

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 Public Health of the Republic of Ecuador** (the "Principal Recipient") on behalf of Republic of Ecuador (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 23 May 2017, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein.

2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (2014), available at <http://www.theglobalfund.org/GrantRegulations>). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.

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

3.1	Host Country or Region:	Republic of Ecuador
3.2	Disease Component:	HIV/AIDS
3.3	Program Title:	Achieving national targets towards HIV elimination as a public health issue by decentralizing testing services to primary health care level and improving data collection systems
3.4	Grant Name:	ECU-H-MOH
3.5	GA Number:	3141
3.6	Grant Funds:	Up to the amount of USD 6,005,764 or its equivalent in other currencies
3.7	Implementation Period:	From 1 January 2023 to 31 December 2025 (inclusive)
3.8	Principal Recipient:	Ministry of Public Health of the Republic of Ecuador

		<p>Av. Quitumbe Ñan y Av. Amaru Ñan, Plataforma Gubernamental de Desarrollo Social N/A Quito Republic of Ecuador</p> <p>Attention: Mr. Rodrigo Reinaldo Tobar Robalino Coordinador General de la Subvención ECU-H-MOH-1850</p> <p>Telephone: +593993980027 Email: rodrigo.tobar@msp.gob.ec</p>
3.9	Fiscal Year:	1 January to 31 December
3.10	Local Fund Agent:	<p>PricewaterhouseCoopers del Ecuador Cía Ltda Avenida 6 de Diciembre y Boussingault Edificio T6, Piso 14 n/a Quito Republic of Ecuador</p> <p>Attention: David Arroyo Team Leader</p> <p>Telephone: +59322562288 Email: david.arroyo@pwc.com</p>
3.11	Global Fund contact:	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland</p> <p>Attention: Giulia Perrone Regional Manager Grant Management Division</p> <p>Telephone: +41587911700 Facsimile: +41445806820 Email: giulia.perrone@theglobalfund.org</p>

4. **Policies.** The Grantee shall, and shall cause the Principal Recipient to, take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2019, as amended from time to time), (2) the Health Products Guide (2018, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee and the Principal Recipient, from time to time.

5. **Representations.** In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Principal Recipient hereby represents that the Principal Recipient has all the necessary power, has been duly authorised by or obtained all necessary consents, approvals and authorisations to execute and deliver this Grant Confirmation and to perform all the obligations on behalf of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Principal Recipient on behalf of the Grantee of this

Grant Confirmation do not violate or conflict with any applicable law, any provision of the Grantee's and Principal Recipient's constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

6. **Covenants**. The Global Fund and the 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 US\$ 900,865 that is, 15% of the HIV component (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 In accordance with the STC Policy, no later than 31 December 2023, the Principal Recipient, in collaboration with the CCM, shall submit to the Global Fund and obtain the Global Fund’s prior written approval of the updated and prioritized implementation of the detailed transition plan and budget dated 29 July 2019, for the progressive governmental absorption of funding and implementation of Program Activities independently of Global Fund support.

6.6 The Global Fund will evaluate the use of Grant Funds for the financing of human resources.

The Principal Recipient shall ensure that the HIV Project will continue as a priority and emblematic project (Proyecto Emblematico) within the Annual Investment Plan (PAI), and ensure the continuity of the Human Resources assigned to the Proyecto Emblematico. In the event a staff member is dismissed, the Principal Recipient must submit a justification to the Global Fund outlining the reasons for the dismissal and commit to the continuity, by ensuring the transfer of information and backup of all management of the project.

As the Grant Budget includes funds in Year 1 (1 January to 31 December 2023) to finance an executive secretary to foster and coordinate the effective operationalization of CEMSIDA (budget line 59) and funds for IT developers (budget line 66) for software development, connection of the PRAS information module with pharmacies and laboratories, as well as maintenance and improvements of the HIV SUITE. The PR agrees to gradually absorb these personnel starting from Year 2 (1 January to 31 December 2024) to promote sustainability.

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 Public Health of the Republic of
Ecuador**
on behalf of Republic of Ecuador

By: 

By:  Firmado electrónicamente por:
RAUL FRANCISCO
PEREZ TASIGCHANA

Name: Mark Eldon-Edington

Name: RAUL FRANCISCO PEREZ
TASIGCHANA


Title: Head, Grant Management Division

Title: Subsecretario Nacional de Vigilancia de
la Salud Pública

Date: Dec 20, 2022

Date: 16 de Diciembre de 2022

Acknowledged by

By:  Firmado electrónicamente por:
JUAN PABLO
MAYORGA
ESCALANTE

Name: Juan Pablo Mayorga

Title: CCM Chair Country Coordinating Mechanism of Republic of Ecuador

Date: 18/12/2022

By:  Firmado electrónicamente por:
POULET PICO CHAVEZ

Name: Polet Pico

Title: Civil Society Representative Coordinating Mechanism of Republic of Ecuador

Date: 19/12/2022

Schedule I
Integrated Grant Description

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

Ecuador is an upper middle-income country in South America, with a population of 17,902,695 living across 24 provinces (as of 2022). The HIV epidemic in Ecuador is considered highly concentrated in key populations (KPs), with HIV prevalence estimates for MSM of 9.7% (54,986), Transgender women of 18.3% (3,529) and Sex Workers of 1.2% (199,171). There is no data available on prevalence among transgender, people who inject drugs and people in prison and other closed settings. Similarly, although Ecuador is one of the most important transit and destination countries for the migrant and refugee populations in the LAC region, there is limited data to estimate the prevalence and size of the migrant population in Ecuador. According to data from the Ministry of Health (MoH), there are 3,587 foreign PLHIV in Ecuador (7.66% of the general PLHIV), mainly from Venezuela, followed by Peru and Cuba. Out of these people, 2,593 (72.28%) are receiving ARVs; and, of them, 1 762 have a suppressed viral load (67.95%), which shows that the proportion of PLHIV receiving ARV among the foreign population is lower than in the general population. Faced with the impossibility of estimating the HIV prevalence and the dimension of the migrant population in Ecuador, the Global Fund is supporting the country through a technical assistance study to identify the conceptual and operational framework of HIV prevalence that will focus on populations that are difficult to reach or “hidden”.

Since 2010, there has been a 53% reduction in mortality and a 16% reduction in incidence in Ecuador, which is clearly related to universal and free of charge access to antiretroviral treatment in the country since 2013. Although the country has shown important and consistent improvements in the treatment cascade since 2015, it has not managed to achieve the strategic goals 90-90-90 by 2020, reaching 93% in the first pillar, 80% in the second and 80% in the third.

The updated HIV National Strategic Plan 7 is not yet published but continues to focus on assuring health promotion and HIV prevention, guaranteeing comprehensive health care, the protection of human rights, and strengthening the national HIV comprehensive response. Ecuador’s MoH continues with the structural reform of moving from a vertical to a horizontal health model, which has represented a key opportunity to strengthen HIV care at the primary care level and to link and expand community-based services for key populations.

2. Goals, Strategies and Activities

Goal: Support the achievement of the 95-95-95 targets by intensifying preventive activities and reducing barriers that hinder access of key populations to health services.

Strategies:

- Increase the access of key populations to HIV prevention and early diagnosis, including the scaling up of HIVST and PrEP in the country

- Promote linkages with health services, early initiation of treatment and adherence
- Strengthen community-based approaches and pave the way for social contracting.

Key interventions:

- Differentiated HIV testing services
- Prevention
- RSSH: Health Information systems and M&E
- RSSH: Human resources for health including community health workers
- TB/HIV
- Programs to reduce barriers related to human rights to access HIV/TB services
- Program Management

3. Target Group/Beneficiaries

- Men who have sex with men
- Transgender women
- Sex workers and their clients
- People living with HIV

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Country	Ecuador
Grant Name	ECU-H-MOH
Implementation Period	01-Jan-2023 - 31-Dec-2025
Principal Recipient	Ministry of Public Health of the Republic of Ecuador

Reporting Periods	Start Date	01-Jan-2023	01-Jan-2024	01-Jan-2025
	End Date	31-Dec-2023	31-Dec-2024	31-Dec-2025
	PU includes DR?	Yes	Yes	No

Program Goals, Impact Indicators and targets

1	Para el 2025 El 95% Porcentaje de personas que viven con el VIH que conocen su Estatus de VIH al final del período de reporte/ By 2025, 95% of estimated PLHIV know their status.
2	Para el 2025 El 95% personas que viven con VIH que reciben tratamiento antirretroviral y tienen carga viral suprimida/ By 2025, 95% of PLHIV who are on ART have reached viral load supression.
3	83% de personas en TARV entre todas las personas viviendo con VIH al final del período de reporte del 2025/ By the end of 2025, 83% of estimated PLHIV are on ART.
4	Para el 2025 el 26% de personas que viven con el VIH recibiendo terapia antirretroviral que han iniciado la terapia preventiva de TB entre las personas que viven con el VIH elegibles durante el período de reporte/ By 2025, 26% PLHIV on ART who are eligible for TB preventive Therapy have started TPT.

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2025
1	HIV I-9a ^(M) Percentage of men who have sex with men who are living with HIV	Ecuador	N: D: P: 10.20%	2021 Prevalence studies 2021	Age		N: D: P: 10.19% Due Date: 14-Feb-2026
	Comments						
	The HIV prevalence study in GPC is planned for the year 2025, with a nationwide scope applying the same methodology as in 2021 to ensure comparability and trend. As a baseline, the results of the HIV and STI prevalence study in MSM, FTP, ST conducted in 6 provinces of Ecuador in 2021 will be used and for the definition of the 2025 target, the same percentage equal to that of the 2021 baseline study will be used. There is a discrepancy with the UNAIDS data (2021) because these are based on estimates, and therefore are not taken into account.						
2	HIV I-9b ^(M) Percentage of transgender people who are living with HIV	Ecuador	N: D: P: 18.14%	2021 Prevalence studies 2021	Age		N: D: P: 18.17% Due Date: 14-Feb-2026
	Comments						
	The HIV prevalence study in GPC is planned to be conducted in 2025, with a national scope, applying the same methodology as in 2021 to ensure comparability and trend. As a baseline, the results of the HIV and STI prevalence study in MSM, FTP, ST conducted in 6 provinces of Ecuador in 2021 will be used and for the definition of the 2025 target, the same percentage equal to the baseline study of 2021 will be used. There is a discrepancy with the UNAIDS data (2021) because these are based on estimates, and therefore are not taken into account.						
3	HIV I-10 ^(M) Percentage of sex workers who are living with HIV	Ecuador	N: D: P: 1.04%	2021 Prevalence studies 2021	Gender, Age		N: D: P: 1.04% Due Date: 14-Feb-2026
	Comments						
	The HIV prevalence study in GPC is planned for the year 2025, with a national scope, applying the same methodology as in 2021 to ensure comparability and trend. As a baseline, the results of the HIV and STI prevalence study in MSM, FTP, ST conducted in 6 provinces of Ecuador in 2021 will be used and for the definition of the 2025 target, the same percentage equal to that of the 2021 baseline study. There is a discrepancy with the UNAIDS data (2021) because these are based on estimates, and therefore are not taken into account.						

Program Objectives, Outcome Indicators and targets

1	incrementar el acceso de poblaciones clave de VIH a provención y diagnóstico. / increase access of key HIV populations to prevention and diagnosis.
2	Promover la articulación con los servicios de salud, inicio temprano del tratamiento y adherencia/ Promote linkages with health services, early initiation of treatment and adherence.

3 Fortalecer el acceso a servicios de salud y justicia con un abordaje participativo y de derechos humanos/ Strengthen health and justice service, as well as access to justice, with a human rights and participatory approach.

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	Responsible PR	2023	2024	2025
1	HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed	Ecuador	N: 22688.0000 D: 25489 P: 89.01%	2021 MOH-NSHIV-2022	Gender		N: 27000.0000 D: 29823 P: 90.53%	N: 32000.0000 D: 34690 P: 92.25%	N: 35985.0000 D: 37879 P: 95.00%
Comments							Due Date: 15-Feb-2024	Due Date: 15-Feb-2025	Due Date: 14-Feb-2026
Baseline is obtained from the MOH- NSHIV- 2022 report for this design. Targets are constructed based on MoH and UNAIDS Spectrum projections. Considering the 2021 baseline for VL suppression, the targets for indicator HIV O-12 will be revised to adjust the expected progression towards that 95% from baseline									
2	HIV O-11 ^(M) Percentage of people living with HIV who know their HIV status at the end of the reporting period	Ecuador	N: 42918.0000 D: 46476 P: 92.34%	2021 MOH-NSHIV-2022	Gender		N: 44357.0000 D: 47188 P: 94.00%	N: 44730.0000 D: 47585 P: 94.00%	N: 45640.0000 D: 48040 P: 95.00%
Comments							Due Date: 15-Feb-2024	Due Date: 15-Feb-2025	Due Date: 14-Feb-2026
Baseline is obtained from the MOH- NSHIV- 2022 report for this design. Targets are constructed based on MoH and UNAIDS Spectrum projections.									
3	HIV O-4a ^(M) Percentage of men reporting the use of a condom the last time they had anal sex with a non regular partner	Ecuador	N: D: P: 58.94%	2021 HIV and STI prevalence study in MSM, FSW, SW conducted in 6 provinces of Ecuador in the year 2023.	Age		N: D: P: %	N: D: P: %	N: D: P: 71.00%
Comments							Due Date:	Due Date:	Due Date: 14-Feb-2026
There are recent results of condom use, product of the HIV and STI prevalence study in MSM, FTP, ST conducted in 6 provinces of Ecuador in the year 2021, a study that covers more cities, which allows it to be considered as a baseline. From the baseline, the goal is proposed with an increase for the last year of 11 points per indicator; for obtaining the results and reporting of the indicator [HIV O-4a ^(M)]; the question of condom use at last anal intercourse with a male partner will be included in the HIV prevalence study in GPC for the year 2025, in line with the indicators of the Global HIV Strategy 2021-2026 (see GAM Report Guidelines).									
4	HIV O-4.1b ^(M) Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner	Ecuador	N: D: P: 36.27%	2021 HIV and STI prevalence study in MSM, FSW, SW conducted in 6 provinces of Ecuador in the year 2023.	Age		N: D: P: %	N: D: P: %	N: D: P: 48.00%
Comments							Due Date:	Due Date:	Due Date: 14-Feb-2026
There are recent results of condom use, product of the HIV and STI prevalence study in MSM, FTP, ST conducted in 6 provinces of Ecuador in the year 2021, a study that covers more cities, which allows it to be considered as a baseline. From the baseline, the goal is proposed with an increase for the last year of 11 points per indicator; for obtaining the results and reporting of the indicator HIV O-4. 1b ^(M) ; the question of condom use at last anal intercourse with a male partner will be included in the HIV prevalence study in GPC for the year 2025, in line with the indicators of the Global HIV Strategy 2021-2026 (see GAM Report Guidelines).									
5	HIV O-5 ^(M) Percentage of sex workers reporting the use of a condom with their most recent client	Ecuador	N: D: P: 80.86%	2021 HIV and STI prevalence study in MSM, FSW, SW conducted in 6 provinces of Ecuador in the year 2023.	Gender, Age		N: D: P: %	N: D: P: %	N: D: P: 92.00%
Comments							Due Date:	Due Date:	Due Date: 14-Feb-2026
There are recent results of condom use, product of the HIV and STI prevalence study in MSM, FTP, MTS conducted in 6 provinces of Ecuador in the year 2021, a study that covers more cities, which allows it to be considered as a baseline. From the baseline, the goal is proposed with an increase for the last year of 11 points per indicator; to obtain the results and report the HIV O-5 ^(M) indicator; the question of condom use at last sexual encounter with a client will be included in the HIV prevalence study in GPC by 2025, in line with the indicators of the Global HIV Strategy 2021-2026 (see GAM Report Guidelines).									

Coverage indicators and targets											01-Jan-2023 31-Dec-2023	01-Jan-2024 31-Dec-2024	01-Jan-2025 31-Dec-2025
CI Number	Population	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Responsible PR	Cumulation Type				
Prevention													
1	Men who have sex with men	KP-1a ^(M) Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Country: Ecuador; Coverage: Geographic National, 100% of national program target	N: 28024 D: 89679 P: 31.25%	2021 Progress Report MOH 2021	Age	Yes				N: 87103 D: 116138 P: 75.00%	N: 88985 D: 117869 P: 75.49%	N: 90107 D: 119541 P: 75.38%
	Comments The baseline is taken from the 2021 progress report submitted by the PR to the Global Fund. For the calculation of the 2023 targets for the denominator, 2% of men between 15 and 64 years of age and the INEC population projection are used. For this grant, prevention programs are implemented in 36 cantons (municipalities) in 16 provinces of the country, which account for 84% of severe cases, 78% of deaths, 81% of cases, an 68% of the target population. The grant contributes 41% of this MSM coverage in the first year and then decreases to 35% in this phase of the Global Fund contribution, a percentage that is being covered by the MOH budget. The minimum prevention package per person includes the provision of 15 condoms and 15 lubricants per intervention, as well as information on condom use and sexual and reproductive health (including STIs), in line with UNAIDS guidelines. Deliverables are identified in the methodology sheet. Measurement methods: The numerator is the report of individuals in the key population participating in prevention programs, whether or not they have undergone diagnostic testing. The denominator is the total estimated key population for the same time period. The numerator is constructed from reports from the current information system. For PUDR reporting and LFA verification, the denominator will be the one found in the Performance Framework												
10	Transgender people	KP-6b Percentage of eligible transgender people who initiated oral antiretroviral PrEP during the reporting period	Country: Ecuador; Coverage: Geographic Subnational, 100% of national program target	N: 8 D: 778 P: 1.03%	2021 Baseline Kimirina corporation, year 2021 - interventions carried out in the cities of Quito and Guayaquil, in the MSM and TRANS population groups, through an inter-institutional agreement with the MoH		Yes				N: 366 D: P: %	N: 428 D: P: %	N: 495 D: P: %
	Comments For the calculation of the total number of eligible TRANS populations to be offered PrEP, only the population data of the 6 provinces proposed for the intervention (Azuay, Esmeraldas, El Oro, Manabí, Guayas, Pichincha), within the age range of 15 to 64 years, is considered. The targets have been elaborated based on the document Guidelines for the Implementation of Pre-Exposure Prophylaxis, Ecuador 2023 - 2025, which has been elaborated using PAHO's PrEP Needs and Cost Estimation Tool. According to WHO guidelines, the baseline substantial risk of all project beneficiaries will be assessed. For PUDR reporting and LFA verification, the denominator used will be the one found in the Performance Framework.												
11	Sex workers and their clients	KP-6c Percentage of eligible sex workers who initiated oral antiretroviral PrEP during the reporting period	Country: Ecuador; Coverage: Geographic Subnational, 100% of national program target	N: 0 D: 0 P: 0.00%	no baseline available for this indicator		Yes				N: 1563 D: P: %	N: 1915 D: P: %	N: 2468 D: P: %
	Comments For the calculation of the total number of eligible FSW populations to be offered PrEP, only the population of the 6 provinces proposed for the intervention (Azuay, Esmeraldas, El Oro, Manabí, Guayas, Pichincha), within the age range of 18 to 64 years, is considered. The targets have been elaborated based on the document Guidelines for the implementation of Pre-Exposure Prophylaxis, Ecuador 2023 - 2025, which has been elaborated using the PAHO PrEP Needs and Cost Estimation Tool. Following UNAIDS recommendations: 1) at the programmatic level, rigorous targeting criteria should be included to ensure that we are reaching STs at substantial risk according to official WHO criteria, and in the territories or "hotspots" where those at greatest risk are located; 2) the substantial risk survey will be incorporated as mandatory in the PrEP entry algorithm, if possible self-applied; 3) the map of hotspots should be kept up to date, monitoring their risk profile; 4) a baseline evaluation should be carried out and one year after the subproject has been implemented, on the risk profile of the beneficiaries being reached, their acceptability and adherence to PrEP. For PUDR reporting and LFA verification, the denominator used will be the one found in the Performance Framework.												
2	Transgender people	KP-1b ^(M) Percentage of transgender people reached with HIV prevention programs - defined package of services	Country: Ecuador; Coverage: Geographic National, 100% of national program target	N: 7654 D: 22780 P: 33.60%	2021 Progress Report MOH 2021	Age	Yes				N: 11640 D: 16840 P: 69.12%	N: 11608 D: 17091 P: 67.92%	N: 11687 D: 17333 P: 67.43%
	Comments The baseline is taken from the 2021 progress report submitted by the PR to the Global Fund. For the calculation of the 2023 targets for the denominator, 0.29% of men between 15 and 64 years of age and the INEC population projection are used. For this grant, prevention programs are implemented in 36 cantons (municipalities) in 16 provinces of the country, which account for 84% of severe cases, 78% of deaths, 81% of cases, an 68% of the target population. In the case of MT, Global Fund financing covers 57% of coverage in the first year and then drops to 54% in the third year, a percentage that is covered by the MOH budget. The minimum prevention package includes the provision of 15 condoms and 15 lubricants per intervention, information on condom use and sexual and reproductive health (including STIs), in line with UNAIDS guidelines. Deliverables will be identified in the methodology sheet. Measurement methods: The numerator is the report of persons in the key population participating in prevention programs, whether or not they have undergone diagnostic testing. The denominator is the total estimated key population for the same time period. The numerator is constructed from reports from the current information system. For PUDR reporting and LFA verification, the denominator will be the one found in the Performance Framework												
3	Sex workers and their clients	KP-1c ^(M) Percentage of sex workers reached with HIV prevention programs - defined package of services	Country: Ecuador; Coverage: Geographic National, 100% of national program target	N: 23832 D: 65978 P: 36.12%	2021 Progress Report MOH 2021	Gender, Age	Yes				N: 28632 D: 68089 P: 42.05%	N: 30299 D: 69103 P: 43.85%	N: 32149 D: 70084 P: 45.87%

3	Comments													
	The baseline is taken from the 2021 progress report submitted by the PR to the Global Fund. For the calculation of the 2023 targets for the denominator, 1.26% of women between 18 and 64 years of age and the INEC population projection are used. For this grant, prevention programs are implemented in 36 cantons (municipalities) in 16 provinces of the country, which account for 84% of serious cases, 78% of deaths, 81% of cases, and 68% of the target population. For actions with female sex workers, the Fund contributes 13% in the first year and drops to 11% in the third year. The minimum prevention package includes the provision of 15 condoms and 15 lubricants per intervention, information on condom use and sexual and reproductive health (including STIs), in line with UNAIDS guidelines. Deliverables will be identified in the methodology sheet. Measurement methods: The numerator is the report of persons in the key population participating in prevention programs, whether or not they have undergone diagnostic testing. The denominator is the total estimated key population for the same time period. The numerator is constructed from reports from the current information system. For PUDR reporting and LFA verification, the denominator will be the one found in the Performance Framework													
9	Men who have sex with men	KP-6a Percentage of eligible men who have sex with men who initiated oral antiretroviral PrEP during the reporting period	Country: Ecuador; Coverage: Geographic Subnational, 100% of national program target	N: 371 D: 6905 P: 5.37%	2021 Baseline Kimirina corporation, year 2021 - interventions carried out in the cities of Quito and Guayaquil, in the MSM and TRANS population groups, through an inter-institutional agreement with the MoH			Yes				N: 1935 D: P: %	N: 2262 D: P: %	N: 2617 D: P: %
	Comments													
For the calculation of the total number of eligible MSM population to be offered PrEP, only the population data of the 6 provinces proposed for the intervention (Azuay, Esmeraldas, El Oro, Manabí, Guayas, Pichincha) is considered. The targets have been elaborated based on the document Guidelines for the implementation of Pre-Exposure Prophylaxis, Ecuador 2023 - 2025, which has been elaborated using PAHO's PrEP Needs and Cost Estimation Tool. According to WHO guidelines, the baseline substantial risk of all project beneficiaries will be assessed. For PUDR reporting and LFA verification, the denominator used will be the one found in the Performance Framework.														
Differentiated HIV Testing Services														
4	Men who have sex with men	HTS-3a ^(M) Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	Country: Ecuador; Coverage: Geographic National, 100% of national program target	N: 29363 D: 89679 P: 32.74%	2020 Progress Report MOH 2021		Age,HIV test status	Yes				N: 74037 D: 116138 P: 63.75%	N: 80150 D: 117869 P: 68.00%	N: 81785 D: 119541 P: 68.42%
	Comments													
The baseline is taken from the 2021 progress report submitted by the PR to the Global Fund. For the calculation of the 2023 targets, the numerator is the number of people in the key population (MSM, FSW, SW, as appropriate) who undergo diagnostic tests; the denominator is taken as 2% of men between 15 and 64 years of age and the National Institute of Statistics and Census' ("INEC") population projection that participate in prevention programs. The grant provides resources that allow 37% of the MSM population to join the programs in the first year, gradually reducing the contribution to 35%. In the case of trans-female persons, the project initially contributes 52% of the national target and then its contribution decreases to 47% in the third year. In the case of sex workers, the Global Fund's contribution is 12% in the first year and drops to 11% of the national target in the third year of the project. Screening refers to screening in fixed MOH services, community services and mobile services, self-testing and assisted notification. Measurement methods: Numerator is the report of key population persons screened for HIV in prevention programs. The denominator is the number of persons participating in prevention programs that are targeted by the grant in the same time period. Both are constructed from administrative reports from the MOH and the public network and from reports from grant subrecipients. For PUDR reporting and LFA verification, the denominator used will be the one found in the Performance Framework														
5	Transgender people	HTS-3b ^(M) Percentage of transgender people that have received an HIV test during the reporting period and know their results	Country: Ecuador; Coverage: Geographic National, 100% of national program target	N: 7616 D: 22419 P: 33.97%	2020 Progress Report MOH 2021		Age,HIV test status	Yes				N: 10564 D: 16840 P: 62.73%	N: 10407 D: 17091 P: 60.89%	N: 10380 D: 17333 P: 59.89%
	Comments													
The baseline is taken from the 2021 progress report submitted by the PR to the Global Fund. For the calculation of the 2023 targets, the numerator is the number of people in the key population (MSM, FSW, SW, as appropriate) who undergo diagnostic tests; the denominator is taken as 2% of men between 15 and 64 years of age and the National Institute of Statistics and Census' ("INEC") population projection that participate in prevention programs. The grant provides resources that allow 37% of the MSM population to join the programs in the first year, gradually reducing the contribution to 35%. In the case of trans-female persons, the project initially contributes 52% of the national target and then its contribution decreases to 47% in the third year. In the case of sex workers, the Global Fund's contribution is 12% in the first year and drops to 11% of the national target in the third year of the project. Screening refers to screening in fixed MOH services, community services and mobile services, self-testing and assisted notification. Measurement methods: Numerator is the report of key population persons screened for HIV in prevention programs. The denominator is the number of persons participating in prevention programs that are targeted by the grant in the same time period. Both are constructed from administrative reports from the MOH and the public network and from reports from grant subrecipients. For PUDR reporting and LFA verification, the denominator used will be the one found in the Performance Framework														
6	Sex workers and their clients	HTS-3c ^(M) Percentage of sex workers that have received an HIV test during the reporting period and know their results	Country: Ecuador; Coverage: Geographic National, 100% of national program target	N: 23832 D: 65987 P: 36.12%	2021 Progress Report MOH 2021		Age,Gender,HIV test status	Yes				N: 26177 D: 68089 P: 38.45%	N: 27638 D: 69103 P: 40.00%	N: 29262 D: 70084 P: 41.75%
	Comments													
The baseline is taken from the 2021 progress report submitted by the PR to the Global Fund. For the calculation of the 2023 targets, the numerator is the number of people in the key population (MSM, FSW, SW, as appropriate) who undergo diagnostic tests; the denominator is taken as 2% of men between 15 and 64 years of age and the National Institute of Statistics and Census' ("INEC") population projection that participate in prevention programs. The grant provides resources that allow 37% of the MSM population to join the programs in the first year, gradually reducing the contribution to 35%. In the case of trans-female persons, the project initially contributes 52% of the national target and then its contribution decreases to 47% in the third year. In the case of sex workers, the Global Fund's contribution is 12% in the first year and drops to 11% of the national target in the third year of the project. Screening refers to screening in fixed MOH services, community services and mobile services, self-testing and assisted notification. Measurement methods: Numerator is the report of key population persons screened for HIV in prevention programs. The denominator is the number of persons participating in prevention programs that are targeted by the grant in the same time period. Both are constructed from administrative reports from the MOH and the public network and from reports from grant subrecipients. For PUDR reporting and LFA verification, the denominator used will be the one found in the Performance Framework														

Treatment, care and support													
7		TCS-1.1 ⁽⁶⁾ Percentage of people on ART among all people living with HIV at the end of the reporting period	Country: Ecuador; Coverage: Geographic National, 100% of national program target	N: 34535 D: 46476 P: 74.31%	2021 Progress Report MOH 2021	Age,Gender,Gender Age,Duration of treatment,Target / Risk population group	Yes				N: 37279 D: 47188 P: 79.00%	N: 38544 D: 47585 P: 81.00%	N: 39873 D: 48040 P: 83.00%
Comments													
The baseline is taken from the MOH 2021 Preliminary Report. The denominator is based on the data estimated by the MOH and reported in the preliminary report for 2021. The projection uses (in numerator and denominator) the references provided by the UNAIDS Spectrum. During country dialogue, the CT appreciated that the country, supported by partners, weighted the improved and feasible mix of interventions proposed under the TCS module, funding availability and potential results to adjust the proposed level of ambition Measurement methods: it will be based on the annual report of the MOH that generates the data from the administrative records of the information system built in these years. For PUDR reporting and LFA verification, the denominator used will be the one found in the Performance Framework.													
TB/HIV													
8		TB/HIV-7 Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period	Country: Ecuador; Coverage: Geographic National, 100% of national program target	N: 166 D: 3823 P: 4.34%	2021 Working guidelines for a proposal for the prevention and control of Tuberculosis, prepared by the National TB Prevention and Control Strategy ("ENPCTB")	Age,Gender,TPT regimen	Yes				N: 4600 D: 28980 P: 15.87%	N: 6000 D: 29820 P: 20.12%	N: 8000 D: 30383 P: 26.33%
Comments													
The baseline is taken from the National Tuberculosis Prevention and Control Strategy report. The denominator is all PLWHA admitted to ARV treatment, who have been discarded from active tuberculosis (TB+). The targets have been constructed based on the projections suggested by the National Tuberculosis Prevention and Control Strategy. The measurement of coverage will be based on the annual report of the MOH, which generates the data from the administrative records of the information system built during these years. For PUDR reporting and LFA verification, the denominator used will be the one found in the Performance Framework.													

Workplan Tracking Measures									
Population	Intervention	Key Activity	Milestones	Criteria for Completion	Country	01-Jan-2023 31-Dec-2023	01-Jan-2024 31-Dec-2024	01-Jan-2025 31-Dec-2025	
Differentiated HIV Testing Services									
Men who have sex with men	Community-based testing	Execution of the activities of the roadmap and implementation of the social contracting pilot project	Based on the recommendation from the Technical Review Panel (TRP), during the grant making period a roadmap has been designed with 30 prioritized activities to be implemented in preparation for the social contracting pilot project during the first 18 months of the grant.	Not started (=0): The PR and CCM have 0% progress on the activities in the social contracting pilot roadmap Started (=1): The PR and CCM show 20% progress on the activities in the social contracting pilot roadmap Advanced (=2): The PR and CCM show 40% progress on the activities in the social contracting pilot roadmap Completed (=3): The PR and CCM show 70% progress on the activities in the social contracting pilot roadmap	Ecuador	X			
			Finalization of roadmap execution and beginning of the implementation of the social contracting pilot project	Not Started (=0): The PR and CCM have completed less than 70% of the execution of the roadmap activities and have not started the implementation of the pilot Started (=1): The PR and CCM have completed the execution of the roadmap activities in 80% and have not started the implementation of the pilot Advanced (=2): The PR and CCM have completed the execution of the roadmap activities in 100% and have not started the implementation of the pilot Completed (=3): The PR and CCM have completed the execution of the roadmap activities in 100% and have designed the planning protocol (i.e. established timeline from the contract publication to the direct provision of community services) to start the pilot project	Ecuador		X		

Men who have sex with men	Community-based testing	Execution of the activities of the roadmap and implementation of the social contracting pilot project	Implementation of the social contracting pilot project	Not Started (=0): The PR and CCM have not completed the planning protocol (i.e. established timeline from the contract publication to the direct provision of community services) to start the social contracting pilot project Started (=1): The PR and CCM have completed the planning protocol (i.e. established timeline from the contract publication to the direct provision of community services) to start the pilot project, but have not started contracting nor provision of direct services by community providers Advanced (=2): The PR and CCM have completed 100% the contracting of eligible community providers and they have started direct service provision under the pilot project Completed (=3): The PR and CCM have completed one year of implementation of the social contracting pilot project and its monitoring and evaluation of achievement has been carried out	Ecuador			X
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Comments

Some further definitions and explanations are below: 1. Social contracting pilot roadmap: this roadmap applies to the preparatory phase to the pilot implementation, which integrates definition of the service package, geographic zone, contract mechanism, strengthening of CSOs/CBOs, etc. This will happen during 2023 and the first semester of 2024, after that date follows the pilot. 2. Planning protocol: this applies to the specific timeline when the pilot will start, i.e. specific calendar for the contract publication, submission of competitive proposals by CSOs/CBOs, selection process, opening of services, etc. 3. Eligible community providers: these are the providers that are under the defined geographic zone to implement the pilot and were selected through the competition process to provide community services. 4. Monitoring and evaluation of achievement: as this is a pilot, the robust monitoring and evaluation will be key for expansion. The methodology will be similar to an operational research

Country	Ecuador
Grant Name	ECU-H-MOH
Implementation Period	01-Jan-2023 - 31-Dec-2025
Principal Recipient	Ministry of Public Health of the Republic of Ecuador

By Module	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	Total Y1	01/01/2024 - 31/03/2024	01/04/2024 - 30/06/2024	01/07/2024 - 30/09/2024	01/10/2024 - 31/12/2024	Total Y2	01/01/2025 - 31/03/2025	01/04/2025 - 30/06/2025	01/07/2025 - 30/09/2025	01/10/2025 - 31/12/2025	Total Y3	Grand Total	% of Grand Total
Differentiated HIV Testing Services	\$243,779	\$236,590	\$229,569	\$245,367	\$955,306	\$249,201	\$230,825	\$232,580	\$231,375	\$943,981	\$239,247	\$233,274	\$226,253	\$224,497	\$923,271	\$2,822,557	47.0 %
Prevention	\$139,221	\$24,801	\$24,801	\$24,801	\$213,625	\$164,624	\$27,667	\$27,667	\$27,667	\$247,626	\$198,990	\$31,379	\$31,379	\$31,379	\$293,125	\$754,376	12.6 %
Program management	\$123,080	\$107,080	\$107,080	\$126,680	\$463,919	\$106,482	\$106,482	\$106,482	\$126,082	\$445,530	\$106,719	\$106,719	\$106,719	\$126,319	\$446,475	\$1,355,924	22.6 %
Reducing human rights-related barriers to HIV/TB services	\$23,774	\$2,306	\$2,306	\$2,306	\$30,693	\$2,306	\$2,306	\$2,306	\$2,306	\$9,225	\$2,306	\$2,306	\$2,306	\$2,306	\$9,225	\$49,143	0.8 %
RSSH: Community systems strengthening		\$75,000			\$75,000											\$75,000	1.2 %
RSSH: Health management information systems and M&E	\$30,282	\$30,282	\$30,282	\$30,282	\$121,128	\$30,282	\$30,282	\$30,282	\$30,282	\$121,128	\$203,936	\$23,301	\$23,301	\$23,301	\$273,838	\$516,093	8.6 %
RSSH: Human resources for health, including community health workers	\$13,962	\$13,962	\$13,962	\$13,962	\$55,850	\$13,962	\$13,962	\$13,962	\$13,962	\$55,850	\$13,962	\$13,962	\$13,962	\$13,962	\$55,850	\$167,549	2.8 %
TB/HIV	\$17,734	\$17,734	\$17,734	\$17,734	\$70,934	\$17,734	\$17,734	\$17,734	\$17,734	\$70,934	\$17,734	\$17,734	\$17,734	\$8,681	\$61,882	\$203,751	3.4 %
Treatment, care and support	\$61,372				\$61,372											\$61,372	1.0 %
Grand Total	\$653,203	\$507,756	\$425,734	\$461,132	\$2,047,826	\$584,591	\$429,259	\$431,014	\$449,409	\$1,894,273	\$782,894	\$428,674	\$421,653	\$430,445	\$2,063,665	\$6,005,764	100.0 %

By Cost Grouping	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	Total Y1	01/01/2024 - 31/03/2024	01/04/2024 - 30/06/2024	01/07/2024 - 30/09/2024	01/10/2024 - 31/12/2024	Total Y2	01/01/2025 - 31/03/2025	01/04/2025 - 30/06/2025	01/07/2025 - 30/09/2025	01/10/2025 - 31/12/2025	Total Y3	Grand Total	% of Grand Total
Human Resources (HR)	\$127,609	\$127,609	\$127,609	\$127,609	\$510,438	\$127,147	\$127,147	\$127,147	\$127,147	\$508,589	\$127,531	\$127,531	\$127,531	\$127,531	\$510,125	\$1,529,151	25.5 %
Travel related costs (TRC)	\$27,792	\$34,814	\$27,792	\$43,590	\$133,989	\$36,488	\$34,733	\$36,488	\$34,733	\$142,442	\$36,395	\$43,416	\$36,395	\$25,587	\$141,794	\$418,224	7.0 %
External Professional services (EPS)	\$192,875	\$131,987	\$56,987	\$76,587	\$458,436	\$196,810	\$59,853	\$59,853	\$79,453	\$395,970	\$404,830	\$56,583	\$56,583	\$76,183	\$594,180	\$1,448,587	24.1 %
Health Products - Non-Pharmaceuticals (HPNP)	\$6,680				\$6,680	\$8,829				\$8,829	\$5,923				\$5,923	\$21,432	0.4 %
Procurement and Supply-Chain Management costs (PSM)	\$14,112	\$14,112	\$14,112	\$14,112	\$56,448	\$14,602	\$14,112	\$14,112	\$14,662	\$57,488	\$14,112	\$14,112	\$14,112	\$14,112	\$56,448	\$170,384	2.8 %
Infrastructure (INF)	\$38,027				\$38,027											\$38,027	0.6 %
Non-health equipment (NHP)	\$25,044	\$1,700	\$1,700	\$1,700	\$30,144	\$1,700	\$1,700	\$1,700	\$1,700	\$6,800	\$1,700	\$1,700	\$1,700	\$1,700	\$6,800	\$43,744	0.7 %
Communication Material and Publications (CMP)	\$7,890	\$360	\$360	\$360	\$8,970	\$7,662	\$360	\$360	\$360	\$8,742	\$7,431	\$360	\$360	\$360	\$8,511	\$26,223	0.4 %
Indirect and Overhead Costs	\$26,380	\$10,380	\$10,380	\$10,380	\$57,519	\$10,320	\$10,320	\$10,320	\$10,320	\$41,278	\$10,247	\$10,247	\$10,247	\$10,247	\$40,987	\$139,784	2.3 %
Payment for Results	\$186,794	\$186,794	\$186,794	\$186,794	\$747,175	\$181,034	\$181,034	\$181,034	\$181,034	\$724,135	\$174,724	\$174,724	\$174,724	\$174,724	\$698,898	\$2,170,208	36.1 %
GrandTotal	\$653,203	\$507,756	\$425,734	\$461,132	\$2,047,826	\$584,591	\$429,259	\$431,014	\$449,409	\$1,894,273	\$782,894	\$428,674	\$421,653	\$430,445	\$2,063,665	\$6,005,764	100.0 %

By Recipients	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	Total Y1	01/01/2024 - 31/03/2024	01/04/2024 - 30/06/2024	01/07/2024 - 30/09/2024	01/10/2024 - 31/12/2024	Total Y2	01/01/2025 - 31/03/2025	01/04/2025 - 30/06/2025	01/07/2025 - 30/09/2025	01/10/2025 - 31/12/2025	Total Y3	Grand Total	% of Grand Total
PR	\$75,842	\$75,842	\$75,842	\$75,842	\$303,366	\$78,417	\$75,842	\$75,842	\$76,392	\$306,492	\$68,860	\$68,860	\$68,860	\$68,860	\$275,441	\$885,300	14.7 %
Ministry of Public Health of the Republic of Ecuador	\$75,842	\$75,842	\$75,842	\$75,842	\$303,366	\$78,417	\$75,842	\$75,842	\$76,392	\$306,492	\$68,860	\$68,860	\$68,860	\$68,860	\$275,441	\$885,300	14.7 %
SR	\$577,362	\$431,914	\$349,893	\$385,291	\$1,744,459	\$506,174	\$353,417	\$355,173	\$373,017	\$1,587,781	\$714,033	\$359,814	\$352,792	\$361,585	\$1,788,224	\$5,120,464	85.3 %
											\$400,029				\$400,029	\$400,029	6.7 %
Corporación Kimirina	\$197,732	\$155,231	\$155,231	\$155,231	\$663,426	\$205,113	\$154,340	\$154,340	\$154,340	\$668,134	\$216,024	\$154,169	\$154,169	\$154,169	\$678,533	\$2,010,092	33.5 %
SR 2 TBD	\$118,543	\$102,543	\$102,543	\$102,543	\$426,173	\$100,480	\$100,480	\$100,480	\$100,480	\$401,922	\$97,980	\$97,980	\$97,980	\$97,980	\$391,921	\$1,220,016	20.3 %
Technical Management Unit of the Ministry of Public Health of the Republic of Ecuador	\$261,086	\$174,140	\$92,118	\$127,516	\$654,860	\$200,581	\$98,597	\$100,352	\$118,197	\$517,726		\$107,664	\$100,643	\$109,435	\$317,742	\$1,490,327	24.8 %
Grand Total	\$653,203	\$507,756	\$425,734	\$461,132	\$2,047,826	\$584,591	\$429,259	\$431,014	\$449,409	\$1,894,273	\$782,894	\$428,674	\$421,653	\$430,445	\$2,063,665	\$6,005,764	100.0 %