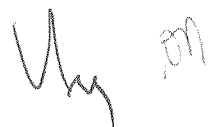


Grant Confirmation

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 Principal Recipient hereby confirm the following:

3.1.	Host Country or Region:	Republic of Djibouti
3.2.	Disease Component:	HIV/AIDS, Tuberculosis
3.3.	Program Title:	Support the National HIV and Tuberculosis Programmes in scaling up treatment and care services nationwide
3.4.	Grant Name:	DJI-C-UNDP
3.5.	GA Number:	1713
3.6.	Grant Funds:	Up to the amount of USD 4,916,424.00 or its equivalent in other currencies
3.7.	Implementation Period:	From 1 July 2018 to 31 December 2020 (inclusive)
3.8.	Principal Recipient:	United Nations Development Programme Lotissement du Héron – Lot 52 BP 2001 Djibouti City Republic of Djibouti Attention Mrs Barbara Manzi Resident Representative UNDP Djibouti Telephone: +253 2132 0962 Facsimile: +253 2135 0587 Email: barbara.manzi@one.un.org
3.9.	Fiscal Year:	1 January to 31 December



3.10.	Local Fund Agent:	<p>Conseil Audit Formation International Immeuble PwC, Rue du Lac d'Annecy, 1053 Les Berges du Lac 1053 Tunis Republic of Tunisia</p> <p>Attention Mr. Abdessatar Mabkhout</p> <p>Telephone: 21671160101 Facsimile: +2634338395 Email: abdessatar.mabkhout@tn.pwc.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 Joseph Serutoke Regional Manager Grant Management Division</p> <p>Telephone: +41 58 791 1700 Facsimile: +41 44 580 6820 Email: joseph.serutoke@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

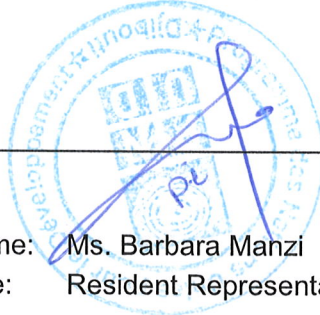
Name: Mark Edington
Title: Head, Grant Management Division

Date: Sep 24, 2018

By: Ms. Barbara Manzi

Name: Ms. Barbara Manzi
Title: Resident Representative

Date:



Acknowledged by

By: AHMED SAAD SOULTAN

Name:
Title: Chair of the Country Coordinating Mechanism for the Republic of Djibouti

Date:

[Signature]

By: 20/09/2018

Name: Ismine Farah Omar
Title: Civil Society Representative of the Country Coordinating Mechanism for the Republic of Djibouti

Date: 20/09/2018

[Signature]



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Schedule I

Integrated Grant Description

Country:	Republic of Djibouti
Program Title:	Support the National HIV and Tuberculosis Programmes in scaling up treatment and care services nationwide
Grant Name:	DJI-C-UNDP
GA Number:	1713
Disease Component:	HIV/AIDS, Tuberculosis
Principal Recipient:	United Nations Development Programme

A. PROGRAM DESCRIPTION

1. **Background and Summary:**

HIV/AIDS is a major public health problem in Djibouti and the country is classified as a generalized epidemic. According to the last HIV prevalence survey that dates to 2002, the prevalence level is of 2.9%. However, according to the 2017 Country estimates (Spectrum, Estimates from National AIDS Programme, 2017), HIV prevalence is estimated at 1.3%. According to the same source, from 2004 to 2014, 7015 HIV cases were reported. In 2015, out of 6971 PLHIV expected, the estimated number of PHAs found alive who knew their status was 4740 (68%), of which 2229 were on ART (32% of the total expected). Of 1775 viral loads completed independently of ART, 1136 had undetectable CVs (64%). According to an IBBS study carried out in 2014, the prevalence of HIV among female sex workers is at 13%, while it is at 1% among long distance truck drivers. To date, no epidemiological studies have been carried out to determine the level of HIV prevalence in the other most-at-risk populations.

With regards to PMTCT, the sentinel survey of 2013 indicates that the seroprevalence among pregnant women was 0.9% in Djibouti city and 0.4% in rural areas (Sentinel Surveillance Report, NAP 2013) and 0.9% in 2014. Of the 27,794 pregnancies expected in 2016, 16649 had access to NPC (60%), 14,879 were tested for HIV (53.5% of the expected total); 91 HIV + pregnant women (out of 176 expected) were identified (52%), 85 were put on ART, e.g. 93% ARV coverage. For the 2015 cohort, 126 were diagnosed with HIV, 92 were put on treatment, e.g. 73% of ARV coverage. With regards to exposed children, in 2016, the rate of MTCT was 13.17%. In the same year, 24,816 newborns with 147 HIV + were expected. The program identified 63 born to HIV-positive mothers, of whom 25 were screened at two months. In 2016, for two cases of HIV-positive children on ART, one child had undetectable CV at 12 months.

Tuberculosis (TB) remains a major public health problem in Djibouti that is one of the countries with the highest levels of TB incidence. It is ranked 5th in the world in terms of TB incidence (after Lesotho, South Africa, Swaziland and Namibia) and has a high incidence of TB/HIV co-infection.

According to the WHO Global Report, the prevalence is about 906 cases per 100,000 inhabitants in 2014. However, the trend in the incidence rate tends to decrease from 619 cases in 2014 to 378 new cases. Cases per 100,000 inhabitants in 2015 and 335 per 100,000 in 2016. The co-infection rate was 5.2% in 2016 (National AIDS Programme Annual Report, 2016). Of the 2,523 reported TB cases, 2,251 were tested for HIV (89.2%), 118 were co-infected, and 78 of them were on ARVs. Out of 138 co-infected patients in the 2015 cohort, 119 were put on ARVs, e.g. 86.2%.

The HIV/TB grant includes interventions that address the priorities of both National Strategic Plans – TB and HIV – in triangulation with the outcomes of the country dialogue and investment analysis, which would yield the highest-quality results. The program will focus on reducing new infections, by mainly targeting general population, with a focus on youth and adolescents. The grant aims at scaling up diagnostic and treatment targets, for both HIV and TB, by supporting the decentralization process that the Ministry of Health (MoH) started in 2016. This will include expansion of diagnostic and treatment services up to the health posts and support to mobile teams that will be deployed to the most remote areas to provide the population with prevention and treatment services, with a major focus on the population most in need, pregnant women and children in remote areas, PLWHA, TB patients. The grant will establish an overarching coordination mechanism, through the CCMI, to coordinate HIV and TB intervention with other partners, e.g. FHI360 on HIV prevention activities with key populations.

2. **Goal:**

To reduce by 50% new HIV infections by 2022

To reduce by 25% TB prevalence by 2025

3. **Target Group/Beneficiaries:**

- Pregnant women and children;
- PLWHA;
- TB patients
- Refugees and migrants;
- Prisoners;
- Co-infected patients;
- MDRTB patients;

4. **Strategies:**

1. Strengthen access to HIV prevention and care by intensifying diagnostic services to the most vulnerable population and those living in remote areas, by implementing a comprehensive Research, Test, Treat and Retain (RTTR) strategy for TB/HIV and Human Rights (HR);
2. Strengthen the quality DOTS strategy by improving and increasing access to TB diagnosis and treatment to target MDRTB patients and high-risk populations;
3. Provide quality care for affected population, PLWHA, including TB/HIV co-infected patients, MDRTB patients;
4. Strengthen coordination and operational partnership at all levels (public, community, Para public and private);

5. **Planned Activities:**

1. Implementation of HIV/TB counselling and testing;
2. HIV treatment and care; including PMTCT
3. TB prevention and management of cases;
4. Management of MDRTB;
5. TB/HIV collaborative activities.
6. Monitoring and Evaluation activities, including supervision;
7. Training of health practitioners on HIV/TB management in accordance with the RTTR strategy;
8. Purchase of Health product and Pharmaceutical for the two diseases.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

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