

PROGRAM GRANT AGREEMENT

1. Country: Belize	
2. Principal Recipient Name and Address:  United Nations Development Programme 3rd Floor, South Ring Road, Lawrence Nicholas Office Complex, Belmopan, P.O. Box 53 Belize	
3. Program Title: Investing for impact against Tuberculosis and HIV	
4. Grant Name: BLZ-C-UNDP	4A. GA Number: 844
5. Implementation Period Dates: 01 January 2016 to 31 December 2018	
6. Grant Funds (Current Implementation Period only): Up to the amount of US\$3,359,024.00 (Three Million Three Hundred Fifty-Nine Thousand and Twenty-Four 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:  Price Waterhouse & Co. Asesores de Empresas S.R.L. Bouchard 557-9th Floor, C1106 ABG Buenos Aires Tel: +54 1148506831 Fax: +54 11 4850 6100 Attention: Mr. Damian Eduardo Vazquez E-mail: damian.eduardo.vazquez@ar.pwc.com	
10. Name/Address for Notices to Principal Recipient:  Mr. Stefano Pettinato Deputy Resident Representative  3rd Floor, South Ring Road, Lawrence Nicholas Office Complex, Belmopan, P.O. Box 53 Belize Tel.: +501 822 2688 Fax: +501 822 3364 E-mail: stefano.pettinato@undp.org	11. Name/Address for Notices to Global Fund:  Mrs. Annelise Hirschmann Regional Manager, Latin America and Caribbean 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
<b>This Agreement consists of this face sheet and the following:</b> 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: Sept. 24<sup>th</sup>, 2015  
Name: Mr. Stefano Pettinato  
Deputy Resident Representative

Signature: 


13. Signed for the Global Fund by its Authorized Representative

Date: 28 SEP. 2015  
Name: Mr. Mark Eldon-Edington  
Head, Grant Management Division

Signature: 

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

Date: Sept. 23, 2015  
Name: Mrs. Laura Tucker Longworth

Signature: 

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

Date: SEPT. 23<sup>rd</sup>, 2015  
Name: Mr. Abel Vargas

Signature: 

## **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 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 the face sheet of this Agreement (the “Program”) for the country specified in 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. For the current implementation period, as set forth in the face sheet of this Agreement, the Global Fund hereby grants to the Principal Recipient an amount not to exceed that stated in the face sheet of this Agreement, which shall be made available to the Principal Recipient under the terms of this Agreement. For the purpose of this Agreement, the “Grant” shall consist of funds as stated in the face sheet of this Agreement together with any funds previously granted by the Global Fund to the Principal Recipient for the Program. 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”. 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". Unless the Global Fund agrees otherwise in writing, the Global Fund will not authorize disbursement of the Grant after the "Program Ending Date" 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 (if any) specified in 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 notified by the Principal Recipient to the Global Fund in writing.

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.

The Principal Recipient shall have financial audits conducted of Program expenditures in accordance with its internal and external auditing practices. The Principal Recipient agrees to provide to the Global Fund a copy of biennial financial statements, as audited by its external auditors, the UN Board of Auditors.

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 indicated in 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 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 the signature block of this Agreement, as appropriate, and/or a representative noted in the “Name/Address for Notices” section of the face sheet of this Agreement, as appropriate, each as may be modified from time to time through written notice to the other party. In the case of communications to the Global Fund through the LFA, the Principal Recipient shall submit such communications to the LFA representative identified in 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. MANAGEMENT LETTERS AND IMPLEMENTATION LETTERS**

To assist the Principal Recipient in the implementation of this Agreement, the Global Fund will from time to time issue Management 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) 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 NDRA 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](http://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 demonstrate 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 United Nations, approved by the General Assembly of the United Nations on February 13, 1946 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

<b>Country:</b>	<b>BELIZE</b>
<b>Program Title:</b>	<b>Investing for impact against Tuberculosis and HIV</b>
<b>Grant Number:</b>	<b>844</b>
<b>Disease:</b>	<b>HIV/TB</b>
<b>Principal Recipient:</b>	<b>United Nations Development Programme (UNDP)</b>

#### **A. PROGRAM DESCRIPTION**

##### **1. Background and Summary:**

With an estimated HIV prevalence of 1.4 per cent and approximately 3,300 people living with HIV (Global AIDS Report 2013), Belize has the highest overall HIV-prevalence rate in Central America. Data of 2013 indicates that three districts (Belize City, Cayo District and Stann Creek) represent 85 per cent of all reported new HIV infections. Peaks of reported new HIV infections appear to have shifted from a younger age cohort of women aged 20-29 (2010-2011) to an older age cohort of males aged 40-44. Among men, the subpopulation most affected are men who have sex with men (MSM) with an estimated prevalence of 13.9 per cent. In addition to the high prevalence, MSM in Belize are confronted with unfavorable legislation, stigma and discrimination that create additional barriers to accessing health services. Due to low levels of MSM self-identifying many within the MSM group and their network remain invisible and out of reach of available prevention, treatment and services interventions. Finally, more than half of PLHIV who start ART are not on treatment after 12 months and only 4 out of 10 remain on treatment after 36 months.

TB prevalence is estimated to be at 51 per 100,000 as of 2012, with men representing 65.2 per cent of all cases. TB incidence is estimated at 40 persons per 100,000 or around 120 cases per year (range 85 to 164 cases). The estimated TB case detection rate was 92 per cent in 2014. In 2013, 18 per cent of the TB patients were foreign born and the TB prevalence among inmates was 300 per 100,000. The estimated prevalence of multidrug resistant TB (MDR-TB) in 2012 was 2 per cent in new cases and 14 per cent in retreatment cases. The estimated number of MDR-TB cases is 3-4 per year. At present, the outcomes of the TB program have been less than satisfactory. Only 60 per cent of patients are successfully treated, 20-25 percent are lost to follow up and 9-18 per cent die. In addition, historical analysis of TB/HIV co-infection data reveals a continued upward trend. In 2014, 85 per cent of TB patients received HIV testing, and 24 per cent tested positive for HIV infection. The rate of screening for TB among people living with HIV is currently unknown.

Based on the above factors, the Ministry of Health's HIV strategy places a focus on increasing testing and counseling services among men, particularly within the three priority districts, with a focus on males at risk between 19-24 years and 40-49 years old. Other key components of the HIV national response focus on the improvement of retention of HIV patients on ART and the reduction of structural barriers, including stigma discrimination as well as policy

provisions. With respect to TB, the Ministry of Health's TB strategy aims to strengthen the overall health system's capacity to manage TB, TB/HIV, and MDR-TB, with a significant focus on training key aspects of the health system to play their role in the TB response.

**2. Goal:**

- To halt the spread of HIV and HIV/TB co-infections among MSM and other males at risk (sexually active men between the ages of 19 to 49 years) with a focus on Belize, Stann Creek and Cayo districts;
- To effectively detect and cure all form of TB, MDR-TB, and TB-HIV co-infections.

**3. Target Group/Beneficiaries:**

- MSM (including young males who engage in risky hetero and/or homosexual encounters, older men with similar behavior patterns), and other "males at risk" in three district with highest burden of HIV;
- People living with HIV, with a particular focus on adherence;
- Children living with HIV and TB patients in difficult socio-economic situations;
- Foreign born workers, inmates, and people living with HIV-TB co-infection.

**4. Strategies:**

- Increasing HIV testing and counseling among MSM and males at risk through direct outreach in collaboration with civil society, strengthening of communication to improve health seeking behavior;
- Strengthening the provision of health services to MSM through training focused on improving MSM friendly health services and shifting from VCT toward PITC;
- Building self-esteem and strengthening of networks amongst the MSM population;
- Reducing stigma and discrimination towards MSM and Transgendered females, both within the general population as well as specifically amongst health services providers;
- Protecting the rights of Key Affected Populations by 1) advocating for the modification of policies that penalize health-care providers for working with key populations, 2) the development and approval of anti-discrimination legislation, and 3) the creation of a system for monitoring of and reporting of rights violations;
- Strengthening the ability of the Ministry of Health to link PLHIV into treatment and promote adherence, including by investing in strategic human resources in the prioritized districts and financing Belize's first adherence strategy;
- Strengthening the clinical and bacteriological diagnosis of suspected TB cases, follow-up services and facility-based TB infection control systems;
- Strengthening TB active case finding through screening of high risk groups, contact tracing and the use of improved diagnostic tools; Strengthening the general management of TB cases and TB case finding in Belize through investments in a multi-level training program for health service providers, rural healthcare nurses, and community health workers;
- Strengthening routine reporting, financial data and strategic planning for both HIV and TB;

- Increasing the available evidence through strategic investments in data collection about key affected populations (including MSM), barriers to adherence and testing in the current healthcare system, and the quality of service provision to key populations.

**5. Planned Activities:**

- Development and socialization of National HIV Prevention Strategy, including the definition and implementation of a communication strategy targeting key affected populations in the three priority districts;
- In collaboration with key actors from civil society, increasing the provision of HIV outreach activities to MSM and males at risk (through the provision of a comprehensive prevention package and HIV / STI testing);
- Training healthcare professionals on PITC, with a specific focus on men at risk and the improved provision of “MSM friendly” health services;
- Institutional capacity building of two MSM community organizations in order to strengthen their advocacy abilities;
- Airing of anti-discrimination messages to combat stigma and discrimination in the three prioritized districts;
- Sensitization of decision makers and influencers to pass anti-discrimination legislation;
- Consultative process for the development and socialization of a National HIV Treatment retention and adherence strategy;
- Recruitment of 3 HIV case managers to develop individual adherence plans, deliver patient behavior change communication and determine the support required;
- Provision of a basic package of nutritional support to children living with HIV (to promote adherence);
- Training of health providers, rural health nurses, and Community Health Workers on a wide variety of topics related to TB (including case finding, adherence);
- Institution-based training and certified course training for lab technicians;
- Procurement of TB laboratory equipment and supplies and acquisition of GenXpert for TB diagnosis;
- Recruitment of 2 TB adherence monitors to strengthen the work of the Ministry of Health in two of the three prioritized districts;
- Provision of stipends and bicycles to community health workers to strengthen the implementation of community based DOTS;
- Nutritional support to TB patients in a difficult socio-economic situation;
- Review and updating of guidelines and SOPs on TB/HIV integration and treatment;
- Survey to monitor quality of services at healthcare facilities in the prioritized districts;
- Design of an M&E framework for the National HIV Prevention Strategy;
- Establishment of a system for HIV patient monitoring across the continuum of care;
- Establishment of a specific TB data query tool in the Belize Health Information System (used as the primary health information system in Belize);
- Conduct a National AIDS Spending Assessment;
- Complete a Programmatic Mapping exercise of key affected populations and a situational analysis of transgender persons in Belize;
- Complete a study of the feasibility of treatment as prevention in Belize.

6. **Term of the Grant:** For purposes of this Agreement, the following terms shall be defined as follows:

- a. Program Starting Date: 1 January 2016
- b. Program Ending Date: 31 December 2018
- c. Proposal Completion Date: 31 December 2018

**B. CONDITIONS PRECEDENT**

**None**

**C. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT**

**Special Condition Related to the Removing Legal Barriers Module of the Grant:**

1. The use of Grant funds by the Principal Recipient to finance the interventions related to the “removing legal barriers” module 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 plan and budget covering all interventions that are proposed to be conducted under the Program (the “Detailed Removal of Legal Barriers Plan and Budget”); and
  - b. the written approval by the Global Fund of the Detailed Removal of Legal Barriers Plan and Budget.

**Special Condition Related to the submission of a sustainability plan by the Belize Ministry of Health and National AIDS Commission:**

2. The Principal Recipient shall support the Ministry of Health and National AIDS Commission in developing a sustainability plan for the national HIV and TB responses, which should include, among other things, a specific strategy for financing the prevention, testing, and counselling outreach to key affected populations currently funded by the Global Fund (the “Sustainability Plan”). For the avoidance of doubt, the Principal Recipient shall not bear responsibility for the development of the Sustainability Plan, its form and substance, or its adoption by 31 March 2017. It is acknowledged that the Principal Recipient’s commitment depends upon the participation and engagement of national partners and is limited to supporting the plan development process in line with its mandate and role.

**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.

Performance Framework			English
<b>A. Program details</b>			
Country / Applicant:	Belize	Principal Recipients <i>(Please select from list or add a new one)</i>	UNDP
Component:	HIV/TB		
Start Year:	2016		
Start Month:	January		
Annual Reporting Cycle	Jan - Dec		
Reporting Frequency (Months)	6		

Anticipated Schedule of Cash Transfers and Commitment and Disbursement Decisions			
Annual Disbursement & Commitment Decision		Cash Transfer	
December 2015 for 12 +3 month buffer	Jan 2016 - March 2017	1st transfer: Jan 2016	15 months (Jan 2016 - March 2017)
March 2017 for 12 +3 month buffer	Jan 2017 - March 2018	2nd transfer: April 2017	12 months (April 2017-March 2018)
March 2018 for 12 +grant closure	Jan 2018-Dec 2018	3rd transfer: April 2018	9 months (April 2018-Dec 2018)

B. Reporting periods							
Period	Jan 2016 - Jun 2016	Jul 2016 - Dec 2016	Jan 2017 - Jun 2017	Jul 2017 - Dec 2017	Jan 2018 - Jun 2018	Jul 2018 - Dec 2018	
PU due	Yes	Yes	Yes	Yes	Yes	Yes	
PU/DR due	No	Yes	No	Yes	No	No	

C. Program goals and impact indicators	
Goals:	
1	To halt the spread of HIV and HIV/TB coinfections among MSM and other males at risk (sexually active men ages 19-49 years) with a focus on Belize, Stann Creek and Cayo districts
2	To effectively detect and cure all form of TB, MDR-TB, and TB-HIV co-infections.

Linked to goal(s) #	Impact indicator	Country	Baseline			Required disaggregation	Targets						Comments
			Value	Year	Source		2016	Report due date	2017	Report due date	2018	Report due date	
1	HIV I-4: AIDS related mortality per 100,000 population	Belize	22	2014	Vital and disease-specific registry	Sex, Age	21	Jul-17	19	Jul-18	17	Jul-19	Baseline: HIV/TB Statistical Report 2014 Measurement method: Patients Registers & Vital Statistics Death Certificates via the BHIS Death Module
1	HIV I-9a: Percentage of men who have sex with men who are living with HIV	Belize	13.85	2012	BSS (Behavioral Surveillance Survey)	Age	TBD	Jul-17					Baseline: 2012 IBBS. For reference only. Measurement method: Modified PLACE study planned to commence in the last quarter of 2015. This method was selected due to the particular context of Belize (small population and high stigma and discrimination towards MSM). Finally please note that study results are not necessarily comparable to the IBBS results and have many limitations in use. For greater detail please refer to the M&E plan. Definition of MSM: Men aged 19-49 years that self reported that engage in anal or oral sex with another man in the last twelve months.
1	HIV I-3b: Percentage of men who have sex with men with active syphilis	Belize	1	2012	BSS (Behavioral Surveillance Survey)		TBD	Jul-17					Baseline: 2012 IBBS. For reference only. Measurement method: Modified PLACE study planned to commence in the last quarter of 2015. This method was selected due to the particular context of Belize (small population and high stigma and discrimination towards MSM). Finally please note that study results are not necessarily comparable to IBBS results and have many limitations in use. For greater detail please refer to the M&E plan. Definition of MSM: Men aged 19-49 years that self reported that engage in anal or oral sex with another man in the last twelve months.
2	TB/HIV I-1: TB/HIV mortality rate, per 100,000 population	Belize	0.9	2013	Modelled		0.9	Jul-17	0.77	Jul-18	0.5	Jul-19	Baseline: WHO 2013 Country TB Profile Report Measurement method: WHO annual Country TB Profile Report
2	TB I-2: TB incidence rate (per 100,000 population)	Belize	37	2013	Modelled		38	Jul-17	39	Jul-18	39	Jul-19	Baseline: WHO 2013 Country TB Profile Report Measurement method: WHO annual Country TB Profile Report
2	TB I-3: TB mortality rate (per 100,000 population)	Belize	2.23	2014	Vital and disease-specific registry		2.12	Jul-17	1.8	Jul-18	1.51	Jul-19	Baseline: HIV/TB Statistical Report 2014 Measurement method: Patient Registers & Vital Statistics Death Certificates via the BHIS Death Module

D. Program objectives and outcome indicators	
Objectives:	
1	To increase the percentage of MSM and other males at risk (sexually active male ages 19-49 years) in BZ, SC, and CY districts who have received an HIV test and know their status
2	To improve the quality of treatment and care services to persons with HIV, TB and TB/HIV in Belize

Linked to objective(s) #	Outcome indicator	Country	Baseline			Required disaggregation	Targets						Comments	
			Value	Year	Source		2016	Report due date	2017	Report due date	2018	Report due date		
2	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Belize	48%	2014	HMIS	Sex, Age, Duration of treatment	55%	Jul-17	65%	Jul-18	75%	Jul-19		Baseline: HIV/TB Statistical Report 2014, this data reported in 2015, is for the 2013 cohort at the end of a twelve month period, or as of the end of 2014. Measurement method: Patient Registers & BHIS
1	HIV O-4a: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Belize	38.2	2012	BSS (Behavioral Surveillance Survey)		TBD	Jul-16						Baseline: 2012 IBBS. For reference only. Measurement method: Modified PLACE study planned to commence in the last quarter of 2015. This method was selected due to the particular context of Belize (small population and high stigma and discrimination towards MSM). Finally please note that study results are not necessarily comparable to the IBBS results and have many limitations in use. For greater detail please refer to the M&E plan. Definition of MSM: Men aged 19-49 years that self reported that engage in anal or oral sex with another man in the last twelve months.
2	TB O-1a: Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	Belize	20	2013	TB patient register		26	Jul-17	28	Jul-18	24	Jul-19		Baseline: HIV/TB Statistical Report 2014 Measurement method: Patient Registers & with the creation of an TB/HIV Patient Management Tool by 2017.
2	TB O-2a: Treatment success rate - all forms of TB	Belize	60%	2013	TB patient register		60%	Jul-17	70%	Jul-18	85%	Jul-19		Baseline: HIV/TB Statistical Report 2014 Measurement method: Patient Registers & with the creation of an TB/HIV Patient Management Tool by 2017. Results reported will represent achievement from the previous year, ie 2016 is the 2015 cohort.

### E. Modules

Module 1		Prevention programs for MSM and TGs								Targets										Comments		
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Jan 2016 - Jun 2016		Jul 2016 - Dec 2016		Jan 2017 - Jun 2017		Jul 2017 - Dec 2017		Jan 2018 - Jun 2018			Jul 2018 - Dec 2018	
					N#	%	Year	Source		N #	%	N #	%	N #	%	N #	%	N #	%		N #	%
					D#					D #		D #		D #		D #		D #			D #	
KP-3a: Percentage of MSM that have received an HIV test during the reporting period and know their results	UNDP	Please select...	Subnational	Cumulative	300	13.0%	2013	Reports (PR Programmatic Report)		225	9.1%	450	18.1%	275	10.8%	550	21.6%	350	13%	700	26.7%	Baseline source: 2014 PR programmatic Report. Size estimates (denominators): 5% of the male population aged 19-49 in SC, BZ and CY districts. Measurement method: Persons will be identified with a unique identifier code (UIC) and have received a defined HIV prevention package that includes an HIV test. For measurement purposes, only the provision of an HIV test (as traced by the UIC) will be used to measure this intervention. Individuals that received an HIV at least once during the calendar year will be counted in the numerator. Denominator as seen in the PF will then be used to determine the coverage. Definition of prevention package: For a person to be considered reached, they will need to receive 3 BCC interventions, 1 HIV test and condoms and/or lube. Definition of MSM: Men aged 19-49 years that self reported that they engaged in anal or oral sex with another man in the last twelve months.
					2312					2,486		2,486		2,551		2,551		2,618		2,618		

Module 2		Prevention programs for other vulnerable populations (please specify)								Targets										Comments		
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Jan 2016 - Jun 2016		Jul 2016 - Dec 2016		Jan 2017 - Jun 2017		Jul 2017 - Dec 2017		Jan 2018 - Jun 2018			Jul 2018 - Dec 2018	
					N#	%	Year	Source		N #	%	N #	%	N #	%	N #	%	N #	%		N #	%
					D#					D #		D #		D #		D #		D #			D #	
KP-3e: Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	UNDP	Please select...	Subnational	Cumulative	5349	11.6%	2014	HMIS		4,250	8.5%	8,500	17.1%	5,850	11.5%	11,700	22.9%	7,000	13%	14,000	26.7%	Baseline source: HIV/TB Statistical Report 2014 Size estimates (denominators): SIB projections of males aged 19-49 years old in SC, CY and BZ districts. Measurement method: Reported data (numerators) will be males 19-49 receiving an HIV test in the SC, CY and BZ districts as reported from the BHIS. Denominator as seen in the PF will then be used to determine the coverage.
					46238					49,725		49,725		51,029		51,029		52,366		52,366		





Module 8		HSS - Health information systems and M&E											
Workplan Tracking Measures													
#	Intervention	Key Activities	Milestones/Targets (no more than 200 characters)	Criterion for completion milestone/target	Milestones/Targets								Comments (no more than 500 characters)
					Jan 2016 - Jun 2016	Jul 2016 - Dec 2016	Jan 2017 - Jun 2017	Jul 2017 - Dec 2017	Jan 2018 - Jun 2018	Jul 2018 - Dec 2018	Jan-00	Jan-00	
1		TB Data Query Tool in the BHIS developed	Data Query Tool developed	Data Query Tool used by the M&E Officer of the NAP of MoH		x							
			Tool rolled out	Training held for other MoH Users of the Data Query Tool in the various Districts		x							
2		Size Estimate and Profiling and mapping exercise of key target population in Belize, Stann Creek and Cayo Districts	Consultation with stakeholders (KAP, NAC, UN technical partners) planned	Meeting held with KAP, NAC, UN technical partners to discuss ToR of the survey	x								The forecasted cost of this activity is 120,000 USD from the current grant a savings of USD85,000 was identified. The PR proposes availing 35,000 USD from the current grant. The activity if approved can start during Q4 in 2015 to be completed by Q3 2016.
			Draft Report completed	Draft Report findings discussed & validated with KAP, NAC, Technical partners and any other interested parties.		x							
			Final Report completed	Final Report finding is presented to the KAP, NAC, Technical partners, and other interested parties, for their feedback. Final Report is placed in NAC and MoH websites for public consumption.		x							
3	Other	Institutional strengthening to set up and manage systems for monitoring of and reporting on quality of service & compliance via client exit surveys	Piloting of Survey tool	5% of sample of 500 responded to the survey tool				x		x			Quality of Service survey scheme; representative sample 500 p; national scope; every 6 months for the last two years of the grant; at point of care. Sustainability options are to be developed and adopted by the end of this consultancy. To be integrated within the Licensing and accreditation unit in MoH. Single contract with payment over two years based on deliverables
			Survey Conducted	Sample of 500 participated in exit survey				x		x			
			Survey Findings discussed with MoH & Action Plan Developed	MoH implement actions identified in implementation plan				x		x			

**Component:** HIV/TB  
**Country / Applicant:** Belize  
**Principal Recipient:** United Nations Development Programme, Belize  
**Grant Number:** BLZ-C-UNDP  
**Implementation Period Start Date:** 01/01/2016  
**Implementation Period End Date:** 31/12/2018  
**Grant Currency:** USD

**Budget Summary (in grant currency)**

By Module	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total
Prevention programs for MSM and TGs	49,388	25,152	44,296	26,419	145,254	37,789	20,366	20,289	23,832	102,276	27,369	30,519	24,219	27,684	109,790	357,320
Prevention programs for other vulnerable populations (please						12,758				12,758	12,758				12,758	25,515
Treatment, care and support	60,459	24,819	34,194	24,819	144,291	40,887	29,730	25,887	25,887	122,391	25,887	25,887	29,730	25,887	107,391	374,073
TB care and prevention	305,512	43,815	97,275	57,397	503,999	111,419	59,269	23,825	22,265	216,777	114,563	56,319	24,276	22,716	217,873	938,649
TB/HIV	8,510				8,510	2,900				2,900	2,900				2,900	14,310
MDR-TB	30,775				30,775	330	10,145			10,475	330	10,145			10,475	51,725
HSS - Procurement supply chain management (PSCM)		6,250			6,250											6,250
HSS - Health information systems and M&E	128,610	32,528	40,636	3,648	205,422	38,797	3,807	3,807	3,807	50,218	18,951	31,626	28,966	3,966	83,509	339,149
Removing legal barriers to access	92,148	23,050	22,350	23,050	160,598	39,198	23,050	22,350	23,050	107,648	27,246	23,050	22,350	23,050	95,696	363,942
Program management	107,392	61,615	67,435	60,196	296,638	198,167	67,246	63,731	63,919	393,062	90,912	69,428	66,068	64,231	290,639	980,339
<b>Total</b>	<b>782,794</b>	<b>217,229</b>	<b>306,185</b>	<b>195,529</b>	<b>1,501,737</b>	<b>482,244</b>	<b>213,612</b>	<b>159,889</b>	<b>162,759</b>	<b>1,018,504</b>	<b>320,914</b>	<b>246,973</b>	<b>195,608</b>	<b>167,534</b>	<b>931,030</b>	<b>3,451,271</b>

By Cost Grouping	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total
1.0 Human Resources (HR)	81,104	81,144	81,104	81,144	324,495	83,649	83,689	83,649	83,689	334,675	85,913	85,913	85,913	85,913	343,651	1,002,820
2.0 Travel related costs (TRC)	205,641	32,830	120,211	38,152	396,833	71,072	52,011	22,263	21,440	166,785	64,780	90,372	27,512	22,809	205,472	769,090
3.0 External Professional services (EPS)	84,700	58,100	14,375	29,170	186,345	155,107	11,167	11,167	11,167	188,608	25,906	11,167	36,167	11,167	84,407	459,359
4.0 Health Products - Pharmaceutical Products (HPPP)																
5.0 Health Products - Non-Pharmaceuticals (HPNP)	13,401			3,807	17,207	810	10,277		2,986	14,073	11,506			2,986	14,492	45,772
6.0 Health Products - Equipment (HPE)	139,905				139,905	19,295	8,700			27,995	19,295	8,700			27,995	195,896
7.0 Procurement and Supply-Chain Management costs (PSM)	27,559	479			28,038	7,708	1,445		479	9,633	7,776	1,445		479	9,700	47,371
8.0 Infrastructure (INF)			15,000		15,000	750	750	750	750	3,000	750	750	750	750	3,000	21,000
9.0 Non-health equipment (NHP)	111,569				111,569	1,907				1,907	1,907				1,907	115,383
10.0 Communication Material and Publications (CMP)	7,950	7,950	32,950	7,950	56,800	45,708	7,950	7,950	7,950	69,558	20,708	7,950	7,950	7,950	44,558	170,915
11.0 Programme Administration costs (PA)	54,391	17,391	23,211	15,972	110,964	34,729	17,155	13,640	13,828	79,351	24,174	19,337	15,977	14,140	73,629	263,944
12.0 Living support to client/ target population (LSCTP)	56,575	19,335	19,335	19,335	114,580	61,510	20,470	20,470	20,470	122,920	58,200	21,340	21,340	21,340	122,220	359,720
13.0 Results-based financing (RBF)																
<b>Total</b>	<b>782,794</b>	<b>217,229</b>	<b>306,185</b>	<b>195,529</b>	<b>1,501,737</b>	<b>482,244</b>	<b>213,612</b>	<b>159,889</b>	<b>162,759</b>	<b>1,018,504</b>	<b>320,914</b>	<b>246,973</b>	<b>195,608</b>	<b>167,534</b>	<b>931,030</b>	<b>3,451,271</b>

By Recipients	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total
United Nations Development Programme, Belize	136,188	76,295	75,385	71,142	359,010	221,013	75,196	71,681	75,334	443,224	103,758	77,378	74,018	75,647	330,800	1,133,034
Ministry of Health Belize	388,261	99,297	159,690	77,749	724,996	137,073	96,721	47,289	45,729	326,811	108,576	124,917	77,612	47,209	358,313	1,410,120
Family Life Association-Belize	9,650	9,727	9,650	9,727	38,752	11,575	11,652	11,575	11,652	46,452	14,501	14,501	14,501	14,501	58,002	143,207
Civil Society Organizations TBD	34,500	9,500	13,250	9,500	66,750	17,000	9,500	9,500	9,500	45,500	9,500	9,500	9,500	9,500	38,000	150,250
National AIDS Commission	165,480	10,936	36,736	15,936	229,088	43,069	9,070	8,370	9,070	69,578	36,246	9,203	8,503	9,203	63,155	361,820
HnH Ministries	11,475	11,475	11,475	11,475	45,900	11,475	11,475	11,475	11,475	45,900	11,475	11,475	11,475	11,475	45,900	137,700
Human Development, Social Transformation and Poverty Alleviation, I	37,240				37,240	41,040				41,040	36,860				36,860	115,140
<b>Total</b>	<b>782,794</b>	<b>217,229</b>	<b>306,185</b>	<b>195,529</b>	<b>1,501,737</b>	<b>482,244</b>	<b>213,612</b>	<b>159,889</b>	<b>162,759</b>	<b>1,018,504</b>	<b>320,914</b>	<b>246,973</b>	<b>195,608</b>	<b>167,534</b>	<b>931,030</b>	<b>3,451,271</b>