The Global Fund

Execution Version

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **Ministry of Health of the Republic of Ghana** (the "Principal Recipient") on behalf of Republic of Ghana (the "Grantee"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 16 March 2015, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein.

2. **Single Agreement**. This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (2014), available at http://www.theglobalfund.org/GrantRegulations). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.

3. **Grant Information**. The Global Fund and the Grantee hereby confirm the following:

3.1.	Host Country or Region:	Republic of Ghana
3.2.	Disease Component:	HIV/AIDS, Tuberculosis
3.3.	Program Title:	Investing for impact to end Tuberculosis and HIV
3.4.	Grant Name:	GHA-C-MOH
3.5.	GA Number:	1625
3.6.	Grant Funds:	Up to the amount USD 76,502,454.00 or its equivalent in other currencies
3.7.	Implementation Period:	From 1 January 2018 to 31 December 2020 (inclusive)
3.8.	Principal Recipient:	Ministry of Health of the Republic of Ghana P.O. Box MB-44 Ministries Accra Republic of Ghana Attention Hon. Kwaku Agyeman-Manu Minister for Health Telephone: +233 203 117761 Email: info@moh.gov.gh
3.9.	Fiscal Year:	1 January to 31 December

3.10.	Local Fund Agent:	KPMG Ghana KPMG International Development Advisory Services (IDAS) Marlin House, 13 Yiyiwa Drive Abelenkpe P O Box GP 242 Accra Republic of Ghana Attention Mr. George Manu Partner Telephone: +233 (0) 302 770 454 Email: georgemanu@kpmg.co.ke
3.11.	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier, Geneva, Switzerland Attention Michael Byrne Department Head Grant Management Division Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: michael.byrne@theglobalfund.org

4. **Policies**. The Grantee shall, and shall cause the Principal Recipient to, take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2017, as amended from time to time), (2) the Health Products Guide (2017, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee and the Principal Recipient, from time to time.

5. **Representations**. In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Principal Recipient hereby represents that the Principal Recipient has all the necessary power, has been duly authorised by or obtained all necessary consents, approvals and authorisations to execute and deliver this Grant Confirmation and to perform all the obligations on behalf of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Principal Recipient on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of the Grantee's and Principal Recipient's constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

6. **Covenants**. The Global Fund and the Grantee further agree that:

   6.1. With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), it is understood and agreed that (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain information that could be used to identify a person or people, and (2) the Principal Recipient on behalf of the Grantee has undertaken or has caused to be undertaken prior to collection and thereafter whatever is

required under the applicable laws of Ghana to ensure that such information may be transferred to the Global Fund for such purpose upon request.

6.2. The Program budget in the Integrated Grant Description attached hereto as Schedule I reflects the total amount of Global Fund funding to be made available for the Program. The Program budget may be funded in part by grant funds disbursed to the Principal Recipient under a previous Grant Agreement, which the Global Fund has approved to be used for the Program under the current Grant Agreement ("Previously Disbursed Grant Funds"), as well as additional Grant Funds up to the amount set forth in Section 3.6 of the Grant Confirmation. Where the Global Fund has approved the use of Previously Disbursed Grant Funds, the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6 of the Grant Confirmation by the amount of any Previously Disbursed Grant Funds, and the definition of Grant Funds set forth in Section 2.2 of the Global Fund Grant Regulations (2014) shall include any Previously Disbursed Grant Funds.

6.3. All non-cash assets remaining under any previous Grant Agreements as of the start date of the Implementation Period shall be fully accounted for and duly documented ("Previous Program Assets"). Unless otherwise agreed with the Global Fund, the definition of Program Assets set forth in Section 2.2 of the Global Fund Grant Regulations (2014) shall include any Previous Program Assets.

6.4. For the avoidance of doubt, except as explicitly set forth herein, nothing in the instant Grant Agreement shall impact the obligations of the Grantee and/or Principal Recipient under any previous Grant Agreement(s) (including, but not limited to, those concerning financial and other reporting).

6.5. The procurement of Health Products with Grant Funds shall be carried out through the Pooled Procurement Mechanism ("PPM") of the Global Fund, or wambo.org, as agreed between the Principal Recipient on behalf of the Grantee and the Global Fund, until the Global Fund has agreed in writing that procurement of Health Products can be managed by the Grantee or the Principal Recipient using a different process. The Principal Recipient acting on behalf of the Grantee has all the necessary power and has been duly authorized by or obtained all necessary consents, approvals and authorizations to execute and deliver the PPM registration letter in the form approved by the Global Fund.

6.6 The Grantee acknowledges the obligation to repay to the Global Fund the amounts Global Fund Secretariat has determined as recoverable pursuant to the terms of the relevant grant agreements:

a. USD 2,846,484.40 arising from external audit findings and financial reviews; as communicated to the Principal Recipient through a demand letter dated 20 November 2017;

b. USD 826,494.20 arising from procurement of defective condoms; as communicated to the Principal Recipient through a demand letter dated 25 October 2017;

c. USD 24.4 million arising from the Central Medical Store Fire; as agreed with the Grantee through the Agreement between the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Republic of Ghana, dated 15 September 2017.

6.7 The Principal Recipient acknowledges and agrees that certain supply chain-related services included in the detailed program budget shall be provided by service providers selected by the Global Fund in line with Global Fund Procurement Regulations (2017, as amended from time to time), and that the service providers will be contracted, and directly

paid, by the Global Fund using Grant Funds. A disbursement notification will be sent to the Principal Recipient once a payment is made.

6.8. In accordance with the Global Fund Sustainability, Transition and Co-financing Policy (GF/B35/04) (the "STC Policy"), the Grantee shall:

6.8.1. progressively increase government expenditure on health to meet national universal health coverage goals; and increase co-financing of the Global Fund-supported programs, focused on progressively taking up key costs of national disease plans (the "Core Co-Financing Requirements"). The commitment and disbursement of Grant Funds is subject to the Global Fund's satisfaction with the Grantee's compliance with the Core Co-Financing Requirements. The Global Fund may reduce Grant Funds during the Implementation Period based on non-compliance with the Core Co-Financing Requirements;

6.8.2. comply with the requirements to access the 'co-financing incentive' as set forth in the STC Policy (the "Co-Financing Incentive Requirements"). The commitment and disbursement of 15% of the Grantee's HIV/TB allocation of USD 83,948,423 for the 2017-2019 allocation period, which is equal to USD 12,592,263 (the "Co-Financing Incentive"), is subject to the Global Fund's satisfaction with the Grantee's compliance with the Co-Financing Incentive Requirements. The Global Fund may reduce the Co-Financing Incentive during the Implementation Period, or from the subsequent allocation, proportionate to non-compliance with the Co-Financing Incentive Requirements; and

6.8.3. deliver evidence, in form and substance satisfactory to the Global Fund, that the Grantee complies with each applicable Program specific Core Co-Financing Requirement set forth below:

a. The Grantee shall bi-annually submit budget execution reports for the HIV budget earmarked allocation for 'Global Fund Counterpart,' and budget allocation to the national HIV and AIDS Fund;

b. The Grantee shall annually submit the Annual Health Accounts Report; and

c. The Grantee shall annually submit 1) progress reports on meeting the commitments contained in the Memorandum of Understanding between the Republic of Ghana and PEPFAR, and 2) the reports of the Annual Ministry of Health and Partners Health Summit, which is a forum to review program implementation, funding commitments, and actual releases by the Grantee and partners; and 3) progress reports on commodities procurement and disbursements as per the Republic of Ghana-proposed co-financing commitments for the TB/HIV programs contained in Attachment.

[Signature Page Follows.]

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

The Global Fund to Fight AIDS, Tuberculosis and Malaria

By: _____

Name: Mark Edington
Title: Head, Grant Management Division

Date: Feb 14, 2018

Ministry of Health of the Republic of Ghana
on behalf of Republic of Ghana

By: _____

Name: Hon. Kwaku Agyeman-Manu
Title: Minister for Health

Date: 07/02/2018

Acknowledged by

By: _____

Name: Mr. Collins Nti
Title: Chair of the Country Coordinating Mechanism for Republic of Ghana

Date: 07/02/2018

By: _____

Name: Mrs. Cecilia Senoo
Title: Civil Society Representative of the Country Coordinating Mechanism for Republic of Ghana

Date: 07/02/2018

Schedule I

Integrated Grant Description

Country:	Republic of Ghana
Program Title:	Investing for impact to end Tuberculosis and HIV
Grant Name:	GHA-C-MOH
GA Number:	1625
Disease Component:	HIV/AIDS, Tuberculosis
Principal Recipient:	Ministry of Health of the Republic of Ghana

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

The HIV epidemic in Ghana is characterized as a low-level generalized epidemic with overall number of HIV positive persons expected to decline from 272,092 in 2016 to 264,660 in 2020 Adult HIV prevalence was estimated to be 1.6 percent in 2015 declining from 1.8 percent in 2012. However, the April 2017 national HIV sentinel survey (HSS) report registered a second consecutive increase in antenatal care (ANC) prevalence to 2.4 percent in 2016 from 1.6 percent in 2014.

The results of the National TB prevalence survey performed in 2013 suggest an overall adult prevalence of 286/100,000 (229-343), showing an overall disease burden which is 3 times higher than previously estimated by the World Health Organization. The TB burden is higher among males than in females with a ratio 1.3:1. In 2016, Ghana notified, roughly 15,000 cases, translating to a treatment coverage of 33 percent (19-68). In the 2013, TB disease prevalence survey, 80 percent of symptomatic cases were missed even though they had visited government and private health facilities.

Based on the new HIV and TB prevalence data, the program prioritizes interventions in districts with highest burden and case load and focuses on improving program quality to achieve the 90-90-90 targets and increase TB treatment coverage. The implementation of differentiated models of care and expansion of access to ART for HIV-positive pregnant women are at the core of the program strategy to achieve the 90-90-90 targets and expand access to quality and cost-effective HIV services across the cascade. The TB component of the program is based on lessons and results and from current grant cycle and focuses on implementation of ICF in 113 priority districts to increase treatment coverage and TB case notification.

2. Goals, Strategies and Activities

HIV - Goals

- Reduce new HIV infections and related deaths
- Eliminate mother to child transmission
- Achieve the 90-90-90 targets by 2020
- 100% of HIV/TB co-infected patients on ART by 2020

Strategies and Activities

- Improve program quality through targeted, differentiated models of care

- Increase PMTCT-ART coverage from 36% in 2016 to 82% in 2020 focusing on districts with highest patient load
- Leverage EMTCT interventions to identify HIV-positive men and children in the general
- Improve ART uptake and retention among TB-HIV co-infected patients, key populations and the general population through increased geographical coverage and scale up of Models of Hope
- Implementation of IPT

TB - Goals

- Increase TB treatment coverage from 32% to 55%
- Ensure 100% diagnosed DR-TB cases are enrolled on treatment
- 100% TB patients with known HIV status by 2020
- 100% of HIV/TB co-infected patients on ART by 2020

Strategies and Activities

- Intensified TB case finding strategy integrated into health care settings in 113 prioritized districts (out of 216) and will gradually expand this in a phased approach to include comprehensive enhanced interventions in TB/HIV, childhood TB, MDR-TB, high risk population screening (mines & prisons) and contact investigation.
- Scale up diagnostic capacity (together with drug procurement, and combined supportive supervision for TB and drug resistant tuberculosis (DR-TB) to increase TB and MDR-TB treatment enrolment targets and access to treatment.
- Supportive supervision to improve program quality and ensure 20% increase in the number of presumed TB cases tested for TB.
- Patient centred activities and integrating different programs, e.g. ART will be provided also in TB treatment facilities; pharmacovigilance system is linked with malaria program, National Tuberculosis Program (NTP) partnered with the National Malaria Control Program during their seasonal malaria chemoprevention (SMC) campaign targeting children under-5 to conduct active TB case finding among young children through

3. Target Group/Beneficiaries

- General population
- Women and children
- Key populations including FSW, MSM, TB/HIV co-infected patients, miners

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

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B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Component Name	HIV/AIDS,Tuberculosis
Country / Applicant:	Ghana
Principal Recipient	Ministry of Health of the Republic of Ghana
Application/Grant Name	GHA-C-MOH
IP Start Date	01-Jan-18
IP End Date	31-Dec-20
Grant Currency:	USD

Budget Summary (in grant currency)

By Module	Q1 01-Jan-18 31-Mar-18	Q2 01-Apr-18 30-Jun-18	Q3 01-Jul-18 30-Sep-18	Q4 01-Oct-18 31-Dec-18	Year 1	Q5 01-Jan-19 31-Mar-19	Q6 01-Apr-19 30-Jun-19	Q7 01-Jul-19 30-Sep-19	Q8 01-Oct-19 31-Dec-19	Year 2	Q9 01-Jan-20 31-Mar-20	Q10 01-Apr-20 30-Jun-20	Q11 01-Jul-20 30-Sep-20	Q12 01-Oct-20 31-Dec-20	Year 3	Total	%
Program management	787,065	568,412	530,254	549,930	2,435,661	585,634	366,981	328,823	348,499	1,629,938	585,634	366,981	309,590	367,732	1,629,938	5,695,536	7%
RSSH: Health management information systems and M&E	693,726	734,466	905,132	728,842	3,062,166	443,191	491,687	597,927	478,307	2,011,112	198,214	231,199	345,195	225,574	1,000,182	6,073,460	8%
MDR-TB	470,958	29,297	572,145	31,004	1,103,404	528,672	38,525	677,842	40,231	1,285,270	971,174	44,400	50,676	46,106	1,112,356	3,501,030	5%
PMTCT	98,595	59,007	55,732	475,460	688,794	907,807				907,807	792,549				792,549	2,389,150	3%
Treatment, care and support	13,230,285	1,218,352	508,423	678,810	15,635,870	12,838,374	1,369,257	758,936	566,521	15,533,088	12,982,324	1,485,550	178,582	89,214	14,735,671	45,904,628	60%
HIV Testing Services	141,287		1,406,727		1,548,014	4,206		41,876		46,082	4,837		48,157		52,994	1,647,090	2%
Prevention programs for other vulnerable populations																	
TB care and prevention	2,570,193	80,707	431,597	3,313,020	6,395,516	2,621,641	65,690	201,822	65,690	2,954,843	191,946	71,593	148,430	71,244	483,213	9,833,572	13%
Prevention programs for general population		231,490			231,490	539,126				539,126	456,763				456,763	1,227,379	2%
TB/HIV	21,348				21,348	29,887				29,887	38,425				38,425	89,659	0%
RSSH: Human resources for health (HRH), including community health workers																	
Comprehensive prevention programs for sex workers and their clients						32,103				32,103	32,103				32,103	64,205	0%
Comprehensive programs for people in prisons and other closed settings							25,391			25,391		25,772			25,772	51,163	0%
Comprehensive prevention programs for MSM							12,789			12,789		12,792			12,792	25,581	0%
Total	18,013,455	2,921,730	4,410,011	5,777,066	31,122,263	18,530,640	2,370,320	2,607,226	1,499,248	25,007,434	16,253,969	2,238,287	1,080,630	799,871	20,372,756	76,502,454	100%

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)	1,020,706	1,020,706	1,020,706	1,020,706	4,082,823	614,443	614,443	614,443	614,443	2,457,773	361,711	361,711	361,711	361,711	1,446,843	7,987,439	10%
2.0 Travel related costs (TRC)	703,218	555,782	1,003,109	886,484	3,148,592	606,062	782,818	489,641	307,943	2,186,465	559,113	337,645	477,362	334,128	1,708,247	7,043,304	9%
3.0 External Professional services (EPS)	82,661		48,915		131,576	82,661				82,661	82,661				82,661	296,897	0%
4.0 Health Products - Pharmaceutical Products (HPPP)	9,699,711		536,573		10,236,284	9,785,262		633,042		10,418,304	9,721,314				9,721,314	30,375,902	40%
5.0 Health Products - Non-Pharmaceuticals (HPNP)	678,655	572,356	1,494,183	265,600	3,010,794	1,919,113	496,600	494,588	265,600	3,175,902	2,020,258	1,147,299	42,059		3,209,616	9,396,312	12%
6.0 Health Products - Equipment (HPE)	1,817,380	211,707		211,707	2,240,794	1,413,140		211,707	211,707	1,836,554						4,077,348	5%
7.0 Procurement and Supply-Chain Management costs (PSM)	3,879,601	118,980	203,144	25,016	4,226,741	4,009,477	32,878	89,249	25,000	4,156,604	3,406,714	32,958	120,467	25,000	3,585,138	11,968,483	16%
8.0 Infrastructure (INF)	2,240	2,240	2,240	2,240	8,958	2,240	2,240	2,240	2,240	8,958	2,240	2,240	2,240	2,240	8,958	26,874	0%
9.0 Non-health equipment (NHP)	5,233	5,233	5,233	5,233	20,930	5,233	5,233	5,233	5,233	20,930	5,233	5,233	5,233	5,233	20,930	62,791	0%
10.0 Communication Material and Publications (CMP)	28,142	338,818			366,960	25,926	369,025			394,951	23,168	279,644			302,811	1,064,723	1%
11.0 Programme Administration costs (PA)	77,829	77,829	77,829	3,342,000	3,575,486	32,125	32,125	32,125	32,125	128,502	32,125	32,125	32,125	32,125	128,502	3,832,490	5%
12.0 Living support to client/ target population (LSCTP)	18,081	18,081	18,081	18,081	72,324	34,958	34,958	34,958	34,958	139,830	39,434	39,434	39,434	39,434	157,737	369,891	0%
13.0 Payment for Results																	
Total	18,013,455	2,921,730	4,410,011	5,777,066	31,122,263	18,530,640	2,370,320	2,607,226	1,499,248	25,007,434	16,253,969	2,238,287	1,080,630	799,871	20,372,756	76,502,454	100%

By Recipients	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total	%
Ministry of Health of the Republic of Ghana	16,091,360	946,359	2,256,304	3,801,950	23,095,972	17,153,043	572,795	1,450,990	537,763	19,714,591	15,238,350	1,223,573	184,930	60,456	16,707,308	59,517,871	78%
NTP	605,922	331,827	433,699	327,039	1,698,487	606,925	352,491	439,201	340,296	1,738,914	548,408	345,584	420,467	360,028	1,674,487	5,111,888	7%
NACP	929,892	1,194,990	1,363,536	1,304,667	4,793,084	613,850	1,316,607	590,023	507,239	3,027,718	299,460	529,774	337,290	254,506	1,421,030	9,241,832	12%
RHD ASHANTI	19,931	15,808	14,672	13,797	64,208	22,426	18,302	17,166	16,292	74,186	23,876	19,752	18,616	17,741	79,985	218,378	0%
RHD BRONG AHAFO	17,213	13,701	13,038	11,958	55,910	19,028	15,516	14,853	13,773	63,171	20,053	16,541	15,878	14,798	67,270	186,351	0%
RHD CENTRAL	12,638	10,043	9,371	8,703	40,755	14,426	11,831	11,160	10,491	47,908	15,642	13,047	12,376	11,707	52,772	141,435	0%
RHD EASTERN	15,993	12,481	12,538	10,738	51,749	17,520	14,008	14,065	12,266	57,860	18,851	15,339	15,396	13,596	63,183	172,791	0%
RHD GREATER ACCRA	16,222	14,239	15,480	13,166	59,108	19,296	17,312	18,554	16,240	71,402	21,295	19,311	20,553	18,239	79,397	209,908	0%
RHD NORTHERN	13,703	10,191	9,528	8,448	41,871	13,831	10,319	9,656	8,576	42,382	14,294	10,782	10,120	9,040	44,236	128,489	0%
RHD UPPER EAST	7,223	5,698	6,575	4,827	24,324	6,721	5,196	6,073	4,325	22,315	7,324	5,799	6,676	4,927	24,726	71,364	0%
RHD UPPER WEST	5,922	4,702	5,097	3,965	19,686	5,651	4,432	4,826	3,695	18,603	6,194	4,975	5,369	4,237	20,775	59,064	0%
RHD VOLTA	14,259	10,746	10,084	9,004	44,093	15,094	11,582	10,920	9,839	47,435	15,737	12,225	11,562	10,482	50,006	141,535	0%
RHD WESTERN	14,949	12,048	11,859	10,573	49,429	16,385	13,485	13,296	12,010	55,176	17,614	14,714	14,525	13,239	60,092	164,697	0%
KORLE BU TEACHING HOSPITAL	1,203	1,203	1,203	1,203	4,813	1,688	1,688	1,688	1,688	6,752	2,117	2,117	2,117	2,117	8,468	20,033	0%
MOE - Ghana Education Service																	
STBP	4,756	4,756	4,756	4,756	19,022	4,756	4,756	4,756	4,756	19,022	4,756	4,756	4,756	4,756	19,022	57,066	0%
NAP+																	
EQUIP	242,271	332,939	242,271	242,271	1,059,752											1,059,752	1%
Total	18,013,455	2,921,730	4,410,011	5,777,066	31,122,263	18,530,640	2,370,320	2,607,226	1,499,248	25,007,434	16,253,969	2,238,287	1,080,630	799,871	20,372,756	76,502,454	100%

- **Introductory paragraph on the partnership between the country and the Global Fund.**

Ghana and the Global Fund collaboration to fight HIV, TB and Malaria predates 2003. The Global Fund investment to Ghana to date stands at USD712,905,435.00. Ghana has made good progress in reducing the burden of malaria in recent years, reducing prevalence from 26.7 percent in 2014 to 20.4 percent in 2016, and reducing all age malaria case fatality in health facilities by 83 percent from 19.6/1000 in 2010 to 3.3/1000 in 2016. This has resulted from the scale-up of core interventions including long-lasting insecticide-treated nets (LLINs), parasite-based diagnosis and effective treatment with artemisinin-based combination therapy (ACT).

There has also been 78 percent decrease in new HIV infections since 2000 and significant gains in the prevention of mother to child transmissions. Over 76,000 new tuberculosis cases have also been detected and treated.

In an effort to contribute towards the sustainable financing TB, HIV and Malaria interventions, government has sought to increase domestic support in various interventions aimed at strengthening the health system. For example, under PEPFAR, government contributed USD3.2 million as counterpart funding for the procurement of ARVs and commodities in 2017.

- **Government prioritization of health activities undertaken towards Universal Health Coverage.**

Government investments and focus on Universal Health Coverage (UHC) has led to improvement in access to healthcare by the general population. In the area of Universal Health Care, the primary focus of Ghana has been the addressing of inequitable access to healthcare as well as financial barriers to access. Regarding inequitable geographical access, CHPS, which brings primary healthcare to the doorstep of communities, has seen the number of functional Zones increasing from 1675 in 2012 to 4420 in 2016. Additionally, the country is addressing the inadequate and distributional challenges of health workers with the doctor-population ratio improving from 1:13527 in 2013 to 1:8525 in 2016. Within the same period, nurse-population ratio (including auxiliary nurses) has also improved from 1:798 in 2013 to 1:545 in 2016. Ghana has doubled its Essential Health Workforce Density from 1.07 in 2015 to 2.14 in 2016. Thus, Ghana has joined 10 countries with less severe health workforce crisis in Africa.[1]

Per capita OPD attendance improved from 0.91 in 2010 to 1.1 in 2016[2]. The number of active members for National Health Insurance increased from 10 million in 2013 to 11 million in 2016. The proportion of the population covered by NHIS also stands at 38.44 percent in 2016.[3]

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[1] WHO Africa Regional Office- Equitable Access to a Functioning Health Workforce 2016

[2] 2015 GHS Annual report

[3] Draft 2016 MoH Holistic Assessment Report

- **Paragraph on government investments for HIV, Tuberculosis, Malaria and RSSH in previous allocation period (FY 2015-2017)**

  The Government of Ghana met its 20 percent threshold for 2014-2016 commitments. In 2017, Government's commitment to the non-wage recurrent budget was GHC356million (an increase of 1000 percent over the previous year).

  It is also important to state that Government of Ghana is committed to meeting fully its co-financing commitments for 2018-2020 to fully access the co-financing incentive, as set forth in this document. For the period 2018 -2020, the Global Fund allocation for the health sector is estimated at $193,981,000.00 and Government of Ghana commitment for the heath sector is $3,525,952,154.00 for the same period. Compared with Government of Ghana allocation for health for 2018-2020 implementation period, the Global Fund allocation is 6 percent.

  Government has been increasing financing to health service delivery. Between 2016 and 2017, non-wage recurrent budget increased by 1000 percent (GHC3.6million to GHC356million). Of this increase, about 17 percent was allocated to support the provision of HIV/AIDS commodities (ARVs and laboratory reagents)[4].

  Government has also developed a health financing strategy (HFS) and implementation plan aimed at mapping and harmonizing all sources of funding to the health sector in a bid to prepare for transition from donor supported programmes such as GAVI funded immunization interventions.

- **Paragraph on government investments for allocation period FY 2018-2020 with description of specific investments. Illustrative examples of investments**

  - ***Progressive increases in total health budget***

    The total health budget has been increasing steadily since 2015. There was an increase of 13.2 percent between 2015 and 2017 (USD900,914,999.00 and USD1,019,876,866.00). This is expected to increase further by 20 percent between 2017 and 2020 (USD 1,019,876,866.00 and USD 1,223,540,001.00).[5]

  - **Direct investments to scale coverage of key interventions, such as drugs, commodities and targeted interventions to address specific gaps in disease program**

    The country is committed to invest a total of USD144,078,650.00[6] for the period 2018-2020 to support interventions in the fight against HIV/AIDS.[7] For the same period, Ghana would also be committing USD17,612,002.00 and USD491, 061,978.00 for interventions in TB and Malaria respectively.

  - **Co-financing for addressing health systems bottlenecks for sustainability and transition, where appropriate.**

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4 draft MoH 2017 PoW

5 Budget Statements 2015, 2017-2019; 2020 based on two-year trend of NHA Study (2014 & 2015)

6 Funding Landscape

7 Estimated based on two-year trend of NHA Study (2014 & 2015)

Government is also investing in increasing the health workforce to address existing gaps in the availability of health workers for service delivery in the sector. In this regard, the Ministry of Health has recruited 16,257 health professionals (all cadres inclusive) as at actober 2017. Government is committing GHC 232,000,000 million in support of health trainees in the public health sector in Ghana. Each trainee is to receive GHC 400 per month for 10 months within an academic year. This is to support the health trainees to go through their programme with less difficulty in the sector.

The MoH is also committed to construct new Central Medical Stores/Warehouse to ultimately take over from the Imperial Health Sciences (IHS).

GoG Commitments to the GF Allocation

Program	GoG Commitments 2018-2020	GF allocation 2018-2020
HIV	144,078,650	63,214,477
Tuberculosis	17,612,002	14,891,925
Malaria	491,061,978	103,724,224
RSSH	502,593.757.00	12,150,015
Total GoG commitment	652,752,630	
Total GoG exp on Health: Total allocation GF allocation from 2018-2020	3,630,583,555.	193,980,641

- **Absorption of existing donor support, such as recurrent costs like human resources**

  Government commits to providing the needed support by way of staffing at various levels to support programme implementation

- **Paragraph on mechanism and timing for demonstrating the realization of co-financing commitments:**
  - ***Schedule of when documentation will be submitted to the Global Fund***

Detail	Document	Timeline for Submission of Document
• % of health expenditure to Govt expenditure • Govt expenditure on TB, HIV and Malaria	NHA	1) 2017 report will be submitted by 31/01/2019. 2) 2018 report will be submitted by 31/01/2020. 3) 2019 report will be submitted by 31/01/2021. 4) 2020 report will be submitted by 31/01/2022.
Govt expenditure on HIV	NASA	1. 2017 report will be submitted by 31/07/2018. 5) 2018 report will be submitted by 31/07/2019. 6) 2019 report will be submitted by 31/07/2020.
Govt expenditure on HSS	MoH Audited financial statements	1) 2017 report will be submitted by 31/10/2018 2) 2018 report will be submitted by 31/10/2019 3) 2019 report will be submitted by 31/10/2020 4) 2020 report will be submitted by 31/10/2021
Absorption of core project staff	GF Project Audited Financial statements	1) 2017 report will be submitted by 31/03/2018 2) 2018 report will be submitted by 31/03/2019 3) 2019 report will be submitted by 31/03/2020 4) 2020 report will be submitted by 31/03/2021

- **Mechanisms for tracking realization of co-financing commitments could include budget execution/expenditure against earmarked allocations, National Health Accounts, National AIDS Spending Assessments, expenditure reviews or other verifiable and reliable documentation that provides evidence of disbursement of domestic funds or implementation of agreed upon activities.**

  The National Health Accounts (NHA) and National AIDS Spending Account (NASA) would be used to track health expenditure on the three diseases. The NHA will be used to track co-financing commitments.

NACP Co-financing Details

The GoG in an effort to reach sustained HIV epidemic control intends to:

1. Significantly scale-up domestic financing for HIV treatment and assume financial responsibility for persons enrolled and currently on treatment with PEPFAR funds by 2019, projected at 57,531.
2. Provide HIV treatment services in accordance with the most recent HIV treatment guidelines published by the World Health Organization (WHO);

    2.1 The targets included in the GoG commitment to procure ARVs, rapid diagnostic tests (RDTS) and lab commodities serves as the minimum baseline for GoG contributions to treatment targets in the GoG National HIV/AIDS Strategic Plan for 2016-2020.

    2.2 ARV, RDT and lab commodities in the amount of $13.9 million will be included in the MoH budget proposal by end of 2017.

    2.3 Order of one year supply of ARV, RDT and lab commodities based on pipeline analysis will be placed by Mid-2018.

    2.4 ARV, RDT and lab commodities in the amount based on funding gap analysis will be included in MoH budget proposal by July 2018.

NTP SCHEDULE OF MEDICINES LIST TO BE MET BY FUNDING GAP

Budget Line	Module	Intervention	Activity Description		Year 1	Year 2	Year 3	Total for 3 Years	112409	82409
57	TB care and prevention	Treatment	First Line TB Medicines	4.2 Anti-tuberculosis medicines	75,782.20	773,014.00	473,623.60	1,322,419.80	98,000.00	
58	MDR-TB	Treatment: MDR-TB	Second Line TB Medicines	4.2 Anti-tuberculosis medicines	539,762.57	634,550.18	710,237.41	1,884,550.16	14,409.00	
59	TB/HIV	TB/HIV collaborative interventions	Isoniazid Preventive Therapy	4.2 Anti-tuberculosis medicines	22,122.78	33,502.26	31,633.97	87,259.96		
60	TB care and prevention	Case detection and diagnosis	GeneXpert Instruments, Accessories, Xpert Cartridges and Warra	6.4 TB Molecular Test equipment	1,758,570.00	1,752,820.00	1,370,590.00	4,881,980.00		
63	TB care and prevention	Case detection and diagnosis	Laboratory reagents and Consumables	5.0 Health Products - Non-Pharmaceuticals (HPNP)	20,400.00	20,400.00	20,400.00	61,200.00		
64	TB care and prevention	Case detection and diagnosis	Lab Consumables (sputum containers, syringes, slides, tuberculir	5.0 Health Products - Non-Pharmaceuticals (HPNP)	11,225.00	90,697.00	85,840.00	187,762.00		
63	MDR-TB	Case detection and diagnosis: MDR-TB	Laboratory reagents and Consumables MDR TB	5.0 Health Products - Non-Pharmaceuticals (HPNP)	208,049.45	274,287.54	166,491.52	648,828.51		
					-	-	-	-		
					2,635,913.00	3,529,250.98	2,908,816.45	9,073,980.43		
64			PSM Costs at 28%	-	738,055.64	988,190.27	814,468.61	2,540,714.53		
			TOTAL	-	3,373,968.64	4,517,441.25	3,723,285.06	11,614,694.95		

PSM % Cost Breakdown	
7.1 Procurement agent and hanc	4.20%
7.2 Freight and insurance costs (fr	11.00%
7.3 Warehouse and Storage Costs	5.00%
7.4 In-country distribution costs	5.00%
7.5 Quality assurance and quality c	1.50%
7.6 PSM Customs Clearance	1.00%
7.7 Other PSM costs	0.30%
Total	28.00%

REF : GHA-PR-MOH-TB/HIV NFM2 DETAILED BUDGET

					YEAR 1	YEAR 2	YEAR 3	TOTAL
57	TB care and prevention+A3	Treatment	First Line TB Medicines	4.2 Anti-tuberculosis medicines	76 265.50	480,453.65	296,843.70	852,572.75
58	MDR-TB	Treatment: MDR-TB	Second Line TB Medicines	4.2 Anti-tuberculosis medicines	636,572.55	635,041.92	595,016.23	1,868,630.70
60	TB/HIV	TB/HIV collaborative interventions	Isoniazid Preventive Therapy	4.2 Anti-tuberculosis medicines	978,118.72	1,222,526.88	418,576.64	2,549,633.24
61	TB care and prevention	Case detection and diagnosis	GeneXpert Instruments, Accessories, Xpert Cartridges and Warra	6.4 TB Molecular Test equipment	10,500.00	13,800.00	17,000.00	41,300.00
63	TB care and prevention	Case detection and diagnosis	Laboratory reagents and Consumables	5.0 Health Products - Non-Pharmaceuticals (HPNP)	185,979.45	183,467.54	193,641.52	562,088.51
64	TB care and prevention	Case detection and diagnosis	Lab Consumables (sputum containers, syringes, slides, tuberculir	5.0 Health Products - Non-Pharmaceuticals (HPNP)	-	-	-	-
102	MDR-TB	Case detection and diagnosis: MDR-TB	Laboratory reagents and Consumables MDR TB	5.0 Health Products - Non-Pharmaceuticals (HPNP)	-	-	-	-
103			PSM Costs at 28%		490,858.14	709,387.56	454,714.37	1,644,755.06		
								-
					2,197,294.36	3,242,891.64	2,078,694.26	7,518,880.26		

FUNDING GAP TO BE FINANCED BY GOG

					YEAR 1	YEAR 2	YEAR 3	TOTAL
57	TB care and prevention+A3	Treatment	First Line TB Medicines	4.2 Anti-tuberculosis medicines				
58	MDR-TB	Treatment: MDR-TB	Second Line TB Medicines	4.2 Anti-tuberculosis medicines				
60	TB/HIV	TB/HIV collaborative interventions	Isoniazid Preventive Therapy	4.2 Anti-tuberculosis medicines				
61	TB care and prevention	Case detection and diagnosis	GeneXpert Instruments, Accessories, Xpert Cartridges and Warra	6.4 TB Molecular Test equipment				
63	TB care and prevention	Case detection and diagnosis	Laboratory reagents and Consumables	5.0 Health Products - Non-Pharmaceuticals (HPNP)				
64	TB care and prevention	Case detection and diagnosis	Lab Consumables (sputum containers, syringes, slides, tuberculir	5.0 Health Products - Non-Pharmaceuticals (HPNP)				
102	MDR-TB	Case detection and diagnosis: MDR-TB	Laboratory reagents and Consumables MDR TB	5.0 Health Products - Non-Pharmaceuticals (HPNP)				
103			FUNDING GAP					
				USD	1,176,674.28	1,274,549.62	1,644,590.80	4,095,814.69
				EXCHANGE RATE				4.30
				GH CEDIS				17,612,003.19