

Grant Confirmation

1. This document, dated as of the date of last signature below, is issued under, and constitutes a **Grant Confirmation** as referred to in, the Framework Agreement (effective as of 1 October 2015), as amended and supplemented from time to time (the "Framework Agreement") between the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **India** (the "Grantee") for the Program described herein.
2. This Grant Confirmation supplements, forms part of, and is subject to the Framework 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)). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provision of this Grant Confirmation shall govern.
3. The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Republic of India
3.2	(Disease) Component:	Tuberculosis
3.3	Program Title:	"Universal Access for quality diagnosis and treatment for all TB patients in the community" with a target of "reaching the unreached"
3.4	Grant Name:	IDA-T-CTD
3.5	GA Number:	860
3.6	Grant Funds:	Up to the amount of US\$207,785,667.00 (Two Hundred Seven Million Seven Hundred Eighty-Five Thousand Six Hundred and Sixty-Seven US Dollars) or its equivalent in other currencies.
3.7	Implementation Period:	From 01 October 2015 to 31 December 2017

3.8	The Principal Recipient Nominated:	<p>The Department of Economic Affairs, Ministry of Finance, Government of India, 238 B North Block, New Delhi Republic of India</p> <p><u>Implementing through:</u> Central TB Division, Directorate General of Health Services, Room No. 522 'C' Wing, 5th Floor, Nirman, Bhavan, New Delhi - 110108 Republic of India</p> <p>Attention: Dr. Sunil D Khaparde Deputy Director General Central TB Division</p> <p>Telephone: +9 11123062980 Facsimile: +9 11123063226 Email: ddgtb@rntcp.org</p>
3.9	Fiscal Year of the Principal Recipient:	01 April to 31 March
3.10	LFA:	<p>Price Waterhouse India Building 8, 7th & 8th Floor, Tower-B, DLF Cyber City, Gurgaon 122002 Haryana, India</p> <p>Attention: Mr. Heman Sabharwal</p> <p>Telephone: +91 124 4620148 Facsimile: +91 124 4620620 Email: heman.sabharwal@in.pwc.com</p>
3.11	Global Fund (Notices information for this Grant Confirmation):	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier, Geneva Switzerland</p> <p>Attention: Dr. Urban Johannes Weber Head, High Impact Asia Department Grant Management Division</p> <p>Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: urban.weber@theglobalfund.org</p>

4. The details of the Program, the Program Activities and related implementation arrangements are set forth in Schedule I (Integrated Grant Description). The Grantee acting through the Principal Recipient shall implement the Program in accordance with the detailed Program budget agreed with the Global Fund and adhere to the provisions of the "Global Fund Guidelines for Grant Budgeting and Annual Financial Reporting" (2014, as amended from time to time), available at the Global Fund's Internet site, throughout the Implementation Period.

5. The Global Fund and the Grantee acting through the Principal Recipient further agree that the following requirements are applicable to this Grant Confirmation:
- 5.1. The use of Grant Funds by the Grantee acting through the Principal Recipient to finance operational research studies and surveys that are proposed to be conducted under the Program (each an "Operational Research Study or Survey") is subject to the satisfaction of each of the following conditions with respect to the relevant Operational Research Study or Survey:
- (1) the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a study protocol, including the detailed costed work plan, for such Operational Research Study or Survey (the "Study Protocol"); and
 - (2) the written approval by the Global Fund of the Study Protocol.
- 5.2. The Grantee acting through the Principal Recipient shall cooperate with the Green Light Committee (the "GLC") in the efforts of the GLC to provide technical support and assistance to the Principal Recipient with respect to monitoring and the scaling-up of MDR-TB-related services provided in-country. Accordingly, the Grantee acting through the Principal Recipient shall budget and authorize 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.
- 5.3. No later than 30 days prior to a scheduled cash transfer that includes Grant Funds for the procurement of MDR-TB medicines, the Grantee acting through the Principal Recipient 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 Green Light Committee Initiative.
- 5.4. Prior to the use of Grant Funds by the Grantee acting through the Principal Recipient to finance the procurement of second-line anti-tuberculosis drugs, the Grantee acting through the Principal Recipient shall make available to the Global Fund, in form and substance satisfactory to the Global Fund, (1) a current detailed 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.
- 5.5. The Grantee acting through the Principal Recipient acknowledges and agrees that the amount of Grant Funds set forth in block 3.6 of this Grant Confirmation and in the Summary Budget included

in Schedule 1 to this Grant Confirmation includes the amount of US\$ 55,498,692 (the "Incentive Funding Amount"), which was awarded to the Host Country as above allocation funding to be used for the diagnosis and treatment of MDR-TB and XDR-TB patients, subject to certain conditions as previously communicated to the Grantee and described in this Section 5.5. The Global Fund may, in its sole discretion, reduce the amount of Grant Funds set forth in block 3.6 of this Grant Confirmation and in the Summary Budget by the Incentive Funding Amount unless each of the following requirements are met, in form and manner satisfactory to the Global Fund:

- (1) No later than 31 December 2015, the National TB Control Programme ("NTCP") shall procure and install at points of service at least 500 CBNAATs using Grant Funds in order to rapidly improve diagnostic capacity;
- (2) The Incentive Funding Amount is used solely to finance 50% of the cost of the MDR-TB and XDR-TB case detection, diagnosis and treatment interventions that were included in the Host Country's above allocation request, including the procurement of second line drugs; and
- (3) No later than 12 months after the date on which this Grant Confirmation is signed by both parties, the Host Country contributes at least US\$ 55,498,692 to the NTCP to be used solely to finance the remaining cost of the MDR-TB and XDR-TB case detection, diagnosis and treatment interventions that were included in the Host Country's above allocation request, including the procurement of second line drugs.

5.6. The amount of Grant Funds set forth in Section 3.6 of this Grant Confirmation represents the amount of Grant Funds disbursable by the Global Fund to the Principal Recipient during the Implementation Period and is composed of the following:

- (1) Undisbursed funds under previous grants and/or implementation periods, in the amount of US\$ 11,864,252;
- (2) New funding allocated to the Principal Recipient, in the amount of US\$ 140,422,723; and
- (3) Approved incentive funding, in the amount of US\$ 55,498,692.

The Summary Budget also includes the amount of US\$ 3,600,000, which is the estimated cash balance as of 30 September 2015 under the previous grant to the Principal Recipient. This amount is not included in the amount set forth in block 3.6 of this Grant Confirmation.

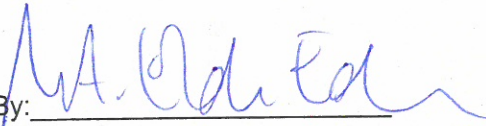
6. In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Grantee acting through the Principal Recipient hereby makes additional representations and warranties as follows:

6.1. The Grantee and the Principal Recipient acting on behalf of the Grantee have all the necessary power and/or have been duly authorised by or obtained all necessary consents, actions, approval and authorisations to execute and deliver this Grant Confirmation and to perform all the obligations of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Principal Recipient acting on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of its 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.

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

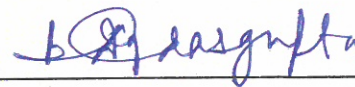
The Global Fund to Fight AIDS, Tuberculosis and Malaria

India
Acting through
The Department of Economic Affairs, Ministry of Finance

By: 

Name: Mr. Mark Eldon-Edington
Title: Head, Grant Management Division

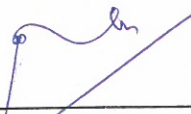
Date: 11 DEC. 2015

By: 

Name: Mr. Bhaskar Dasgupta
Title: Director (MI), Department of Economic Affairs

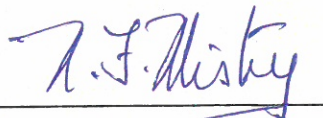
Date: 11-12-2015

Acknowledged by

By: 

Name: Mr. Bhanu Pratap Sharma
Title: Chair of the Country Coordinating Mechanism for Republic of India

Date:

By: 

Name: *Dr. Nerges Mistry*
Title: Civil Society Representative of the Country Coordinating Mechanism for Republic of India

Date:

SCHEDULE 1. INTEGRATED GRANT DESCRIPTION

Country:	Republic of India
Program Title:	Universal Access for quality diagnosis and treatment for all TB patients in the community” with a target of “reaching the unreached
Grant Name:	IDA-T-CTD
Grant Number:	860
Disease:	Tuberculosis
Principal Recipient:	The Department of Economic Affairs, Ministry of Finance

A. PROGRAM DESCRIPTION

Background and Rationale for the Program

The Revised National Tuberculosis Control Program (RNTCP) has entered into an ambitious National Strategic Plan (NSP) 2012-17 as part of the country’s 12th Five year Plan. The theme of the NSP 2012-17 is “Universal Access for quality diagnosis and treatment for all TB patients in the community” with a target of “reaching the unreached”. The overall vision of RNTCP is “A TB free India”—a situation in which TB is no longer a major public health problem

The goal of RNTCP is Universal Access to quality TB Care for all TB patients in the community. RNTCP has rapidly expanded to address the needs of India’s population, however, despite significant gains made by the programme, several challenges remain. India has the highest burden of Tuberculosis, which remains a significant cause of suffering.

Though India is the second-most populous country in the world one fourth of the global incident TB cases occur in India annually. In 2013, out of the estimated global annual incidence of 9 million TB cases, 2.1 million were estimated to have occurred in India. India’s TB control programme is on track as far as reduction in disease burden is concerned. There is 50% reduction in TB mortality rate by 2013 as compared to 1990 level. Similarly there is 55% reduction in TB prevalence rate by 2013 as compared to 1990 level. Although incident cases have reduced from 216 per 100,000 in 1990 to 171 per 100,000 in 2013, while TB prevalence decreased from 465 to 211 per 100,000 population¹, there is still an estimated 2.2 million new cases and 270,000 deaths annually. The current rate of decline in incidence is too slow. India is also the highest burden country for MDR TB in absolute terms, with an estimated 0.062 million (95% CI: 0.05 – 0.074) incident cases among notified pulmonary TB cases annually, there is still delayed diagnosis, poor treatment outcomes in TB-HIV, and drug resistance among TB patients. 40% of estimated drug sensitive TB patients, 60% of estimated TB-HIV and DR-TB patients are still outside the reach of the programme. There is poor access to TB services by the marginalized and vulnerable populations.

The project specifically strengthens focus towards improving access to early diagnosis and treatment of TB and Drug Resistant Tuberculosis (DRTB) services, improving access and outcomes among HIV-infected TB patients, improving access and outcome amongst at risk population (social and clinical: urban, tribal, pediatric, migrant and refugee), engaging with providers outside RNTCP for public health impact for TB control, and generating evidence for guiding future policy for better TB care and control.

¹WHO (2014) *Global Tuberculosis Report 2014*, Geneva

Goal:

To achieve Universal Access to quality TB diagnosis and treatment for all TB patients in the community

Objectives:

To strengthen systems for prevention, early diagnosis of TB and HIV in co-infected individuals for improved outcomes

To strengthen systems to enhance access to both TB and HIV services, quality of care, monitoring & evaluation

To enhance and upscale high impact TB diagnostics, treatment and prevention high among vulnerable and marginalized population in both urban and rural districts

To improve access to early diagnosis and treatment of Drug Resistant TB services

To engage with private sector and other providers outside RNTCP for public health impact for TB Control

To strengthen evidence for guiding future policy for HIV and TB care and prevention

To strengthen community system for both HIV and TB care and reduction in stigma and discrimination

Strategies:

- TB care and prevention
- TB-HIV
- MDR TB

Planned Activities:

- Detect and mobilize symptomatic earlier for diagnosis, treatment and care through outreach, communication, and social mobilization
- Widespread deployment of new higher-sensitivity TB diagnostic tests for early and accurate diagnosis
- Effective engagement of private providers for case finding and notification, ensuring compliance with standards of TB care – either through referral to public sector facilities or improved case management within the private practices, in line with national guidelines:
- Greater involvement of civil society to reduce stigma, improve access and case finding by reaching the unreached
- Reaching socially and clinically-vulnerable populations with TB diagnosis, care and prevention through dedicated interventions and collaborations with other programmes and sectors
- Strengthening Human Resources for Technical Assistance and Programmatic Management:
- Strengthening Operation Research to address the enormity of RNTCP and inform policy decision.
- Expansion of use of CBNAAT for identifying Rifampicin resistance cases amongst MDR suspects including retreatment cases, MDR contacts,
- Upscaling and decentralizing DR TB treatment,
- Strengthening community systems for TB care and control
- Enhancing patient support systems

Target Group/Beneficiaries:

To achieve the goal of universal access, it is the necessary to ensure access to all sections of population, including vulnerable and at risk groups such as urban slum populations, HIV-TB conected individuals,

women, children, tribal populations, underserved populations in hard to reach areas, prisoners, and refugees across high and increasing disease prevalence areas.

RNTCP vision articulates the need to strengthen the programme to better serve these marginalized groups and ensure equitable delivery of services and most of the interventions proposed, aim at improving access for prevention, care and treatment in these groups .Subsequently, financial norms for tribal populations have been implemented in the program and Operational research is being promoted in these high risk groups to create evidence for specific interventions in these vulnerable and socially marginalized groups

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

