The Global Fund

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 **United Nations Development Programme** (the "Principal Recipient"), 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 13 October 2016, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Principal Recipient, 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, representations, conditions, 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 UNDP-Global Fund Grant Regulations).

3. **Grant Information.** The Global Fund and the Principal Recipient hereby confirm the following:

3.1	Host Country or Region:	Plurinational State of Bolivia
3.2	Disease Component:	Tuberculosis
3.3	Program Title:	Strengthening Tuberculosis Control Actions In Bolivia
3.4	Grant Name:	BOL-T-UNDP
3.5	GA Number:	1201
3.6	Grant Funds:	Up to the amount of US$10,710,756 (Ten Million Seven Hundred Ten Thousand Seven Hundred and Fifty-Six US Dollars)
3.7	Implementation Period:	From 01 January 2017 to 31 December 2019 (inclusive)

3.8	Principal Recipient:	United Nations Development Programme Avenida Sánchez Bustamante esq. Calle 14, Edificio Metrobol II, Calacoto, Zona Sur, La Paz Plurinational State of Bolivia Attention: Mr. Mauricio Ramirez Villegas Resident Representative UNDP Bolivia Telephone: +591 22624510 Facsimile: +591 22795820 Email: mauricio.ramirez@one.un.org
3.9	Fiscal Year:	01 January to 31 December
3.10	Local Fund Agent:	Grupo Jacobs Av. Juan Pablo II, Res Villa Francesca, Senda Marsella NRO 4, Colonia Escalon, San Salvador, Republic of El Salvador Attention: Mrs. Yadira Sanchez Telephone: + 503 2511 3000 Facsimile: + 503 2511 3011 Email: yadira.sanchez@grupojacobs.com
3.11	Global Fund Contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier, Geneva Switzerland Attention: Mrs. Annelise Hirschmann Regional Manager Latin America and Caribbean Team Grant Management Division Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: annelise.hirschmann@theglobalfund.org

4. **Conditions.** The Global Fund and the Principal Recipient further agree that:

4.1 Unless otherwise agreed to by the Global Fund in writing, the use of Grant funds by the Principal Recipient to finance the renovation of public facilities ("Renovation Activities") is subject to (1) the delivery by the Principal Recipient to the Global Fund of a detailed budget and work plan, in form and substance satisfactory to the Global Fund, for the Renovation Activities to be performed at the relevant site, with detailed assumptions including, where applicable, a feasibility study, site assessment reports, architectural plans, appropriate technical costing documents, detailed bills of quantity and architectural estimates (the "Renovation Budget and Work Plan"); and (2) the written approval by the Global Fund of the Renovation Budget and Work Plan.

4.2 Unless otherwise agreed to by the Global Fund in writing, the use of Grant funds by the Principal Recipient to finance equipment is subject to the (1) the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a detailed needs assessment to justify the procurement of the equipment (the "Detailed Equipment Needs Assessment"); (2) the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a plan and budget covering all equipment that are proposed to be acquired under the Program (the "Detailed Equipment Plan and Budget"); and (3) the written approval by the Global Fund of the Detailed Equipment Plan and Budget.

4.3 The Parties acknowledge that as of the date of the signature of this Agreement, the Global Fund has not approved the plan for the procurement, use and supply management of Health Products (the "PSM Plan") for each year of the implementation period. Pursuant to the Grant Regulations and unless otherwise agreed to by the Global Fund in writing, the use by the Principal Recipient of Grant funds for the procurement of Health Products is conditional upon the approval by the Global Fund of the PSM Plan. The PSM Plan shall include, among others, as a part of the justifications, a MGIT strategy, implementation arrangements and budget regarding MGIT health products, equipment, renovation activities, and other related activities (the "MGIT Strategy, Plan and Budget").

4.4 The use of Grant funds by the Principal Recipient to finance sustainability and transition activities is subject to (1) the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a detailed transition plan and budget covering activities that are proposed to be conducted under the Program (the "Detailed Sustainability and Transition Plan and Budget"); and (2) the written approval by the Global Fund of the sustainability and transition plan and budget.

[*The signature page follows.*]

IN WITNESS WHEREOF, the Global Fund and the Principal Recipient 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

By: _____

Name: Mr. Mark Eldon-Edington

Title: Head, Grant Management Division

Date: 24 JAN 2017

United Nations Development Programme

By: _____

Name: Mr. Mauricio Ramirez Villegas

Title: Resident Representative

Date: 20 ENE. 2017

Acknowledged by

By: _____

Name: Mrs. Ariana Campero

Title: Chair of the Country Coordinating Mechanism for the Plurinational State of Bolivia

Date:

By: _____

Name: Mr. Gumercindo Molina Temo

Title: Civil Society Representative of the Country Coordinating Mechanism for the Plurinational State of Bolivia

Date:

Schedule I

Integrated Grant Description

Country:	Plurinational State of Bolivia
Program Title:	Strengthening Tuberculosis Control Actions In Bolivia
Grant Name:	BOL-T-UNDP
Grant Number:	1201
Disease Component:	Tuberculosis
Principal Recipient:	United Nations Development Programme

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

The epidemiological context

In Bolivia, tuberculosis (TB) is considered a public health priority due to its morbidity and mortality and high transmission rate. For 2013, Bolivia, with an estimated total population of 10.5 million inhabitants, had the second highest tuberculosis rate in the Latin America and Caribbean region. According to the World Health Organization (WHO) 2013 estimates, the incidence rate for TB (all forms) was estimated to be 123 per 100,000 inhabitants[1], and TB prevalence rate was estimated to be 196 per 100,000 inhabitants.

The WHO estimated 13,000 new cases of TB (all forms) for the year 2014, while Bolivia actually reported 7,572 cases that year, representing 58.2 percent of the estimate (5,428 TB patients). This gap of undiagnosed cases or unreported cases constitutes one of the main challenges for the country.

In terms of the geographical distribution, the incidence of TB is particularly high in departments with main cities and highest population density rate. For the year 2014, Santa Cruz registered 39.6 percent, La Paz registered 24 percent and Cochabamba registered 14.8 percent of all new cases of TB in Bolivia. Eventhough these three departments concentrate the largest percentage of the disease burden, there are other departments that reflect in absolute terms a higher TB incidence, such as Tarija and Beni with an incidence rate of 76.6 and 69.8 respectively despite concentrating 9.3 percent of all new cases of TB in Bolivia.

Drug Resistant Tuberculosis (DR-TB).

The DR-TB situation represents a significant challenge for TB control in Bolivia, particularly in the departments with the highest TB burden (Santa Cruz, Cochabamba and La Paz). In 2013, WHO estimated 160 cases (Confidence Interval 95 percent 97–220) of DR-TB, of which 72 (Confidence Interval 95 percent 24–160) were new cases and 85 (Confidence Interval 95 percent, 87–110) previously treated cases. In that year, Bolivia notified 51 percent of the WHO total estimated cases. Up to date, all patients who were diagnosed started treatment, and despite significant improvements a gap between diagnosis and start of treatment still remains.

[1] WHO TB Country Profile

TB/HIV co-infection.

The HIV epidemic in Bolivia is concentrated in key populations. The estimated prevalence rate in the gay, bisexual, transgender and MSM populations is 11.60 percent. Despite HIV testing among tuberculosis patients has improved, Antiretroviral Therapy (ART) coverage for co-infected cases has declined. In 2014, results demonstrate that HIV testing increased from 60 percent in 2012 to 77 percent of tuberculosis patients that were screened. Nevertheless, in 2014 a total of 1,742 patients of TB cases did not know their HIV status. Moreover, ART coverage for co-infected cases declined from full coverage in 2012 to 68 percent in 2014 of which 48 percent of patients receive cotrimoxazol preventive therapy (CPT). In addition, the National HIV/AIDS program reports 13.6 percent of people living with HIV (PLHIV) (667/4876) receiving isoniazid preventive therapy (IPT).

Persons Deprived of Liberty (PDL).

According to data from the Report on the Exercise of Human Rights in the Plurinational State of Bolivia, Public Ombudsman, 2013 (Annex 8) the prison population is 14,770, distributed between 22 prisons and local jails, a situation that leads to overcrowding. The incidence rate of TB (all forms) among PDL is 11.3 times higher than in the general population. At the same time, new AAFB+ cases accounted for 90.2 percent of cases notified in 2014, evidence of a high level of transmission of the disease within prison establishments.

The prisons with the highest disease burden, largest population, and worst overcrowding are: Palmasola, Montero in the department of Santa Cruz; San Pedro, Centro de Orientación Femenina in Miraflores, and Centro de Orientación Femenina in Obrajes, department of La Paz; Mocoví in the department of Beni and El Abra, San Sebastián and San Antonio in the department of Cochabamba, with a population of 9,575, which in 2014 reported 98 cases, giving an incidence of 1023.5 cases per 100,000.

Directly observed treatment is administered in prison establishments, under regulated conditions. In Palmasola prison, directly observed treatment is administered within a framework of close confinement, ensuring a treatment success rate of more than 85 percent. Upon completion of treatment, PDL are reincorporated into an open or semi-open regime where cases of reinfection were identified, probably due to high transmission within prison establishments.

Treatment

Bolivia uses the following treatment regimens: i) regimen I for new patients; ii) regimen II for re-treatment iii) regimen III – pediatric; iv) regimen IV – standardized with DR-TB and individualized regimen with DR-TB. Regimen I uses four anti-TB drugs in the initial phase and two in the continuous phase. Treatment is administered daily and strictly supervised during the two service phases or in the community with the participation of nursing staff, community agents and health promoters.

Since 2009, Bolivia has reported success rates for the treatment of new cases of Pulmonary TB (PTB) higher than 85 percent. In 2013, the result of treatment of the PTB cohort shows that the treatment success rate is 86.8 percent, with a 4.5 percent abandonment rate, 3.8 percent mortality, 4.1 percent lost to follow-up, and 0.8 percent failures. Analysis of the outcomes of treatment by department reveal significant variations: 82.1 percent (202/245) of abandonments, 71.1 percent (143/201) of deaths, 82.6 percent (38/46) of failures and 74.4 percent (137/184) of patients lost during follow-up are patients of three departments: La Paz, Santa Cruz and Cochabamba (National Tuberculosis Control Program Result for cohort of treatment of new cases of PTB by Department Bolivia 2013).

Analysis of previously treated patients shows that treatment success in this population is 79.4 percent (429/540), 10.3 percent of patients abandoned treatment, 4.6 percent of patients died and 5 percent of patients were failures and losses of follow up of treatment. Approximately 82 percent of abandonments are from the departments of Santa Cruz, Cochabamba and La Paz, of which Santa Cruz accounts for 53.6 percent of the abandoned cases among those previously treated. Approximately 80 percent of deaths also correspond to these three departments.

The program context

Bolivia has an estimated population of 10,598,035 (2014) inhabitants with a median of 22 years of age and it is mainly urban. Approximately 72 percent of the population is concentrated in the departments of Santa Cruz, La Paz and Cochabamba.

According to the TB Multisectoral Strategic Plan 2016-2020, Bolivia's vision is to have a Bolivia free of tuberculosis by 2020. To do so, the main goal is to reduce the high burden of TB and social determinants through multi sectorial efforts between articulated management levels and civil society, respecting human rights, to improve the quality of life of those affected and the general population.

The strategic goals established by the country are as follows:

1. Strengthen action to prevent risks and promoting health in the general population and most vulnerable populations, respecting gender, generational, cultural, social differences and sexual diversity, promoting practices that favor health care.
2. Strengthen universal access with equity, to the general population and the populations most vulnerable to early diagnosis, quality and warm treatment and preventing defaulting and promoting an effective cure.
3. Strengthen the comprehensive care of: (a) drug-resistant tuberculosis (DR - TB), (b) Adverse reactions to anti tuberculosis drugs (RAFA).
4. Develop effective and efficient collaborative actions with HIV programs and non-communicable diseases.
5. Develop studies, research and evaluation, according to the social context and epidemiological profile of tuberculosis in the country.
6. Develop innovative strategies to control tuberculosis with emphasis on eliminating stigma and discrimination.

The funding context

Resources allocated to combat tuberculosis in Bolivia for the period 2011–2014 amounted to an estimated total of USD 13.7 million, of which 60.5 percent (8.3 million dollars) corresponded to internal sources while the remaining 39.5 percent (5.4 million dollars) came from external sources.

The TB Multisectoral Strategic Plan 2016-2020 has been costed at USD 38.7 million. For the period of 2016-2019, Bolivia aims to invest a total amount of USD 21 million of which 40.7 percent are internal sources, 51.1 percent are Global Fund resources and 8.2 percent are not financed which will leave 8.2 percent funding gap.

There is a commitment from the government to increase its financial contribution to the tuberculosis response over the next 3 years by USD 1.03 million annually. It is important to note that these additional resources represent 10.8 percent of internal resource investment. This funding will mainly cover the needs related to the procurement of second-line drugs, hospital services for MDR-TB patients, and management of adverse reactions to anti-TB drugs.

2. Goals, Strategies and Activities

Goals:

- Reduce the incidence of all forms of TB by 17 percent by 2020.
- Reduce the mortality rate from TB/HIV by 15 percent by 2020.

Strategies:

- Offer services for the care, case detection, diagnosis and treatment of TB, to reduce the burden of all forms of TB.
    - Increase treatment coverage-Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed).
- Strengthen the offering of MDR-TB care services, with early diagnosis, case detection, guaranteeing treatment and monitoring, to reduce the burden of MDR-TB.
    - Increase treatment success rate of MDR-TB; Percentage of bacteriologically confirmed drug resistant TB cases (RR-TB and/or MDR-TB) successfully treated.
- Offer integrated TB/HIV care service, ensuring the continuity of the cooperation and joint management mechanism between the TB/HIV programs; to reduce the TB burden in people with HIV, and to reduce the HIV burden in people with TB.

Main Planned Activities:

- Development and validation of a care package for TB, DR-TB, TB/HIV and co-morbidities organized according to the level of care, to be implemented in health care facilities.
- Training workshops to support implementation of care packages.
- Monitoring and evaluation of the implementation of care packages for TB patients and of the cycles of quality TB care in priority municipalities at departmental level.
- Review, evaluation and adaptation of the strategy based on short high-quality cycles of TB care to be implemented in municipalities with a very high burden and sequentially in those with a high burden.
- Workshops to facilitate the update of guidelines for TB, DR-TB, TB/HIV and co-morbidities, aimed at doctors at the departmental level.
- Implementation of Big Cities strategy adapted to the national context in the city of Santa Cruz de la Sierra, which has the highest TB burden, the largest number of DR-TB cases and of TB/HIV co-infection, abandonment and relapses.
- Identification of PDL peer promoters to support monitoring activities within prison wings.
- Updating and printing of PDL promoter guide.
- Purchase of backpacks and polo shirts for promoters for health staff in prison establishments and PDL to support TB activities inside prison establishments.
- Payment of transport for health staff transferring TB patients who are released to ensure transfer of TB patient.
- Support with nutritional supplements for treatment of TB and DR-TB patients.
- Organization of health fairs in prison establishments on TB and other inter-program activities with HIV and non-transmissible disease programs.
- Performing a situational diagnosis of laboratories that perform bacteriological diagnosis of TB with respect to infrastructure and biosecurity conditions, and encompassing operationality of and accessibility to TB diagnosis.

- Review, adjust and implement plan to strengthen the laboratory network in coordination with the National Tuberculosis Control Program, based on the input of situational diagnosis.
- Regular supervision of network laboratories to ensure compliance with physical conditions, biosecurity and TB diagnosis quality rules.
- Strengthening diagnostic capacity of the National Reference Laboratory: procurement and installation of MGIT equipment.
- Guarantee access to cultures and Drug Susceptibility Testing:
  - Develop, validate and disseminate a plan for the implementation and expansion of rapid TB diagnosis.
  - Develop, validate, print and disseminate the diagnostic algorithm for people eligible for culture and DST, and the GeneXpert MTB/RIF rapid diagnosis method.
  - Procurement and installation of geneXpertMTB / RIF machines and equipment.
- Management training workshops aimed at biochemists and technical officers at departmental level and international laboratories.
- Strengthening strategies to promote adherence to TB treatment in the community level.
- Procurement of second-line drugs (70 percent included in the concept note).
- Coordination meetings of Committee for TB/HIV collaborative interventions.
- Meetings of the committee to update the TB/HIV co-infection guide.
- Monitoring oversight visits: monitoring of collaborative interventions in coordination with departmental committees on TB/HIV co-infection.
- Design a Sustainability and Transition Plan.
- Update of the information system SIRETB.
- National Tuberculosis Control Program departamental evaluation.

3. **Target Group/Beneficiaries**

- General population in urban and rural areas.
- TB-DR patients and adverse reaction to anti-drug TB patients.
- TB/HIV co-infected patients.
- Persons deprived of liberty (PDL).

B. PERFOMANCE FRAMEWORK

Performance Framework			English	
A. Program details				
Country / Applicant:	Bolivia (Plurinational State)	**Principal Recipients** *(Please select from list or add a new one)*	United Nations Development Programme, Bolivia	UNDP
Component:	Tuberculosis			
Start Year:	2017			
Start Month:	January			
Annual Reporting Cycle	Jan - Dec			
Reporting Frequency (Months)	12			

Anticipated Schedule of Cash Transfers and Commitment and Disbursement Decisions			
Annual Disbursement & Commitment Decision		Cash Transfer	

B. Reporting periods					
Period	Jan 2017 - Dec 2017		Jan 2018 - Dec 2018		Jan 2019 - Dec 2019
PU due	No		No		No
PU/DR due	Yes		Yes		No

C. Program goals and impact indicators	
Goals:	
1	Reduce the incidence of all forms of TB by 17% by 2020 // Reducir la incidencia de la tuberculosis en todas sus formas en 17% al 2020
2	Reduce the mortality rate from TB/HIV by 15% // Reducir la tasa de mortalidad por tuberculosis/VIH en 15%

Linked to goal(s)	Impact indicator	Country	Baseline			Required disaggregation	Targets						Comments
			Value	Year	Source		2017	Report due date	2018	Report due date	2019	Report due date	
2	TB I-3. TB mortality rate (per 100.000 population) TB I-3. Tasa de mortalidad de la tuberculosis (por cada 100.000 habitantes)	Bolivia (Plurinational State)	3.1	2014	WHO Global TB report		2.6	15.02.2018	2.4	15.02.2019	2.1	15.02.2020	Measurement methodology : This indicator excludes TB / HIV mortality. Bolivia does not have a vital registration system that allows to routinely monitor mortality from tuberculosis. Metodología de medición: Este indicador excluye la mortalidad por TB/VIH. Bolivia no cuenta con un sistema de registro de hechos vitales que permita el seguimiento rutinario de la mortalidad por tuberculosis.
2	TB I-4. RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB TB I-3. Prevalencia de TB-RR (tuberculosis resistente a la rifampicina) y/o TB-MR (tuberculosis multirresistente) entre nuevos pacientes- Proporción de nuevos casos de TB de TB-RR y/o TB-MR entre los nuevos casos de TB	Bolivia (Plurinational State)	2.50%	2014	WHO Global TB report		3.0%	15.02.2018	2.5%	15.02.2019	2.0%	15.02.2020	Measurement methodology : This indicator refers to data modelled by WHO. Metodología de medición: Este indicador se refiere a datos modelados por OMS

D. Program objectives and outcome indicators

Objectives:	
1	Offer services for the care, case detection, diagnosis and treatment of TB, to reduce the burden of all forms of TB. // Ofertar servicios de atención, detección de casos, diagnóstico y tratamiento de la Tuberculosis, para reducir la carga de Tuberculosis en todas sus formas.
2	Strengthen the offering of MDR-TB care services, with early diagnosis, case detection, guaranteeing treatment and monitoring, to reduce the burden of MDR-TB. // Fortalecer la oferta de servicios de atención TB MDR, con el diagnóstico temprano, detección de casos, garantizando tratamiento y seguimiento, para reducir la carga de TB MDR.
3	Offer integrated TB/HIV care service, ensuring the continuity of the cooperation and joint management mechanism between the TB/HIV programs; to reduce the TB burden in people with HIV, and to reduce the HIV burden in people with TB. // Ofertar servicios de atención integral TB/VIH dando continuidad al mecanismo de colaboración y gestión conjunta entre los Programa de TB/VIH, para reducir la carga de TB en personas con VIH y reducir la carga de VIH en personas con TB.

Linked to objective(s) #	Outcome indicator	Country	Baseline			Required disaggregation	Targets						Comments
			Value	Year	Source		2017	Report due date	2018	Report due date	2019	Report due date	
2	TB O-4: Treatment success rate of MDR-TB: Percentage of bacteriologically confirmed drug resistant TB cases (RR-TB and/or MDR-TB) successfully treated TB O-4: Tasa de éxito del tratamiento de TB-MR: porcentaje de casos de tuberculosis farmacoresistente confirmados bacteriológicamente (TB-RR y/o TB-MR) que se han tratado con éxito	Bolivia (Plurinational State)	67%	Cohort 2012	R&R TB system, yearly management report Sistema de R&R TB, informe de	XDR-TB	65.0	31.03.2018 cohort 2015	70.0	31.03.2019 cohort 2016	75.0	31.03.2020 cohort 2017	Baseline: it refers to 29/43 Línea de base se refiere a 29/43
2	TB O-5: Treatment coverage-Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) TB O-5: Cobertura de tratamiento- Porcentaje de casos nuevos y recaídos que fueron notificados entre el número estimado de casos incidentes de tuberculosis para el mismo año (todas las formas de TB-bacteriológicamente confirmados más diagnosticados clínicamente)	Bolivia (Plurinational State)	62,1	2014	R&R TB system, yearly management report Sistema de R&R TB, informe de gestión anual		80.0	31.03.2018	83.5	31.03.2019	83.51	31.03.2020	Baseline: it refers to 8079/13000*100 Measurement methodology: numerator-the targets are 2016:8482; 2017 : 8906; 2018 : 8373; 2019 : 7820; and denominator- a decrease is expected to estimated cases to 11980 in 2016, to 11141 in 2017, to 10027 in 2018 and to 9125 in 2019. Línea de base se refiere a 8079/13000*100 Metodología de medición: Numerador -las metas son :2016:8482; 2017 : 8906; 2018 : 8373; 2019 : 7820; y denominador-se espera una disminución a 11980 casos estimados para 2016, 11141 para 2017, 10027 para 2018 y 9125 para 2019.

E. Modules

Module 1 — TB care and prevention

Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (If Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets								Comments
										Jan 2017 - Dec 2017				Jan 2018 - Dec 2018				Jan 2019 - Dec 2019	
					N# / D#	%	Year	Source		N# / D#	%			N# / D#	%			N# / D#	%
TCP.1: Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed) includes new and relapse cases TCP.1: Número de casos notificados de tuberculosis todas las formas (confirmados bacteriológicamente + con diagnóstico clínico) incluye casos nuevos y recaídas	UNDP		National	Non-cumulative	8079		Cohorte 2014	R&R TB system, quarterly reports Sistema de R&R TB, informes trimestrales	Sex, Age, HIV test result, Type (bacteriologically confirmed) Sexo, Edad, Resultado Test VIH, Tipo (Confirmado bacteriológicamente)	8,907				8,372				7,620		**Baseline:** According to WHO estimates , Bolivia has decreased the incidence rate of TB in 2.5 %. **Measurement methodology**: a decrease is expected to estimated cases to 11980 in 2016, to 11141 in 2017 and to 10027 in 2018. With the implementation of care packages for TB and organization of health facilities for the search of suspected cases in priority municipalities with very high burden and high burden and prisoners, an increase is expected in the incidence of TB all forms of 5% by 100,000 in 2016, relative to the baseline , and a decrease of 6 % in 2018 and 9 % in 2019. Data refer to new cases and relapses . **Línea de base:** De acuerdo a las estimaciones de la OMS, Bolivia ha disminuido la tasa de incidencia de TB en 2,5%. **Metodología de medición**: se espera una disminución a 11980 casos estimados para 2016, 11141 para 2018 y 10027 para 2019. Con la implementación de los paquetes de atención a TB y organización de los establecimientos de salud para la busqueda de SR en zonas priorizadas municipios de muy alta carga y alta carga y PPL, se espera un incremento en la incidencia de TB todas las formas por 100.000 habitantes de 5% en el 2016, en relación a la línea de base, y una disminución del 6% en 2018 y 9% en el 2019. Los datos se refieren a casos nuevos y recaídas.
TCP.2: Treatment-success rate-all forms: Percentage of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed) successfully treated (cured plus treatment completed) among all forms of TB cases registered for treatment during a specified period, includes new and relapse cases TCP.2: Tasa de éxito del tratamiento en todas las formas de tuberculosis: Porcentaje de casos de tuberculosis todas las formas (confirmados bacteriológicamente y con diagnóstico clínico) que se han tratado con éxito (curados y tratamiento terminado) entre todos los casos de tuberculosis todas las formas registrados para recibir tratamiento durante un periodo específico incluye casos nuevos y recaídas	UNDP		National	Non-cumulative	6786 8473	80.1%	Cohorte 2013	R&R TB system, quarterly reports Sistema de R&R TB, informes trimestrales	Sex, Age, HIV test result, Type (bacteriologically confirmed) Sexo, Edad, Resultado Test VIH, Tipo (Confirmado bacteriológicamente)	7,210 8,462	85.0%			7,571 8,907	85.0%			7,116 8,372	85.0%	

Workplan Tracking Measures

Module 2	TB/HIV																					
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets											Comments
										Jan 2017 - Dec 2017				Jan 2018 - Dec 2018				Jan 2019 - Dec 2019			
					N#	%	Year	Source		N #	%			N #	%			N #	%		
					D#					D #				D #				D #			
Workplan Tracking Measures																						

Module 3	MDR-TB																					
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets											Comments
										Jan 2017 - Dec 2017				Jan 2018 - Dec 2018				Jan 2019 - Dec 2019			
					N#	%	Year	Source		N #	%			N #	%			N #	%		
					D#					D #				D #				D #			
MDR TB-6: Percentage of TB patients with DST result for at least Rifampicin among the total number of notified (new and retreatment) cases in the same year MDR-TB-6: Porcentaje de pacientes de TB con un resultado de PSD para al menos la rifampicina entre el total de los casos notificados (nuevos y retratamientos) en el mismo año	UNDP		Nacional	Non-cumulative	748 8079	9,3%	2014	TB laboratory register Registro de laboratorios de tuberculosis		960 8.907	11%			1.344 8.372	16%			1.324 7.620	17%		**Baseline:** WHO reported the data refered to requested samples and not to people receiving the test. **Measurement methodology**: DST coverage includes results from molecular (example Xpert Mtb/Rif) as well as conventional phenotypic DST results. In the past 3 years there were 7% of retreated cases diagnosed. **Linea de base:** el dato reportado OMS eran muestras solicitadas para retratados y no personas recibiendo el test. **Metodología de medición:** La cobertura de PSD incluyen resultados de tests moleculares (por ejemplo Xpert Mtb/Rif) así como a resultados de PSD fenotípicos convencionales. 7% de retratados ha habido en los últimos 3 años.
MDR TB-2: Number of TB cases with RR-TB and/or MDR-TB notified MDR TB-2: Número de casos de tuberculosis notificados con tuberculosis resistente a la rifampicina y/o tuberculosis multiresistente	UNDP		National	Non-cumulative	110		2014	R&R TB system, quarterly reports Sistema de R&R TB, informes trimestrales	Sex, Age Sexo, Edad	104				151				176			**Measurement methodology** : WHO estimates 209 MDR -TB cases for 2014, 212 for 2017, 215 for 2018 and 220 for 2019 . It aims to reduce the gaps , increasing the detection rate of 39.4 % to 50 % in 2017 , 70 % in 2018 and 80 % in 2019 **Metodología de medición**: La OMS estima 209 casos de TB-MDR al 2014, 212 para 2017, 215 para 2018 y 220 para 2019 . Se pretende disminuir las brechas, incrementando la tasa de detección de 39,4% a 50% en 2017, 70% en el 2018 y 80% en el 2019-
MDR TB-3: Number of cases with RR-TB and/or MDR-TB that began second-line treatment MDR TB-3: Número de casos de tuberculosis resistente a la rifampicina y/o tuberculosis multiresistente que han comenzado un tratamiento de segunda línea	UNDP		National	Non-cumulative	55		2014	R&R TB system, quarterly reports Sistema de R&R TB, informes trimestrales	Sex, Age, New drugs, Short regimens Sexo, Edad, Nuevos medicamentos, Regímenes Cortos	88				138				167			**Measurement methodology:** WHO estimates 209 cases of MDR-TB by 2014. It expects to treat 88 people in 2017 (85 % of those diagnosed) , 138 in 2018 (92 % of those diagnosed) and 167 in 2019 (95 % of those diagnosed). Target considers that: 1. People identified as MDR-TB are considered complicated patients in the initiation and adherence to treatment, given the basic conditions of these people (ie. Extreme poverty, homelessness, prisoners drug addicts, HIV-TB, etc) . 2. Not all MDR-TB cases will be captured through the GeneXpert. 39% of the total are still captured through conventional laboratory methods that require more time in the diagnosis (3-4 months on average) which would cause a possible loss of patients hindering the location of patients detected once diagnosis known (location problems, access and dispersion due to the breadth of the Bolivian territory). **Metodología de medición: La OMS estima 209 casos de TB-MDR al 2014. Se espera poner en tratamiento a 88 personas en 2017 (85% de los diagnosticados), 138 en 2018 (92% de los diagnosticados) y 167 en 2019 (95% de los diagnosticados). La definicion de metas considera que:** **1. Las personas identificadas como MDR-TB son consideradas como pacientes complicados en el inicio y la adherencia al tratamiento, dadas las condiciones de base de estas personas (verb. extrema pobreza, situación de calle, PPL drogodependientes, VIH-TB, etc).** **2. No todos los casos TB-MDR captados serán a través del GeneXpert. Todavía un 39% del total son captados por métodos convencionales que requieren mayor tiempo en el diagnóstico (3-4 meses en promedio) lo que ocasionaría una posible pérdida de pacientes que dificulta la ubicación de los pacientes detectados una vez conocido el diagnóstico (problemas todavía de ubicación, acceso y dispersión debido a la amplitud del territorio Boliviano).**

WorkplanTracking Measures

#	Intervention	Key Activities	Milestones/Targets (no more than 200 characters)	Criterion for completion milestone/target	Milestones/Targets							Comments (no more than 500 characters)
					#REF!	Jan 2017 - Dec 2017		Jan 2018 - Dec 2018		Jan 2019 - Dec 2019		
1	Detección de casos y diagnóstico: TB-MR	Timely diagnosis of DR TB Diagnóstico oportuno de la TB DR	GeneXpert roll-out Implementación del GeneXpert	GeneXpert implemented and running GeneXpert implementado y funcionando		x		x		x		Not Started : No progress in relation to the planned milestone or target Initiated : 59 % or less of the targets achieved Advanced : 89 % or less of the targets achieved Complete : at least 89 % of the targets achieved No iniciada: Ningún progreso en relación con el hito o meta planificada Iniciada: 59% o menos de las metas logradas Avanzada: 89% o menos de las metas logradas Completa: al menos 89% de las metas logradas
				20 people trained in the use of GeneXpert for MDR -TB diagnosis 20 personas capacitadas en el uso del GeneXpert para diagnostico de MDR-TB	x							
			Persons identified for diagnosis with GeneXpert Personas identificadas para recibir diagnostico con uso de GeneXpert	100 % of people living with HIV who are diagnosed with TB GeneXpert 100 % de personas que viven con VIH que reciben diagnostico de TB con GeneXpert		x		x		x		
				100 % prisoners with TB receiving TB diagnosis with GeneXpert 100 % de pacientes privados de libertad que reciben diagnostico de TB con GeneXpert		x		x		x		
				100 % of retreatment patients receiving DST with GeneXpert 100 % de pacientes con tuberculosis previamente tratados que reciben PSM con GeneXpert		x		x		x		

Module:4	HSS - Health information systems and M&E																					
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets											Comments
										Jan 2017 - Dec 2017				Jan 2018 - Dec 2018				Jan 2019 - Dec 2019			
					N#	%	Year	Source		N #	%			N #	%			N #	%		
					D#					D #				D #				D #			

Impact indicator

Impact indicator	Required disaggregation	Baseline			Comments
		Value	Year	Source	

Outcome indicator

Outcome indicator	Required disaggregation		Baseline			Comments
			Value	Year	Source	
TB O-4: Treatment success rate of MDR-TB: Percentage of bacteriologically confirmed drug resistant TB cases (RR-TB and/or MDR-TB) successfully treated TB O-4: Tasa de éxito del tratamiento de TB-MR; porcentaje de casos de tuberculosis farmacorresistente confirmados bacteriológicamente (TB-RR y/o TB-MR) que se han tratado con éxito	XDR-TB	Positivo	0	Cohort 2012	R&R TB system, yearly management report Sistema de R&R TB, informe de gestión anual	There were 43 MDR-TB cases. Hubo 43 casos de MDR-TB

Coverage/Output indicator

Module	Coverage/Output indicator	Required disaggregation		Baseline					Comments
				N#	D#	%	Year	Source	
TB care and prevention	TCP 1: Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed) includes new and relapse cases TCP-1: Número de casos notificados de tuberculosis todas las formas (confirmados bacteriológicamente + con diagnóstico clínico) incluye casos nuevos y recaídas	Sex	Male	4,958	8,079	61%	cohorte 2014		
			Female	3,121	8,079	39%	cohorte 2014		

		Age	<15	TBD	8,079	#VALUE!	cohorte 2014	R&R TB system, yearly management report Sistema de R&R TB, informe de gestión anual	The data is not available, because the aggregate report does not collect it. The data will be available in 2018 for the 2017 cohort . El dato no está disponible, porque el reporte agregado no lo recoge. El dato estará disponible en 2018, para la cohorte 2017.
			15+	TBD	8,079	#VALUE!	cohorte 2014		
		HIV test result	Positive	TBD	8,079	#VALUE!	cohorte 2014		
			Negative	399	8,079	5%	cohorte 2014		
			Not documented	7,680	8,079	95%	cohorte 2014		
		Type	Bacteriologically confirmed	5,904	8,079	73%	cohorte 2014		
	TCP 2: Treatment-success rate-all forms: Percentage of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed) successfully treated (cured plus treatment completed) among all forms of TB cases registered for treatment during a specified period, includes new and relapse cases TCP-2: Tasa de éxito del tratamiento en todas las formas de tuberculosis: Porcentaje de casos de tuberculosis todas las formas (confirmados bacteriológicamente y con diagnóstico clínico) que se han tratado con éxito (curados y tratamiento controlado) entre todos los casos de tuberculosis todas las formas registrados para recibir tratamiento durante un período específico incluye casos nuevos y recaídas	Sex	Male	TBD	8,473	#VALUE!	cohorte 2014		

			Female	TBD	8,473	#VALUE!	cohorte 2014	R&R TB system, yearly management report Sistema de R&R TB, informe de gestión anual	
		Age	<15	TBD	8,473	#VALUE!	cohorte 2014		
			15+	TBD	8,473	#VALUE!	cohorte 2014		
		HIV test result	Positive	TBD	8,473	-	cohorte 2014		The data is not available, because the aggregate report does not collect it. The data will be available in 2018 for the 2017 cohort . El dato no está disponible, porque el reporte agregado no lo recoge. El dato estará disponible en 2018, para la cohorte 2017.
			Negative	TBD	8,473	-	cohorte 2014		
			Not documented	TBD	8,473	-	cohorte 2014		
		Type	Bacteriologically confirmed	5,047	8,473	60%	cohorte 2014		

MDR-TB	MDR TB-2: Number of TB cases with RR-TB and/or MDR-TB notified MDR TB-2: Número de casos de tuberculosis notificados con tuberculosis resistente a la rifampicina y/o tuberculosis multirresistente	Sex	Male	TBD	110	#VALUE!	cohorte 2014	R&R TB system, yearly management report Sistema de R&R TB, informe de gestión anual	This data is not available. A change in norms and recording instruments are expected and the data are expected to be available from 2018 . No se cuenta con este dato, el mismo que se prevee sea abordado en el cambio de normativa e instrumentos de registro y se espera que este disponible a partir de 2018.
			Female	TBD	110	#VALUE!	cohorte 2014	R&R TB system, yearly management report Sistema de R&R TB, informe de gestión anual	
		Age	<15	TBD	110	#VALUE!	cohorte 2014	R&R TB system, yearly management report Sistema de R&R TB, informe de gestión anual	
			15+	TBD	110	#VALUE!	cohorte 2014	R&R TB system, yearly management report Sistema de R&R TB, informe de gestión anual	
	MDR TB-3: Number of cases with RR-TB and/or MDR-TB that began second-line treatment MDR TB-3: Número de casos de tuberculosis resistente a la rifampicina y/o tuberculosis multirresistente que han comenzado un tratamiento de segunda línea	Sex	Male	20	43	47%	cohorte 2012	R&R TB system, yearly management report Sistema de R&R TB, informe de gestión anual	

			Female	23	43	53%	cohorte 2012	R&R TB system, yearly management report Sistema de R&R TB, informe de gestión anual	
		Age	<15	3	43	7%	cohorte 2012	R&R TB system, yearly management report Sistema de R&R TB, informe de gestión anual	
			15+	40	43	93%	cohorte 2012	R&R TB system, yearly management report Sistema de R&R TB, informe de gestión anual	
		New TB drugs;	TB patients treated with regimens that include new TB drugs (endorsed after 2010)	TBD	43	#VALUE!	cohorte 2012	R&R TB system, yearly management report Sistema de R&R TB, informe de gestión anual	
		Short regimens	TB patients treated with short regimens	-	-	-	-	-	Short regimens are not yet implemented in country Los regimenes cortos no se han implementado aun en el país

C. SUMMARY BUDGET

Component:	Tuberculosis
Country / Applicant:	Bolivia (Plurinational State)
Principal Recipient	United Nations Development Programme, Bolivia
Grant Number:	BOL-T-UNDP
Implementation Period Start Date:	01/01/2017
Implementation Period End Date:	31/12/2019
Grant Currency:	USD

Total estimated IGV per year that could be recovered by the Program					
PR	Goods	Year 1	Year 2	Year 3	Total
UNDP	Bienes	13,708.41	6,051.10	3,810.56	**23,570.08**
UNDP	Servicios	83,053.88	51,839.17	50,565.55	**185,458.59**
Total		**96,762.29**	**57,890.27**	**54,736.11**	**209,028.67**

Budget Summary (in grant currency)

By Module	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total
TB care and prevention	525,102	881,892	304,907	149,760	1,861,660	302,087	211,681	175,668	94,212	783,648	187,509	177,297	76,207	72,857	513,871	3,159,179
TB/HIV	4,420	23,569	38,276	4,901	71,166	4,595	25,057	4,940	16,678	51,270	4,788	59,236	4,788	5,319	74,131	196,567
MDR-TB	255,076	1,737,298	226,833	78,161	2,297,367	592,931	103,366	112,389	61,163	869,849	760,152	139,101	85,243	39,873	1,024,369	4,191,586
HSS - Health information systems and M&E	87,834	44,446	98,396	28,647	259,323	3,829	8,691	67,750	54,471	134,741	4,021	73,685	4,021	55,956	137,682	531,746
Program management	361,235	366,667	179,360	214,379	1,121,640	204,400	157,185	139,661	194,101	695,347	227,982	184,417	146,197	256,095	814,691	2,631,679
Total	**1,233,667**	**3,053,872**	**847,771**	**475,847**	**5,611,157**	**1,107,842**	**505,979**	**500,408**	**420,625**	**2,534,854**	**1,184,452**	**633,736**	**316,456**	**430,100**	**2,564,744**	**10,710,756**

By Cost Grouping	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total
1.0 Human Resources (HR)	91,461	91,461	91,461	91,461	365,844	70,106	70,106	70,106	70,106	280,423	68,292	68,292	68,292	68,292	273,169	919,436
2.0 Travel related costs (TRC)	215,706	426,847	461,402	145,998	1,249,953	49,371	241,808	260,809	100,119	652,106	115,055	358,198	73,951	84,865	632,069	2,534,129
3.0 External Professional services (EPS)	96,906	127,978		67,500	292,384	4,386			67,500	71,886				110,000	110,000	474,270
4.0 Health Products - Pharmaceutical Products (HPPP)		183,522			183,522	294,119				294,119	371,169				371,169	848,809
5.0 Health Products - Non-Pharmaceuticals (HPNP)	89,339	87,553			176,892	244,411				244,411	275,673				275,673	696,976
6.0 Health Products - Equipment (HPE)	146,040	1,369,771			1,515,811	100,326				100,326	19,984				19,984	1,636,121
7.0 Procurement and Supply-Chain Management costs (PSM)	59,822	40,953	13,425	16,336	130,536	93,407	14,096	14,096	17,413	139,013	94,511	7,865	7,865	11,348	121,591	391,140
8.0 Infrastructure (INF)		280,315	109,881		390,196											390,196
9.0 Non-health equipment (NHP)	297,033	38,344			335,377	17,358				17,358						352,735
10.0 Communication Material and Publications (CMP)	19,131	71,791	3,618	4,308	98,848	14,224			16,101	30,325	4,749		13,114		17,863	147,036
11.0 Programme Administration costs (PA)	177,472	271,550	127,226	102,895	679,143	170,105	105,731	105,366	100,147	481,348	178,449	117,421	96,664	104,099	496,632	1,657,123
12.0 Living support to client/ target population (LSCTP)	40,758	63,785	40,758	47,350	192,651	50,030	74,239	50,030	49,240	223,539	56,570	81,959	56,570	51,496	246,595	662,785
13.0 Results-based financing (RBF)																
Total	**1,233,667**	**3,053,872**	**847,771**	**475,847**	**5,611,157**	**1,107,842**	**505,979**	**500,408**	**420,625**	**2,534,854**	**1,184,452**	**633,736**	**316,456**	**430,100**	**2,564,744**	**10,710,756**

By Recipients	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total
United Nations Development Programme, Bolivia	138,215	237,389	76,215	68,733	520,551	93,335	71,120	53,596	65,536	283,587	124,498	105,933	67,714	92,611	390,756	1,194,895
MINSA	1,043,599	2,699,392	737,411	341,024	4,821,426	954,088	367,224	403,733	287,453	2,012,499	994,632	445,631	208,420	268,826	1,917,508	8,751,434
SOC_CIV	26,853	117,092	34,145	41,090	219,180	35,419	67,635	43,079	42,636	188,768	40,322	82,172	40,322	43,663	206,479	614,427
OPS	25,000			25,000	50,000	25,000			25,000	50,000	25,000			25,000	50,000	150,000
Total	**1,233,667**	**3,053,872**	**847,771**	**475,847**	**5,611,157**	**1,107,842**	**505,979**	**500,408**	**420,625**	**2,534,854**	**1,184,452**	**633,736**	**316,456**	**430,100**	**2,564,744**	**10,710,756**

Estado Plurinacional de Bolivia
Ministerio de Salud

La Paz, 20 de Enero de 2017

Señores:
FONDO MUNDIAL
Ginebra - Suiza

Ref. Aprobación Firma de Acuerdo de Subvención Tuberculosis

Apreciados Señores:

A tiempo de hacerles llegar un cordial saludo, les informamos que la Propuesta de Subvención para el componente de Tuberculosis, ha sido **revisada** y **aprobada** por **unanimidad** por los miembros del Mecanismo de Coordinación del País, en la Asamblea Extraordinaria del 19 de Dicimbre de 2016, en la Ciudad de La Paz (adjunto a la presente).

Por èste motivo comunicamos a solicitud de la Asamblea que se aprueba proceder con la firma del acuerdo de Subvención entre el Fondo Mundial y el Receptor Principal.

Sin otro particular nos despedimos con las consideraciones del caso.

DESPACHO MINISTERIAL VºBº M.S.

SECRETARIA TECNICA VºBº Lcda. Rosario Renger MCP - BOLIVIA

Dra. Ariana Campero Nava
MINISTRA DE SALUD
ESTADO PLURINACIONAL DE BOLIVIA

ACN/larr
Cc: Archivo
cc/Miembros MCP
cc/Filipa Larrea Gerente de Portafolio.

MECANISMO
DE COORDINACIÓN PAÍS
BOLIVIA

La Paz, viernes, 20 de enero de 2017

Señores:
FONDO MUNDIAL
Ginebra – Suiza

Ref. Aprobación Firma de Acuerdo de Subvención de TUBERCULOSIS

Apreciados Señores:

A tiempo de hacerles llegar un cordial saludo, les informamos que la Propuesta de Subvención para el componente de TUBERCULOSIS, ha sido revisada y aprobada por el Mecanismo de Coordinación del País como verán en el acta adjunta.

Esta carta se presenta como respaldo de la sociedad civil a la mencionada nota, por parte del representante de poblaciones vulnerables a la tuberculosis.

Sin otro particular nos despedimos con las consideraciones del caso.

Sr. Gumercindo Molina
REPRESENTANTE DE POBLACIONES VULNERABLES A LA TUBERCULOSIS
MECANISMO DE COORDINACIÓN PAÍS BOLIVIA
cc/Filippo Iarrea Gerente de Portafolio.