

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **The Global Fund to Fight AIDS, Tuberculosis and Malaria** (the “Global Fund”) and **The Ministry of Finance, Planning and Economic Development of the Republic of Uganda** (the “Principal Recipient”) on behalf of the Republic of Uganda (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 28 October 2014, 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))¹. 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 Uganda
3.2.	Disease Component:	Malaria
3.3.	Program Title:	Supporting Uganda's Strategy for Acceleration Towards Elimination of Malaria
3.4.	Grant Name:	UGA-M-MoFPED
3.5.	GA Number:	1447
3.6.	Grant Funds:	Up to the amount USD 175,310,366.00 or its equivalent in other currencies
3.7.	Implementation Period:	From 1 January 2018 to 31 December 2020 (inclusive)
3.8.	Principal Recipient:	The Ministry of Finance, Planning and Economic Development of the Republic of Uganda Plot 2-12 Apollo Kaggwa Road, P.O. Box 8147, Kampala, Uganda
3.9.	Fiscal Year:	1 July to 30 June
3.10.	Local Fund Agent:	PricewaterhouseCoopers (Uganda) Limited Communications House, 1 Colville Street, P.O. Box 8053, Kampala, Uganda Attention: Mr. Dowson Kalemba Telephone: +256 312 354 400 Facsimile: +256 414 230 153 Email: dowson.kalemba @ug.pwc.com

¹ Available at <http://www.theglobalfund.org/GrantRegulations/>

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: Mr. Linden Ridley Morrison Head, High Impact Africa 2 Department Grant Management Division</p> <p>Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: linden.morrison@theglobalfund.org</p>
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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, (2) the Health Products Guide, as amended (2016, 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. 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.

 - 6.2. 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.

² Available at <http://www.theglobalfund.org/BudgetingGuidelines/>

- 6.3. For the avoidance of doubt, except as explicitly set forth herein, nothing in the instant Grant Agreement shall impact the obligations of the Grantee or Principal Recipient under any previous Grant Agreement(s) (including, but not limited to, those concerning financial and other reporting).
- 6.4. 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.
- 6.5. With respect to Section 7.6 (Right of Access) of the Grant Regulations, 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) 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 the Republic of Uganda to ensure that such information may be transferred to the Global Fund for such purpose upon request.
- 6.6. The Grantee hereby acknowledges and confirms that it has read and understood the policies of the Global Fund regarding the use of its name and logos as set forth in the “Identify Guide for Partners” (as amended from time to time), available at the Global Fund’s Internet site. The Grantee agrees that if the Principal Recipient on behalf of the Grantee intends to use the Global Fund’s name and/or logos in relation to any Program Activities, the Grantee is required (1) to seek the prior approval of the Global Fund by submitting a plan of use in accordance with the Identity Guide for Partners to the Global Fund and, if such plan is approved, (2) to sign a trademark license agreement in form and substance acceptable to the Global Fund.
- 6.7. In accordance with the Global Fund Sustainability, Transition and Co-financing Policy (GF/B35/04) (the “STC Policy”), the Grantee shall:
 - 6.7.1. 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 Republic of Uganda’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
 - 6.7.2. 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 Republic of Uganda’s Malaria allocation of USD 188,322,878 for the 2017-2019 allocation period, which is equal to USD 28,248,432 (the “Co-Financing Incentive”), is subject to the Global Fund’s satisfaction with the Republic of Uganda’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.

[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**

**The Ministry of Finance, Planning and
Economic Development** on behalf of the
Republic of Uganda

By: _____

Name: Ms. Marijke Wijnroks

Title: Executive Director, a.i.

Date:

By: _____

Name: Mr. David Bahati

Title: Minister of State for Finance,
Planning and Economic
Development

Date:

Acknowledged by

By: _____

Name: Prof. Edward Kasujja Kirumira
Chair of the Country Coordinating
Title: Mechanism for the Republic of
Uganda

Date:

By: _____

Name: Mr Titus James Twesige
Civil Society Representative of the
Title: Country Coordinating Mechanism
the Republic of Uganda

Date:

SCHEDULE 1

INTEGRATED GRANT DESCRIPTION

Country:	Republic of Uganda
Program Title:	Supporting Uganda's Strategy for Acceleration Towards Elimination of Malaria
Grant Name:	UGA-M-MoFPED
Grant Number:	1447
Disease:	Malaria
Principal Recipient:	The Ministry of Finance, Planning and Economic Development (MoFPED) of the Republic of Uganda

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

In the World Malaria Report (WMR) 2016, Uganda is ranked fourth among countries with highest number of annual malaria cases, contributing about 4% of the estimated 220,500,000 global malaria cases. There is stable malaria transmission in 95% of the country, with the remaining 5% characterized as unstable or with potential for epidemics. Malaria is a leading cause of morbidity and mortality in the country, accounting for approximately 30-50% of outpatient visits at health facilities, 15-20% of hospital admissions, and up to 20% of all hospital deaths. Uganda is aiming at accelerating nationwide scale up of malaria control measures to achieve and sustain universal coverage of cost-effective prevention and treatment interventions. Uganda will pursue the below goals outlined in the 2014-2020 Uganda Malaria Reduction Strategic Plan (UMRSP) by 2020.

The 2014 malaria indicator survey shows that nearly 87% of children with fever accessed artemisinin-based combination therapy (ACT); 62% of households had one long-lasting insecticide treated net (LLIN) for every two persons; and 69% of the population slept under an LLIN. Parasite prevalence among children under 5 years decreased from 42% in 2009 to 19% in 2014. However, these gains have been threatened by a malaria upsurge in 2015, which occurred mostly in the northern part of the country. This upsurge necessitated an urgent assessment by National Malaria Control Program (NMCP), followed by immediate and intermediate actions at the national and district levels in response to the epidemic.

Uganda has significantly scaled up malaria prevention and control measures including the ongoing universal coverage campaign of over 24 million Long Lasting Insecticide Treated Nets (LLINs), and significant improvements in access to parasite-based diagnosis and Artemisinin-based Combination Therapy (ACTs).

The program will be implemented by two PRs: the Ministry of Finance, Planning and Economic Development (MoFPED) and The AIDS Support Organization (Uganda) Limited (TASO).

2. Goals, Strategies and Activities

Goals:

- To reduce annual malaria deaths from 29 per 100,000 in 2013 to near zero;
- To reduce malaria morbidity to 30 cases per 1000 population (80% reduction from 2013 levels); and
- To reduce the malaria parasite prevalence to less than 7% (>85% reduction from the 2010 levels).

Strategies:

- Achieve and maintain protection of at least 85% of the population at risk through recommended malaria prevention measures;
- Achieve and sustain at least 90% of malaria cases in the public and private sectors and community level to receive prompt treatment according to national guidelines;
- Ensure that at least 85% of the population practices correct malaria prevention and management measures;
- Make sure that the program is able to manage and coordinate multi-sectoral malaria reduction efforts at all levels;
- Carry out timely routine reporting from all health facilities and District Health Officers on malaria program performance; and
- Ensure that all malaria epidemic prone districts have the capacity for epidemic preparedness and response.

Planned Activities:

Nearly 90% of the malaria grants are comprised of the procurement of pharmaceuticals and other health commodities, which will be carried out through the Pooled Procurement Mechanism.

Module	Activities	PR
Vector control	Procurement and distribution of LLINs (mass campaign)	MoFPED
	Procurement and distribution of LLINs (routine distribution)	TASO
	Entomological monitoring	MoFPED
Program management	Policy, planning, coordination and management Coordination of stakeholders to enhance synergy and avoid duplication	TASO/MoFPED
	Grant management	TASO
Case Management	Diagnosis	TASO/MoFPED
	Facility-based treatment	TASO/MoFPED
	Severe malaria	TASO/MoFPED
	Training and supervision	TASO/MoFPED
	Subsidized ACTs – Private Sector	MoFPED
	Integrated Community Case Management	TASO/MoFPED

Specific Prevention Interventions	Malaria in pregnancy	TASO/MoFPED
Cross Cutting Social & Behavioral Change Communication	Strengthen community behavioral change actions for malaria; Social mobilization at national and sub-national levels; Improve advocacy for support to malaria control both in public and private sectors.	TASO
RSSH	Surveillance and Conducting Operational Research	TASO/MoFPED
Health information systems and M&E	Routine reporting Collection and analysis of routine data to measure performance and progress which will lead to effective planning and program management Training on Ministry of Health primary data collection tools and supervision of personnel involved in data management	TASO/MoFPED
	Operations research Establishment of a data and information hub to strengthen collaborative initiatives with local and international research institutions and provide a forum for research findings dissemination	TASO/MoFPED

3. Target Group/Beneficiaries

- General population
- Children under five
- Pregnant Women
- Refugees
- Village Health Teams
- Health Workers (public and private)
- Facilities (public and private)

B. PERFORMANCE FRAMEWORK

Please refer to the performance framework attached.

C. SUMMARY BUDGET

Please refer to the Summary Budget attached.