

**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 **West African Program to Combat AIDS and STI** (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 13 November 2017, 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
3.3.	Program Title:	Scaling up quality HIV care cascade through community engagement and addressing human rights barriers
3.4.	Grant Name:	GHA-H-WAPCAS
3.5.	GA Number:	1658
3.6.	Grant Funds:	Up to the amount USD 7,445,969.00 or its equivalent in other currencies
3.7.	Implementation Period:	From 1 January 2018 to 31 December 2020 (inclusive)
3.8.	Principal Recipient:	West African Program to Combat AIDS and STI P. O. Box AT 1010 GA073 Accra Republic of Ghana  Attention Mrs. Comfort Asamoah-Adu Executive Director  Email: <a href="mailto:comfort.asamoah@gmail.com">comfort.asamoah@gmail.com</a>
3.9.	Fiscal Year:	1 January to 31 December
3.10.	Local Fund Agent:	KPMG Ghana

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

4. **Policies.** The Grantee shall 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, from time to time.

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

5.1. 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 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.

5.2. Transition between grants.

5.2.1. 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 Grantee 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.

5.2.2. 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.

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

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

5.3.1. The Republic of Ghana should 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 Republic of Ghana'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; and

5.3.2. The Republic of Ghana should 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 Ghana'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 Republic of Ghana'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

5.3.3. The Republic of Ghana should deliver evidence, in form and substance satisfactory to the Global Fund, that the Republic of Ghana complies with each applicable Program specific Core Co-Financing Requirement set forth below:

a. The Republic of Ghana 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; and

b. The Republic of Ghana shall annually submit the Annual Health Accounts Report; and

c. The Republic of Ghana shall annually submit 1) progress reports on 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 Republic of Ghana 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 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**

**West African Program to Combat AIDS and STI**

By: MA. Edington

Name: Mark Edington  
Title: Head, Grant Management Division

Date: Feb 16, 2018

By: [Signature]  
EXECUTIVE DIRECTOR  
GHANA-WEST AFRICA PROGRAM  
TO COMBAT AIDS AND STI  
WAPCAS

Name: Mrs. Comfort Asumadu  
Title: Executive Director

Date:

**Acknowledged by**

By: [Signature]

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

Date: 16/02/2018

By: [Signature]

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

Date:

**Schedule I**

**Integrated Grant Description**

<b>Country:</b>	Republic of Ghana
<b>Program Title:</b>	Scaling up quality HIV care cascade through community engagement and addressing human rights barriers
<b>Grant Name:</b>	GHA-H-WAPCAS
<b>GA Number:</b>	1658
<b>Disease Component:</b>	HIV/AIDS
<b>Principal Recipient:</b>	West African Program to Combat AIDS and STI

**A. PROGRAM DESCRIPTION**

1. Background and Rationale for the Program
2. Goals, Strategies and Activities
3. Target Group/Beneficiaries

**B. PERFORMANCE FRAMEWORK**

Please see attached.

**C. SUMMARY BUDGET**

Please see attached.





- **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.<sup>1</sup>

Per capita OPD attendance improved from 0.91 in 2010 to 1.1 in 2016<sup>2</sup>. 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.<sup>3</sup>

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<sup>1</sup> WHO Africa Regional Office- Equitable Access to a Functioning Health Workforce 2016

<sup>2</sup> 2015 GHS Annual report

<sup>3</sup> 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 health 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)<sup>4</sup>.

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).<sup>5</sup>

- **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<sup>6</sup> for the period 2018-2020 to support interventions in the fight against HIV/AIDS.<sup>7</sup> 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.**

<sup>4</sup> draft MoH 2017 PoW

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

<sup>6</sup> Funding Landscape

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

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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 October 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
<ul style="list-style-type: none"> <li>• % of health expenditure to Govt expenditure</li> <li>• Govt expenditure on TB, HIV and Malaria</li> </ul>	NHA	<ol style="list-style-type: none"> <li>1) 2017 report will be submitted by 31/01/2019.</li> <li>2) 2018 report will be submitted by 31/01/2020.</li> <li>3) 2019 report will be submitted by 31/01/2021.</li> <li>4) 2020 report will be submitted by 31/01/2022.</li> </ol>
Govt expenditure on HIV	NASA	<ol style="list-style-type: none"> <li>1. 2017 report will be submitted by 31/07/2018.</li> <li>5) 2018 report will be submitted by 31/07/2019.</li> <li>6) 2019 report will be submitted by 31/07/2020.</li> </ol>
Govt expenditure on HSS	MoH Audited financial statements	<ol style="list-style-type: none"> <li>1) 2017 report will be submitted by 31/10/2018</li> <li>2) 2018 report will be submitted by 31/10/2019</li> <li>3) 2019 report will be submitted by 31/10/2020</li> <li>4) 2020 report will be submitted by 31/10/2021</li> </ol>
Absorption of core project staff	GF Project Audited Financial statements	<ol style="list-style-type: none"> <li>1) 2017 report will be submitted by 31/03/2018</li> <li>2) 2018 report will be submitted by 31/03/2019</li> <li>3) 2019 report will be submitted by 31/03/2020</li> <li>4) 2020 report will be submitted by 31/03/2021</li> </ol>



- **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.