

### 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 Rwanda** (the "Principal Recipient") on behalf of the Republic of Rwanda (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 17 February 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 Schedules, 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 Rwanda
3.2	Disease Component:	HIV/AIDS, Tuberculosis
3.3	Program Title:	Supporting Rwanda Towards Reducing TB and HIV-related Morbidity and Mortality
3.4	Grant Name:	RWA-C-MOH
3.5	GA Number:	2055
3.6	Grant Funds:	Up to the amount of USD 139,456,082 or its equivalent in other currencies
3.7	Implementation Period:	From 1 July 2021 to 30 June 2024 (inclusive)
3.8	Principal Recipient:	Ministry of Health of the Republic of Rwanda Hon. Minister's Office, Ministry of Health PO Box 84 250 Kigali Republic of Rwanda

		Attention: Dr. Daniel Ngamije Telephone: +250788303347 Email: dngamije@gov.rw
3.9	Fiscal Year:	1 July to 30 June
3.10	Local Fund Agent:	Pricewaterhouse Coopers Rwanda Limited P.O.Box 1495 Kigali Republic of Rwanda Attention: Mwangi Karanja  Telephone: +250787580449 Email: mwangi.j.karanja@pwc.com
3.11	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland Attention: Gail Steckley Regional Manager Grant Management Division  Telephone: +41587911700 Facsimile: +41445806820 Email: gail.steckley@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 (2019, as amended from time to time) as modified by Section 6 below, (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. The grant is to be managed under the National Strategy Financing ("NSF") Results Based Financing ("RBF") model of grant management, which affords a number of flexibilities as outlined in the NSF Concept Note of 15 October 2013, and subsequent amendments to the flexibilities afforded by the Global Fund's Executive Grant Management Committee ("EGMC").

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 Personal Data

(1) Principles. The Principal Recipient, on behalf of the Grantee, acknowledges that Program Activities are expected to respect the following principles and rights ("Data Protection Principles"):

(a) Information that could be used to identify a natural person ("Personal Data") will be: (i) processed lawfully, fairly and transparently; (ii) collected for specified, explicit and legitimate purposes and not further processed in a manner not compatible with those purposes; (iii) adequate, relevant and limited to what is necessary for the purposes for which they are processed; (iv) accurate and, where necessary, kept up to date; (v) kept in a form which permits identification of the individuals for no longer than is necessary for the purposes for which the Personal Data is processed; and (vi) processed in a manner that ensures appropriate security of the Personal Data; and  
(b) Natural persons are afforded, where relevant, the right to information about Personal Data that is processed; the right to access and rectify or erase Personal Data; the right to data portability; the right to confidentiality of electronic communications; and the right to object to processing.

(2) Limitations. Where collection and processing of Personal Data is required in order to implement Program Activities, whether by the Principal Recipient, a Sub-recipient, or Supplier, the Principal Recipient should respect the Data Protection Principles:

(a) to the extent that doing so does not violate or conflict with applicable law and/or policy; and  
(b) subject to the Principal Recipient balancing the Data Protection Principles with other fundamental rights in accordance with the principle of proportionality, taking into account the risks to the rights and freedoms of natural persons.

6.2 With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain Personal Data, and (2), prior to collection and at all times thereafter, the Principal Recipient shall take all necessary actions to ensure that the transfer of such information to the Global Fund does not violate any applicable law or regulation.

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

(1) progressively increase government expenditure on health to meet national universal health coverage goals; and increase domestic funding of Global Fund-supported programs, with a focus on progressively absorbing the costs of key Program components as identified in consultation with the Global Fund. The Principal Recipient acknowledges that the Global Fund may reduce Grant Funds during the current or any subsequent Implementation Period in the event the Grantee fails to meet these requirements; and

(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 USD 20,618,412 (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 all or part of the Co-Financing Incentive during the current or any subsequent Implementation Period, in the event the Grantee fails to comply with the Co-Financing Incentive Requirements.

6.4 The Program budget may be funded in part by Grant Funds disbursed 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. hereof. Accordingly, the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6. hereof by the amount of any Previously Disbursed Grant Funds. Previously Disbursed Grant Funds shall be governed by the terms of this Grant Agreement.

6.5 The regional Green Light Committee (the "GLC") shall provide technical and advisory support, including capacity building, to the Principal Recipient with respect to monitoring and scaling-up of DR-TB-related in-country services, and the Principal Recipient shall cooperate fully with the GLC to allow the GLC to perform its services. Up to a maximum of US\$ 50,000 in Grant Funds annually may be used by the Global Fund to pay for GLC services and the Global Fund may disburse such Grant Funds directly to the GLC.

6.6 The Program budget includes USD 2 million ("Matching Funds") programmed towards activities to support data science in community health (the "Catalytic Priority"). Notwithstanding anything to the contrary in the Grant Agreement, Matching Funds must remain invested in activities relating to the Catalytic Priority for the duration of the Implementation Period, and may only be reprogrammed for other activities supporting that Catalytic Priority, unless otherwise approved in writing by the Global Fund.

6.7 Unless otherwise notified by the Global Fund in writing, prior to the use of Grant Funds to finance the procurement of second-line anti-tuberculosis drugs and for each disbursement request that includes funds for the procurement of multi-drug resistant tuberculosis medicines, the Principal Recipient shall submit to the Global Fund and obtain the Global Fund's written approval of a written confirmation of the price estimate and quantities of the second-line anti-tuberculosis drugs that will be procured by the Principal Recipient from the Global Drug Facility's procurement agent.

#### 6.8 Use of Funds:

Grant Funds shall be accounted for and used solely for the implementation of the NSP 2018-2024 - Rwanda HIV and AIDS National Strategic Plan and the Tuberculosis and Lung Diseases National Strategic Plan Mid 2019 - mid 2024 as reflected in the HIV National Operational Plan FY21-22 to 22-24 and the Operational Plan FY21-24 of the Tuberculosis and Lung Diseases National Strategic Plan Mid 2019 - mid 2024, set forth in Schedule 2.

For the avoidance of doubt, Grant Funds shall not be used to finance:

- Non-operational research, including clinical research to test or demonstrate the safety and efficacy of new drugs and vaccines;

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- Construction works that are not included in the HIV National Operational Plan FY21-22 to 22-24 and the Operational Plan FY21-24 of the Tuberculosis and Lung Diseases National Strategic Plan Mid 2019 - mid 2024;
- Development of funding requests;
- Performance-based incentives that have not been included in the HIV National Operational Plan FY21-22 to 22-24 and the Operational Plan FY21-24 of the Tuberculosis and Lung Diseases National Strategic Plan Mid 2019 - mid 2024;
- Indirect costs for the operations of public agencies or international organizations, such as use of facilities, heat and light.

6.9 Bank Account: Grant Funds shall be held in a designated bank account until such funds are transferred to the treasury single account (the "Treasury Single Account") indicated in Schedule 3 (Flow of Funds). Further transfer of Grant Funds from the Treasury Single Account shall follow the mechanism described in Schedule 3.

6.10 Any and all efficiencies realized on Grant Funds shall be reinvested in expenditures for the Prioritized Above Allocation Request ("PAAR"). Upon exhaustion of the activities in the PAAR, resources may be allocated to other activities from the NSP 2018-2024 - Rwanda HIV and AIDS National Strategic Plan and the Tuberculosis and Lung Diseases National Strategic Plan Mid 2019 - mid 2024. In circumstances where the Global Fund and the Grantee identify a priority activity not included in the PAAR nor the National Strategic Plans; the parties shall consult on updating the PAAR to include such activity, upon which update the activity may be funded.

6.11 In addition to Section 3.2 of the Grant Regulations, the amount of each annual commitment shall be determined by the Global Fund at its sole discretion with reference to the scale (the "Disbursement Scale") set forth in Schedule 4 (Disbursement Scale). Any Grant Funds that have not been disbursed by the Global Fund as a consequence of the application of the Disbursement Scale shall be deducted by the Global Fund from the maximum amount of Grant Funds that the Global Fund agrees to make available under the Grant Agreement.

6.12 Disbursements: Sub-paragraph (1) of Section 3.3 of the Grant Regulations shall not apply to this Program and the following provision shall apply instead:

Disbursements will be based upon performance against the 14 Performance Targets and five workplan tracking measures indicated in the Performance Framework contained in Schedule 1. Performance against these indicators will be reported in the NSP Annual Report to be submitted to the Global Fund by 31 August of each year.

6.13 Disbursement Requests: Notwithstanding the budget for the HIV National Operational Plan FY21-22 to 22-24 and the Tuberculosis and Lung Diseases National Strategic Plan Mid 2019 - mid 2024 (as indicated in Schedule 2) and the Disbursement Scale (as indicated in Schedule 4), the timing and amount of any Disbursements shall be determined by the Global Fund at its sole discretion. The Global Fund will not make any Disbursement unless:

- the Principal Recipient has submitted to the Global Fund a request for Disbursement, signed by a duly authorized signatory, in form and substance satisfactory to the Global Fund, at a time acceptable to the Global Fund;

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- the Global Fund has determined at its sole discretion that funds sufficient to make the Disbursement are available to the Global Fund from its donors for such purpose at the time of the disbursement;
- the Principal Recipient has fulfilled, in form and substance satisfactory to the Global Fund, all conditions for such Disbursement within relevant deadlines;
- the Principal Recipient has provided to the Global Fund all the relevant reports that were required prior to the date of the request for Disbursement;
- the Global Fund, in its sole discretion, has determined that the Principal Recipient has achieved programmatic results consistent with the targets for indicators set forth in Schedule 1.

6.14 Disbursement Methodology: For purposes of the reporting requirement established directly above, each indicator shall be assigned the same weight. The maximum achievement rate for any given indicator shall be capped at 105%. The aggregate achievement rate for the period shall be the result of the addition of the achievement rate of each indicator due to be reported for the period, divided by the number of indicators due to be reported for that period.

Disbursement decisions will be made by the Global Fund using as basis (i) the agreed allocation of Grant Funds for the fiscal year following the reporting period, and (ii) the Disbursement Scale. Grant Funds that may have been advanced through an eventual quarterly buffer shall be deducted from the subsequent Disbursement.

The disbursement amount cannot be more than 100% of the agreed allocation of Grant Funds for the fiscal year following the reporting period.

6.15 Strategic Dialogues: Both parties agree to hold at least one strategic dialogue annually to facilitate strategic engagement on the optimization of programmatic results, and resources. Proposed areas of discussion during each meeting will be agreed upon by the parties.

As a result of these or other reviews, the Grant Agreement may be amended as provided by Section 12.3 of the Global Fund Grant Regulations (2014).

6.16 Verification of Results: Any Disbursement hereunder shall be subject to the achievement by the Grantee of the results that are reported to and verified by the Global Fund. In the event that the Global Fund identifies major data quality issues concerning the results reported for any indicator during the results verification process, the Global Fund may request or conduct further verifications and analysis. The methodology for such further verification and analysis shall be developed in consultation with the Grantee.

If the aforesaid data quality issues are not resolved to the Global Fund's satisfaction, the Global Fund hereby reserves the right to adjust Disbursements, including by applying the adjusted rate to the relevant indicator, and consequently to the aggregate achievement rate.

To the extent that the Global Fund accepts national data quality audits for data verification purposes:

- one or more indicators from the Global Fund HIV and TB Performance Frameworks

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set forth in Schedule 1, for each disease component, shall be included in such national data quality audits, with the number and nature of indicators to be included determined jointly by the Principal Recipient (acting on behalf of the Grantee) and the Global Fund;

- The Principal Recipient shall share national data quality audit methodology with the Global Fund; and
- observer(s) selected by the Global Fund shall participate in such national data quality audits.

At least once during the Implementation Period, the Global Fund may engage in data verification and quality assurance using internationally recommended methods agreed with the Grantee.

In the event that there is a significant change in programmatic priorities that results in, for example, removal or addition of an intervention, the Principal Recipient and the Global Fund shall discuss the potential implications of this for the indicators contained in the Performance Framework in Schedule 1. Such discussions may take place during the strategic engagement meetings referenced above. In such circumstances, the Global Fund and the Principal Recipient shall discuss and may agree on the addition or removal of NSF Performance Indicators on the Performance Framework, to better reflect the change in program direction.

In the instance(s) where the Grantee is to report results obtained through surveys, it should use (i) any methodology which is recognized by WHO or any other international organization or body, or (ii) any methodology which has been validated by the National Ethical Committee and/or the National Research Committee of the Republic of Rwanda, or (iii) an alternative methodology subject to Global Fund approval. In the latter case, the Grantee shall submit to the Global Fund for approval, no later than ninety (90) days before the planned start date of the survey, the terms of reference and proposed methodology for those surveys.

6.17 Catastrophic Results: In the event that the results reported by the Grantee are deemed, at the sole discretion of the Global Fund, to be catastrophic, the Global Fund may elect to apply the remedies established in Article 10 of the Global Fund Grant Regulations (2014), or may decide to disburse a percentage of the predicted expenditures for the following programmatic period to cover essential service delivery.

6.18 Co-mingling: With reference to sub-paragraph (1)(d) of Section 3.4 of the Grant Regulations, the Global Fund hereby agrees to the co-mingling of Grant Funds disbursed for the purposes of the Program with other funds.

6.19 Gains or Losses Deriving from Treasury Management: The Grantee bears full responsibility for the management of the risk of losses related to treasury management, including but not restricted to foreign exchange risk.

6.20 Use of Interest: Notwithstanding sub-paragraph (2) of Section 3.4 of the Grant Regulations, any interest accrued on Grant Funds may be used for Program purposes without the prior written approval of the Global Fund.

6.21 Use of Revenue: Notwithstanding sub-paragraph (3) of Section 3.4 of the Grant Regulations, any revenues earned by the Principal Recipient or Sub-recipients from

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any Program Activities may be used for Program purposes without the prior written approval of the Global Fund.

6.22 Audits: Sections 7.2, 7.3 and 7.4 of the Grant Regulations shall not apply to this Grant Agreement and the following provisions shall apply instead:

The Principal Recipient shall have annual financial audits of Program revenues and expenditures conducted by the Office of the Auditor General of State Finances of the Grantee (the "Auditor"). These financial audits shall cover expenditures in the NSP 2018-2024 - Rwanda HIV and AIDS National Strategic Plan and the Tuberculosis and Lung Diseases National Strategic Plan Mid 2019 - mid 2024, executed by all entities whose funds transit through the Ministry of Finance and Economic Planning of the Grantee.

The Principal Recipient shall submit to the Global Fund the audit plan on 30 September for each preceding fiscal year.

The Principal Recipient shall provide to the Global Fund an audit report for each audit arranged for by the Principal Recipient in accordance with this Section no later than six months after the period under audit. This audit report shall include:

- confirmation that Grant Funds have been spent in accordance with the HIV National Operational Plan FY21-22 to 22-24 and the Operational Plan FY21-24 of the Tuberculosis and Lung Diseases National Strategic Plan Mid 2019 - mid 2024; and
- confirmation from the Auditor that Grant Funds have been used in accordance with the rules applicable to Grant Funds included in this Grant Confirmation.

6.23 Periodic and Ad-Hoc Reports: Sub-paragraph (1) of Section 6.2 the Grant Regulations shall not apply to this Grant Agreement and the following provisions shall apply instead:

The Principal Recipient shall provide to the Global Fund the reports specified below. In addition, the Principal Recipient shall provide to the Global Fund such other information and reports at such times as the Global Fund may request. The Principal Recipient shall provide to the CCM a copy of all reports that the Principal Recipient submits to the Global Fund under the Grant Agreement.

The Grantee shall, on 31 August of each year of implementation, provide to the Global Fund an annual report for the preceding fiscal year demonstrating:

- the progress towards the achievement of key output, outcome and impact indicators (i) reported according to the NSP 2018-2024 - Rwanda HIV and AIDS National Strategic Plan and the Tuberculosis and Lung Diseases National Strategic Plan Mid 2019 - mid 2024, and, (ii) referred to in the Performance Framework included in Schedule 1, providing relevant information on the reported data and the measurement methods, and explaining any variance between planned and actual achievements;
- all annual expenditures for the NSP 2018-2024 - Rwanda HIV and AIDS National Strategic Plan and the Tuberculosis and Lung Diseases National Strategic Plan Mid 2019 - mid 2024, (i) classified by Mid-Term Expenditure Framework cost category, available funding sources (including government as well as donors' contributions)





and grouped implementing entities; (ii) analyzed, by cost category, planned and actual expenditures, and eventual annual variances as well as budget reallocations.

In compliance with the Health Products Guide, the Principal Recipient shall provide to the Global Fund, on a bi-annual basis (on 28 February and 31 August) a Price and Quality Report (PQR) for pharmaceutical products.

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**IN WITNESS WHEREOF**, the Global Fund and the Principal Recipient, acting 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**

**Ministry of Health of the Republic of  
Rwanda**  
on behalf of the Republic of Rwanda

By: \_\_\_\_\_

Name: Mark Eldon-Edington

Title: Head, Grant Management  
Division

Date:

By: \_\_\_\_\_

Name: Daniel Ngamije

Title: Hon. Minister of Health  
(MoH)

Date: 12/05/2021



**Ministry of Finance of the Republic of  
Rwanda**

on behalf of the Republic of Rwanda

By: \_\_\_\_\_

Name: Uzziel Ndagijimana

Title: Hon. Minister of Finance and  
Economic Planning

Date:



**Acknowledged by**

By: \_\_\_\_\_

Name: Zachée Nyakaremye

Title: Chair, Country Coordinating Mechanism of the Republic of Rwanda

Date:

By: \_\_\_\_\_

Name: Sage Semafara

Title: Civil Society Representative, Country Coordinating Mechanism of the  
Republic of Rwanda

Date: 12/05/2021





## Integrated Grant Description

**Country:** Republic of Rwanda  
**Program Title:** Supporting Rwanda Towards Reducing TB and HIV-related Morbidity and Mortality  
**Grant Number:** RWA-C-MOH  
**Disease Component:** HIV/AIDS, Tuberculosis  
**Principal Recipient:** Ministry of Health of the Republic of Rwanda

### A.PROGRAM DESCRIPTION

#### 1.Background and Summary

For the 2020-2022 funding cycle, Rwanda submitted a joint TB-HIV application. As a result, the 2021-2024 grant cycle is the first time the country will be implementing a joint TB-HIV grant with the aim of generating further efficiencies and synergies in program implementation.

The country has made good progress in the management of both TB and HIV programs and is on track to meet the national 2020 HIV treatment targets. The National HIV Program is already orientated towards meeting the 2030 UNAIDS targets. According to UNAIDS estimates, the annual estimated number of new HIV infections in Rwanda was 5,300 in 2019 down from a high of 10,000 in 2010. HIV prevalence has stabilized at around 3% with 230,000 people estimated to be living with HIV as at 2019. However, the infection rate remains high in Kigali City (6%) and amongst key populations – FSW (45.8%) and MSM (4%). AIDS-related deaths have declined to an estimated 2,800 annually down from 5,000 in 2010. As at 2019, 89% of PLHIV knew their HIV status and of these, over 95% are on treatment and 91% of those on treatment are virally suppressed. In the context of increasing financial constraints, the 2018-2024 HIV National Strategic Plan (NSP) was developed with the aim of consolidating the gains made while adopting cost-effective and highly impactful strategies and interventions. To this extent, the NSP outlines ambitious goals to reduce new infections, reduce the number of HIV-related deaths, and ensure that people living with HIV (PLHIV) have the same opportunities as all others.

The TB program has registered similar successes marking an annual 8% drop in incidence. WHO (2019) estimated total TB incidence to be 57 per 100,000 population, 12 per 100,000 population among PLHIV, and the incidence of MDR TB as 1.5 per 100,000 population. TB mortality rate is estimated at 4.9 per 100,000 population among HIV-negative and 2.5 per 100,000 population among HIV-positive individuals. TB treatment coverage remains high at 80% with an estimated 5,892 TB notifications in 2019. Treatment success rate among new and retreated cases (2018 cohort) is 86%, 78% for HIV coinfecting TB patients, 81% for MDR-TB and 83% among previously treated (2018 cohort). In Rwanda, PLHIV, TB contacts, prisoners, children and the elderly are prioritized subgroups for TB prevention and treatment. For these key groups, differentiated screening and diagnosis approaches have been adopted. TB contacts, children, elderly and PLHIV attending low volume clinics receive symptomatic screening followed by Xpert MTB/ RIF as initial diagnostic tools while prisoners and PLHIV in high volume sites undergo radiological and symptomatic screening followed by Xpert MTB/ RIF. The TB NSP 2019- 2024 utilized a patient-centred approach in its development and is underpinned on the WHO End TB strategy with eight objectives aimed at accelerating the reduction of TB-related morbidity and mortality.

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The joint TB-HIV grant will be implemented under the National Strategy Financing (NSF) model that has been used to manage the HIV grants since July 2013 and extended to the full portfolio in 2015. The model was recommended for Rwanda in view of the country's strong national systems and track record of leveraging Global Fund and other donor resources to achieve impact through the implementation of its NSPs. Evaluated in 2018, the NSF model offers strong incentives for high performance, flexibility in programming and reduces bottlenecks.

## **2.Goals**

The joint TB-HIV grant is based on Rwanda HIV and AIDS National Strategic Plan 2018-2024 and the Tuberculosis and Lung Diseases National Strategic Plan Mid 2019 - mid 2024.

The HIV NSP seeks to reduce new HIV infections 2024; reduce HIV related deaths by 2024 and decrease HIV morbidity; and ensure that people infected and affected by HIV have the same opportunities as the general population. These goals will be achieved through the following eight specific objectives:

- New infection in children are maintained below 5%
- New HIV infections by sexual transmission reduced
- The coverage of ART and the VL suppression among PLHIV on treatment are increased
- PLHIV receive standardized adequate care and support
- PLHIV have reduced morbidity related to STI, OI and other co-morbidities
- People infected and affected by HIV and MVC have improved socio-economic status and protection
- SGBV and HIV related stigma and discrimination are reduced

The TB NSP is anchored on three pillars that include patient-centred care, bold policies and supportive systems, and research and innovation. Below are the eight strategic objectives that contribute to the three pillars:

- Considering the patient pathway for tuberculosis
- Targeted approaches for key drivers of the epidemic among selected populations
- Programmatic management, multi-sectoral collaboration & engaging all care providers
- Universal health coverage, social protection, human rights and nutrition
- Stable and quality assured supply of drugs, diagnostic and commodities
- M&E and data quality system (e-TB health information system)
- Data for programmatic, monitoring, evaluation, learning and planning
- Research priorities

## **3.Target Group/Beneficiaries:**

The target populations are differentiated for HIV and TB as follows:

### HIV target populations

- General population
- Key populations including female sex worker, MSM, and truck drivers
- Most at risk population including young women, men, and sero-discordant couples
- Men in uniforms
- Prisoners
- People with disabilities

### TB target populations

- General population
- People living with HIV/AIDS
- TB contacts



- Children
- Elderly
- Prisoners
- People with disabilities

#### 4.Strategies:

To enable Rwanda to achieve the set objectives, the Global Fund contribution during this implementation period will be directed towards the following priority areas under the component of the grant:

- **HIV Prevention:** reduce MTCT, promote targeted HIV testing to identify PLHIV, provide comprehensive prevention packages to key populations; maintain low level of blood borne infections; and promote voluntary medical male circumcision. Strengthen capacities for early diagnosis of HIV-associated TB and systematic screening of PLHIV for active TB.

- **HIV Care and Treatment:** Improve the referral system to strengthen linkage between HIV testing and treatment services; maintain high level of retention after 12 months of initiation of ART; special monitoring of key groups i.e. children and adolescents; improve active screening of OI and other co-morbidities to reduce mortality and morbidity (TB, Crypto and Hepatitis B); support strong involvement of community health workers in HIV care, treatment and support. Scale up early ART provision nationwide for eligible PLHIV and increase ART coverage for all HIV positive TB patients.

- **Impact Mitigation:** implement national minimum package of OVC services at all levels; continue sensitization against stigma, discrimination and self-stigmatization of people affected and infected by HIV; provide gender-specific interventions to address harmful gender norms, GBV, services targeting young women and their vulnerabilities.

- **Health Management and Health System Strengthening:** ensure efficient procurement and distribution of essential drugs and medical products; integrate service delivery, trainings and supervision (reduce routine training and increase onsite trainings); focus on clinical mentorship; strengthen financial management mechanisms to ensure universal access to essential health services; reinforce community M&E systems for HIV services; and ensure the coordination of interventions by public institutions, civil society and development partners.

Under the TB component of the grant, the Global Fund contribution during this implementation period will be directed towards the following key priority areas:

- **Considering the Patient Pathway for Tuberculosis:** accelerating early screening and appropriate diagnosis of TB and promoting care seeking and TB prevention through community engagement.

- **Targeted approaches for key drivers of TB epidemic and selected populations:** through enhancing programmatic management of drug resistant TB, ensuring prevention, diagnosis and treatment of childhood TB, strengthening management of TB / HIV and other co-morbidities, ensuring diagnosis and management of lung health diseases, and promoting intensified screening and diagnosis of high-risk group (HRG) populations.

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- **Programme management, multi-Sectoral collaboration & engaging all care providers:** management of tuberculosis care and prevention and engagement of communities, civil society organizations, and public and private care providers.
- **Universal Health Coverage, social protection, human rights & gender, nutrition:** supporting human rights, gender and nutrition.
- **Health systems and management:** ensuring stable and quality assured supply of drugs, diagnostics and commodities, maintaining M&E and data quality systems, supporting data for programmatic monitoring, evaluation, learning and planning, and developing and implementing research studies.

#### 5.Planned Activities:

- Provide HIV/AIDS patients and the general population with treatment and HIV counselling and testing services, family planning, STI prevention and treatment, diagnosis and treatment of opportunistic infections.
- Procure and distribute ARV drugs, TB drugs, condoms, TB and HIV diagnostic tools and reagents and other medical supplies to health facilities.
- Provide behaviour change communication on HIV/AIDS, condom use and its dual protection, family planning and gender-based violence using health education meetings and mass media.
- Provide care and support for PLWHAs and OVCs - food security including nutritional support through income generating activities, psychosocial support, home-based care and palliative care.
- TB care and prevention: a) Scale up of CXR and GeneXpert among HRGs and introduction of a mentorship program on childhood TB; b) Improve TB diagnosis across the laboratory network; c) Establishment of active Drug Safety Monitor (eDSM); d) nutritional support for severely malnourished drug-susceptible patients; e) Continuation of the implementation of Community TB and LTBI treatment among children <5 years; and f) Ensure universal DST coverage for all bacteriologically confirmed TB patients.
- TB-HIV: a) Scale up of CXR for TB screening and GeneXpert as initial diagnostic tool; and b) provision of ART to all TB patients with HIV co-infection.
- MDR-TB: Introduction of new drugs for defined categories of MDR-TB.
- RSSH: a) HMIS and M&E support to quality improvement of e-TB; transition from quarterly aggregation and eventually to case based data; development of vital registration system; and support research to inform strategy; b) Human Resources for Health including Community Health Workers; c) Integrated service delivery and quality improvement – supporting roll out of Practical Approach for Lung diseases; and d) Supporting supply chain management through strengthening skills at district pharmacies to ensure appropriate use of the electronic logistic management and on-site supervision of staff.

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