

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:	HIV/AIDS
3.3	Program Title:	Increasing Access and promoting comprehensive Care, Support and Treatment
3.4	Grant Name:	IDA-H-NACO
3.5	GA Number:	862
3.6	Grant Funds:	Up to the amount of US\$238,539,873.00 (Two Hundred Thirty-Eight Million Five Hundred Thirty-Nine Thousand Eight Hundred and Seventy-Three 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> National AIDS Control Organization, Ministry of Health and Family Welfare, Govt. of India Chandralok Building, 36 Janpath, New Delhi Republic of India</p> <p>Attention: Mr. Navreet Singh Kang Additional Secretary and Director General NACO</p> <p>Telephone: +911 11 23325331 Facsimile: +911 11 23351700 Email: nacoasdg@gmail.com</p>
3.9	Fiscal Year of the Principal Recipient:	01 April to 31 March
3.10	LFA:	<p>PricewaterhouseCoopers Partner 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 4797264 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.

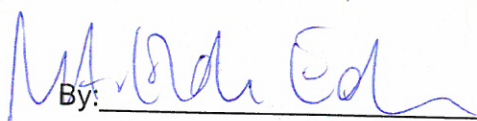
6. In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Grantee acting through the Principal Recipient hereby makes additional representations and warranties as follows:

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.

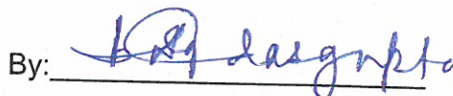
The Global Fund to Fight AIDS, Tuberculosis and Malaria

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

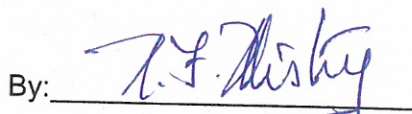
Date: 11-12-2015

Acknowledged by

By: 

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

Date:

By: 

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

Date:

5. The Global Fund and the Grantee acting through the Principal Recipient further agree that the following requirement is applicable to this Grant Confirmation:

5.1. The use of Grant Funds by the Grantee acting through the Principal Recipient to finance viral load testing is subject to the satisfaction of each of the following conditions:

- (1) the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of the details, in form and substance satisfactory to the Global Fund, of the tender documentation to solicit a service contract for the provision of viral load testing under the Program, including the detailed costing for logistic support to manage and transport the samples between the Program and the service provider (the "Service Contract Documentation"); and
- (2) the written approval by the Global Fund of the Service Contract Documentation.

5.2. The use of Grant Funds by the Grantee acting through the Principal Recipient for the procurement of adult and paediatric ARVs ("Adult/Paediatric ARVs") during years two and three of the Program is subject to the satisfaction of each of the following conditions:

- (1) the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a revised forecast for Adult/Paediatric ARVs, taking into consideration, as appropriate, buffer stock, attrition rate and any changes in regimen (the "Revised Forecast"); and
- (2) the delivery by the Principal Recipient to the Global Fund of a revised detailed and summary budget for the Implementation Period (the "Revised Budget"), if deemed necessary by the Global Fund taking into consideration the Revised Forecast; and
- (3) the written approval by the Global Fund of the Revised Forecast and, if deemed necessary by the Global Fund under Section 5.2.2 of this Grant Confirmation, the Revised Budget.

5.3. 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\$49,053,229; and
- (2) New funding allocated to the Principal Recipient, in the amount of US\$189,486,644.

SCHEDULE 1. INTEGRATED GRANT DESCRIPTION

Country:	Republic of India
Program Title:	Increasing Access and promoting comprehensive Care, Support and Treatment
Grant Name:	IDA-H-HACO
Grant Number:	862
Disease:	HIV/AIDS
Principal Recipient:	The Department of Economic Affairs, Ministry of Finance

A. PROGRAM DESCRIPTION**1. Background and Rationale for the Program:**

India has the third highest number of estimated people living with HIV in the world. According to the HIV Estimations 2012, there is an estimated number of 2.089 million people living with HIV/AIDS in India, with an estimated adult (15-49 age group) HIV prevalence of 0.27% in 2011. India has demonstrated an overall reduction of 57% in the annual new HIV infections among adult population from 0.274 million in 2000 to 0.116 million in 2011, reflecting the impact of various interventions and scaled-up prevention strategies under the National AIDS Control Programme (NACP). The trend of annual AIDS deaths is showing a steady decline since roll out of the free Anti-Retroviral Therapy (ART) program in India in 2004; it is estimated that around 0.15 million lives have been saved due to ART till 2011.

India's National AIDS Control Program (NACP) phase IV aims to provide universal access for Comprehensive Care support and treatment services to all PLHIV. Though there has been massive scale up of testing and treatment facilities in the last decade, certain challenges in the program still remains, such as reaching the unreached both for testing and treatment, delayed testing and diagnosis, gaps in retention cascade with linkage loss at each stage of care continuum. There is need to scale up, strengthen and decentralize service delivery mechanisms to improve coverage especially for Key populations, women, rural population and hard to reach population. The changing face of epidemic, emergence of new pockets in newer geographic areas and limited access to services have further necessitated the need for further scale up of services to improvise the services and serve the unserved.

The National AIDS Control Organization (NACO) of the Ministry of Health and Family Welfare (MoH&FW) manages the national response with a multimillion-dollar budget funded increasingly from domestic sources. Under the Global Fund New Funding Model, NACO will be supported by three civil society organizations.

2. Goals, Strategies and Activities:**Goals:**

- Reduction of new HIV infections with 50% of 2007 Baseline of NACP III; and
- Provide comprehensive care and support to all PLHIV and treatment services for all those who require it

Strategies: Strategies under NACP-IV that have been identified in the current Global Fund NFM proposal include increasing access and promoting comprehensive care, support and treatment, building capacities, strengthening HIV-TB collaborative activities, building capacities and strengthen systems for linkages, quality care at service delivery points, monitoring and evaluation of services

Planned Activities: The national program proposes to carry forward the goals and objectives of NACP IV by consolidating and strengthening achievements for reduction in new HIV infections and scaling up the program to enable Universal Access to care, support and treatment facilities.

The program aims:

- To provide Universal Access to ART for all PLHIV including key population to reduce morbidity and mortality related to HIV & HIV-TB co infection and also to reduce transmission risks
- To strengthen systems for prevention, early diagnosis and treatment of TB and HIV in co-infected individuals for improved outcomes
- To improve coverage of PMTCT services through enhanced access in public and private sector and working towards elimination of pediatric HIV and keeping mothers alive healthy
- To strengthen systems to enhance access to both TB and HIV services, quality of care, monitoring & evaluation
- 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.
- Early linkages of PLHIV including key population to Care ,Support and treatment services and retention in care continuum

3. Target Group/ Beneficiaries:

The NACP aims at strengthening towards universal access to ART for all PLHIV, reduction in morbidity & mortality associated with HIV, and movement towards the elimination of pediatric HIV. The interventions will strengthen and improve care and treatment access for key populations such as sex workers, MSM, TGs, Migrants, vulnerable groups, underserved populations in hard to reach areas, women (including pregnant women), children, TB co-infected individuals, across both high and increasing disease prevalence areas.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.