

Grant Confirmation

- 1. This document, dated as of the date of last signature below, is issued under, and constitutes a Grant Confirmation as referred to in, the Framework Agreement (effective as of 2 October 2015), as amended and supplemented from time to time (the "Framework Agreement") between the Global Fund to Fight AIDS, Tuberculosis and Malaria (the "Global Fund") and the Gabonese Republic (the "Grantee") for the Program described herein.
- 2. This Grant Confirmation supplements, forms part of, and is subject to the Framework Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (2014)). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provision of this Grant Confirmation shall govern.
- 3. The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Gabonese Republic (Gabon)
3.2	(Disease) Component:	Tuberculosis
3.3	Program Title:	Investing for impact against tuberculosis
3.4	Grant Name:	GAB-T-MSPS
3.5	GA Number:	936
3.6	Grant Funds:	Up to the amount of €3,630,386 (Three Million Six Hundred Thirty Thousand Three Hundred and Eighty-Six Euros) or its equivalent in other currencies.
3.7	Implementation Period:	From 01 January 2016 to 31 December 2018

3.8	The Principal Recipient Nominated:	Gabonese F BP 50 Libre Gabonese F Attention:	
3.9	Fiscal Year of the Principal Recipient:	01 January	to 31 December
3.10	LFA:	366 Rue Alf Attention:	ouseCoopers, Gabon red Marche, BP 2164, Libreville, Gabon Ms. Anaclet Ngoua +241 76 23 71 +241 74 43 25 anaclet.ngoua@ga.pwc.com
3.11	Global Fund (Notices information for this Grant Confirmation):		Fund to Fight AIDS, Tuberculosis and Malaria Blandonnet 8, 1214 Vernier, Geneva Ms. Caty Fall Regional Manager, Central Africa Team Grant Management Division +41 58 791 1700 +41 58 791 1701 caty.fall@TheGlobalFund.org

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

- 5. The Global Fund and the Grantee acting through the Principal Recipient further agree the following:

 Counterpart Financing
 - 5.1 In accordance with the Global Fund Board Decision Point GF/B28/DP4, the commitment and disbursement of 15% of the Gabonese Republic's aggregate allocation of EUR 3,725,008 for the 2014 2016 allocation period, which is equal to EUR 558,751 is subject to the Global Fund's satisfaction with the Gabonese Republic's compliance with the Global Fund's policies relating to counterpart financing.
 - The Grantee, acting through the Principal Recipient, shall provide to the Global Fund a report on 30 June of each year during the Implementation Period and in the year immediately after the Implementation Period ends, each of which shall (1) indicate all domestic public resources allocated to the national response for the fight against tuberculosis, from government revenues, government borrowings from external sources or private creditors; social health insurance as well as debt relief proceeds, for the preceding year and (2) confirm the compliance with the commitment made by the Grantee to dedicate domestic financing to the fight against tuberculosis up to the amount indicated in the financial gap analysis and counterpart financing table for the period 2016-2018 submitted by the CCM in connection with the tuberculosis concept note on 20 April 2015. In line with the commitments included in said table, an amount of EUR 3,712,567, EUR 3,926,971 and EUR 3,469,766 of domestic public resources shall be dedicated to the national response for the fight against tuberculosis for the periods 2016, 2017 and 2018 respectively. Any shortfall in meeting these commitments shall be duly justified by the Grantee.

Sustainability Plan

5.3 No later than 31 December 2016, the Grantee, acting through the Principal Recipient, in collaboration with the CCM, other stakeholders and partners in the Gabonese Republic, shall prepare and deliver to the Global Fund a sustainability plan for the National TB Program, in form and substance satisfactory to the Global Fund.

Procurement of second-line anti-tuberculosis drugs

- 5.4 The Grantee, acting through the Principal Recipient, shall be authorized to use Grant Funds to finance the procurement of second-line anti-tuberculosis drugs needed for the first year of the Program. Prior to the disbursement of Grant Funds to finance the procurement of second-line anti-tuberculosis drugs needed for the second year of the Program, the Grantee acting through the Principal Recipient shall make available to the Global Fund, in form and substance satisfactory to it, the national guidelines for programmatic management of MDR-TB, developed in collaboration with a technical partner acceptable to the Global Fund.
- 5.5 In any event, no later than 30 days prior to a scheduled Disbursement that includes funds for

- the procurement of MDR-TB medicines, the Grantee, acting through the Principal Recipient, shall deliver to the Global Fund a pro forma invoice issued by the designated procurement agent of the Global Drug Facility, as delegated by the Green Light Committee Initiative.
- 5.6 The Grantee acting through the Principal Recipient shall cooperate with the Green Light Committee (the "GLC") in the efforts of the GLC to provide technical support and assistance to the Principal Recipient with respect to monitoring and the scaling-up of MDR-TB-related services provided in-country. Accordingly, the Grantee, acting through the Principal Recipient, shall budget and authorize the Global Fund to disburse up to a maximum of US\$ 25,000, or a lower amount as agreed with GLC and the Global Fund, each year to pay for GLC services.

Procurement Agent

5.7 The procurement of Health Products using Grant Funds (other than second-line antituberculosis drugs which procurement shall comply with the provisions of Sections 5.4 to 5.6 above) shall be conducted using a suitable procurement agent selected by the Grantee acting through the Principal Recipient with the prior written agreement of the Global Fund.

Community Interventions

- 5.8 Before any use of Grant Funds for community interventions, the Grantee acting through the Principal Recipient shall submit to the Global Fund, in form and substance satisfactory to it, a tuberculosis community strategy document describing (1) the roles and responsibilities of each community actor (sub-recipients, community health workers, NGOs, etc.) in the community, in prison or in any other place where community interventions shall take place, and (2) the measures taken in order to ensure an effective coordination between those community actors and the diagnosis and treatment centres.
- 6. In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Grantee acting through the Principal Recipient hereby makes additional representations as follows:
 - 6.1 The Grantee and the Principal Recipient acting on behalf of the Grantee have all the necessary power and/or have been duly authorised by or obtained all necessary consents, actions, approval and authorisations to execute and deliver this Grant Confirmation and to perform all the obligations of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Grantee or the Principal Recipient acting on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of its constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

(The signature page follows.)

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

The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Gabonese Republic

acting through

Ministry of Health, Social Welfare and National

Solidarity

Name: Mr. Mark Eldon-Edington

Title: Head, Grant Management Division

Date:

1 6 DEC. 2015

Mr. Paul Bivoghe Mba

First Vice Prime Minister and Minister Title:

Date: 08 DEC. 2015

Acknowledged by By:

Name: Rev. Gaspard Obiang

Title: Chair of the Country Coordinating

Mechanism for The Gabonese

Republic (Gabon)

Date:

By:

Mr. Guy René Mombo Lembomba Name:

Title: Civil Society Representative of the

Country Coordinating Mechanism

for The Gabonese Republic

08/12/2015

(Gabon)

Date:

5

Schedule 1 Integrated Grant Description

Country:	Gabon	
Program Title:	Investing for impact against tuberculosis	
Grant Name:	GAB-T-MSPS	
Grant Number:	936	
Disease:	Tuberculosis	
Principal Recipient:	Ministry of Health, Social Welfare and National Solidarity	

A. PROGRAM DESCRIPTION

1. Background and Summary:

Gabon has a high TB burden with an estimated prevalence of 578/100,000 and an estimated incidence of 423/100,000 in 2013. The number of all forms of TB cases detected in 2013 was 5,179 (73%). In spite of the relatively high detection rate, treatment outcome and patient monitoring remain low with 57% treatment success for new smear+ cases and 35% lost-to-follow-up as per 2012 figures. WHO estimates that 2.6% of new TB cases and 13% of retreatment cases are MDR. There is currently no MDR-TB program in Gabon although 69 cases patients are known to be MDR-TB.

HIV is the main driver of the TB epidemic in Gabon with a prevalence of 4.1% in the general population. In 2011, only 46% of TB patients were tested for HIV and 73% of TB/HIV patients receiving antiretroviral therapy (ART). TB screening in people living with HIV (PLHIV) as well as Isoniazid preventive therapy (IPT) in HIV settings is not consistently provided and reported. The main key vulnerable populations identified include prisoners, TB/HIV, children under five and people with limited access to health services.

The fight against TB is led by the national TB program with funding from the government particularly for the procurement of first line drugs, as well as contributions from research centers, namely Center of Medical Research of Lambaréné (CERMEL), CIRMF, and Institut Pasteur, to strengthen program capacity in relation to diagnosis and treatment. In addition, the national TB program receives technical support from WHO with a recent case in point being a study on the feasibility of MDR-TB management and an evaluation of the national TB laboratories network in 2013, which led to the development of the current national strategic plan over the period 2014-2018 for strengthening the laboratory network. The effectiveness of the TB program has however been limited by suboptimal capacity in program

management and coordination as well as limited and non-functional centers for TB diagnosis and treatment (CDT) to cover the population in need. Currently, only 17 CDTs and 3 treatment centers are in place for the 52 health departments in the country.

Accordingly, this grant aims at strengthening the management and coordination capacity of the national TB program through recruitment and training of staff as well as provision of technical assistance during the grant implementation. Furthermore, treatment and diagnosis coverage is expected to increase to cover more regions and districts lacking TB services with a planned increase in the number of CDTs from 17 to 33, as well as the equipping of 16 new and equipped centers during the implementation period. The scale-up of CDTs is expected to improve TB patients follow-up and thereby treatment outcomes. Guidelines for community-based interventions will be developed and community health workers will be involved in community activities through social mobilization, referral of suspect cases, search for lost-to-follow-up, home-based visit and TB care and support in prisons.

The grant will be implemented by the National Tuberculosis Control Program (NTP) under the oversight of the National Directorate of Health of the Ministry of Health, Social Welfare and National Solidarity.

2. Goals:

The goal of the Program is to reduce TB morbidity and mortality rates in Gabon by 2018.

3. Target Group/Beneficiaries:

The Program will target and benefit the following groups:

- TB patients and their families
- People living with HIV
- Prisoners
- Health professionals
- General population

4. Strategies:

The strategies developed by this program to reach the above mentioned goals among target beneficiaries will be to:

- Improve TB notification of all forms from 5,608 in 2014 to 9,144 in 2018 among the general population and including vulnerable populations;
- Increase the treatment success rate for new cases of bacteriologically confirmed pulmonary tuberculosis from 57% to 85% through quality monitoring and support of patients under treatment;

- Provide counseling and HIV testing to at least 90% of TB patients and provide ARVs and cotrimoxazole to at least 90% of co-infected TB/HIV patients;
- Test at least 50% of MDR-TB cases and treat 100% of confirmed MDR-TB cases; and
- Strengthen the management and coordination of human resources of the National TB Program (NTP) and at all levels of the health pyramid, including the capacity to ensure high quality monitoring and evaluation.

5. Planned Activities:

Under the responsibility of the Ministry of Health, Social Welfare and National Solidarity, the activities implemented under this Grant include:

- TB treatment and care: procurement of 2nd line TB drugs for MDR-TB patients and reimbursement of costs related to clinical examinations and tests related to MDR-TB;
- Diagnostic capacity and equipment: procurement of mobile digital x-ray machines, GeneXpert, hematology and biochemistry equipment, reagents and other laboratory materials, rehabilitation of the national reference laboratory;
- Quality of care and services: performing quality control of 1st line and 2nd line TB drugs and external quality assessment of the laboratory network;
- Community TB: collaboration with community agents to provide patient support, including patient follow up at community level and psycho-social support as well as training of community agents;
- Monitoring and evaluation: regular supervisions, data collection and analysis as well as processing of data for measuring the impact and outcome of the program;
- TB prevention, screening and sensitization for prisoners and general population;
- Review and printing of guidelines for TB infection control and clinical care for TB/HIV co-infection;
- Training and capacity building: training of health workers on supply management of medicines and laboratory materials, training of pediatricians and other health personnel in relation to pediatric TB, training of health personnel involved in laboratory work and technical assistance during program implementation; and
- Guidelines and tools: review and printing of guidelines for pediatric TB care and guidelines for management of drugs and laboratory materials.



PROGRAM GRANT AGREEMENT

1. Country: Gabonese Republic (Gabon)

2. Principal Recipient Name and Address:

Ministry of Health, Social Welfare and National Solidarity of the Gabonese Republic BP 50 Libreville.

Gabonese Republic (Gabon)

3. Program Title: Investing for impact against tuberculosis

4. Grant Name: GAB-T-MSPS

4A. GA Number: 936

5. Implementation Period Dates: 01 January 2016 to 31 December 2018

6. Grant Funds (Current Implementation Period only): Up to the amount of €3,630,386.00 (Three Million Six Hundred Thirty Thousand Three Hundred and Eighty-Six Euros).

Grant Funds as indicated above will be committed by the Global Fund to the Principal Recipient in staggered terms as described in Annex A of this Agreement.

7. Component/Disease: Tuberculosis

8. The fiscal year of the Principal Recipient is: 01 January to 31 December

9. Local Fund Agent:

PricewaterhouseCoopers, Gabon

366 Rue Alfred Marche, BP 2164, Libreville, Gabon

Tel: +241 76 23 71

Fax: +241 74 43 25

Attention: Ms. Anaclet Ngoua

E-mail: anaclet.ngoua@ga.pwc.com

10. Name/Address for Notices to Principal

Recipient:

Mr. Paul Biyoghe Mba

First Vice Prime Minister and Minister

BP 50 Libreville.

Gabonese Republic (Gabon)

Tel.: +241 01 72 26 21

Fax:

E-mail: p.biyoghemba@yahoo.fr

11. Name/Address for Notices to Global Fund:

Ms. Caty Fall

Regional Manager, Central Africa Team

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

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Geneva, Switzerland

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This Agreement consists of this face sheet and the following:

Recitals (if applicable)

Standard Terms and Conditions

Annex A – Program Implementation Description and the attachments thereto (including the Performance Framework and Summary Budget)

Performance Framework			English	
A. Program details				
Country / Applicant:	Gabon		Ministry of Health and Public Hyglene of Gabon	MSPS
Component:	Tuberculosia	Principal Recipients		
Start Year:	2018			
Start Month:	January	(Please select from list or add a new one)		
Annual Reporting Cycle	Jan - Dec	-11-7		
Reporting Frequency (Months)	6			

B. Reporting periods								
Period	Jan 2016 - Jun 2016	Jul 2016 - Dec 2016	Jan 2017 - Jun 2017	Jul 2017 - Dec 2017	Jan 2018 - Jun 2018	Jul 2018 - Dec 2018	Jan 2019 - Jun 2019	Jul 2019 - Dec 2019
Rapport d'activités	Yes	Yes	Yen	Yes	Yes	Yee		
Rapport d'activités/Demande de décaissement	No	Yes	No	Yes	No	ido		

C. Program goals and impact indicators	
Goals:	
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^{1.} By 2018, contribute to reducing tuberculosis-related morbidity and mortality in the population of Gabon

1				Baseline						Te	rgets				
Linked to go	Impact indicator	Country	Value	Year	Source	Required disaggregat ion	2016	Report due date	2017	Report due date	2018	Report due date	2019	Report due date	Comments
1	TB I-1: TB prevalence rate (per 100,000 population)	Gabori	615	2014	Tuberculoels profile (WHO), 2015		691	15-Feb-18	732	15-Feb-17	689	15-Feb-18			According to the WHO 2015 epidemiological tubercufests profile (being finalized), the estimated prevalence of tubercufests is 815 cases per 100,000 Inhebitants. We have seen a fall in prevalence of 7.5 percent per year from 2008 to 2013, and an increase of 6 percent from 2013 to 2014. We auguest that prevalence will increase by 6 percent between 2018 and 2017, but will fall between 2017 and 2018 cute to the following activities being implemented: increase in the number of testing and insatment center (TTCs), introduction of new diagnosts in enthods such as LED microscopy, early fubercuferia diagnosts in at-fielt groups (people in contact with amear-positive pulmonary tubercufest [FTB+] and MDR-TB, and PLHIV, prisoners, children aged under 5 years, etc.) using the GeneXpart MTB/RIF; etengthening the system for collecting and transporting sputum semples from the health centers to the TTC laboratories; ecreening tubercufests by means of screening campaigne in underserved areas and developing social mobilization. Source of data: WHO Globel Tubercufests Report
()4	TB I-2: TB Incidence rate (per 100,000 population)	Gebon	444	2014	Tuberculoeis profile (WHO), 2018		490	15-Feb-16	514	15 -Feb -17	540	15-Feb-18			According to the epidemiological profile of the WHO Global Tuberculcels Report 2016 (being finalized), the estimated incidence of fuberoulcels is 444 cases per 100,000 inhabitants. Based on the incidence trend between 2009 and 2014, the progression rates is 5 percent on average. This rate is applied to the 2014 figure (444) in order to obtain the targets; The targets are 400 in 2016, 613 in 2017, and 649 in 2016. The increases take into account the growing diagnostic capacity firrough the use of LED microscopy, serly tuberculcels diagnosis in al-146 groups (people in contact with smear-positive pulmonary tuberculcels [PTB+] and MDR-TB, and PLHIV, prisoners, children aged under 5 years, etc.) using the Genackpart MTIS/RIF, strengthening the system for collecting and transporting spulum samples from the health centers to the TTC faborationist, screening tuberculcels by means of accessing campaigne in underserved areas and developing social mobilization. Source of data: WHO Globel Tuberculcels Report
1	TB I-3; TB mortality rate (per 100,000 population)	Gabon	G5	2014	Tuberculosis profile (WHO), 2017		44	15-Feb-18	39	15-Feb-17	35	15-Feb-18		AND THE PAPER TO T	In Gabon, the civil register for recording the causes of deaths te not yet, functional. A project to implement a death register will begin in 2018 within the context of national statistics, with the support of the partners. According to the septomological profile of the WHO Global Tubercutosis Report 2016 (being finalized), the estimated number of tubercutosis related deaths is 55 per 100,000 inhabitants. Based on the mortality trend between 2009 and 2014, the regression rate is 10.65, or 11 percent. This rate was applied to the 2014 figure (55) in order to obtain the targets; The targets are 44 in 2016, 39 in 2017 and 35 in 2018. Source: WHO Global Tubercutosis Report
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ram objectives and outcome indicators
tives:

- Improve the number of notified cases of all forms of tuberculosis (TBAF) (new cases and relapses) from 5,808 in 2014 to 9,144 in 2018 in the general population, to include vulnerable populations.

 Increase the level of treatment success in new cases of bacteriologically confirmed pulmonary tuberculosis from 57 percent to 85 percent by Improving quality monitoring and supporting patients receiving treatment.
- 3 Provide MIV advice and screening initiated by care providers, to cover at least 90 percent of people with tuberculosis. In addition, place at least 90 percent of screened, tuberculosis/HIV co-infected patients under antiretroviral therapy (ART) and co-trimoxazole:
- Screen at least 10 percent of expected multidrug-resistant tuberculosis (MDR-TB) cases and treat 100 percent of confirmed MDR-TB cases;
- Improve the management and coordination capacity of the National Tuberculosia Control Program (NTCP) human resources at all the levels of the health system, including their capacity to conduct high-quality monitoring and evaluation

# (e]antiper[a) If	Outcome indicator	Country	Beseline Required Targets disaggrapat ion									Comments			
Lht.ed t			Value	Year	Bource		2016	Report due date	2617	Report due date	2018	Report due date	2010	Report due date	
0	TB C-1a: Ceae notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	Gabon	328	2014	R&R TB system, yearly management report	- And	404	15-Feb-18	449	15-Feb-17	499	15-Feb-18		NA TRAVERSE SERVICE	For the three years of the 2018-2018 grant, the NTCP has predicted a 13.6 percent increase in the number of cases notified (see DOTS 1s hypothesis), based on intensified screening and disgracals activities through a) thereighening the siberbarry network, b) using new screening technologies such as GeneXpert MTB/RIF and LED microscopy, o) strengthening the system for colfecting and transporting apultum samples and d) early tuberculosis screening for people in contact with smear-positive pulmonary tuberculosis, people in contact with MDR-TB, and PLHIV, prisoners, etc. Numerator: Number of reported cases of TBAF (bacteriologically confirmed and clinically diagnosed) disclaired to the national health authority in the past year (both new cases and relapses) Denominator: Total population of Gabon in the past year in addition, the population data used are those from the WHO Planning and Budgeting Tool, 2014 version. Source of data: Annual report of NTCP activities
2	TB O-2a: Treatment success rate - all forms of TB	Gabon	61%	2014	R&R TB system, yearly manegement raport		70%	15-Feb-17	80%	15-Feb-18	85%	15-Feb-18			The NTCP has recorded a 56 percent treatment auccess rate in the 2013 cohort of all the new amear-positive pulmonary luberouscale cases. The plan is to increase this to 85 per cent by 2018 according to the 2014-2018 national strategic plan for tuberouslas (NBP). This increases will be achieved by supporting the reduction of a) patients lost to follow-up from 35 percent to 10 percent or less. The activity will be carried using the property supervised DOTS, by system activity will be carried using the property supervised DOTS, by system activity may activate, activity and confirmed using the property supervised DOTS, by system activity may activate, activity and confirmed using the property supervised DOTS, by system activity and software, activately, better network). Numerator: Percentage of bacteriologically confirmed tuberoulosis cases for a specified period who are then successfully treated (recovery and treatment complete). Denominator: Total number of bacteriologically confirmed tuberoulosis cases registered for treatment during the same period.
3	TB O-3: Notification of RR-TB and/or MDR-TB cases - Percentage of notified cases of bacteriologically confirmed, drug resistant RR-TB and/or MDR-TB'ss a proportion of the estimated number of RR-TB and/or MDR-TB cases among notified TB cases	Gabon	23%	2014	R&R TB system, yearly management report			TO THE PROPERTY OF THE PROPERT	34%	15-Feb-18	38%	15-Feb-18	45%		The prevalence of MDR-TB in suspecied cases (re-treatments) is 13 percent, and 2.6 percent in new cases of smear-positive pulmonary tuberculosis, according to WHO. Based on these betwe values, we have estimated the number of MDR-TB cases, with a denominator of 148 (2018), 185 (2017) and 184 (2018). The numerator corresponds to the number of notified MDR-TB cases (MDR TB-2 indicator). Numerator: laboratory register for cultures, aenaltivity tests and GeneXpert tests Denominator; estimate from Global Tuberculosis Report.

E. Modules

Modulo 1			TB care a	nd preventio	м																					
Coverage/Output Indicator	Responsible Principal Recipient	la aubeat of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD		В	eseline		Required disaggregation	Jan 201	5 - Jun 2016	Jul 2016 -	Dec 2016	Jan 2017	- Jun 2017	Jul 2017	Targete - Dec 2017	Jan 2018	8 - Jun 2018	Jul 2018	- Dec 2018	Jan 2019 -	- Jun 2019	Jш 201 9 -	Dec 2018	Comments
					NM D#	76	Year	Source		N# D#	%	N# D#	%	N# D#	%	N#	%	N#	%	N# D#	96	N# D#	%	N#	%	
DOTS-1s: flumber of notified cases of sill forms of TB - bacterfologically confirmed plus clinically diagnosed, new and relapses	Ministère de la Santé et de la Prévoyance Sociele		Netional	Cumulative annually	5,608	The state of the s	2014	R&R TB system, quarterly reports	Sox, HIV toet result, Age	3,619		7,237	A THE RESIDENCE OF THE PROPERTY OF THE PROPERT	4,111		8,221	No devicable of the party of th	4,670		B,350	The second secon				THE PROPERTY OF THE PROPERTY O	The annual progression rate for the notification of TBAF was 13.6 percent between 2010 and 2014. Based on this rate, the estimates for the subsequent years were calculated as below. 7,297 cases will be notified in 2016, 8,221 in 2017 and 9,339 in 2018. The abs-monthly targets were calculated on the basis of achieving 50 percent of the annual goal. This notification increase will be supported by Intensifying screening and diagnosis activities through a) eterngthening the laboratory network, b) using new screening technologies such as GorneXport MTPRIFF and LED microscopy, of strengthening the system for collecting and transporting sputum samples and d) early tuberculosis screening for people in contact with smear-positive pulmonary tuberculosis, people in contact with MDR-TB, and PLHIV, prisoners, etc. Numerator: Number of cases of TBAF (bacterlologically confirmed and clinically diagnosed) declared to the netional heelth authority during the information communication period.
					3,035			-		2,164		4,328		2,458		4,916		2,792		5,585						Sources: Quarterfy NTCP acreening reports and the annual tuberculosis activities report. From 2010-2014, new cases of smear-positive pulmonary tuberculosis (and relapses) represented an average of \$9.6 percent of TBAF cases. Based on this proportion, the settinates for the subsequent vegra were calculated: 4.326 cases
DOTS-1b: Number of notified cases of bacteriologically confirmed TB, new and relapses	Ministère de la Santé et de la Prévoyanca Sociale	DÓTS-1a	National	Cumulettve annually			2014	R&R TB system, quarterly reports	Sex, Age	001-001-001-001-001-001-001-001-001-001		-			AND THE RESERVE OF THE PROPERTY OF THE PROPERT				And the first control of the f							in 2016; 4,916 cases in 2017; 6,865 cases in 2018. The elx-monthly targets were calcutated on the basis of achieving 50 percent of the annual goal. Numerator: It includes all new cases and releases confirmed by: (1) amear and/or culture; (2) positive rapid molecular diagnosis recommended by WHO (for example, GeneXpert MTRIRIF); (3) extra-pulmonary cases with leboratory confirmation identifying Mycobacterium tuberculosis (not only using histotopy) Denominator: Not applicable. Sources: Quarterly NTCP acreening reports and the annual tuberculosis settivities report.
					2273					2,230		4,450		2,714		6,428		3,288		6,577					2	The treatment success goals according to the NSP are 70 percent for 2016, 75 percent for 2017 and 60 percent for 2018. The treatment success level was 48 percent for the 2019 cohort of all types of new luberculosis cases, and this result forms the reference date. All forms of active tuberculosis is understood to meen the cesses that are bacteriologically
DOTS-2a: Percentage of TB cases, all forms, backeriologically confirmed plus cfinically diagnosed, auccessfully treated (oured plus treatment completed) among all TB cases registered for treatment during a specified period	Ministère de la Santé et de la Prévoyance Sociale	DOTS-1a	National .	Non- cumulative	4769	48%	2014	R&R TB system, quarterly reports	Sex, HIV test reeult, Age	3,185	70.0%	6,371	70.0%	3,619	75.0%	7,237	75.0%	4,111	30%	6,221	80,0%		THE PROPERTY OF THE PROPERTY O		oli pe (in e tr ' Nicoo	confirmed or disgnosed by a clinician. It includes the new cases and relapses, including (1) positive smear and/or positive outlure, or positive smear and/or positive outlure, (2) insgnitive smear and/or negative outlure, (3) unknown smear/smear not carried out, (4) positive rapid molecular diagnosis recommended by WHO (for example, GereXpert MIRRIF), (5) extra-pulmonary cases confirmed by WHO-approved rapid diagnositics (WRO), (6) cases confirmed based on anomalcus X-rays or histology suggesting balcerulosis. It does not include re-treatment cases such as (1) treatment after treatment failure, (2) treatment stars a patient is lost to follow-up (formerly referred to as treatment after an interruption*), (3) other re-treatment cases. Numerator: Number of cases of TBAF (bacteriologically confirmed and clinically diagnosed) for a specified period who are then successfully treated (total number in WHO results categories of "recovery" and "treatment complete"). Denominator: Total number of cases of TBAF (bacteriologically confirmed and clinically diagnosed) registered for treatment during the same period
	Ministère de la Samé et de la Prévoyance	DOTS-1b	National	Non- cumulative	1,771	61%	2014	R&R TB system, quarterly	Sex, Age	1,026	70%	2,051	70%	1,731	80%	3,482	80%	2,089	85%	4,170	85%				2 d	The treatment success gools as defined in the NSP are 70 percent for 2018, 80 percent for 2017 and 85 percent for 2018. These were used to estimate the numerator, because the denominator is based on the DCTS-1b indicator. The baseline therapeutic success level is 48 percent for the 2013 ophort of bacteriologically portifimed tuberculosts cases.
cases registered during a specified period	Sociale			THE PERSON OF TH	2,883			reports		1,485		2,931		2,1 0 4		4,328		2,468		4,916					D tr	who are then successfully treated (recovery and treatment complete) Percentinator: Total number of besteriologically confirmed tuberculosis cases registered for reatment during the same period Sources: Quarterly NTCP ecreening reports and the annual tuberculosis activities report.

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DOTS-3: Pourcentage de laboratoires présentant des performances satisfalsantes d'assurance qualité extreme pour la microscopie de frottis, parmi le nombre total de laboratoires effectuant des analyses par microscopie de frottie au cours de la période de rapportage	Ministère de la Senté et de la Prévoyance Sociale		National	Non cumulatii		ND	2014	Please select		e de la composition della comp	The state of the s	%						ere de de la companya		an a municipal control of the contro				
DOTS-3: Percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake emear microscopy during the reporting period			National	Non- cumula@ve		TOTAL DESIGNATION OF THE PROPERTY OF THE PROPE	The control of the co	External quality control report					2	87%	3	75.0%	4	80.0%	4	80.0%			THE CONTRACT OF THE CONTRACT O	Quality control is not currently undertaixen. Tools for collecting information on laboratory activities will be adapted to take into account quality-control information, which will be reported every six months. A faboratory's performance is measured based on the total number of alides examined without errors against the total number of alides randomly selected and re-examined by the inspectors. A laboratory's performance is deemed adequate if at least 75 percent of slides are examined without errors. The plans are to maintain at least 80 percent of increacepy laboratories in the network at adequate performance levels. As part of the Globel Fund grant, the National Reference Laboratory will arrange external quality controls based on the following timescale: seven in 2017, ten in 2018. This is an expected performance of 251 in the first aix months of 2017, 34 in the second six months; 4/5 in the first alx months of 2017 and the second six months; 4/5 in the first alx months of 2018 and 4/6 in the second elx months. Numerator: Number of faboratories with adequate performance for smear microscopy Denominator: Total number of laboratories conducting smear microscopy analyses. Source of data: Quarterly quality control report.
DOTS-5: Nombre d'enfante ágée de moins de 5 ans en contact avec des petients atteints de tuberculose et qui ont commencé un trattement préventif par l'isoniazide (TPI)	Ministère de la Santé et de la Prévoyance Sociale		National	Cumulative armually	197		2014	R&R TB eyelem, querterly reports	, 58		177		100		201		114		228			THE STATE OF THE S		Information about chemical isonizaid prophylaste is not well documented. Based on the 137 children aged under 5 years recorded in 2014, we have applied the average progression level of cases of TBAF, which is 13.6 percent. The program therefore predicts that 175 children will receive isonizaid in 2016, 198 in 2017 and 225 in 2018. This means that 569 children will receive isonizaid prophylasis for the entire period. This rises from 6.09 percent to 6.54 percent of smear-positive pulmonary tuberculosis cases.
DOTS-8: Number of TB cases (all forms) notified among key affected populations/high risk groups (prisoners)	Ministère de la Santé et de la Prévoyance Sociale	DOTS-1a	Netional	Cumulative annually	307		2014	TB patient register	193		396		199		397		204		408	TOTAL SERVICE AND ADMINISTRATION OF THE PROPERTY OF THE PROPER	The state of the s	THE PROPERTY OF THE PROPERTY O		The 10 percent average prevalence in the central prison has been determined based on the number of cases of TBAF divided by the total prison population. The number of tuberculosis cases expected in the central prison has been obtained by multiplying the annual growth rate of 2.84percent by the total prison has been obtained by multiplying the annual growth rate of 2.84percent by the total prison population for find the progression rate; this provides a prison population (number of prisoners) of 3,116 in 2016, 3,205 in 2017 and 3,208 in 2018. The progression rate spicial to the prison population means that the targets can be obtained. The prevalence level has been applied to this, which provides the expected number of cases in the central prison: 321 in 2016, 320 in 2017 and 350 in 2018. The same rationals has been applied to the populations of the other prisons, which provides the figure of 1,170 (4,200 minus 3,030) by using a 2.84 percent growth rate and a 5 percent prevalence level. Numerator: Number of cases of TBAF (bactarologically confirmed and officially diagnosed) among the prisoners declared to the national health authority during the information: communication period. Denominator: Not applicable.
	Ministère de la Santé et de la Prévoyance Sociale	DOTS-1g	National	Cumulative annually	923 2883	32.0%	2014	RSR TB system, quarterly reports	366 1,485 .	25.0%	733 2,931	25.0%	325 2,164	15.0%	649 4,328	16.0%	246 2,458	10%	49/2 4,916	10.0%				Currently, 32 percent of patients are LTFU. Through the actions of community health workers (CHWs), we suggest that this will fail to 25 percent in 2016 in year 1 of implementation. The levels will than be 15 percent (year 2) and 10 percent (year 3). Numerator: Number of bacteriologically confirmed tuberculosis cases for a specified period who receive treatment and are then LTFU (two months). Denominator: Total number of bacteriologically confirmed tuberculosis cases registered for treatment during the same period. Sources: Quarterly NTCP screening reports and the annual tuberculosis activities report.
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	Intervention	Key Activities	Milestones/Targets (no more	Criterion for completion			and a secondary	Mileston	nes/Targets					
	marvarinott	rey Activities	than 200 characters)	milestone/target	Jan 2016 - Jun 2016	Jul 2016 - Dec 2016	Jan 2017 - Jun 2017	Jul 2017 - Dec 2017	Jan 2018 - Jun 2018	Jul 2018 - Dec 2018	Jan 2019 - Jun 2019	Jul 2019 - Dec 2019	Comments (no more than 500 characters)	
1	Dépistage et diagnostic des matedies	Créer 8 nouveeux CDT (publics, privés, prison centrale) en complément des 17 existants pour étendre le décentralisation de la prise en charge de la tuberoulose y compris dens lee zones mai desservies (équipements, outils de gestion, formation, supervision, éct.)	Création de 8 CDT à l'an 1 Lee 8 infirmiers qui aeront formés proviennent du centre de eanté (CS) communeutaire d'owendor, du CS préson centrale de ilbreville(Lbr, de la polyetinique de libreville(Lbr, de la polyetinique Chambrier de Lbr, et 5 de l'intérieur (Centres médicaux de Okondja; Mayumba;Bitam;Mékambo et celul de Laetourville)	8 CDT fondionnels en fin 2018		X							Le PLNLT procédera à la mise en place des CDT par la formation d'un l'Infirmier et d'un tachniclen de laboratoire au niveaux de 8 CDT.a l'Indpital Noembo. Le mise en place des CDT se fera par l'éappement en intrante (microscopes et réactife et consommables) des différents les recornels formés. formation et la rocement centre de senté (CS) communautaire d'owendo; du CS prison centrale de litrevilles (Lv. ét le polydinique Chambrier de Lbv. et 5 de l'Intérieur (Centres médicaux de Conorgie; Mayumba; Břtam; Mékambo et cetul de Lastourville)	
2	Dépisiage et diagnostic des maladies	Réhabiliter 17 anciens CDT:Palliasse (plombérle, magonnerie, peinture, électricité, main d'oauvre), incinérateur, évier au niveau des départements sanitaires	Réhabilitation de 17 anciens CDT:Pallisese (plombérie, magonnerie, pelnture, électricité, main d'œuvre), incinérataur, évier	17 anciona CDT réhab littles;Pallissee (plombérie, magonnerie, peinture, électricité, main d'œuvre), Incinérateur, évier	x		BOOK BY BANK BANK BANK BANK BANK			.			Le PNLT effectuera la réhabilitation de 17 CDT en l'an 1, par leur équipement en divers matériels nécessaltracilisase (primbéré, magomerie, painture, électricité, main d'œuvre), inclinérateur, évier. Il s'agit des CDT de : Nixembo, Meier, Okula, Base 3 (Aumbaréné), Base 4 (Mouila), Base 8 (Port -Gentil), Base 7 (Koulamoutou), Base 8 (Port -Gentil), Base 7 (Koulamoutou),	
3	Dépistage et diagnostic des maladiss	Réhabiliter le bâliment du service de mycobactériologie du Laboratoire National de Santé Publique	Réhabilitation du bătiment du service de mycobactériologie du Laboratoire National de Santé Publique	Le bătiment du service de mycobactériologie du Laboratoire National de Santé Publique est réhabilité.		x		AND THE PARTY AN						
4	Dépiatage et diagnostic des maledias	Elaborer et validation du guide de réseau de microscople et du manuel de procédurespour le contrôle et l'assurance qualité	Elaboration et validation du guide de réseau de microscopie et du manual de procédurespour le contrôle et l'assurance qualité	Le guide du réseau de microscopie et du manuel de procédures pour le contrôle et l'assurance qualité est disponible	X		Planning	1		T T T T T T T T T T T T T T T T T T T	•		Un steller d'élaboration et de validation du manuel de procédures pour l'assurance qualité seraorganisé au cours de l'annés 1 en vue de l'opérationnalisation du réseau de laboratoire.	

Module 2			ME	OR-TB																						
Coverage/Output Indicator	Responsible Principal Recipient	is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")			В	iaseline		Required disaggregation	Jan 201	8 - Jun 2016	Jul 2010 -	Dec 2016	Jan 2017	- Jun 2017	Jul 2017	Targets - Dec 2017	Jan 2018	i - Jun 2018	Jul 2018 -	- Dec 2018	Jan 2019	9 - Jun 2019	Jul 2019	- Dec 2019	Comments
					NIII	%	Year	Source		N# D#	%	N# D#	%	N# D#	%	N# D#	%	N# D#	%	N# D#	%	N# D#	%	N# D#	%	
MDR TB-1: Percentage of previously treated TB patients receiving DST (tracteriologically positive cases only)	МоН		Netional	Cumulative	121	30.0%	2014	R&R TB system, quarterly reports		119	50%	237 474	50%	154	60%	309	00%	195	70%	391 559	70%					The average progression level for the 2010-2014 period is 8.46 percent. The "Total number patients with tuberculosis who have previously been treated and who were identified during jeveluation period." Was obtained by applying this progression level to the years 2015-2018. This means that the expected values are: 474 in 2016, 515 in 2017 and 559 in 2018. In 2014, the result was 30 percent, in order to obtain the numerator for the target, we applies a proportion of 50 percent to the estimated number of suspected MDR-TB cease for 2018 (because the activity is taurching), 60 percent in 2017, and 70 percent in 2018. The targets have been set to these levels to take into account the country's capacity and the fact that the MDR-TB program is new to the country. The refreshment cases and symptomatic cases of MDR-TB contact will receive a GeneXpert MTB/RIF test and culture analysis. While awaiting the encovation of the National Public Health Laboratory, sensitivity tests will be conducted by Lambardné Medical Research Center (CERMEL). Numerator: Number of previously treated tuberculosis cases that are linked to the results of tests for acersitivity to isonization and rifemption during the evaluation period. Sources: Quarterly NTCP reports and MDR-TB laboratory test reports
MDR TB-2: Number of bacteriologically confirmed, drug realstant TB cases (RR-TB and/ar NDR-TB) notified	МоН		Nαtional	Cumutative enruzally	30			R&R TB system, quarterly reports	Sex, Age	29		59		38	And the same of th	77		48		97		Provential and the				The expected values for re-treatments (474 in 2016, 515 in 2017 and 559 in 2018) were obtained based on the 8.46 percent progression rate from 2010 to 2014. The prevalence of MDR-TB in re-treatment cases is 13 percent according to WHO. We have applied 12 percent (programmatic result) for the estimated number of cases sent for drug sensitivity tests. This 12 percent corresponds to the proportion of notified multifung-resistant luberculcels cases among suspected cases sent for drug sensitivity tests in 2014 (30/250). This results in 59 in 2016, 77 in 2017 and 97 in 2018. Numerator: Number of notified cases of bacteriologically confirmed and drug-resistant tuberculosis (rifampioin-resistant tuberculosis and/or multidrug-resistant tuberculosis). Denominator: Not applicable.
MDR TB-3: Number of cases with drug resistant TB RR-TB and/or MDR-TB) that bogen socond-line restment	МоН	MDR TB-2	National	Cumulative annually	ND			R&R TB system, quarterly reports	Sex, Age, Case definition	29 29	100,0%	59 59	100.0%	38 38	100.0%	77	100.0%	48 48	100%	97	100.0%			,		All the acreened MDR-TB cases must be treated, hence the numerator and the denominator are equal. The Global Fund contribution to the targete is 26 (44 percent) in 2016, 32 (42 percent) in 2018 and 40 (41 percent) in 2018. Numerator: Number of registered drug-resistant tuberculosis cases (rifemplein-resistant tuberculosis cases (rifemplein-resistant tuberculosis end/or multidrug-resistant tuberculosis) who, having initiated MDR-TB treatment were LTFU during the evaluation period.
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11000	Intervention	Key Activities	Milestones/Targets (no more	Criterion for completion				Milesto	nes/Targets				Comments (no more than 500 characters)
		ney rearries	than 200 characters)	mllestone/target	Jan 2016 - Jun 2016	Jul 2016 - Dec 2018	Jan 2017 - Jun 2017	Jul 2017 - Dec 2017	Jan 2018 - Jun 2018	Jul 2018 - Dec 2018	Jan 2019 - Jun 2019	Jul 2019 - Dec 2019	Comments (no more man out characters)
1	Dépietage et diagnostic des maladies : tubercutosa multirésistants	Elaborer la guide de prise en charge de la TB-MR y compria l'algorithme de dépistage des TB-MR prenant en compte le Xpert MTB/RIF par un groupe de personnes (pendant 10 à 15 jours)	Elaboration du draft 0 du guide de prise en charge de la TB-MR y compris l'algorithme de déplatage des TB-MR persent en comple le Xpert MTB/RIF par un groupe de personnes (pendant 10 à 16 joura)	Un draft 0 du guide de priee en charge de la TB-MR y compris l'algorithme de dépistage des TB-MR prenent en compte le Xpert MTB/RIF est élaboré.	x								Activité en cours de finalisation.
2	Dépistage et diagnostic des maladies : tuberculose multirésistante	Organiser un atelier de validation technique du guide de prise en charge de la TB-MR y compris l'algoritime de dépistage dea TB-MR prenant en comple le Xpert MTE/RIF (Zjour pour 10 pers)	Organisation d'un abelier de validation du gudde de prise en charge de la TB-MR y comprie l'algorithme de dépistage des TB-MR prenant en compte le Xpert MTB/RIF (10 personnes, pendant 2 jours)	Un guide de prise en cherge de le TB- MR y compris l'algorithme de dépietage des TB-MR prenent en compte le Xpert MTB/RIF est validé par un groupe technique.	×						**************************************		
3	Dépiatage et diagnostis des maladies : tuberculose multiréaletante	Organiser un atelier de validation politique du guide de prize en charge de la TB-MR y compris l'algorithme de déplatage des TB-MR prenant en compte le Xpert MTB/RUF (25 personnes, pendant 1 jour)	Organisation d'un atelier de validation politique du guide de validation politique du guide de la TB-MR y compris l'algorithme de dépistage des TB-MR prenant en compris le Xpert MTB/MF (25 personnes, pendant 1 jour)	Un guide de prise en charge de la TB- MRI y compris l'algorithme de dépistage des TB-MR prenant en comprise le Xport MTB/RIF est validé(25 personnes, pendant 1 jour).	x		100.00 pt 100.00		01 2000 CH PT 10 10 10 10 10 10 10 10 10 10 10 10 10				
4	Traitement : tuberculoae multirésistante	Reproduire et diffuser le guide de prise en charge de la TB- MR y compris lalgorithme de déplatage des TB-MR prenent en compte le Xpert MTB/RIF	Reproduction et diffusion du guide de prise en charge de la TB-MR y compris l'algorithme de déplatage des TB-MR prenent en compte le Xpert MTB/RIF	Le gulde de prise en charge de la TB-MR y compris l'algorithme de dépistage des TB-MR pranant en compte le Xpert MTB/RIF sont reproduits et diffusés.		907 IN PROPERTY IN THE SEE MAN							
5	Traitem ant : tuberculose m ulüréaistante	Acquérir les médicaments de 2ème ligne pour le traitement de 226 TB-MR pour les 3 ans	Acquisition des médicements de Zème ligne pour le traitement de 226 TB-MR pour les 3 anse	Les médicaments de 2ème ligne pour le traitement de 22ê TB-MR pour les 3 ans aont disponibles.	x		X		x	TOTAL			

fodule 3			TE	3/HIV																						
Coverage/Output indicator	Responsible Principal Recipient	le subset of another indicator (when	Geographic Area (if Sub-national, apacify under "Comments")	Cumulation for AFD		В	aneline		Required disaggregation	Jan 201	8 - Jun 2018	Jul 2018 -	Dec 2016	Jan 2017 -	Jun 2017	Jul 2017 -	Targets - Dec 2017	Jan 2018	- Jun 2018	Jul 2018 -	- Dec 2018	Jan 2018	- Jun 2019	Jul 2016	9 - Dec 2018	Comments
		applicable)	Commons y		Nd D#	*	Year	Source		N# D#	%	N# D#	%	N# D#	%	N#	%	N#	%	N# D#	%	N# D#	%	N# D#	%	
					2,504		-			2,171		4,342		3,289		8,577		4,436		6,872			-			The program aims to achieve HIV acreening in 60 percent of tuberculos's patients in 2016 percent in 2017 and 96 percent in 2016, based on the expected number of patients with suberculosis and HIV based on annual targets that have been previously determined in relief to the number of cases of TBAF.
B/HIV-1: Percentage of TB patients who had an HIV st result recorded in the TB recister	MoH		National	Non- cumutative		45%	2014	R&R TB system,			80%		80%		80%		80%		95%		95%				l	These six-morthly targets represent half of each of the annual targets: 2,148/3,581 in 20' 3,287/4,046 in 2017, 4,343/4,572 in 2018. Currently, HIV serology results for tuberculosis patients are not systematically recorded in tuberculosis register. This activity will be strengthened throughout the grant period and
et Learer Lacourago III ma La Lagreter				cumuzanye	5,608	ALL TRANSPORTER OF THE CONTRACTOR OF THE CONTRAC		quarterly reports		3,619		7,297		4,111		8,221		4,870		9,339						beyond. Numerator: Number of patients with tuberculosis registered during the reporting period who hilly test result was registered in the tuberculosis registered the time of the tuberculosis adaptosis. Denominator: The total number of patients with tuberculosis registered during the reporting period.
	AT TAKE AND				511		***************************************			450	#1448 to 644	900		724		1,448	P0+0+41 to 10+441 to 144	1,034		2,068		-				The ART coverage for tuberculosis/HIV patients in 2014 was 79 percent. The tuberculosis
								R&R TB											-							program intends to maintain coverage at 80 percent in 2018 and increase it to 85 percent. 2017 and 90 percent in 2018. When calculating the denominator, this takes into account 2 percent (048/2,504) of tuberculosis patients who had HIV screening tests and tested positif We have applied this percentage to all the targets affreedy calculated for all types of futberculosis acesse from 2015-2016 (see above).
3/HIV-2: Percentage of HIV-positive registered TB itierus given anti-retroviral therapy during TB treatment	МоН	TB/HIV-1	National	Non- ournulative - other	,	79%	2014	system, quarterly reports			80%		80.0%		85.0%		B5.0%		90%		90.0%					In 2014, 24.5 percent of diagnosed tuberculosis/HIV patients systematically received ART.
					648					682		1,125		852		1,703		1,149		2,298						Numerator: Number of patients with tuberculosis and HIV positive, registered during the information communication period, who are receiving ART (who started it or are continuing ART initiated previously). Denominator: The total number of patients with tuberculosis and who are HIV positive who were registered during the reporting period.
								Système																		
3/HIV-3: Pourcentage de patients séropositifs au VIH s' ont fait l'objet d'un dépistage de la tuberculose dans se atructuras de soins ou de prise en charge du VIH	Ministère de la Santé et de la Prévoyance Sociale	Please select	National					d'E&R d'E&R (enregistremen t et reporting) relatif à la luberculose, rapports trimeatriels			TO THE PROPERTY OF THE PROPERT		The second secon					1		-	THE REAL PROPERTY OF THE PROPE					
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	Intervention	Key Activities	Milestones/Targets (no more	Criterion for completion				M Restor	nes/Targets				
	inurveration	Kay Activities	than 200 characters)	milestone/target	Jan 2016 - Jun 2016	Jul 2016 Dec 2018	Jan 2017 - Jun 2017	Jul 2017 - Dec 2017		Jul 2018 - Dec 2018	Jan 2019 - Jun 2019	Jul 2019 - Dec 2019	Comments (no more than 500 characters)
1	Interventions concertées de lutte contre la tuberculose et le VIH	Elaborer is guide de prise en charge de le coinfection TB/VIH par un groupe de personnes (pdt 10 à 15jours)	Elaboration du guide de prise en charge de la coinfection TB/VIH par un groupe de personnes (pdt 10 à 15jours)	Un guide de prise en charge de la coinfection TB/VIH est élaboré par un groupe de personnes (pdt 10 à 15]oure)	x								
2	Interventions concertées de lutte contre la tuberculose et le VIH	Organiser l'ateller de validation technique du guide de prise en charge de la coinfection TB/VIH (10 pers pdt 2joure)	Organisation de l'atelier de vatidation technique du guide de prise en charge de la coinfection TB/VIH (10 pers pdt 2joure)	Un gulde de prise en charge de la coinfection TB/VIH est valldé.	x								
3	Interventions concertées de lutts contre la tuberoufose et le VIH	Organiser un atetter de validation politique du guide de prise en charge de la coinfection TB/VIH (25 pera pdt 1jour)	Organisation d'un atelier de validation polítique du guide de prise en charge de la coinfection TBAVH (25 pers pdt 1jour)	Le guide de priee en charge de la colnfection TB/VIH est validé.	x							The state of the s	
4	Interventions concertées de lutte contre la luberculose et la VIH	Organiser des réunions de coordination de la prise en charge de la coinfection TB/VIH aux niveaux central et régional	Organisation des réunions de coordination de la price en charge de la coinfection TB/VH aux niveaux central et régional	Organiser des réunions de coordination de la prise en charge de la coinfection TB/VIH aux niveaux central et régional	x	x	X	x					Les réunions de coordination de la prise en charge de la coinfection TB/VIH seront organisée aux riveaux central et régional, aux fer, 2ème, e 3 ême trimestres de l'année 1: aux 2ème trimestre de l'année 2 et se trimestre de l'année 3.
	Interventions concertées de lutts contre la tuberculose et le VIH	Former/recycler tous les acteurs des 18 eites PNLIST et 25 CDT PNLT impliqués dans la prise en charge Intégrée des patients TB/VIH (à raison de 2 personnes par site)	Formation/recyclage de tous les acteurs des 18 sites PNLIST et 25 CDT PNLT impliquée dans la prise en charge intégrée des patients TB/VIH (à raison de 2 personnes par alte)	Les acteurs des 18 sites PNLIST et 25 CDT PNLT impliqués dans la prise en charge intégré des patients TBVH (& raison de 2 personnes par alte) sont formés/recyclés.	x	x						110111111111111111111111111111111111111	Elles se dérouleront aux 1 er et 2 eme trimestres de l'année 1.

Module 4		HSS	- Health Informa	ntion system	s and M&I	E																				
		is subset of															Targets									
Coverage/Output indicator	Responsible Principal Recipient	another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")			B	naejira		Required disaggregation	Jan 201	6 - Jun 2018	Jul 2016 - I	Dec 2016	Jan 2017	- Jun 2017	Jul 2017 -	Dec 2017	Jan 2018 -	Jun 2018	Jul 2018 -	Dec 2018	Jan 2016	9 - Jun 2019	Jul 201	9 - Dec 2019	Comments
		_=			D#	%	Year	Source		N# D#	%	N# D#	%	N# D#	%	N#	%	N# D#	%	N# D#	%	N# D#	%	N# D#	%	
MRE 4 Decembers of Pleasable and translation				######################################	7					13		19		21	and the second	21		31		31				-		In the first quarter, all the TTCs must send their reports by 30 April. In the second quarter, the deadline te 31 JUly. In the third quarter, it is 31 October and in the fourth quarter it is 31
M&E-1: Percentage of Diagnostic and treatment centres submitting timely reports according to national guidelines	MoH		National	Non- cumulative	17	41%	2014	NTP report		17	75%	25	75%	25	85%	25	85%	33	D5%	. 33	96%	E E				January. In the second quarter of year 1, eight TTCs will be opened. All the expected reports will be regularly sent and received during the grant implementation period and beyond.
				L	L	<u> </u>	<u> </u>			l												ļ	 	E	-	

Workpl	anTracking Measures										
	Intervention	Key Activities	Milestones/Targets (no more	Criterion for completion			Milestor	nea/Targets			
	it lead and infinit	rusy Audenties	than 200 characters)	milestone/target	Jan 2016 - Jun 2016	Jul 2016 - Dec 2016		Jan 2018 - Jun 2018	Jul 2018 - Dec 2018	Jul 2019 - Dec 2019	Comments (no more than 500 characters)
1	Communication régulière de	Former les responsables de base d'épidemiologie à la collecte, au traltement et à la diffusion des données	Formation des responsables de base d'épidemiologie à la collecte, au traitement et à la diffusion des données sanitaires des	Lea responsables de base d'épidemiclogie sont formés à la collecte, au traitement et à la diffusion	×						Les responsables de base d'épidemiologie seront formés à la collecte, au traitement et à la diffusion des données sanitaires des
	Tenormation	sarifizires des départements y compris les données de la tuberculose		des données sanitaires des départements y compris les données de la tuberculose	Å						départements y compris les données de la tuberculose, au 2ème trimestre de l'année 1.

Module 5	Į,	HSS - Proc	curement supply	chain mana	gement (P	SCM)																			
		is subset of															Tergets								
Coverage/Output Indicator	Responsible Principal Recipient	another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD		Ba	seline		Required disaggregation	Jan 201	6 - Jun 2016	Jul 2016 - I	Dec 2016	Jan 2017 -	Jun 2017	Jul 2017 -	Dec 2017	Jan 2018	- Jun 2018	Jul 2018 -	Dec 2018	Jan 2019	lun 2018	Jul 2019 - Dec 2018	Comments
					N# D#	%	Year	Source		N# D#	%	N# D#	%	N# D#	%	N# D#	%	N# D#	%	N# D#	%	N# D#	%	N# %	
PSM-1: Percentage of health facilities reporting no stock-outs of essential drugs	МоН		National	Non- cumulative	15	88.2%	2014	R&R TB system, quarterly reports		25	100%	25 25	100%		100.00%	25	100%	33	100%	33	100%				The 2014-2016 NSP for TB sets the target at 100 percent. The supply system will be strengthened during this grant, and the stock of drugs which contribute to the schievement of the set targets will be regularly monitored. In order to prevent drug stock-outs, a committee for the receipt of drugs and a coordination committee for the monitoring of procurement and supply management (PSM) activities will established. Quarterly quantification and monitoring meetings for stock management will be organized with the Office Pharmaceutique National [National Pharmaceutical Office – OPN, From the TTCs/treatment centers, 28 nurses will be trained in managing drug supplies and stock. Numerator: Percentage of facilities conducting regular reporting (primary districts or primar management units) that have not reported any first-line anti-tuberculosis drug stock-outs (ritemplein isonized) prevariamined shambulos) by the final day of the quarter. Denominator: Total number of regular information communication facilities (primary districts or primary management units).

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AAOLH	lanTresta questas como												
			Milestones/Targets (no more	Criterion for completion				Milentor	es/Tergete				
	Intervention	Key Autivities	than 200 characters)	milestons/target	Jan 2016 - Jun 2016	Jul 2016 - Dec 2016	Jan 2017 - Jun 2017	Jul 2017 - Dec 2017	Jan 2016 - Jun 2018	Jul 2018 - Dec 2018	Jen 2019 - Jun 2019	Jul 2019 - Dec 2019	Comments (no more than 500 characters)
,	Plense select	Elaborer les outils de gestion des médicaments et des	Eleboration des outils de gestion des médicaments et des intrants	Le DRAFTS 0 des outils de gestion des médicaments et des intrants dans les									,
'	Plante solect	intranta dans les formations sanitaires	dans les formations sanitaires	formations sanitaires est élaboré.	Х								
		Organiser un steller de											
2	Please sefect	validation techniques des outlis de gestion des	Organisation d'un atelier de validation des outlis de gestion des	Les outils de gestion des médicaments									
1	Liegze zeiert'''	médicaments et des intrants (10 personnes, pdt 2 jrs)	médicamenta et des intrants	et des intrants sont validés.	Х								
		(10 porouseus, par 2 jray											
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3	Please select	Organiser un atelier de validation polítique des outils de gestion des médicaments	Organisation d'un atelier de validation des outils de gestion des	Les outils de gestion des médicaments	x								
"	riddod balout	et des intrants(25 personnes, pdt 1 r)	médicaments et des intrants	et des intrants sont validés.	^								
				<u> </u>									
4	Please select	Former le responsable GAS du PNLT à la GAS (ex;	Formation du responsable GAS du PNLT à la GAS (ex ; formation	le responsable GAS du PNLT à la GAS (ex.; formation GAS de IDA ou du	x								
"	Floase across	formation GAS de IDA ou du Burkina Faso)	GAS de IDA ou du Burkina Faso)	Burkina Faso) set formé.	^								
									,				
5	Please select	Assurer la distribution des médicaments et intrants des	Distribution des médicaments et Intrants des antennes régionales	Les médicaments et intrants sont distribuée des antennes régionales vers	x	x	x	x	x	х			Le carburant sera pourvu afin que les médicaments et Intrants solent distribués
*	I remard detection	antennes régionales vers les CDT/CT (carburant)	vers les CDT/CT (carburant)	les CDT/CT (carburent)	^	^	^	^	^	^			des antennes régionales vers les CDT/CT (carburant).

Module 6				community system	ems strengt	hening																	- 10				
	14		is subset of															Targets									
Coverage/Out		Responsible Principal Recipient	another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD		Ba	aseline		Required disaggregation	Jan 2016	3 - Jun 2015	Jul 2015 - i	Dec 2016	Jan 2017	un 2017	Jul 2017 - I	Dec 2017	Jan 2016 -	Jun 2018	Jul 2018 -	Dec 2018	Jan 2019 -	Jun 2019	Jul 2019	- Dec 2019	Comments
						NAF DAF	%	Year	Source		N# D#	%	N# D#	%	N# D#	%	N# D#	%	N# D#	%	N# D#	%	N# D#	%	N# D#	%	
											181		549		617		1,233		934		1,688						Training of CHWs will start in Q1 (the first quarter) of 2016, and the first notification rep be available in late Q2 of 2016. This is the first experience of suberculosis community or management in Gabon. The plan is therefore to target 10 percent of cases of TBAF in 2
DOTS-7c: Percentage of not contributed by non-NTP prov	tified TB cases, all forms, viders - community referrals	MoH		National	Cumulative annually				NTP report		1,809	10%	5,428	10%	4,111	15%	8,221	15%	4,670	20%	9,339	20%	77 77 77 77 77 77 74 74 74 74 74 74 74 7		70 FF		15 percent in 2017 and 20 percent in 2018. Numerator: In a primary case management unit, for a given period, the number of new of TBAF that the CHWe or volunteers have transferred to a health care facility for diagn Denominator: Number of new cases of TBAF notified at the primary case management during the stated period.

Component: Tuberculose
Country / Applicant: Gabon
Principal Recipient Ministry of Health and Public Hygiene of Gabon
Grant Number: Implementation Period Start
Date: 01/01/2016
Implementation Period End
Date: 31/12/2018

Budget Summary (In grant currency)

Grant Currency: EUR

																1				1	
By Module	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Q13	Q14	Q15	Q16	Year 4	Total
TB care and prevention	436,985	75,591	61,227		591,603	375,557	38,691	23,273	9,563	447,085	198,584	29,622	16,437	10,173	254,816						1,293,504
TB/HIV	210	26,428	14,620		54,114	3,049	210		8,101	11,359		210		8,101	8,310						73,784
																			ĺ.		
MDR-TB	126,240	63,551	33,318	15,509	238,618	127,676	72,251	28,705	25,836	254,468	134,167	75,290	34,233	30,387	274,077	ĺ	i	į.	1	i	767,163
HSS - Procurement supply chain						.,											 				701,100
management (PSCM)		42,860	30,337		73,197		28,813			28,813		28,813			28,813				_		130,823
HSS - Health information systems and																					
M&E	91	123,634	25,700	18,231	167,655	18,506	47,319	1,006	11,779	78,611	1,006	29,819	1,006	11,779	43,611				ļ		289,878
Community systems strengthening	988	56,435	43,667	26,974	128,064	33,103	25,908	25,906	25,906	110,822	26,379	26,379	26,379	26,379	105,518						344,404
Program management	46,661	193,477	62,395	64.629	367,162	66,035	76,350	27,313	35,816	205,514	37,222	38,747	27,313	54,872	158,154						730,830
i i ografi managorica i	40,001	100,4111	02,000	07,020	007,102	00,000	70,000	21,010	33,010	200,017	91,222	30,747	27,010	54,012	100,104	-			-		730,630
									-												
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									-		-		 	-							
													 						 		
Total	611,175	581,977	271,264	156,000	1,620,415	623,927	289,540	106,203	117,002	1,136,672	397,359	228,880	105,369	141,692	873,299						3,630,386
													-3					•			-10001000
(50)																					
By Cost Grouping	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Q13	Q14	Q15	Q16	Year 4	Total
1.0 Human Resources (HR)	13,720	26,252	33,295		106,562	36,588	36,588	36,588	36,588	146,351	36,588	36,588	36,588	36,588	146,351						399,264
2.0 Travel related costs (TRC) 3.0 External Professional services (EPS	11,480 39,113	164,205 106,673	108,372 68,380	72,087 35,264	356,144 249,430	28,964 65,760	40,543 133,530	23,550	54,734	147,790 199,290	24,633 19,447	28,650 87,217	24,633	55,817 19,056	133,732				_		637,666
4.0 Health Products - Pharmaceutical F	51,892	100,073	00,300	30,204	51,892	57,642	133,030	-		57,642	69,165	01,211		18,036	125,720 69,165						574,440 178,699
5.0 Health Products - Non-Pharmaceut	152,100				152,100	135,068	$\overline{}$			135,068	138,798				138,798				_		425,966
6.0 Health Products - Equipment (HPE)	233,622		15,245		248,866	182,651				182,651	30,011				30,011					·	461,528
7.0 Procurement and Supply-Chain Ma	101,344	52,445	24,475		178,265	82,691	47,209	20,735		150,636	50,875	38,279	14,442		103,596						432,496
8.0 Infrastructure (INF)		12,872			12,872																12,872
9.0 Non-health equipment (NHP)	976	152,137	930	549	154,592	1,311	549	549	549	2,958	1,311	549	549	549	2,958						160,509
10.0 Communication Material and Publi	1 100	57,839	8,387	4.400	66,227	15,122	9,665			24,768		9,665			9,665						100,680
11.0 Programme Administration costs (12.0 Living support to client/ target popi	4,128 2,800	4,128 5,426	4,128 8,051	4,128 10,677	16,510 26,955	4,128 14,002	4,128	4,128 20,654	4,128	16,510	4,128 22,404	4,128	4,128	4,128	16,510					-	49,531
13.0 Results-based financing (RBF)	2,800	3,420	6,051	10,677	20,933	14,002	17,328	20,004	21,004	72,988	22,404	23,804	25,029	25,554	96,792		P-1				196,734
' results beset interioring (PDF)																					
Total	611,175	581,977	271,264	156,000	1,620,415	623,927	289,540	106,203	117,002	1,136,672	397,359	228,880	105,369	141,692	873,299						3,630,386
														,							-10001000
By Recipients	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Q13	Q14	Q15	Q16	Year 4	Total
Ministry of Health and Public Hygiene o	6,860	6,860	6,860	6,860	27,441	6,860	6,860	6,860	6,660	27,441	6,860	6,860	6,860	6,860	27,441	Q13	Q14	Q15	Q16	Year 4	82,323
Ministry of Health and Public Hygiene o Programme National de Lutte contre la		6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o	6,860	6,860	6,860	6,860	27,441	6,860	6,860	6,860	6,660	27,441	6,860	6,860	6,860	6,860	27,441	Q13	Q14	Q18	Q16	Year 4	82,323
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q18	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q18	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q18	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q18	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q18	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q18	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q18	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q18	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q18	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q18	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q18	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q18	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860	6,860 561,762	6,860 242,349	6,860 127,085	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775
Ministry of Health and Public Hygiene o Programme National de Lutte contre la RENAPS/AJ	6,860 604,314	6,860 561,762 13,355	6,860 242,349 22,054	6,860 127,085 22,054	27,441 1,535,511 57,463	6,860 591,325 25,742	6,860 256,938 25,742	6,860 73,601 25,742	6,860 84,400 25,742	27,441 1,006,264 102,968	6,860 364,284 28,215	6,860 195,805 26,215	6,860 72,294 26,215	6,860 108,617 26,215	27,441 740,999 104,859	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775 265,289
Ministry of Health and Public Hygiene o Programme National de Lutte contre la	6,860 604,314	6,860 561,762 13,355	6,860 242,349	6,860 127,085 22,054	27,441 1,535,511	6,860 591,325	6,860 256,938	6,860 73,601	6,860 84,400 25,742	27,441 1,006,264	6,860 364,284	6,860 195,805	6,860 72,294	6,860 108,617	27,441 740,999	Q13	Q14	Q15	Q16	Year 4	82,323 3,282,775