

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 **Secrétariat Exécutif National de Lutte contre le SIDA de la République Islamique de Mauritanie** (the "Principal Recipient") on behalf of the **Islamic Republic of Mauritania** (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 8 January 2016, 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:	Islamic Republic of Mauritania
3.2.	Disease Component:	HIV/AIDS, Tuberculosis, Malaria
3.3.	Program Title:	Investing to achieve impact against HIV/AIDS, Tuberculosis and Malaria in Mauritania
3.4.	Grant Name:	MRT-Z-SENLS
3.5.	GA Number:	1834
3.6.	Grant Funds:	Up to the amount USD 14,354,648.00 or its equivalent in other currencies
3.7.	Implementation Period:	From 1 July 2019 to 31 December 2021 (inclusive)
3.8.	Principal Recipient:	Secrétariat Exécutif National de Lutte contre le SIDA de la République Islamique de Mauritanie ZRE-ND-417 BP 5161 Nouakchott Islamic Republic of Mauritania Attention: Prof. Abdallahi Ould Sidi Aly

		<p>Executive Secretary</p> <p>Telephone: +22245259362 Facsimile: +22245241224 Email: sidialy@senlsmr.org</p>
3.9.	Fiscal Year:	1 January to 31 December
3.10.	Local Fund Agent:	<p>PricewaterHouseCoopers SA Immeuble Alpha 2000, 2eme étage, Rue Gourgas, B.P. 1361 Abidjan Republic of Côte d'Ivoire</p> <p>Attention Mr. Issiaka Ouattara Partner</p> <p>Telephone: +225 20315454 Facsimile: +225 20 31 54 37 Email: issiaka.ouattara@ci.pwc.com</p>
3.11.	Global Fund contact:	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland</p> <p>Attention Joseph Serutoke Regional Manager Grant Management Division</p> <p>Telephone: +41 58 791 1700 Facsimile: +41 44 580 6820 Email: joseph.serutoke@theglobalfund.org</p>

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 (2018, 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 Principal Recipient, on behalf of the Grantee, further agree that:

6.1. Transition between Grants.

6.1.1. 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 and/or 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.

6.1.2. 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.

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

6.2. Procurement. 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.

6.3. Studies and Surveys. Prior to the use of Grant Funds by the Principal Recipient to finance program reviews, studies and surveys (including, but not limited to, the Demographic and Health Survey (DHS)), the Principal Recipient, on behalf of the Grantee, shall submit to the Global Fund, in form and substance satisfactory to the Global Fund, a detailed budget and work plan with respect to each such program review, study or survey, proposed to be conducted under the program (the "Detailed Budget and Work Plan") and obtain the Global Fund's written approval of the Detailed Budget and Work Plan.

6.4. Fiscal Agent. The Global Fund has retained the services of a Fiscal Agent (the "Agent") funded with Grant Funds to perform certain functions with respect to the Grant in order to safeguard Grant Funds.

6.4.1. The Principal Recipient on behalf of the Grantee hereby agrees to the use of Grant Funds, disbursed directly by the Global Fund to the Agent, for the services performed by the Agent with respect to the Grant, and agrees to the Terms of Reference of the Agent.

6.4.2. To enable the Agent to perform its functions, the Principal Recipient on behalf of the Grantee shall submit to the Global Fund evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has delegated to the Agent co-signature authority to the bank account(s) of the Principal Recipient in which Grant Funds are held, including any local currency account used in relation with the implementation of the Program, in a manner effective and binding under applicable laws and in compliance with the relevant bank's internal procedures. Prior written approval of the Global Fund shall be obtained in the event the Principal Recipient wishes to change any such bank accounts, and if approved, the Principal Recipient on behalf of the Grantee shall submit to the Global Fund evidence that the Principal Recipient has delegated to the Agent co-signature authority to such new bank account(s).

6.4.3. The Principal Recipient on behalf of the Grantee hereby agrees to fully cooperate and work with the Agent, including provide all the requested documents and information to the Agent and/or the Global Fund as well as implement any recommendations of the Agent.

6.4.4. Notwithstanding the installation of the Agent on the Grant, the terms of the Grant Agreement shall remain in full force and effect, including the Grantee's responsibility for the use of Grant Funds. More specifically, neither the appointment of the Agent nor the fulfilment by the Agent of its designated functions shall discharge or exonerate, or be construed to discharge or exonerate, the Grantee from its responsibilities or liabilities under the Grant Agreement in terms of the use or otherwise management of Grant Funds. Accordingly, the Global Fund reserves the right to re-classify any expenditure of Grant Funds, regardless of verification or endorsement by the Agent, as ineligible and in breach of the Grant Agreement, and to therefore demand a refund from the Grantee (or the Principal Recipient on behalf of the Grantee) of such Grant Funds pursuant to Section 11.1 of the Global Fund Grant Regulations (2014).

6.5. Tuberculosis Drugs and Services.

6.5.1. Prior to the use of Grant Funds to finance the procurement of second-line anti-tuberculosis drugs, the Principal Recipient, on behalf of the Grantee, shall make available to the Global Fund, in form and substance satisfactory to the Global Fund, (1) a current detailed multi-drug resistant tuberculosis ("MDR-TB") expansion plan (including the number of MDR-TB patients to be treated and the list and quantifications of the medicines to be procured for the MDR-TB program reflecting the Principal Recipient's finalized forecast for the Implementation Period) and (2) the national guidelines for programmatic management of MDR-TB, both of which have been developed in collaboration with a technical partner acceptable to the Global Fund.

6.5.2. The Principal Recipient, on behalf of the Grantee, shall cooperate with the Green Light Committee (the "GLC") in the efforts of the GLC to provide technical support and advisory support, including capacity building, to the Principal Recipient with respect to monitoring and the scaling-up of DR-TB-related services provided in-country. Accordingly, the Principal Recipient on behalf of the Grantee shall budget, and hereby authorizes the Global Fund to disburse, up to a maximum of US\$ 50,000, or a lower amount as agreed with GLC and the Global Fund, each year to pay for GLC services.

6.5.3. No later than 30 days prior to a scheduled Disbursement that includes funds for the procurement of MDR-TB medicines, the Principal Recipient, on behalf of the Grantee, shall deliver to the Global Fund a pro forma invoice issued by the designated procurement agent of

the Global Drug Facility, as delegated by the GLC Initiative.

6.6. Plan for LLIN Mass Distribution Campaign. Prior to the use of Grant Funds for any LLIN mass distribution campaign proposed to be conducted under the Program, the Principal Recipient, on behalf of the Grantee, shall (a) deliver to the Global Fund, in form and substance satisfactory to the Global Plan, a detailed plan (including timeline), budget and funding plan by all parties in respect of such campaign and (b) obtain the Global Fund's written approval for such detailed plan, budget and funding plan.

6.7. Data Privacy. 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 the Islamic Republic of Mauritania to ensure that such information may be transferred to the Global Fund for such purpose upon request.

6.8. Co-financing. 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");

6.8.2.1. the commitment and disbursement of 15 % of the Grantee's HIV allocation of US\$5,760,741 for the 2017-2019 allocation period, which is equal to US\$864,111 (the "HIV Co-Financing Incentive"),

6.8.2.2. the commitment and disbursement of 15 % of the Grantee's TB allocation of US\$1,972,385 for the 2017-2019 allocation period, which is equal to US\$295,858 (the "TB Co-Financing Incentive"), and

6.8.2.3. the commitment and disbursement of 15 % of the Grantee's malaria allocation of US\$8,616,815 for the 2017-2019 allocation period, which is equal to US\$1,292,522 (the "Malaria Co-Financing Incentive" and, together with the HIV Co-Financing Incentive and the TB Co-Financing Incentive, the "Co-Financing Incentives")

are subject to the Global Fund's satisfaction with the Grantee's compliance with the Co-Financing Incentive Requirements. The Global Fund may reduce any or all of the Co-Financing Incentives during the Implementation Period, or from the subsequent allocation, proportionate to non-compliance with the Co-Financing Incentive Requirements; and

6.8.3. deliver to the Global Fund, in form and substance satisfactory to the Global Fund,

6.8.3.1. within six months after the end of each Fiscal Year, budget execution reports showing the Grantee's compliance with the letter of commitment delivered by the Host Country; and

6.8.3.2. within eight months after the end of each Fiscal Year, an annual Health Accounts report, and publish the same on the Ministry of Health's website and/or the World Health Organization's Global Health Expenditure database.

[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

Secrétariat Exécutif National de Lutte contre le SIDA de la République Islamique de Mauritanie
on behalf of the Islamic Republic of Mauritania

By: MA. Edm Edm

By: [Signature]


Name: Mark Edington
Title: Head, Grant Management Division
Date: Jul 22, 2019

Name: Prof. Abdallahi Ould Sidi Aly
Title: Executive Secretary
Date: 18 JUL 2019

Acknowledged by

By: [Signature]

Name: Prof. Cheikh Baye Mkeïtiratt
Title: Chair of the Country Coordinating Mechanism for the Islamic Republic of Mauritania

Date: _____
By: [Signature]

Name: Mr. Ahmedou Ould Mohamed Lemine Diya
Title: Civil Society Representative of the Country Coordinating Mechanism for the Islamic Republic of Mauritania

Date: 19/07/2019

**Schedule I
Integrated Grant Description**

Country:	Islamic Republic of Mauritania
Program Title:	Investing to achieve impact against HIV/AIDS, Tuberculosis and Malaria in Mauritania
Grant Name:	MRT-Z-SENL
GA Number:	1834
Disease Component:	HIV/AIDS, Tuberculosis, Malaria
Principal Recipient:	Secrétariat Exécutif National de Lutte contre le SIDA de la République Islamique de Mauritanie

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

Mauritania is located between North Africa and sub-Saharan Africa, bordered to the west by the Atlantic Ocean, to the north by Western Sahara and Algeria, to the east and south by Mali and to the south by Senegal. Its population is estimated at 3,984,223 inhabitants (51.3% urban and 48.7% rural), of which 40.4 % are under 15, with 187,259 expected pregnancies and an annual birth rate of 33.6 / 1,000 in 2018. The level of poverty is 31% and unemployment at 12.8%. The country is ranked 157th / 188 countries according to the 2016 Human Development Index. Since January 2012, insecurity in Mali has led to influxes of refugees into Mauritania (there are around 55,000 refugees in the Mbera camp) in the south-eastern part of the country. Like other countries in the Sahel, Mauritania is experiencing a chronic nutritional crisis with peaks in lean periods that reach the emergency threshold in some regions.

In terms of coordination, multi-sectoriality is not effective; only the sectors of health and education are really involved. The involvement of community actors remains very limited, mainly due to the national response's weak capacity of coordination. There is a strong partnership with UN institutions, but private participation is almost non-existent.

According to the 2017-2020 National Health Development Plan, the large dispersion of the population in small remote communities makes it difficult to access basic health services. Health coverage is low with 33.6% of the population living beyond 5 km of a health facility.

UNAIDS data showed that estimated HIV prevalence was 0.2% and 0,1% in 2013 among young men and women aged between 15 to 24 years. In effect, the percentage of young women (60%) is much higher than that of young men (40%) amongst the 6,510 registered patients, according to the HIV Treatment Center. AIDS-related deaths were estimated to be less than a thousand in 2012. According to the 2014 Integrated Bio-Behavioral Surveillance Survey (IBBS) survey among key population groups, the epidemic remains concentrated, with high HIV prevalence rates mainly among sex workers (4%), men who have sex with men (44.4%) and prisoners (2.9%). A new IBBS is underway with Global Fund financing.

In the context of malaria elimination in Mauritania, past experiences of mass and routine LLIN distribution have contributed to the decline in malaria incidence in areas considered endemic. Thus, in accordance with the stratification, mass and routine campaigns are still a priority for the Program in the Sahelo-Sahelian and Sahelian zones in accordance with the national guidelines and the Strategic Plan.

Over the period 2014-2017, the distribution of LLINs covered 1,156,247 LLINs for the campaign. Over the same period, in the case of dengue fever, some 210,000 LLINs were exceptionally distributed in Nouakchott. A mass distribution campaign covering 1,510,446 LLINs is planned for 2020. The malaria incidence rate estimates (per 1,000 population at risk) have been stable, at around 250 in the past decade. For the same period, estimated number of malaria deaths remained around 0.7 per 1,000.

It is estimated that 90% of the population lives in areas at risk of malaria transmission. Presumed and confirmed malaria cases (per 1,000 population at risk) have declined from 117 in 2000 to 60 in 2013 (WHO Global Malaria Program). Malaria reported deaths per 1,000 population at risk was 0.03 in 2012 (WHO Global Malaria Program).

The priorities of the program's TB component reflect the priorities of National TB Strategic Plan 2019-2023, to have the greatest impact on expanding access to diagnosis and effective treatment against tuberculosis by lowering the incidence of the disease in the population. These priorities were identified based on the TB epidemiological profile, programmatic gaps, funding landscape, alignment with the objectives of the End TB strategy and conclusions of the country dialogue after discussions with the various stakeholders and civil society organizations.

Thus, the following priorities were chosen: (i) Tuberculosis management and prevention; (ii) Management of TB / HIV co-infection; (iii) Management of multidrug-resistant tuberculosis; (iv) Monitoring and evaluation, community systems strengthening module and the program management. The prioritization of the modules is based on a cross-analysis of the 2017 epidemiological profile, the 2019-2023 TB NSP, the programmatic challenges of the PNLTL coordination, the vulnerability context and the availability of resources while considering the objectives of the WHO End TB Strategy.

The investment under this program aims to substantially reduce the burden of HIV/AIDS, Tuberculosis and Malaria in line with goals and strategic objectives in Mauritania through targeted interventions and approaches to address key populations and barriers.

2. Goals, Strategies and Activities

- Set up a solid base in reaching the 90-90-90 in 2020 and eliminating the epidemics in 2030.
- Significantly reduce the burden of TB in Mauritania by 2023 in line with the Sustainable Development Goals (SDGs) and those set by WHO's new End TB Strategy.
- Contribute to attaining the objective of eliminating malaria by 2025
- Offer comprehensive prevention packages to HIV/AIDS key populations;
- Comprehensive care and case management of HIV-positive people and others affected, including pregnant women to reduce the risk of transmission;
- Promotion of human rights and reducing the obstacles to access HIV/AIDS services;
- Enhance governance and building partnership for the national response;
- Increase access to biological diagnosis of malaria;
- Implement vector control activities, namely a LLIN mass distribution campaign;
- Improve malaria case management and reporting;
- Build the capacity of laboratories for TB diagnosis and the detection of drug resistance.
- Improve TB case detection and treatment;
- Ensure continuous availability of quality drugs and laboratory products;
- Strengthen collaboration between the NTCP and the NAP and the management of co-infection;
- Implement measures to reduce the burden of TB among PLHIV and of HIV among TB patients.
- Strengthen MDR-TB case detection, treatment and patients living support;
- Strengthen the community health system.
- Strengthening of national information and M&E systems;

- Strengthening of national supply chain for health products;
- Advocacy, communication and social mobilization;
- Strengthening program management and coordination capacities;

3. Target Group/Beneficiaries

- General population
- Sex workers
- Men who have sex with men (MSM)
- Workers and migrants
- Other vulnerable groups, including women and young people, fishermen, prisoners, miners.
- Staffs from NGOs/CSOs
- Health Workers including lab technicians
- National HIV/AIDS, TB and Malaria programs and Regional Health administration staffs

B. PERFORMANCE FRAMEWORK

Please see attached

C. SUMMARY BUDGET

Please see attached

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