

Grant Confirmation

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

3.1.	Host Country or Region:	Democratic Republic of Sao Tome and Principe
3.2.	Disease Component:	HIV/AIDS, Tuberculosis, Malaria
3.3.	Program Title:	Investing to achieve elimination for Malaria and impact against TB and HIV in Sao Tome and Principe
3.4.	Grant Name:	STP-Z-UNDP
3.5.	GA Number:	1502
3.6.	Grant Funds:	Up to the amount EUR 5,088,901.00
3.7.	Implementation Period:	From 1 January 2018 to 31 December 2020 (inclusive)
3.8.	Principal Recipient:	United Nations Development Programme Avenida das Nações Unidas BP 109 Sao Tome Democratic Republic of Sao Tome and Principe Attention Ms. Zahira Virani Resident Representative Telephone: +239 2241001 Facsimile: +239 2222198 Email: zahira.virani@undp.org
3.9.	Fiscal Year:	1 January to 31 December

3.10.	Local Fund Agent:	<p>Swiss Tropical and Public Health Institute Socinstrasse 57 P.O. Box - 4002 CH-4051 Basel Swiss Confederation</p> <p>Attention Dr. Luis Segura Project Leader - M&E expert</p> <p>Telephone: +41 61 284 81 31 Email: luis.segura@swisstph.ch</p>
3.11.	Global Fund contact:	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier, Geneva, Switzerland</p> <p>Attention Tina Draser Regional Manager Grant Management Division</p> <p>Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: tina.draser@theglobalfund.org</p>

4. **Conditions.** The Global Fund and the Principal Recipient further agree that:

4.1. No later than 30 June 2018, the Principal Recipient shall deliver to the Global Fund a plan, in form and substance satisfactory to the Global Fund, detailing the measures to be undertaken to build the capacities of the National Center for Endemic Diseases to take over as Principal Recipient under the Program, together with a timeline for transferring relevant grant implementation responsibilities to the National Center for Endemic Diseases, which plan shall be developed in coordination with the Global Fund and under the guidance of the CCM.

4.2. The use of Grant Funds by the Principal Recipient to assist the Ministry of Health in the development and setting up of DHIS2 is subject to the satisfaction of each of the following conditions:

a. the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a detailed budget and implementation plan to assist the Ministry of Health to develop and set up DHIS2 in order for DHIS2 to be carried out under the Program (the "Detailed DHIS2 Plan and Budget"); and

b. the written approval by the Global Fund of the Detailed DHIS2 Plan and Budget.

4.3. By 30 June 2018, the Principal Recipient shall provide to the Global Fund, in form and substance satisfactory to the Global Fund, an Indoor Residual Spraying ("IRS")

operational plan which covers such issues as proposed actions, time-scales, costs and management structure to effectively implement the IRS strategy.

[Signature Page Follows.]



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

**The Global Fund to Fight AIDS,
Tuberculosis and Malaria**

United Nations Development Programme

By: Mark Edington

Name: Mark Edington
Title: Head, Grant Management Division

Date: 19/12/2017

By: Zahira Virani

Name: Ms. Zahira Virani
Title: Resident Representative

Date: 14/12/2017



Au service
des peuples
et des nations

Acknowledged by

By: H.E. Maria De Jesus Trovoada Dos Santos

Name: H.E. Maria De Jesus Trovoada Dos Santos
Chair of the Country Coordinating
Title: Mechanism for Democratic Republic of Sao Tome
and Principe

Date: 14/12/2017

By: Mr. António Amado Vaz

Name: Mr. António Amado Vaz
Civil Society Representative of the Country
Title: Coordinating Mechanism for Democratic Republic
of Sao Tome and Principe

Date: 14/12/2017



Schedule I

Integrated Grant Description

Country:	Democratic Republic of Sao Tome and Principe
Program Title:	Investing to achieve elimination for Malaria and impact against TB and HIV in Sao Tome and Principe
Grant Name:	STP-Z-UNDP
GA Number:	1502
Disease Component:	HIV/AIDS, Tuberculosis, Malaria
Principal Recipient:	United Nations Development Programme

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

Sao Tome and Principe (STP) is an archipelago comprised of two main islands (Sao Tome and Principe) located in the Gulf of Guinea, 240 km West of Gabon with an estimated population of 198,481. STP is considered a lower-middle-income country with an estimated Gross National Income (GNI) per capita of \$1,670 in 2014. Population below the poverty line was estimated at 66% in 2009 (WFS) and the country ranks 142nd of 188 countries on the human development index as of 2016.

The three programs (TB, HIV, and Malaria) are integrated into the healthcare system, with a national coordination unit within the National Center for Endemic Diseases (CNE).

Malaria

Sao Tome and Principe continues to have significant achievements in malaria. The main key malaria indicators showed important improvements between 2012 and 2016, with a reduction in the number of malaria cases, hospitalizations and deaths. During 2012–2016, malaria morbidity (incidence) dropped from 65.5 to 11.3 cases per 1,000 inhabitants, and malaria mortality decreased from 3.9 to 0.5 cases per 100,000 inhabitants. The test positivity rate also dropped, from 8.5 percent in 2012 to 1.8 percent in 2016.

Despite these successes, some disparities exist across districts. From a total of 2,238 positive cases identified in 2016, 91% were located in three out of seven districts of the country, while these districts contribute to 58% of the total population of STP. Agua Grande has the highest burden, with 69% of cases. The country considers that everyone is at risk. Particular attention is given to pregnant women, children under five years of age and people living near swamps.

The four human malaria parasites have been recorded in the archipelago, although *P. falciparum* was the most common, being found in 99–100% of parasites between 2010 and 2014 (WHO, 2015). *Anopheles gambiae* (type M) is the only malaria vector in the country. *P. falciparum* is fully sensitive to artemisinin-based combination therapy (ACT).

HIV

STP is currently facing a low HIV prevalence among the general population, with higher HIV prevalence among key populations. HIV prevalence is 0.5% among adults aged 15-49 years, without variations between men and women, but with variations by age (higher among older age groups) and location. HIV prevalence is higher in rural areas compared to urban areas (0.8% and 0.3% respectively). The autonomous region of Príncipe has the highest HIV prevalence compared to other regions with 1.7%. HIV prevalence is higher among key populations, mainly among female sex workers (4.2% in 2005 and 1.1% in 2013), and among inmates (4% in 2013 and 6.1% in 2014). So far, there is no study conducted among men who have sex with men to estimate HIV prevalence among this population in STP. A bio-behavioral survey among MSM and other key populations is planned to be conducted in 2018. The number of deaths due to AIDS has risen since 2012, from 13 cases in 2011 to 36 cases in 2016 with a peak of 41 cases in 2014.

Tuberculosis

In Sao Tome and Principe, tuberculosis (TB) is endemic. In 2015, the TB incidence rate was 97 per 100,000 inhabitants, equal to about 180 TB cases. TB notifications have increased from 112 TB cases in 2010 to 192 in 2016. The TB mortality rate fell from 7 per 100,000 population in 2005 to 3.6 per 100,000 population in 2015. While treatment coverage stands at 100%, the treatment success rate was low at 76% (2015 cohort). 100% of TB patients are screened for HIV; the co-infection rate is 13.5%, and all co-infected patients received antiretroviral therapy (2016). The estimated multi-drug resistant/ rifampicin-resistant TB (MDR/RR-TB) rate among new and retreated patients is 2.8% and 88% respectively. Of the 19 patients diagnosed with MDR-TB since 2011, 15 have been cured, representing a cure rate of 80%.

2. Goals, Strategies and Activities

Malaria

The goal of the malaria program in STP is to reduce the incidence of malaria to less than 1 case per 1,000 inhabitants within all of the districts of São Tomé, and record 0 (zero) endemic cases within the Autonomous Region of Príncipe by 2021.

Specifically, the country intends to:

- Strengthen the epidemiological surveillance system and entomological monitoring and evaluation at central and district levels, and within the Autonomous Region of Príncipe, as well as improve country's capacity to detect and respond to epidemics;
- Detect 100% of cases of malaria infection throughout the country, using high-quality biological diagnosis, and treat appropriately according to the national policy for case management;
- Ensure that 100% of the at-risk population benefits from interventions integrating vector control, as well as other evidence-based prevention interventions; and
- Implement social mobilization interventions and communication strategies adapted to the country's efforts towards malaria elimination.

Implement strategies for malaria elimination

- Capacity-building to ensure improved program management at the national level;
- Vector control interventions targeting adult mosquito vectors using systematic Indoor Residual Spraying (IRS) and free long lasting insecticidal nets (LLINs) distributed through mass campaigns and through routine distribution, with particular emphasis on children less than five years of age and pregnant women;
- Case management in public facilities; and
- Strengthening the surveillance systems through epidemiological monitoring, early detection of cases, immediate notification and community interventions.

HIV

The goal of the HIV program is to reduce morbidity among people living with HIV/AIDS from 0.13 in 2013 to 0.06 per 1,000 inhabitants by 2021 and reduce mortality from 28.8 in 2013 to 4.15 per 100,000 inhabitants by 2021.

Specifically the country intends to:

- Reduce the rate of sexual transmission of HIV infection from 0.5% in 2014 to 0.4% in 2020;
- Reduce the morbidity and mortality, and improve the quality of life of people living with HIV, their partners and their families;
- Eliminate mother to child transmission of HIV (0%) by 2020; and
- Increase the institutional capacity of the National AIDS, Malaria and Tuberculosis Control Program/of the Ministry of Health as well as civil society in order to respond to the HIV epidemic.

Implement strategies to reach 90-90-90 for HIV by 2020

- Extend further the test and treat strategy to include all adults, regardless of CD4 count, in addition to priority groups including key populations, pregnant women, children, TB patients, and discordant couples;
- Capacity-building for health care providers;
- Availability of health products (pharmaceutical and non-pharmaceutical);
- HIV prevention among key populations, youth and adolescents; and
- Strengthening of the M&E system.

TB

The goal of the TB program is to increase the treatment success rate for all forms of TB that have been bacteriologically confirmed and clinically diagnosed, from 76.5% in 2016 to $\geq 85\%$ by 2020

Specifically the country intends to:

- Increase the notification rate of TB cases from 71 per 100,000 inhabitants in 2012 to 80 per 100,000 inhabitants in 2020, by increasing TB screening among key populations;
- Increase the TB treatment success rate to more than 85%, by placing the emphasis on rigorous DOTS;
- Carry out routine TB screening using GeneXpert testing for all suspected TB cases; and
- Provide care and support to over 95% of patients co-infected by TB and HIV.

Implement strategies that increase the success rate of treatment and the proportion of TB+ patients tested for HIV and/or know their status

- Active case finding to increase early diagnosis, and improve the detection rate to ensure patients access treatment early;
- Continue to improve the quality of TB diagnosis, particularly through the use of the GeneXpert technology;
- Reinforce infection control measures within health facilities by means of capacity-building to health care providers; and
- Strengthen the M&E system and increase the % of TB-HIV patients who have initiated or continue to be on ART.

3. Target Groups/Beneficiaries

- People living with HIV
- Key populations for HIV: female sex workers and their clients, men who have sex with men, prisoners
- Key populations for Malaria: pregnant women, children below 5 years old, people living near swamps areas
- Key populations for TB: prisoners, PLHIV, children.

B. PERFORMANCE FRAMEWORK

Please see attached.

ts Development Programme

	01/01/2018 - 31/03/2018	01/04/2018 - 30/06/2018	01/07/2018 - 30/09/2018	01/10/2018 - 31/12/2018	Total Y1	01/01/2019 - 31/03/2019	01/04/2019 - 30/06/2019	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	Total Y2	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020
	€3,971	€7,558	€2,813	€14,262	€28,603	€976	€4,674	€976	€976	€7,602	€976	€3,143	€976	€976
	€19,909	€1,708	€4,996	€1,460	€28,074	€39,631	€180	€4,996	€1,460	€46,267	€44,337	€4,996	€180	€1,460
	€219,432	€139,628	€113,510	€95,285	€567,856	€153,165	€92,519	€83,201	€75,958	€404,842	€226,343	€75,648	€69,387	€62,591
	€3,544	€13,165	€4,331	€2,518	€23,557	€6,103	€3,664	€4,402	€2,589	€16,757	€7,048	€3,706	€4,444	€2,631
	€365,512				€365,512									
	€10,399	€8,620			€19,019	€10,399	€1,988			€12,387	€12,387			
	€485				€485	€1,524				€1,524	€1,327			
	€8,169	€2,715	€3,163	€2,612	€16,659	€6,761	€4,127	€1,809	€2,715	€15,411	€6,761	€2,715	€1,809	€2,715
		€60		€60	€120		€60		€60	€120		€60		€60
	€120	€1,200	€120	€1,200	€2,640	€1,200	€120	€1,200	€120	€2,640	€1,200	€120	€1,200	€120
	€646	€646	€646	€646	€2,584	€646	€646	€646	€646	€2,584	€646	€646	€646	€646
	€166,611	€7,742	€7,327	€7,224	€188,903	€130,078	€7,327	€7,327	€7,224	€151,955	€140,385	€7,742	€7,327	€7,224
	€1,255				€1,255	€1,255				€1,255	€1,255			
	€109,787	€9,644	€9,871	€10,668	€139,969	€82,101	€7,523	€7,750	€8,548	€105,923	€89,159	€7,523	€3,573	€3,573
	€10,063	€1,930			€11,993	€10,063				€10,063	€9,953	€1,930		
	€73,980	€23,818	€9,626	€10,233	€117,657	€104,982	€10,233	€9,370	€10,233	€134,818	€114,883	€10,233	€9,370	€10,233
	€290,260	€64,637	€182,316	€26,292	€563,505	€491,531	€43,822	€53,430	€43,822	€632,604	€379,644	€36,871	€44,112	€36,871
	€1,284,143	€283,071	€338,718	€172,459	€2,078,391	€1,040,414	€176,882	€175,106	€154,349	€1,546,751	€1,036,303	€155,334	€143,023	€129,098

	01/01/2018 - 31/03/2018	01/04/2018 - 30/06/2018	01/07/2018 - 30/09/2018	01/10/2018 - 31/12/2018	Total Y1	01/01/2019 - 31/03/2019	01/04/2019 - 30/06/2019	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	Total Y2	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020
	€213,951	€93,894	€191,614	€93,894	€593,352	€111,855	€90,635	€89,518	€90,635	€382,642	€94,804	€73,585	€72,468	€73,585
	€234,587	€63,917	€91,288	€28,836	€418,628	€68,097	€43,283	€48,352	€30,575	€190,306	€65,943	€40,025	€44,411	€29,001
	€67,539	€70,794	€4,177	€4,975	€147,485	€10,308		€4,177	€4,975	€19,460	€91,282			
	€77,098				€77,098	€85,046				€85,046	€92,181			
	€51,681				€51,681	€484,054				€484,054	€408,790			
	€81,594				€81,594	€57,873				€57,873	€64,452			

	01/01/2018 - 31/03/2018	01/04/2018 - 30/06/2018	01/07/2018 - 30/09/2018	01/10/2018 - 31/12/2018	Total Y1	01/01/2019 - 31/03/2019	01/04/2019 - 30/06/2019	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	Total Y2	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020
	€70,182	€2,178	€2,178	€2,178	€8,712	€2,178	€2,178	€2,178	€2,178	€8,712	€2,178	€2,178	€2,178	€2,178
	€70,182	€2,178	€2,178	€2,178	€8,712	€124,470				€124,470	€120,407			

C. SUMMARY BUDGET

Please see attached.

Development Programme

	01-Jan-2018	01-Jan-2019	01-Jan-2020
	31-Dec-2018	31-Dec-2019	31-Dec-2020
DR?	Yes	Yes	No

75

ple living with HIV/AIDS from 0.13 in 2013 to 0.06 per 1,000 inhabitants by 2021 and reduce mortality from 28.8 in 2013 to 4.15 per 100,000 inhabitants by 2021.

rate for all forms of TB that have been bacteriologically confirmed and clinically diagnosed from 76.5% in 2016 to ≥85% by 2020

of malaria by at least 1 case per 1,000 inhabitants within all of the districts of São Tomé and Príncipe and record 0 (zero) endemic cases within the Autonomous Region of Príncipe.

	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2018	2019	2020	Comment
ave sex with men who	Sao Tome and Principe			Age	N: D: P: % Due Date: 31-Mar-2019	N: D: P: % Due Date:	N: D: P: % Due Date:	0- There are no baseline data for this indicator; these baseline data will be provided following the completion of the IBBS study, which will take place in 2018. 1- We have not set targets; the targets will be determined following the completion of this study. 2 - Given the population, and based on publications from other African countries, we assumed that MSM would represent 0.9% of adult male population in STP (www.ncbi.nlm.nih.gov/pmc/articles/PMC2576725 STP this total estimated population is: 462 (2018), 477 (2019) and 493 (2020). The target for the country is: 187 (2018), 216 (2019) and 248 (2020);
0 population	Sao Tome and Principe	3.6	2015 WHO Global TB Report 2016		N: 3 D: P: % Due Date: 30-Nov-2019	N: 2.6 D: P: % Due Date: 30-Nov-2020	N: 2.2 D: P: % Due Date: 30-Nov-2021	1 - According to the WHO Report, the mortality rate for TB in STP in 2015 was 3.6 per 100,000 inhabitants. From 2018 to 2020, the total population is expected to be 201,786, 205,965 and 210,241 respectively 2- According to the TB control program, every effort will be made to reduce mortality in the population; the program data indicate a decrease in mortality among TB patients over the past 3 years. Mortality (in percentage) decreased from 11.24% (20178) in 2015; to 9.9% (191/92) in 2016 and 8.9% in 2017 (6/67) available data up to August 2017.
s (presumed and	Sao Tome and Principe	2238	2016 National Malaria Control Program Report	Malaria case definition, Specifics, Age	N: 1,816 D: P: % Due Date: 01-Mar-2019	N: 1,030 D: P: % Due Date: 29-Feb-2020	N: 420 D: P: % Due Date: 14-Feb-2021	1-The baseline comes from the 2016 PUDR programmatic data report for malaria. 2-The country's vision is to eliminate malaria by 2025 and prevent its reintroduction 3-The target in the PF is in line with the National Strategic Plan, for 2020 targeting a reduction of 9 cases per 1000 inhabitants in 2018, 5 1000 inhabitants in 2019 and 3 cases of malaria per thousand inhabitants (i.e. 1816, 1030 and 420 cases of malaria per year (2018 to 2020)

Indicators

sexual transmission of HIV infection in São Tomé and Príncipe from 0.5% in 2014 to 0.4% in 2020

quality and improve the quality of life of people living with HIV, their partners and their families and provide support to orphans.

transmission of HIV: 0% in 2020

of the National AIDS Malaria and Tuberculosis Control Program/of the Ministry of Health as well as civil society in order to respond to the HIV epidemic.

	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2018	2019	2020	Comment
Children with HIV, later initiation of	Sao Tome and Principe	68.6%	2016 National AIDS Control Program Annual Report	Duration of treatment, Age, Gender	N: 89 D: 75.00% P: 75.00% Due Date: 01-Mar-2019	N: 80.00% D: 80.00% P: 80.00% Due Date: 29-Feb-2020	N: 85.00% D: 85.00% P: 85.00% Due Date: 14-Feb-2021	1- The result for 2016 is (105/153) = 68.6% Numerator: Number of known and alive patients on ART, 12 months a initiation. Denominator: All patients registered and receiving ART during the 12 months preceding the reporting period. This includes patients who died, stopped treatment or lost to follow-up by month 12. 2- The source of the data is the National AIDS control Program. 3- The target is based on WHO Objective of reaching 85% by 2020
RR-TB and/or MDR-TB, RR-TB successfully	Sao Tome and Principe	50.0%	2016 National TB Control Program Annual Report	TB case definition	N: 78.00% D: 78.00% P: 78.00% Due Date: 01-Mar-2019	N: 80.00% D: 80.00% P: 80.00% Due Date: 29-Feb-2020	N: 85.00% D: 85.00% P: 85.00% Due Date: 14-Feb-2021	1-In 2016, 4 cases of MDR-TB were identified in 2014, 2 of which were and the other 2 lost to follow-up. 2- The aim of the national TB control program is to implement, with the assistance of Community Health Workers, all measures aimed at ensuring monitoring, detection and treatment of all cases, thereby preventing people from becoming lost to follow-up. 3- The GeneXpert machine that was introduced in 2016 should contribute to improving diagnostics 4-Source: National TB control program Annual Report, 2016
ITNs used the previous	Sao Tome and Principe	70%	2014 MICS 2014		N: 85.00% D: 85.00% P: 85.00% Due Date: 31-Mar-2020	N: 85.00% D: 85.00% P: 85.00% Due Date: 31-Mar-2020	N: 85.00% D: 85.00% P: 85.00% Due Date: 14-Feb-2021	1 - The source of the baseline is the 2014 MICS Report. At the same time, we are also data regarding the other targets. The MICS is expected to take into account the 2019 2- The target is aligned with the National Strategic Plan.
Percentage of new and added among the in the same year (all plus clinically	Sao Tome and Principe	80%	2016 National TB Control Program Annual Report		N: 90.00% D: 90.00% P: 90.00% Due Date: 01-Mar-2019	N: 95.00% D: 95.00% P: 95.00% Due Date: 29-Feb-2020	N: 100.00% D: 100.00% P: 100.00% Due Date: 14-Feb-2021	1- The program data indicate a to treatment coverage of 80% (= 148/185) in 2016. 2- For 2018, coverage is expected to reach 90%, 95% in 2019 and for 2020, reach 100%. 3- The numerator is the number of cases declared and treated. The denominator is the number of TB incident cases expected in the country. 4- The source is the annual report of the National TB control program
for sex workers and their clients								
Baseline	Baseline Year and Source	Required Disaggregation	Cummulation for AFD	01-Jan-2018 31-Dec-2018	01-Jan-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	Comments	
N: 84 D: 89 P: 94,3%	National AIDS Control Program Annual Report		Y- Cumulative annually	N: 89 D: 75.00% P: 75.00%	N: 80.00% D: 80.00% P: 80.00%	N: 85.00% D: 85.00% P: 85.00%	0- The data source is the program data. These data relate to the number of female sex workers enrolled in the program 1- In 2018, the IBSB study will be combined with an estimate of the size of key populations and will help to determine the denominator 2-With regard to targets, we will achieve them without establishing a denominator and numerator, since we do not have an estimate of the size of the population	
N: 589 D: 883 P: 66,7%	National AIDS Control Program Annual Report	Age Gender, Age, Target / Risk population group, Gender	N-Non - cumulative (other)	N: 686 D: 872 P: 78,6%	N: 735 D: 865 P: 84,9%	N: 778 D: 858 P: 90,6%	These objectives are based projections in Spectrum Version 5.571 of 2017, which is itself based on data regarding the number of people on ART provided by the National AIDS Control Program in 2016. Projections also associate ART coverage to the National Strategic Plan targets on people in need of ART. These targets take into consideration the new WHO "test and treat" strategy, which is expected to be implemented in the country by 2018 at the latest.	

10	N: 192 D: 192 P: 100.0%	National TB Control Program Annual Report	HIV test status, Gender, Age, TB case definition	N-Non-cumulative	N: 195 D: 195 P: 100.0%	N: 200 D: 200 P: 100.0%	N: 200 D: 200 P: 100.0%	N: 200 D: 200 P: 100.0%	1- The annual objectives comply with the strategic plan for tuberculosis. The intention is to intensively carry out screening and diagnostic activities thanks to: i) the strengthening of the laboratory network, ii) the use of new screening technologies such as GeneXpert MTB/RIF, LED microscopy, digital radiography, iii) strengthening the system for the collection and transportation of sputum specimens, iv) early detection of tuberculosis. 2- The data source is the National TB Control Program report. Notifications will be reported through the National TB Control Program quarterly screening reports and Annual Report.
10	N: 148 D: 195 P: 75.8%	National TB Control Program Annual Report	Gender, HIV test status, Age	N-Non-cumulative	N: 153 D: 185 P: 82.7%	N: 166 D: 195 P: 85.1%	N: 180 D: 200 P: 90.0%	N: 180 D: 200 P: 90.0%	1-This result is the cohort data for the final three quarters of 2015, plus the cohort data for the first quarter of 2016; 2-The calculation was performed on the basis of this cohort (148/195=75.9%) 3- The data for the end of 2016 indicate that 15 of the 16 patients under the age of 15 were treated, which gives a percentage of 93.7%, and 133 of the 179 patients over the age of 15 were also treated, which gives a percentage of 74.3%. 4- Between 2018 and 2020, the target is to achieve 90% TB treatment by 2020, according to WHO guidelines. 5- Thus, for 2018, it is planned to treat 82.7% of cases (153/185); in 2019 the target is to treat 85.1% (166/195) and 90% (180/200) in 2020.
10	N: 37 D: 37 P: 100.0%	National AIDS Control Program Annual Report		Y- Cumulative annually	N: 30 D: 30 P: 100.0%	N: 26 D: 26 P: 100.0%	N: 22 D: 22 P: 100.0%		1-According to the PUDR 2016, which is in line with programmatic data, of the 37 TB patients tested positive for HIV, 100% received ART.
10	N: 4 D: 4 P: 100.0%	National TB Control Program Annual Report	Age, Gender	N-Non-cumulative	N: 7 D: 7 P: 100.0%	N: 7 D: 7 P: 100.0%	N: 7 D: 7 P: 100.0%	N: 7 D: 7 P: 100.0%	1- In 2016, 4 cases of MDR-TB were identified in 2014, 2 of which were cured and the other 2 lost to follow-up; 2- The aim of the national TB control program is to implement, with the assistance of Community Health Workers, all measures aimed at ensuring the monitoring, detection and treatment of all cases, thereby preventing patients from becoming lost to follow-up; 3- The GeneXpert machine that was introduced in 2016 should contribute to improving diagnostics 4-Source: National TB control program Annual Report, 2016
10	N: 3 D: 3 P: 100.0%	National TB Control Program Annual Report	TB regimen, Age, Gender	N-Non-cumulative	N: 7 D: 7 P: 100.0%	N: 7 D: 7 P: 100.0%	N: 7 D: 7 P: 100.0%	N: 7 D: 7 P: 100.0%	1- In 2016, 4 cases of MDR-TB were identified in 2014, 2 of which were cured and the other 2 lost to follow-up; among those, 3 initiated treatment 2- The aim of the national TB control program is to implement, with the assistance of Community Health Workers, all measures aimed at ensuring the monitoring, detection and treatment of all cases, thereby preventing patients from becoming lost to follow-up; 3- The GeneXpert machine that was introduced in 2016 should contribute to improving diagnostics 4-Source: National TB control program Annual Report, 2016
10	N: 121,334 D: 121,334 P: 100.0%	National Malaria Control Program Report	Age, Type of testing	N-Non-cumulative	N: 160,646 D: 160,646 P: 100.0%	N: 184,534 D: 184,534 P: 100.0%	N: 212,214 D: 212,214 P: 100.0%	N: 212,214 D: 212,214 P: 100.0%	1- The target is 100%: 2- According to the national protocol for screening cases of malaria, all cases of suspected malaria must undergo parasitological diagnostic testing; 3- In 2016, the number of confirmed cases of malaria represented less than 2% of cases of suspected malaria; 4- The intention is that 3% of cases of suspected malaria will be identified by the community health workers (CHWs)

10	N: 2,238 D: 2,238 P: 100.0%	National Malaria Control Program Report	Age	N-Non-cumulative	N: 1,816 D: 1,816 P: 100.0%	N: 1,030 D: 1,030 P: 100.0%	N: 420 D: 420 P: 100.0%	<p>1- The target refers to the fact that 100% of cases of suspected malaria must be subjected to a diagnostic test</p> <p>2- All cases to be treated will be preceded by a laboratory diagnostic test.</p> <p>3- According to data from the National Malaria Control Program report in 2017, the results indicate that all cases confirmed in public health units and in cases of active research received antimalarial drugs in accordance with the national protocol. There have been no cases of patients not receiving the recommended antimalarial drugs</p> <p>4- The number of cases of malaria in the private sector is tasteless and not important; usually all suspected cases of fever in the private sector are sent to the public sector where there is free treatment. In the communities, there is no case treatment, all cases of fever are sent to the health facilities for treatment and these cases are followed by community health workers and nurses for 28 days.</p>
10	N: 103,941 D: P:	Report NGO Cruz Vermelha	Y- Cumulative annually	N: 120,660 D: P:	N: 18,500 D: P:	N: 16,000 D: P:	<p>The targets for this indicator have been calculated as follows:</p> <p>0 - In 2016, 11,922 LLINs were distributed, 7,185 of which were provided to pregnant women/children under 5 and 4,737 to other populations.</p> <p>1- The estimated population for 2018 to 2020 is 201,785, 205,965 and 210,240, respectively.</p> <p>2- It is estimated that 4% of the total population consists of pregnant women; the number of pregnant women for the 2018-2020 period is 8,071, 8,239 and 8,410, respectively.</p> <p>3- According to the 2014 MICS, the ANC attendance rate among pregnant women is 94% (ref. indicator 5.6, 2014 MICS).</p> <p>4- If this rate is applied, the number of pregnant women receiving LLINs for 2016 and 2017 is 7,587, 7,744 and 7,905, respectively.</p> <p>The same hypothesis 4 has been applied to children under the age of one, giving figures for this group, for 2018 to 2020, of 7,587, 7,744 and 7,905, respectively.</p> <p>5- Furthermore, there are social institutions that provide support for vulnerable groups. According to the National Malaria Control Program, the number of vulnerable individuals is estimated at 3,000 per year. However, as mass distribution is planned for 2018, distribution aimed at target groups will start from 2018 onwards.</p> <p>6- In 2018, routine distribution will take place within health establishments and mass distribution will take place within the communities</p> <p>7- It is true that the target seems ambitious, but in 2016 distribution figures could have been affected by the mass distribution of LLIN in 2015, this could explain this low level of distribution</p>	
10	N: 29,241 D: 42,005 P: 69.6%	Report NGO Zazona Adil	N-Non-cumulative	N: 41,147 D: 48,409 P: 84.9%	N: 16,576 D: 19,501 P: 85.0%	N: 12,825 D: 15,088 P: 85.0%	<p>1-Two cycles of general IRS are expected to take place in 2018 using Bendiocarb; these will be carried out in the worst affected districts (Agua Grande and Lobata). Targeted spraying will take place within the remaining districts</p> <p>2- During the following year (2019-2020), the targeted spraying strategy will be implemented in all districts of the country.</p> <p>3- It is planned to spray 85% of a total of 48,409 households in 2018, i.e. 41,147 households. For 2019 and 2020 it is planned to spray 85% of a total of 20,532 households (17452) and 85% of a total of 16,170 households (13745) respectively, to accommodate budgetary aspects.</p>	