

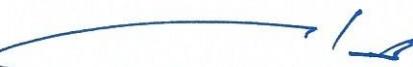
Grant Confirmation

1. This Grant Confirmation is made and entered into by the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **Coordination Committee of the Fight against AIDS of Cabo Verde** (the "Principal Recipient") on behalf of The Republic of Cabo Verde (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 4 June 2015, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein.
2. **Single Agreement.** This Grant Confirmation, together with the 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 Cabo Verde
3.2	Disease Component:	HIV/AIDS, Tuberculosis, Malaria
3.3	Program Title:	Investing to achieve elimination for Malaria and impact against TB and HIV in Cabo Verde
3.4	Grant Name:	CPV-Z-CCSSIDA
3.5	GA Number:	1914
3.6	Grant Funds:	Up to the amount of EUR 4,311,003 or its equivalent in other currencies
3.7	Implementation Period:	From 1 January 2021 to 31 December 2023 (inclusive)
3.8	Principal Recipient:	Coordination Committee of the Fight against AIDS of Cabo Verde Av. Cidade de Lisboa, 1º Andar do Prédio ao lado do Banco Interatlântico 1o Andar

		<p>855 Praia Republic of Cabo Verde</p> <p>Attention: Dr. Arlindo Nascimento do Rosário Minister of Health and Social Security</p> <p>Telephone: 00 238 261 05 01 Email: arlindo.n.rosario@ms.gov.cv</p>
3.9	Fiscal Year:	1 January to 31 December
3.10	Local Fund Agent:	<p>PricewaterHouseCoopers SA Immeuble Alpha 2000, 2eme étage, Rue Gourgas, B.P. 1361 Abidjan Republic of Côte d'Ivoire</p> <p>Attention: Issiaka Ouattara</p> <p>Telephone: +225 20315454 Facsimile: +225 20 31 54 37 Email: issiaka.ouattara@ci.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: Caty Fall Regional Manager Grant Management Division</p> <p>Telephone: +41587911700 Facsimile: +41445806820 Email: caty.fall@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 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.

6.2 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.

6.3 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.

6.4 In accordance with the Global Fund Board Decision on additional support for country responses to COVID-19 (GF/B42/EDP11), the Program budget includes EUR 29,177 in funding granted under the Global Fund COVID-19 Response Mechanism ("C19RM Funds") programmed towards activities to respond to the COVID-19 pandemic ("Approved C19RM Activities"). Notwithstanding anything to the contrary in the Grant



Agreement, C19RM Funds must remain invested in the Approved C19RM Activities and may only be reprogrammed upon prior written approval by the Global Fund, provided that C19RM Funds are not used after 30 June 2021, unless otherwise expressly agreed in writing by the Global Fund.

6.5 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 EUR 856,365 (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; and

(3) monitor progress towards the sustainability and transition of the three diseases programs from Global Fund financing by 2030 by delivering to the Global Fund, no later than 31 December of each calendar year, evidence of the total expenditure by the Ministry of Health and/or the Ministry of Finances in respect of HIV/AIDS, tuberculosis and malaria in the Republic of Cabo Verde for the fiscal year.

6.6 Prior to the use of Grant Funds by the Principal Recipient to finance one or more surveys on malaria resistance and/or cartography/ies for IRS (the "Proposed Activities"), the Principal Recipient shall submit to the Global Fund, and obtain the Global Fund's written approval of the terms of reference of the Proposed Activities developed in consultation with technical partners as well as a detailed budget and work plan.

[Signature Page Follows.]

A handwritten signature consisting of a long, sweeping blue line followed by a small '4'.Handwritten initials 'DW' in blue ink.

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**

By: M. Eldon Edington

Name: Mark Eldon-Edington

Title: Head, Grant Management Division

Date: Dec 4, 2020

**Coordination Committee of the Fight against
AIDS of Cabo Verde**
on behalf of The Republic of Cabo Verde

By: Arlindo Nascimento do Rosário

Name: Arlindo Nascimento do Rosário

Title: Minister of Health and Social Security

Date: 18.11.2020

Acknowledged by

By: Arlindo Nascimento do Rosário

Name: Arlindo Nascimento do Rosário

Title: Chair Country Coordinating Mechanism of Republic of Cabo Verde

Date: 18.11.2020

By: Dirce Varela

Name: Dirce Varela

Title: Civil Society Signatory Country Coordinating Mechanism of Republic of Cabo Verde

Date: 18.11.2020

Schedule I

Integrated Grant Description

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

Cabo Verde is undergoing an epidemiological and demographic transition characterized on one hand by the persistence of communicable diseases, including tuberculosis and HIV, and on the other hand by the emergence of increasing pressure from non-communicable diseases, including age-related degenerative diseases.

In general, progress in health status in Cabo Verde has been consistent and stable over the past years. Health status indicators continue to improve and are among the best in Africa, as evidenced by life expectancy (73.5), under-5 mortality (U5M) (23/1,000), and maternal mortality (58/100,000).

HIV:

The HIV epidemiological profile in Cabo Verde is more of a concentrated epidemic with the prevalence of 0.6% among the general population (DHS 2018), higher among key and vulnerable populations (sex workers (SW) 4.3%; MSM: 6.1%; drug users: 3.1%; and people with disabilities: 2.1%).

TB:

For the past five years, the incidence of tuberculosis has decreased, and treatment success rate was 91% in 2018. The WHO estimated TB incidence at 46/100,000 cases, with an expected 250 TB patients in 2018 and 2019. The number of notified TB patients in 2018 was 200, leading to a TB treatment coverage of 80% in 2018. The same trend continued in 2019 with 203 patients notified with almost the same treatment coverage (81%). The country has adopted rapid TB diagnostic mainly using GeneXpert to increase case detection rate and the probability of MDR TB patient detection.

Malaria:

Cabo Verde is one of the countries close to malaria elimination in Africa. The epidemiological context has not changed significantly in recent years. The type of transmission continues to be seasonal, hypo-endemic, highly dependent on rainfall and marked by occasional epidemic outbreaks.

In general, the incidence of malaria remained below 1/1000 cases in the past five years with two malaria deaths reported in 2017. *Plasmodium falciparum* is the main parasite and *Anopheles arabiensis* is the main vector.

Given the epidemiological profile for the three diseases, interventions supported through the existing and past grants are still relevant in this context to maintain progress gained and make the health system more efficient and sustainable.

2. Goals, Strategies and Activities

Goals

- By end of 2023 eliminate the vertical transmission of HIV and syphilis
- Reduce by 50% the number of deaths due to TB compared to 2015
- Ensure treatment of 100% of cases of MDR-TB or RR-TB
- Maintain the status of zero indigenous cases of malaria

Strategies and Activities

The main strategies and activities include:



Malaria:

- Diagnosis of cases (100%); continuous distribution of LLINs; and IRS in the targeted areas (reaching 90% of households by end of 2023).
- Activities include: purchase of malaria diagnostic tests and treatment, purchase of microscopes, communication channels on malaria (radio, posters, flyers); purchase of LLINs; payment of insecticide sprayers; and IEC agents for malaria within health committees

HIV

- Prevention among key populations: reaching 41% among MSM, 90% among SW, and 80% among youth in secondary schools by end of 2023.
- Prevention interventions among transgender and injected drug users will be further improved.
- PMTCT: 99% of pregnant women tested for HIV, and 100% of children born to HIV-positive mothers tested for HIV within two months of birth
- ART: 90% of PLHIV receiving ART by end of 2023 (4545/5050), from a baseline of 73% (2019)
- Activities include: training of health personnel on KP issues, training on EID, ARV prophylaxis and ART initiation among children, HIV testing at community level for key populations, purchase of HIV testing kits (including self-tests) and training of peer educators on differentiated HIV testing strategies, training of health personnel in prisons; strengthening of community-based organizations for supporting women for PMTCT, home visits, and treatment support, including LTFU; purchase of ARVs; updating of HIV and TB treatment protocols.

TB:

- TB treatment (219 cases, 2023) and MDR-TB treatment (5 cases, 2023), with support TB treatment (to reach 95% treatment success rate)
- Co-infected TB/HIV patients on ART (100%)
- Activities include: maintenance of GeneXpert machines, GeneXpert training, purchase of LED microscopes, HIV and TB screening upon entry in prisons, inclusion of prisons and the private sector in the sample transport network, active TB case finding among vulnerable populations and in marginalized neighborhoods; purchase of MDR-TB drugs, contact-tracing of MDR-TB patients, nutritional or financial support for MDR-TB patients, MDR-TB case-finding protocols in health centers, follow-up of treatment adherence among MDR-TB cases.

RSSH:

- Strengthening procurement and supply management (PSM) and improving the integration of the three diseases' reporting into the DHIS2.
- Activities include: trainings on pharmacovigilance, trainings of pharmacists on essential list of medicines and their use; training on early warning systems for avoiding stock-outs, purchase of computers, trainings on DHIS2 (including data collection and reporting), MIS study (2022); finalize guidance on human resources for health; conduct a situational assessment of HR distribution, and redistribute work and responsibilities; training of lab technicians in the private and public sectors on malaria diagnosis and quality assurance in the context of elimination.

3. Target Group/Beneficiaries

- Households sprayed with IRS in areas with malaria
- Adults and children with malaria
- PLHIV, including pregnant women and infants
- Key populations: MSM, Sex Workers, Transgender, Drug Users (injecting and non-injecting)
- Youth in secondary schools
- TB and MDR-TB patients
- Co-infected HIV-TB patients

B. PERFORMANCE FRAMEWORK





Please see attached.

C. SUMMARY BUDGET

Please see attached.

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Country	Cabo Verde	Grant Name	CPV-Z-CCSSIDA	Implementation Period	01-Jan-2021 - 31-Dec-2023	Principal Recipient	Coordination Committee of the Fight against AIDS of Cabo Verde									
By Module	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 31/12/2021	Total Y1	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 31/12/2022	Total Y2	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 31/12/2023	Total Y3	Grand Total	% of Grand Total		
Case management	€98,348	€28,303	€29,177	€126,651	€2,748	€2,748	€3,298	€3,298	€132,697	€132,697	€3,1 %					
COVID-19	€29,177											€29,177	0.7 %			
Differentiated HIV Testing Services	€266,552	€22,281	€1,596	€218	€290,647	€283,173	€1,814	€218	€285,205	€311,744	€1,814	€218	€313,775	€889,626 20.6 %		
MDR-TB	€10,566	€21,493	€15,046	€540	€47,635	€5,638	€540	€540	€7,258	€5,638	€540	€540	€7,258	€62,151 1.4 %		
PMTCI	€11,272	€16,198	€1,469	€6,564	€35,504	€1,469	€1,469	€1,469	€1,469	€5,877	€1,469	€1,469	€5,877	€47,258 1.1 %		
Prevention	€37,992	€72,170	€33,389	€29,442	€172,992	€22,477	€40,151	€22,216	€23,566	€108,489	€22,477	€26,332	€13,774	€5,500	€68,083 8.1 %	
Program management	€65,875	€64,082	€41,214	€52,035	€223,205	€65,875	€49,797	€41,214	€52,035	€208,921	€65,875	€41,214	€52,035	€208,921 14.7 %		
RSSH: health management information systems and M&E	€15,133	€21,871	€4,838	€16,397	€58,240	€4,328	€58,240	€4,328	€43,556	€47,884	€8,718	€16,397	€16,397	€122,521 2.8 %		
RSSH: health products management systems	€9,900	€4,832	€5,095	€19,827	€3,623	€5,095	€5,095	€5,095	€43,556	€47,884	€8,718	€28,545	€28,545	0.7 %		
RSSH: health sector governance and planning	€5,095													€5,095 0.1 %		
RSSH: human resources for health, including community health workers														€5,241 0.1 %		
RSSH: laboratory systems	€3,410													€3,410 0.1 %		
TB care and prevention	€18,133	€31,807	€952	€50,892	€13,137	€64,759	€952	€18,848	€13,137	€7,741	€952	€21,830	€91,570	2.1 %		
Treatment, care and support	€302,585	€27,536	€230,120	€422,679	€5,000	€30,608	€30,608	€30,608	€427,679	€487,865	€5,000	€492,865	€1,250,694	29.0 %		
Vector control	€177,091	€106,828	€30,608	€314,527	€111,008	€30,608	€172,224	€113,132	€30,608	€30,608	€172,224	€113,132	€30,608	€174,348	€651,099 15.3 %	
Grand Total	€1,042,614	€397,602	€161,558	€106,148	€1,07,923	€941,396	€134,138	€101,142	€122,335	€1,299,012	€1,024,635	€14,717	€87,605	€77,111	€1,304,068	€4,311,003 100.0 %
By Cost Grouping	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 31/12/2021	Total Y1	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 31/12/2022	Total Y2	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 31/12/2023	Total Y3	Grand Total	% of Grand Total		
Human Resources (HHR)	€59,075	€59,075	€59,075	€59,075	€236,301	€55,001	€55,001	€52,001	€52,001	€52,001	€52,001	€52,001	€43,285	€99,299	€643,605 14.9 %	
Travel related costs (TRC)	€73,186	€296,917	€97,843	€38,782	€304,708	€191,442	€81,597	€48,601	€60,043	€289,383	€10,278	€62,176	€35,064	€23,525	€131,043	€845,134 19.5 %
External Professional services (EPS)	€8,841															0.9 %
Health Products - Pharmaceutical Products (HPPP)	€173,411															17.4 %
Health Products - Non-Pharmaceuticals (HPNP)	€44,164															27.5 %
Health Products - Equipment (HPE)	€34,300															1.4 %
Procurement and Supply-Chain Management costs (PSM)	€181,172															2.0 %
Non-health equipment (NHE)	€12,458	€21,230	€33,688	€33,688	€189,250	€210,818	€189,250	€210,818	€210,818	€210,818	€210,818	€210,818	€581,239	€1,184,607 13.5 %		
Communication Material and Publications (CMP)	€64,567	€1,000	€65,567	€65,567	€6,589	€6,589	€6,589	€6,589	€6,589	€2,261	€2,261	€2,261	€74,418	€74,418 1.7 %		
Indirect and Overhead Costs	€29,760															
Living support to client/target population (LSCP)	€540	€10,540	€540	€12,160	€540	€540	€540	€540	€540	€540	€540	€540	€2,160	€16,480	€16,480 0.4 %	
GrandTotal	€1,042,614	€397,602	€161,558	€106,148	€1,07,923	€941,396	€134,138	€101,142	€122,335	€1,299,012	€1,024,635	€14,717	€87,605	€77,111	€1,304,068	€4,311,003 100.0 %

By Recipients	01/01/2021 - 01/04/2021 - 01/07/2021 - 01/10/2021 - 01/13/2021 - 31/03/2021			Total Y1 31/03/2022			01/01/2022 - 01/04/2022 - 01/07/2022 - 01/10/2022 - 01/13/2022			Total Y2 31/12/2022			01/01/2023 - 01/04/2023 - 01/07/2023 - 01/10/2023 - 01/13/2023			Total Y3 31/12/2023			Grand Total		% of Grand Total	
	30/06/2021	30/09/2021	30/09/2021	31/12/2021	31/03/2022	30/06/2022	30/09/2022	31/12/2022	31/03/2023	30/06/2023	30/09/2023	31/12/2023	31/03/2023	30/06/2023	30/09/2023	31/12/2023	31/12/2023	31/12/2023	31/12/2023	0.0 %	0.0 %	0.0 %
PR	€1,014,856	€365,656	€133,799	€78,390	€1,592,701	€920,712	€109,266	€80,457	€101,651	€1,212,085	€1,003,950	€80,967	€72,382	€73,294	€1,240,574	€4,045,380	€4,045,380	€4,045,380	0.0 %	0.0 %	0.0 %	0.0 %
Coordination Committee of the Fight against AIDS of Cabo Verde	€1,014,856	€365,656	€133,799	€78,390	€1,592,701	€920,712	€109,266	€80,457	€101,651	€1,212,085	€1,003,950	€80,967	€72,382	€73,294	€1,240,574	€4,045,380	€4,045,380	€4,045,380	0.0 %	0.0 %	0.0 %	0.0 %
SR	€27,759	€31,946	€27,759	€27,759	€115,222	€20,685	€24,972	€20,685	€20,685	€86,927	€20,685	€23,750	€15,243	€3,816	€63,495	€265,643	€265,643	€265,643	6.2 %	6.2 %	6.2 %	6.2 %
Cape Verde Non Governmental Organisations Platform	€27,759	€31,946	€27,759	€27,759	€115,222	€20,685	€24,972	€20,685	€20,685	€86,927	€20,685	€23,750	€15,243	€3,816	€63,495	€265,643	€265,643	€265,643	6.2 %	6.2 %	6.2 %	6.2 %
Grand Total	€1,042,614	€397,602	€161,558	€106,148	€1,707,923	€941,396	€134,138	€101,142	€122,335	€1,299,012	€1,024,635	€114,717	€87,605	€77,111	€1,304,068	€4,311,003	€4,311,003	€4,311,003	100.0 %	100.0 %	100.0 %	100.0 %




3
f the Fight against AIDS of Cabo Verde

01-Jan-2021	01-Jan-2022	01-Jan-2023
31-Dec-2021	31-Dec-2022	31-Dec-2023
Yes	Yes	No

ts

de la syphilis;

ar rapport à 2015;

IDR ou TB-RR;

ne dans tout le pays

Country	Baseline Value	Baseline Year and Source	Required Disaggregation	Responsible PR	2021	2022	2023
Cabo Verde	N: D: P: 6.1%	2017 MSM BBS Report, 2017	Age	Coordination Committee of the Fight against AIDS of Cabo Verde	N: D: P: 5.90%	N: D: P: %	N: D: P: %
g	N: D: P: 4.6%	2017 SWIBBS Report, 2017	Gender,Age	Coordination Committee of the Fight against AIDS of Cabo Verde	Due Date: 28-Feb-2022	Due Date: 28-Feb-2022	Due Date: 28-Feb-2022

MSM; Numerator: Number of MSM who test positive for HIV; Denominator: Number of MSM tested for HIV. The responsible

9	N: D: P: 4.6%	2017 SWIBBS Report, 2017	Gender,Age	Coordination Committee of the Fight against AIDS of Cabo Verde	N: D: P: 3.90%	N: D: P: %	N: D: P: %
Cabo Verde	N: 4.1 D: P:	2018 Global TB report, 2019		Coordination Committee of the Fight against AIDS of Cabo Verde	Due Date: 31-Oct-2022	Due Date: 31-Oct-2023	Due Date: 31-Oct-2024

SW: Numerator: Number of sex workers who test positive for HIV; Denominator: Number of sex workers tested for HIV. The responsible

Cabo Verde	N: 4.1 D: P:	2018 Global TB report, 2019		Coordination Committee of the Fight against AIDS of Cabo Verde	N: 3.9 D: P: %	N: 3.7 D: P: %	N: 3.5 D: P: %
Cabo Verde	N: 46 D: P:	2018 Global TB report, 2019		Coordination Committee of the Fight against AIDS of Cabo Verde	Due Date: 31-Oct-2022	Due Date: 31-Oct-2023	Due Date: 31-Oct-2024

;) in HIV-negative people per year; Denominator: Number of people in the population x 100,000. Source: Annual Global Tuberculosis Report (WHO)

Cabo Verde	N: 46 D: P:	2018 Global TB report, 2019		Coordination Committee of the Fight against AIDS of Cabo Verde	N: 45 D: P: %	N: 42 D: P: %	N: 40 D: P: %
					Due Date: 31-Oct-2024	Due Date: 31-Oct-2024	Due Date: 31-Oct-2024

DW

irring during the year; Denominator: Number of people in the population ($\times 100,000$) estimated according to the 10). Source: Annual report; Ministry of Health Statistical Report, World TB Report (WHO)

d	Cabo Verde	N: .07 D: P:	2019 NMCP Annual Report, 2019	Source of infection Coordination Committee of the Fight against AIDS of Cabo Verde	P: %	N: .06 D: P: %	N: .06 D: P: %
						Due Date: 28-Feb-2022	Due Date: 28-Feb-2024

icates an annual average of 26 imported cases. With the elimination of local cases, the focus is on imported cases. In endemic countries, an increase of 10% of cases per year is expected. Numerator: Number of laboratory (microscopy) or ent in the country, according to the projection of the National Statistical Institute (INE, 2010).

d targets

le la transmission VIH mère enfant, d'ici 2022.

s de lutte contre le VIH (paquet de services définis) en 16% au sein des professionnels sexe et en 17% chez les hommes ayant les rapports sexuels avec des hommes d'ici 2023
ireront à 1 en 90% d'ici 2025;

de TB d'ici 2025;

cas de TB diagnostiqués, d'ici 2025;

es co-infectés (HIV/TB) d'ici 2025;

lu paludisme, d'ici 2022.

e pays suite à l'arrêt de la transmission locale d'ici fin 2021;

du programme à tous les niveaux du système de santé pour pérenniser les acquis de l'élimination du paludisme.

Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
don	N: 974 D: 2,368 P: 41,1%	2019 NACP Annual Report, 2019	Gender		N: D: P: 56.00%	N: D: P: 71.00%	N: D: P: 86.00%
Cabo Verde	N: 138 D: 240 P: 57,5%	2017 IBBS MSM Report, 2019	Age		Due Date: 28-Feb-2022	Due Date: 28-Feb-2023	Due Date: 28-Feb-2024
ie of a 1	N: 138 D: 240 P: 57,5%	2017 IBBS MSM Report, 2019	Age		N: D: P: 60.00%	N: D: P: 60.00%	N: D: P: 60.00%
the	N: 324 D: 439 P: 73,8%	2017 IBBS SW Report, 2019	Gender, Age		Due Date: 28-Feb-2022	Due Date: 28-Feb-2022	Due Date: 28-Feb-2022

: total people living with HIV on antiretroviral therapy who have an undetectable viral load. Denominator: total of adults
of the MSM population surveyed.

the	Cabo Verde	N: 324 D: 439 P: 73,8%	2017 IBBS SW Report, 2019	Gender, Age	N: D: P: 75.00%	N: D: P: 75.00%	N: D: P: 75.00%
					Due Date: 28-Feb-2022	Due Date: 28-Feb-2022	Due Date: 28-Feb-2022

if new in	Cabo Verde	N: 200 D: 250 P: 80.0%	2018 Global TB Report, 2019		

it were notified and treated. Denominator: Estimated number of incident TB cases in the same year (all form of TB -)

Source: PNLT annual report, Statistical report of the MoH;				
3d).				

Year	Cabo Verde	N: 7.867 D: 550.483 P: 1.4%	2019 NMC Annual Report, 2019		
			Case detection		

acted malaria cases were tested in 2019 at Cabo Verde. An increase of 20% of suspected cases is expected per year, active searches in the risk zone. Population data is the projection of the National Statistical Institute (INE, 2010).
Geological test for malaria (microscopy or RDT); Denominator: Population residing in the country / per 100 inhabitants per

Due Date:
28-Feb-2022

Due Date:
28-Feb-2023

Due Date:
28-Feb-2024

Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Responsible PR	Cumulation Type	01-Jan-2021	01-Jan-2022	01-Dec-2022	01-Jan-2023	31-Dec-2023
Country: Cabo Verde; Coverage: Geographic of National, 100% of national program target	N: 604 D: 1.700 P: 35.5%	2019 Verdefam ONG, Progress Report, 2019	Age	Yes		Non cumulative	N: 657 D: 1.700 P: 38.6%	N: 680 D: 1.700 P: 40.0%	N: 704 D: 1.700 P: 41.4%	N: 741 D: 1.700 P: 42.4%	

number of men who have sex with men who have benefited from preventive HIV programs (defined service package: information, counseling, HIV testing, treatment for HIV positive, condoms) including 471 people under 25 and 332 MSM with age over 25. Among these MSM 5 were HIV + and are on treatment. It is expected to reach 38% in 2021, 40% in 2022 and who have received a defined package of HIV prevention services (package of services defined in NFm3 is composed of: information, training, and possibility of self-test, reference), each MSM will have a unique code to avoid duplication. Denominator: Estimated number of MSM in the targeted WHO and UNAIDS (2020), the estimated total size of MSM is 1% of the adult male population, therefore approx. 1700 MSM (1% x 274k males x 62% Verde). Based on the estimated size of MSM in 2019, representing only part of the total estimate the total size, and better reach them through interventions (challenges due to stigma, small islands, communities, etc.). With the estimated numbers of the performance framework (MSM receiving the full package) is therefore 33%, 37% and 38% in 2020, 2021 and 2022 respectively. The tools will be adapted to collect also be given on transgender people, a subgroup among the MSM population. Thus, a situation analysis and population size estimation are planned. logic framework and there are plans to integrate a transgender module, and also M&E indicators on this group. The tools will be adapted to collect interventions will be carried out among transgender people: • Organize awareness campaigns for HIV testing with a message that takes into account the broad spectrum of their sexual activities (to be included in the campaigns already planned). • Include members of the trans community in creating the message reflects the reality of trans people. • Provide HIV testing and follow-up services open to trans people. • Organize training for staff to ion campaigns to the reality and needs of trans people. • Advocate for the participation of trans people in HIV research. • Provide / create HIV services for staff to educate them on how to provide inclusive care and support services with and for trans people. • Place pictures of trans people on the walls, so

Country: Cabo Verde; Coverage: Geographic of National, 100% of national program target	N: 1.388 D: 1.680 P: 82.6%	2019 Verdefam ONG, Progress Report, 2019	Gender, Age	Yes		Non cumulative	N: 1.476 D: 1.696 P: 87.0%	N: 1.517 D: 1.704 P: 89.0%	N: 1.541 D: 1.712 P: 90.0%	
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sex workers who benefited from preventive HIV programs (information, counseling, HIV testing, treatment for HIV positive, condoms) including 471 years of age. In terms of HIV results, 10 PS tested positive. For the next few years we estimate a growth rate of 0.5. It is estimated to reach 87% in 2021, number of sex workers who have received a defined package of services defined in NFm3 consists of: loms, lubricating gel, and possibility of self-test, reference), each PS will have a unique code to avoid duplicates. Denominator: Estimated number of islands; this therefore represents a part of the total population of PS, and efforts will be made to continue to refine this estimate).

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Country: Cabo Verde;	N: 3,584 D: 5,943 P: 60.3%	2019 Annual report, Ministry of Education, 2019	Gender Yes	N: 7,750 D: 11,071 P: 70.0%	N: 8,386 D: 11,182 P: 75.0%
Coverage: Geographic: National 100% of national program target				Non cumulative – other	
Country: Cabo Verde;	N: 8,128 D: 8,253 P: 98.5%	2019 NACP, MoH, CPV reports, PTME, 2019	HIV test status Yes	N: 9,837 D: 9,955 P: 98.8%	N: 10,029 D: 10,150 P: 98.8%
Coverage: Geographic: National 100% of national program target				Non cumulative - special	
<p>inils from mother to child, it is expected that 99% of pregnant women attending prenatal consultations will be tested for HIV and syphilis. The estimate of the INE 2020-2030, of women of reproductive age 5-49 years, with the fertility index of 2.36. Numerator: Number of pregnant women attending who were tested for HIV during pregnancy, at labour and/or delivery, or those who already knew they were HIV-positive at the first antenatal care visit; among giving birth in the past 12 months. Source: PNDS / SSR / PTV report.</p>					
Country: Cabo Verde;	N: 39 D: 79 P: 49.4%	2019 NACP, MoH, CPV reports, PTME, 2019	HIV test status Yes	N: 86 D: 86 P: 100.0%	N: 87 D: 87 P: 100.0%
Coverage: Geographic: National 100% of national program target				Non cumulative	N: 88 D: 88 P: 100.0%
<p>During the reporting period who received a virological HIV test within two months of birth; Denominator: Estimated number of HIV-positive women during the process of generalizing access to Gene Expert and M-Prima exams to cover all needs. It is estimated that 100% of children are reported.</p>					
Country: Cabo Verde;	N: 2,368 D: 3,250 P: 72.9%	2019 NACP, MoH, CPV reports, 2019	Age,Gender,Gender I Age,Duration of treatment,Tarjet / Risk population group	N: 3,321 D: 4,150 P: 80.0%	N: 4,545 D: 4,600 P: 83.9%
Coverage: Geographic: National 100% of national program target				Non cumulative – other	
<p>Antiretroviral therapy out of all estimated people living with HIV within the year. The targets for 2021, 2022 and 2023 are 80%, 84% and 90% on the 2019 profile living with HIV currently receiving antiretroviral treatment; Denominator: Estimated total of people living with HIV by spectrum.</p>					
Country: Cabo Verde;	N: 35 D: 35 P: 100.0%	2019 NACP, MoH, CPV reports, 2019	Age,Gender Yes	N: 25 D: 25 P: 100.0%	N: 20 D: 20 P: 100.0%
Coverage: Geographic: National 100% of national program target				Non cumulative	
<p>activity report, among the 35 tuberculosis patients (new cases and recurrences) HIV positive, 100% were put on antiretroviral treatment during their new HIV-positive TB patients (new cases and recurrences) on antiretroviral therapy while on TB treatment. Denominator: total of HIV-positive TB in the year. the reference data corresponds to the final PNLT report validated in May 2020. Despite in the Management Letter, reference is made to PDLR in February 2020). Source: PNLT annual report.</p>					
Country: Cabo Verde;	N: 2 D: 2 P: 100.0%	2019 NACP, MoH, CPV reports, 2019	Age,Gender Yes	N: 2 D: 2 P: 100.0%	N: 4 D: 4 P: 100.0%
Coverage: Geographic: National 100% of national program target					

activity report, 2 declared cases of rifampicin-resistant and / or multidrug-resistant tuberculosis were treated. The estimated targets for 2021, 2022 and

Country: Cabo Verde;	N: 203	2019 NTP Annual Report, 2019	Age test status, TB case definition	Gender Yes	Non cumulative	N: 235 D: P:	N: 225 D: P:	N: 219 D: P:
bacteriologically confirmed plus clinically diagnosed) notified to the national health authority during the reporting period. The number of cases expected targets of the PNLT after the review carried out in March 2020 Source: PNLT annual report. In 2019 of total TB cases 148 were Male and 55 female.								
Country: Cabo Verde;	N: 180	2019 NACP, MoH, CPV reports, 2019	Age, Gender, HIV test status	Gender Yes	Non cumulative	N: 228 D: P: 91.2%	N: 220 D: P: 93.6%	N: 214 D: P: 95.1%
a. bacteriologically confirmed plus clinically diagnosed) in a specified period who subsequently were successfully treated (sum of WHO outcome Denominator: Total number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) registered for treatment in the same period.								
Country: Cabo Verde;	N: 72,535	2019 NMCP Annual Report, 2019	Annual	Yes	Non cumulative – other	N: 64,419 D: P: 80.0%	N: 69,417 D: P: 85.0%	N: 74,517 D: P: 90.0%
y report 2019, a total of 72,535 (60%) households have received indoor residual spraying in the past 12 months. The targets for 2021, 2022 and 2023 yr. Number of households that have received indoor residual spraying in the past 12 months. Denominator: Total number of households in the targeted area;								
Country: Cabo Verde;	N: 304,647	2019 NMCP Annual Report, 2019	Annual	Yes	Non cumulative – other	N: 270,560 D: P: 80.0%	N: 291,551 D: P: 85.0%	N: 312,796 D: P: 90.0%
report 2019, 60% of the population (304,647) has been protected by indoor residual spraying (IRS) in the last 12 months in the targeted areas. The and 90% respectively. Numerator: Number of persons living in households that received IRS in the last 12 months. Denominator: Number of persons								
Country: Cabo Verde;	N: 7,867	2019 NMCP Annual Report, 2019	Type of testing	Yes	Non cumulative	N: 11,328 D: P: 100.0%	N: 13,594 D: P: 100.0%	N: 16,312 D: P: 100.0%
specified malaria cases were recorded in 2019. Therefore, a 20% increase in RDT is expected each year. In particular, 10% for active research (with 20% in communities, particularly in particular on the island of Santiago, Brazil and South Africa where there is a large number of migrant populations from Africa).								

Country: Cabo Verde;	N: 40 D: 40 P: 100.0% National, 100% of national program target	2019 NMCP Annual Report, 2019	Yes				

malaria cases in the country are fully investigated and listed. Analysis of data from the past 10 years (2010-2019) indicates an annual average of 26 malaria cases in the country are fully investigated and listed. Analysis of data from the past 10 years (2010-2019) indicates an annual average of 26 basis is placed on imported cases, with an expected increase of 10% per year. Numerator: Number of confirmed cases fully investigated and classified number of confirmed cases during the reporting period. Source: PNLP annual report

Country: Cabo Verde;	N: 20 D: 22 P: 90.9% Geographic National, 100% of national program target	2019 HMIS	Yes				

of healthcare facilities recorded and transmitted data using the electronic information system. The goal for the next few years is to have 100% health electronic information system. Numerator: total number of health facilities that have recorded and transmitted data using the electronic information system. the country.

Milestones	Criteria for Completion	Country

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