

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the “Global Fund”) and the **United Nations Development Programme** (the “Principal Recipient”), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 13 October 2016, as amended and supplemented from time to time (the “Framework Agreement”), between the Global Fund and the Principal Recipient, to implement the Program set forth herein.
2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, representations, conditions, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the UNDP-Global Fund Grant Regulations).
3. **Grant Information.** The Global Fund and the Grantee hereby confirm the following:

3.1.	Host Country or Region:	Plurinational State of Bolivia
3.2.	Disease Component:	Tuberculosis
3.3.	Program Title:	Strengthening Tuberculosis Control Actions in Bolivia
3.4.	Grant Name:	BOL-T-UNDP
3.5.	GA Number:	1852
3.6.	Grant Funds:	Up to the amount of USD 5,648,949.00 or its equivalent in other currencies
3.7.	Implementation Period:	From 1 January 2020 to 31 December 2022 (inclusive)
3.8.	Principal Recipient:	United Nations Development Programme Avenida Sánchez Bustamante esq. Calle 14, Edificio Metrobol II Calacoto, Zona Sur La Paz Plurinational State of Bolivia Attention Mrs. Luciana Mermet UNDP Resident Representative Telephone: 59122624505 Facsimile: Email: maria.luciana.mermet@undp.org

3.9.	Fiscal Year:	1 January to 31 December
3.10.	Local Fund Agent:	<p>Grupo Jacobs, S.A. de C.V. 81 y 83 Avenida Sur, Calle Cuscatlán, # 133 San Salvador Republic of El Salvador</p> <p>Attention Ms. Yadira Sánchez Team Leader</p> <p>Telephone: +505 88539384 Facsimile: Email: yadira.sanchez@grupojacobs.com</p>
3.11.	Global Fund contact:	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland</p> <p>Attention Annelise Hirschmann Regional Manager Grant Management Division</p> <p>Telephone: +41 58 791 1700 Facsimile: +41 44 580 6820 Email: annelise.hirschmann@theglobalfund.org</p>

[Signature Page Follows.]

IN WITNESS WHEREOF, the Global Fund and the Principal Recipient have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

United Nations Development Programme

By: Mark Edington

By: Luciana Mermet

Name: Mark Edington
Title: Head, Grant Management Division

Name: Mrs. Luciana Mermet
Title: UNDP Resident Representative

Date: Dec 11, 2019

Date: 9/12/19

Acknowledged by



Luciana Mermet
Representante Residente
PNUD en Bolivia

By: _____

Name:
Title: Chair of the Country Coordinating
Mechanism for the Plurinational State of Bolivia

Date:

By: _____

Name:
Title: Civil Society Representative of the Country
Coordinating Mechanism for the Plurinational State
of Bolivia

Date:

Schedule I

Integrated Grant Description

Country:	Plurinational State of Bolivia
Program Title:	Strengthening Tuberculosis Control Actions in Bolivia
Grant Name:	BOL-T-UNDP
GA Number:	1852
Disease Component:	Tuberculosis
Principal Recipient:	United Nations Development Programme

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

In Bolivia, tuberculosis (TB) is considered a public health priority due to its morbidity and mortality and high transmission rate. There has been no significant change in the epidemiological context of tuberculosis (TB) in the country

According to the NTCP data, 7,658 new cases of all forms of TB (TBAF) were reported in 2017, 98.9 percent (7,576) of which were new cases and relapses. Of these, 77 percent (5,834) were cases of pulmonary TB (PTB), 92 percent (5,367) of which were acid-alcohol fast bacilli positive (AAFB+). The reported incidence of TB was 69.3 per 100,000 population, with a figure of 48.6 per 100,000 population for smear-positive TB.

Although reported and estimated incidence has decreased over the years since 2000, a gap of 4,342 cases remained in 2017 and the figure was between 4,000 and 5,000 unreported cases for 2000–2016. This can be attributed to problems accessing health services, the limited capacity of health services for resolution, the low-sensitivity of the diagnosis algorithm, problems with the case reporting system and overestimation by WHO.

The highest incidences of TBAF are in the departments of Santa Cruz, Pando and Beni. However, the majority of cases are concentrated in three departments: Santa Cruz (41.7 percent), La Paz (22.4 percent) and Cochabamba (14.9 percent), which report 79 percent of cases in the country. In terms of TBAF incidence by municipality, 42 municipalities have an incidence above 80 per 100,000 population, making up 56.4 percent of all TB cases. Eleven of these municipalities are in the departments of Cochabamba, La Paz, and Santa Cruz, with an incidence above 200 per 100,000 population. The highest incidence in the country is 609 per 100,000 population in the municipality of Tipuani (La Paz department), which has a population of 6,246, many of whom are employed in mining.

In terms of age groups, 46 percent of reported TBAF cases are in the 15–34 age group, with 16.5 percent aged 65 or above. In terms of sex, 62 percent of cases occurred in men and 38 percent in women, giving a ratio of 1.7 to 1. In 2007, the incidence among the 15–34 age group was 1.3 times

higher than the national average. The incidence was 2–3 times higher than the national average among the 55–64 and over 65 age groups. According to these data, the TB epidemic mainly affects the population of reproductive and productive age, as well as the elderly.

While the evaluation of cohort treatment results for new cases of TB shows an increase in successful treatment (cured + treatment finished) from 81.8 percent to 86.6 percent for 2010–2016, fatality and loss to follow-up stood at 4.7 percent (337) and 4.2 percent (301), respectively, in 2016.

The number of diagnosed multidrug-resistant TB (MDR-TB) cases increased more than threefold over 2006–2010, which explains the increased application of drug susceptibility testing, particularly in previously treated cases and possibly also for the diagnosis of MDR-TB cases in previous years. However, there is still a gap in estimated and reported drug-resistant TB (DR-TB) cases: for 2013–2017 this accounts for around 718 cases of undiagnosed MDR-TB, equivalent to approximately 180 cases per year.

In terms of TB/HIV co-infection, 80 percent of TB cases were tested for HIV in 2017, 4.3 percent of which had co-infection. Antiretroviral therapy (ART) coverage was 66 percent. On average, one child aged under 5 years received isoniazid preventive therapy (IPT) for every three TB patients. Coverage among people living with HIV (PLHIV) for 2017 is extremely low (7 percent). This could be due to weaknesses in the implementation of collaborative TB/HIV activities and primarily to problems with correctly recording information. In Ivirgarzama (Cochabamba department), work has been carried out on collaborative TB/HIV activities for the detection, diagnosis, treatment, monitoring and systematization of TB/HIV information, with the results awaiting evaluation.

2. Goals, Strategies and Activities

Goals:

Reduce the incidence of all forms of TB by 1,5% by 2022.

Strategies:

- Strengthen services for MDR TB Case detection and diagnosis and prevention.
- Strengthen services for MDR TB treatment.
- Strengthen services of TB case and prevention to key populations.

Main Planned Activities:

- **Policy–strategic:** advocacy with key actors at the different levels (national, departmental, municipal) to ensure a TB approach within the Universal Health System (SUS), stable employment for trained workers to ensure an optimal response to TB, linkage and coordination of TB prevention actions with existing health programs and the establishment of a coordinated and joined-up workplan with civil society.
- **Technical and operational:** Improved case identification and treatment through measures to improve detection at the different levels (central, departmental and municipal), including the coordination of health care facilities for intensive case search, the application of new algorithms and the implementation of new diagnosis

methods, including GeneXpert (for diagnosis of drug-sensitive TB in high-incidence municipalities), X-rays, and active search for contacts. To address this weakness, a number of activities will be carried out in the municipalities in line with their TB burden.

- **High-incidence (42 municipalities):** Planning meetings at the departmental and health care unit levels for implementation of TB, TB/HIV and DR-TB prevention and control activities, addressing comorbidities and pediatric TB, including links with civil society to ensure coordinated efforts.
- **Treatment:** Ensure early treatment, that MDR-TB guides are kept up-to-date and introduce new drugs in line with new WHO regulations.
- **Universal and free access for patients with adverse reactions to first- and second-line drugs:** Strengthening actions for comprehensive care, treatment and monitoring of adverse reactions to TB drugs by level of complexity in health care facilities; Training workshops for secondary and tertiary hospital health workers on handling adverse reactions to TB drugs; Financial support for patients with adverse reactions: payment of medical examinations, complementary drugs and hospitalization.
- **Infection control:** Implementation of TB infection control measures under the National Infection Control Plan.

3. Target Group/Beneficiaries

- Populations with unreported TB cases
- TB/HIV co-infected patients.
- Persons deprived of liberty (PDL).

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Country	Bolivia (Plurinational State)
Grant Name	BOL-T-UNDP
Implementation Period	01-Jan-2020 - 31-Dec-2022
Principal Recipient	United Nations Development Programme

Reporting Periods	01-Jan-2020	01-Jan-2021	01-Jan-2022
Start Date	01-Jan-2020	01-Jan-2021	01-Jan-2022
End Date	31-Dec-2020	31-Dec-2021	31-Dec-2022
PU includes DR?	Yes	Yes	No

Program Goals, Impact Indicators and targets

1 Reducir la incidencia de all forms of TB by 1,5% by 2022 // Reducir la incidencia de la tuberculosis en todas sus formas en 1,5% al 2022.

Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2019	2020	2021	Comment
1 TB 1-2: TB incidence rate per 100,000 population	Bolivia (Plurinational State)	67.2	2018 WHO report		N: 70 D: 70 P: % Due Date:	N: 71 D: 71 P: % Due Date:	N: 68 D: 68 P: % Due Date:	Metodología de medición: Los datos serán obtenidos del sistema de información del INCI. Numerador: se incluyeron los casos notificados de TB-TF durante un período de tiempo. Denominador: población estimada para el año. Poblaciones estimadas: año 2020: 1163371 hab., año 2021: 1179 257 hab., año 2022: 11961042 hab. Multiplicador: 100.000 Metas: año 2020: 70.3 (61527/163371x100.000) casos, Año 2021: 70 (63297/1179257x100.000) / Año 2022: 68.2 (61527/11961042x100.000) Measurement of TB incidence rate per 100,000 population. Numerator: Number of notified cases of TB-TF for a period of time are included. Number of estimated cases, proxy data for the calculation of the incidence. Denominator: population estimated for the year. Estimated populations: year 2020: 1163371 hab., Year 2021: 1179257 hab., Year 2022: 11961042 hab. Multiplier: 100.000 Targets: 2020: 70.3 (61527 / 1163371 x 100.000) / 2021: 70 (63297 / 1179257 x 100.000) and Year 2022: 68.2 (61627 / 11961042 x 100.000)

Program Objectives, Outcome Indicators and targets

1 Ofertar servicios de atención, detección de casos, diagnóstico y tratamiento de la Tuberculosis, para reducir la carga de Tuberculosis en todas sus formas.
2 Fortalecer la oferta de servicios de atención TB MDR, con el diagnóstico temprano, detección de casos, garantizando tratamiento y seguimiento, para reducir la carga de TB MDR.

Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2019	2020	2021	Comment
1 TB O-4(M): Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	Bolivia (Plurinational State)	60%	2016 Sistema de RRR TB, informe de gestión anual	TB case definition	N: 77.80% D: 77.80% Due Date: 31-Mar-2021	N: 79.85% D: 79.85% Due Date: 31-Mar-2022	N: 81.94% D: 81.94% Due Date: 31-Mar-2023	Línea de base (2016): 60%. Numerador: Número de pacientes con tuberculosis resistente a la rifampicina y/o tuberculosis multiresistente tratados exitosamente durante un período de tiempo. Denominador: Número total de pacientes con tuberculosis resistente a la rifampicina y/o tuberculosis multiresistente confirmados por laboratorio incluidos en el tratamiento con drogas de segunda línea durante el año de evaluación (dos años antes del período de reporte). Año 2019: 77.80% (100135 / 1287155) / Año 2020: 79.85% (100135 / 1253730) / Año 2021: 81.94% (100135 / 122155) / Numerator: Number of patients with rifampicin-resistant tuberculosis and / or multidrug-resistant tuberculosis treated successfully (cured and with complete treatment), in a period of time (two years before the reporting period). Denominator: total number of patients with rifampicin-resistant tuberculosis and / or laboratory-confirmed multidrug-resistant tuberculosis included in the reporting period. Multiplier: 100. Targets : Year 1: 78% (106136) / Year 2: 80% (115144) and Year 3: 82% (127155). Source: National Tuberculosis Program (127/155). (Dato preliminar) Metodología de medición: Número de casos con TB que iniciaron tratamiento (nuevos más recidivados) todas las formas confirmadas bacteriológicamente (frotis, cultivo, pruebas moleculares) durante un período de tiempo. Denominador: Número estimado de casos incidentes de tuberculosis para el mismo año (todas las formas de TB bacteriológicamente confirmadas más diagnosticados clínicamente). Multiplicador: 100. Metas: Año 2020: 65% (77312000) / Año 2021: 72% (7963311000) / Año 2022: 78% (8182 casos). Año 2021: 83% (8182 casos). Año 2022: 81% (8182 casos). Fuente: Programa Nacional de Tuberculosis.
2 TB O-5(M): TB treatment coverage: Percentage of new and relapse cases that were notified and treated in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)	Bolivia (Plurinational State)	63.3%	2018 Sistema de RRR TB, informe de gestión anual		N: 65.00% D: 65.00% Due Date: 31-Mar-2021	N: 72.00% D: 72.00% Due Date: 31-Mar-2022	N: 78.00% D: 78.00% Due Date: 31-Mar-2023	

Coverage indicators and targets

CI Number	Coverage Indicator	Country and Geographic Area	Baseline Value	Baseline Year and Source	Required Disaggregation	Cumulative for AFD	01-Jan-2020 31-Dec-2020	01-Jan-2021 31-Dec-2021	01-Jan-2022 31-Dec-2022	Comments
4	MDR TB-3(M): Number of cases with RR-TB and/or MDR-TB that began second-line treatment	Country: Bolivia (Plurinational State); Coverage: National	N: 88 D: P:	2018 Sistema de R&R TB, informes trimestrales /R&R TB system, quarterly reports	Age, Gender, TB regimen	Y: Cumulative annually	N: 138 D: P:	N: D: P:	N: D: P:	Linea de Base 2018: 80%. Metodología de medición: Número de casos de Tuberculosis Resistente a la Rifampicina y/o Tuberculosis multiresistente, confirmados por cultivo y/o geneXpert y/o genotipo, que iniciaron tratamiento con droga de segunda línea, durante el periodo de notificación. Métrica: Año 2020: 89% (138/153). Año 2021 y 2022 la meta serán 80%. Objetivo: Incrementar el número de personas que inician el tratamiento en el momento del primer año del proyecto. Observaciones: 1. Las personas identificadas como MDR-TB son consideradas como pacientes complicados en el inicio y la adherencia al tratamiento, dadas las condiciones de base de estas personas (verb. extrema pobreza, situación de calle, PPL, etc.). 2. Los pacientes que no se reportaron en el primer año del proyecto, serán a través del GeneXpert. Todavía un 38% del total son captados por métodos convencionales que requieren mayor tiempo en el diagnóstico (3-4 meses en promedio) lo que ocasionaría una posible pérdida de pacientes que dificulta la ubicación de los pacientes detectados una vez conocido el diagnóstico (pacientes que no se reportaron en el primer año del proyecto). 3. El objetivo de este indicador es aumentar el número de personas que inician el tratamiento en el momento del primer año del proyecto. 4. Métrica: Número de casos de Tuberculosis Resistant to Rifampin and / or Multidrug-resistant Tuberculosis, confirmed by culture and / or geneXpert and / or genotype, which started treatment with second-line drugs, during the reporting period. Métrica: Año 2020: 89% (138/153). Año 2021 and 2022 the goal will be 80%. Objective: Increase the number of people who start treatment at the beginning of the first year of the project. Observations: 1. People identified as MDR-TB are considered as complicated patients at the beginning and adherence to treatment, given the basic conditions of these people (verb. Extreme poverty, street situation, drug-dependant PPL, HIV-TB, etc). 2. Not all TB-MDR cases are reported in the first year of the project. 3. Patients who are not reported by conventional methods that require more time in diagnosis (3-4 months on average) which would cause a possible loss of patients that makes it difficult to locate the detected patients once the diagnosis is known (problems still of location, access and dispersion due to the breadth of the Bolívar territory).
5	MDR TB-G: Percentage of TB patients with DST result for at least RR-TB and/or MDR-TB (total number of notified (new and retreatment) cases in the same year	Country: Bolivia (Plurinational State); Coverage: National	N: 63 D: P:	2018 Sistema de R&R TB, informes trimestrales /R&R TB system, quarterly reports		Y: Cumulative annually	N: D: P: 80.0%	N: D: P: 85.0%	N: D: P: 90.0%	Linea de Base 2018: 63%. Metodología de medición: Número de casos de Tuberculosis bacteriológicamente confirmados con PSD. Denominador: total de casos de TB. Métrica: Métrica: Se toma en cuenta que del total de casos de TB TSF el 80% son bacteriológicamente confirmados, se espera incrementar de manera progresiva este acceso. 2020: 80% 2021: 85% 2022: 90%. Baseline 2018: 63%. Measurement methodology: Numerator: Number of cases of bacteriologically confirmed TB with DST result for at least RR-TB and/or MDR-TB. Denominator: Total number of notified TB cases. Goals: It is taken into account that of the total confirmed cases of tuberculosis, 80% are bacteriologically confirmed, it is expected to increase this access progressively. 2020: 80% 2021: 85% 2022: 90%

Workplan Tracking Measures								
Intervention	Key Activity	Milestone Target	Criterion for Completion	Country	01-Jan-2020 31-Dec-2020	01-Jan-2021 31-Dec-2021	01-Jan-2022 31-Dec-2022	Comments
RSSH: Health management information systems and M&E	Se realizarán reportes sobre la Medición del Impacto de los programas para evidenciar la reducción de brechas de financiamiento. Se incluirán datos precisos de los países de prioridad nacional a la Tuberculosis y el avance en la implementación del Sistema Único de Salud	2021: Reportes del SICOE SUS - TB 2021; SICOE Reports on implementation of SUS - TB	O: Sin Avance: No comenzado. 1: Iniciado: Actividades iniciadas (Consultor final en proceso de validación para su envío al FM. 2: Avanzado: Documento final anual reportes. 3: Completado: Documento final enviado al FM. 4: No Avanzado: No iniciado (Contract Consultant) 2: Advanced: Final document in validation process for dissemination. 3: Completed: Final document sent to FM.	Bolivia (Plurinational State)		X		Se tiene contemplado realizar reportes anuales. O: Sin Avance: No comenzado. 1: Iniciado: Actividades iniciadas (Consultor contratado) 2: Avanzado: Documento final en proceso de validación para su difusión. 3: Completado: Documento final enviado al FM. 4: No Avanzado: No iniciado (Contract Consultant) 2: Advanced: Final document in validation process for dissemination. 3: Completed: Final document sent to FM.
	Gestión 2020: Informe de Medición del Gasto en TB periodos 2018-2019. Gestión 2021: Informe de SUS implementación y las prestaciones: RRRH, Sistemas de Información, Suministros, Normas Técnicas	2022: Estudio de Gasto SUS TB, 2022: SUS TB Expenditure Study	O: Sin Avance: No comenzado. 1: Iniciado: Actividades iniciadas (Consultor final en proceso de validación para su envío al FM. 2: Avanzado: Documento final enviado al FM. 3: Completado: Final document in validation process for dissemination. 4: No Avanzado: No iniciado (Contract Consultant) 2: Advanced: Final document in validation process for dissemination. 3: Completed: Final document sent to FM.	Bolivia (Plurinational State)			X	Se tiene contemplado realizar reportes anuales. O: Sin Avance: No comenzado. 1: Iniciado: Actividades iniciadas (Consultor contratado) 2: Avanzado: Documento final en proceso de validación para su difusión. 3: Completado: Documento final enviado al FM. 4: No Avanzado: No iniciado (Contract Consultant) 2: Advanced: Final document in validation process for dissemination. 3: Completed: Final document sent to FM.
Analysis, review and transparency	Reports will be made on the Measurement of Expenditure on Tuberculosis and progress in the implementation of the Management 2020. Report on the Measurement of Expenditure in TB periods Management 2021. Report on the implementation of SUS in relation to benefits, HR, Information Systems, Financial Management, Systems, Financing, Technical Standards. Management 2022: Report on the Measurement of Expenditure in TB periods	Gestión 2020: Informe de Medición del Gasto en TB periodos 2018-2019. Estudio de Gasto SUS TB, 2022: SUS TB Expenditure on TB periods 2018-2019.	O: Sin Avance: No comenzado. 1: Iniciado: Actividades iniciadas (Consultor final en proceso de validación para su envío al FM. 2: Avanzado: Documento final enviado al FM. 3: Completado: Documento final enviado al FM. 4: No Avanzado: No iniciado (Contract Consultant) 2: Advanced: Final document in validation process for dissemination. 3: Completed: Final document sent to FM.	Bolivia (Plurinational State)	X			Se tiene contemplado realizar reportes anuales. O: Sin Avance: No comenzado. 1: Iniciado: Actividades iniciadas (Consultor contratado) 2: Avanzado: Documento final en proceso de validación para su difusión. 3: Completado: Documento final enviado al FM. 4: No Avanzado: No iniciado (Contract Consultant) 2: Advanced: Final document in validation process for dissemination. 3: Completed: Final document sent to FM.

