliminating vertical transmission, TB/HIV interventions, and TB diagnosis, treatment and care.
- The GAC acknowledged the significant risk of non-realization of co-financing commitments impacting the achievement of programmatic targets for HIV, TB and malaria, noting reliance on domestic financing for malaria campaigns in two of the country's ten regions. The Secretariat is actively collaborating with the country to integrate government co-financing contributions into the national budgets for the 2023-2025 allocation period. This involves establishing effective mechanisms for government procurement of health products within the grants, noting the country's limited fiduciary capacity amidst macroeconomic challenges.
- The GAC noted the strong collaboration within the Partnership to eliminate gaps in the HIV program and in ensuring excellent coverage for the malaria program. GAC Partners also noted the room for improved collaboration in the TB program with Partners and with technical assistance providers to further leverage the increased allocation for TB in the 2023-2025 allocation period.
- The GAC acknowledged that Cameroon was designated Matching Funds for HIV Prevention for Key Populations; Scaling-up Programs to Remove Human Rights and Gender-related Barriers; and Finding and Treating the Missing People with DS-TB and DR-TB. The TRP confirmed that access and programmatic conditions have been met, and the Secretariat reaffirmed this during grant-making.
- The GAC noted the efforts being made to strengthen the sustainability of the investments in community health workers (CHW), including: a planned labor market assessment and a human resources for health (HRH) strategy; and an initiative to analyze the skills inventory of the CHW workforce through a lens of sustainability and transition.
- **Complementarity with C19RM investments.** The GAC noted the sizable investments in RSSH through Cameroon's 2023-2025 allocation. They recognized that these complement the C19RM investments, which supplement the malaria investments through additional supervision training and kit renewals for CHW and an augmentation of TB and HIV investments for the planning, installment and post-installment phases of five pressure swing absorption oxygen plants. The Secretariat highlighted the establishment of an RSSH coordination unit by the Minister of Health in October 2023, noting a strong commitment to work with Partners to support rapid onboarding, provide technical assistance, and identify key technical focal points. The Secretariat noted that coordination will enhance the implementation of activities under the 2023-2025 allocation and ensure effective integration of C19RM and RSSH interventions.

HIV

- The GAC and Partners commended the progress in the HIV program, which is on track to achieve the 95-95-95 targets, emphasizing the critical role of Principal Recipients and Partners for continued support in reaching this milestone. Partners highlighted the necessity of closely monitoring spatial changes in HIV hotspots and adapting strategies based on epidemiological trends.
- GAC Partners also highlighted the worrisome trend that 35 percent of all new infections are in children under 10 years old, noting a potential link to the underperforming prevention of mother-to-child transmission (PMTCT) program. While recognizing challenges around the reliability of numbers due to data-related limitations, the Secretariat acknowledged that overall, the rate of decrease in new infections is much slower in the West Africa region overall. This remains a systemic and structural issue that requires close attention during implementation.
- Partners also observed a decrease in new infections among the 15 to 24 age group, underscoring the need for prioritizing interventions targeting AGYW among key populations. The Secretariat highlighted the country's data-driven approach to continually monitoring epidemiological shifts and demographic trends. Partners voiced their commitment to providing continuous support to ensure responsive implementation.

TB

- GAC Partners noted their support for the strategic focus of the TB grant, acknowledging the Secretariat's efforts to improving TB treatment coverage, despite historically low TB treatment coverage. The Secretariat highlighted that low TB treatment coverage trends are partly due to uncertainty in TB incidence estimates, whilst noting that as part of the 20 TB priority countries receiving matching funds for Finding and Treating the Missing People with DS-TB and DR-TB, efforts to support the improvement of TB case detection in Cameroon will continue in collaboration with in-country stakeholders. Partners also highlighted the need to prioritize strengthening the TB diagnostic network, as access to molecular testing remains limited.
- The GAC noted that the implementation arrangements for the programs include a second Principal Recipient from the humanitarian sector (CARE International Cameroon) to support implementation and monitoring in case of localized insecurity. The GAC noted that similar mitigation and contingency plans, especially those related to the in-country supply chain, will be essential for the achievement of the ambitious TB targets.

Malaria

- GAC Partners appreciated the Secretariat's efforts to integrate government co-financing contributions into the national budgets and underlined their commitment to support advocacy efforts towards ensuring realization of co-financing for malaria interventions, particularly the Government's contribution to the insecticide-treated net (ITN) campaign.
- The GAC appreciated the allocation of funds towards the Malaria Matchbox, which, despite being deprioritized in 2021, remains a key recommendation from the TRP to ensure equity across the malaria program. The Secretariat noted the assessment will cover country-level forecast, with a specific focus on anglophone regions impacted by ongoing armed conflict and displacement.
- GAC Partners also emphasized the importance of conducting the malaria behavioral survey which is currently part of the Unfunded Quality Demand Register. This survey will allow for a better understanding of socio-demographic and ideational characteristics associated with malaria-related behaviors for better targeted malaria response. The Secretariat will actively seek to identify efficiencies to finance this survey in the malaria grant.

Djibouti HIV/TB/Malaria: Ministry of Health of the Republic of Djibouti (DJI-Z-MOH)

1.6 Background and context

Djibouti has seen a significant reduction in HIV prevalence among the general population, decreasing from over 3 percent in 2002 to less than 1 percent in 2022. During this period, HIV-related deaths also decreased by 29 percent from 2017 to 2022, and the number of people living with HIV dropped from 6,492 in 2021 to 4,438 in 2022. Presently, the HIV epidemic in Djibouti is primarily concentrated among key populations, particularly FSW and MSM.

Regarding the TB response, Djibouti has seen a substantial improvement, evidenced by an escalation in the treatment coverage rate from 80 percent in 2021 to 97 percent in 2022 and a 20 percent elevation in the TB notification rate. Furthermore, significant advancements have been made in managing MDR-TB, with an 87 percent increment in the notification rate and a surge of over 50 percent in the treatment initiation rate between 2021 and 2022.

The malaria burden in Djibouti has been declining, with the number of cases dropping from 72,332 in 2020 to 58,445 in 2021. This reduction follows a previously increasing trend. Alongside this decrease, the incidence rate in at-risk populations also fell from 88.5 per 100,000 in 2020 to 70.5 per 100,000 in 2021. However, there has been a notable increase in malaria-related deaths from 20 in 2021 to 62 in 2022.

1.7 Risks and mitigation measures

Implementation arrangements. The Ministry of Health of the Republic of Djibouti is set to reassume the Principal Recipient role, after more than 10 years of United Nations Development Programme implementing Global Fund grants. A capacity assessment has been conducted, and targeted mitigation measures have been established to ensure a smooth transition. The Secretariat will closely monitor key risk mitigation measures and the associated milestones during implementation, as required under the Additional Safeguard Policy.

CCM capacity. The Secretariat noted that the Country Coordinating Mechanism (CCM) has been receiving targeted capacity strengthening support, aimed at ensuring compliance with the CCM eligibility requirements three through six. This support encompasses an expanded CCM Secretariat and peer coaching from regional CCMs. Additionally, the Secretariat noted plans for a renewal of the CCM's general assembly and oversight committee, addressing gaps identified in the latest eligibility review.

1.8 Co-financing

2020-2022 allocation period: The Secretariat granted Djibouti a waiver for its co-financing requirements for the 2020-2022 allocation period, considering the macroeconomic and fiscal constraints the country is facing and methodological challenges in assessing and monitoring commitments.

The Secretariat recognized progress in domestic resource mobilization acknowledging an 18 percent increase in budget allocation towards the Ministry of Health between the 2017-2019 allocation period and the 2020-2022 allocation period with a historically high execution rate (above 85 percent).

2023-2025 allocation period: The Secretariat has granted a four-month extension to finalize the development of co-financing requirements for Djibouti for the 2023-2025 allocation period. This decision takes into consideration the absence of a medium-term expenditure framework in the country and will provide the necessary time to complete ongoing discussions with the

Ministry of Budget and other partners on a joint health financing systems strengthening and advocacy workplan.

Djibouti is expected to establish realistic and suitable commitments during this extended timeframe taking into consideration other Partners commitments towards health system and health financing system strengthening activities.

1.9 GAC review and recommendation

- The GAC commended the specific initiatives in the HIV grant aimed at supporting human rights and addressing service access barriers, including conducting a stigma index survey for people living with HIV. The Secretariat highlighted that the HIV program will also support activities to improve the prevention, reporting and response to gender-based violence, as well as the development of a national strategy for human rights and HIV, in collaboration with the National Commission for Human Rights.
- The GAC acknowledged the malaria program's transition from piperonyl butoxide (PBO) and standard long-lasting insecticidal nets (LLINs) to dual-active ingredient (AI) LLINs, aligning with TRP recommendations and normative guidance to address concerns with regards to resistance in the country. The Secretariat highlighted significant efficiencies identified during grant-making, in particular resulting from reductions to program management costs, which were reinvested to maximize coverage and facilitate the conversion to dual AI nets.

The Gambia HIV/TB: The National AIDS Secretariat of the Republic of The Gambia (GMB-C-NAS); and ActionAid International The Gambia (GMB-C-AAITG)

1.10 Background and programmatic context

The HIV epidemic in the Gambia is concentrated among key populations, with prevalence rates of 23.7 percent in MSM, 13 percent in sex workers, and 5 percent in drug users over 25 years (2023), compared to 1.5 percent in the general population (2020). Stigma and discrimination are a growing problem with the percentage of people who avoid health care because of increasing stigma. The Gambia has seen limited progress across the HIV treatment and care cascade at 56-65-26 in 2022.

TB incidence in the Gambia has decreased from 174 cases per 100,000 population in 2018 to 145 per 100,000 in 2023, signaling progress in TB control. However, treatment coverage for diagnosed TB cases saw a reduction, dropping from 66 percent in 2019 to 57 percent in 2021. Concurrently, the mortality rate for individuals co-infected with TB and HIV has stabilized, maintaining an estimated 7 cases per 100,000 population since 2020.

1.11 Co-financing

2020-2022 allocation period: The Gambia has partially met its co-financing commitments for the 2020-2022 allocation period, with an increase in government health expenditure from 8.1 percent of total government expenditure in the 2017-2019 allocation period to 8.6 percent in the 2020-2022 allocation period. The Secretariat granted the Gambia a partial waiver for its disease-specific co-financing commitments for the 2020-2022 allocation period, acknowledging methodological challenges and absence of supporting data to monitor commitments.

2023-2025 allocation period: Gambia has submitted a signed commitment letter for the 2023-2025 allocation period indicating an increase of government health expenditures as a percentage of total government expenditures to 10 percent in the 2023-2025 allocation period. The Government has also committed to spend US\$2.2 million more than their US\$28.3 million minimum total co-financing requirement for RSSH, HIV, TB and malaria.

For the 2023-2025 allocation period, commitments are established against a new baseline, recognizing the methodological challenges in the 2020-2022 allocation period, focusing on clearly defined expenditures for HIV, TB, malaria, RSSH and primary health care. These are to be monitored through routine budget and expenditure reports from the Gambia's integrated financial management system, officially approved by the Ministry of Finance and Economic Affairs of the Gambia.

1.12 GAC review and recommendation

- The GAC noted with concern that, despite the considerable US\$8.5 million in efficiencies identified during grant-making and re-invested in the programs, the HIV and TB programs still face significant coverage gaps. These include only 76 percent treatment coverage for TB, only 50 percent of eligible people living with HIV initiating TB preventive treatment (TPT), 62 percent of adults provided with ART, and 65 percent of children under five provided with ART. The Secretariat will maintain efforts to identify and reinvest efficiencies in strategic areas during implementation. Additionally, the Secretariat emphasized its ongoing advocacy with partners and the Government to secure additional resources aimed at addressing the identified coverage shortfalls.
- The Secretariat highlighted that, while most coverage indicators were adjusted upwards during grant-making, three indicators were shifted downwards due to contextual factors. Firstly, the limited laboratory capacity in the Gambia necessitated a reduction in the coverage targets for people living with HIV on antiretroviral therapy (ART) who receive a viral load test result. Secondly, for MSM and FSW involved in HIV prevention programs, the coverage targets were decreased in percentage terms but increased in absolute numbers. This change reflects the growth in the estimated populations of these key groups, balancing the overall objectives despite the percentage decrease.

Haiti Malaria, HIV/TB, RSSH: United Nations Development Programme (HTI-M-UNDP); World Vision (HTI-C-WV); and Ministère de la Santé Publique et de la Population (HTI-S-UGP)

1.13 Background and context

Haiti has an estimated 140,000 people living with the HIV, the highest in the Caribbean. Key populations face much higher prevalence rates, with 34.4% among transgender individuals, 9.44% among MSM, and 8.7% among FSW. Since 2010, HIV mortality and incidence have significantly declined, with new infections reducing by 21% and AIDS-related deaths by 75%. Progress towards the global 95-95-95 target is notable, with Haiti achieving 81-95-83 in 2022.

Haiti has experienced a notable decline in TB incidence, from 270 cases per 100,000 population in 2000 to 154 in 2022. Despite 11,138 TB cases being notified in 2022, a significant gap remains, with an estimated 6,800 cases either undiagnosed or unnotified, leading to just 63% treatment coverage. TB mortality has also decreased from 10 to 8.2 per 100,000 between 2010 and 2022, equating to around 950 TB-related deaths in 2022.

In terms of malaria, Haiti's incidence dropped to below 1 case per 1,000 population in 2019 (0.94) and 2021 (0.9), with increases noted in 2020 (1.86) and 2022 (1.16). Malaria test positivity rates have varied in the last five years, rising from 3.1% in 2018 to 8.91% in 2020, decreasing to 4.55% in 2021, and increasing again to 6.17% in 2022. In 2021, 14 malaria-related deaths were reported.

The RSSH grant aims to meet the needs of the TB, HIV and malaria programs with cross-cutting activities to strengthen the health system beset by chronic and systemic challenges,

focusing on: (i) health product management systems (HPMS); (ii) health management information system and monitoring and evaluation (M&E); (iii) HRH, including CHW; and (iv) laboratory systems.

1.14 Risks and mitigation measures

Sustainability. Haiti has been experiencing political instability and civil unrest, which compound the sustainability challenges in both the short and medium term. The Government's health master plan is aimed towards achieving universal health access, but the country's macroeconomic context, limitations in domestic financing, and scarcity of human resources for health are anticipated to continue impacting the health system and national responses throughout the 2023-2025 allocation period.

CCM capacity. The CCM in Haiti completed a threshold assessment, which evaluated eligibility requirements three through six, and demonstrated improvements. However, it continues to encounter capacity challenges, particularly in areas of oversight, conflict of interest management, and documentation of meetings. The Secretariat is actively working to address these issues and has noted that CCM Haiti is benefiting from technical assistance, including through the CCM Evolution Strategic Initiative and technical assistance from Partners. This assistance aims to enhance CCM's oversight capabilities and provide guidance on ethics, governance, leadership, as well as on managing conflicts of interest. Additionally, the support focuses on clarifying and strengthening the understanding of CCM functions, roles and responsibilities.

1.15 Co-financing

2020-2022 allocation period: Haiti has conditionally met its co-financing requirements, pending verification of government health expenditure provided by the Ministry of Health for the fiscal year 2023. Estimated spending for HIV, TB, malaria and RSSH for the 2020-2022 period is US\$28.8 million, exceeding the minimum requirement of US\$26.3 million.

2023-2025 allocation period: Given the challenging macroeconomic, financial and political challenges facing Haiti, a partial co-financing waiver was approved for 2023-2025 co-financing. Haiti has submitted a commitment letter signed by the Ministry of Health and the Ministry of Finance outlining financial and programmatic commitments for the 2023-2025 allocation period.

The Secretariat acknowledged Haiti's estimated over-achievement in co-financing for the 2020-2022 allocation period and, considering the country's economic challenges and currency fluctuations, has allowed Haiti to make its co-financing commitments in local currency.

1.16 GAC review and recommendation

- The GAC commended the Secretariat's efforts in adapting the grant design to the complex operational environment in close consultation with stakeholders. The GAC voiced concerns about safety and security issues affecting human rights and key population programs, noting frequent incidents involving key populations, implementers and beneficiaries. The Secretariat underscored that the safety of key populations and service providers was a primary focus in the grant design, incorporating security and human rights protection into all workplans. The Secretariat highlighted the inclusion of flexible implementation strategies, including adjusting geographic areas and adopting virtual outreach methods, to ensure successful implementation of human rights and key populations programming despite these challenges.
- The GAC acknowledged and approved the continuation of the joint investment with the World Bank, recognizing its pivotal role in enhancing in-country coordination and alignment.

The Secretariat noted that this collaboration has significantly contributed to reinforcing synergies between different stakeholders, leading to more effective and harmonized health interventions within the country.

- The GAC acknowledged the high program management costs, commending the Secretariat's efforts to optimize costs in accordance with TRP recommendations. The Secretariat acknowledged the persistent high costs due to Haiti's challenging context and logistics expenses, emphasizing ongoing efforts across all stakeholders to ensure value for money. The Secretariat highlighted notable progress in streamlining costs in some areas, including a reduction and streamlining in World Bank fees compared to the previous allocation period and improved transparency of these costs, achieved through closer collaboration between the Secretariat and the World Bank under the continuing joint-financing modality.
- The GAC acknowledged external professional services for technical assistance in the HTI-S-UGP grant, including to support: (i) the improvement of laboratory sample transportation systems, (ii) enhancing the M&E system, and (iii) implementing the national strategy for the storage and distribution of medicines and medical products, with a planned transition to national consultants in 2024. The Secretariat emphasized that implementation of these services will be rigorously monitored throughout the grant period, utilizing performance update – disbursement request and pulse check reporting mechanisms.
- **Complementarity with C19RM investments.** The Secretariat underscored the coordinated development of the C19RM investments alongside the 2023-2025 allocation period's funding request and grant-making process, ensuring optimal complementarity across all investments. A comprehensive analysis ensured alignment in key areas such as health product management, laboratory systems, surveillance, HRH and CSS. The Secretariat confirmed complementarity across all areas, for example for HRH, the 2023-2025 allocation will support broader activities including: policies and governance, in-service training and integrated formative supervision for providers and community health workers, while C19RM investments will supplement this investment with financing training for health providers and CHWs, as well as supervision for CHWs.

Madagascar Malaria: Population Services International (MDG-M-PSI)

1.17 Background and context

Malaria is endemic in Madagascar, with the entire population at risk. The incidence of malaria has seen a sharp increase in recent years - after stabilizing at 36.9 cases per 1,000 population between 2018-2019, it jumped to 81.3 per 1,000 in 2021, with children under the age of 15 being particularly affected. This rise is attributed to several factors including disruptions caused by the COVID-19 pandemic, diminished effectiveness of ITNs distributed in 2018, and acute climate change events including extensive flooding. As of 2021, malaria remains the leading cause of morbidity in health facilities and is the eighth leading cause of hospital mortality in Madagascar.

1.18 Co-financing

2020-2022 allocation period: Madagascar has met the co-financing requirement with respect to progressive increase of government expenditure on health. Regarding the requirement linked to increasing co-financing of Global Fund supported programs, a waiver has been granted due to significant macroeconomic and fiscal downturns including a continued decline in growth of the gross domestic product (GDP) and stagnant government revenue. Additionally, the budget execution documents provided by Madagascar have not conclusively demonstrated compliance with this co-financing requirement.

2023-2025 allocation period: Madagascar's compliance with co-financing requirements hinges on the submission of a finalized commitment letter, signed by the Ministry of Health and relevant authority within the Ministry of Finance, by 31 March 2024, as mandated in the Grant Confirmation. As a lower-income country, Madagascar must not only maintain its previous health spending levels but also invest the co-financing incentive amount in disease programs or RSSH.

Acknowledging Madagascar's current macroeconomic and fiscal challenges, the Secretariat has waived the standard requirement for a minimum additional co-financing investment of 15 percent. Instead, while the allocation amount tied to compliance with co-financing requirements remains at 15 percent, the minimum additional co-financing requirement has been reduced to 0 percent. This approach reflects an effort to set a new total co-financing requirement that is both ambitious and realistic, considering the prevailing economic environment.

1.19 GAC review and recommendation

- The GAC and Partners congratulated the country for the inclusive grant-making process and ensuring the best use of available funds. They also applauded the excellent collaboration with Partners and in-country stakeholders in the planning of the mass campaign in Year 1 of the program. GAC Partners notably pointed to the flexibilities granted to the Principal Recipient, through an advanced payment agreement, allowing for timely execution of the campaign. Furthermore, to address potential cash management risks affecting key milestones of the campaign, Partners will put in place an assurance framework for key risks, mitigation actions, roles and responsibilities.
- The GAC and Partners highlighted concerns with respect to the remaining gap for nets for the nine districts in the elimination phase, which are due in 2025, but were deprioritized due to insufficient funding. The coverage for these districts has been included in the Unfunded Quality Demand (UQD) register and marked “high priority” by the TRP. The Secretariat noted that it is unlikely that savings or efficiencies during implementation would be sufficient to cover this important gap. GAC Partners discussed coming together to secure funding for this priority. As a contingency, the Secretariat will work with the country to ensure the availability of emergency indoor residual spraying (IRS) in case of resurgence.
- The GAC also pointed to the important gaps in ITN routine distribution for Year 2 and Year 3 of the program. The Secretariat will continue to seek efficiencies, potential additional resources and advocate with Partners to provide nets.
- The GAC and Partners expressed concern about the insecticide resistance in the country, emphasizing the need for collaborative efforts with stakeholders to address this issue. The Secretariat acknowledged that, despite the increased funding allocation, the needs, including public health expenditures on malaria, outweigh available resources. The Secretariat detailed plans to procure dual active ingredient nets, albeit in limited quantities, while continuing entomological surveillance. Given the high burden and restricted funding envelope, the Secretariat indicated that it's unlikely enough savings or efficiencies will be identified during implementation to fully address programmatic gaps, including insecticide resistance in Madagascar. Ongoing advocacy efforts with the Government and Partners will persist to address these challenges.
- **Complementarity with C19RM investments.** The Secretariat emphasized the strong alignment and synergy between the C19RM investments and the 2023-2025 allocation, particularly in areas like pharmaceutical supply management strengthening (including logistics management information systems), data quality improvement, HRH (with a focus on the CHW strategy), laboratory systems, entomological surveillance and overall disease surveillance.

Mali HIV/TB and RSSH: ARCAD Santé Plus (MLI-C-ARC), Plan International, Inc. (MLI-C-PLAN), and Ministry of Health and Social Development of the Republic of Mali (MLI-S-MOH)

1.20 Background and context

In Mali during 2022, an estimated 0.9% of the adult population was living with HIV, with notably higher prevalence rates in key populations: 8.7% among sex workers, 12.6% among MSM, 11.7% among transgender persons, 5.1% among people who inject drugs, and 3.3% among prisoners. Mali is not on track to achieve the 95-90-86 targets by 2030, with the HIV treatment and care cascade results at 58-50-40 in 2022.

In terms of TB, there were 7,897 new and relapse TB cases notified in 2022 out of an estimated 11,000 cases, indicating a treatment coverage of 71%. The incidence rate was 49 cases per 100,000 population. Vulnerable groups particularly at risk for TB in Mali include people living with HIV, children, prisoners, internally displaced persons and individuals who have close contact with TB and RR/MDR-TB cases.

1.21 Risks and mitigation measures

Sustainability. Mali is currently facing a complex crisis with an estimated 42% of the population in need of immediate humanitarian assistance in 2023 and with up to one in five health centers non-functional in insecure regions in the North. In this fragile environment and within a constrained fiscal space, the Secretariat will persist in collaborating with in-country stakeholders to optimize service delivery through various strategies; including integrating services, establishing community coordination platforms, mapping resources to minimize duplications and implementing health resource tracking for enhanced planning and accountability.

1.22 Co-financing

2020-2022 allocation period: Mali has met its co-financing commitments for the 2020-2022 allocation period. The Government has progressively increased health spending, with 121 billion FCFA dedicated to health during the 2020-2022 allocation period compared to 110 billion FCFA during the 2017-2019 allocation period. Mali spent EUR 46.7 million more on the disease programs and RSSH than required to meet the minimum co-financing requirement.

2023-2025 allocation period: Mali has submitted a commitment letter, signed by the Ministry of Health and the Ministry of Finance, committing EUR 306 million for the 2023-2025 allocation period. This amount surpasses the minimum co-financing requirement by EUR 49 million. The Secretariat highlighted that given the challenging macro-economic and fiscal landscape, there is a risk to the realization of these commitments. In light of this context, the Secretariat noted that it will monitor the evolution of co-financing commitments realization closely during implementation and will liaise with the country as needed to support realization.

1.23 GAC review and recommendation

- The GAC and Partners commended the Secretariat for the investment strategy and program design in Mali, noting its effective use of resources and the leveraging of in-country partnerships and innovations to manage programs in the challenging implementation environment. Partners appreciated the inclusive consultations and acknowledged the country's achievements in expanding access to services under challenging circumstances. The Secretariat emphasized that, drawing on lessons learned, the program will adopt a differentiated implementation approach to extend its reach further. This includes: (i) regionalizing implementation by directly financing Regional Health Directorates to address varying regional needs and contexts; (ii) implementing facility-based contracting in priority

community health centers; and (iii) partnering with humanitarian NGOs to deliver differentiated services, particularly in hard-to-reach and insecure areas in the North.

- The GAC acknowledged that Mali was designated Matching Funds for Community Systems and Responses. The TRP confirmed that access and programmatic conditions have been met, and the Secretariat reaffirmed this during grant-making.

HIV

- The Secretariat emphasized key strategic shifts made in the HIV grant to address challenges encountered during the 2020-2022 allocation period. These pivots include: (i) continuation of successful differentiated HIV testing, treatment and care interventions; (ii) strong geographic and facility prioritization; (iii) enhanced targeting of HIV prevention interventions among key populations; (iv) programmatic shift to triple elimination of mother-to-child transmission through its integration into antenatal and postnatal care; (v) decentralization of HIV treatment and care to community health centers; and (vi) greater engagement of community actors to ensure reinforced linkage to care and continuity of services for retention on treatment.
- The GAC appreciated the incorporation of safety and security measures and adaptive interventions for key populations in response to structural and legal barriers in challenging environments. The Secretariat highlighted the thorough engagement with civil society organizations (CSO) during the country dialogue and funding request development, underscoring the integration of community priorities into all grants. In line with TRP recommendations, key initiatives include continued capacity building for CSO, with a focus on those led by key populations and community-based organizations, community system strengthening and expansion of human rights and gender equity interventions.

TB

- The Secretariat noted that the TB program is expanding its focus on high-risk groups and has set ambitious targets to curb the cycle of new infections to (1) close the gaps in terms of missing TB cases and (2) improve treatment success. The investment strategy and program design are focused on program essentials with a strong geographical prioritization and integrated implementation with the HIV and RSSH components. Grant funding will ensure continuation and expansion of effective interventions including (i) the Program Quality and Efficiency approach previously funded through Matching Funds, (ii) decentralization of the TB and MDR-TB diagnosis, treatment and care, (iii) reinforcement of the diagnostic network optimization, (iv) increasing capacities at the community level for case finding, TB contact investigation and adherence support to TB and preventive TB treatment. Innovations include the introduction of the novel shorter regimen for children and MDR-TB patients in line with the latest normative guidance from WHO.

RSSH

- The Secretariat underscored the strong focus of Global Fund investments on primary health care and community health in line with Mali's Health Development Plan and ongoing health system reform. The Secretariat also recognized the need for a long-term vision for investments to enhance the health system. Key areas of RSSH investments include (i) community health workers programming, (ii) strengthening community systems and response with additional Matching Funds, (iii) monitoring and evaluation system strengthening with focus on data analysis and use for decision making at national and subnational level, (iv) in-country supply chain and laboratory systems strengthening, and (v) increase in the offer and demand generation for integrated reproductive maternal,

newborn, child and adolescent health and HIV, TB and malaria services for pregnant women and their children.

- **Complementarity with C19RM investments.** The Secretariat highlighted the strong alignment and synergy between the C19RM investments and those from the 2023-2025 allocation. These investments are coordinated across several areas, including CHW programming, health product and waste management and laboratory systems strengthening. Notably, specific activities initially funded by C19RM are planned to transition to the 2023-2025 allocation in its second and third years to ensure sustainability. For instance, C19RM funding supports the decentralization of laboratory diagnosis, focusing on investments in qualified human resources and the development of an integrated sample transportation plan.

Namibia HIV/TB/Malaria: Ministry of Health and Social Services of Namibia (NAM-Z-MOH)

1.24 Background and programmatic context

Namibia is on track to meet the global HIV targets of 95-95-95 by 2025, having already achieved 95-97-94 (as of September 2023). The country's program for eliminating vertical transmission of HIV is progressing well, with over 98 percent PMTCT coverage and more than 97 percent early infant diagnosis. Prevalence remains high among key and vulnerable populations, notably sex workers, MSM and AGYW.

Namibia is one of the 30 high-burden TB countries that make up 86 percent of the global TB burden, and is ranked 9th in TB incidence. The country achieved the 2020 milestone by reducing TB incidence by 28 percent compared to the 2015 baseline and accomplished a 17 percent reduction in TB-related mortality between 2015 and 2021.

Malaria is currently endemic in 10 out of Namibia's 14 regions, with approximately two-thirds of the population at risk. From 2000 to 2012, Namibia saw a significant decline in malaria morbidity and mortality, by over 97 percent. This achievement enabled the country to meet all targets set for transitioning its program from malaria control to a pre-elimination orientation by 2027.

1.25 Co-financing

2020-2022 allocation period: Namibia's health expenditures increased from US\$499 million per year on average during the 2017-2019 allocation period to US\$566 million in the 2020-2022 allocation period. The Secretariat noted that the country faced challenges in providing supporting documentation to verify 2020-2022 allocation period co-financing commitments and to set a baseline for the 2023-2025 allocation period commitments, due to methodological limitations and insufficient data on expenditures. The country has met specific commitments regarding the provision of commodities and programmatic inputs.

Recognizing these challenges, the Secretariat has granted Namibia a waiver for 2020-2022 allocation period commitments. A revised baseline for the 2023-2025 allocation period is currently being established and will be reflected in an updated 2023-2025 allocation period commitment letter.

2023-2025 allocation period: Namibia submitted a signed commitment letter with its funding request; however, the letter is currently being revised to ensure that commitments are appropriately sized, and monitorable in accordance with the new baseline. A condition has been included in the Grant Confirmation with a deadline set for 30 June 2024 to receive a finalized and signed commitment letter.

1.26 GAC review and recommendation

- The GAC expressed concerns regarding gaps in the HIV program, particularly in the provision of harm reduction services for people who use drugs, which is planned to be addressed through the upcoming integrated biological and behavioral surveillance assessment. The Secretariat noted existing gaps in the malaria program including LLINs, particularly in areas where IRS is not feasible. The Secretariat will work with the country to advocate for extra resources and plans to leverage any efficiencies identified during the grant implementation to address critical gaps.
- The GAC noted opportunities for optimization for the TB program, including increased private sector participation in TB diagnosis and treatment, enhanced surveillance and better utilization of digital technologies for treatment and care, as well as the implementation of various TB surveys. The Secretariat will seek opportunities to leverage synergies with C19RM to address these areas, particularly those related to RSSH and pandemic preparedness.
- **Complementarity with C19RM investments.** The Secretariat underscored the coordinated development of the C19RM Wave 2 portfolio optimization funding and reinvestment strategy alongside the 2023-2025 allocation period's funding request and grant-making process, ensuring optimal complementarity across all investments. A comprehensive analysis ensured alignment in key areas such as surveillance systems, laboratory and diagnostics, case management, clinical operations and HRH, including community-led advocacy for pandemic preparedness, community monitoring, service access evaluation, and mitigation of gender-based violence and rights violations. The Secretariat emphasized that investments were holistically mapped to prevent overlap and duplication at the intervention and activity levels, with particular attention to human resources, training and supervision, thereby optimizing resource use for maximum efficiency and value.
- The GAC acknowledged that Namibia was designated Matching Funds for HIV Prevention for AGYW. The TRP confirmed that access and programmatic conditions have been met, and the Secretariat reaffirmed this during grant-making.

Senegal HIV, TB, Malaria, RSSH: Conseil National de Lutte contre le SIDA de la République du Sénégal (SEN-H-CNLS) ; Alliance Nationale des Communautés pour la Santé (SEN-H-ANCS); and Ministry of Health and Social Action of the Republic of Senegal (SEN-Z-MOH)

1.27 Background and context

Senegal has made notable progress towards the 95-95-95 targets at 88-91-90 in 2022. HIV prevalence is significantly higher among key populations, at 27.6 percent in MSM, 13 percent in female injecting drug users, and 5.8 percent in FSW. Vertical transmission remains a challenge, accounting for 20.7 percent of new infections in 2022.

Senegal has made significant strides in combating its TB epidemic, achieving an 8.1 percent decrease in TB incidence from 2015 to 2021. In 2022, approximately 70 percent of TB cases were diagnosed and notified. Treatment success for drug-susceptible TB reached 90 percent in 2022. Drug-resistant TB (DR-TB) accounts for 1.1 percent of new TB cases and 5.4 percent of re-treatment cases.

Senegal has achieved notable progress in combating its malaria epidemic, evidenced by a decrease in parasite prevalence from 3 percent in 2014 to 0.3 percent in 2019, and a 37.6 percent reduction in malaria-related morbidity between 2015 and 2019. Over the same period, malaria-related mortality declined by 51 percent. Since 2020, factors such as COVID-19 responses and climate change have contributed to a slight increase in prevalence.

1.28 Risks and mitigation measures

Salary incentives. The proposed programs include performance-based incentives to CHW that perform home-based visits for the active research of missing TB cases including EUR103,086 (SEN-Z-MOH) from the TB allocation. Under the HIV allocation, a budget of EUR1,268,023 is earmarked for the payment of performance and task-based incentives to CHW (SEN-H-ANCS). The payment is tied to the execution of clear tasks and/or deliverables that are verified during routine supervision. Principal Recipient and Sub-recipient control measures are in place. The GAC found the incentives to be in line with the Global Fund Guidelines for Grant Budgeting.

1.29 Co-financing

2020-2022 allocation period: Senegal has conditionally met its co-financing commitments for the 2020-2022 allocation period, pending the verification of the expenditures reported by the Government as co-financing. The Government has made significant progress in health spending, increasing its spending on healthcare as a percentage of all government spending from 4.26 percent in 2019 to 6.48 percent in 2020. During the 2020-2022 allocation period from 2021 to 2023, the budget allocated to the Ministry of Health and Social Affairs saw a rise from EUR330.2 million in 2021 to EUR373.6 million in 2023, indicating a 13.2 percent increase in budget allocations to the MoH over the specified period. The Government projected to spend EUR65.7 million on HIV, TB, malaria and RSSH programs during the 2020-2022 allocation period, exceeding the minimum co-financing requirement of EUR56.8 million.

2023-2025 allocation period: Senegal has conditionally met its co-financing commitments for the 2023-2025 allocation period, pending its submission of a signed commitment letter by 30 June 2024 as stipulated in the Grant Confirmation. The country has committed to setting its commitment based on its expenditure for the period rather than being based on the 2020-2022 commitment, thus requiring a new letter to be signed committing to the higher amount. The revised letter will reflect the overachievement of the 2020-2022 allocation period co-financing commitment.

1.30 GAC review and recommendation

- The GAC commended the reinvestment of efficiencies identified from the TB, malaria and RSSH grant, which allowed for the expansion of the 2025 mass campaign for distributing LLINs to include two additional areas. Despite this expansion during grant-making, the Secretariat noted that only seven of Senegal's 14 regions are currently covered by the campaign, due to pending confirmations of funding from other Partners. The Secretariat committed to ongoing advocacy with Partners and in-country stakeholders to ensure broader campaign coverage.
- The Secretariat noted that efficiencies identified in the HIV grants during grant-making have been reinvested into strategic priority areas, focusing specifically on addressing vertical transmission and enhancing HIV testing and treatment for children under the age of 15.
- The Secretariat highlighted the high travel-related costs in the HIV grants, which are focused on trainings for CHW and on improving differentiated HIV testing services, and provided assurances that relevant checks had been performed to ensure value for money.
- The GAC acknowledged that Senegal was designated Matching Funds for Scaling-up Programs to Remove Human Rights and Gender-related Barriers; and Community Systems and Responses. The Secretariat noted that while the access condition for the Scaling-up Programs to Remove Human Rights and Gender-related Barriers Matching Funds for the HIV component were partially met at the time of the TRP review, all conditions have been fully met for all Matching Funds by the end of grant-making.

- **Complementarity with C19RM:** The Secretariat noted that investments in RSSH were closely considered from the beginning of the design of programs for the 2023-2025 allocation period, with investments from the 2023-2025 allocation focus on CHW, community-led monitoring (CLM), integrated service delivery, M&E systems and lab systems and with investments from C19RM augmenting the CHW investments via digitalization of community reporting and further coordination and training.

Paraguay HIV: Centro de Información y Recursos para el Desarrollo (PRY-H-CIRD)

1.31 Background and context

The HIV epidemic in Paraguay is concentrated, with prevalence rates of 1.5% among FSW, 21.9% in MSM, and 31.7% in transgender individuals, compared to 0.5% in the general population from 15-49 years in 2020. Estimated at 21,000 people living with HIV, Paraguay reports under 1,000 new cases and fewer than 500 deaths annually, but there are signs of a potential increase in infections. Progress towards the HIV treatment cascade is uneven, at 73-56-51 in 2022.

1.32 Risks and mitigation measures

Salary Incentives. The proposed grants include performance incentives designed to enhance facility-based services, strengthen prevention modalities, and improve patient retention and viral load suppression. These incentives align with the Global Fund's Guidelines for Grant Budgeting. Notably, the incentives are not cash payments to staff but are provided as in-kind contributions, such as clinic renovations, computers, laptops, and other health equipment, awarded upon achieving specific milestones.

1.33 Co-financing

2020-2022 allocation period: Paraguay met its co-financing commitments for the 2020-2022 allocation period. The Ministry of Health's budget grew by an average of 12% per year from 2018 to 2023. The minimum required increase for HIV was US\$2,352,840, but the verified expenditure and budget showed an increase of US\$12,720,984 between the 2020-2022 allocation period compared to the 2017-2019 allocation period, meeting the minimum co-financing requirements. Paraguay also took on key program costs including human resources for dedicated HIV activities, rapid tests for prevention packages for key populations, and viral load reagents to ensure suppression.

The Secretariat noted that at the start of the 2020-2022 allocation period, a different methodology, partially based on estimations, was used to calculate the total minimum co-financing requirements and the 2017-2019 co-financing baseline. Consequently, the Secretariat granted Paraguay a waiver of the initial 2020-2022 allocation period's total minimum requirement due to this methodological shift.

2023-2025 allocation period: Paraguay has met its co-financing requirements, with a total co-financing commitment of US\$23,015,657. The country has also detailed programmatic commitments for a condom prevention package for key populations and delivery costs for multi-month antiretroviral therapy dispensing.

1.34 GAC review and recommendation

- A 2-month reduction has been applied to the 2020-2022 allocation utilization period to align with the country's national fiscal cycle, which runs from January to December. The Secretariat noted that the CCM agreed to shorten the grant implementation period for the 2020-2022 allocation period grant to 34 months, resulting in a proportional reduction of US\$373,467 in grant funds. The 2023-2025 allocation utilization period and grant

recommended for approval will be for a standard 3-year period from January 2024 until December 2026.

Somalia Malaria and HIV: United Nations Children's Fund (SOM-M-UNICEF; SOM-H-UNICEF)

1.35 Background and context

The number of people living with HIV in Somalia decreased by 7% from 8,300 in 2019 to 7,746 in 2021. New HIV infections across all ages dropped from 208 in 2019 to 199 in 2021, primarily due to fewer infections among children. However, new infections among adults (aged 15+) increased from 116 in 2019 to 126 in 2021. The 2022 Spectrum estimates revealed that in 2021, 55% of adults living with HIV in Somalia were aware of their HIV status.

The TB incidence rate in Somalia decreased from 262 per 100,000 people in 2018 to 250 per 100,000 in 2021, although the total number of TB cases rose from 41,000 to 43,000. Incidence of multidrug-resistant TB (MDR/RR-TB) fell from 15 to 12 cases per 100,000 population, accompanied by a reduction in the total number of MDR/RR-TB cases. TB mortality increased from 10,000 deaths in 2018 to 11,000 in 2021.

Malaria transmission in Somalia has generally been declining since 2008, with a notable decrease since 2020 due to the combined effects of the malaria program's interventions and the ongoing drought in the Horn of Africa. The overall prevalence of malaria infection remains low, creating suitable conditions for elimination across large parts of the country, particularly in the northern regions of Somalia. The Secretariat noted that changing climatic conditions may result in sporadic outbreaks due to flooding as a result of *El Niño* weather patterns.

1.36 Co-financing

As a non-CCM applicant in the 2023-2025 allocation period, co-financing requirements are not applicable to Somalia.

1.37 GAC review and recommendation

- The GAC commended the Secretariat for its inclusive consultative process in grant design, addressing the operational challenges in Somalia. The GAC noted ongoing insecurity and restricted access in certain areas by the Ministry of Health, impacting grant implementation. To mitigate risks, the Secretariat emphasized that non-governmental organizations will maintain service delivery in high-risk areas, ensuring no gaps in accessibility, while newly liberated areas will be covered through regular, integrated approaches.
- The Secretariat highlighted that high implementation costs, particularly the human resources costs accounting for 42% of the TB grant, are a characteristic of operating in challenging contexts like Somalia. These costs are necessary for ensuring critical health service delivery by staff at health facilities.

South Sudan Malaria: United Nations Children's Fund (SSD-M-UNICEF)

1.38 Background and context

Malaria remains a significant health challenge in South Sudan, facing hurdles such as suboptimal LLIN campaigns and severe flooding. The emergence of the invasive *Anopheles stephensi* mosquito species also poses a risk of heightened transmission. A recent study indicated that gene deletions in malaria parasites are reducing the effectiveness of certain Rapid Diagnostic Tests (RDTs), potentially causing up to 15 percent of malaria cases to go undiagnosed. In addition, high levels of resistance several insecticides including Permethrin, Deltamethrin, Pirimiphos-Methyl and Bendiocarb has been detected.

1.39 Co-financing

2020-2022 allocation period: The Secretariat waived South Sudan's co-financing requirements, recognizing the difficult operating environment and economic shocks affecting the country. Government financial reports for the 2020-2022 allocation period demonstrate high variability in the: (i) overall health budgets (US\$24.4 million to US\$90 million), (ii) actual execution rates (7 percent to 92 percent; median 39 percent), and (iii) contribution to total government expenditure (0.3 to 2.7 percent). These trends are indicative of the volatile socio-economic context.

2023-2025 allocation period: The Secretariat is in the process of negotiating the terms of South Sudan's co-financing requirements for the 2023-2025 allocation period with a view to obtain a final letter within 6 months of the implementation period start date.

1.40 GAC review and recommendation

- The GAC and Partners praised the Secretariat's effective management of challenging prioritizations, acknowledging the current plan as the best outcome considering the existing circumstances. Partners emphasized the urgency of mobilizing resources for malaria given the significant funding gaps, noting that 70 percent of nets required for the 2025-2026 ITN mass campaign remain unfunded, leaving high-risk populations vulnerable. The Secretariat, in continuous collaboration with Partners, will actively seek additional funding sources and direct efficiencies within the malaria components toward the ITN mass campaigns in Year 3 of the grant.

Tanzania HIV, TB, Malaria: Ministry of Finance of the United Republic of Tanzania (TZA-H-MOF, TZA-T-MOF, TZA-M-MOF) and Management and Development for Health (TZA-C-MDH)

1.41 Background and context

Tanzania has a generalized HIV epidemic and one of the top five highest HIV burdens in Africa, with about 1.7 million people living with HIV, but is making strong progress an HIV cascade of 95-94-92 in 2023. Tanzania targets fewer than 17,000 new HIV infections per year by 2025, an 85 percent reduction since 2010. The country also targets a reduction in the number of AIDS-related deaths by 80 percent from 2010, and a mother to child transmission rate of less than 4 percent by 2025.

TB remains a major public health concern in Tanzania, with an estimated 195 TB cases per 100,000 population and 19 deaths from TB per 100,000 population in 2022. People currently on treatment for TB account for 78 percent of the estimated cases though 92 percent of people who start treatment are successfully treated as of 2022. The prevalence of cases of MDR-TB is at 0.97 percent of new cases of TB and at 12 percent of those needing re-treatment.

Progress against malaria in Tanzania has largely stagnated nationwide, with a slight increase in prevalence from 7.5 percent in 2017 to 8.1 percent in 2022. Notwithstanding this, progress has been made, although unevenly, at a sub-national level, with the number of low-risk areas increasing from 28 in 2018 to 38 in 2023 and the number of high-risk areas decreasing from 73 to 57 over the same period. With a prevalence of 10.4 percent in 2021, rural areas have a much higher prevalence than urban areas, which had a prevalence of 0.7 percent in the same year.

Investments have contributed to building resilient systems for health to support service delivery. For the RSSH component, investments include strengthening HRH including CHW, strengthening the health product management system, strengthening M&E systems, strengthening health financing systems, strengthening integrated laboratory systems,

community systems strengthening (CSS), and supporting of health sector planning and governance.

1.42 Co-financing

2020-2022 allocation period: Tanzania has met its co-financing commitment for the 2020-2022 allocation period. From 2010 to 2022, the Government increased health expenditures from 7.3 percent to 10.1 percent as a percentage of total government expenditures. The Government spent an estimated US\$571 million on HIV, TB, malaria and RSSH programs in the 2020-2022 allocation period, exceeding the US\$314 million requirement by 82 percent.

2023-2025 allocation period: Tanzania has provided a commitment letter signed by the Ministry of Health outlining the Government's commitment to expand domestic health expenditure by 3 percent per year to reach 17.7 percent of total Government expenditures by 2025/2026. The country also committed to spending US\$670.4 million on HIV, TB, malaria and RSSH programs during the 2023-2025 allocation period, exceeding the required minimum of US\$616.3 million by 9 percent. On a disease component basis, the commitments exceed the TB requirement by 18 percent, the malaria requirement by 15 percent and the RSSH requirement by 4 percent. The HIV commitment was 0.8 percent under the required minimum, but Tanzania financed 194 percent of its required spend for the 2020-2022 allocation period and is thus considered by the Secretariat to have met its co-financing commitment for HIV for the 2023-2025 allocation period.

1.3 GAC review and recommendation

- The GAC appreciated the efforts of the Secretariat in identifying efficiencies during the grant-making process, noting that a total of US\$48.8 million in savings was identified across the HIV/TB grants and US\$4.2 million in savings in the malaria grant.
- The GAC noted that the Ministry of Finance grants include CSS interventions related to CLM but most of the CSS interventions will be implemented by Management and Development for Health, as Principal Recipient.
- GAC Partners emphasized the need for the Secretariat to implement mitigation measures concerning health products management and quantification, recognizing past bottle necks in this area. The Secretariat highlighted ongoing exchanges with the Government, including a risk workshop aimed at helping the country identify risks for better oversight in quantification. The Secretariat also noted that quantification meetings are ongoing, and support in this area will continue into the 2023-2025 allocation period to enhance oversight both at the central and facility levels.
- **Complementarity with C19RM investments.** The Secretariat highlighted that the reinvestment strategy for 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, HPMS and waste management systems, as well as HRH. The GAC and Partners expressed their appreciation for the demonstrated synergies across these critical investment areas, recognizing their contribution to enhancing pandemic preparedness and resilient and sustainable health systems.

HIV

- The GAC commended the inclusive design of the HIV program, highlighting increased investments in prevention services for AGYW and key and vulnerable populations, broader geographical coverage, and enhanced service packages, including expanded PrEP investment. The GAC also noted the increased funding in the HIV grants for CLM and for

HIV programming for key populations, noting that this allowed for an expanded role of organizations led by key populations in the implementation arrangements of the grants, and highlighting that there were additional opportunities for the inclusions of these organizations in the implementation arrangements.

- GAC Partners acknowledged and appreciated the detailed consultation process that led to focused interventions for priority groups in the grant. Partners noted the importance of integrating non-communicable diseases (NCD) interventions, especially considering the aging cohort and the substantial size of the treatment cohort. Partners also recognized that, while progress has been made, there are still gaps in addressing the needs of high-risk AGYW. The Secretariat thanked Partners for their support and highlighted that screening and diagnosis for both basic and advanced NCD have been included in both 2023-2025 allocation period grants, which is a significant step towards addressing these growing health concerns.
- The Secretariat observed that PrEP interventions have been refined in accordance with normative guidance, particularly regarding the requirements for the number of healthcare workers trained in PrEP. It was noted that the country is in the process of revising its framework by Q1 of 2024. Consequently, the number of healthcare workers in PrEP service sites has now been amended to two from four given that some peripheral facilities have fewer than four health workers. The Secretariat will continue to work with Partners during implementation to ensure alignment with updated normative guidance.
- GAC Partners noted the substantial investment in CHW and appreciated Tanzania's recently approved updated strategy for CHW. Partners expressed the need to have policies and guidelines for CHW updated to permit testing for HIV and malaria at the community level. The Secretariat affirmed that conversations with the Government have commenced and will be pursued to address the issue through the issuance of a government circular. The Secretariat highlighted that government co-financing is expected to contribute towards CHW training. The Secretariat affirmed its commitment to ongoing negotiations and dialogue to ensure a smooth transition of CHW to national health budgets to ensure sustainability. The Secretariat will also explore the possibility of the Government covering the cost for CHW training in the interim.
- GAC Partners noted some challenges in facilitating dialogue and engagement with the Tanzania National Coordinating Mechanism, including e.g., receiving documentation late and difficulty providing feedback, and commended the Secretariat's efforts in navigating these challenges to achieve quality grants. The Secretariat noted that there have been shifts which will improve engagement with the Tanzania National Coordinating Mechanism, including the recent completion of a recruitment process, with the expectation of working with a newly appointed executive secretary to assist the Secretariat in its interactions with the body.

TB

- The GAC and Partners appreciated the TB program's design, scaling up interventions that have produced positive results from the 2020-2022 implementation period. The GAC acknowledged that price reductions in molecular diagnostic cartridges, isoniazid-rifapentine, and DR-TB medicines were leveraged, along with efficiencies identified during grant-making, to ensure that all essential commodities are covered within the allocation. The Secretariat highlighted that the program aims to enhance TB notification rates, improve treatment coverage, and increase success rates for all forms of TB through several strategies: (i) scaling up key interventions and using mobile screening modalities to find missing cases; (ii) expanding diagnostic capacity for molecular diagnosis to increase

bacteriological confirmation; (iii) implementing new, shorter regimens for TPT and DR-TB; and (iv) extending TPT coverage to newly enrolled patients and their contacts.

- GAC Partners highlighted Tanzania's status as one of the 30 high TB burden countries and commended the strong political commitment to combating TB, as evidenced by the engagement of both the Health Minister and the Head of State. Partners expressed full support for the grant's ambitious targets, particularly the goal to identify at least 80 percent of individuals with TB. Partners recognized and encouraged the ongoing efforts to strengthen the diagnostic networks and to decentralize these services noting that only 1 in 3 notifications are bacteriologically confirmed and linked to molecular diagnosis. Partners also commended the support for public-private collaboration in TB case finding, noting with approval that part of this approach is being scaled up in the current TB grant.
- The GAC recognized the technical assistance provided through catalytic investments, which are set to enhance laboratory capabilities through (i) the upgrading of Kibong'oto into a supra national TB reference laboratory, and (ii) the development and improvement of laboratory information systems, with a focus on enhancing their interoperability.
- The GAC acknowledged that Tanzania was designated Matching Funds for Finding and Treating the Missing People with DS-TB and DR-TB. The TRP confirmed that access and programmatic conditions have been met, and the Secretariat reaffirmed this during grant-making.

Malaria

- GAC Partners noted the transparent collaboration by the Secretariat during grant-making highlighting that the malaria interventions supported under the grant are in line with Tanzania's 2021-2025 National Malaria Strategic Plan and are the results of a robust data-driven approach to inform tailoring of interventions at a sub-national level which are based on epidemiological stratification, which address risks, and which look to address lessons learnt.
- The Secretariat highlighted that Tanzania's malaria program uses PBO nets, that a pilot for the use of dual AI nets is planned, and that Partners held a regional meeting to discuss ways to address the increased drug resistance that has been identified in the region. The Secretariat will continue to work with the country to optimize data-driven strategies. The GAC highlighted that resistance continues to be an issue across portfolios and noted that a proactive and coordinated approach in managing and mitigating the challenges posed by drug resistance is needed across the Partnership.

Ukraine TB/HIV: International Charitable Foundation "Alliance for Public Health" (UKR-C-AUA); Charitable Organization "All-Ukraine Network of People Living with HIV/AIDS" (UKR-C-AUN); State Institution "Public Health Center of the Ministry of Health of Ukraine" (UKR-C-PHC)

1.43 Background and context

Despite the ongoing war since February 2022 and its impact on the health system, Ukraine has managed to sustain its HIV and TB programs by adapting to the constantly changing environment.

Ukraine, with an estimated 244,877 people living with HIV, has the second-largest HIV epidemic in the European Region concentrated among key populations, with 2021 prevalence rates of 20.3 percent among people who inject drugs, 3.9 percent among MSM, 3.1 percent among sex workers, and 1.7 percent among transgender individuals, in contrast to a 0.9 percent prevalence in the general population. The HIV treatment cascade currently stands at

75-83-94. Although testing is a challenge, the use of rapid diagnostic tests for HIV testing and counseling has increased from 20 percent in 2017 to 43 percent in 2021.

TB incidence in Ukraine declined from 127 cases per 100,000 population in 2005 to 71 per 100,000 population in 2021, with TB mortality decreasing from 26 per 100,000 population to 8.3 during the same period. DR-TB is a significant issue, affecting 29 percent of new TB patients and 46 percent of previously treated patients with MDR-TB. New RR-TB or MDR-TB cases decreased from 6,501 in 2017 to 4,025 in 2021, attributed to testing challenges rather than an actual decrease in cases. The Secretariat highlighted the overall HIV and TB disease burdens are challenging to evaluate as a result of the ongoing war.

1.44 Risks and mitigation measures

War in Ukraine. Despite the crisis and challenges, Ukraine's HIV and TB programs sustained operations by frequent adaptations to the changing environment and the context. The program's resilience can be attributed to the unwavering support from the Government, Partners, Principal Recipients and CSOs. The war is however still causing significant challenges, including internal and external migration, and movements of key populations (estimated 21.3 million people in need of humanitarian assistance, 3.7 million internally displaced people and 5.9 million refugees recorded in the EU). Emerging HIV and TB-related risks affecting incidence, prevalence and mortality made any population/epidemiological projections unreliable for both diseases.

Benchmarking approach. There are data limitations associated with internal and external migration of people in treatment, and those receiving prevention and testing services, and a lack of in-depth understanding of processes for each key population. Therefore, for the 2023-2025 allocation period, the country proposed a 'benchmark' approach to program implementation, monitoring and performance. This approach considers the sub-national data analysis and data received in 2022, which most closely depicts the impact of the war. The approach enables frequent data analysis (involving all stakeholders) to comprehend the situation in the field, make appropriate adaptations, and when necessary/feasible, revise targets. The Secretariat, TRP and technical partners have expressed support and will continue monitoring this approach.

Sanctions. The Secretariat affirmed that: (i) 2023-2025 allocation period grants are consistent with major sanctions; (ii) grants are not being implemented in non-government-controlled areas; and (iii) notwithstanding, sanctions provisions have been included in the Grant Confirmations in case the situation evolves.

1.45 Co-financing

2020-2022 allocation period. While Ukraine had significantly exceeded minimum co-financing requirements until halfway through the 2020-2022 allocation period, the war had a substantial impact on the economy, leading portions of the HIV and TB budgets to be reallocated. The Secretariat approved a waiver of co-financing requirements for 2022, which was extended through 2023 given the ongoing conflict.

2023-2025 allocation period. Considering the challenging operating environment in country, the 2023-2025 allocation period letter for Ukraine did not include specific co-financing requirements for the 2023-2025 allocation period but encouraged collaboration with stakeholders on strengthening domestic financing for health and consideration of joint investments. The Government has signed a commitment letter committing US\$341.4M across HIV, TB, and RSSH, with the caveat that war-related risks may still impact disease program financing. These commitments exceed the 2022-2023 HIV and TB budgets of US\$205.6M.

1.46 GAC review and recommendation

- The GAC and Partners congratulated the country, Secretariat, Principal Recipients and other in-country stakeholders for being able to show advancements in the fight against HIV and TB despite the difficult circumstances, notably in ensuring access and coverage for essential services, maintenance of TB molecular testing and rollout of new TB recommendations and tools. Partners also welcomed and encouraged the flexibilities granted to the country to allow for an agile and easily adaptable grant implementation, despite the unstable situation.
- GAC Partners applauded the extremely close collaboration with the in-country stakeholders and other implementing partners during funding request development and grant-making, which is crucial given the enormous challenges on the ground. The GAC Partners flagged the frontloading of the funds in Year 1 of the grant due to constraints on the Government's budget which is no longer able to contribute to funding essential activities. This, however, creates gaps in Years 2 and 3. Partners encouraged upfront planning to support the country beyond 2024, and supported inclusion of existing and potential Year 2 and Year 3 gaps on the UQD register, and support the consideration of Ukraine as a priority for future portfolio optimization funding.
- The GAC and Partners expressed concern about the inadequate resource mobilization to bridge the funding gap for HIV and TB services, noting a shortfall in domestic resource allocation for the entire 2023-2025 allocation period. The Secretariat is committed to supporting the country in scaling-up its resource mobilization efforts and will actively seek opportunities to collaborate and leverage resources with Partners.
- The GAC acknowledged that Ukraine was designated the following Matching Funds for HIV Prevention for Key Populations; Scaling-up Programs to Remove Human Rights and Gender-related Barriers, and Finding and Treating the Missing People with DS-TB and DR-TB. The TRP confirmed that access and programmatic conditions have been met, and the Secretariat reaffirmed this during grant-making.
- The Secretariat also highlighted external professional services included in the grants, noting that the budget has been reduced significantly by 53 percent compared to the 2020-2022 allocation period.
- **Complementarity with C19RM investments.** GAC Partners inquired about the country's C19RM investments, emphasizing the importance of allocating these funds to pandemic preparedness and response and RSSH amidst challenging circumstances. The Secretariat highlighted that a comprehensive review has been conducted to ensure synergies between upcoming C19RM investments and the HIV and TB programs. The Secretariat identified key areas of synergy, including: (i) strengthening surveillance systems; (ii) enhancing laboratory and diagnostic capacities; (iii) bolstering HRH and CSS; (iv) improving medical oxygen, respiratory care, and therapeutics; and (v) advancing HPMS and waste management systems.

Zambia HIV/TB and Malaria: Ministry of Health of the Republic of Zambia (ZMB-C-MOH, ZMB-M-MOH), Churches Health Association of Zambia (ZMB-C-CHAZ, ZMB-M-CHAZ)

1.47 Background and context

Zambia has shown considerable progress in combating its generalized HIV epidemic. From 2016 to 2021, the annual new HIV cases declined from 43,000 to 28,000. The country is progressing well towards the global targets, with its HIV treatment and care cascade improving from 71-88-82 to 88-87-93 during the same period. However, despite these advancements, the incidence of HIV remains significantly higher in women, accounting for 0.56 percent, compared to their male counterparts (0.06 percent), annual incidence of HIV among young

people aged 15-24 years is 0.40 percent, and is 0.41 percent among adults aged 25-24 years. Key populations account for 31 percent of new infections every year.

TB is one of the top ten causes of deaths in Zambia and is ranked 21st among the 30 high TB countries. Zambia has made progress against the disease, decreasing TB incidence by 18 percent from 2015 to 2020 and decreasing mortality by 30 percent over the same period. TB incidence in HIV positive individuals has been steadily declining since 2000 from 600 cases per 100,000 population to 100 cases per 100,000 population in 2020.

Zambia remains a high-burden malaria country, with over 7 million malaria cases estimated in 2021. In the same year, 340 out of every 1,000 people were estimated to have had a case of malaria and 29 percent of children under the age of five tested positive for malaria. The risk of malaria infection is 4.5 times greater in the rural areas where 77 percent of the population live than in the urban areas.

1.48 Risks and mitigation measures

Implementation readiness. For the 2023-2025 allocation period, despite the continuation of the same Principal Recipients from the 2020-2022 period, significant alterations in implementation arrangements have been made to optimize operations. These modifications encompass the reorganization of the grant management unit and a substantial reduction in the number of Secondary Recipients, from over 100 to just 16 under the Ministry of Health. A tailored capacity assessment was conducted for both Principal Recipients to ensure readiness for new programmatic areas in the 2023-2025 allocation period.

1.49 Co-financing

2020-2022 allocation period: Zambia's health expenditure increased from US\$295 million in the 2017-2019 period to US\$511 million in the 2020-2022 allocation period. Despite investing US\$73 million towards its commitment of US\$78 million in HIV, TB, and malaria programs, Zambia fell short of its co-financing total minimum requirement of US\$ 401 million. The Secretariat highlighted that this shortfall was influenced by the inflationary co-financing requirement set in the 2020-2022 allocation period as a result of the inclusion of a regional TB loan in the total requirement, and by a constrained macroeconomic environment, including a rapidly increasing debt to GDP ratio, compounded by global commodity price fluctuations, the 2019 droughts, and the COVID-19 pandemic. These factors contributed to low growth, large fiscal deficits, high inflation and an unsustainable debt burden.

Considering these challenges, the Secretariat granted Zambia a waiver for its 2020-2022 co-financing requirement and established a revised baseline for the 2023-2025 allocation period to align with the current economic reality.

2023-2025 allocation period: Zambia submitted a draft commitment letter for the 2023-2025 allocation period which the Secretariat considered ambitious, in light of the country's constrained macroeconomic and fiscal context which is exacerbated by its debt distress. A revised commitment letter has been requested to reflect a more realistic outlook, to be submitted to the Secretariat by 30 June 2024 as stipulated in the Grant Confirmation.

1.50 GAC review and recommendation

- The GAC appreciated the US\$13.2 million in efficiencies identified in the malaria grants which were reinvested towards covering the gap in LLINs and a Malaria Matchbox assessment and the US\$15.4 million in efficiencies identified in the HIV/TB grants which were reinvested towards program management, CSS, and HPMS strengthening. The GAC

also noted the programmatic gaps that remained despite these reinvestments, including gaps in LLINs for the mass campaign in Year 3 of the grants, investments in quality of service and mentorship capacity development for ART supervision, and for biomedical prevention services.

- The GAC acknowledged that Zambia was designated Matching Funds for HIV Prevention for Pre-exposure prophylaxis; Community Systems and Responses, and Finding and Treating the Missing People with DS-TB and DR-TB. The TRP confirmed that access and programmatic conditions have been met, and the Secretariat reaffirmed this during grant-making.
- The GAC noted the implementation arrangements for the HIV program which will use a well-performing Sub-Recipient to focus on HIV programming for key populations and for high-risk AGYW. The GAC also noted that the Ministry of Health will be supported in the selection of this Sub-Recipient by a CCM-constituted technical team which includes Partners, and that, once chosen, the Secretariat will undertake a capacity assessment to address residual risks.
- **Complementarity with C19RM.** The Secretariat emphasized that the development of the C19RM Wave 2 portfolio optimization and reinvestment strategy was coordinated with the funding request and grant-making process for the 2023-2025 allocation period. This coordination ensured optimal complementarity and synergy across investments, reinforcing pandemic preparedness and RSSH. Key areas of complementarity between the 2023-2025 allocation funds and C19RM include strategic investments in CHW capacity building through in-service training on early warning surveillance, integrated disease surveillance and response (IDSR) and community event-based surveillance, scheduled to transition to the 2023-2025 allocation from Year 3. Furthermore, synergistic investments are being made in surveillance such as IDSR/early warning systems, with C19RM funds complementing grant activities focused on capacity building. The Secretariat noted C19RM's role in bolstering grant investments in enhancing public laboratory networks through strengthening public health laboratory systems and surveillance. Additionally, C19RM will support activities in HPMS strengthening, particularly in waste management, and wastewater surveillance. C19RM funds will also be used to strengthen the health system, including support and capacity building for 4,000 community-based volunteers for two years (2024-2025) and related capacity-building activities, which will later transition to the grant for sustainability.

HIV

- GAC Partners voiced their support for the HIV program and emphasized the necessity for enhanced dialogue between the CCM and in-country partners to ensure that investments are coordinated and synergistic, particularly in areas such as CLM, PrEP, prevention and monitoring of sexual exploitation, abuse and harassment and other critical aspects. Partners noted opportunities to optimize program management costs and procurement processes, including potential efficiencies in warehousing and shipping.
- The Secretariat welcomed inputs from GAC Partners regarding the pursuit of additional efficiency gains, noting commitment to enhancing value for money across activities and funding sources to maximize impact. The Secretariat will coordinate closely with the CCM and will continue to engage proactively with in-country partners during implementation to ensure that efforts are synchronized and effectively avoid duplication to strengthen the overall effectiveness and impact of the HIV program to meet targets.
- The GAC and Partners commended the Secretariat for the targeted approach, recognizing the substantial progress made towards global targets and key indicators, achieved through close collaboration with in-country stakeholders. Partners expressed their support of the

modifications implemented to streamline the grant's execution in the 2023-2025 allocation period. Additionally, the GAC valued Zambia's strategic emphasis on curbing new HIV infections, particularly lauding the grant's focused investments in prevention programs for AGYW and their male sexual partners in areas with high HIV incidence.

- GAC Partners recognized the substantial investment in the PrEP Prevention package targeting AGYW and their male sexual partners could be further enhanced by focusing not only on procurement but also on demand generation for PrEP, particularly emphasizing community literacy for event-based PrEP. Partners highlighted the cost-effectiveness of such interventions, suggesting that increasing awareness and understanding of PrEP in the community could significantly amplify the impact of these investments.

TB

- GAC Partners congratulated the Secretariat for their support in developing Zambia's TB grant, highlighting their close engagement during the funding request development and the creation of the community, rights, and gender assessment and action plan. The Partners commended the notable improvements in TB notifications in recent years, praising Zambia's resilience during the COVID-19 pandemic and the adoption of innovations from that period, such as data-driven actions, which have significantly enhanced treatment coverage, now exceeding 90 percent. Additionally, Partners encouraged further scaling up of public-private mix strategies, especially in Lusaka and Copperbelt regions, to elevate the response.

Malaria

- GAC Partners expressed their support for malaria investments in vector control and case management, noting the alignment with the National Strategic Plan and the well-coordinated roles among in-country partners and stakeholders. They also highlighted opportunities for further streamlining activities to enhance efficiency. Specifically, there was a suggestion to re-program certain activities to prevent duplication between the therapeutic advocacy studies and the substantial "test program" included in the Global Fund grant, ensuring optimal use of resources. The Secretariat welcomed the recommendations from Partners, noting that streamlining efforts would free up resources within the Global Fund grants, allowing for investment in additional priority areas.
- The Secretariat emphasized the critical programmatic risk posed by the 41 percent funding gap for LLINs needed for the mass campaign, highlighting the decline in household coverage by IRS or ITNs from 84 percent in 2018 to 71 percent in 2021. Continued advocacy efforts with in-country stakeholders and partners are essential to address these unmet needs. Partners inquired about the necessity for disbursements and reforms to streamline procurement in the 2023-2025 allocation period, emphasizing the time-sensitive nature of vector control interventions. The Secretariat highlighted ongoing efforts to support the Ministry of Health in addressing bottlenecks, noting that procurement itself is often not the main issue, but rather fiduciary assurance issues and planning processes, which pose a significant challenge in Zambia's economic context, particularly as the Government addresses debt concerns. The Secretariat welcomed continued collaboration to support the Ministry of Health mitigate these risks and to bolster the country's planning thought implementation.

Zanzibar HIV/TB and Malaria: Ministry of Health of the Revolutionary Government of Zanzibar (QNB-C-MOH and QNB-M-MOH)

1.51 Co-financing

2020-2022 allocation period: Zanzibar has substantially increased its domestic financing of health, with an increase from TSh 87 billion in expenditure in the 2017-2019 allocation period to TSh 205 billion in the 2020-2022 allocation period. The share of the health budget as a proportion of the total government budget rose from 8 percent to 11.2 percent over the same period. Zanzibar's co-financing towards HIV, TB, malaria and RSSH programs in the 2020-2022 allocation period was estimated at US\$9.3 million. This country's co-financing realization for the period exceeded the total minimum co-financing requirement of US\$ 7.3 million; and thus, the requirement was considered as met.

2023-2025 allocation period: Zanzibar has conditionally met its co-financing requirements for the 2023-2025 allocation period, pending its submission of a signed commitment letter by 30 June 2024. The country has committed to setting right-sized targets for domestic investments in HIV, TB and malaria, aligned with the STC policy, as the country transitions from the low-income co-financing cohort of countries to lower-middle income cohort.

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

A private sector contribution of US\$14.5 million was made available for HIV Self-Testing Matching Funds for the 2020-2022 funding cycle, subject to access and programmatic conditions communicated in relevant countries' allocation letters. Since performance-based targets have been achieved during the course of implementation, this private sector donor has agreed to contribute an additional US\$10 million to cover technical assistance and programmatic needs related to HIV self-testing as set out in the UQD Register of the following portfolios: Malawi, Nigeria, Uganda and Zambia. Of this amount, US\$2,000,000 has been approved by the Board for Nigeria (GF-B49-ER03); as well as US\$2,200,000 for Malawi and US\$2,200,000 for Zambia (GF-B49-ER06).

In this report, the Secretariat recommends to the Board an additional funding revision for the Uganda (UGA-H-MOFPED and UGA-C-TASO) grants.

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

Uganda has been granted additional funding from a private sector donor based on its strong performance and ambitious plans for scaling up and innovating HIV testing approaches, especially among key populations. Uganda's strategy for HIV self-testing (HIVST) has proven effective in reaching vulnerable groups by distributing HIVST kits in accessible locations like one-stop shops, peer networks and community hotspots frequented by key populations. Emphasis is placed on key populations because they are expected to use HIVST kits correctly and yield high testing rates. While directly assisted HIVST is preferred for quality assurance, unassisted distribution is also available.

The aim of this additional funding is to enhance HIV diagnosis, particularly among key populations and vulnerable groups, to align them with the national average. This investment will specifically be utilized to procure 885,208 HIV self-test kits. The investment will also cover associated program management costs. The distribution of these kits is expected to increase awareness of HIV status, especially through the proven peer-to-peer strategy in HIVST among key and priority populations at the community level.

Uganda is implementing diverse models for distributing HIVST kits to enhance access and utilization among key and priority populations. The peer-to-peer strategy, led by the Ministry of Health and, TASO and other implementing partners, involves community mobilization by peers within these populations through (i) targeted community outreach, (ii) community and facility drop-in centers, (iii) and static health facilities. Peers will also facilitate referrals for confirmatory testing and linkage to health facilities and drop-in centers for those testing positive, as well as adherence support through peer navigators and digital platforms.

Procurement orders for commodities covered through this additional funding will leverage the Global Fund's Pooled Procurement Mechanism and existing in-country storage and distribution systems will be utilized.

Privileges and Immunities

2.1 Of the applicants for which funding recommendations are currently being made, Burundi, Djibouti, Moldova, Senegal and Togo 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,⁶ the following summary of relevant past decision points is submitted to contextualize the decision points proposed in Section I above.

Relevant past Decision Point	Summary and Impact
GF/B43/EDP14: Decision on the Secretariat's recommendation for funding the Uganda HIV grants	This decision point approved the Uganda HIV grants (UGA-H-MOFPED and UGA-C-TASO)

⁶ GF/B32/DP05: Approval of the Governance Plan for Impact as set forth in document GF/B32/08 Revision 2 (<http://www.theglobalfund.org/Knowledge/Decisions/GF/B32/DP05/>)