

PROGRAM GRANT AGREEMENT

1. Country: Republic of Djibouti	
2. Principal Recipient Name and Address: United Nations Development Programme Lotissement du Héron – Lot 52, BP 2001, Djibouti, Republic of Djibouti	
3. Program Title: Support the National Tuberculosis and HIV Programmes in order to increase access to treatment and care among the most affected populations	
4. Grant Name: DJI-C-UNDP	4A. GA Number: 975
5. Implementation Period Dates: 01 January 2016 to 31 December 2017	
6. Grant Funds (Current Implementation Period only): Up to the amount of US\$8,622,877.19 (Eight Million Six Hundred Twenty-Two Thousand Eight Hundred and Seventy-Seven US Dollars Nineteen Cents). 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: Swiss Tropical and Public Health Institute Socinstrasse 57, CH-4002 Basel, Switzerland Tel: +4161 284 8324 Fax: +4161 271 8654 Attention: Dr. Odile Pham Tan E-mail: odile.phamtan@unibas.ch	
10. Name/Address for Notices to Principal Recipient: Mrs. Valerie Cliff Resident Representative UNDP Djibouti Lotissement du Héron – Lot 52, BP 2001, Djibouti, Republic of Djibouti Tel.: +253 2132 0962 Fax: +253 2135 0587 E-mail: valerie.cliff@undp.org	11. Name/Address for Notices to Global Fund: Mr. Joseph Serutoke Regional Manager, MENA Team The Global Fund To Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8 1214 Vernier Geneva, Switzerland Tel.: +41 58 791 1700 Fax: +41 58 791 1701
This Agreement consists of this face sheet and the following: Recitals (if applicable) Standard Terms and Conditions Annex A – Program Implementation Description and the attachments thereto (including the Performance Framework and Summary Budget)	

12. Signed for the Principal Recipient by its Authorized Representative

Date: 24/01/2016
Name: Mrs. Valerie Cliff
Resident Representative / UNDP Djibouti

Signature:



13. Signed for the Global Fund by its Authorized Representative

Date: 01 FEV. 2016
Name: Mr. Mark Eldon-Edington
Head, Grant Management Division

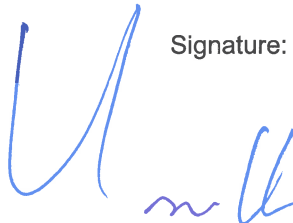
Signature:



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

Date: 24/01/2016
Name: Mr. Ahmed Saad Sultan

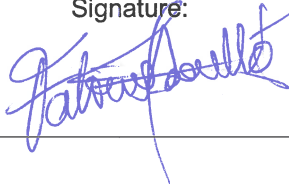
Signature:



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

Date: 30/01/2016
Name: Mrs. Fatouma Barkad Gourad

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.

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

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

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

c. Certified Financial Statement.

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

d. Sub-recipient Audits.

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

e. Ad-hoc Site Visits

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

f. Notification.

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

Article 8. REFUNDS

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

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

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

Article 9. ADDITIONALITY

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

Article 10. PROGRAM COOPERATION AND COORDINATION

a. The Country Coordinating Mechanism

(1) The Principal Recipient hereby acknowledges that:

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

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

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

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

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

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

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

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

b. Sub-recipients

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

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

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

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

c. Other Principal Recipients

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

d. The LFA

(1) The Global Fund has entrusted an entity 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 NDRAs according to their standards to conduct their Quality Control testing for Finished Pharmaceutical Products.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

e. Procurement Practices. The Principal Recipient shall ensure that the procurement of Finished Pharmaceutical Products under this Agreement adheres to the Interagency Operational Principles for Good Pharmaceutical Procurement. In cases where actual practices differ from these principles, the Principal Recipient shall 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 United States of America's International Organizations Immunities Act (22 United States Code 288), or (iii) under the Headquarters Agreement between the Global Fund and the Swiss Federal Council dated 13 December 2004.

ANNEX A to the PROGRAM GRANT AGREEMENT

Program Implementation Abstract

Country:	Republic of Djibouti
Program Title:	Support the National Tuberculosis and HIV Programmes in order to increase access to treatment and care among the most affected populations
Grant Number:	DJI-C-UNDP
Disease:	TB/VIH
Principal Recipient:	United Nations Development Programme (UNDP)

A. PROGRAM DESCRIPTION

1. Background and Summary:

Djibouti is a lower-middle-income country ranked 170th out of 187 countries in the 2014 Human Development Index. The demographic profile of the country reveals large numbers of young people, a high concentration of people in urban areas, in particular the capital, and large numbers of women of child-bearing age, which creates high levels of demand in the health and education sectors.

HIV/AIDS is a major public health problem in Djibouti: there is a generalized epidemic with a prevalence level of 2.9 percent. Sentinel surveillance of pregnant women since 2006 has shown an almost constantly higher level of prevalence in urban areas compared to rural areas. According to an IBBS study carried out in 2014, the prevalence of HIV among female sex workers is at 13%, while it is at 1% among long distance truck drivers. Moreover, the analysis of the modes of transmission has shown that 39 percent of new infections come from stable couples, 22 percent from sex workers and their clients, 22 percent from people with multiple sexual partners, and 5 percent from men at high risk of infection and their partners. To date, no epidemiological studies have been carried out in order to determine the level of HIV prevalence in the other most-at-risk populations.

With regards to TB, Djibouti is one of the countries with the highest levels of TB incidence. It is ranked 5th in the world in terms of TB incidence (after Lesotho, South Africa, Swaziland and Namibia) and has a high incidence of TB/HIV co-infection. In 2013, according to the 2014 WHO global report the prevalence, incidence and mortality levels were 906, 619 and 14 per 100,000 inhabitants respectively, with incidence and prevalence levels neither increasing nor decreasing, and mortality increasing. The level of HIV prevalence in TB patients was 8 percent in 2013, with 51 percent of TB patients tested. The level of multidrug-resistant tuberculosis is estimated at 3.7 in new cases and 37.8 in previously treated cases, according to a newly conducted Drug Resistance Survey.

The TB/HIV grant includes interventions that address the priorities of both National Strategic Plans – TB and HIV – in triangulation with the outcomes of the country dialogue and investment analysis, which would yield the highest-quality results. The program will focus on reducing new HIV infections by targeting both the general population and key populations

through behavioral change activities which will include condom promotion, counselling and testing, and diagnostic and treatment of STI. Moreover, the program will scale out access to treatment and care for people living with HIV, including pregnant women, children and co-infected patients.

With regards to the TB component, the program aims at increasing the detection rate among the general population and key populations, such as refugees and prisoners. In addition, it will provide treatment and care for MDR-TB and XDR-TB.

2. **Goal:**

To reduce by 50% new HIV infections by 2017

To reduce by 25% TB prevalence by 2025

3. **Target Group/Beneficiaries:**

- Key populations
- Refugees and migrants
- Prisoners
- Pregnant women and children
- Co-infected patients
- MDR-TB patients

4. **Strategies:**

- Strengthen access to HIV prevention and care by intensifying BCC activities among key populations and the general population;
- Strengthen the quality DOTS strategy by improving and increasing access to TB diagnosis and treatment in order to target MDR-TB patients and high-risk populations;
- Provide quality care for affected population, people living with HIV, including TB/HIV co-infected patients and MDR-TB patients.

5. **Planned Activities:**

- Behavior change including condom promotion and distribution through programs aimed at key populations through the identification of community-based sub-recipients;
- Diagnosis and treatment of sexually transmitted infections in programs aimed at key populations;
- Voluntary counselling and testing among key populations and the general population, including youth;
- Treatment and care;
- Removal of legal barriers to increase and improve access to services;
- TB prevention and case management;
- Management of MDR-TB;
- TB community management;
- TB/HIV collaborative activities;
- Monitoring and Evaluation activities, including survey among key populations.

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

- a. Start Date of the Implementation Period: 1 January 2016
- b. End Date of the Implementation Period: 31 December 2017
- c. Proposal Completion Date: 31 December 2017

B. CONDITIONS PRECEDENT

1. Conditions Precedent to the Use of Grant Funds to Finance HIV and TB Communication and HIV Prevention Activities (Terminal Date: 30 June 2016)

The use of Grant funds by the Principal Recipient to finance HIV and TB communication and HIV prevention activities 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 operational plan and budget with respect to HIV and TB communication and HIV prevention activities that are proposed to be conducted under the Program (the “Communication and Prevention Activities Detailed Plan and Budget”); and
- b. the written approval by the Global Fund of the Communication and Prevention Activities Detailed Plan and Budget.

2. Conditions Precedent to the Use of Grant Funds to Finance Studies (Terminal Date: 30 June 2017)

The use of Grant funds by the Principal Recipient to finance studies is subject to the satisfaction of each of the following conditions, for each study:

- 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 with respect to the studies that are proposed to be conducted under the Program (the “Studies Detailed Plan and Budget”); and
- b. the written approval by the Global Fund of the Studies Detailed Plan and Budget.

3. Conditions Precedent to the Use of Grant Funds to Finance the Procurement of Laboratory Equipment (Terminal Date: 31 March 2016)

The use of Grant funds by the Principal Recipient to finance the procurement of laboratory equipment is subject to the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a national strategy on laboratories, validated by the relevant authorities of Djibouti.

C. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT

1. No later than 31 March 2016, the Principal Recipient shall deliver to the Global Fund, in form and substance satisfactory to the Global Fund, a plan describing in detail how, by whom and when the new Logistic Management Information System (LMIS), will be implemented during the implementation period of the Program.

2. The Principal Recipient shall appoint a person with appropriate qualifications and experience to serve as a PSM Expert, based on terms of reference that are mutually agreed between the Global Fund and the Principal Recipient.

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
A. Program details				
Country / Applicant	Djibouti	Principal Recipients (Please select from list or add a new one)	United Nations Development Program, Djibouti	UNDP
Component	HIV/TB			
Start Year	2016			
Start Month	January			
Annual Reporting Cycle	Jan - Dec			
Reporting Frequency (Months)	6			

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	Jan 2019 - Jun 2019	Jul 2019 - Dec 2019
PU due	Out	Out	Out	Out				
PU due date	15-Aug-16	15-Feb-17	15-Aug-17	15-Feb-18				
PU/DR due	No	Yes	No	No				

C. Program goals and impact indicators	
Goals:	
1	Reduce by 50 percent new HIV infections by 2017
2	Reduce by 25 percent TB prevalence by 2025

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		2019	Report due date	
2	TB I-1: TB prevalence rate (per 100,000 population)	Djibouti	906/100000	2013	WHO Global TB Report		860/100000	15/02/2017	838/100000	15/02/2018						The targets for this indicator are aligned with the TB NSP (reduction by 25 percent by 2025) for every year from 2015 onwards. Numerator: Number of TB cases at a given time Denominator: Number of individuals in the population targeted by the survey
1	HIV I-1: Percentage of young people aged 15-24 who are living with HIV	Djibouti	1.5%	2010	Estimate of the National Prevalence of HIV among Adults and Children in Djibouti (Spectrum)	Sex	0.76%	15/02/2017	0.77%	15/02/2018						The targets, aligned with those of the NSP, are based on the Spectrum projections updated on 31 May 2015 using Spectrum version 5.3 (breakdown: male = 0.63 percent, female = 0.92 percent). This indicator will be measured through annual sentinel surveys of pregnant women in the 15-24 age group. A DHS will be conducted during the first quarter of 2017 and will furnish data on HIV prevalence in the general population, including in the 15-24 age group. For the purposes of comparison, the annual sentinel survey data will be used for this indicator. Numerator: Number of individuals visiting antenatal care centers (aged 15 to 24) who have tested positive for HIV Denominator: Number of individuals visiting antenatal care centers (aged 15 to 24) who have been tested for HIV
1	HIV I-8: Estimate of the percentage of HIV infections among the children of HIV-positive women who have given birth in the preceding 12 months	Djibouti	19.15%	2014	Estimate of the National Prevalence of HIV among Adults and Children in Djibouti (Spectrum)		3.83%	15/02/2017	3.10%	15/02/2018						The targets have been calculated on the basis of the projections of the Spectrum 5.3 software, Table 1 (sheet 2), based on the file containing the details of the indicators in the concept note, sets out the calculated annual targets which will make it possible to achieve 3.10 percent in 2017. These targets are aligned with those of the 2015-2017 NSP. Numerator: Estimated number of children who will be infected with HIV through mother-to-child transmission among children born during the preceding 12 months to HIV-positive women Denominator: Estimated number of HIV-positive women who have given birth in the preceding 12 months
2	HIV I-10: Percentage of sex workers who are living with HIV	Djibouti	13%	2014	IBBS (Integrated Bio Behavioural Surveys)				11%	15/08/2017						Data for this indicator will be furnished by the IBBS planned for the first quarter of 2017. The target, which is aligned with the 2015-2017 HIV NSP, is 11 percent. At the present time, a breakdown by gender is not possible because the 2014 IBBS of sex workers and long-distance truck drivers focused exclusively on female sex workers. The breakdown will be based on the period (>1 year or <1 year) as a sex worker. Numerator: Number of sex workers who test positive for HIV Denominator: Number of sex workers tested for HIV

D. Program objectives and outcome indicators	
Objectives:	
1	Improve the screening of new TB cases so that more than 5,000 new cases are notified in 2016
2	Improve the treatment success rate, achieving a rate above 85 percent from 2016 and maintaining it up until 2019
3	Ensure that the prevalence rate of primary resistance among new cases does not exceed 1.8 percent between now and 2019
4	A 50 percent reduction in new HIV infections and the elimination of mother-to-child HIV transmission by the end of 2017
5	An improvement in the quality of life of PLHIV who are on ARV treatment: 80 percent of eligible PLHIV by the end of 2017
6	Stronger coordination, governance, management, monitoring and evaluation in order to improve the national response at the central and decentralized levels by the end of 2017

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		2019	Report due date	
1	TB O-1b: Case notification rate per 100,000 population- bacteriologically-confirmed TB, new and relapse	Djibouti	132/100000	2014	R&R TB system, yearly management report		138	15/02/2017	147	15/02/2018						This indicator will report all active TB cases which have been bacteriologically confirmed or clinically diagnosed. Breakdown: Gender, Age Numerator: Number of bacteriologically confirmed TB cases (in a specified zone) declared to the national health authority during the preceding year Denominator: Total population of the specified region
5	TB O-4: Treatment success rate of MDR-TB: Percentage of bacteriologically confirmed drug resistant TB cases (RR-TB and/or MDR-TB) successfully treated	Djibouti	NA	NA	TB laboratory register	Sex, Age	70%	15/08/2016	75%	15/08/2017						LONG-COURSE TREATMENT The targets have been calculated on the basis of the number of MDR-TB patients who began their treatment at HPPCSO between October 2014 and March 2015 (2014-2015 NTCP Half-Yearly Report: a total of 31 patients placed on treatment, of whom 4 have died). The target of 70 percent was determined on the basis of the current results, taking into account the estimated number of XDR cases (10 in 2015, 6 in 2016 and 6 in 2017). Breakdown: Gender, Age. Numerator: Number of bacteriologically confirmed cases of resistance to rifampicin and/or multi-drug resistance which have been admitted for second-line TB treatment during the year of the evaluation, and successfully treated (patients who have been cured and whose treatment has been completed) Denominator: Number of bacteriologically confirmed cases of resistance to rifampicin and/or multi-drug resistance which have been admitted for second-line TB treatment during the year of the evaluation

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	Targets												Comments				
					N#	%	Year	Source		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 2019 - Jun 2019		Jul 2019 - Dec 2019	
										D#	D#	D#	D#	D#	D#	D#	D#	D#	D#	D#	D#		D#	D#		
PMTCT-1: Percentage of pregnant women who know their HIV status	UNDP	PMTCT-1	National	Non-cumulative	9928	90.3%	2014	DSME Half-Yearly Report	HIV status-pregnant women	5,080	95%	5,080	95%	5,080	95%	5,080	95%									Numerator: Number of pregnant women who know their HIV status Denominator: Estimated number of pregnant women in the preceding 12 months
PMTCT-2: Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	UNDP	PMTCT-2	National	Non-cumulative	55	53.4%	2014	DSME Half-Yearly Report	Type of regimen	83	94.8%	83	94.8%	154	100.0%	154	100.0%									Numerator: Number of HIV-positive pregnant women who have received ARV treatment during the preceding 12 months to reduce the risk of mother-to-child transmission during pregnancy and child birth Denominator: Estimated number of HIV-positive pregnant women who have given birth in the preceding 12 months
PMTCT-3: Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	UNDP	PMTCT-3	National	Non-cumulative	4	3.9%	2014	DSME Half-Yearly Report		38	51.4%	38	51.4%	62	94.7%	62	94.7%									Numerator: Number of infants during the reporting period who have been screened for HIV within 2 months of their birth Denominator: Number of HIV-positive pregnant women who have given birth in the preceding 12 months

Module 12 HSS - Procurement supply chain management (PSCM)

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	Targets												Comments				
					N#	%	Year	Source		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 2019 - Jun 2019		Jul 2019 - Dec 2019	
										D#	D#	D#	D#	D#	D#	D#	D#	D#	D#	D#	D#		D#	D#	D#	
PSM-1: Percentage of health care facilities that have not reported a stock-out of essential drugs	UNDP	PSM-1	National					Veuillez sélectionner...			80%		90%		95%											This indicator will be limited to the drugs used by the three programs, which are ARVs, drugs for OI, first-line TB drugs, ACT and quinoline. As part of strengthening PSM during the first year, the CNGSPM will define the targets for this indicator based on the different levels and specific features of the three programs. However, given the current situation, we propose that the target should be 50 percent in 2016, with an expected 20 percent progression in 2017 and 25 percent in 2018. As part of the current grants and the malaria grant, a number of strengthening actions are planned with regard to stock management at the local and central levels by: 1. implementing reporting tools; 2. training stock management service providers; 3. including CAMME in quarterly integrated supervisions; providing equipment to health care facilities in the interior regions, which will supplement equipment that has already been provided by the World Bank to the capital's community health centers. Given that this is a cross-cutting indicator for all three diseases and that there are unequal numbers of facilities for malaria, HIV and TB, we propose that the numerators and denominators for the targets be determined during the first quarter of the grant, as well as the list of essential drugs. NUMERATOR: number of facilities which have not reported a stock shortage of essential drugs DENOMINATOR: all health facilities which stock medical products
Percentage of health care facilities with good storage conditions	UNDP	Veuillez sélectionner...	National		Not available			Logistics Management Information System (LMIS) supervision and stock management			75%		80%		100%											Given that this is a cross-cutting indicator for all three diseases and that there are unequal numbers of facilities for malaria, HIV and TB, we propose that the numerators and denominators for the targets be determined and approved during the first quarter of the grant. NUMERATOR: number of facilities with good storage conditions DENOMINATOR: all health facilities which stock medical products The tool to be used for assessing the conditions of storage is the Logistics Indicators Assessment Tool (LIAT) and, more precisely, Table N° 2, p.15. Any facility with 80 to 95 percent 'YES' responses is deemed to have acceptable storage conditions. Facilities with over 95 percent 'YES' responses are deemed to have very good storage conditions. Those with less than 80 percent are deemed to have inadequate storage conditions. The numerator will therefore consist of all facilities which have at least 80 percent 'YES' responses.
Level of loss due to products expiring or becoming damaged	UNDP	Veuillez sélectionner...	National		Not available			Logistics Management Information System (LMIS)			1%		1%		1%											The indicator will be measured at the central level only in 2016, and from 2017 it will be measured at the central and decentralized levels. NUMERATOR: Amount of unusable physical stock DENOMINATOR: Amount of unusable physical stock + available usable stock

Anticipated Schedule of Cash Transfers and Commitment and Disbursement Decisions			
Annual Disbursement & Commitment Decision		Cash Transfer	
January 2016 for 12 +3 months buffer	January 2016 - March 2017	1st transfer: January 2016	6 months (Jan 2016 - June 2016)
		2nd transfer: August 2016	9 months (July 2016 - March 2017)
March 2017 for 12 months	January 2017 - Dec 2017	1st transfer: March 2017	9 months (Jan 2017 - June 2017)
		2nd transfer: August 2017	6 months (July 2017 - Dec 2017)

Component: VIH/TB
Country / Applicant: Djibouti
Principal Recipient: United Nations Development Program, Djibouti
Grant Number: DJI-C-UNDP
Implementation Period Start Date: 01-01-2016
Implementation Period End Date: 31-12-2017
Grant Currency: USD

Résumé du budget (dans la monnaie de la subvention)

Par module	Q1	Q2	Q3	Q4	Année 1	Q5	Q6	Q7	Q8	Année 2	Total
Prévention - Population générale	17,304	4,672	23,881	17,945	63,802	19,464	2,034		15,704	37,202	101,004
Prévention - HSM et transgenres	18,150	46,954	46,954	46,954	159,011	83,494	62,775	15,311		161,579	320,590
Prévention - Professionnels du sexe et leurs clients	55,951	45,833	45,833	45,833	193,451	128,712	68,750			197,462	390,913
Prévention de la transmission de la mère à l'enfant	1,327	15,945	8,182	854	26,308	1,180	14,962	854	854	17,850	44,158
Traitement, prise en charge et soutien	938,883	125,051	125,051	125,051	1,314,035	1,003,709	125,051	125,051	125,051	1,378,861	2,692,896
Prise en charge et prévention de la tuberculose	572,663	146,768	141,376	136,376	997,184	680,426	121,908	103,908	103,908	1,010,151	2,007,335
Tuberculose/VIH	20,919	12,950	2,100	2,100	38,069	15,366	21,682	2,100	2,100	41,247	79,316
Tuberculose multirésistante	230,365	90,403	28,059	6,277	355,104	126,655	73,695	8,402	8,402	217,154	572,258
RSS - Gestion des achats et de la chaîne d'approvisionnement	23,699				23,699						23,699
RSS - Suivi et évaluation	71,371	50,865	58,449	37,852	218,537	10,027	10,602	70,027	10,027	100,682	319,219
Suppression des obstacles juridiques à l'accès aux services		14,246	19,632	17,332	51,211	10,800	12,523	10,800	10,800	44,923	96,134
Renforcement des systèmes communautaires	254	254	254	254	1,017	254	254	254	254	1,017	2,034
Gestion de programme	296,748	263,825	268,540	195,175	1,024,288	307,774	249,490	206,565	200,251	964,079	1,988,366
Total	2,247,634	817,767	768,311	632,003	4,465,715	2,387,859	763,726	543,272	477,352	4,172,209	8,637,924

Par groupement des coûts	Q1	Q2	Q3	Q4	Année 1	Q5	Q6	Q7	Q8	Année 2	Total
1.0 Human Resources (HR)	214,587	224,859	224,859	224,859	889,162	220,288	220,288	220,288	220,288	881,151	1,770,313
2.0 Travel related costs (TRC)	28,427	180,442	250,678	121,443	580,990	175,061	239,617	52,080	50,078	516,835	1,097,825
3.0 External Professional services (EPS)	60,000	132,062	124,529	124,062	440,653	120,029	130,062	180,029	122,062	552,182	992,835
4.0 Health Products - Pharmaceutical Products (HPPP)	609,124				609,124	616,651				616,651	1,225,775
5.0 Health Products - Non-Pharmaceuticals (HPNP)	578,511				578,511	601,062				601,062	1,179,573
6.0 Health Products - Equipment (HPE)	156,224				156,224	24,494				24,494	180,718
7.0 Procurement and Supply-Chain Management costs	356,033				356,033	378,140				378,140	734,172
8.0 Infrastructure (INF)			24,000	24,000	48,000						48,000
9.0 Non-health equipment (NHP)	27,939	135,850	11,847	30,144	205,781	5,144	39,894	5,144	5,144	55,326	261,107
10.0 Communication Material and Publications (CMP)	40,316	23,391	14,472	19,418	97,597	20,132	13,257	2,682	16,353	52,424	150,021
11.0 Programme Administration costs (PA)	170,197	93,953	90,718	81,801	436,669	196,969	90,717	76,295	56,672	420,652	857,321
12.0 Living support to client/ target population (LSCTP)	6,277	27,209	27,209	6,277	66,971	29,890	29,890	6,755	6,755	73,291	140,262
13.0 Results-based financing (RBF)											
Total	2,247,634	817,767	768,311	632,003	4,465,715	2,387,859	763,726	543,272	477,352	4,172,209	8,637,924

Par bénéficiaire	Q1	Q2	Q3	Q4	Année 1	Q5	Q6	Q7	Q8	Année 2	Total
United Nations Development Program, Djibouti	1,953,640	303,076	245,324	171,110	2,673,149	1,819,521	250,392	164,717	158,403	2,393,034	5,066,184
Programme National de Lutte contre la Tuberculose	93,769	216,909	161,633	134,019	606,330	174,218	188,235	127,535	127,535	617,523	1,223,854
Programme National de Lutte contre le SIDA	171,642	172,194	234,697	209,845	788,377	171,026	163,324	221,290	176,995	732,635	1,521,012
Direction de la Santé Mère-Enfant	854	15,945	8,182	854	25,835	854	14,962	854	854	17,524	43,359
Société civile		105,954	114,785	112,486	333,225	141,400	143,123	25,186	9,875	319,584	652,809
Unité de Gestion National/UNDP	2,460	3,690	3,690	3,690	13,529	3,690	3,690	3,690	3,690	14,759	28,288
Central d'Achat des Matériels et Médicaments Essentiel	25,269				25,269	77,150				77,150	102,419
Total	2,247,634	817,767	768,311	632,003	4,465,715	2,387,859	763,726	543,272	477,352	4,172,209	8,637,924