

# Electronic Report to the Board

## Report of the Secretariat's Grant Approvals Committee

GF/B53/ER11

### Board Decision

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

1. GF/B53/EDP13: Decision on the Secretariat's Recommendation on Funding from the 2023-2025 Allocation.<sup>1</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) one grant: Georgia HIV/TB up to an amount of **US\$ 13,614,366** of country allocation funding; and (ii) one multicountry grant: Multicountry WCA HIV, up to an amount of **EUR 5,067,998** of multicountry catalytic funding.

## Decision

**Decision Point: GF/B53/EDP13: 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/ER11 ("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.

# 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) one grant: Georgia HIV/TB, up to an amount of **US\$ 13,614,366** of country allocation funding; and (ii) one multicountry grant: Multicountry WCA HIV, up to an amount of **EUR 5,067,998** of multicountry catalytic funding.

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 request for each 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 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](#).

### Grant Revisions Approved by the Secretariat

The Secretariat hereby notifies the Board that it has approved, pursuant to its delegated authority:

- Total incremental funding of **US\$ 4,396,731**, as set out in Table 2, for the South Africa HIV/TB grant 6-month extension.

## Input Sought

The Board is requested to review the request and agree on a 'no objection' basis, the decision point GF/B53/EDP13: Decision on the Secretariat's Recommendation on Funding from the 2023-2025 Allocation

## 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	Georgia	HIV/TB	GEO-C-NCDC	31/12/2028	US\$	13,614,366	-	HIV: US\$ 59,091,000 TB: US\$ 25,335,000	4,962,000
2	Multicountry HIV WCA	HIV	QPA-H-ENDA Santé	30/09/2028	EUR	5,067,998	5,067,998	N/A	543,000

\* 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.

# 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 grants, the GAC provided additional guidance or made specific observations to inform investment decisions:

## Georgia HIV/TB: National Center for Disease Control and Public Health (GEO-C-NCDC)

### 1.1 Background and context

In 2024, there were an estimated 9,500 people living with HIV in Georgia. The epidemic remains concentrated among key populations, with HIV prevalence estimated at 0.4% among males and 0.2% among females in general population, compared to 15.3% among men who have sex with men in 2023. Notable progress has been made towards reaching the 95-95-95 targets, improving from 76-84-91 in 2020 to 86-84-94 in 2024.

Georgia has also made significant gains in addressing the tuberculosis (TB) epidemic. From 2015 to 2023, the estimated TB incidence declined by 44% (to 55 cases per 100,000 population), while estimated TB-related deaths decreased by 53% (to 1.7 per 100,000). The country has improved the treatment outcomes, with a treatment success rate of 87% for drug-sensitive TB (2022 cohort) and 76% for drug-resistant TB (2021 cohort).

### 1.2 Co-financing

**2020-2022 allocation period:** Georgia has met the co-financing requirements for the 2020-2022 allocation period. The country spent US\$63.9 million on HIV and TB, surpassing the total required amount of US\$59.3 million.

**2023-2025 allocation period:** Georgia has met its co-financing requirements for the 2023-2025 allocation period as well. The country has made a total commitment of US\$ 84.4 million to invest in disease responses (for HIV, US\$59.1 million and for TB, US\$25.3 million, respectively).

### 1.3 GAC review and recommendation

- The GAC acknowledged the 16% reduction of Georgia's 2023-2025 allocation following the mid-cycle reprioritization exercise. Despite this, the grant's strategic focus has been maintained and key TRP recommendations, such as increasing pre-exposure prophylaxis (PrEP) targets for men who have sex with men, have been prioritized. The Secretariat noted that less critical activities were de-prioritized in line with technical guidance.
- The GAC acknowledged that sustainability is a core element of the grant design, with Global Fund investments positioned to play a catalytic role in strengthening Georgia's national HIV and TB responses and broader health system. The GAC acknowledged the progress in the transition of Global Fund-funded activities.

## **Multicountry HIV WCA: ENVIRONNEMENT DEVELOPPEMENT SANTE - ENDA SANTE (QPA-H-ENDA Santé)**

### 1.4 Background and context

This multicountry grant aims to catalyze HIV prevention services for key populations in five countries in West and Central Africa: Chad, Gabon, Guinea, Guinea-Bissau, and Niger. The grant specifically targets structural and systemic barriers to HIV prevention and care for key and vulnerable populations, supporting and complementing activities encompassed in the respective national GC7 grants.

Although the region has made progress in reducing HIV incidence among the general population, key populations continue to bear a disproportionate burden of HIV infection. This is driven by persistent stigma and discrimination, limited service coverage, and weak integration of tailored services into national health systems.

Compared to other regions, HIV prevalence in West and Central Africa remains relatively low in the general population, ranging from approximately 0.2% to 3.1%. However, the epidemic is highly concentrated among key populations. According to the latest UNAIDS data, HIV prevalence among these groups, such as sex workers, men who have sex with men, and people who inject drugs, can be up to 2 to 22 times higher than in the general population.

### 1.5 Co-financing

Co-financing requirements are not applicable to the Multicountry HIV WCA grant, which is comprised solely of catalytic funding. Ensuring the sustainability of activities financed under this grant will remain a priority.

### 1.6 Risks and mitigation measures

**Sanctions.** The proposed 2023-2025 allocation period activities are consistent with major sanctions regimes relevant to the grant. The Grant Confirmation includes an obligation requiring (i) adherence to applicable sanctions; (ii) downstream compliance and upstream reporting by all Sub-recipients and suppliers; and (iii) cascading down of the same obligations by Sub-recipients and suppliers.

### 1.7 GAC review and recommendation

- The GAC noted the 16% reduction in the 2023-2025 allocation for Multicountry HIV WCA following the mid-cycle reprioritization exercise. The Secretariat noted that the core programmatic activities were not materially impacted, as sufficient efficiencies were identified with program management costs to cover priority areas.
- The GAC acknowledged that, following steps to manage program management costs in line with TRP recommendations, the grant design ensures streamlined and responsive program

management, leveraging national expertise. The Secretariat noted that program management costs have been capped at 15% as outlined in the Grant Confirmation.

## Additional Information

**Table 2: 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-NACOSA	US\$	20,845,179	4,396,731	-	6	30/09/2025	In April 2025, the Secretariat approved a further US\$ 4,396,731 of additional funding for the six-month extension, pursuant to Board-delegated authority. This was to facilitate continuation of essential services pending finalization of GC7 grant-making negotiations.

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

\*\* US\$ 18,299,088 of this amount was approved by the Secretariat on 27 February 2025 as reported in GF/B52/ER06.

## **Privileges and Immunities**

Of the applicants for which funding recommendations are currently being made, (i) Gabon, Georgia and Niger have conferred privileges and immunities on the Global Fund; and (ii) Guinea-Bissau has signed but not 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,<sup>2</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 and Impact
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 HIV/TB (ZAF-C-NACOSA) grant

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<sup>2</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/>)