GF/B45/EDP03 Decision on the Secretariat's Recommendation on Funding from the 2020-2022 Allocation

Approved on 17 June 2021

The Board:

- 1. Approves the funding recommended for each country disease component, and its constituent grants, as listed in Tables 1a and 1b of GF/B45/ER03 ("Tables 1a and 1b");
- 2. Acknowledges each country disease component's constituent grants will be implemented by the proposed Principal Recipients listed in Tables 1a and 1b, 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.

Table 1a: Secretariat's Recommendation on Funding from the 2020-2022 Allocation

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

N	Applicant	Disease Component	Grant Name ¹	Grant End Date	Currency	Total Program Budget²	Catalytic Funds in Grant	Domestic Commitment ³	Unfunded Quality Demand
1	<u>Liberia</u>	Malaria	LBR-M-PII	30-06-24	US\$	18,146,9674	-	14,654,255	23,730,757
2	<u>Pakistan</u>	HIV	PAK-H-UNDP	31-12-23	US\$	47,104,249	2,900,000	104,504,970	13,359,659
3	<u>Sri Lanka</u>	RSSH	LKA-S-MOH	30-06-24	US\$	25,181,290 ⁵	-	TBC ⁶	26,922,470
4	<u>Uzbekistan</u>	HIV/TB	UZB-C-RAC	31-12-24	US\$	44,119,711	-	HIV:121,759,420 TB: 221,468,796	14,124,362

¹ The Grant names are subject to change based on the ISO code.

² The Program budget for the Grant may be higher than the Program budget being recommended to the Board for approval where COVID-19 Response Mechanism funding has been integrated into the Grant.

³ 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.

⁴ The Program budget for LBR-M-PII includes US\$3,143,760 of private sector contribution.

⁵ Sri Lanka RSSH grant is fully funded by a Debt2Health Swap Agreement with the Government of Germany and does not derive funds from the 2020-2022 Allocation resource pool.

⁶ Co-financing commitments for the implementation period of the 2020-2022 Allocation will be confirmed during grant making of the disease components.

Table 1b: Secretariat's Funding Recommendation on Integrating Funding into Board approved grants from the 2020-2022 Allocation Please note that each country name is linked to the extranet site where supporting documents are available for review.

N	Applicant	Disease Component	Grant Name	Additional Funding Source	Currency	Previously Approved Grant Budget	Recommended Additional Funding	Revised Program Budget	Context
1	<u>Pakistan</u>	HIV	PAK-H-NZT	HIV Allocation	US\$	22,500,430	220,000	22,720,430	This additional funding revision will integrate the remaining HIV allocation alongside recommendation of the final HIV grant (PAK-H-UNDP) for the 2020-2022 Allocation. This approach aligns with the Global Fund's Comprehensive Funding Policy. ⁷ Additional funding is focused on prevention, targeting people who inject drugs and other people at risk within prisons and is consistent with the TRP's recommendation.

⁷ Global Fund Comprehensive Funding Policy (GF/B36/EDP02 – Revision 1).