GF/B35/EDP01

Decision on the Secretariat's Recommendation on Additional Funding from the 2014 Allocation

The Board:

- 1. Approves the incremental funding recommended for each country disease component, and its constituent grants, as listed in Table 1 of Section IV to GF/B35/ER01 ("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. Acknowledges the original grant duration, manifested in the form of either the implementation or budgeted period, of each country disease component and its constituent grants listed in Table 2 of Section IV to GF/B35/ER01 ("Table 2") is shortened according to the operational flexibility granted to the Secretariat pursuant to GF/B31/DP09.
- 4. Approves the reinvestment of within-allocation efficiencies as well as the additional incremental funding and implementation period recommended for Sudan malaria disease component and its constituent grant, as listed in Table 2, based on the available funding that the Finance and Operational Performance Committee (the "FOPC") validated pursuant to GF/FOPC17/DP02;
- 5. Affirms the (additional) incremental 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, (b) is subject to the availability of funding, and (c) shall be committed in annual tranches; and
- 6. 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 the 2016 Operating Expenses Budget.

01 Table 1: Secretariat's Funding Recommendation on Additional Funding from the 2014 Allocation

| | Country | Disease Component | Currency | Proposed Principal Recipient (Grant name) | Grant End Date | Total Program Budget | Sources | | Recommended | Incentive Funding | | |
|---|------------|----------------------|----------|---|------------------------|----------------------------|---------------------|--|---------------------------|---|-------------------------------|--|
| N | | | | | | | Existing funding | Incremental amount for Board approval | Total Incremental Funding | included in Total Increment al Funding | Unfunded Quality Demand | Domestic commitment |
| 1 | Colombia | HIV/AIDS | US\$ | COL-H- FONADE | 30 June 2019 | 7,445,169 | 4,483,257 | 2,961,912 | 2,961,912 | 0 | 470,725 | 487,528,758 |
| 2 | Comoros | HIV/AIDS | € | COM-H- DNLS | 30 June 2019 | 4,536,090 | 91,816 | 4,444,274 | 4,444,274 | 0 | 0 | 743,781 |
| | Congo | TB/HIV | € | COG-H- CRF | 31 December 2017 | 15,818,302 | 6,931,503 | 0 | 7,804,184 | O | 0 | HIV: 25.4 million TB: 0.6 million |
| 3 | | | | COG-H- SEPCNLS | | | 750,073 | 5,289,050 | | | | |
| | | | | COG-T- MSP | | | 332,542 | 2,515,134 | | | | |
| 4 | Georgia | HIV/AIDS | US\$ | GEO-H- NCDC | 30 June 2019 | 18,462,163 | 14,029,214 | 4,432,949 | 4,432,949 | 0 | 92,900 | 40 million |
| 5 | Guatemala | ТВ | US\$ | GTM-T- MSPAS | 30 June 2019 | 6,522,671 | 691,978 | 5,830,693 | 5,830,693 | 0 | 0 | 25 million |
| 6 | Kyrgyzstan | TB/HIV | US\$ | KGZ-C- UNDP | 31 December 2017 | 23,359,656 | 11,830,111 | 11,529,545 | 11,529,545 | 1,119,484 | 0 | HIV: 15.2 million TB: 25.2 million |
| 7 | Mongolia | ТВ | US\$ | MNG-T- MOH | 31 December 2017 | 5,506,544 | 2,144,284 | 3,362,260 | 3,362,260 | 0 | 3,512,863 | 15.06 million |
| 8 | Nicaragua | ТВ | US\$ | NIC-T- INSS | 31 December 2018 | 7,916,177 | 1,015,706 | 6,900,471 | 6,900,471 | 0 | 0 | 16.8 million |

| 9 | Niger | Malaria | € | NER-M- CRS | 31 December 2017 | 34,191,894 | 4,905,887 | 29,286,007 | 29,286,007 | 2,449,465 | 42,299,672 | 13.8 million |
|----|--------------|---------|------|----------------|------------------------|------------|-----------|------------|------------|------------|------------|--------------|
| 10 | Sierra Leone | HSS | US\$ | SLE-Z- MOHS | 30 June 2018 | 27,941,786 | 0 | 27,941,786 | 27,941,786 | 11,000,000 | 3,500,000 | 15.2 million |
| 11 | Turkmenistan | ТВ | US\$ | TKM-T- UNDP | 30 June 2018 | 5,283,989 | 1,194,682 | 4,089,307 | 4,089,307 | 0 | 463,040 | 63.2 million |

Table 2: Secretariat's Recommendation on Shortened Grants

| N | Applicant | Disease Component | Grant Name | Currency | Period of Extension (Months) | Previously Approved Grant Budget | Revised Budget for Board Approval | Original Existing Funding | Additional Existing Funding | Incremental Funding Already Approved | Additional Incremental Funding for Board Approval | Total Additional Incremental Funding for Board Approval | Revised Unfunded Quality Demand |
|---|-----------|----------------------|----------------|----------|------------------------------------|--|--|---------------------------------|-----------------------------------|---|---|--|--|
| 1 | Sudan | Malaria | SDN-M- UNDP | US\$ | 6 | 82,615,8671 | 116,280,2062 | 1,886,723 | 387,380 | 80,729,144 | 31,591,959 | 31,591,959 | O |

¹ The grant budget of US\$82,615,867 originally approved in GF/B32/EDP15 was increased to US\$84,300,868 through the reinvestment of cash found in-country according to the principles outlined in GF/B33/EDP07 (GF/B33/ER05. In this report, the GAC recommended that, in view of the integrated concept note submitted for Sudan, the Secretariat should collaborate closely with in country stakeholders to identify the utilization that will achieve maximum programmatic impact.

² The revised budget reflects reflects the signed budget amount of US\$84,300,868, the reinvestment of refunds of US\$387,380 from closed grants (SUD-011-G16-M and SUD-708-G10-M) and the additional incremental funding of US\$31,591,959 recommended by the GAC for Board approval.