

# Electronic Report to the Board Report of the Secretariat's Grant Approvals Committee

GF/B53/ER15

## Board Decision

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

1. GF/B53/EDP17: Decision on the Secretariat's Recommendation on Funding from the 2023-2025 Allocation.<sup>1</sup>

*Document Classification: Internal.*

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

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<sup>1</sup> The Secretariat recommends the approval of funding from the 2023-2025 Allocation for (i) five grants: Bolivia HIV/TB, Ecuador HIV, Guyana Malaria, Honduras HIV/TB and Kazakhstan TB, up to an amount of **US\$35,199,085** of country allocation funding, including matching funds of **US\$1,500,000** for Honduras HIV/TB; and (ii) one multicountry grant: Multicountry HIV SEA AFAO, up to an amount of **US\$2,301,928** of multicountry catalytic funding.

# Decision

## **Decision Point: GF/B53/EDP17: 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/ER15 ("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) five grants: Bolivia HIV/TB, Ecuador HIV, Guyana Malaria, Honduras HIV/TB and Kazakhstan TB, up to an amount of **US\$35,199,085** of country allocation funding, including matching funds of **US\$1,500,000** for Honduras HIV/TB; and (ii) one multicountry grant: Multicountry HIV SEA AFAO, up to an amount of **US\$2,301,928** 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](#).

## Input Sought

The Board is requested to review the request and agree on a 'no objection' basis, the decision point GF/B53/EDP17: 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	Bolivia (Plurinational State)	HIV/TB	BOL-C-UNDP	31/12/2027	US\$	10,190,245	-	HIV: 29,723,423 TB: 9,760,366	1,966,673
2	Ecuador	HIV	ECU-H-MOH	31/12/2028	US\$	6,060,962	-	39,776,044	2,177,176
3	Guyana	Malaria	GUY-M-MOH	31/12/2028	US\$	1,579,847	-	2,217,309	-
4	Honduras	HIV/TB	HND-C-CHF	31/12/2027	US\$	11,138,552	1,500,000	Pending finalization of the commitment letter	2,959,109
5	Kazakhstan	TB	KAZ-T-NCTP	31/12/2028	US\$	6,229,479	-	908,013	2,226,681
6	Multicountry HIV SEA AFAO	HIV	QSA-H-AFAO	31/12/2027	US\$	2,301,928	2,301,928	N/A	-

\* 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:

## **Bolivia HIV/TB: United Nations Development Programme (BOL-C-UNDP)**

### **1.1 Background and context**

Bolivia's HIV epidemic is concentrated among key populations, with a prevalence of 26% in men who have sex with men and 31% in transgender women in 2022. Bolivia has seen uneven progress towards the HIV testing and treatment cascade at 91-65-63 in 2023. The country has made good progress with prevention and testing coverage being expanded through community centers, mobile units, and peer educators. However, pre-exposure prophylaxis access remains limited to a small-scale pilot planned for late 2025.

Tuberculosis (TB) remains a major public health challenge in Bolivia, with the incidence rate being among the highest in the Americas (105 cases per 100,000 in 2024). Case detection reached 74% of WHO-estimates in 2024 (9,644/13,000 cases), yet only two-thirds were confirmed with molecular tests. Key challenges to Bolivia's TB response include diagnostic gaps, suboptimal treatment success rates, and high loss-to-follow-up and mortality among multidrug-resistant TB (MDR-TB) and rifampicin-resistant TB (RR-TB) patients despite GeneXpert expansion.

**Allocation utilization period:** Bolivia's HIV/TB 2023-2025 allocation utilization period has been adjusted to align the grant implementation period with that of the malaria component for the 2026-2028 allocation period. The implementation period for the HIV/TB grant is, therefore, two years.

### **1.2 Co-financing**

**2020-2022 allocation period:** Bolivia has met the co-financing requirements for the 2020-2022 allocation period. Total government expenditure on HIV and TB increased from US\$49,825,999 in the 2017-2019 allocation period to US\$54,559,134 in the 2020-2022 allocation period, exceeding the minimum additional requirement of US\$3,901,181. The country also increased the share of health in total government

expenditure and demonstrated the uptake of key HIV and TB programmatic interventions focused on key populations.

**2023-2025 allocation period:** Bolivia has met its co-financing requirements for the 2023-2025 allocation period as well. The country has made a total 2-year commitment of US\$39,483,789, which reflects the grant's two-year implementation period, to invest in disease responses (for HIV, US\$29,723,423 and for TB, US\$9,760,366, respectively), exceeding the minimum additional requirement. The country also made specific programmatic commitments targeting key populations and addressing transition bottlenecks.

### 1.3 GAC review and recommendation

- The GAC acknowledged the reduction of Bolivia's 2023-2025 allocation following the mid-cycle reprioritization exercise and the implementation period for BOL-C-UNDP of two years. Despite the corresponding allocation reduction, the grant's strategic focus was maintained in line with technical guidance.
- The GAC appreciated that sustainability and transition-readiness were closely considered in the design of this grant. To support a sustainable transition, the Secretariat worked with the country to plan for the transition of the Principal Recipient to a government entity in the 2026-2028 allocation period, including a dedicated budget in the grant to facilitate this process.
- The GAC acknowledged outstanding recoveries for the 2020-2022 allocation period and ongoing Secretariat processes which may result in a further allocation reduction being applied to the grant.

## **Ecuador HIV: Ministry of Public Health of the Republic of Ecuador (ECU-H-MOH)**

### 1.4 Background and context

Ecuador faces a concentrated HIV epidemic among key populations. In 2021, HIV prevalence was 18.2% among transgender women and 10.2% among men who have sex with men. In 2023, an estimated 49,000 people were living with HIV, with 84% on treatment but only 72% achieving viral suppression. Late diagnosis remains a concern, with over 20% of new cases presenting with advanced disease. HIV/TB coinfection is rising, affecting up to 16% of HIV cases in 2023.

In line with Ecuador's National Multisectoral Strategic Plan, this grant aims to scale up testing and treatment services while strengthening political advocacy through civil society organizations.

### 1.5 Co-financing

**2020-2022 allocation period:** Ecuador met co-financing requirements for the 2020-2022 allocation period. Total government expenditure on HIV increased from US\$23,720,804 in the 2017-2019 allocation period to US\$26,599,213 in the 2020-2022 allocation period, exceeding the minimum additional requirement of US\$900,865. The country also demonstrated the uptake of key programmatic interventions for HIV focused on key populations.

**2023-2025 allocation period:** Ecuador met co-financing requirements for the 2023-2025 allocation period with a total commitment of US\$39,776,044 to HIV prevention, exceeding the minimum additional requirement. The country also made specific programmatic commitments targeting key populations and addressing transition bottlenecks.

### 1.6 GAC review and recommendation

- The GAC acknowledged the 16% overall reduction of Ecuador's 2023-2025 allocation following the mid-cycle reprioritization exercise. The Secretariat noted that core priorities identified by civil society were retained despite the reduction, with some activities simplified, made more efficient in line with technical guidance, or absorbed by the Ministry of Public Health.

- The GAC appreciated the steps taken to strengthen the sustainability and transition-readiness of prevention services for key populations, particularly through community-based models. The Secretariat noted that the country is advancing implementation of social contracting between civil society organizations (CSOs) and the government, including technical support to strengthen CSO capacity to contract with government, and ensure readiness of government frameworks and processes. CSO contracts established with Global Fund resources will transition to government financing during the 2023-2025 allocation period to ensure institutionalization.
- The GAC acknowledged outstanding recoveries for the 2020-2022 allocation period and ongoing Secretariat processes related to these.

## **Guyana Malaria: Ministry of Health of the Co-operative Republic of Guyana (GUY-M-MOH)**

### **1.7 Background and context**

The malaria burden in Guyana is concentrated in hinterland regions where mining, logging, and migration patterns drive transmission. The country has been making strong progress towards malaria elimination through multisectoral coordination, community engagement, and evidence-based interventions. The malaria grant received transition funding in the 2020-2022 and 2023-2025 allocation periods in line with the Board decision to provide GC6 transition funding components with an additional allocation of transition funding.<sup>2</sup> Guyana was classified as high-income in the 2025 Eligibility List and is no longer eligible and this is the final allocation. This final Global Fund malaria grant supports targeted interventions in high-transmission regions, focusing on equity, innovation, and sustainability, supporting key activities for the country to transition from Global Fund financing.

### **1.8 Co-financing**

**2020-2022 allocation period:** Guyana met its co-financing requirements for the 2020-2022 allocation period. Total government expenditure on malaria increased from US\$11,053,924 in the 2017-2019 allocation period to US\$11,474,181 in the 2020-2022 allocation period, exceeding the minimum additional requirement of US\$296,448. Additionally, the government allocated US\$1,108,122 for procurement of long-lasting insecticide nets, rapid diagnostic tests, and malaria treatment drugs in endemic regions to strengthen sustainability.

**2023-2025 allocation period:** Guyana met co-financing requirements for the 2023-2025 allocation period with programmatic commitments totaling US\$2,217,309, exceeding the minimum requirement of US\$394,962. These programmatic commitments represent key priorities for the government to absorb to maintain a strong malaria response beyond transition from Global Fund-financing and include, among others: sustaining and scaling the use of glucose-6-phosphate dehydrogenase testing and the delivery of Malakit for at-risk populations, strengthening surveillance systems aimed at elimination, ensuring full domestic coverage of vector control activities, and providing oversight to the Malaria Matchbox Assessment.

The Commitment Letter also indicated the government's intention to continue its sustained investment in the health sector and increase expenditure on malaria in line with the National Strategic Plan during this period.

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<sup>2</sup> GF/B47/DP04

## 1.9 GAC review and recommendation

- The GAC acknowledged the 15% overall reduction of Guyana's 2023-2025 allocation following the mid-cycle reprioritization exercise and noted that the grant maintains its core activities.
- The GAC commended the country's commitment towards sustainability and transition planning, noting that the government of Guyana has consistently increased its national health budget and has been taking over key programmatic costs in prevention and treatment interventions. The Secretariat noted that the malaria response is well-positioned for transition from Global Fund support, with the country expected to continue to see strong economic growth. The GAC acknowledged that the National Strategic Plan for malaria (including a comprehensive costing) is an important milestone and close collaboration with national stakeholders and technical partners will be essential to sustaining progress in the years following the end of Global Fund support.
- The Secretariat noted that as a high-income country with low procurement volumes, Guyana faces limited access to competitive pricing. The government is testing pooled procurement mechanisms such as Wambo.org and the Pan American Health Organization Strategic Fund to secure more cost-effective supplies.

## Honduras HIV/TB: GLOBAL COMMUNITIES, INC. (HND-C-CHF)

### 1.10 Background and context

Honduras has a concentrated HIV epidemic among key populations with approximately 24,957 people living with HIV in 2023. HIV prevalence in the general adult population (ages 15–49) is 0.28%, but considerably higher in comparison among key and vulnerable populations including transgender women (22.8%), men who have sex with men (5.7%), female sex workers (2.8%), and Garífuna communities (0.53%), according to data from 2023.

TB continues to be a public health concern in Honduras. In 2023, the country reported 2,616 TB cases, and a notified incidence rate of 27 per 100,000 population. This represents a 21% detection gap compared to WHO estimates of 3,300 cases. TB mortality remains high, with a case fatality rate of 5.8%, disproportionately affecting older adults, people living with HIV, and incarcerated populations. This HIV/TB grant aligns with national priorities and global targets, aiming to reduce incidence and mortality, improve service delivery, and empower communities through rights-based approaches.

**Allocation utilization period:** Honduras HIV/TB 2023-2025 allocation utilization period has been adjusted to align the grant implementation period with that of the malaria component with a view to eventually consolidating the grants for the 2026-2028 allocation period. The implementation period is, therefore, two years.

### 1.11 Co-financing

**2020-2022 allocation period:** Honduras has conditionally met its co-financing requirements for the 2020-2022 allocation period pending the submission of documentation to assess compliance with HIV and TB expenditures and specific programmatic commitments. The country will submit the necessary documentation by 31 December 2025.

**2023-2025 allocation period:** Co-financing for the 2023-2025 is considered conditionally met, pending submission of a signed commitment letter by 31 December 2025.

### 1.12 GAC review and recommendation



- The GAC acknowledged that as part of the mid-cycle reprioritization exercise, Honduras' HIV/TB allocation utilization period was also reduced by 12 months. The Secretariat noted that the corresponding allocation adjustments are not expected to affect Honduras' HIV/TB grant's key programmatic areas or geographic coverage.
- The GAC noted that Honduras was allocated matching funds for two strategic priorities for: (i) *"scaling up programs to remove human rights-related barriers"* and (ii) *"prevention for key populations."* The GAC acknowledged that access conditions have not been met owing to the reduced allocation and approved a waiver, noting that the proposed investment remains aligned to the programmatic conditions and is considered programmatic sound. The Secretariat noted that programmatic conditions are on-track to be met during implementation.

## **Kazakhstan TB: National Scientific Center of Phthisiopulmonology of the Republic of Kazakhstan (KAZ-T-NCTP)**

### **1.13 Background and context**

Kazakhstan is a high-burden country for TB. The epidemic disproportionately affects key and vulnerable groups, including migrants, former prisoners, homeless people, and people who use drugs. The country has made remarkable progress between 2009 and 2023, with TB incidence falling from 150 to 70 cases per 100,000 population and TB mortality dropping more than sixfold in this period. Kazakhstan remains among the high MDR-TB / RR-TB burden countries in the WHO European Region. In 2023, rifampicin-resistance was detected in 31% of new TB cases and 59% of previously treated cases, corresponding to estimated 5,600 RR-TB / MDR-TB patients in 2023.

This grant is designed to be catalytic to the government-funded TB program, supporting innovations, system strengthening, and equity-focused interventions that may not otherwise be funded.

### **Co-financing**

**2020-2022 allocation period:** Kazakhstan met the co-financing requirements for the 2020-2022 allocation period. Total government expenditure on TB and related RSSH was US\$450,663,000 equivalent which meets the minimum requirement in local currency.

**2023-2025 allocation period:** Kazakhstan met the co-financing requirements for the 2023-2025 allocation period with a commitment of KZT 212,242 million (equivalent of US\$438,997,000).

### **1.14 GAC review and recommendation**

- The GAC acknowledged the 16% overall reduction of Kazakhstan's 2023-2025 allocation following the mid-cycle reprioritization exercise. The Secretariat noted that efficiencies were identified to maintain funding for TRP-prioritized RSSH and community-led interventions.
- The GAC commended Kazakhstan's TB response and strong government ownership, with more than 95% of the program domestically financed and strong 2023-2025 allocation period co-financing commitments (including full funding for first- and second-line medicines, diagnostics, and patient support). The Secretariat highlighted that the country is on track for transition from Global Fund financing and several transition milestones are completed (e.g., prison-sector diagnostics/medicines, new drug registration, and integration for new-drug-resistant TB and active TB drug-safety monitoring and management), with those remaining in progress and mapped in the Transition Workplan to reach full domestic coverage in the next cycle.

## Multicountry HIV SEA AFAO: Health Equity Matters (QSA-H-AFAO)

### 1.15 Background and context

This multicountry grant aims to improve sustainability of evidence-informed prioritized HIV services for key populations in three countries in Southeastern Asia: Malaysia (focusing on decriminalization), Bhutan (social contracting and local non-governmental organization registration) and Sri Lanka (sustainability and community monitoring). This third regional grant is designed to catalyze country-specific investments while building on lessons learned from the 2020-2022 allocation period to: (i) accelerate financial sustainability, (ii) improve strategic information availability and use, (iii) promote programmatic sustainability and (iv) remove human rights- and gender-related barriers to services.

### 1.16 Co-financing

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

### 1.17 GAC review and recommendation

- The GAC acknowledged that the QSA-H-AFAO 2023-2025 allocation period grant is a transition grant specifically supporting the winding down of activities through targeted technical support and legal support for advocacy, human rights, and community-led responses.
- The GAC noted that the allocation was reduced from US\$12.5 million in the 2020-2022 allocation period to US\$2.5 million in the 2023-2025 allocation period, which was then further reduced by 8% following the mid-cycle reprioritization exercise. The Secretariat highlighted that, while funding is much more limited in the 2023-2025 allocation period, the grant remains catalytic to national programs.
- The GAC acknowledged the high program management costs, constituting 65% of the 2023-2025 allocation period grant budget, an increase from 52% in the 2020-2022 allocation period grant budget. Noting the difficult trade-offs in the context of a constrained budget, the Secretariat flagged value for money efficiency concerns given the high program management costs to deliver on the programmatic ambition. The Secretariat noted that there is limited flexibility to further negotiate program management costs given the design, size and nature of the grant and highlighted the potential for impact of these investments to leverage country allocations and further accelerate transition across the three countries.
- The GAC was aligned with the Secretariat's recommendation noting that in the current of a constrained funding environment, the Secretariat must keep in mind the high program management costs associated with regional grants or implementation arrangements as planning for the 2026-2028 allocation period continues.

## **Privileges and Immunities**

Of the applicants for which funding recommendations are currently being made, none has conferred Privileges and Immunities on the Global Fund.

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

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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>3</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/B47/DP04: Approval of the Eligibility of the 2020-2022 Transition Funding Components for an Additional Allocation.	This decision point approved the eligibility of the six (6) Transition Funding components from the 2020-2022 allocation period for an additional allocation of Transition Funding for the 2023-2025 allocation period.

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<sup>3</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/>)