

# Electronic Report to the Board

## Report of the Secretariat's Grant Approvals Committee

GF/B53/ER18

### Board Decision

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

1. GF/B53/EDP20: Decision on the Secretariat's Recommendation on Funding from the 2023-2025 Allocation.<sup>1</sup>
2. GF/B53/EDP21: Decision on the Secretariat's Recommendation on Additional Funding to Finance Unfunded Quality Demand from the 2023-2025 Allocation Period.<sup>2</sup>

*Document Classification: Internal.*

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<sup>1</sup> The Secretariat recommends the approval of funding from the 2023-2025 Allocation for (i) two grants: Colombia HIV and Peru HIV/TB, up to an amount of **US\$39,909,171** of country allocation funding; and (ii) one multicountry grant: Multicountry Southern Africa MOSASWA Malaria, up to an amount of **US\$8,000,000** of multicountry catalytic funding and **US\$16,000,000** of private sector contribution.

<sup>2</sup> The Secretariat recommends the approval of **US\$7,089,769** and **EUR 250,000** of additional funding through private sector contributions to be integrated into the 2023-2025 allocation period Congo (Democratic Republic) Malaria and RSSH (2 grants), Ethiopia Malaria, Ghana HIV/TB and Malaria (2 grants), Guinea-Bissau Malaria, Multicountry Southern Africa MOSASWA Malaria, and Nigeria Malaria grants.

# Decision

## **Decision Point: GF/B53/EDP20: 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/ER18 ("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/EDP21: 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/ER18 ("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 (i) two grants: Colombia HIV and Peru HIV/TB, up to an amount of **US\$39,909,171** of country allocation funding; and (ii) one multicountry grant: Multicountry Southern Africa MOSASWA Malaria, up to an amount of **US\$8,000,000** of multicountry catalytic funding and **US\$16,000,000** of private sector contribution.

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 the country components 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\$7,089,769 and EUR 250,000** of additional funding through private sector contributions to be integrated into the 2023-2025 allocation period Congo (Democratic Republic) Malaria and RSSH (2 grants), Ethiopia Malaria, Ghana HIV/TB and Malaria (2 grants), Guinea-Bissau Malaria, Multicountry Southern Africa MOSASWA Malaria and Nigeria Malaria grants as set out in Table 2.

### Grant Revisions Approved by the Secretariat

The Secretariat hereby notifies the Board that it has approved, pursuant to its delegated authority: **US\$18,600,000** and **EUR 8,555,250** to be integrated into the 2023-2025 allocation period Afghanistan

HIV/TB/Malaria, The Gambia Malaria, Mozambique HIV/TB and Malaria (3 grants), Niger Malaria and TB (2 grants), Rwanda HIV/TB, and Somalia Malaria and TB (2 grants) grants, as set out in Table 4.<sup>3</sup>

### **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 East Asia and Pacific RAI - Thailand (Malaria) and Senegal (HIV, TB and Malaria). 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/EDP20: Decision on the Secretariat's Recommendation on Funding from the 2023-2025 Allocation; and decision point GF/B53/EDP21: Decision on the Secretariat's Recommendation on Funding Unfunded Quality Demand (UQD) from the 2023-2025 Allocation Period.

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<sup>3</sup> GF/B53/EDP04: Decision on the Secretariat's Recommendation on Additional Funding to Finance Unfunded Quality Demand 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	Colombia	HIV	COL-H-PRF	31/12/2028	US\$	19,071,271	-	US\$ 11,000,000	2,387,574
2	Multicountry Southern Africa MOSASWA	Malaria	QPA-M-LSDI	31/12/2028	US\$	24,000,000	8,000,000	N/A	10,139,483
3	Peru	HIV/TB	PER-C-SES	31/12/2028	US\$	20,837,900	-	HIV: US\$ 286,760,000 TB: US\$ 425,800,000	18,181,653

\* 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<sup>4</sup>**

N	Applicant	Disease Component(s)	Grant name <sup>5</sup>	Additional Funding Source	Currency	Previously Approved Grant Budget	Additional Funding	Revised Grant Budget for Approval
1	Congo (Democratic Republic)	RSSH	COD-S-MOH	Private Sector	US\$	39,643,340	907,818	40,551,158
		Malaria	COD-M-SANRU			315,477,029	599,182	316,076,211
2	Ethiopia	Malaria	ETH-M-FMOH	Private Sector	US\$	98,975,458	1,186,617	100,162,075
3	Ghana	HIV/TB	GHA-C-MOH	Private Sector	US\$	99,277,750	685,000	99,962,750
		Malaria	GHA-M-MOH			90,464,333	1,055,000	91,519,333
4	Guinea-Bissau	Malaria	GNB-M-UNDP	Private Sector	EUR	26,635,337	250,000	26,885,337
5	Multicountry Southern Africa MOSASWA Malaria	Malaria	QPA-M-LSDI	Private Sector	US\$	24,000,000	710,499	24,710,499
6	Nigeria	Malaria	NGA-M-CRS	Private Sector	US\$	295,361,294	1,945,653	297,306,947

<sup>4</sup> Please see Table 3 for details on the proposed deployment of funds for operationalizing the private sector contributions.

<sup>5</sup> The Grant names are subject to change based on the ISO code.

# 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:

## Colombia HIV: Asociación Profamilia (COL-H-PRF)

### 1.1 Background and context

Colombia faces a concentrated HIV epidemic, with an estimated 234,490 people living with HIV in 2024. The national HIV prevalence among adults aged 15-49 is 0.6%, and significantly higher among key populations including: men who have sex with men (11.4%-26.4%; 2019), transgender women (18.8%-29.0%; 2019), female sex workers (1.1%; 2012); people who inject drugs (11.8%; 2021), and Venezuelan migrants (1.1%; 2022). These groups experience disproportionate rates of infection, limited access to services, and heightened vulnerability due to stigma, discrimination, and legal or social exclusion. The country has made progress in antiretroviral therapy (ART) coverage and viral suppression, but challenges remain in early diagnosis, pre-exposure prophylaxis (PrEP) uptake, and reaching underserved populations.

This program aims to support Colombia's HIV response through targeted interventions, community engagement, and systems strengthening, with a focus on sustainability and integration into national health structures.

### 1.2 Co-financing

**2020-2022 allocation period:** Colombia met co-financing requirements for the 2020-2022 allocation period. Total government expenditure on HIV increased from US\$ 278,262,592 in the 2017-2019 allocation period to US\$ 341,051,082 in the 2020-2022 allocation period, exceeding the minimum additional requirement of US\$ 4,864,250. The country also demonstrated the uptake of key programmatic interventions for HIV focused on key and vulnerable population, including Venezuelan migrants.

**2023-2025 allocation period:** Colombia met co-financing requirements for the 2023-2025 allocation period with a total commitment of US\$ 11,000,000 focused on HIV prevention, exceeding the minimum

additional requirement. The specific programmatic commitments include strengthening public procurement of promotion and prevention services from community-based civil society organizations and increasing PrEP targets.

### 1.3 GAC review and recommendation

- The GAC acknowledged the 16% overall reduction of Colombia's 2023-2025 allocation following the mid-cycle reprioritization exercise. The Secretariat noted that despite the allocation reduction, the grant's strategic and programmatic focus was maintained.
- The Secretariat confirmed the implementation readiness of the new Principal Recipient, noting that the Year 1 implementation workplan has been developed and contracting of human resources has commenced to be finalized by Q1 2026. The Principal Recipient has initiated discussions with Health Secretaries and non-governmental organizations in prioritized territories to secure contract signings.

## **Multicountry Southern Africa MOSASWA Malaria: Lubombo Spatial Development Initiative 2 NPC (QPA-M-LSDI)**

### 1.4 Background and context

This multicountry grant is a pivotal component of malaria elimination efforts in southern Africa. It continues a collaborative public-private cross-border initiative among Mozambique, South Africa, and Eswatini, aligned with each country's national strategic plan. Southern Mozambique has a high malaria burden and is the primary source of malaria importation into South Africa and Eswatini. The grant aims to work collaboratively with the public and private sectors to (i) achieve elimination of malaria in Eswatini and South Africa by 2028, and (ii) catalyze subnational transmission control and elimination in southern Mozambique (Maputo, Gaza, and Inhambane Provinces) through reducing malaria incidence and prevalence by 40% by 2028.

### 1.5 Co-financing

Co-financing requirements are not applicable to the Multicountry Southern Africa MOSASWA grant. Ensuring the sustainability of activities financed under this grant will remain a priority.

### 1.6 GAC review and recommendation

- The GAC acknowledged that financial sustainability remains a key challenge for this grant. Though it is designed through a more sustainable, country-owned model, the grant still depends heavily on external funding. The GAC highlighted the importance of advocacy to individual government institutions to strengthen political will and resource allocation, as well as harmonization of policies across three sovereign states, and aligning protocols for vector control, case management, and data sharing to advance the goals of this grant.
- The multicountry MOSASWA grant proposed for approval includes additional investments from two private sector donors. In line with practices in the 2020-2022 allocation period, the GAC recommended the inclusion of a grant requirement, making the disbursement of grant funds subject to the availability of funding from the relevant donors to mitigate any risks of delayed donor payments.

## **Peru HIV/TB: Socios en Salud sucursal Perú (PER-C-SES)**

### 1.7 Background and context

Peru is considered a high-burden country for HIV and Tuberculosis (TB), including drug-resistant TB, and has made notable progress in its response (including HIV testing, ART initiation, and significant increase of molecular rapid testing for TB). The country's HIV epidemic is concentrated among key populations and



is most prevalent among transgender women (31 percent), men who have sex with men (10 percent), female sex workers (2.4 percent), and indigenous populations in the Amazonia region (1.8 percent amongst the Awajún population, with a significant mother to child transmission). The National HIV program is increasing efforts towards HIV prevention, including widespread HIV testing amongst at-risk groups, early infant diagnosis, and PrEP. In 2024, the overall HIV cascade reported 87-77-84. In 2023, the TB case notification was 31,686, representing 54% of estimated cases by the World Health Organization (WHO). The TB treatment success rate has improved over the years, especially in drug-resistant TB cases, with the successful introduction of the bedaquiline, pretomanid, linezolid regimen.

This program prioritizes the introduction of innovations, strengthening diagnostic capacity, decentralizing services, and improving community engagement for HIV and TB.

### 1.8 Co-financing

**2020-2022 allocation period:** Peru met co-financing requirements for the 2020-2022 allocation period. Total government expenditure on HIV and TB increased from US\$ 468,421,325 (HIV: US\$ 209,469,682, TB: US\$ 258,951,643) in the 2017-2019 allocation period to US\$ 599,503,056 (HIV: US\$ 250,154,754, TB: US\$ 349,348,302) in the 2020-2022 allocation period, exceeding the minimum additional requirement of US\$ 4,979,294. The country also demonstrated the uptake of key programmatic interventions for HIV and TB focused on key and vulnerable populations.

**2023-2025 allocation period:** Peru met co-financing requirements for the 2023-2025 allocation period with a total commitment of US\$ 286,760,000 for HIV and US\$ 425,800,000 for TB, both far exceeding minimum additional requirements. The country also made specific programmatic commitments for continuity of HIV/TB prevention and treatment services and health products, human resources for health, and maintenance of biomedical equipment.

### 1.9 GAC review and recommendation

- The GAC acknowledged the 16% overall reduction of Peru's 2023-2025 allocation following the mid-cycle reprioritization exercise. The Secretariat noted that despite the allocation reduction, the grant's strategic and programmatic focus was maintained.
- The GAC appreciated the design of the grant, noting that the highly catalytic interventions included in this cycle contribute to advancing HIV and TB national responses and strengthening the overall health system. Some of the innovations include expansion of artificial-intelligence TB screening in high-risk groups, expansion of different options for rapid molecular TB diagnosis, scale up of differentiated HIV testing, prevention and care models for key and vulnerable groups, including PrEP. The Secretariat highlighted that this support enables the country to generate evidence of programmatic innovations that must be validated by the Ministry of Finance before national resources can be mobilized, an effect and sustainable approach to boosting resource mobilization. Peru has a track record of transitioning Global Fund investments to domestic funding within the same grant implementation period.
- GAC partners highlighted the importance of ensuring communities (including people living with HIV) have been meaningfully and continuously consulted, and that the challenging relationships within the sector have not endangered their participation in these processes. The Secretariat acknowledged these dynamics and highlighted the robust engagement of representatives from all civil society groups during grant-making, including vulnerable populations and key populations for HIV and TB. This engagement occurred through the CCM's "Grant Making Committee", collaborations with the Principal Recipient, and specific support in developing strategies for community capacity building, sustainability for community response, and community-led monitoring. The Secretariat reaffirmed that close engagement with communities and civil society representatives will continue during grant implementation.

# 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 follows GF/B53/EDP04, where the Board provisionally approved additional funding revisions for Afghanistan, The Gambia, Mozambique, Niger, Rwanda, Somalia and Zambia to finance investments to support Climate and Health (CxH) and seasonal malaria chemoprevention (SMC) activities.

Table 3 summarizes the objectives, key interventions and expected outcomes of the proposed investments across the affected grants.

### Additional Funding Revisions: Congo (Democratic Republic), Ethiopia, Ghana, Guinea-Bissau, Multicountry Southern Africa MOSASWA, and Nigeria

#### 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 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.

In June 2025, the Board provisionally approved CxH investments in Afghanistan, Mozambique, Niger, Rwanda, Somalia and Zambia. Through Table 4, the Secretariat notifies the Board that it has approved five grant revisions from within this decision, pursuant to its delegated authority.

Countries included in this Board Report include the second set of target countries: Congo (Democratic Republic), Ethiopia, Ghana, Guinea-Bissau, Multicountry Southern Africa MOSASWA, and Nigeria. 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.

Proposed investments remain in line with priority intervention areas to be funded by the CxH Catalytic Fund as approved by the Board, and prioritize interventions with clear linkages to the Global Fund's core HIV, TB, malaria and RSSH programs and climate rationale, including:

- 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 environmentally sustainable technologies and approaches in climate-vulnerable countries with significant Global Fund investments.

Grant revisions are expected to be completed by Q1 2026.

## Additional Information

**Table 3: 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
Congo (Democratic Republic)	COD-S-MOH	US\$	907,818	Congo (Democratic Republic) is among the 10 countries in Africa most affected by mortality related to flooding. Climate-driven displacement and interrupted/hindered access to health commodities and essential health services significantly increase the risk and burden of infectious diseases, including HIV, TB and malaria. Flooding also leads to resurgence of waterborne diseases such as cholera, acute diarrhea, respiratory infections, and dermatoses.  Frontline community health workers (CHWs) and community outreach actors play an important support role in early warning surveillance and response systems for climate-sensitive epidemic prone diseases.	Capacity building of community health workers and <i>Relais Communautaires</i> (community outreach actors who act as a link between the formal health system and local communities) in providing a comprehensive package of climate-resilient community health services with focus on prevention and risk communication and community-based surveillance and continuity of care for HIV, TB and malaria in zones affected by floods.	24 Health Zones in 2 priority provinces with CHWs and community outreach actors trained to support community-based surveillance, risk communication on waterborne and infectious diseases and continuity of care for HIV, TB and malaria in areas affected by floods.
	COD-M-SANRU		599,182	More frequent and intense floods are emerging as a growing threat to health and increasing malaria risks, while also disrupting access of vulnerable populations to malaria and other essential health services. This funding aims to support anticipatory vector control	Anticipatory deployment of insecticide treated nets (ITNs) as a climate-related disaster risk management measure in 11 Health Zones affected by floods Kinshasa province.	An estimated 358,100 people of Kinshasa province among target risk groups in flooding-affected areas and climate-driven displacement will be protected by anticipatory deployment of insecticide-treated nets.

Applicant	Grant name(s)	Currency	Additional Funding	Rationale/Objectives	Selected key Interventions/Activities	Expected Results
				interventions to protect people in health zones that are most vulnerable to floods.		
Ethiopia	ETH-M-FMOH	US\$	1,186,617	In recent years, the highland regions of Ethiopia (once considered largely free from malaria) have begun experiencing increased transmission as a result of climate change. Rising temperatures, altered rainfall patterns, and expanded mosquito breeding habitats have enabled malaria vectors to survive and thrive at higher altitudes. This funding is aimed at accelerating climate-informed malaria control efforts to address increased malaria transmission risk in elimination districts, especially in highland areas.	<p>(i) Enhancing capacity of district malaria focal persons and other frontline workers in climate-informed malaria control, surveillance and monitoring, community engagement; epidemic preparedness detection and response and detection, notification and management of imported cases;</p> <p>(ii) Climate-informed vector control interventions (long-lasting insecticidal nets) in elimination districts, especially in highland regions with increased transmission and resurgence of malaria cases; and</p> <p>(iii) enhancing data quality and climate-informed surveillance including through better use of climate information and epidemic preparedness and response capacity of healthcare workers including frontline and community health workers in epidemic prone districts.</p>	Enhanced capacity of health workers in selected epidemic-prone districts within the 250 elimination districts on climate adaptation of malaria control measures and climate-informed malaria surveillance. This support is expected to benefit 100,000 households through enhanced vector control measures in response to malaria resurgence due to rising temperatures and altered rainfall patterns in selected epidemic-prone districts within the 250 elimination districts with a focus on highland regions.
Ghana	GHA-C-MOH	US\$	685,000	Strengthen climate-informed community-based disease surveillance and early warning system and rapid response capacity to health emergencies driven by increasing extreme weather events and environmental shocks.	Pandemic preparedness through strengthening disease surveillance with focus on capacity building of health professionals and community actors on climate-informed surveillance system; supporting community-based monitoring and data reporting systems in epidemic prone areas highly exposed to extreme weather events and other climate hazards.	Health professionals and CHWs and other community actors will have improved their knowledge and skills in climate-informed surveillance and early warning system and enhanced their capacity in risk reduction and response to health emergencies driven by extreme weather events in some of the most climate vulnerable districts.

Applicant	Grant name(s)	Currency	Additional Funding	Rationale/Objectives	Selected key Interventions/Activities	Expected Results
	GHA-M-MOH		1,055,000	Accelerate malaria prevention to protect children in areas affected by longer rainy season and erratic rainfall patterns and provide reliable electricity to health facilities for uninterrupted diagnostic capacity for tuberculosis and respiratory infections and sustain critical health services in areas highly exposed to extreme weather events and associated displacement and food insecurity.	(i) 5th cycle of SMC in 2026; and (ii) solar energy systems in priority GeneXpert sites and deployment of digital X-ray machines for TB and other climate-sensitive disease control in districts with high climate vulnerability and disease burden.	(i) 1.5 million children (from 7 regions eligible for SMC) to be protected from increased risk of malaria with additional cycle of SMC; and (ii) increased access to electricity and improved diagnostic capacity for TB and other climate-sensitive disease control to protect vulnerable populations in districts highly vulnerable to climate hazards.
Guinea-Bissau	GNB-M-UNDP	EUR	250,000	To support a comprehensive mapping of traditional health practitioners and improve data and recognition of roles of traditional health practitioners in delivering climate-resilient healthcare services in the context of increasing disruption of healthcare access due to floods and other extreme weather events.	Geomapping of traditional healers through stakeholder consultations and integrating them into the national CHW database for climate-resilient community systems for health.	Improved data on the presence and roles of traditional practitioners and other relevant community actors in delivering essential healthcare for malaria, TB, HIV and other climate-sensitive diseases in communities whose healthcare access is undermined due to increasing floods and other extreme weather events. This is expected to contribute to integrating traditional practitioners into referral systems and strengthening of community-based early detection, preparedness and response measures as part of climate-resilient community systems for health.
Multicountry Southern Africa MOSASWA	QPA-M-LSDI	US\$	710,499	To support regional data, early warning system, capacity and partnerships in managing climate risks to malaria across the MOSASWA countries: Mozambique, South Africa and Eswatini.	(i) Improving climate-informed surveillance and data-sharing mechanisms across the MOSASWA region;  (ii) enabling climate-resilient malaria interventions; and  (iii) capacity development for early detection and response to malaria outbreaks linked to climate risks;	Enhanced regional data, early warning system, capacity, innovation and partnerships for effective climate risk management of regional malaria elimination measures.

Applicant	Grant name(s)	Currency	Additional Funding	Rationale/Objectives	Selected key Interventions/Activities	Expected Results
					including improved real-time data collection, case trend analysis, and integration of climate-malaria alerts with national health emergency systems.	
Nigeria	NGA-M-CRS	US\$	1,945,653	<p>(i) The activity aims to strengthen Nigeria's capacity to anticipate, prepare for, and respond to climate-sensitive health risks, ensuring that health systems are better equipped to manage risks such as floods, droughts, heatwaves, and disease outbreaks; and</p> <p>(ii) reduce environmental and public health risks linked to the improper disposal of end-of-life ITNs and their packaging. By partnering with the Waste Pickers Association of Nigeria, the activity promotes recovery and recycling of these materials, aligning with WHO guidance on solid waste management.</p>	<p>(i) Conduct subnational multi-hazard strategic risk assessment and multi-hazard &amp; contingency plans for prioritized hazards in prioritized states (states to be selected); and</p> <p>(ii) end-of-life ITN recovery, recycling (collection of old nets and processing, repurposing by recycling entity), and ITN packaging waste management in 3 states (Adamawa, Kwara and Osun) implementing ITN/SMC campaigns in 2026.</p>	<p>(i) Improved data and understanding of climate-sensitive health risks and multi-hazard risk management capacity in select states. These should ultimately strengthen the preparedness and response capacity to mitigate health impacts of climate-related hazards; and</p> <p>(ii) safe collection and environmentally sound processing of used ITNs and packaging waste in Adamawa, Kwara, and Osun; income-generation opportunities for waste pickers and local livelihoods; and reduction of environmental pollution (estimated: 1.9kg CO2 saved per net and over 15 tonnes of plastic waste straps collected).</p>

**Table 4: Additional Funding Revisions Approved by the Secretariat**

The Board is hereby notified that the Secretariat approved the additional funding revisions in Table 4, pursuant to GF/B53/EDP04: Decision on the Secretariat's Recommendation on Additional Funding to Finance UQD from the 2023-2025 Allocation as follows:

N	Applicant	Disease Component(s)	Grant name	Additional Funding Source	Currency	Previously Approved Grant Budget	Additional Funding	Revised Grant Budget for Approval	Rationale
1	Afghanistan	HIV/TB/Malaria	AFG-Z-UNDP	Private Sector	US\$	70,257,188	3,200,000	73,457,188	As approved by the Board through GF/B53/EDP04 (GF-B53-ER03) the
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	additional funding revisions for CxH and SMC activities are being submitted for Board notification. The upper ceiling and activities for each revision is in line with the Board decision.
		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	
		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	

**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
Senegal	HIV/TB/Malaria	<b>Conditionally Compliant</b> Pending finalization of Local Fund Agent verification.	<b>Full waiver</b> Waiver memo for disease-specific co-financing requirements approved on 18 July 2025, due to macro-fiscal challenges. Specifically, a deteriorating fiscal environment, compounded by significant underreporting of public debt.	<b>Conditionally compliant</b> Revised commitment letter pending submission (due by 30 Jun 2024).	<b>Compliant</b> The government submitted a commitment letter on 20 December 2023, with commitments meeting the total minimum requirements: <ul style="list-style-type: none"> <li>• HIV: EUR 39,458,993</li> <li>• TB: EUR 9,484,106</li> <li>• Malaria: EUR 28,213,878</li> <li>• RSSH (CCM support): EUR 228,555.</li> </ul>
Multi-Country East Asia and Pacific	Malaria	<b>Conditionally Compliant</b> Final commitment letter and supporting documents pending submission (due by 30 June	<b>Compliant</b> The government submitted the final commitment letter and	<b>Conditionally compliant</b> Final commitment letter and supporting documents pending	<b>Compliant</b> The Department of Disease Control, Ministry of Public Health submitted the final commitment letter and supporting

RAI – Thailand		2024, extended to 31 December 2024).	supporting documents on 02 July 2025.	submission (due by 30 June 2024, extended to 31 December 2024).	documents on 02 July 2025, with commitments meeting the total minimum requirements: <ul style="list-style-type: none"> <li>• Malaria: US\$ 41,210,071</li> <li>• Specific commitments towards health insurance coverage for registered stateless people and village health volunteers.</li> </ul>
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### Corrigendum to the Electronic Report to the Board GF/B53/ER15

The purpose of this corrigendum is to correct the co-financing commitments for Kazakhstan TB as detailed in Table 1 of the Secretariat's Recommendation on Funding from the 2023-2025 Allocation presented for Board approval through GF/B53/ER15 to ensure alignment with the commitment letter and the Summary of Deliberations. The government commits to investing a total of KZT 212,242 million (equivalent of US\$438,997,000) on TB and related RSSH.



## Privileges and Immunities

Of the applicants for which funding recommendations are currently being made, Afghanistan, Eswatini, Ethiopia, Mozambique, Niger, Rwanda and South Africa have conferred Privileges and Immunities on the Global Fund.

*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,<sup>6</sup> 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/B53/EDP04: Decision on the Secretariat’s Recommendation on Additional Funding to Finance Unfunded Quality Demand from the 2023-2025 Allocation Period	This decision point approved additional funding through private sector contributions to be integrated into the 2023-2025 allocation period grants
GF/B50/EDP08 and GF/B51/EDP08: Decisions on the Secretariat’s Recommendation on Funding from the 2023-2025 Allocation	These decision points approved the allocation funding for the Congo (Democratic Republic) (COD-C-MOH and COD-M-SANRU) grants
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 Ethiopia (ETH-M-FMOH) 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 Ghana (GHA-C-MOH and GHA-M-MOH) grants
GF/B49/EDP05: Decision on the Secretariat’s Recommendation on Funding from the 2023-2025 Allocation	This decision point approved the allocation funding for the Guinea-Bissau (GNB-M-UNDP) grant
GF/B49/EDP08: Decision on the Secretariat’s Recommendation on Funding from the 2023-2025 Allocation	This decision point approved the allocation funding for the Nigeria (NGA-M-CRS) grant
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) grants

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<sup>6</sup> 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/>)

Relevant past Decision Point	Summary
GF/B49/EDP12, GF/B51/EDP14: Decisions on the Secretariat's Recommendation on Funding from the 2023-2025 Allocation	These decision points approved the allocation funding for the Niger (NER-M-CRS, NER-T-MSP) grants
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: Decisions on the Secretariat's Recommendation on Funding from the 2023-2025 Allocation	These decision points approved the allocation funding for the Somalia (SOM-M-UNICEF, SOM-T-WV) grants
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 East Asia and Pacific RAI (QSE-Z-UNOPS) 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 Senegal (SEN-H-ANCS, SEN-H-CNLS, SEN-Z-MOH) grants