The Global Fund

PROGRAM GRANT AGREEMENT

1. Country: Multicountry Western Pacific	
2. Principal Recipient Name and Address: United Nations Development Programme Pacific Centre, Level 7 Kadavu House, 414 Victoria Parade, Suva, Republic of Fiji	
3. Program Title: Western Pacific Multi-country Integrated HIV/TB Program	
4. Grant Name: QMJ-C-UNDP	4A. GA Number: 773
5. Implementation Period Dates: 01 July 2015 to 31 December 2017	
6. Grant Funds (Current Implementation Period only): Up to the amount of US$14,214,351.00 (Fourteen Million Two Hundred Fourteen Thousand Three Hundred and Fifty-One US Dollars). Grant Funds as indicated above will be committed by the Global Fund to the Principal Recipient in staggered terms as described in Annex A of this Agreement.	
7. Component/Disease: HIV/AIDS/Tuberculosis	
8. The fiscal year of the Principal Recipient is: 01 January to 31 December	
9. Local Fund Agent: KPMG KPMG, Level 10, BSP Suva Central Building Tel: +697 330 1155 Fax: +697 330 1312 Attention: Mr. Ronald Ho E-mail: rho@kpmg.fj	
10. Name/Address for Notices to Principal Recipient: Mr. Ferdinand Strobel HIV, Health and Development Advisor Pacific Centre, Level 7 Kadavu House, 414 Victoria Parade, Suva, Republic of Fiji Tel.: +679 3300 399 Ext 221 Fax: +679 3301 976 E-mail:	11. Name/Address for Notices to Global Fund: Mr. Luca Occhini Regional Manager, South East Asia Team The Global Fund To Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8 1214 Vernier Geneva, Switzerland Tel.: +41 58 791 1700 Fax: +41 58 791 1701
This Agreement consists of this face sheet and the following: Recitals (if applicable) Standard Terms and Conditions Annex A – Program Implementation Description and the attachments thereto (including the Performance Framework and Summary Budget)	

12. Signed for the Principal Recipient by its Authorized Representative

Date: 22/7/15
Name: Mr. Peter Batchelor
Manager, UNDP Pacifique Centre

Signature:

13. Signed for the Global Fund by its Authorized Representative

Date: 22 JUIL. 2015
Name: Mr. Mark Eldon-Edington
Head, Grant Management Division

Signature:

14. Acknowledged by the **Chair** / **Vice Chair** of the Country Coordinating Mechanism

Date: 17 Jul 2015
Name: Ms. Siula Bulu

Signature:

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

Date: 22/07/15
Name: Mr. Isikeli Vulavou

Signature:

ANNEX A to the PROGRAM GRANT AGREEMENT

Program Implementation Abstract

Country:	**Cook Islands, Federated States of Micronesia, Kiribati, Nauru, Niue, Palau, Republic of Marshall Islands, Samoa, Tonga, Tuvalu, Vanuatu**
Program Title:	**Western Pacific Multi-country Integrated HIV/TB Program**
Grant Number:	**QMJ-C-UNDP**
Disease:	**HIV and TB**
Principal Recipient:	**United Nations Development Programme (UNDP)**

A. PROGRAM DESCRIPTION

1. Background and Summary:

HIV

HIV prevalence in the 11 Pacific island countries and territories (PICTs) included in this grant continues to be very low, despite contexts of relatively high HIV vulnerability, characterized by the presence of potential drivers of a future HIV epidemic, including widespread migration and mobility; dense sexual networks; a large caseload of untreated STIs; low knowledge about HIV and STIs; high levels of transactional sex; and significant levels of intimate partner violence.

The estimated HIV prevalence among adults aged between 15 and 49 years in the 8 countries with data available at the end of December 2012 was less than 0.1% (Wanyeki, 2013). The total number of identified HIV cases was 208, with the largest number of cases found in Kiribati (58), Micronesia (44), Marshall Islands (27) and Samoa (23), while none or very few cases had been identified in Niue (0), Nauru (2) and Cook Islands (3). The cumulative number of cases per 100,000 population was highest in Tuvalu (100.9), Palau (60.3), Kiribati (53.3), Marshall Islands (49.8) and Micronesia (42.7).

However, these data need to be interpreted with caution, as they are mainly based on testing among pregnant women and at voluntary confidential counselling and testing (VCCT) centers. Systematic HIV testing has not been done until fairly recently: in 2008, none of the 11 countries had the capacity to conduct in-country testing. All now have the capacity to conduct in-country confirmatory tests and HIV testing has increased markedly (Wanyeki, 2013). While most countries have adopted protocols for testing, all pregnant women attending antenatal care (ANC) services, actual coverage of pregnant women with HIV testing is still limited: in 2013, less than half (49.5%) of all pregnant women (approx. 25,000) in the 11 countries were tested for HIV, ranging from 30% in Kiribati and 32% in Vanuatu to 71% in Tonga, 78% in Tuvalu and 96% in Cook Islands (SPC administrative records, 2014).

Furthermore, no systematic testing has been done among key populations, such as sex workers and their clients, or MSM and transgender persons. A study in 2011 in Vanuatu revealed that

only 7% of MSM in the study had received an HIV test in the last 12 months (van Gemert et al., 2013). Similarly, a study in 2011 among sex workers in Chuuk State (FSM) showed that a mere 17% had ever been tested, with 88% of them more than a year before (Anonymous, 2012). Hence, it is likely that the majority of HIV cases has not yet been identified and that the actual number is considerably higher.

A systematic review of data from 38 low- and middle-income countries found that men who have sex with men were, on average, 19 times more likely to have HIV than the general population (Baral et al. 2007). A similar review of studies among female sex workers found that they were nearly 14 times more likely to be infected by HIV than were women of reproductive age (Baral et al., 2012). While integrated biological and behavioral surveillance (IBBS) studies among key populations in the Pacific region show higher HIV prevalence than among the general population, these levels are still very low. IBBS studies among key populations were conducted in a number of Pacific countries, with additional studies planned by partners and from funds under this grant in 2015/16.

TB

In 2013, the estimated TB incidence rate (both new and relapse cases) in 11 PICTs included in the NFM application was 172 per 100,000; which is higher than the global average and TB incidence for the WHO Western Pacific region (at 125 and 92 per 100,000 respectively). In the same year, the prevalence and mortality rates across the 11 PICTs was estimated at 193 and 12 per 100,000 habitants respectively. Since 2000 there has been a decline of the overall epidemic. However, there is a large diversity between the different PICTs, where some have no or very few patients, while on the other end of the spectrum some have a relatively high burden of TB.

The number of people diagnosed with TB has increased by 86% since 2000. In the same time period, the combined TB case notification rate across the 22 PICTs has increased from 146.1 to 217.0 per 100,000 population. However, rates vary greatly across the countries, with the highest rates in Kiribati, PNG, Marshall Islands, and Tuvalu. The increase in TB case notification rates can probably be attributed to improved TB case finding (both passive and active).

Multidrug-resistant tuberculosis (MDR-TB) and Tuberculosis and Human immunodeficiency Virus (TB/HIV) co-infection are not yet a spreading epidemics. To date, relatively low numbers of TB patients co-infected with HIV have been reported in the Pacific, except in Papua New Guinea. In 2012, 18.5% of TB patients in 15 PICTs who reported data to WHO were tested for HIV and knew their HIV status. A total of 370 TB patients were co-infected with HIV: 364 in PNG, five in Fiji, and one in Northern Mariana Islands – hence none in the 11 PICTs included in the NFM grant.

The identified risk groups are household contacts of TB patients, people living with HIV (PLHIV) and prisoners.

2. **Goal:**

- To halt the spread of HIV among the population of the Western Pacific and maintain HIV incidence rates below 0.1 percent annually in the 2015-2017 period;
- To reduce AIDS-related mortality by strengthening HIV case finding and case management;

- To reduce the prevalence, incidence and mortality from all forms of TB in the 11 Pacific Island Countries, thereby contributing to the post-2015 global TB strategy; and
- To promote universal and equitable access to quality diagnosis and appropriate treatment of TB, MDR-TB, TB/DM and TB/HIV patients across 11 Pacific Island Countries.

3. **Target Group/Beneficiaries:**

HIV:

- Pregnant women and infants born to HIV or STI-positive mothers
- Men who have sex with men (MSM) and Transgender (TG)
- Sex workers (male and female) and their clients
- Seafarers and fishermen
- Young women and girls who engage in transactional sex
- Sexually Transmitted Infections (STI) patients

TB:

- People living with HIV
- Household contacts of TB patients

Prisoners

4. **Strategies:**

HIV:

- Scale up and strength Prevention of Mother to Child Transmission (PMTCT) outreach and coverage
- Strengthen M & E systems and routine reporting mechanisms
- Increase coverage of a defined minimum package of prevention services for key populations, including MSM; Sex workers and their clients
- Create an enabling environment through advocacy efforts to remove legal barriers, and promote community engagement and empowerment

TB:

- Increase case notification rate of all forms of TB
- Increase TB treatment success rate
- Increase HIV testing and counselling for TB patients

5. **Planned Activities:**

HIV:

- HSS/M & E: Key population mapping in 6 countries; strengthening of routine reporting through the rapid assessment of information flows, updated guidelines and training manuals; Technical Assistance and capacity building

- PMTCT: prevention of HIV infection among women of childbearing age; treatment, care and support to HIV+ mothers and their children

- Prevention programs for: (1) MSM and TG; (2) sex workers and their clients and other vulnerable populations: condoms and lubricants; behavioral change communication (BCC); HCT; diagnosis and treatment of STIs; and small grant fund to finance key population groups and provide capacity building

- Prevention programs for the general population: condoms and lubricants; BCC; HCT; diagnosis and treatment of STIs

- A small grants program to support initiatives to address legal barriers and advocacy in participating countries. Activities are expected to focus on addressing structural drivers of the HIV epidemic, including gender-based violence.

- Stigma Index, with the goal to: (1) increase the evidence base for policy and programmatic interventions to reduce HIV-related stigma and discrimination; and (2) to ensure the Greater Involvement of People Living with HIV and AIDS principle (GIPA principle) is enshrined in local, regional and national responses to HIV.

TB:

- National Level Training in TB case management, including training on childhood TB, and the use of recording and reporting registers and forms.

- Establishing TB screening and referral programs for general vulnerable groups and TB screening program for prison populations.

- Implementing Community outreach activities / programs with NGO partners and community members which target vulnerable groups.

- Strengthening Service Delivery through training of Health Staff

- Harmonizing of TB R&R with National HMIS through development of electronic R&R tools

- MDR TB Second Line Drug Procurement

- MDR Help Desk, supportive supervision and quality assurance

- Review and updating of DOTS training curriculum

- National Rollout of DOTS Training and Regional Refresher Training

- Treatment support to HIV patients during course of TB treatment

- Training TB and HIV staff on TB/HIV collaborative activities

6. **Term of the Grant:**

For purposes of this Agreement, the following terms shall be defined as follows:

a. Program Starting Date: 1 July 2015

b. Program Ending Date: 31 December 2017
c. Proposal Completion Date: 31 December 2017

B. CONDITIONS PRECEDENT

1. Condition Precedent to the Use of Grant Funds to Finance Small Grant Schemes and National Level Identified Activities (Terminal Date: 31 October 2015)

The use of Grant Funds by the Principal Recipient in the amount of (i) US$ 1,400,000 to finance the small grant schemes (the "Small Grant Schemes") and (ii) US$ 711,054 to finance the national level activities towards social mobilization, building community linkages, collaboration and coordination intervention ("National Level Activities") is subject to satisfaction of each of the following requirements:

a. The delivery by the Principal Recipient to the Global Fund of a detailed budget and work plan for each of the Small Grant Schemes and the National Level Activities (collectively referred to as "Detailed Budget and Work Plans"); and

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

2. Condition Precedent to the Use of Grant Funds to Finance Telemedicine Activities and Sub-recipient Human Resources Costs (Terminal Date: 31 October 2015)

The use of Grant Funds by the Principal Recipient in the amount of (i) US$ 310,000 to finance the telemedicine activities (the "Telemedicine Activities") and (ii) US$ 448,393 to finance the Sub-recipient human resource costs ("SR Human Resources") is subject to satisfaction of each of the following requirements:

a. The delivery by the Principal Recipient to the Global Fund of detailed cost assumptions relating to the Telemedicine Activities and SR Human Resources, in form and substance satisfactory to the Global Fund (the "Cost Assumptions"); and

b. The written approval by the Global Fund of the Cost Assumptions.

C. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT

None.

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 schedule of cash transfers, as well as the schedule of commitment and disbursement decisions, is indicated in the Performance Framework attached to this Annex A.

F. PROGRAM BUDGET

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

G. PERFORMANCE FRAMEWORK

The Performance Framework attached to this Annex A sets 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 each commitment decision by the Global Fund, the Global Fund shall set aside ("commit") funds up to the amount of the commitment decision amount, subject to the terms and conditions of this Agreement. Grant funds shall be committed in a manner consistent with the Global Fund's discretion and authority as described in Article 6 of the Standard Terms and Conditions of this Agreement, taking into account, among other things, the availability of Global Fund funding and the reasonable cash flow needs of the Principal Recipient. If a commitment of Grant funds is made, such commitment decision will be communicated to the Principal Recipient through a written notice from the Global Fund. The Principal Recipient further acknowledges and understands that the Global Fund may decommit Grant funds, in its sole discretion, after the Program End Date.