

Electronic Report to the Board

Report of the Secretariat's Grant Approvals Committee

GF/B53/ER03

Board Decision

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

1. GF/B53/EDP03: Decision on the Secretariat's Recommendation on Funding from the 2023-2025 Allocation.¹
2. GF/B53/EDP04: Decision on the Secretariat's Recommendation on Additional Funding to Finance Unfunded Quality Demand from the 2023-2025 Allocation Period.²

Document Classification: Internal.

Document Circulation: Board Members, Alternate Board Members, Constituency Focal Points and Committee Members. This document may be shared by the Focal Points within their respective Board constituency. The document must not however be subject to any further circulation or otherwise be made public.

¹ The Secretariat recommends the approval of funding from the 2023-2025 Allocation for one grant: Serbia HIV, up to an amount of **EUR 2,256,916** of country allocation funding.

² The Secretariat recommends the approval of **US\$20,500,000 and EUR 8,555,250** of additional funding through private sector contributions to be integrated into the 2023-2025 allocation period Afghanistan HIV/TB/Malaria, The Gambia Malaria, Mozambique HIV and Malaria (3 grants), Niger Malaria and TB (2 grants), Rwanda HIV/TB, Somalia Malaria and TB (2 grants) and Zambia Malaria grants.

Decision

Decision Point: GF/B53/EDP03: 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/B53/ER03 ("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/B53/EDP04: Decision on the Secretariat's Recommendation on Additional Funding to Finance Unfunded Quality Demand from the 2023-2025 Allocation Period

The Board:

1. Approves the revised budget recommended for the grants listed in Table 2 of GF/B53/ER03 ("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 one grant: Serbia HIV, up to an amount of **EUR 2,256,916** of country allocation funding.

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

The funding request for the country component was 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 grant in Table 1 and has deemed the grant 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\$20,500,000 and EUR 8,555,250** of additional funding through private sector contributions to be integrated into the 2023-2025 allocation period Afghanistan HIV/TB/Malaria, The Gambia Malaria, Mozambique HIV and Malaria (3 grants), Niger Malaria and TB (2 grants), Rwanda HIV/TB, Somalia Malaria and TB (2 grants) and Zambia Malaria grants as set out at Table 2.

Grant Revisions Approved by the Secretariat

The Secretariat hereby notifies the Board that it has approved, pursuant to its delegated authority, the following extension as set out at Table 3:

- 6-month extensions for the South Africa HIV/TB grants to be funded through the savings in the current grant.

Secretariat Update on Co-financing Commitments from Board-approved 2023-2025 Allocation Period Grants

- The Secretariat hereby notifies the Board, as set out in Table 5, of the co-financing compliance outcomes for the following countries and components: Multicountry North Africa – Algeria (HIV) and Madagascar (HIV, TB, Malaria and RSSH). This includes, where relevant, final co-financing compliance assessments from the 2020-2022 allocation period and final co-financing commitments for the 2023-2025 allocation period.

Input Sought

The Board is requested to review the request and agree on a 'no objection' basis, the decision point GF/B53/EDP03: Decision on the Secretariat's Recommendation on Funding from the 2023-2025 Allocation; and decision point GF/B53/EDP04: Decision on the Secretariat's Recommendation on Funding Unfunded Quality Demand (UQD) from the 2023-2025 Allocation Period.

Table 1: Secretariat's Recommendation on Funding from the 2023-2025 Allocation

All relevant supporting documents are available for review through the following [link](#).

N	Applicant	Disease Component	Grant Name*	Grant End Date	Currency	Total Program Budget	Catalytic Funds in Grant	Domestic Commitment **	Unfunded Quality Demand (US\$)
1	Serbia	HIV	SRB-H-IPHS	31/12/2028	EUR	2,256,916	-	1,293,068	566,100

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

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

Table 2: Secretariat's Recommendation on Additional Funding to Finance UQD from the 2023-2025 Allocation Period ³

N	Applicant	Disease Component(s)	Grant name	Additional Funding Source	Currency	Previously Approved Grant Budget	Additional Funding	Revised Grant Budget for Approval
1	Afghanistan	HIV/TB/Malaria	AFG-Z-UNDP	Private Sector	US\$	70,257,188	3,200,000	73,457,188
2	The Gambia	Malaria	GMB-M-MOH	Private Sector	US\$	17,551,376	500,000	18,051,376
3	Mozambique	HIV/TB	MOZ-C-CCS	Private Sector	US\$	74,204,423	2,000,000	76,204,423
		Malaria	MOZ-M-WV			63,894,047	4,500,000	68,394,047
		Malaria	MOZ-M-MOH			127,215,755	1,500,000	128,715,755
4	Niger	Malaria	NER-M-CRS	Private Sector	EUR	112,597,063	7,548,750	120,145,813

³ Please see Table 4 for details on the proposed deployment of funds for operationalizing the private sector contributions

		TB	NER-T-MSP			8,317,785	1,006,500	9,324,285
5	Rwanda	HIV/TB	RWA-C-MOH	Private Sector	US\$	126,829,206	3,100,000	129,929,206
6	Somalia	Malaria	SOM-M-UNICEF	Private Sector	US\$	38,913,645	3,500,000	42,413,645
		TB	SOM-T-WV			27,474,515	300,000	27,774,515
7	Zambia	Malaria	ZMB-M-MOH	Private Sector	US\$	54,069,275	1,900,000	55,969,275

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 Policy (GF/B35/DP08, 2016). Where co-financing commitments for the 2023-2025 allocation period are indicated as pending, final commitments will be shared with the Board, upon receipt of duly finalized and signed commitment letters. In most cases, the letters are expected to be received within six months of the implementation period start date, in line with requirements in the Grant Confirmations. The Secretariat will monitor the finalization and realization of commitments over the grant's implementation period. Domestic commitments for disease-specific and health-related spending are subject to local currency value fluctuations against US dollars and Euro currencies.

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

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

Serbia HIV: Institute of Public Health of Serbia "Dr Milan Jovanovic Batut" (SRB-H-IPHS)

1.1 Background and context

Serbia maintains a low HIV prevalence (less than 0.1%), with an estimated 3,300 people living with HIV. The epidemic is concentrated in key populations, with prevalence rates of 5.8% in men who have sex with men, 2.3% in people who inject drugs, and 1.5% among female, male, and transgender sex workers (2021). As of 2021, 87% of people living with HIV are aware of their status, and 75% of those diagnosed receive treatment. Data on viral load suppression remains unavailable.

The program aims to further scale up HIV testing services for all key populations, including men who have sex with men, people who inject drugs and sex workers. Additionally, the grant seeks to institutionalize and strengthen the Ministry of Health's mechanism for contracting non-governmental organizations (NGOs) to deliver HIV prevention services.

1.2 Risks and mitigation measures

Implementation arrangement: The Principal Recipient has transferred from the Ministry of Health to the Institute of Public Health of Serbia (IPHS) to optimize operational efficiency while maintaining programmatic continuity. IPHS is under the authority of the Ministry of Health and leads public health program implementation, surveillance, service quality monitoring and execution of national health strategies.

1.3 Co-financing

2020-2022 allocation period: Serbia is compliant with the co-financing requirements for the 2020-2022 allocation period. Serbia exceeded its co-financing commitment for the 2020–2022 allocation period, investing EUR 694,132 in HIV prevention services. Government health spending has shown a consistent increase, with per capita expenditure rising from approximately EUR 40 in 2000 to EUR 486 in 2021.

2023-2025 allocation period: Serbia is compliant with the minimum co-financing requirements for the 2023-2025 allocation period. Serbia has submitted a commitment letter to invest a minimum of EUR 564,230 in HIV programs which is signed by the Minister of Health. At least 50% is designated for interventions targeting key and vulnerable populations.

GAC review and recommendation

- The GAC acknowledged that the grant activities are essential to achieve Serbia's National AIDS Strategy (2018-2025) and ensure quality HIV services for men who have sex with men and other affected key populations, while strengthening social contracting mechanisms for improved service delivery. The GAC appreciated that the grant structure supports long-term sustainability through progressive integration of core activities into national systems and budgets.
- The GAC emphasized the importance of timely and effective transition planning, acknowledging that the Grant Confirmation includes a condition requiring the Principal Recipient to submit by 30 June 2026 a detailed, costed transition plan which assumes a transition away from Global Fund financing by the end of the Implementation Period. The Secretariat noted that this transition plan will demonstrate progress in strengthening the social contracting mechanism and include a commitment to fully transition NGO-led HIV services to government funding by the end of the implementation period.

Summary of the Deliberations of the Secretariat's Grant Approvals Committee on Additional Funding Recommendations

Additional Funding to Finance UQD from 2023-2025 Allocation Period

In line with the Board's request to simplify and streamline revision processes for applicants, the Secretariat submits this report for Board approval of additional private sector funding to support UQD priorities. The additional funding will be incorporated into country grants through grant revisions, which will be formally notified to the Board at a later stage. The proposed approach provides countries with flexibility to align the revisions with the ongoing Grant Cycle 7 ((2023-2025 allocation period) (GC7)) mid-cycle reprioritization and revision exercise, minimizing administrative burden and duplication for countries and the Secretariat. Table 4 summarizes the objectives, key interventions and expected outcomes of the proposed investments across the affected grants.

Additional Funding Revisions: Afghanistan, The Gambia, Mozambique, Niger, Rwanda, Somalia and Zambia

2.1 Investment Case

Climate and Health: In August 2024, the Board approved "Climate and Health" as a new priority under the 2023–2025 Catalytic Investment Priorities (GF/B51/ER06). Subsequently, in January 2025, the Global Fund launched the Climate and Health (CxH) Catalytic Fund. This is financed through private sector contributions from the Bill & Melinda Gates Foundation and Foundation S.

The CxH Catalytic Fund will be deployed through two channels: (i) grant revisions into country grants funding UQD, and (ii) the CxH Strategic Initiative approved by GAC on 14 May 2025.

Investments will prioritize interventions with clear linkages to the Global Fund's core HIV, TB, malaria and RSSH programs and climate rationale. The priority intervention areas to be funded by the CxH Catalytic Fund as approved by the Board include:

- i. climate adaptation needs of Malaria, TB and HIV/AIDS programs in countries most affected by climate change;
- ii. building climate resilience of health systems in climate-vulnerable countries with high HIV, TB and malaria burden; and
- iii. promoting low-carbon, environmentally sustainable technologies and approaches in climate - vulnerable countries with significant Global Fund investments.

Countries included in this Board Report include the first set of target countries: Afghanistan, Mozambique, Niger, Rwanda, Somalia and Zambia. Country selection was informed by a composite set of criteria, including climate vulnerability and readiness index, climate-relevant UQD, operational feasibility and investment rationale. These investments will be complemented by targeted technical assistance through the CxH Strategic Initiative.

Catholic Relief Services: This report also includes an additional funding request from a US\$3 million Catholic Relief Services contribution to finance seasonal malaria chemoprevention (SMC) activities in The Gambia and Niger. In Niger, US\$2.5 million will be invested to strengthen and expand the 2026 SMC campaign, which will target 5.7 million under-5 children in the 72 districts of Niger. In The Gambia, US\$500,000 will be invested to strengthen SMC implementation and pilot innovative approaches.

Grant revisions are expected to be completed in parallel with the ongoing GC7 reprioritization exercise expected to be completed in Q3 2025.

Additional Information

Table 3: Grant Extensions Approved by the Secretariat

N	Applicant	Disease Component	Grant Name*	Currency	Budget for Proposed Extension Period	Additional Funding Required	Previous Extensions Granted (Cumulative in Months)	Proposed Extension Duration (Months)	Proposed End Date	Rationale
1	South Africa	HIV/TB	ZAF-C-NDOH	US\$	38,280,828	- 16,835,272	-	6	30/09/2025	A six-month extension is sought to ensure the continuation of essential services, pending grant-making negotiations of the 2023-2025 allocation period grant.
2	South Africa	HIV/TB	ZAF-C-AFSA	US\$	11,108,294	- 18,645,472	-	6	30/09/2025	A six-month extension is sought to ensure the continuation of essential services, pending grant-making negotiations of the 2023-2025 allocation period grant.

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

Table 4: Proposed Deployment of Private Sector Contributions

The Board is hereby notified that the Secretariat proposes the deployment of funds for the private sector funding as follows:

Applicant	Grant name(s)	Currency	Additional Funding	Rationale/Objectives	Selected key Interventions/Activities	Expected Results
Afghanistan	AFG-Z-UNDP	US\$	3,200,000	(i) Reduce exposure and vulnerability of target populations to TB and related infectious diseases due to climate-related disasters and displacement by providing climate-resilient TB diagnostic services and proactive outreach and health screening in hard-to-reach communities and displaced populations; and (ii) protect vulnerable populations including refugees and internally	(i) Community health workers (CHWs) to enable screening of IDPs, particularly women experiencing restrictions including for seeking healthcare; (ii) procurement of portable X-ray machines for IDP screening within 69 settlements in 15 provinces and Artificial Intelligence (AI)-supported diagnostics; and	(i) Target risk groups affected by climate related disasters and displacements screened and tested for TB and other associated diseases. An estimated 1,746,960 IDPs verbally screened for TB symptoms and 70,215 tested with mobile X-rays and GeneXpert machines; and (ii) target risk groups affected by climate related disasters and displacements protected by distributed LLINs. Estimated

Applicant	Grant name(s)	Currency	Additional Funding	Rationale/Objectives	Selected key Interventions/Activities	Expected Results
				displaced persons (IDPs) from increased malaria risks associated with climate change.	(iii) additional long-lasting insecticidal nets (LLINs) for refugees and IDPs in six malaria high-risk provinces.	324,561 LLINs distributed to climate refugee households
The Gambia	GMB-M-MOH	US\$	500,000	Support the implementation of SMC in the Gambia.	<p>(i) Rapid assessment with community members and health officials to inform improved strategies for SMC implementation; and</p> <p>(ii) operational costs of SMC implementation in S2 2025 and 2026 in Kombo Central district, (one of the four regions implementing SMC under the GC7 grant), utilizing the findings from the rapid assessment to improve SMC uptake.</p>	Ensure that the planned geographical coverage for SMC under GC7 is maintained, and that context-specific adaptations are developed and implemented (particularly in Kombo Central district) to achieve full SMC uptake across all four cycles, in alignment with WHO recommendations and National Malaria Control Program (NMCP) guidelines.
Mozambique	MOZ-C-CCS, MOZ-M-WV, MOZ-M-MOH	US\$	8,000,000	<p>(i) Ensure continuity of HIV testing, prevention, treatment, follow-up, and psychosocial support in areas impacted by climate-related disasters and displacement (including regions affected by Cyclone Idai (2019); Cyclone Freddy (2023); and Cyclones Chido, Dikeledi, and Jude (2024–2025); and</p> <p>(ii) expand SMC to climate-vulnerable provinces to mitigate increased malaria risk among children due to shifting rainfall patterns and rising temperatures.</p>	<p>(i) Strengthen and expand mobile clinics and outreach brigades to deliver healthcare services to displaced populations, including HIV prevention (testing, condom distribution, and pre-exposure prophylaxis (PrEP) rollout) and continuity of antiretroviral therapy (ART); and</p> <p>(ii) extend SMC to prioritized districts in Cabo Delgado and Tete to reduce children's vulnerability to increased malaria risk driven by climate variability and change.</p>	<p>(i) Expanded access to HIV services in disaster-affected areas, including: (a) increased HIV case detection; (b) reduced interruptions in antiretroviral therapy (ART) and improved retention in care during emergencies; and (c) decreased incidence of new infections through enhanced access to comprehensive HIV prevention services; and</p> <p>(ii) improved malaria prevention coverage for up to 462,150 children under five (representing 75% of the target population in high-risk, climate-vulnerable districts).</p>

Applicant	Grant name(s)	Currency	Additional Funding	Rationale/Objectives	Selected key Interventions/Activities	Expected Results
Niger	NER-M-CRS, NER-T-MSP	EUR	8,555,250	<p>(i) Deliver SMC in 2026 in 46 districts with high climate vulnerability and child mortality and morbidity and address longer and more intense malaria seasons due to climate impacts;</p> <p>(ii) enable full national SMC coverage in 2026 across all eligible zones;</p> <p>(iii) enable implementation of the digitalization of SMC campaigns in 8 health districts, through the community platform developed with the C19RM funding;</p> <p>(iv) install solar systems in health facilities with GeneXpert to enable continuity of molecular testing for infectious diseases through solar kits at GeneXpert sites; and</p> <p>(v) improve the resilience of the national TB diagnostic network to power outages and climate-related disruptions.</p>	<p>(i) Procurement and distribution of sulfadoxine-pyrimethamine and amodiaquine for approximately 4.8 million children aged 3–59 months in 46 high-burden, climate-vulnerable districts;</p> <p>(ii) recruitment, training and deployment of seasonal community distributors for four SMC cycles and supervision and monitoring of SMC campaigns at all implementation levels;</p> <p>(iv) implementation of SMC campaign digitalization in 8 selected health districts (community platform developed under C19RM);</p> <p>(v) community sensitization and engagement activities to ensure uptake and adherence;</p> <p>(vi) procurement and installation of solar energy systems in selected health facilities equipped with GeneXpert platforms;</p> <p>(vii) upgrade of electric systems of TB diagnostic network to ensure uninterrupted service and prevent damage or malfunction of diagnostic equipment; and</p> <p>(viii) quality assurance of equipment installation and establishment of a maintenance and sustainability mechanism.</p>	<p>(i) 4.8 million children aged 3-59 months protected through full SMC coverage in 2026 across all eligible districts;</p> <p>(ii) 51 health districts covered by SMC implementation with climate-relevant support;</p> <p>(iii) digitalized SMC campaign in 8 districts, improving data accuracy and campaign monitoring;</p> <p>(iv) 46,288 presumptive TB patients tested with rapid molecular tests (coverage of 65% in 2026); and</p> <p>(v) health facilities equipped with GeneXpert systems experience reduced diagnostic downtime due to improved energy access; and strengthened resilience of TB diagnostic services to climate-related disruptions.</p>

Applicant	Grant name(s)	Currency	Additional Funding	Rationale/Objectives	Selected key Interventions/Activities	Expected Results
Rwanda	RWA-C-MOH	US\$	3,100,000	<p>(i) Expand Rwanda's national community-based health insurance (CBHI) coverage to help low-income populations reduce negative coping strategies (i.e. not seeking essential healthcare) in response to climate-driven shocks to income and livelihoods;</p> <p>(ii) prevent loss of essential health data from climate disasters and improve communities' disaster preparedness and healthcare access for vulnerable populations; and</p> <p>(iii) To support the decentralized analysis and use of integrated malaria and climate data to guide the implementation of Reactive Case Detection (RADC) for malaria in high-burden sectors.</p>	<p>(i) National CBHI coverage expansion to cover the enrolment of 934,000 individuals from low-income populations increasingly vulnerable to climate change;</p> <p>(ii) scale up the deployment of community-based electronic medical records with 4,545 devices and internet connectivity for CHWs to strengthen community-based surveillance as part of strengthening pandemic preparedness and response, indirectly benefitting 1,090,800 individuals; and</p> <p>(ii) implementation of RADC strategy in 75 sectors through the collection analysis, review and use of malaria and climate data at decentralized level.</p>	<p>(i) Enhance healthcare utilization and financial protection for vulnerable populations increasingly affected by climate impacts on food security and livelihoods; and</p> <p>(ii) enhanced data availability and use at decentralized and community level to detect and respond to malaria and other climate-sensitive disease upsurges and epidemics in climate vulnerable areas.</p>

Applicant	Grant name(s)	Currency	Additional Funding	Rationale/Objectives	Selected key Interventions/Activities	Expected Results
Somalia	SOM-M-UNICEF, SOM-T-WV	US\$	3,800,000	<p>(i) Somalia is experiencing malaria outbreaks in areas previously unaffected by malaria due to climatic events, putting new communities at risk; and</p> <p>(ii) high rates of climate-driven displacement have created overcrowded and unsanitary living conditions, increasing the risk of TB transmission. Displaced populations often lack access to regular health services, making mobile diagnostic units critical for early TB screening and treatment initiation in high-risk settings. Routine hotspot mapping enhances the program's ability to adapt its mobile screening strategy to this rapidly evolving demographic landscape.</p>	<p>(i) Additional LLINs (approximately 900,000 nets) to protect communities in outbreak-affected zones, including IDPs, from climate-driven increase in malaria risks; and</p> <p>(ii) expansion of mobile TB diagnostic capacity (including hotspot mapping and equipment for mobile services) to enable on the spot systematic screening, identification of presumptive TB and diagnosis.</p>	<p>(i) An estimated 1.8 million people among target risk groups affected by climate related outbreaks and displacements will be protected by insecticide treated nets; and</p> <p>(ii) approximately 40,000 IDPs and other people at high risk for TB will be screened in the remaining grant period.</p>
Zambia	ZMB-M-MOH	US\$	1,900,000	Increase the adaptive capacity and climate-resilience of health information systems. Climate informed early warning surveillance and response systems will help predict outbreaks of malaria and other climate-sensitive epidemic prone diseases in the era of changing climate.	<p>(i) Capacity building/training of Frontline all CHWs in entomological surveillance especially in mapping or geocoding breeding sites and linking them to the existing malaria surveillance system;</p> <p>(ii) capacity building/training of all the health facility staff in Epidemic Preparedness and response (EPR); and</p> <p>(iii) procure reporting phones and talk time, tablets and computers for CHWs and health facility staff.</p>	<p>(i) Country progress toward achieving one or more of criteria for climate-informed early warning systems for malaria and other climate-sensitive infectious diseases;</p> <p>(ii) 116 districts with access to climate data for early warning surveillance and response system for malaria; and</p> <p>(iii) 116 districts with CHWs trained in entomological surveillance and health workers trained in EPR.</p>

Table 5: Secretariat Update on Co-Financing Commitments from the Board from 2023-2025 allocation period grants

The Secretariat hereby notifies the Board of the status of co-financing for the 2020-2022 and 2023-2025 allocation periods pertaining to Board-approved 2023-2025 allocation period grants assessed as “conditionally compliant” or “conditionally non-compliant” at the time of Board approval. For these countries, a grant requirement was included in Grant Confirmations, requesting specific information and/or a final signed commitment letter to be submitted by an agreed due date to finalize the compliance assessment. Throughout grant implementation, the Secretariat will notify the Board of final co-financing compliance for outstanding countries. This report provides an update on co-financing compliance for the following countries:

Country	Components	2020-2022 Allocation Period		2023-2025 Allocation Period	
		Status at Board Approval	Update	Status at Board Approval	Update
Multicountry North Africa – Algeria)	HIV	Exemption Algeria did not have a 2020-2022 allocation; therefore, co-financing requirements are not applicable.	n/a	Conditionally compliant Updated commitment letter pending submission (due by 30 June 2024).	Compliant The government submitted the final commitment letter on 13 April 2025, with commitments meeting the total minimum requirements: <ul style="list-style-type: none"> HIV: US\$79,887,825
Madagascar	HIV, TB, Malaria, RSSH	Waiver The requirements were waived due to macroeconomic challenges affecting government capacity and government prioritization of health financing.	n/a	Conditionally compliant Updated commitment letter pending (due by 31 October 2024).	Non-compliant The government submitted a commitment letter on 24 August 2023, with a commitment of US\$6,978,838 across the three disease components and RSSH. However, this amount did not meet the total minimum requirement of US\$14,960,230. No updated commitment letter was submitted by the country. As a result, the Secretariat approved an allocation reduction, reducing the 2023-2025 grants proportionally by US\$10,069,388.

Privileges and Immunities

Of the applicants for which funding recommendations are currently being made, Afghanistan, Mozambique, Niger and Rwanda have signed and ratified the Global Fund Agreement on Privileges and Immunities.

Document Classification: Internal.

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

This document may be shared by the Focal Points within their respective Board constituency. The document must not, however be subject to any further circulation or otherwise be made public.

Annex 1 – Relevant Past Decisions

Pursuant to the Governance Plan for Impact as approved at the Thirty-Second Board Meeting,⁴ 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
GF/B51/ER06: Climate & Health Catalytic Investment Priority for Grant Cycle 7	This decision point approved “Climate and Health” as a new priority under the 2023–2025 Catalytic Investment Priorities
GF/B49/EDP06: Decision on the Secretariat’s Recommendation on Funding from the 2023-2025 Allocation	This decision point approved the allocation funding for the Afghanistan (AFG-Z-UNDP) grant
GF/B50/EDP23: Decision on the Secretariat’s Recommendation on Funding from the 2023-2025 Allocation	This decision point approved the allocation funding for the Gambia (GMB-M-MOH) grant
GF/B50/EDP10: Decision on the Secretariat’s Recommendation on Funding from the 2023-2025 Allocation	This decision point approved the allocation funding for the Mozambique (MOZ-C-CCS, MOZ-M-WV, MOZ-M-MOH) grant
GF/B49/EDP12, GF/B51/EDP14: Decision on the Secretariat’s Recommendation on Funding from the 2023-2025 Allocation	This decision point approved the allocation funding for the Niger (NER-M-CRS, NER-T-MSP) grant
GF/B50/EDP23: Decision on the Secretariat’s Recommendation on Funding from the 2023-2025 Allocation	This decision point approved the allocation funding for the Rwanda (RWA-C-MOH) grant
GF/B50/EDP05, GF/B50/EDP03: Decision on the Secretariat’s Recommendation on Funding from the 2023-2025 Allocation	This decision point approved the allocation funding for the Somalia (SOM-M-UNICEF, SOM-T-WV) grant
GF/B50/EDP05: Decision on the Secretariat’s Recommendation on Funding from the 2023-2025 Allocation	This decision point approved the allocation funding for the Zambia (ZMB-M-MOH) grant
GF/B46/EDP21: Decision on the Secretariat’s Recommendation on Funding from the 2020-2022 Allocation	This decision point approved the allocation funding for the South Africa (ZAF-C-NDOH) grant
GF/B50/EDP10: Decision on the Secretariat’s Recommendation on Funding from the 2023-2025 Allocation	This decision point approved the allocation funding for the Multi-Country North Africa (QPD-H-UNDP) grant
GF/B50/EDP13, GF/B50/EDP05, GF/B51/EDP01: Decision on the Secretariat’s Recommendation on Funding from the 2023-2025 Allocation	This decision point approved the allocation funding for the Madagascar (MDG-C-PSI, MDG-M-PSI, MDG-S-MOH) grant

⁴ 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/>)

