**PROGRAM GRANT AGREEMENT**
**BETWEEN**
**THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA**
**("Global Fund")**
**AND THE UNITED NATIONS DEVELOPMENT PROGRAMME**
**("Principal Recipient")**

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|---|---|---|
| 1. Country: The Republic of Haiti | | |
| 2. Program Title: Haiti: Strengthening and Improvement of DOTS Strategy in Haiti | | |
| 3. Grant Number: HTI-911-G08-T | 3A. Modification Number and Date: Not applicable | |
| 4. Program Starting Date:<br>1 February 2011 | 5. Program Ending Date:<br>31 December 2012 | 6. Proposal Completion Date:<br>31 December 2015 |
| 6A. Condition Precedent Terminal Date: 15 May 2011 | 6B. Condition Precedent Terminal Date: N/A | 6C. Condition Precedent Terminal Date: N/A |

7. Grant Funds: Up to the amount of US$ 11,500,780 (Eleven Million Five Hundred Thousand Seven Hundred and Eighty US Dollars).

Grant Funds as indicated above will be committed by the Global Fund to the Principal Recipient in staggered terms as described in Section H of Annex A of this Agreement, involving a Initial First Commitment of US$ 10,350,702 (Ten Million Three Hundred and Fifty Thousand Seven Hundred and Two US Dollars) and a Supplementary First Commitment of US$ 1,150,078 (One Million One Hundred and Fifty Thousand and Seventy-Eight US Dollars).

8. Program Coverage: Tuberculosis

9. Information for Principal Recipient Bank Account into Which Grant Funds Will Be Disbursed:

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| Beneficiary: | THE UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP) |
| Account name: | UNDP Contributions Account |
| Account number: | 015002284 |
| Bank name: | JP Morgan Chase |
| Bank address: | 270 Park Avenue, 43rd Floor<br>New York, NY, 10017<br>United States of America |
| Bank SWIFT Code: | CHASUS33 |
| ABA Number: | 021000021 |

10. The fiscal year of the Principal Recipient runs from 1 January to 31 December.

11. LFA

KPMG LLP
345 Park Avenue, Suite 3800
New York, NY 10154 - United States of America
Tel.: +1 212 872 5955 Fax: + 1 415 358 8385
Attention: Timothy A. Stiles
E-mail: taastiles@kpmg.com

| | |
|---|---|
| 12. Principal Recipient Additional Representative:<br>Jessica Faieta<br>UNDP Senior Country Director<br>MINUSTAH Logistic Base<br>Zone 5, Office 1B<br>Port-au-Prince-Haiti<br>Cel.: +209 3484 2026<br>E-mail: jessica.faieta@undp.org | 13. Global Fund Additional Representative:<br>Jonathan Brown<br>Acting Director of Country Programs<br>The Global Fund to Fight AIDS, Tuberculosis and Malaria<br>Chemin de Blandonnet 8<br>1214 Vernier-Geneva, Switzerland<br>Tel.: +41 58 791 1700 Fax: +41 58 791 1701 |

14. This Agreement consists of the two pages of this face sheet and the following:

Standard Terms and Conditions Annex A – Program Implementation Abstract

15. Signed for the **Principal Recipient** by its Authorized Representative

_____ Date 17 Feb / 2011

Ms. Jessica Faieta
UNDP Senior Country Director

16. Signed for the **Global Fund** by its Authorized Representative

_____ Date _____

Prof. Michel Kazatchkine
Executive Director

17. Acknowledged by the Chair of the **Country Coordinating Mechanism**

_____ Date _____

Mr. Jean-Max Bellerive
Prime Minister
Republic of Haiti

18. Acknowledged by Civil Society Representative of the **Country Coordinating Mechanism**

_____ Date _____

Ms. Esther B. Stanislas
CCM Vice-Chair
President
Plateforme Haïtienne des PVVIH (PHAP+)

19. **Entry into Force:** This Agreement, prepared in two originals, shall enter into force on the date of its signature by both the Principal Recipient and the Global Fund, acting through their duly Authorized Representatives identified in blocks 15 and 16 above.

## Standard Terms and Conditions

### Article 1. PURPOSE OF AGREEMENT

This Agreement between the Global Fund to Fight AIDS, Tuberculosis and Malaria, a non-profit foundation established under the laws of Switzerland (the "Global Fund") and the United Nations Development Programme, a subsidiary organ of the United Nations, with its headquarters in New York, New York, United States of America, as represented by its Resident Representative in the country specified in block 1 of the face sheet of this Agreement (the "Principal Recipient") defines the terms and conditions under which the Global Fund will provide funding to the Principal Recipient to implement or oversee the implementation of the Program whose title is set forth in block 2 of the face sheet of this Agreement (the "Program") for the country specified in block 1 of the face sheet of this Agreement ("Host Country").

### Article 2. THE PROGRAM

a. The Program is further described in Annex A of this Agreement, the "Program Implementation Abstract." The Principal Recipient will implement or oversee the implementation of the Program in accordance with the terms of this Agreement, which the Principal Recipient will administer using its regulations, rules and procedures. The Principal Recipient will be responsible and accountable to the Global Fund for all resources it receives under this Agreement and for the results that are to be accomplished.

b. The Global Fund and the Principal Recipient may by agreement in writing from time to time modify Annex A of this Agreement during the implementation of the Program.

### Article 3. FISCAL TERMS

a. The Global Fund hereby grants to the Principal Recipient an amount not to exceed that stated in block 7 of the face sheet of this Agreement (the "Grant"), which shall be made available to the Principal Recipient under the terms of this Agreement. The Global Fund makes the Grant to the Principal Recipient in response to the Country Coordinating Mechanism's request for financial assistance.

b. Any interest or other earnings on funds disbursed by the Global Fund to the Principal Recipient under this Agreement shall be used for Program purposes, unless the Global Fund agrees otherwise in writing.

c. (1) Total Global Fund funding for the Program is limited to the Grant. Each disbursement of Grant funds shall be subject to the availability of funds to the Global Fund for such purpose at the time of the disbursement. Unless the Global Fund agrees otherwise in writing, the Grant may be used for Program expenditures beginning from the "Program Starting Date" (specified in block 4 of the face sheet of this Agreement). If the Principal Recipient chooses to continue Program activities after the Global Fund funding has been exhausted, the Principal Recipient understands that the Global Fund makes no commitment beyond the amounts available under the terms of this Agreement.

(2) In making funds available for the Program, the Global Fund acknowledges that, in accordance with the Principal Recipient's Financial Regulations and Rules,

disbursements to the Principal Recipient must be made in advance of the implementation of the activities to be financed. In the event funds are not available to the Global Fund, the Principal Recipient may reduce, suspend or terminate its support to the Program.

d. The Global Fund and the Principal Recipient estimate that the proposal described in Annex B, as designed and if fully funded and implemented, will be completed by the "Proposal Completion Date" (specified in block 6 of the face sheet of this Agreement). Unless the Global Fund agrees otherwise in writing, the Global Fund will not authorize disbursement of the Grant after the "Program Ending Date" (specified in block 5 of the face sheet of this Agreement) if the Global Fund determines in its sole discretion that satisfactory progress has not been made in implementing the Program before the Program Ending Date or that funds are not available for such disbursement.

e. Conditions Precedent to Disbursement.

(1) Annex A, the Program Implementation Abstract, may state conditions precedent to first disbursement of funds under the Grant or conditions precedent to disbursement of Grant funds for a particular purpose, in excess of a specified amount or after a certain time. Unless the Global Fund and the Principal Recipient agree otherwise in writing, the Principal Recipient must satisfy the stated conditions, in form and substance satisfactory to the Global Fund, before the Global Fund will authorize disbursement of the relevant funds.

(2) The terminal dates for meeting the conditions specified in Annex A are the dates specified in blocks 6A, 6B and 6C (if present) of the face sheet of this Agreement, as indicated for the particular conditions. If the conditions precedent have not been met by the stated terminal date, the Global Fund, at any time, may terminate this Agreement by written notice to the Principal Recipient.

(3) Unless the Global Fund advises the Principal Recipient otherwise in writing, the Principal Recipient will furnish to the Global Fund all items required to satisfy the conditions precedent to disbursement stated in Annex A and shall ensure that members of the Country Coordinating Mechanism receive copies of the items. The Global Fund will promptly notify the Principal Recipient when the Global Fund has determined that a condition precedent has been met.

f. Consistent with numerous United Nations Security Council Resolutions, including S/RES/1269 (1999), S/RES/1368 (2001), and S/RES/1373 (2001), both the Global Fund and the Principal Recipient are firmly committed to the international fight against terrorism, and in particular, against the financing of terrorism. It is the policy of the Global Fund to seek to ensure that none of its funds are used, directly or indirectly, to provide support to individuals or entities associated with terrorism. In accordance with this policy, the Principal Recipient undertakes to use reasonable efforts to ensure that none of the Grant funds provided under this Agreement are used to provide support to individuals or entities associated with terrorism.

## Article 4. TAXES AND DUTIES

a. The Principal Recipient shall try to ensure through coordination with the government of the Host Country and the Country Coordinating Mechanism and otherwise

that this Agreement and the assistance financed hereunder shall be free from taxes and duties imposed under laws in effect in the Host Country.

b. The Principal Recipient shall assert all exemptions from taxes and duties to which it believes it, the Global Fund or the Grant is entitled.

**Article 5. THE TRUSTEE**

The Global Fund and the International Bank for Reconstruction and Development (the "World Bank") have entered into an agreement as of May 31, 2002, by which the World Bank has agreed to establish the "Trust Fund for the Global Fund to Fight AIDS, Tuberculosis and Malaria" (the "Trust Fund") and to serve as the trustee of the Trust Fund (the "Trustee"). Grant funds made available to the Principal Recipient will be disbursed from the Trust Fund.

**Article 6. DISBURSEMENTS**

a. Approximately every three months, the Principal Recipient shall submit to the Global Fund requests for disbursements of funds from the Grant, in form and substance satisfactory to the Global Fund. Requests for disbursement shall be signed by the person or persons authorized by the Principal Recipient to do so. Upon the Global Fund's approval of a request for disbursement, the Global Fund will advise the Trustee to transfer the amount approved by the Global Fund into the account specified in block 9 of the face sheet of this Agreement.

b. The amount approved for disbursement will be based on achievement of Program milestones and the expected cash flow needs of the Principal Recipient. The Global Fund, at any time, may approve for disbursement an amount less than the disbursement request if the Global Fund concludes that the full disbursement request is not justified.

c. Each disbursement under the Grant is subject to the availability of funds to the Global Fund for such disbursement.

**Article 7. AUDITS AND RECORDS**

a. Books and Records of the Principal Recipient.

The Principal Recipient shall maintain Program accounts, books, records, and all other documents relating to the Program or maintained under the Agreement, adequate to show, without limitation, all costs incurred by the Principal Recipient under the Agreement and the overall progress toward completion of the Program ("Program books and records"). The Principal Recipient shall maintain Program books and records in accordance with United Nations Accounting Standards. Program books and records shall be maintained for at least three years after the date of last disbursement under this Agreement or for such longer period, if any, required to resolve any claims or audit findings.

b. Principal Recipient Audits.

(i) The Principal Recipient shall have annual financial audits conducted of Program expenditures. Subject to the approval of the Global Fund, which approval shall not be

unreasonably withheld, the Principal Recipient shall select an independent auditor to conduct the audits and set the terms of reference pursuant to which they shall be conducted. The cost of such special audit shall be borne by the Program.

(ii) Should the Global Fund have reason to request a special purpose audit on the use of Global Fund resources, UNDP agrees to be responsible for: (i) securing the appointment of a mutually agreed independent auditor; and (ii) preparing mutually agreed audit Terms of Reference which reflect, as necessary, circumstances giving rise to the Global Fund's request for said audit. The cost of such special audit shall be borne by the Program.

c. Certified Financial Statement.

Not later than June 30 of each year, the Principal Recipient shall submit to the Global Fund a statement, certified by the Comptroller of the Principal Recipient, of income and expenditure of the Program during the preceding year.

d. Sub-recipient Audits.

The Principal Recipient shall submit to the Global Fund a plan, acceptable to the Global Fund, for the audit of the expenditures of Sub-recipients under the Program. The Principal Recipient shall ensure that Sub-recipients are audited in accordance with the plan, unless the Global Fund and the Principal Recipient agree otherwise in writing. Upon request, the Principal Recipient shall furnish or cause to be furnished to the Global Fund a copy of reports of audits carried out under the plan.

e. Ad-hoc Site Visits

The Principal Recipient shall afford authorized representatives of the Global Fund and its agents or any third party of which the Global Fund notifies the Principal Recipient the opportunity at all reasonable times on an ad hoc basis to make visits related to operations financed by the Grant. The purpose of such ad hoc site visits is to allow the Global Fund to be in a position to report to its constituencies on the implementation of the Program and to determine whether value for money has been obtained. In connection with such visits, the Principal Recipient will make available to the Global Fund all relevant financial information drawn from the relevant accounts and records.

f. Notification.

The Principal Recipient shall notify the Global Fund promptly in writing of any audits of activities financed by this Agreement initiated by or at the request of an audit authority of the Government of the Host Country or of any other entity.

**Article 8. REFUNDS**

a. In the case of any disbursement of the Grant that is not made or used in accordance with this Agreement, or that finances goods or services that are not used in accordance with this Agreement, the Global Fund, notwithstanding the availability or exercise of any other remedies under this Agreement, may require the Principal Recipient to refund the amount of such disbursement in United States dollars to the Global Fund within sixty (60) days after the Principal Recipient receives the Global Fund's request for a refund.

b. If the Principal Recipient's failure to comply with any of its obligations under this Agreement has the result that goods or services financed or supported by the Grant are not used in accordance with this Agreement, the Global Fund may require the Principal Recipient to refund all or any part of the amount of the disbursements under this Agreement for or in connection with such goods or services in United States dollars to the Global Fund within sixty (60) days after receipt of a request therefor.

c. The right under paragraphs (a) or (b) of this Article to require a refund of a disbursement will continue, notwithstanding any other provision of this Agreement, for three years from the date of the last disbursement under this Agreement.

## Article 9. ADDITIONALITY

In accordance with the criteria governing the selection and award of this Grant, the Global Fund has awarded the Grant to the Principal Recipient on the condition that the Grant is in addition to the normal and expected resources that the Host Country usually receives or budgets from external or domestic sources. In the event such other resources are reduced to an extent that it appears, in the sole judgment of the Global Fund, that the Grant is being used to substitute for such other resources, the Global Fund may terminate this Agreement in whole or in part under Article 21 of this Agreement.

## Article 10. PROGRAM COOPERATION AND COORDINATION

a. **The Country Coordinating Mechanism**

(1) The Principal Recipient hereby acknowledges that:

(a) the Country Coordinating Mechanism (of which the Principal Recipient is a part) is the group that coordinates the submission of proposals to the Global Fund from the Host Country and monitors the implementation of activities under approved programs;

(b) the Country Coordinating Mechanism functions as a forum to promote true partnership development and participation of multiple constituencies, including Host Country governmental entities, donors, nongovernmental organizations, faith-based organizations and the private sector;

(c) the Country Coordinating Mechanism should encourage multisectoral program approaches and ensure linkages and consistency between Global Fund assistance and other development and health assistance programs, including but not limited to multilateral loans, bilateral grants, Poverty Reduction Strategy Programs, and sector-wide assistance programs; and

(d) the Country Coordinating Mechanism should encourage its partners to mobilize broadly to fight diseases of poverty, to seek increased financial resources and technical assistance for that purpose, and to ensure the sustainability of local programs, including those supported by the Global Fund.

(2) The Principal Recipient will cooperate with the Country Coordinating Mechanism and the Global Fund to assure that the purpose of this Agreement will be accomplished. To this end, the Principal Recipient and the Global Fund, at the request of either or of the Country Coordinating Mechanism, will exchange views on the progress of the Program, the performance of obligations under this Agreement, and the performance of any consultants, contractors, or suppliers engaged in the Program, and other matters relating to the Program.

(3) The Principal Recipient shall actively assist the Country Coordinating Mechanism to meet regularly to discuss plans, share information and communicate on Global Fund issues. The Principal Recipient shall keep the Country Coordinating Mechanism continuously informed about the Program and the Principal Recipient's management thereof and shall furnish to the Country Coordinating Mechanism such reports and information as the Country Coordinating Mechanism may reasonably request. The Principal Recipient understands that the Global Fund may, in its discretion, share information with the Country Coordinating Mechanism.

(4) The Principal Recipient shall coordinate its activities with the activities of related or substantially similar programs in the Host Country.

(5) The Global Fund and the Principal Recipient may agree in Implementation Letters, in accordance with Article 12 below, on additional responsibilities of the Principal Recipient with respect to the Country Coordinating Mechanism.

b. **Sub-recipients**

(1) From time to time, the Principal Recipient may, under this Agreement, provide funding to other entities to carry out activities contemplated under the Program ("Sub-recipients"). The Principal Recipient will be responsible for the results it and Sub-recipients (if any) are to accomplish. The Principal Recipient shall ensure that all agreements with Sub-recipients ("Sub-recipient Agreements") are consistent with this Agreement. Prior to any disbursement of Grant funds to a Sub-recipient, the Principal Recipient shall obtain and maintain in effect a certification from such Sub-recipient that such Sub-recipient shall (i) undertake best efforts to ensure that none of the Grant funds received by it are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by the Principal Recipient under the Sub-recipient Agreement do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999); and (ii) ensure that the same undertaking is included in all sub-contracts or sub-agreements entered into under the Sub-recipient Agreement. The Principal Recipient shall furnish the Global Fund a copy of the form or forms of agreement, acceptable to the Global Fund, that the Principal Recipient will use with Sub-recipients.

(2) The Principal Recipient's accountability and reporting shall encompass the funds disbursed to all Sub-recipients and to the activities Sub-recipients carry out using Program funds. The Principal Recipient shall have systems in place to assess (before the Principal Recipient transfers any resources to a Sub-recipient) the capacity of Sub-recipients, monitor their performance, and assure regular reporting from them in accordance with this Agreement. The Principal Recipient shall comply with such systems to assess Sub-recipients and supervise and monitor their activities and reporting under the Program. If the Principal Recipient finds that a Sub-recipient does not possess the required capacity to carry out the

activities envisioned under the Program, the Principal Recipient will consult with the Country Coordinating Mechanism and the Global Fund about how the situation should most appropriately be addressed.

(3) With respect to Sub-recipients or other third parties that enter into agreements with the Principal Recipient, the Global Fund shall assume no responsibility for the actions of such Sub-recipients or other third parties.

c. **Other Principal Recipients**

In addition to the Principal Recipient, the Global Fund may from time to time award grants to other entities, as possibly proposed by the Country Coordinating Mechanism, to implement programs in the Host Country. The Principal Recipient will cooperate as appropriate with such other entities to realize the benefits of all programs financed by the Global Fund.

d. **The LFA**

(1) The Global Fund has entrusted an entity, as indicated in block 11 of the face sheet of this Agreement, (the "LFA"), to assist the Global Fund in its oversight role during the implementation of the Program.

(2) The Principal Recipient shall cooperate fully with the LFA to permit the LFA to carry out its functions. To this end, the Principal Recipient shall, inter alia, do the following, unless the Global Fund specifies otherwise in writing:

(a) submit all reports, disbursement requests and other communications required under this Agreement to the Global Fund through the LFA;

(b) submit to the LFA copies of all audit reports required under Article 7.d of this Agreement;

(c) permit the LFA to perform ad hoc site visits at the times and places decided by the LFA; and

(d) cooperate with the LFA in other ways that the Global Fund may specify in writing.

(3) For purposes of this Agreement, the principal representative of the LFA shall be the person named or acting in the position identified in block 11 of the face sheet of this Agreement, unless the Global Fund notifies the Principal Recipient otherwise in writing.

## Article 11. COMMUNICATIONS

Any notice, request, document, report, or other communication submitted by either the Principal Recipient or the Global Fund, unless this Agreement expressly provides otherwise or the Global Fund and the Principal Recipient agree otherwise in writing, will be sent to the other party's Authorized Representative (noted in block 15 or 16 of the face sheet of this

Agreement) or Additional Representative (noted in block 12 or 13 of the face sheet of this Agreement. In the case of communications to the Global Fund through the LFA, the Principal Recipient shall submit such communications to the person identified in block 11 of the face sheet of this Agreement. All communications under this Agreement will be in English, unless the Global Fund and the Principal Recipient agree otherwise in writing.

## Article 12. IMPLEMENTATION LETTERS

To assist the Principal Recipient in the implementation of this Agreement, the Global Fund will from time to time issue Implementation Letters that will furnish additional information and guidance about matters stated in this Agreement. In addition, the Global Fund and the Principal Recipient may from time to time issue jointly signed Implementation Letters to confirm and record their mutual understanding on aspects of the implementation of this Agreement.

## Article 13. REPORTS

a. Unless the Global Fund advises the Principal Recipient otherwise in writing, the Principal Recipient shall furnish to the Global Fund the reports specified in paragraph b below at the interval indicated or such other interval to which the Global Fund and the Principal Recipient may agree in writing. The reports shall cover all funds and activities financed under the Grant. In addition, the Principal Recipient shall furnish to the Global Fund such other information and reports at such times as the Global Fund may request. The Global Fund will from time to time specify in Implementation Letters the guidelines for the contents and formats of the reports. The Principal Recipient shall furnish to the Country Coordinating Mechanism a copy of all reports the Principal Recipient submits to the Global Fund.

b. **Required Reports**

(1) Quarterly Reports

Not later than 45 days after the close of each quarter of the Principal Recipient's fiscal year, the Principal Recipient shall submit to the Global Fund, in form and substance satisfactory to the Global Fund, a periodic report on the Program. The report shall reflect (i) financial activity during the quarter in question and cumulatively from the beginning of the Program until the end of the reporting period; and (ii) a description of progress towards achieving the agreed-upon milestones set forth in Annex A. The Principal Recipient shall explain in the report any variance between planned and actual achievements for the period in question.

(2) Annual Reports

Not later than 45 days after the close of each fiscal year of the Principal Recipient, the Principal Recipient shall submit to the Global Fund, in form and substance satisfactory to the Global Fund, an annual financial and programmatic monitoring report (in addition to the quarterly reports) covering the preceding fiscal year.

(3) Phase Two Reporting

The Principal Recipient shall cooperate with the Global Fund, the Country Coordinating Mechanism, and other actors as necessary and appropriate to provide for the timely filing of an application for the continuation of funding beyond the Program End Date.

**Article 14. MONITORING**

The Principal Recipient will follow a principle of results-based monitoring congruent with the Global Fund's results-based disbursement approach. Not later than 90 days after this Agreement enters into force, the Principal Recipient shall submit to the Global Fund, in form and substance satisfactory to the Global Fund, a detailed plan for monitoring the Program. The Global Fund will specify in Implementation Letters the guidelines for the plan.

**Article 15. EVALUATION**

The Global Fund, in its discretion, may conduct an independent evaluation of the Program. The Global Fund evaluation will conform to international best practice standards that include a focus on results, transparency and substantive accountability. The Global Fund will collaborate with the Evaluation Office of the Principal Recipient to specify, in consultation with the Country Coordinating Mechanism, the terms of reference for the evaluation and to plan, schedule and implement the evaluation. The Principal Recipient shall require all Sub-recipients to cooperate fully in the execution of the evaluation. The Global Fund will provide the Principal Recipient with a copy of the report of the evaluation.

**Article 16. DISSEMINATION OF INFORMATION**

The Global Fund and the Principal Recipient may make the information derived from the implementation of this Program available to the domestic and international community, consistent with the rights of individuals to privacy, the property rights of persons in trade secrets and confidential commercial or financial information. The Global Fund reserves the right to freely publish or disseminate information derived from the implementation of this Program.

**Article 17. CONTRACTS FOR GOODS AND SERVICES.**

a. Unless the Global Fund agrees otherwise in writing, the Principal Recipient shall disclose to the Global Fund the policies and practices that it will use to contract for goods and services under this Agreement. At a minimum, such policies and practices shall conform to requirements 1 through 5 listed below.

(1) Contracts shall be awarded, to the extent practical, on a competitive basis.

(2) Solicitations for goods and services shall be based upon a clear and accurate description of the goods or services to be acquired.

(3) Contracts shall be awarded only to responsible contractors that possess the potential ability to successfully perform the contracts.

(4) No more than a reasonable price (as determined, for example, by a comparison of price quotations and market prices) shall be paid to obtain goods and services.

(5) The Principal Recipient shall maintain records regarding the receipt and use of goods and services acquired under the Agreement by the Principal Recipient, the nature and extent of solicitations of prospective suppliers of goods and services acquired by the Principal Recipient, and the basis of award of Principal Recipient contracts and orders.

b. Title to goods or other property financed under this Agreement shall be in the name of the Principal Recipient or such other entity as the Principal Recipient may designate and shall be disposed of by the Principal Recipient during the life of the Program or at its completion in accordance with Article 19 below.

c. From time to time, the Global Fund will issue Implementation Letters to further advise the Principal Recipient regarding policies applicable to contracts for goods and services using Grant funds.

**Article 18. PHARMACEUTICAL AND OTHER HEALTH PRODUCTS**

a. Definitions. As used in this Article, the following terms shall have the meanings given to them below:

**Available** means that the manufacturer of the relevant product can supply the requested quantity of the product within 90 days of the requested delivery date.

**Expert Review Panel (ERP)** means a panel of independent experts which reviews the potential risks/benefits associated with the use of Finished Pharmaceutical Products and makes recommendations to the Global Fund as to whether such Finished Pharmaceutical Products may be procured with Grant funds. A Finished Pharmaceutical Product will be eligible for review by the Expert Review Panel if it has not yet been prequalified by the WHO or authorized for use by a Stringent Drug Regulatory Authority, but meets the following criteria:

(a)

(i) the manufacturer of the Finished Pharmaceutical Product has submitted an application for prequalification of the product by the WHO Prequalification Programme and it has been accepted by WHO for review; or

(ii) the manufacturer of the Finished Pharmaceutical Product has submitted an application for marketing authorization to a Stringent Drug Regulatory Authority, and it has been accepted for review by the Stringent Drug Regulatory Authority, and

(b) the Finished Pharmaceutical Products is manufactured at a site that is compliant with the GMP standards that apply for the relevant Product Formulation, as verified after inspection by:

(i) the WHO Prequalification Programme;

(ii) a Stringent Drug Regulatory Authority; or

(iii) a drug regulatory authority participating to the Pharmaceutical Inspection Cooperation Scheme.

**ERP Recommendation Period** means the period during which an Expert Review Panel recommendation for the use of a particular Finished Pharmaceutical Product remains in full force and effect. If the Expert Review Panel recommends the use of a Finished Pharmaceutical Product, the recommendation shall be valid for an initial period of no more than 12 months or until the Finished Pharmaceutical Product is prequalified by the WHO or authorized for use by a Stringent Drug Regulatory Authority, whichever is earlier. The Global Fund may, in its sole discretion, request the Expert Review Panel to consider extending the ERP Recommendation Period.

**Finished Pharmaceutical Product** means a medicine presented in its finished dosage form that has undergone all stages of production, including packaging in its final container and labeling.

**Good Manufacturing Practices (GMP)** means the practices, which ensure that Finished Pharmaceutical Products are consistently produced and controlled according to quality standards appropriate to their intended use, and as required by applicable marketing authorizations.

**Health Products includes** (i) Finished Pharmaceutical Products;(ii) durable health products (including but not limited to bednets, laboratory equipment, radiology equipment and supportive products); and (iii) consumable/single-use health products (including but not limited to condoms, rapid and non-rapid diagnostic tests, insecticides, aerial sprays against mosquitoes, breast milk substitute and injection syringes).

**International Conference on Harmonization of Technical Requirements for the Registration of Pharmaceuticals for Human Use (ICH)** is an initiative involving regulatory bodies and pharmaceutical industry experts that was established to make recommendations on ways to achieve greater harmonization in the interpretation and application of technical guidelines and requirements for product registration. ICH member countries are specified on its website: http://www.ich.org .

**Medicine** means an active pharmaceutical ingredient that is intended for human use.

**National Drug Regulatory Authority (NDRA)** means the official authority regulating Health Products in a country.

**NDRA-Recognized Laboratories** means Quality Control laboratories selected by NDRAs according to their standards to conduct their Quality Control testing for Finished Pharmaceutical Products.

**Pharmaceutical Inspection Cooperation Scheme (PIC/S)** means the Swiss association of inspectorates which provides a forum for GMP training. The PIC/S is not subject to any international or domestic regulations. PIC/S member countries are specified on its website: www.picscheme.org .

**Product Formulation** means an active pharmaceutical ingredient (or combination of ingredients), dosage form and strength.

**Quality Control** means all measures taken, including the setting of specification sampling, testing and analytical clearance, to ensure that starting material, intermediate, packaging material and Finished Pharmaceutical Products conform with established specifications for identity, strength, purity and other characteristics.

**Stringent Drug Regulatory Authority** means a regulatory authority which is (a) a member of the ICH (as specified on its website:); or (b) an ICH Observer, being the European Free Trade

Association (EFTA), Health Canada and WHO (as may be updated from time to time); or (c) a regulatory authority associated with an ICH member through a legally binding mutual recognition agreement.

**WHO Prequalification Programme** means the programme managed by WHO which prequalifies (a) Medicines that are considered to be acceptable for procurement by the United Nations and specialized agencies; and (b) Quality Control laboratories for Medicines.

b. Health Product Management Assessment and PSM plan. Due to the complexity and significant risks of the procurement of Health Products, no Grant funds may be used to finance such procurement until:

(1). the Global Fund has assessed the Principal Recipient's capability to manage such procurement; and

(2). the Principal Recipient has submitted to the Global Fund, in form and substance satisfactory to the Global Fund, a plan for the procurement, use and supply management of Health Products that is consistent with this Article, (the "PSM Plan").

The Global Fund shall advise the Principal Recipient in writing whether it has approved the PSM Plan. The Principal Recipient shall ensure that the procurement and supply management of Health Product under the Program is carried out in accordance with the approved PSM Plan. The Principal Recipient must submit any proposed changes to the approved PSM Plan to the Global Fund for approval.

c. List of Medicines to be Procured. Grant funds may only be used to procure a Medicine that appears in the current Standard Treatment Guidelines (STG) or Essential Medicines Lists (EML) of the WHO, the Host Country government or an institution in the Host Country recognized by the Global Fund. The PSM Plan shall include the STG/EML that will apply to the Program.

The Principal Recipient shall submit a technical justification to the Global Fund if it intends to procure a Medicine that (i) was not specified in the grant proposal approved by the Global Fund; and (ii) is included in the relevant STG/EML of the Host Country government or an institution in the Host Country recognized by the Global Fund, but not included in the STG/EML of the WHO, or vice versa.

d. Procurement Responsibilities. In circumstances where the Global Fund has determined that the Principal Recipient possesses the requisite procurement capacity, the Principal Recipient shall be responsible for all procurement under the Agreement, and at its discretion, may use, or permit its Sub-recipients to use, contracted local, regional or international procurement agents to conduct procurements. If the Global Fund has determined that the Principal Recipient does not possess the requisite procurement capacity, the Principal Recipient shall use established regional or international procurement agents or other mechanisms acceptable to the Global Fund, but shall remain responsible for compliance of all procurement with the terms of this Agreement.

When a Sub-recipient carries out procurement of Health Products, the Principal Recipient shall ensure that such procurement is carried out in compliance with this Agreement.

In all cases, the Principal Recipient is encouraged to use, or cause Sub-recipients to use, capable regional and global procurement mechanisms wherever pooling of demand reduces prices for products and improves procurement efficiency.

e. Procurement Practices. The Principal Recipient shall ensure that the procurement of Finished Pharmaceutical Products under this Agreement adheres to the Interagency Operational Principles for Good Pharmaceutical Procurement. In cases where actual practices differ from these principles, the Principal Recipient shall demonstrates to the Global Fund that it has established a comparable system of competitive, transparent and accountable procurement using a group of pre-qualified suppliers and the application of necessary quality assurance mechanisms.

In addition, Principal Recipients shall ensure that the procurement of Finished Pharmaceutical Products under this Agreement complies with the principles set forth in the Interagency Guidelines: A Model Quality Assurance System for Procurement Agencies (as amended from time to time).

f Lowest Possible Price. The Principal Recipient shall use good procurement practices when procuring Health Products, including competitive purchasing from prequalified manufacturers and suppliers, as outlined in sub-section (e) above, to attain the lowest possible price of products that comply with the quality assurance standards specified in this Agreement. In determining what constitutes the "lowest possible price", the Principal Recipient may take into account the unit price for the products, product registration, the delivery and insurance costs, and the delivery timeframe and method. With respect to durable products, the lowest possible price shall take into account the total cost of ownership, including the cost of reagents and other consumables as well as costs for annual maintenance.

g. Quality Standards for all Finished Pharmaceutical Products. Grant funds may only be used to procure Finished Pharmaceutical Products that have been authorized for use by the National Drug Regulatory Authority in the Host Country where the products will be used.

h Additional Quality Standards for Antiretroviral, Antimalarial and/or Antituberculosis Finished Pharmaceutical Products. In addition to the quality standards specified in sub-section (g) above, Grant funds may only be used to procure antiretroviral, antimalarial and/or antituberculosis Finished Pharmaceutical Products that meet one of the following quality standards:

(1). the product is prequalified under the WHO Prequalification Program or authorized for use by a Stringent Drug Regulatory Authority; or

(2). the product has been recommended for use by the Expert Review Panel, as described in paragraph i of sub-section (i) below.

Such products may only be procured with Grant funds in accordance with the selection process specified in sub-section (i) below.

i. Selection Process for Procuring Antiretroviral, Antimalarial and/or Antituberculosis Finished Pharmaceutical Products.

(1) If there are two or more Finished Pharmaceutical Products Available for the same Product Formulation that are either prequalified by the WHO or authorized for use by a Stringent Drug Regulatory Authority, the Principal Recipient may only

use Grant funds to procure a Finished Pharmaceutical Product that meets either of those standards.

(2). If a Principal Recipient determines that there is only one or no Finished Pharmaceutical Product Available that is prequalified by the WHO or authorized for use by a Stringent Drug Regulatory Authority and it wishes to use Grant funds to procure an alternate Finished Pharmaceutical Product, it must request confirmation from the Global Fund that the Principal Recipient's determination is accurate and that the alternate Finished Pharmaceutical Product is currently recommended for use by the Expert Review Panel. If the Global Fund provides this confirmation, the Principal Recipient may enter into a contract with a supplier for the procurement of the alternate Finished Pharmaceutical Product that has been recommended for use by the Expert Review Panel at any time until the end of the ERP Recommendation Period, but the duration of the contract shall not exceed 12 months. That is, the Principal Recipient may not place an order for that Finished Pharmaceutical Product under the contract more than 12 months after the contract is signed.

j. Quality Standards for Long-Lasting Insecticidal Mosquito Nets. Grant funds may only be used to procure long-lasting insecticidal mosquito nets that are recommended for use by the WHO Pesticide Evaluation Scheme.

k. Quality Standards for All Other Health Products. Grant funds may only be used to procure Health Products other than Finished Pharmaceutical Products or long-lasting insecticidal mosquito nets, if they are selected from lists of pre-qualified products, if any, and comply with quality standards applicable in the Host Country where such products will be use, if any.

l. Monitoring Supplier Performance. The Principal Recipient shall monitor the performance of suppliers with respect to the quality of the goods and services they supply and shall submit the information gathered to the Global Fund electronically for publication over the Internet through the Price and Quality Reporting mechanism referred to in sub-section (r).

m. Monitoring Product Quality. The Principal Recipient shall have systems in place to monitor the quality of Health Products financed under this Agreement that are acceptable to the Global Fund.

n. Quality Control Tests of Finished Pharmaceutical Products

(1). Subject to paragraph ii below, the Principal Recipient shall ensure that random samples of Finished Pharmaceutical Products financed under the Agreement are obtained at different points in the supply chain, from initial receipt of the products in the Host Country to the delivery of those products to patients. Such samples shall be sent to one of the following laboratories for Quality Control testing:

(a) a laboratory prequalified by the WHO Prequalification Programme;

(b) an NDRA or NDRA-Recognized Laboratory that meets one of the following criteria:

(i) Prequalified by WHO Prequalification Programme, or
(ii) Accredited in accordance with ISO17025; or

(c) a laboratory contracted by the Global Fund.

Such Quality Control testing may be conducted in accordance with protocols and standard operating procedures prescribed by the Global Fund, as may be amended from time to time.

The Principal Recipient shall submit the results of the Quality Control tests to the Global Fund, which may be made available to the public.

(2). If a Principal Recipient procures a Finished Pharmaceutical Product that has been recommended for use by the Expert Review Panel, the Global Fund will make the necessary arrangements for randomly selected samples of the Finished Pharmaceutical Product to be tested for Quality Control purposes, in accordance with advice provided by the Expert Review Panel, prior to the shipment and delivery of that product by the manufacturer to the Principal Recipient or other designated recipient. The Principal Recipient shall ensure that its contract with the manufacturer affords the Global Fund right to (i) obtain the manufacturer's specifications; (ii) remove samples of products and conduct random Quality Control testing while the products are within the possession of the manufacturer; and (iii) make the results of such testing available to the public. The cost of any such sampling and testing of the Finished Pharmaceutical Product shall be borne by the Global Fund.

o. Supply Chain and Inventory Management. With regard to the supply chain for Health Products financed under the Program, the Principal Recipient shall seek to ensure optimal reliability, efficiency and security.

The Principal Recipient shall comply with, and shall ensure that its Sub-Recipients comply with the WHO Guidelines for Good Storage Practices and Good Distribution Practices for Pharmaceutical Products. The Global Fund may approve deviations from such guidelines if the Principal Recipient can demonstrate to the Global Fund that comparable systems have been implemented to manage the storage and distribution of Finished Pharmaceutical Products procured with Grant funds.

p. Avoidance of Diversion. The Principal Recipient shall implement and ensure that Sub-recipients implement procedures that will avoid the diversion of Program financed health products from their intended and agreed-upon purpose. The procedures should include the establishment and maintenance of reliable inventory management, first-in first-out stock control systems, internal audit systems, and good governance structures to ensure the sound operation of these systems.

q. Adherence to Treatment Protocols, Drug Resistance and Adverse Effects. The Principal Recipient shall implement mechanisms to:

(1)i. encourage patients to adhere to their prescribed treatments (which mechanisms shall include but not be limited to fixed-dose combinations, once-a-day formulations, blister packs, and peer education and support);

(2). ensure prescribers' adherence to agreed treatment guidelines;

(3). monitor and contain drug resistance; and

(4) monitor adverse drug reactions according to existing international guidelines.

To help limit resistance to second-line tuberculosis Medicines and to be consistent with the policies of other international funding sources, all procurement of Medicines to treat multi-drug resistant tuberculosis financed under the Agreement must be conducted through the Green Light Committee of the Global Stop TB Partnership.

r. Price and Quality Reporting. Upon receipt in the country of Health Products purchased with Grant funds, the Principal Recipient shall promptly report to the Global Fund the prices it has paid for such Health Products and other information related to the quality of the Health Products, as specified in, and using the form of, the Price and Quality Reporting mechanism available on the website of the Global Fund.

## Article 19. UTILIZATION OF GOODS AND SERVICES

All goods and services financed with Grant funds will, unless otherwise agreed in writing by the Global Fund, be devoted to the Program until the completion or termination of this Agreement, and thereafter unless the Principal Recipient and the Global Fund agree otherwise, any remaining property shall be transferred to the Global Fund. The Global Fund shall deal directly with the local authorities as necessary and appropriate regarding any such transfer.

## Article 20. AMENDMENT

No modification of this Agreement shall be valid unless in writing and signed by an authorized representative of the Global Fund and the Principal Recipient.

## Article 21. TERMINATION; SUSPENSION

a. Either the Global Fund or the Principal Recipient may terminate this Agreement in whole or in part upon giving the other party 60 days written notice. Either the Global Fund or the Principal Recipient may suspend this Agreement in whole or in part upon giving the other party seven days written notice. Any portion of this Agreement that is not terminated or suspended shall remain in full force and effect.

b. In the event that the Principal Recipient terminates this Agreement, it shall, if requested by the Global Fund, do its utmost to help to identify a suitable new entity to assume the responsibilities of implementing the Program.

c. Notwithstanding the termination of this Agreement, the Principal Recipient may use portions of the Grant that have already been disbursed to it to satisfy commitments and expenditures already incurred in the implementation of the Program before the date of termination. After the Principal Recipient has satisfied such commitments and liabilities, it will return all remaining Grant funds to the Global Fund or dispose of such funds as directed by the Global Fund.

d. In addition, upon full or partial termination or suspension of this Agreement, the Global Fund may, at the Global Fund's expense, direct that title to goods financed under the Grant, be transferred to the Global Fund if the goods are in a deliverable state.

## Article 22. NOVATION; TRANSFER OF PRINCIPAL RECIPIENT RESPONSIBILITIES UNDER THIS AGREEMENT

If at any time, either the Principal Recipient or the Global Fund concludes that the Principal Recipient is not able to perform the role of Principal Recipient and to carry out its responsibilities under this Agreement or if, for whatever reason, the Global Fund and the Principal Recipient wish to transfer some or all of the responsibilities of the Principal Recipient to another entity that is able and willing to accept those responsibilities, then the Global Fund and the Principal Recipient may agree that the other entity ("New Principal Recipient"), may be substituted for the Principal Recipient in this Agreement. The substitution shall occur on such terms and conditions as the Global Fund and the New Principal Recipient agree, in consultation with the Country Coordinating Mechanism. The Principal Recipient hereby agrees to cooperate fully to make the transfer as smooth as possible.

## Article 23. NONWAIVER OF REMEDIES.

No delay in exercising any right or remedy under this Agreement will be construed as a waiver of such right or remedy.

## Article 24. SUCCESSORS AND ASSIGNEES

This Agreement shall be binding on the successors and assignees of the Principal Recipient and the Agreement shall be deemed to include the Principal Recipient's successors and assignees. However, nothing in this Agreement shall permit any assignment without the prior written approval of the Global Fund.

## Article 25. LIMITS OF GLOBAL FUND LIABILITY

a. The Global Fund shall be responsible only for performing the obligations specifically set forth in this Agreement. Except for those obligations, the Global Fund shall have no liability to the Country Coordinating Mechanism, the Principal Recipient, Sub-recipients or any other person or entity as a result of this Agreement or the implementation of the Program.

b. The Principal Recipient undertakes the Program on its own behalf and not on behalf of the Global Fund. This Agreement and the Grant shall in no way be construed as creating the relationship of principal and agent, of partnership in law or of joint venture as between the Global Fund and the Principal Recipient or any other person involved in the Program. The Global Fund assumes no liability for any loss or damage to any person or property arising from the Program.

## Article 26. ARBITRATION

a. Any dispute between the Global Fund and the Principal Recipient arising out of or relating to this Agreement that is not settled amicably shall be submitted to arbitration at the request of either Party. The arbitration shall be conducted in accordance with UNCITRAL Arbitration Rules as at present in force. The Global Fund and the Principal Recipient agree to be bound by the arbitration award rendered in accordance with such arbitration, as the final adjudication of any such dispute, controversy, or claim.

b. For any dispute for which the amount at issue is 100,000 United States dollars or less, there shall be one arbitrator.

c. For any dispute for which the amount at issue is greater than 100,000 United States dollars, there shall be three arbitrators appointed as follows: The Global Fund and the Principal Recipient shall each appoint one arbitrator, and the two arbitrators so appointed shall jointly appoint a third who shall be the chairperson.

**Article 27. CONFLICTS OF INTEREST; ANTI-CORRUPTION**

a. The Parties agree that it is important to take all necessary precautions to avoid conflicts of interest and corrupt practices. To this end, the Principal Recipient shall maintain standards of conduct that govern the performance of its staff, including the prohibition of conflicts of interest and corrupt practices in connection with the award and administration of contracts, grants, or other benefits, as set forth in the Staff Regulations and Rules of the United Nations, the UNDP Financial Regulations and Rules, and the UNDP Procurement Manual.

b. No person affiliated with the Principal Recipient (staff, individual contractors, counterpart government officials) shall participate in the selection, award or administration of a contract, grant or other benefit or transaction funded by the Grant, in which the person, members of the person's immediate family or his or her business partners, or organizations controlled by or substantially involving such person, has or have a financial interest. No person affiliated with the Principal Recipient (staff, individual contractors, counterpart government officials) shall participate in such transactions involving organizations or entities with which or whom that person is negotiating or has any arrangement concerning prospective employment. Persons affiliated with the Principal Recipient (staff, individual contractors, counterpart government officials) shall not solicit gratuities, favors or gifts from contractors or potential contractors.

c. If the Principal Recipient has knowledge or becomes aware of any actual, apparent or potential conflict between the financial interests of any person affiliated with the Principal Recipient, the Country Coordinating Mechanism, the LFA, or the Global Fund and that person’s duties with respect to the implementation of the Program, the Principal Recipient shall immediately disclose the actual, apparent or potential conflict of interest directly to the Global Fund.

d. The Global Fund and the Principal Recipient shall neither offer a third person nor seek, accept or be promised directly or indirectly for themselves or for another person or entity any gift or benefit that would or could be construed as an illegal or corrupt practice

**Article 28. PRIVILEGES AND IMMUNITIES**

Nothing in or related to this Agreement may be construed as a waiver, express or implied of:

a. the privileges and immunities of the Principal Recipient pursuant to the Convention on the Privileges and Immunities of the Specialized Agencies, approved by the General Assembly of the United Nations on November 21, 1947 or otherwise under any international or national law, convention or agreement; or

b. the privileges and immunities accorded to the Global Fund under (i) international law including international customary law, any international conventions or agreements, (ii) under any national laws including but not limited to the to the United States of America's International Organizations Immunities Act (22 United States Code 288), or (iii) under the Headquarters Agreement between the Global Fund and the Swiss Federal Council dated 13 December 2004.

**ANNEX A to the PROGRAM GRANT AGREEMENT**

**Program Implementation Abstract**

| | |
|---|---|
| **Country:** | **The Republic of Haiti** |
| **Program Title:** | **Strengthening and Improvement of DOTS Strategy in Haiti** |
| **Grant Number:** | **HTI-911-G08-T** |
| **Disease:** | **Tuberculosis** |
| **Principal Recipient:** | **United Nations Development Programme** |

## A. PROGRAM DESCRIPTION

### 1. Background and Summary:

Haiti is a country in the Caribbean with around 10 million inhabitants (World Bank 2009). It has a surface area of 27,000 square kilometres divided into ten (10) geographic and health departments. Haiti has the highest tuberculosis incidence and prevalence rates in the western hemisphere. According to WHO's most recent estimates for 2009 (WHO 2010 Global Tuberculosis Control Report), the incidence rate is 238 per 100,000 population for all forms of tuberculosis (24,000 cases) and 148 notified and relapse new cases per 100,000 population (14,833 cases) for all forms of tuberculosis. The prevalence rate is 331 per 100,000 population for all forms of tuberculosis (33,000 cases). Case detection rate is 62% (all forms) in 2009, while treatment success rate is 82% (2007 cohort).

In order to substantially reduce TB transmission and TB-related morbidity and mortality, the National Tuberculosis Control Program (PNLT) is active at all levels of the health pyramid with a peripheral level (diagnosis and treatment centres, CDTs, and treatment centres, CTs), an intermediary level (departmental coordination) and a central level (the PNLT's Central Coordination). The DOTS strategy has been in application since 1997. The PNLT currently bases its actions on the 2006-2015 Strategic Plan, which was recently updated. All of the program's action plans and activities are in line with the main strategic focuses of this plan, which is entirely consistent with the components of the STOP TB strategy.

The Round 3 Grant, which ended in July 2009, made it possible to increase the number of institutions applying the DOTS strategy. As a result, the percentage of tuberculosis cases under DOTS rose significantly. The number of notified cases of smear positive pulmonary tuberculosis also increased since 2005. The Round 9 Program intends to continue with the progress that was made in Round 3, by extending the DOTS network and improving the quality of DOTS services. Given the increase in the number of MDR-TB cases over the past few years, the fight against multi-drug resistance will also be a core component of the Round 9 Grant.

The quality of DOTS will be improved by: (1) strengthening human resources at all PNLT levels (coordination, departments, laboratories, peripheral centres) responsible for management, monitoring, evaluation and patient services, and (2) supplying laboratories with technical equipment. Because of Haiti's geography and the state of its roads, access to DOTS services is always difficult, which means that the number of diagnosis and treatment centres (CDTs) will also be increased. The diagnosis and competent care of MDR-TB patients will be strengthened so these patients may be treated in accordance with

WHO's recommended standards. Other challenges in the fight against tuberculosis such as TB/HIV co-infection and at-risk groups will be addressed by strengthening care of co-infected patients and introducing activities that directly target at-risk groups (prisoners, children and persons living in underprivileged urban environments) through organisations that have extensive experience working with these target groups.

## 2. Goal:

- To help reduce tuberculosis incidence and prevalence and tuberculosis related mortality in Haiti; and
- To increase the detection of smear-positive tuberculosis cases and maintain it at least 70% and to successfully treat 85% of these cases.

## 3. Target Group/Beneficiaries:

- People living in conditions of poverty (about 70% of the population);
- Malnourished children under 5 years of age;
- People with active tuberculosis and their families and neighbors;
- People living with HIV/AIDS (PLWHA) with HIV/TB co-infection;
- Prisoners;
- Government and private not-for-profit healthcare workers; and
- General Population.

## 4. Strategies:

- To broaden and improve the DOTS strategy by increasing the number of institutions involved in the tuberculosis fight between July 2010 and June 2015;
- To strengthen TB/HIV cooperation, prevent and control multi-resistant tuberculosis and fight against tuberculosis in most-at risk groups (People Deprived of Liberty, migrants, contacts);
- To strengthen the participation of all the health service providers in the application of the DOTS strategy;
- To raise awareness and strengthen community participation in TB control; and
- To promote operational research.

## 5. Planned Activities:

*To broaden and improve the DOTS strategy by increasing the number of institutions involved in the tuberculosis fight between July 2010 and June 2015:*

- Strengthening the country's political commitment so as to have public finances cover at least one component of the fight against tuberculosis;
- Increasing the bacillus copy network and improving tuberculosis culture, typification and DST diagnostic resources in 3 laboratories;
- Training providers from the new institutions created to extend and improve DOTS;
- Ensuring the continuous availability of TB drugs and improving treatment by moving from the 8-month schedule, to the 6-month schedule and providing patients with nutritional support;

- Monitoring and evaluation of Tuberculosis control activities;
- Strengthening the management capacities of the National Tuberculosis Control Program;
- Ensuring coordination (*Programme National de Lutte contre la Tuberculose* - PNLT) at all levels;
- Ensuring Program management and supervision; and
- Conducting Human Resource development.

*To strengthen TB/HIV cooperation, prevent and control multi-resistant tuberculosis and fight against tuberculosis in most-at risk groups (People Deprived of Liberty, migrants, contacts):*

- Strengthening TB/HIV collaboration by increasing the number of TB patients tested for HIV;
- Providing testing and care for MDR-TB patients in accordance with WHO's standards by setting up 3 intermediary laboratories;
- Detecting and referring suspects of tuberculosis among Prisons;
- Conducting a study on the cost-benefit of creating of 4 CDTs in the country's largest prisons to fight tuberculosis in prisons and in other at risk groups; and
- Controlling infection by fitting out CDTs and training the nursing staff.

*To strengthen the participation of all the health service providers in the application of the DOTS strategy:*

- Training private sector doctors, students of medicine and nursing students in the use of international diagnostic standards and in tuberculosis care.

*To raise awareness and strengthen community participation in TB control*

- Organizing a workshop to finalize the tuberculosis communication plan;
- Organizing training sessions for journalists and meetings with university deans/presidents and directors of academic training institutions;
- Producing educational materials to apply the communication plan;
- Conducting media tuberculosis awareness-raising campaign: production of videos, radio messages, communication materials (flyers, banners, t-shirts) and creation of information stands;
- Commemorating the world tuberculosis day; and
- Organizing community meetings in 10 departments by institutional leaders.

*To promote operational research:*

- Conducting research on the effectiveness of the community health worker strategy;
- Conducting research on factors that lead to abandonment in the framework of the fight against tuberculosis;
- Conducting research on the diagnosis of pediatric TB;
- Evaluating TB/HIV co-infection care; and
- Evaluating MDR-TB testing.

## B. CONDITIONS PRECEDENT TO DISBURSEMENT

**1. Condition(s) Precedent to Disbursement of Grant Funds to Finance the Renovation of Infrastructure Activities (Terminal Date as stated in block 6A of the Face Sheet)**

a. The disbursement by the Global Fund to the Principal Recipient of Grant funds to finance the renovation of infrastructure activities ("Renovation Works") is subject to the satisfaction of each of the following conditions:

   i. the delivery by the Principal Recipient to the Global Fund of a detailed budget and work plan for the Renovation Works in the form and substance satisfactory to the Global Fund, with detailed assumptions including, where applicable, site assessment reports, architectural plans, appropriate technical costing documents, such as detailed Bills of quantity and architects estimates (the "Renovation Budget and Work Plan"); and

   ii. the written approval by the Global Fund of the Renovation Budget and Work Plan.

b. In the event that the documents referred to in paragraph (a) are not delivered and approved due to amounts deemed by the Global Fund to be excessive or not required to achieve the objectives of the Program, following consultations with the Principal Recipient, the amounts found to be inadequate to complete the Renovation Works may be re-allocated to the Program in agreement with the Principal Recipient and the Global Fund.

**2. Condition(s) Precedent to Disbursement or Use of Grant Funds to Finance the Procurement of Second-Line Anti-Tuberculosis Drugs**

The disbursement by the Global Fund to the Principal Recipient or use by the Principal Recipient of Grant funds to finance the procurement of second-line anti-tuberculosis drugs is subject to the satisfaction of each of the following conditions:

a. the delivery by the Principal Recipient to the Global Fund of a copy of the written approval by the Green Light Committee (GLC) of the Stop TB Partnership of the World Health Organization for the procurement of second-line TB drugs and the treatment of multi-drug resistant TB patients under the Program; and

b. the delivery by the Principal Recipient to the Global Fund of written confirmation of the price and quantities of the second-line anti-tuberculosis drugs that will be procured by the Principal Recipient in accordance with the approval by the GLC (as referred to in Section 2.a of this Annex A).

**3. Condition(s) Precedent to the Use by the Principal Recipient of Grant Funds to Finance Training Activities**

Unless otherwise agreed, the use of Grant funds by the Principal Recipient for training activities is subject to the satisfaction of each of the following conditions:

a. the delivery by the Principal Recipient to the Global Fund of the detailed plan and the detailed budget related to the trainings, in the form and substance satisfactory to the Global Fund (the "Detailed Training Plan and Budget"); and

b. the written approval by the Global Fund of the Detailed Training Plan and Budget.

**4. Condition(s) Precedent to the Use by the Principal Recipient of Grant Funds to Finance Salary Supplements**

a. The use of Grant funds by the Principal Recipient, for the payment of salary supplements payable to government employees (the "Salary Supplements Scheme"), receiving additional payment for undertaking responsibilities in connection with the Program, shall be subject to each of the following conditions:

i. the delivery by the Principal Recipient to the Global Fund of a Policy defining the terms of the Salary Supplements Scheme, demonstrating the link between the salary supplements and Program performance, identifying the positions eligible for such supplements, including rates and list of persons, and demonstrating that there is no duplication of the scope of work or responsibilities between the terms of employment and the scope of work of existing employment positions and any new scope of work or responsibilities funded by Grant funds (the "Salary Supplements Policy");

ii. the delivery by the Principal Recipient to the Global Fund of written endorsement by the Country Coordinating Mechanism (CCM) of the Salary Supplements Policy; and

iii. the written approval by the Global Fund of the Salary Supplements Scheme.

## C. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT

**1.** The Parties to this Agreement acknowledge and agree that the Principal Recipient shall provide copy of the agreements with the Sub-recipients, including detailed budgets and work plans, upon request from the Global Fund.

**2.** The Parties to this Agreement acknowledge that as of the date of the signature of this Agreement, the Global Fund has not approved the plan for the procurement, use and supply management of Health Products (the "PSM Plan") consistent with Article 18 of the Standard Terms and Conditions of this Agreement. Consistent with such Standard Terms and Conditions, the use by the Principal Recipient of Grant funds for the procurement of Health Products is conditional upon the approval by the Global Fund of the PSM Plan.

**3.** Notwithstanding Section C. 2 above the Global Fund may authorize disbursement of Grant funds for Health Products upon satisfaction of each of the following conditions below: (a) the delivery by the Principal Recipient to the Global Fund of a confirmation that the Principal Recipient has entered into an agreement with an entity to provide services for storage and distribution of Health Products, and (b) the delivery by the Principal Recipient to the Global Fund of a detailed quantification of first-line anti-tuberculosis drugs indicating the packaging size used and the unit costs for each drug, unless otherwise agreed by the Global Fund.

**4.** The Principal Recipient shall select Sub-recipients in accordance with its regulations and rules. Before disbursing grant funds to any Sub-recipient, the Principal Recipient shall notify the Global Fund of the selection of the Sub-recipient. In the case of a Sub-

recipient that is not a UN agency, the Global Fund may, at its election, conduct an assessment of the Sub-recipient. The Principal Recipient shall address the assessment recommendations by risk mitigation measures satisfactory to both the Principal Recipient and the Global Fund.

**5.** By no later than 30 May 2011 the Principal Recipient shall deliver to the Global Fund:

a. a capacity development plan, in form and substance satisfactory to the Global Fund, detailing the activities to be financed under this Agreement to build the capacity of the Sub-Recipients in program management and monitoring and evaluation; and

b. an interim plan for Sub-recipients oversight and supervisory site visits that, among others, includes periodic data quality assessments.

**6.** By no later than 30 June 2011 the Principal Recipient shall provide an annex to the PSM Plan on the storage of Health Products in accordance with the requirements of Article 18 of this Agreement.

**7.** By no later than 30 June 2011 the Principal Recipient shall deliver to the Global Fund:

a. an assessment report on the inventory and patients management information system for the National Tuberculosis Program, and an action plan for improvement; and

b. an assessment report on the infrastructure conditions of the tuberculosis treatment care centers (*Centre de Diagnostiques et de Traitements* - CDTs), and a plan to improve these existing facilities to a satisfactory level of standard in accordance with the relevant WHO Guidelines before the end of Phase 1.

**8.** By no later than 30 September 2011 the Principal Recipient shall submit to the Global Fund the following documents, in the form and substance satisfactory to the Global Fund:

a. a completed version of the Monitoring and Evaluation Systems Strengthening Tool (Dated January 2006 and available from the Global Fund website) that has been prepared by the Principal Recipient in consultation with the Program stakeholders specified in the instructions section of that document;

b. an updated plan for monitoring and evaluating Program activities (the "Updated M&E Plan"), for the approval by the Global Fund, that incorporates the recommendations made by Program stakeholders upon completion of the Monitoring and Evaluation Systems Strengthening Tool, including an outline of the steps for the development of one national M&E system; and

c. a revised budget for the period beginning with the Program Starting Date and ending with the Program Ending Date (the "Revised Program Budget") for the approval by the Global Fund, if the amendments incorporated into the Updated M&E Plan necessitate amendments to the budget that was approved by the Global Fund as of the effective date of this Agreement.

**9.** By no later than 31 December 2011 and prior to disbursement of Grant funds for creation of CDTs in prisons, the Principal Recipient shall submit to the Global Fund an

evidence-based strategy for case detection in prisons, which shall take into account the cost-efficiency of the different approaches identified.

**10.** By no later than 31 December 2011 the Principal Recipient shall submit to the Global Fund a plan to convert a selected number of international positions into national positions with the aim of building local capacities and reducing the overall program budget for Human Resources (HR).

**11.** The Parties to this Agreement acknowledge and agree that the HR costs of UNDP as specified in the Program budget attached to this Agreement represent only an upper ceiling and that the Principal Recipient shall use its best efforts to reduce such costs. No later than 30 June 2011, the Principal Recipient shall submit to the Global Fund a detailed breakdown of the actual salaries paid to staff based on contracts signed to date, which shall include the list of the different components of the staff remuneration (base salary, post-adjustment, benefit by type and amount) and the related amounts. The use of any savings related to the Principal Recipient HR costs shall be subject to the mutual agreement of the Parties.

## D. FORMS APPLICABLE TO THIS AGREEMENT

For purposes of Article 13b(1) of the Standard Terms and Conditions of this Agreement entitled "Quarterly Reports," the Principal Recipient shall use the "On-going Progress Update and Disbursement Request", available from the Global Fund upon request.

## E. ANTICIPATED DISBURSEMENT SCHEDULE

For the purposes of Article 6a. of the Standard Terms and Conditions of this Agreement, the anticipated disbursement schedule indicated in the Performance Framework attached to this Annex A.

## F. PROGRAM BUDGET

The Summary Budget(s) attached to this Annex A set forth anticipated expenditures for the Program term.

## G. PERFORMANCE FRAMEWORK

The Performance Frameworks attached to this Annex A set forth the main objectives of the Program, key indicators, intended results, targets and reporting periods of the Program.

## H. GLOBAL FUND STAGGERED FUNDING COMMITMENT POLICY

At the time of signing this Agreement, the Global Fund shall set aside ("commit") 90 % of Grant funds indicated in block 7 of the face sheet, subject to terms and conditions of this Agreement (the "Initial First Commitment"). The remaining 10% of the Grant funds (the "Supplementary First Commitment") may be committed under this Agreement not earlier than 12 months after the Program Starting Date. Any Supplementary First Commitment

shall be undertaken in a manner consistent with the Global Fund's discretion and authority as described in Article 6 of this Agreement, taking into account, among other things, the reasonable cash flow needs of the Principal Recipient. The Supplementary First Commitment under this Program may be committed under this Agreement upon written notice sent by the Global Fund to the Principal Recipient. The Principal Recipient acknowledges and understands that the Supplementary First Commitment may not be released in full or part by the Global Fund in the event of non-compliance by the Principal Recipient to the terms of this Agreement, based on the sole judgment of the Global Fund.

**Performance Framework Year 1 & 2: Indicators, Targets, and Periods Covered**

**TB**

**Program Details**

| | |
|---|---|
| **Country:** | Republic of Haiti |
| **Disease:** | Tuberculosis |
| **Grant number:** | HTI-911-G08-T |
| **Principal Recipient:** | UNDP |

## A. Periods covered and dates for disbursement requests and progress updates

| | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | Period 9 |
|---|---|---|---|---|---|---|---|---|---|
| **Period Covered: from** | 1-Feb-11 | 1-Apr-11 | 1-Jul-11 | 1-Oct-11 | 1-Jan-12 | 1-Apr-12 | 1-Jul-12 | 1-Oct-12 | 1-Jan-13 |
| **Period Covered: to** | 31-Mar-11 | 30-Jun-11 | 30-Sep-11 | 31-Dec-11 | 31-Mar-12 | 30-Jun-12 | 30-Sep-12 | 31-Dec-12 | 31-Mar-13 |
| **Date Progress Update due** (typically 45 days after end of period) | 15-May-11 | 14-Aug-11 | 14-Nov-11 | 14-Feb-12 | 15-May-12 | 14-Aug-12 | 14-Nov-12 | 14-Feb-13 | 15-May-13 |
| **Disbursement Request ? (Y,N)** | Y | Y | Y | Y | Y | Y | Y | Y | N |

| | Year 1 | Year 2 |
|---|---|---|
| **Certified Financial Statements Due Date:** | 30-Jun-12 | 30-Jun-13 |

## B. Program Goal, impact and outcome indicators

| **Goals:** | |
|---|---|
| 1 | To help reduce tuberculosis incidence and prevalence and tuberculosis related mortality in Haiti |
| 2 | To increase the detection of smear-positive tuberculosis cases and maintain it at least 70% and to successfully treat 85% of these cases |

| Outcome indicator number | Outcome indicator formulation | Baseline | | | Targets | | | | | | | Comments* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | value | Year | Source | Year 1 | Report due date | Year 2 | Report due date | Year 3 | Year 4 | Year 5 | |
| 1 | Notification rate (All forms) | 148/100000 | 2009 | 2010 WHO report on Global TB control | 150 | 1-Feb-12 | 152 | 1-Feb-13 | 154 | 156 | 158 | Indicator refers to the case notification rate standard indicator, i.e. notification rate (all forms) which includes relapse cases. |
| 2 | Notification rate (New smear-positive cases) | 85/100000 | 2009 | Rapport PNLT 2009 | 86 | 1-Feb-12 | 89 | 1-Feb-13 | 92 | 96 | 100 | |
| 3 | Treatment success rate (New Smear-positive cases) | 78% | 2008 | Rapport PNLT 2009 | 80% | 1-Feb-12 | 80% | 1-Feb-13 | 80% | 82% | 85% | Treatment success rate targets are based on 2009 projected results. Targets will be reconfirmed once the 2009 report becomes available in May 2011. |

* please specify source of measurement for indicator in case different to baseline source.

## C. Program Objectives, Service Delivery Areas and Indicators

| Objective Number | Objective description |
|---|---|
| 1 | To broaden and improve the DOTS strategy by increasing the number of institutions involved in the tuberculosis fight between July 2010 and June 2015 |
| 2 | To strengthen TB/HIV cooperation, prevent and control multi-resistant tuberculosis and fight against tuberculosis in most-at risk groups (People Deprived of Liberty, migrants, contacts) |
| 3 | To strengthen the participation of all the health service providers in the application of the DOTS strategy |
| 4 | To raise awareness and strengthen community participation in TB control |
| 5 | To promote operational research |

| Indicator Number | Objective Number | Service Delivery Area | Indicator formulation | Baseline (if applicable) | | | Periodical targets for year 1 & 2 | | | | | | | | | Tied to | Targets cumulative Y-over program term Y-cumulative annually N-not cumulative | Baselines included in targets (Y/N) | Top 10 indicator | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Value | Year | Source | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 | P9[5] | | | | | |
| 1 | 1 | 1.1: Improving diagnosis | New smear-positive TB patients registered and reported to the national health authority each year | 8435 | 2009 | Rapport PNLT 2009 | 2110 | 2160 | 2210 | 2260 | 2320 | 2380 | 2440 | 2500 | 2560 | National Program | N - not cumulative | N | Top 10 | |
| 2 | 1 | 1.2:High Quality DOTS | Number of functioning Diagnosis and Treatment Centers (French acronym, CDT) | 234 | 2010 | Système d'E&R (enregistrement et reporting) relatif à la tuberculose, rapports trimestriels | 234 | 235 | 237 | 239 | 247 | 254 | 259 | 259 | 259 | National Program | N - not cumulative | Y | Not Top 10 | The PNLT has changed its priorities compared to those originally outlined under Objective 1. At the time of the PNLT most recent assessment, only 234 CDTs had the capacity to fully implement the TB program at the starting date of the TB grant (i.e., the baseline changed). The PNLT therefore decided to limit the involvement of new institutions in TB programs and to strengthen the capacity of currently functioning institutions to implement DOTS strategy instead. The target for phase 2 will be discussed at the time of Phase 2 negotiations.<br><br>A CDT is considered functioning based on the following criteria:<br>-The personnel is in place (at least two trained staff)<br>- Lab reagents are available<br>-TB drugs (at least all first line TB drugs at the moment of the visit) are available<br>- Case registration and TB treatment outcomes forms are available<br>-Population uses the TB health facility<br>-Records of slide quality control, supervision and submission of quarterly report to the sanitary department are available. |
| 3 | 1 | 1.2:High Quality DOTS | Cure rate (cured new smear positive TB patients/new smear positive TB cases reported 4 quarters before) | Numerator: 5388; Denominator: 8171; equal to 66% | 2008 cohort | PNLT Report 2009 | 66% Jan-March 2010 cohort | 66% April-June 2010 cohort | 67% July-Sept 2010 cohort | 67% Oct-Dec 2010 cohort | 68% Jan-March 2011 cohort | 68% April-June 2011 cohort | 69% July-Sept 2011 cohort | 69% Oct-Dec 2011 cohort | 70% Jan-March 2012 cohort | National Program | N - not cumulative | N | Top 10 | The latest baseline refers to outcomes from the 2008 cohort. The PR will report back to the Global Fund numerators and denominators of the results achieved in the respective periods.<br><br>Although Period 1 of this grant only starts on 1 February 2011 (and ends on 31 March 2011), the Period 5 cohort refers to the standard reporting in TB reporting (i.e., will refer to a cohort of 1 January - 31 March 2011) for the purpose of reporting on cured cases. |

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4 | 1 | Procurement and supply management (First line drugs) | Percentage of functioning CDTs reporting no stock-out in TB medicines and/or laboratory reagents during the trimester | Not available | - | Système d'E&R (enregistrement et reporting) relatif à la tuberculose, rapports trimestriels | 80% Numerator: 187; Denominator: 234 | 90% Numerator: 212; Denominator: 235 | 100% Numerator: 237; Denominator: 237 | 100% Numerator: 239; Denominator: 239 | 100% Numerator: 247; Denominator: 247 | 100% Numerator: 254; Denominator: 254 | 100% Numerator: 259; Denominator: 259 | 100% Numerator: 259; Denominator: 259 | 100% Numerator: 259; Denominator: 259 | National Program | N - not cumulative | N | Not Top 10 | |
| 5 | 1 | M&E | Number-of sanitary department that supervised all the functioning CDTs at least once per quarter | Not available | - | PR and SR Supervision reports | 5 | 7 | 9 | 10 | 10 | 10 | 10 | 10 | 10 | National Program | N - not cumulative | N | Not Top 10 | |
| 6 | 1 | CSS: Human resources: skills building for service delivery, advocacy and leadership | Number of sanitary departments that submitted their quarterly report within the time and in format planned | Not available | - | Système d'E&R (enregistrement et reporting) relatif à la tuberculose, rapport de gestion annuel | 5 | 7 | 9 | 10 | 10 | 10 | 10 | 10 | 10 | National Program | N - not cumulative | N | Not Top 10 | |
| 7 | 2 | TB/HIV | Percentage of TB patients who had an HIV test result recorded in the TB register among the total number of registered TB patients | 66% Numerator: 9886; Denominator: 14861 | 2009 | PNLT Report 2009 | 66% | 70% | 75% | 80% | 85% | 90% | 95% | 95% | 95% | National Program | N - not cumulative | N | Top 10 | The PR will report back to the Global Fund numerators and denominators of the results achieved in the respective periods. The actual denominators will be informed by the results for the indicator on all forms case notification rate (i.e., the number of TB cases- all forms - per period and per year). |
| 8 | 2 | TB/HIV | Percentage of HIV-positive TB patients who receive at least one dose of co-trimoxazole preventive therapy during TB treatment among all HIV-positive TB patients registered over a given time period | 5% Numerator: 111; Denominator: 2236 | 2009 | PNLT Report 2009 | 5% | 10% | 25% | 50% | 75% | 100% | 100% | 100% | 100% | National Program | N - not cumulative | N | Not Top 10 | The PR will report back to the Global Fund numerators and denominators of the results achieved in the respective periods. |
| 9 | 2 | MDR-TB | Number of laboratory-confirmed MDR-TB patients enrolled in second-line anti-TB treatment | 54 | 2011 | GHESKIO and PIH data | 15 | 15 | 15 | 15 | 17 | 17 | 18 | 18 | 18 | Current grant | N - not cumulative | N | Top 10 | The targets are temporary and will be redefined upon receipt of: (1) updated numbers from the SRs, and (2) GLC approval following the GLC mission to take place during Q1 of 2011. |
| 10 | 2 | MDR-TB | Percentage of MDR-TB cases initiated on a second-line anti-TB treatment who have a negative culture at the end of 6 months of treatment during the specified period of assessment | Not available | - | GHESKIO and PIH data | n/a | n/a | 80% Jan-March 2011 cohort | 80% April-June 2011 cohort | 80% July-Sept 2011 cohort | 80% Oct-Dec 2011 cohort | 80% Jan-March 2012 cohort | 80% April-June 2012 cohort | 80% July-Sept 2012 cohort | Current grant | N - not cumulative | N | Not Top 10 | The PR will report back to the Global Fund numerators and denominators of the results achieved in the respective periods. The denominators will be informed by the results for the indicator on enrolment in second line anti-TB treatment (i.e., the actual number of people enrolled for MDR TB during each quarter), taking into account the delay as indicated in the respective target cells.<br><br>Although Period 1 of this grant only starts on 1 February 2011 (and ends on 31 March 2011), the Period 3 cohort refers to the standard reporting in TB reporting (i.e., will refer to a cohort of 1 January - 31 March 2011) for the purpose of reporting on a negative culture at the end of 6 months.<br><br>With the beginning of Phase 2 the PR will start reporting, as appropriate, the numbers of MDR TB cases successfully treated (with a 36 months delay following enrolment). |
| 11 | 2 | High-risk groups | Number of suspects of tuberculosis among Prisons referred to a CDT by the Prison Medical Cadres | Not available | - | n/a | 0 | 0 | 10 | 20 | 30 | 45 | 75 | 75 | 90 | National Program | Y - over program term | N | Not Top 10 | At the end of year 1 the PR will implement an evaluation of the referral systems from prisons to CDT centres. |
| 12 | 2 | High-risk groups | Number of suspects of tuberculosis among IDP camps and marginalized neighbourhoods referred to a CDT by the TB program auxiliary-nurses visitors | 1368 | Feb-June 2010 | PNLT | 700 | 720 | 740 | 750 | 767 | 780 | 790 | 790 | 800 | National Program | N - not cumulative | N | Not Top 10 | |
| 13 | 3 | All care providers (PPM / ISTC - Public-Public, Public-Private Mix (PPM) approaches and International standards for TB care) | Number of private sector doctors trained in the use of TB international diagnostic standards and care | Not available | - | n/a | 0 | 40 | 100 | 160 | 200 | 240 | 300 | 360 | 440 | Current grant | Y - over program term | N | Top 10 | The PNLT cannot provide the information on the number of private sectors doctors to be trained because of the major natural disasters that occurred recently. The PNLT expects those disasters to considerably affect the number of private sector doctors as well as medicine and nursing students. However, 15 training sessions have been planned in the work plan for private sector doctors on DOTS strategy. Targets will be revisited at the end of Phase 1, based on implementation experience. |
| 14 | 3 | All care providers (PPM / ISTC - Public-Public, Public-Private Mix (PPM) approaches and International standards for TB care) | Number of new smear-positive TB patients reported to the PNLT documentation and support center from the private sector | 260 | 2009 | PNLT | 65 | 65 | 65 | 70 | 70 | 70 | 70 | 75 | 75 | National Program | N - not cumulative | N | Not Top 10 | |

## SUMMARY BUDGET

**Tuberculosis**

**Program Details**

| | |
|---|---|
| **Country** | Republic of Haiti |
| **Grant No.** | HTI-911-G08-T |
| **PR** | UNDP |
| **Currency** | USD |
| **Grant Cycle phase** | Phase 1 |

(Please indicate Periods covered by this budget in the cells below, as presented in the Performance Framework)

| | P1 | P2 | P3 | P4 | | P5 | P6 | P7 | P8 | | N/A |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Period Covered: from** | 2-Feb-15 | 1-Apr-11 | 1-Jul-11 | 1-Oct-11 | | 1-Jan-12 | 1-Apr-12 | 1-Jul-12 | 1-Oct-12 | | 1-Jan-13 |
| **Period Covered: to** | 31-Mar-11 | 30-Jun-11 | 30-Sep-11 | 31-Dec-11 | | 31-Mar-12 | 30-Jun-12 | 30-Sep-12 | 31-Dec-12 | | 31-Jan-13 |

### A- SUMMARY BUDGET BREAKDOWN BY EXPENDITURE CATEGORY

| # | Category | Year 1 | | | | Total | Year 2 | | | | Total | N/A | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | P1 | P2 | P3 | P4 | Year 1 | P5 | P6 | P7 | P8 | Year 2 | | Phase 1 | % |
| 1 | Human Resources | 466,775 | 467,075 | 467,675 | 468,275 | **1,869,801** | 452,995 | 467,335 | 468,835 | 468,835 | **1,857,999** | | **3,727,801** | 32% |
| 2 | Technical Assistance | 157,634 | 114,274 | 90,754 | 107,634 | **470,297** | 140,754 | 114,274 | 107,634 | 90,754 | **453,417** | | **923,714** | 8% |
| 3 | Training | 3,920 | 79,709 | 107,826 | 126,904 | **318,359** | 84,801 | 96,669 | 47,027 | 36,794 | **265,290** | | **583,649** | 5% |
| 4 | Health Products and Health Equipment | 369,789 | 438,726 | 0 | 0 | **808,515** | 171,132 | 24,000 | 0 | 0 | **195,132** | | **1,003,647** | 9% |
| 5 | Medicines and Pharmaceutical Products | 507,585 | 0 | 0 | 0 | **507,585** | 652,086 | 0 | 0 | 0 | **652,086** | | **1,159,671** | 10% |
| 6 | Procurement and Supply Management Costs | 240,642 | 125,763 | 10,817 | 10,817 | **388,038** | 229,343 | 17,105 | 10,817 | 10,817 | **268,081** | | **656,119** | 6% |
| 7 | Infrastructure and Other Equipment | 426,525 | 86,600 | 46,600 | 46,600 | **606,325** | 136,600 | 56,600 | 67,600 | 6,600 | **267,400** | | **873,725** | 8% |
| 8 | Communication Materials | 6,000 | 6,000 | 113,150 | 44,000 | **169,150** | 44,000 | 123,000 | 52,150 | 34,000 | **253,150** | | **422,300** | 4% |
| 9 | Monitoring and Evaluation | 92,906 | 90,565 | 120,444 | 164,203 | **468,119** | 116,485 | 97,010 | 101,365 | 164,688 | **479,549** | | **947,668** | 8% |
| 10 | Living Support to Clients/Target Population | | | | | **0** | | | | | **0** | | **0** | |
| 11 | Planning and Administration | 131,381 | 47,443 | 38,042 | 54,232 | **271,098** | 41,700 | 41,571 | 40,601 | 55,130 | **179,003** | | **450,100** | 4% |
| 12 | Overheads | 168,221 | 101,931 | 69,672 | 71,587 | **411,410** | 144,893 | 72,629 | 62,722 | 60,733 | **340,977** | | **752,387** | 7% |
| 13 | Other | | | | | **0** | | | | | **0** | | **0** | |
| | **TOTAL*** | **2,571,379** | **1,558,087** | **1,064,979** | **1,094,252** | **6,288,697** | **2,214,789** | **1,110,192** | **958,751** | **928,351** | **5,212,083** | **0** | **11,500,780** | **100%** |

### B. SUMMARY BUDGET BREAKDOWN BY PROGRAM ACTIVITY

| # | Macro-category | Objectives | Service Delivery Area** | Year 1 | | | | Total | Year 2 | | | | Total | N/A | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | P1 | P2 | P3 | P4 | Year 1 | P5 | P6 | P7 | P8 | Year 2 | | Phase 1 | % |
| 1.1 | TB Detection | Étendre et améliorer la stratégie DOTS | Renforcement du réseau de bacilloscopie | 546,014 | 644,529 | 61,601 | 77,588 | **1,329,732** | 219,888 | 64,305 | 44,648 | 51,093 | **379,935** | | **1,709,666** | 15% |
| 1.2 | TB Treatment | Étendre et améliorer la stratégie DOTS | Extension et l'amélioration du DOTS | 0 | 30,000 | 60,033 | 61,515 | **151,548** | 68,518 | 61,515 | 60,515 | 0 | **190,548** | | **342,096** | 3% |
| 1.3 | TB Treatment | Étendre et améliorer la stratégie DOTS | Médicaments antituberculeux | 386,143 | 10,817 | 21,192 | 15,434 | **433,585** | 571,393 | 10,817 | 10,817 | 10,817 | **603,843** | | **1,037,428** | 9% |
| 1.4 | TB Treatment | Étendre et améliorer la stratégie DOTS | Suivi et évaluation | 287,400 | 66,945 | 66,945 | 123,295 | **544,584** | 66,945 | 66,945 | 83,825 | 134,623 | **352,337** | | **896,921** | 8% |
| 1.5 | TB: Health Systems Strengthening (HSS) | Étendre et améliorer la stratégie DOTS | Renforcement de capacité de lutte contre la tuberculose a tous les niveau | 243,244 | 227,544 | 228,144 | 239,544 | **938,477** | 231,144 | 233,244 | 234,744 | 245,544 | **944,677** | | **1,883,154** | 16% |
| 2.1 | TB/HIV Collaborative Activities | Renforcer la collaboration TB/VIH, prévenir et contrôler la tuberculose multi résistante et lutter contre la tuberculose dans les groupes a risque | Dépistage et prise en charge prise en charge de la coïnfection TB-VIH | 220 | 53,283 | 28,773 | 28,773 | **111,048** | 28,773 | 28,773 | 9,738 | 220 | **67,503** | | **178,552** | 2% |
| 2.2 | TB/HIV Collaborative Activities | Renforcer la collaboration TB/VIH, prévenir et contrôler la tuberculose multi résistante et lutter contre la tuberculose dans les groupes a risque | Dépistage et prise en charge de la tuberculose multi-résistante | 444,285 | 64,050 | 66,285 | 66,100 | **640,720** | 442,565 | 64,050 | 64,265 | 63,825 | **634,705** | | **1,275,425** | 11% |
| 2.3 | TB/HIV Collaborative Activities | Renforcer la collaboration TB/VIH, prévenir et contrôler la tuberculose multi résistante et lutter contre la tuberculose dans les groupes a risque | La lutte contre la tuberculose chez les groupes à risques | 61,916 | 60,945 | 62,083 | 57,563 | **242,506** | 135,866 | 105,623 | 78,465 | 66,465 | **386,419** | | **628,924** | 5% |
| 3.1 | TB: Supportive Environment | Augmenter la participation de tous les prestataires des services de santé dans l'application de la stratégie DOTS | Partenariat Public-Privé | 0 | 1,010 | 3,285 | 3,285 | **7,580** | 4,610 | 4,610 | 6,885 | 6,885 | **22,990** | | **30,571** | 0% |
| 4.1 | TB: Supportive Environment | Renforcer la participation de la communauté dans le contrôle de la tuberculose | Participation communautaire | 0 | 9,210 | 107,150 | 28,000 | **144,360** | 28,000 | 117,000 | 46,150 | 28,000 | **219,150** | | **363,510** | 3% |
| 5.1 | TB/HIV Collaborative Activities | Promouvoir la recherche opérationnelle | Recherche opérationnelle | 0 | 0 | 15,120 | 30,240 | **45,360** | 15,120 | 0 | 0 | 0 | **15,120** | | **60,480** | 1% |
| 6.1 | TB: Supportive Environment | Gestion du programme et renforcement des capacités locales | Gestion du programme par les SR | 93,059 | 68,026 | 67,620 | 84,250 | **312,955** | 67,678 | 67,764 | 66,580 | 81,548 | **283,570** | | **596,525** | 5% |
| 6.2 | TB: Supportive Environment | Gestion du programme et renforcement des capacités locales | Gestion du programme et renforcement des institutions nationaux par le PR | 340,878 | 219,798 | 207,078 | 207,078 | **974,831** | 189,397 | 212,917 | 189,397 | 178,597 | **770,309** | | **1,745,141** | 15% |
| 6.3 | TB: Supportive Environment | Gestion du programme et renforcement des capacités locales | Frais de Gestion PR (7%) | 168,221 | 101,931 | 69,672 | 71,587 | **411,410** | 144,893 | 72,629 | 62,722 | 60,733 | **340,977** | | **752,387** | 7% |
| | | | **TOTAL*** | **2,571,379** | **1,558,087** | **1,064,979** | **1,094,252** | **6,288,697** | **2,214,789** | **1,110,192** | **958,751** | **928,351** | **5,212,083** | **0** | **11,500,780** | **100%** |

** For the purposes of this report, the SDA Program management and administration should be included in the Supportive Environment Macro Category.

### C. SUMMARY BUDGET BREAKDOWN BY IMPLEMENTING ENTITY *( if known by Grant signature time)*

| # | PR/SR | Name | Type of Implementing Entity | Year 1 | | | | Total | Year 2 | | | | Total | N/A | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | P1 | P2 | P3 | P4 | Year 1 | P5 | P6 | P7 | P8 | Year 2 | | Phase 1 | % |
| 1 | PR | UNPR Haiti | UNDP | 2,083,672 | 1,037,391 | 398,740 | 439,135 | **3,958,937** | 1,585,303 | 447,825 | 399,990 | 371,129 | **2,804,246** | | **6,763,183** | 59% |
| 2 | SR | Ministry of Health and Population (MSPP) | Ministry of Health (MoH) | 193,523 | 212,262 | 346,252 | 303,050 | **1,055,086** | 253,109 | 341,562 | 266,532 | 281,897 | **1,143,100** | | **2,198,187** | 19% |
| 3 | SR | Laboratoire National de Sante Publique | Other Government | 4,355 | 18,917 | 37,647 | 40,921 | **101,839** | 40,276 | 35,921 | 16,264 | 11,909 | **104,368** | | **206,207** | 2% |
| 3 | SR | NGOs | NGO/CBO/Academic | 237,108 | 289,517 | 282,341 | 311,147 | **1,120,113** | 283,380 | 284,885 | 275,966 | 263,417 | **1,107,647** | | **2,227,760** | 19% |
| 4 | SR | PROMESS (Supply chain management agent) | Other Multilateral Organisation | 52,722 | 0 | 0 | 0 | **52,722** | 52,722 | 0 | 0 | 0 | **52,722** | | **105,444** | 1% |
| 5 | Please Select … | | Please Select… | | | | | **0** | | | | | **0** | | **0** | |
| 6 | Please Select … | | Please Select… | | | | | **0** | | | | | **0** | | **0** | |
| 7 | Please Select … | | Please Select… | | | | | **0** | | | | | **0** | | **0** | |
| | | | **TOTAL*** | **2,571,379** | **1,558,087** | **1,064,979** | **1,094,252** | **6,288,697** | **2,214,789** | **1,110,192** | **958,751** | **928,351** | **5,212,083** | **0** | **11,500,780** | **100%** |

* The sum of all three breakdowns should be equal (*A-* Budget Line-item, *B-* Program Activity, *C-* Implementing Entity).