Fourteenth Board Meeting
Guatemala City, 31 October - 3 November 2006

GF/B14/10
Revision 2 [1,2]

REPORT OF THE TECHNICAL REVIEW PANEL AND THE SECRETARIAT ON ROUND 6 PROPOSALS

Outline: This report provides the Board with an overview of the Round 6 proposals process, the Technical Review Panel (TRP) recommendations for funding, key trends observed in Round 6, and lessons learned by the TRP and the Secretariat.

Summary of Decision Points:

Decision Point 1:

1. The Board approves for funding for an initial two years, subject to paragraphs 3 and 4 below, the Round 6 proposals recommended for funding by the Technical Review Panel (TRP) and listed in Annex 2 **[as amended to categorize into composite indices based on the principles set out in the Board decision entitled 'Prioritization in Resource Constrained Environments' approved at the Seventh Board Meeting (GF/B8/2, p. 13)]** to the Report of the TRP and Secretariat on Round 6 Proposals (GF/B14/10) as:

    (a) 'Category 1'; and
    (b) 'Category 2', **[and]**
    (c) **['Category 2B with Composite indices X and X],**

    with the clear understanding that the grant amounts requested for the '2 Years" in such Annex are upper ceilings subject to TRP clarifications and grant negotiations rather than final approved grant amounts.

2. The **[remaining]** Round 6 proposals recommended for funding by the TRP as 'Category 2B' and listed in Annex 2 to GF/B14/10 will be approved, subject to paragraph 4 below, through Board confirmation by email (or, if appropriate, at the Fifteenth Board meeting), as funds become available under the terms of the Comprehensive Funding Policy (GF/B7/2, p. 6), as amended at the Thirteenth Board meeting (GF/B14/2, p. 25-6) based on the composite ranking of such proposals in compliance with Board's decision entitled 'Prioritization in Resource Constrained

[1] Revision 1 was issued to correct the upper ceiling two year and up to five year budget amounts recommended for funding by the TRP following the review of Round 6 requests for funding. This change was solely due to a transcription error in respect to the Mozambique Round 6 HIV/AIDS component proposal in Annex 2. The respective two year and up to five year budget ceilings for this component were incorrectly transcribed (overstated). As a consequence, a number of budget tables have been amended (and the title is highlighted grey) to reflect, only, changes to Round 6 budget analysis information where relevant. A minor additional change has been made to correct information in paragraph 10 in part 1.
[2] This revision was issued to include in the final report Annex 6 (List of Recommended Category 2B Proposals, prioritized according to the Composite Ranking of those Proposals in compliance with the Board's decision entitled 'Prioritization in Resource Constrained Environments') presented at the 14th Board Meeting.

Environments' (GF/B8/2, p. 13). In the interim, the Board requests the Secretariat to proceed with the TRP clarifications with respect to those proposals.

3. The applicants whose proposals are recommended for funding as 'Category 1' shall conclude the TRP clarifications process, as indicated by the written approval of the Chair and/or Vice Chair of the TRP, not later than four weeks after notification in writing by the Secretariat to the applicant of the Board's decision.

4. The applicants whose proposals are recommended for funding as 'Category 2 and Category 2B' shall:

   (a) provide an initial detailed written response to the requested TRP clarifications and adjustments by not later than six weeks after notification in writing by the Secretariat to the applicant of the Board's decision; and

   (b) conclude the TRP clarifications process, as indicated by the written approval of the Chair and Vice Chair of the TRP, not later than four months from the Secretariat's receipt of the applicant's initial detailed response to the issues raised for clarification and/or adjustment.

5. The Board declines to approve for funding those proposals categorized by the TRP as 'Category 3' as indicated in Annex 2 to GF/B14/10, although such applicants are encouraged to resubmit a proposal in a future funding round after major revision of such proposal.

6. The Board declines to approve for funding those proposals categorized by the TRP as 'Category 4' as indicated in Annex 2 to GF/B14/10.

7. **[The situation and progress in the approvals process for Round 6 proposals will be further considered, if necessary, at the Fifteenth Board meeting.]**

Decision Point 2:

The Board acknowledges the lessons learned by the TRP and Secretariat during the Round 6 proposals process as presented in the Report of TRP and the Secretariat on Round 6 Proposals (GF/B14/10), and delegates authority to the Portfolio Committee to:

1. approve appropriate revisions to the Proposal Form and Guidelines for future Rounds by 1 March 2007; and

2. approve appropriate revisions to the process for screening and clarification of proposals prior to submission to the TRP.

<u>There are no material budgetary implications of this decision</u>.

Part 1: Background

1. On 5 May 2006, the Global Fund issued its Round 6 Call for Proposals, relying on the documentation approved by the Board at its Thirteenth meeting (GF/B13/Decision Points). In turn, this documentation drew upon the information and lessons learned in the report entitled 'Report of the Portfolio Committee' (GF/B13/8).

2. Most substantially, and in part reported by the Portfolio Committee at the Thirteenth Board meeting, the Round 6 Call for Proposals differed from the Round 5 process in the following respects:

a. Health systems' strengthening (**HSS**) was removed as a separate component for which applicants may apply for funding. However, to ensure that HSS activities could and should be applied for in Round 6, HSS was re-integrated, as for Rounds 1 to 4 inclusive, into the disease specific components and greater clarity was provided to applicants in the 'Guidelines for Proposals Sixth Call for Proposals' (**Guidelines**) as to the types of HSS activities that were able to be supported by the Global Fund;

b. A significantly larger body of information was provided in the Round 6 Guidelines on the Global Fund's efforts to more fully harmonize with existing in-country programs. This included increased information on, in particular, common funding mechanisms, to ensure that the TRP received a sufficient level of detail to undertake its review of the relative technical merit of such proposals; and

c. An increased number of tools for applicants were provided including, in particular, a 'Programmatic Gap Analysis' template and 'Budget Analysis' template, to facilitate an increased understanding at the country level of the Global Fund's information requirements to submit a detailed and complete Round 6 proposal.

3. The relative level of applicant compliance with the Global Fund's 'Revised Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms and Requirements for Grant Eligibility' (GF/B9/Decision Points, **CCM Eligibility Guidelines**) also received considerable focus in the Round 6 Call for Proposals documentation. This process was more fully supported by a detailed 'Frequently Asked Questions' service, and Country Coordinating Mechanism (**CCM**) information notes provided during the Call for Proposals process (refer to the Round 6 Call for Proposals website at the following link: http://www.theglobalfund.org/en/apply/call6/documents/).

4. This report is comprised of the text in the main body of this document and the following Annexes:

- Annex 1[1]: List of eligible proposals reviewed by the TRP, ordered alphabetically;
- Annex 2[1]: List of eligible per-disease component proposals reviewed by the TRP, classified by the category in which they are recommended by the TRP;
- Annex 3: List of all non-eligible proposals and justification for non-eligibility;
- Annex 4[1]: TRP Review Form for each eligible disease component reviewed by the TRP; and
- Annex 5: Full text of Recommended Category 1, Category 2 and Category 2B Proposals and the Executive Summary of proposals not recommended for funding, ordered by category and WHO regions.
- Annex 6[2]: List of Recommended Category 2B Proposals, prioritized according to the Composite Ranking of those Proposals in compliance with the Board's decision entitled 'Prioritization in Resource Constrained Environments

5. Only Annex 2 (List of eligible per-disease component proposals reviewed by the TRP) and Annex 6 (List of Recommended Category 2B Proposals, prioritized according to the Composite Ranking of those Proposals in compliance with the Board's decision entitled 'Prioritization in Resource Constrained Environments) are provided as a hard copy attachment to this report. Each of Annexes 1, 3, 4 and 5 are provided on a CD-Rom as a supplementary document to this report.

6. In addition, Attachment 1 to this report sets out, in a table format, a listing of the status of implementation by the Secretariat of recommendations to further strengthen the proposals management process as made within the 'Report of the Technical Review Panel and the Secretariat on Round Five Proposals' (GF/B11/6, **Round 5 Report**) and/or the Euro Health Group report entitled 'Assessment of the Proposal Development and Review Process of the Global Fund to Fight AIDS, Tuberculosis and Malaria, Assessment Report, February 2006' (the executive summary of which is available at the following website link: Euro Health Group February 2006 Executive Summary Assessment).

Round 6 support to in-country proposal development processes

7. Having regard to: the 31% overall success rate for Round 5 component proposals set out in the Round 5 Report; a like three months time-frame in which countries had to submit proposals in response to the Call for Proposals for Round 5 and Round 6; and, a potential risk of increased uncertainty arising from the re-integration of HSS activities within disease specific components, the Secretariat supported proactively the Round 6 proposal development process to the extent appropriate having regard to potential conflicts of interest.

8. Specifically:

a. An extensive real-time 'Frequently Asked Questions' page was launched in all six official United Nations languages at the same time as the Call for Proposals. This material was updated throughout the Call for Proposals process, particularly to alert applicants to partner support initiatives and tools to clarify Global Fund information requirements;

b. All applicant enquiries were responded to by the Secretariat within one business day of receipt of the enquiry, such response typically providing further detailed information, and specific reference to the Round 6 documents website; and

c. With the gratefully acknowledged financial support of the Global Fund's technical partners, the Secretariat attended a number of technical partner regional meetings in each of the SEARO, EMRO and, to a lesser degree, the AFRO regions as recognized by WHO in May and early June 2006. The purpose of such meetings was to fully inform countries about changes in the Round 6 Call for Proposals documents, and also answer questions about any aspect of the proposals and subsequent grant signature processes. In addition, the Global Fund worked closely with a number of its Geneva based technical partner liaison points, to both facilitate the Secretariat's involvement in international information sessions held in Geneva for world-wide consultants to be retained by the technical partner(s) to support in-country proposal development, and to ensure a broad pool of information from these partners was available to the TRP at the time of proposal review. Most notably, WHO's Stop-TB department presented itself as most highly organized at an early time for these information sessions and thus, in the view of the Global Fund Secretariat, gained most from the information exchange.

Closing Date for Call for Round 6 Proposals and Number of Proposals Received

9. By 3 August 2006, the closing date for the Round 6 Call for Proposals, 144 proposals (for one, two or three disease components) had been received, including proposals from 96 CCM applicants. The balance of applicants comprised one sub-national CCM (**Sub-CCM**), one Regional Coordinating Mechanism (**RCM**), 10 Regional Organizations (**RO**) and 36 non-CCM (**Non-CCM**) applicants.

10. Of note, Round 6 applicants recommended for funding by the TRP include:

a. One country which has never previously applied for Global Fund financial support, namely the Syrian Arab Republic; and

b. A further three countries who have previously applied for financial support and have never previously been recommended for funding by the TRP, namely the Republic of Maldives, Tunisia and the Republic of Iraq.

11. The Secretariat notes that none of Domincia, Grenada, St Lucia, or St Vincent and the Grenadines applied to the Global Fund in Round 6 for additional financial support towards the three diseases notwithstanding the Board's decision at its Thirteenth meeting to make an exception to the eligibility rules in regard to these 4 small island economies (GF/B14/2, Report of the Thirteenth Board Meetings).

Part 2: Proposal Screening for Eligibility and Completeness

1. As with prior Rounds, the Secretariat undertook the Round 6 proposal screening process staffed with a number of pre-trained support personnel. Due to the change from three to two Board meetings per annum, and the resulting shift in the Round 6 closing date for proposals to ensure sufficient time for the TRP meeting and the preparation of this Board report, the Secretariat's typical six weeks for completion of screening processes was compressed to four weeks. This proved to be too short.

2. For the purposes of screening applicants against the Global Fund's eligibility criteria:

a. CCM applicants were considered under the CCM Guidelines; and

b. Non-CCM applicants were considered under the Board's principles for the exceptional acceptance of Non-CCM applicants based on one of the three categories set out in the Round 6 Guidelines.

3. The Secretariat's Screening Review Panel (renamed from the High Steering Committee from prior Rounds) reviewed the recommendations of the screening team, and made a decision in respect of each applicant. Table 1 below sets out the decisions taken on the eligibility of applicants by source, as more fully detailed in Annex 3 to this report (GF/B14/10, Annex 3 CD-Rom).

Table 1: Outcome of Secretariat Screening Panel review of Eligibility for Round 6 proposals

Type of Applicant	Number of Applicants Round 6	Eligible Applicants Round 6	Number of Applicants Round 5	Eligible Applicants Round 5
CCM	96	93	90	89
Sub-CCM	1	1	1	1
RO	10	9	9	2
RCM	1	1	3	3
Non-CCM	36	4	64	3
Total	**144**	**108 (75%)**	167	98 (59%)

4. Most notably, the number of Non-CCM applicants has diminished substantially from Round 5, potentially reflecting a positive trend in the extent to which CCMs are publicly and more broadly calling for submissions to include in the one national combined proposal which has been developed transparently and according to documented broadly inclusive processes. The Secretariat also notes that based upon a detailed review of documentation provided by CCMs with their Round 6 applications, CCMs appear to have focused considerable attention on the CCM Eligibility Guidelines following on from Round 5.

5. As with all prior Calls for Proposals, Round 6 was again characterized by a number of applications which were incomplete at the time of submission, and which required a substantial effort on the part of the Secretariat during the screening process to ensure that the TRP had all relevant documents provided for review. This is particularly so for some of the countries which, again in Round 6, were not recommended for funding by the TRP. In the circumstances, the relevance and perceived effectiveness of some aspects of the technical assistance provided to countries is raised as an issue requiring further consideration in part 4 of this report.

Part 3: The TRP Review Process for Eligible Round 6 Proposals

TRP Membership

1. Drawing on the potential availability of up to four additional TRP members to serve as Round 6 TRP members (based on the decision of the Board at the Twelfth meeting, GF/B13/2, Report of the Twelfth Board Meeting) the TRP met in Geneva over 4 to 15 September 2006 with an increased membership of 29. Further details of the membership of the TRP for Round 6, including improved regional and gender diversity as reported in the Portfolio Committee's report to the Thirteenth Board (GF/B13/8) are set out in the table comprising Attachment 2 to this report ('Tenure of TRP members serving in Round 6').

2. As Attachment 2 reveals, in Round 6 a further nine new members were serving on the TRP for the first time. Relevant to the proposed composition of the Round 7 TRP, there were four persons who were unavailable to serve on Round 6 who were also, for differing reasons, unavailable for Round 5. Part 5.14 of this report comments further on this issue.

Logistical and Documentary Support for the TRP

3. Prior to and throughout the meeting, the TRP received outstanding logistical and technical assistance from the Secretariat. While the support in prior Rounds has always been strong, and has improved with each successive Round, there is no doubt that the support in Round 6 exceeded that of all prior Rounds, and was truly outstanding in all respects. We would like, in particular, to thank Karmen Bennett, Ilze Kalnina, Karin Wendt and Carl Manlan, as well as all other Secretariat staff involved in supporting the TRP for their dedicated and professional assistance. The logistical support during Round 6 clearly benefited from lessons learnt in prior Rounds, ensuring that almost all aspects of the support process were efficient and helpful.

4. WHO (including representatives of the Stop-TB department and the Global Malaria Programme), UNAIDS and UNICEF provided support to the TRP through initial briefings on the first day of the Round, provision of background reference materials, and stand by experts for consultation if required by TRP members. Further comments on these inputs and support from the agencies are provided in part 5.12 below.

5. The TRP benefited substantially in Round 6 from additional background information on applicant countries provided by the Secretariat as well as by the World Bank, WHO and UNAIDS. As in Round 5, reviewers had the benefit of studying the Secretariat's detailed Grant Scorecards for those countries whose prior grants had gone through a Phase 2 review (a performance review as a grant nears the end of the initial two years of financial support, during which the Global Fund considers whether to provide up to the balance of the amount requested in the original proposal), as well as Grant Performance Reports completed by Fund Portfolio Managers where Grant Scorecards were not available.

6. In addition, in some cases, reviewers had the benefit of a World Bank Aide Memoir for applicant countries which proved informative and useful. Fact sheets provided by UNAIDS and WHO were also beneficial to the review process.

7. The Secretariat materials, in particular, were found to be extremely valuable. The TRP's general impression is that the overall quality and coverage (number of proposals for which background material was available) of materials was significantly better in Round 6 than in prior Rounds, and this certainly contributed to the quality of reviews. Further comment on the background materials is provided in part 5.10 below.

TRP Review of Round 6 Proposals

8. The TRP reviewed 196 component proposals from applicants determined as eligible by the Secretariat. Before this review process started, on the first day of the Round 6 TRP meeting, the TRP as a group decided to modify the description of components recommended as Category 3 proposals from Round 5. Thus the wording "*Not recommended for approval in their present form but strongly encouraged to resubmit following major revision*" was changed to "***Not recommended for approval in their present form but encouraged to resubmit following major revision***". This was done based on lessons learned from prior Rounds, and to further emphasize to relevant applicants the requirement of a major revision to the unsuccessful proposal before a resubmission occurs, taking into account the important weaknesses identified by the TRP in the TRP Review Form for each Round. This ties in with the TRP's further comments in part 5.1 of the report regarding the level to which applicants responded appropriately in Round 6 to comments of the TRP from prior Rounds.

9. Approximately 22 component proposals were reviewed each day. As in prior Rounds, on the day preceding the review, component proposals were distributed among the working sub-groups comprised of two to three disease-specific experts (experts on the same disease), and one or two cross-cutting expert(s). Sub-group composition was modified twice during the two weeks of the TRP session to strengthen the consistency of the review process. As a result of the larger size of the TRP during Round 6, the number of sub-groups was increased from seven in prior Rounds to nine in Round 6. This meant that each sub-group reviewed fewer proposals each day (two to three) than in prior Rounds. This allowed the reviewers to spend significantly more time reviewing each individual proposal and discussing these within the sub-groups.

10. Each application was thus reviewed in great depth by three to five disease experts and cross cutters. It was extensively reviewed by a disease-specific expert acting as a primary reviewer, and a cross-cutting expert acting as a secondary reviewer. The working sub-groups met every day to discuss the funding requests and agree on a consensus recommendation of the proposal. The primary reviewer was also required to draft a preliminary report on the component proposal and the findings of the sub-group to be presented in the daily plenary session.

11. The entire TRP then met for four to five hours each day in a plenary session to discuss all proposal components reviewed on that day. This discussion involved a presentation of the proposal and views of the working sub-group by one of the reviewers, followed by discussion and subsequent consensus on the final grading of the proposal and final wording of the report (known as the TRP Review Form, which is provided at Annex 4 to this report for all eligible components, GF/B14/10, Annex 4 CD-Rom).

12. Proposals were recommended by the TRP in one of four categories (1, 2, 3, 4), as requested by the Board. As also requested by the Board, where the known available resources for a Round at the time of the TRP review meeting are, potentially, not sufficient to fully fund all 'Recommended Category 1 Proposals' and 'Recommended Category 2 Proposals', a subset of 'Recommended Category 2 Proposals' were identified as 'Recommended as Category 2B Proposals'. These are discussed in further detail in part 4 below. All decisions of the TRP were achieved by consensus.

13. Where consensus was noted to be more difficult to reach, proposals were set down for a further review. In some cases, this further review took place at the plenary session on a subsequent day. This was usually the case when factual information (for example, on performance of existing Global Fund grants in the applicant country) was missing and expected to be obtained within a day or two, or where it was felt by the TRP that consensus could more easily be reached with further review of the proposals by the initial reviewers together with one or two additional experts who were specifically asked to review that proposal and discuss it with the primary and secondary reviewers. This process of additional expert review was found to be highly effective in more difficult reviews, and led to consensus in the majority of cases where initial consensus was more elusive.

14. At the final plenary session on Friday 15 September 2006, 12 component proposals (6% of all components reviewed) were set down for further review. In all cases, these proposals were felt to be on the borderline between a Recommended Category 2 Proposal and a Recommended Category 3 Proposal, and would benefit from further reflection and discussion. Prior to this, the primary and secondary reviewers were requested to revisit the review, and to reconsider their own views prior to presentation to the final plenary session. At the final session, each of these proposals was discussed in detail, and consensus on a final grading was reached in all cases. In addition, the TRP discussed the overall review process and confirmed that it was comfortable with its recommendations for funding on all component proposals reviewed.

15. As noted in paragraph 12 above, at the Board's request the TRP graded all proposals on the following basis:

a. Recommended Category 1 Proposals: Recommended proposals with no or minor clarifications, which should be met within four weeks of notice to the country, as evidenced by the signature of the Chair and/or Vice-Chair of the TRP.

b. Recommended Category 2 Proposals: Recommended proposals provided clarifications are met within a limited timeframe (six weeks for the applicant to provide an initial detailed response and not to exceed a further four months from the date of receipt of the Global Fund's receipt of this response to obtain the final TRP approval should further clarifications be requested). The primary reviewer and secondary reviewer as well as TRP Chair and /or Vice-Chair need to give final approval, as evidenced by the signature of the Chair and/or Vice-Chair, to complete the clarification process. As a subset of this category, Recommended Category 2B Proposals: Proposals identified at the request of the Board to allow for a situation in which there are insufficient funds to meet the commitments required to fund all of the Recommended Category 1 Proposals and Recommended Category 2 Proposals.

The TRP defined Recommended Category 2B Proposals as relatively weak 'Recommended Category 2 Proposals', on grounds of technical merit and/or issues of feasibility and likelihood of effective implementation. The TRP took no account of the applicant country's income level, or of burden of disease, or of any factors other than technical merit and feasibility in grading a proposal as a Recommended Category 2B Proposal. In other words, these proposals differ from clear Recommended Category 2 Proposals only in that they have more technical weaknesses, and/or more questions as to effective implementation, and/or more required clarifications. It is important to note, however, that on balance all of the Recommended Category 2B Proposals were regarded as recommended for funding, and the TRP believes that the weaknesses and clarifications could be addressed within the timeframes normally provided for Recommended Category 2 Proposals.

c. Recommended Category 3 Proposals: Not recommended for approval in its present form but encouraged to resubmit following major revision. Based on lessons learned, the TRP was careful to ensure that the 'weaknesses' identified in the TRP Review Form for this category of proposals identified the major issues to be readdressed before re-submitting the application in a future Round.

d. Category 4: Rejected. These applications are not recommended for funding, and the TRP would not encourage their resubmission in any similar format. This is either because the TRP did not consider the proposal to be relevant enough to the objectives of the Global Fund, or because the proposal was so flawed that it requires complete redevelopment prior to resubmission.

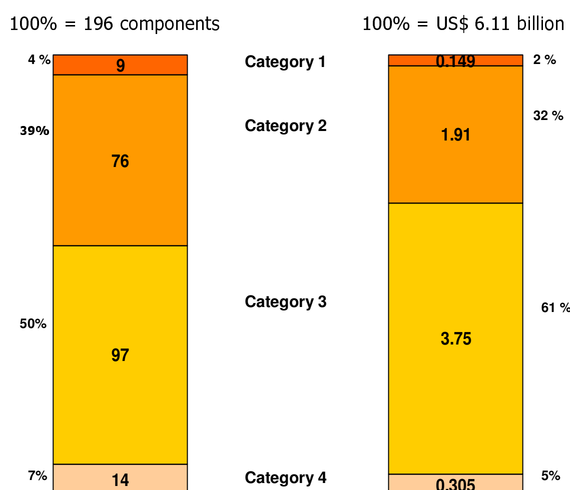
16. The entire review process, including the review on the final day, took no account whatsoever of the availability of funds for the Round. The TRP's review was based on relevance, technical merit, feasibility and likelihood of effective implementation.

Part 4: Recommendations to the Board

4.1 Overall outcome of the Round 6 TRP Review Process

1. Figure 1 below summarizes the overall breakdown of eligible components reviewed by the TRP in Round 6. Proposals are grouped into one of the four recommended categories for funding as defined in paragraph 15, part 3 above, reflecting the outcome of the TRP review process.

Figure 1 – Outcome of TRP Review process by Category



In summary:

- **85 component proposals in 63[3] countries are recommended for funding by the TRP in Round 6**.

- **Of the 76 component proposals categorized by the TRP as Recommended Category 2 Proposals, 28 of these (or 37%) are categorized as Recommended Category 2B Proposals**.

2. In this report, recommended components are defined as, collectively, all Recommended Category 1 Proposals and Recommended Category 2 Proposals, including those component proposals identified as 'Recommended as Category 2B Proposals'. From the summary above, recommended components (n = 85) represent 43% of the reviewed eligible component proposals, and slightly more than US$ 847 million (or 34%) of the US$ 2.521 billion requested as the upper ceiling budget for two years in respect of all eligible proposals reviewed by the TRP. Further details on the requested budget amounts, and the recommended approvals, are provided in part 4.3 of this report.

3. Annex 2 to this report lists each of the component proposals in the categories in which they are recommended by the TRP, together with a per-category budget breakdown of the maximum upper ceiling of, respectively, the two and five year combined funding request (as converted into United States dollar equivalents for component proposals submitted in Euro) for those component proposals.

4.2 Detailed Analysis of Recommended Proposals

4. Figures 2 and 3 below show, respectively, the distribution of recommended component proposals and that of the corresponding two year upper ceiling budget request, by disease category and region.

5. Referring to figure 2:

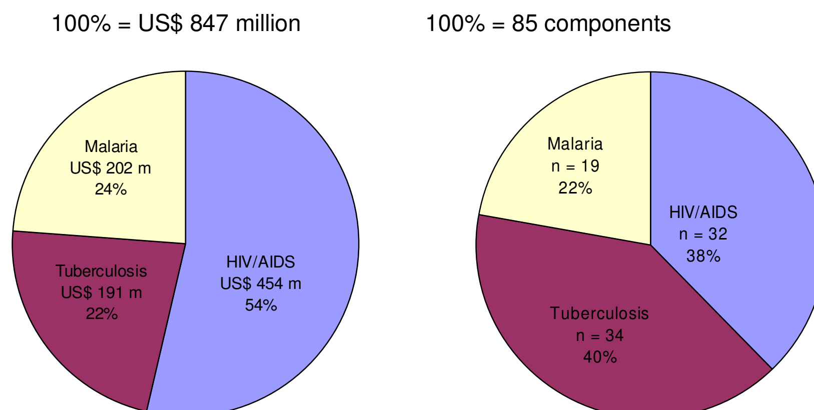
a. HIV/AIDS component proposals represent 38% of recommended components (39% in Round 5) and 54% (US$ 454 million) of the requested two year upper ceiling budget request (40% in Round 5).

b. Malaria components represent 22% of recommended components (21% in Round 5) and 24% (US$ 202 million) of the two year upper ceiling budget request (27% in Round 5).

c. Tuberculosis components represent 40% of recommended components (35% in Round 5) and 22% (US$ 191 million) of the two year upper ceiling budget request (27% in Round 5). This discrepancy between overall approval rate and percentage of approved budget for tuberculosis proposals is consistent with that identified in prior Rounds, and is attributable to the lower than average budget per tuberculosis proposal. This is largely due to the relatively inexpensive cost of tuberculosis treatment and related commodities, compared to treatment and commodity costs for the other two diseases. Conversely, the divergence between the success rate of the HIV/AIDS component proposals (38%) and their share of the two year upper ceiling budget (54%) is due to the higher average cost of the HIV/AIDS proposals relative to the other disease components. This differs from the pattern observed in Round 5, where the success rates measured as percentage of recommended components and of the two year upper ceiling budget were more closely related (39% and 40% respectively).

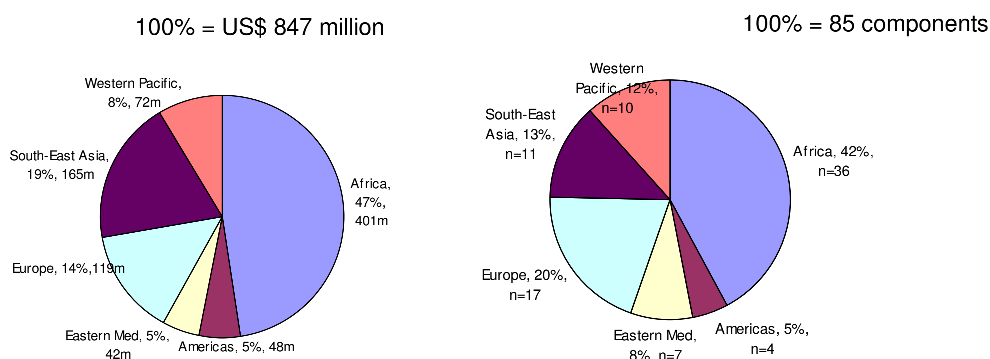
[3] Includes 1 multi-country proposal in the AFRO Region (Cote d'Ivoire, Ghana, Togo, Benin and Nigeria)

***Figure 2* – Recommended components by disease, up to 2 year budget ceiling**



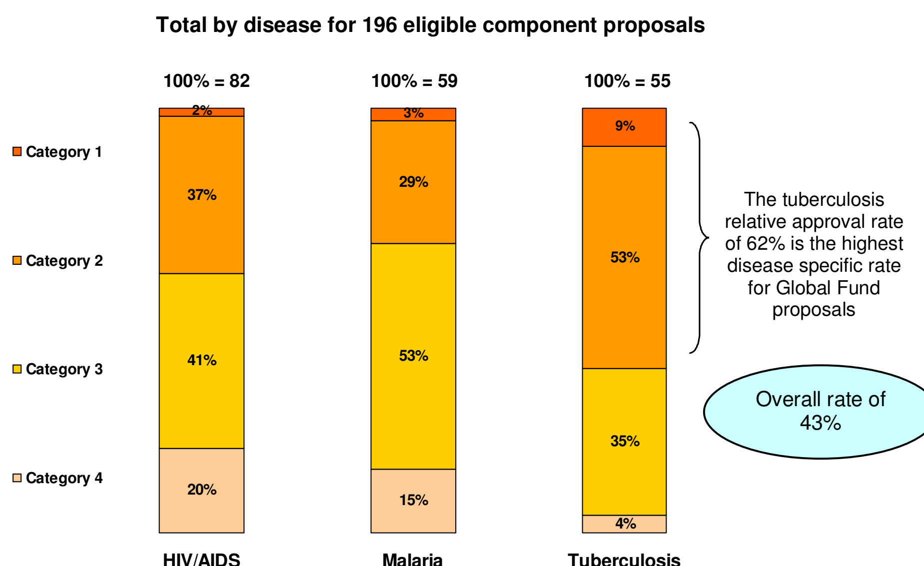
6. Figure 3 below shows that, as with prior Rounds, the largest share of recommended proposals and budget relate to African countries, with 42% of recommended component proposals and 47% of the recommended maximum two year budget. These figures are below those of Round 5, in which African countries had 51% of recommended proposals and 66% of the total recommended budget over two years. Figure 3 also shows the performance of other WHO regional clusters, indicating that the relative approval rates of the Europe and the South East Asia regions were higher than in prior Rounds, while that of the Americas region was lower. These are discussed further below.

***Figure 3* – Recommended components by region, up to 2 year budget ceiling**



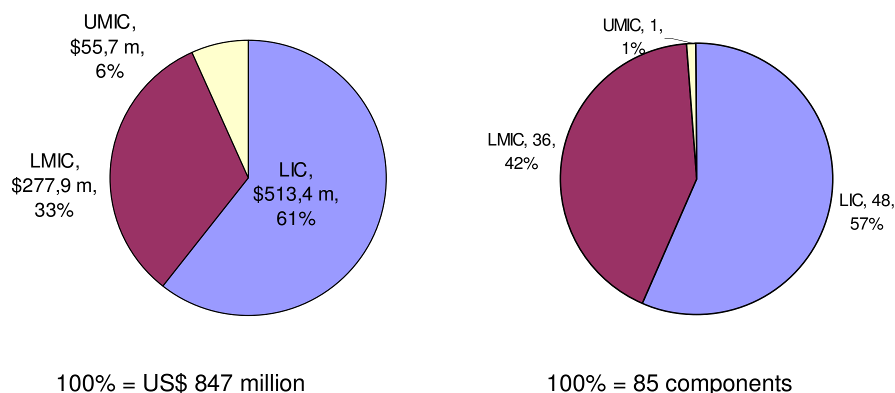
7. Figure 4 below shows the proportion of component proposals recommended for funding by disease in Round 6. The data shows that tuberculosis proposals enjoyed the highest success rate in Round 6 (62%). This trend of an increasing quality of the tuberculosis proposals was noted first in Round 5 (success rate of 46%), and has continued strongly in Round 6. The success rate of HIV/AIDS proposals was 39%, which was similar to that observed in Round 5 (37%). The success rate of the malaria proposals was 32%, which was also higher than the equivalent figure for Round 5 (23% in Round 5).

Figure 4 – Relative rate of recommendation of proposals within each disease component



8. Figure 5 below depicts the stratification of recommended components, and of the corresponding 2 year upper ceiling budget request, according to the World Bank's classification of income level. Countries were classified as Upper-middle income (UMIC), Lower-middle income (LMIC) and Low income (LIC) at the time of issue of the Call for Proposals for Round 6.

Figure 5 – Recommended components by World Bank classification



100% = US$ 847 million

100% = 85 components

9. As in prior Rounds, the majority of funds in TRP recommended proposals in Round 6 are targeting Low income countries, with 57% of recommended proposal components and 61% of the total two year upper ceiling budget going to these countries. These proportions are however lower than those observed in prior Rounds. In Round 5, for example, Low income countries accounted for 76% of recommended components and 76% of the total recommended budget. Table 2 below indicates that this is due to an increase in the number of successful proposals from LMIC. As the table indicates, the number of component proposals recommended for funding from LMIC increased by 55% between Round 3 and Round 6. In the case of Low income countries, this number has remained relatively constant over the past four Rounds. This increase in successful proposals from LMIC is due to an increase in the total number of components submitted by LMIC applicants (up from 55 in Round 3 to 67 in Round 6, as well as to an increase in the relative success rate of these proposals (up from 40 % in Round 3 to 54 % in Round 6).

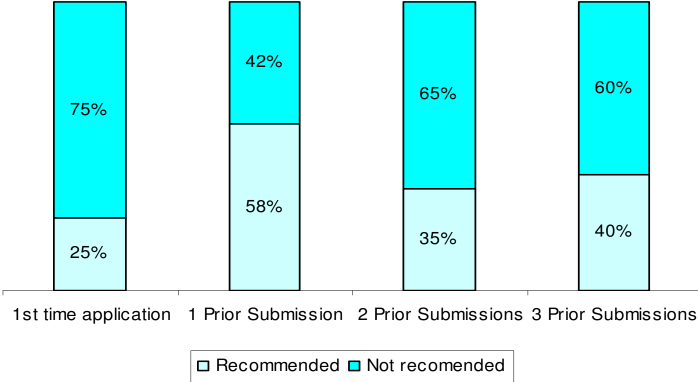
Table 2: Comparison over Rounds 3 to 6 of applicant income level for TRP recommended proposals

	Low Income		Lower Middle Income		Upper Middle Income	
	Components	**Budget**	**Components**	**Budget**	**Components**	**Budget**
Round 3 [4]	46	$ 448 m	22	$ 162 m	1	$ 3.1 m
Round 4 [5]	55	$ 818 m	11	$ 138 m	1	$ 8 m
Round 5	41	$ 557 m	21	$ 163.5 m	1	$ 5.5 m
Round 6	48	$ 513.4 m	36	$ 277.9 m	1	$ 55.7 m

**Note: all figures in Table 2 are in United States Dollars and rounded to the nearest US$100,000*

10. Figure 6 below shows the relative success rate of new requests for funding (that is, submitted for the first time to the TRP) as compared with that of proposals re-submitted for the same disease component in Round 6 following Category 3 or Category 4 recommendations in one or more previous Rounds.

Figure 6 – Relative rate of recommendation for funding according to number of prior



11. The data from Round 5 suggested a positive correlation between the number of prior unsuccessful applications and success rate where applicants had up to two prior unsuccessful applications, but a drop in success rate once there had been three or more unsuccessful applications. For Round 6, the data shows that the relative prospect of an applicant's proposal being recommended for funding once again increases from an applicant's first unsuccessful request for support (25% success rate), to their second application (58%). In a deviation from the Round 5 pattern, however, applicants that had already experienced two or more prior unsuccessful applications saw a drop in their relative approval rate to 35% to 40%. These trends do however suggest that in general, the quality of proposals improves from the time of first submission leading to a higher recommendation rate in subsequent Rounds. This is presumably a result of improved understanding of the Global Fund processes at country level, improved capacity to develop strong proposals, as well the impact of improved technical assistance from WHO, UNAIDS and other partners in the proposal development phase for many of the countries (although not all). It presumably also indicates that many applicants do take prior TRP comments on unsuccessful proposals into account in their resubmissions.

[4] One component from regional applicant not included due to multiple income levels applying to this proposal
[5] Two components from regional applicants not included due to multiple income levels applying to this proposal

12. The TRP was particularly pleased to note that several of the Round 6 applications from countries which had not been recommended for funding in multiple prior consecutive Rounds (including some countries which had not been recommended for funding three or four times in succession) comprehensively addressed the problems identified by the TRP in the previous proposals, and were thus recommended for funding in this Round. This may explain the increase in success rate from 35% in those with two prior unsuccessful submissions to 40% in those with more than two such submissions. Beyond these general observations, the TRP does not have any clear explanations for these trends, nor for the specific changes between the patterns observed in Rounds 5 and 6.

13. Importantly, there remains a significant sub-set of countries that continue to fail in their applications to the Global Fund. As noted in the Round 5 Report, the TRP is concerned at this persistent pattern in the circumstance that many of the relevant countries have significantly high disease burdens or high number of populations at risk of increased infection rates.

14. In some cases, for reasons the TRP cannot comprehend, some applicants appear to repeatedly ignore the TRP's advice and comments on prior proposals. These are in stark contrast to the many applicants in Round 6 who provided specific and adequate responses to all or most of the weaknesses identified in their prior proposals. Where this was the case, these proposals usually tended to be recommended for funding in Round 6. **The TRP believes that directly and comprehensively addressing the problems identified in a prior unsuccessful proposal is perhaps the most effective approach to ensuring a successful new application.**

15. In other instances, there appears to be an ongoing problem of lack of sufficient and relevant technical support of adequate quality for these countries.

16. In both cases, the TRP would specifically suggest that the Secretariat work closely with WHO, UNAIDS and other technical partners to help the technical partners better identify and assist this important sub-set of applicants in order to increase their respective prospects of submitting a successful application in a future Round, also ensuring that this technical support has a focus on assisting unsuccessful applicants from Round 6 to specifically respond to the TRP Review Form comments.

4.3 Budget Information

17. **For the 85 component proposals** recommended for funding by the TRP in Round 6 (that is, all Recommended Category 1 Proposals and Recommended Category 2 Proposals, including 2B)**, the total upper ceiling budget request for:**

a. **Up to five years is US$ 2.057 billion**[6]; and

b. **The initial two years is slightly more than US$ 847 million** (Phase 1 period).

The upper ceiling budget requested for Recommended Category 2B Proposals alone is US$ 929 million for up to five years[4] and US$ 341 million for the first two years. Table 3 below presents the same information for the prior three Rounds for reference.

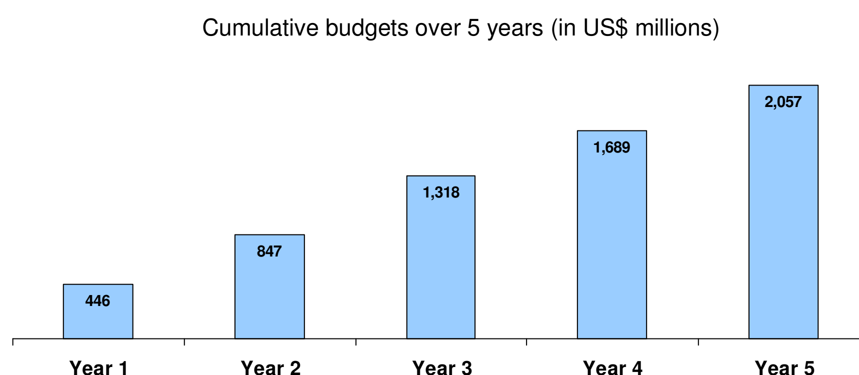
[6] A number of component proposals seek funding for 3 or 4 years, although the majority of requests for funding are for the 5 year maximum period.

***Table 3**: Comparison over Rounds 3 to 6 of relative apportionment of components recommended for funding by the TRP*

	Upper Ceiling of Budget Request Category 1 & Category 2		Upper Ceiling of Budget Request Category 2B	
	2 Years	**5 Years**	**2 Years**	**5 Years**
Round 3 *[7]	US$ 482 m	US$ 1,221 m	US$ 138 m	US$ 292 m
Round 4 *	US$ 968 m	US$ 2,912 m	N/A	N/A
Round 5 *	US$ 617 m	US$ 1,514 m	US$ 108 m	US$ 262 m
Round 6	US$ 506 m	US$ 1,128 m	US$ 341 m	US$ 929 m

18. Figure 7 below shows the upper ceiling of the budget requests for the recommended proposals over five years.

***Figure 7** – Cumulative Upper Ceiling of Budget Amounts Requested for all Proposal Components Recommended for Funding in Round 6*

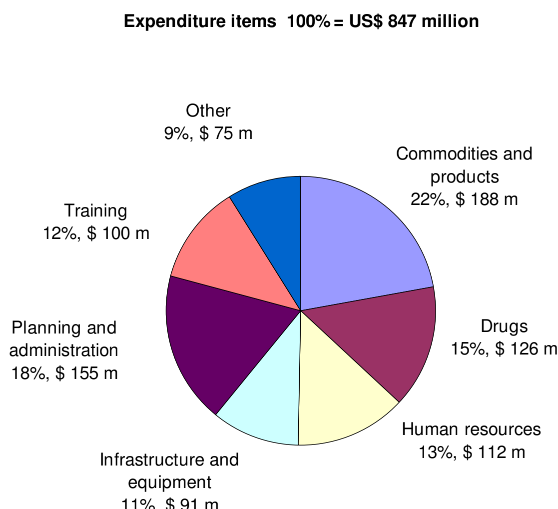


Planned Expenditure for Phase 1 by Expenditure Item

19. In proportions which are consistent with those in Round 5, figure 8 shows that 37% of the initial two year upper ceiling budget is allocated to drugs, commodities and other health products (41% in Round 5), and that human resources (13%) and training (12%) together represent a further 25% of the requested budget for the same period (27% in Round 5).

[7] Each of the upper ceiling two year budget amounts represent those proposals recommended for funding by the TRP at the conclusion of the TRP meeting, but not the component proposals subsequently approved through successful appeals (numbering 10 in total across Rounds 3 to 5, with one additional successful appeal in Round 2). This is to enable a like comparison with the pending recommendations of the TRP for Round 6, which remain subject to Board consideration.

Figure 8 – Upper Ceiling 2 Year Budget for Recommended Proposal Components by Planned Expenditure Item

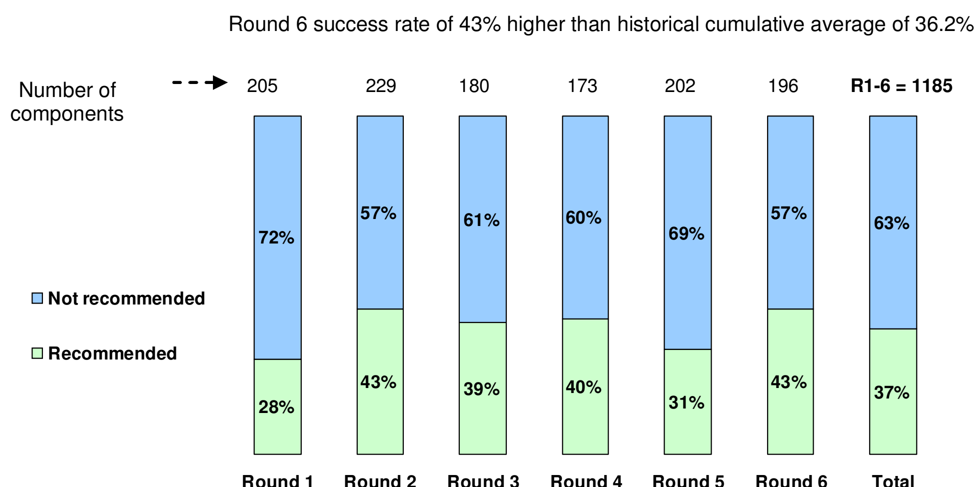


4.4 Comparison of Round 6 with previous Rounds

4.4.1. Overall success rates of proposals

20. Figure 9 shows that the proposals submitted in Round 6 had a significantly higher success rate than in Round 5, even after adjusting for the negative impact of the low success rate of the HSS proposals in that Round. This was discussed in the Round 5 Report, which noted that without the HSS proposals, the Round 5 success rate would have been 35%. The Round 6 success rate is equal to the highest ever success rate of 43% which was recorded in Round 2. The 43% success rate of Round 6 is more in line with that noted in the first four Rounds, and is above the average for the first five Rounds (36.2%). As discussed in more detail in part 5 below, the TRP believes that this higher success rate is due to a number of factors, including a further improvement in the quality of tuberculosis proposals, and a general improvement in the quality of proposals reviewed. This is certainly the case relative to those reviewed in Round 5, but the TRP is also of the view that this improvement is also relative to the proposals reviewed in prior Rounds.

Figure 9 – Comparison of Percentage of Proposals Recommended for Funding by the TRP across Rounds 1 to 6

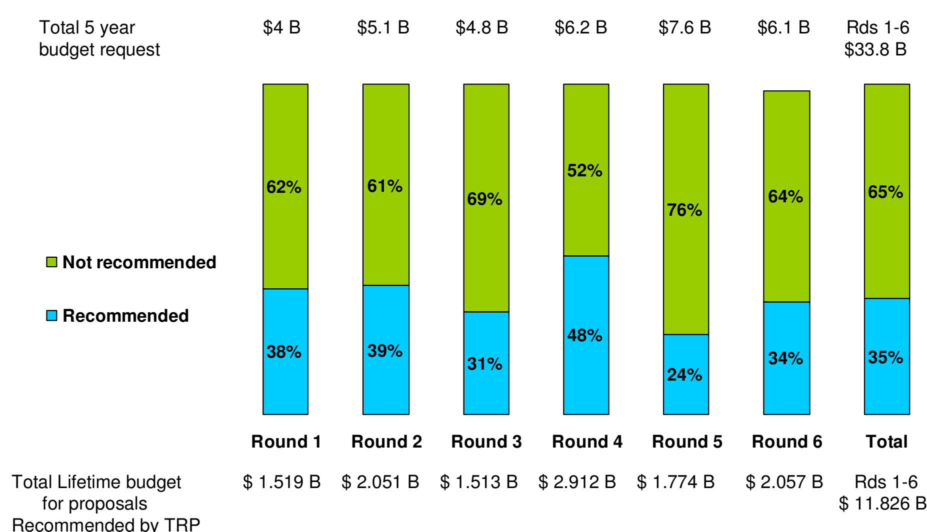


21. The TRP believes that its standards and approach to evaluation of proposals have remained fully consistent with those of prior Rounds, and that the higher success rate in this Round does not reflect any change in the standards or rigor of proposal evaluation by the TRP.

4.4.2 Budget Comparisons across prior Rounds

22. Figure 10 below shows that the total upper ceiling five year budget for recommended proposals in Round 6 (US$ 2.057 billion) is significantly higher than Round 5. This difference is largely due to the lower overall success rate in Round 5, discussed above, which resulted in a lower absolute number of proposals recommended for funding despite the higher number of proposal components reviewed (63 of 202 components were recommended in Round 5, 69 of 173 components in Round 4, and now 85 of 196 in Round 6).

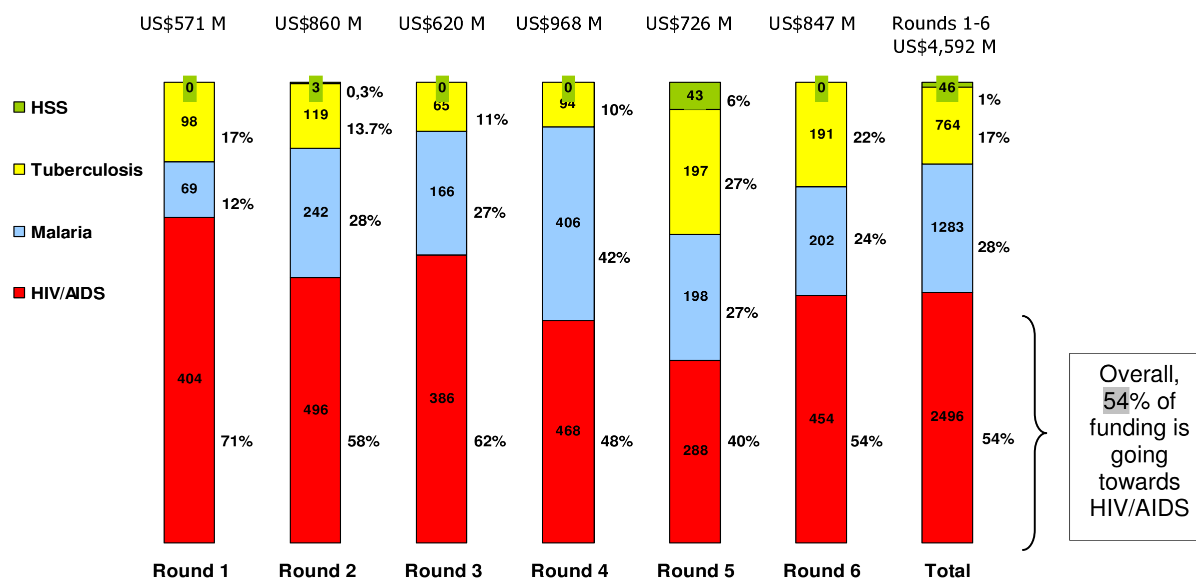
***Figure 10* – Comparison of 5 Year Budget Amounts for Proposals Recommended by the TRP across Rounds 1 to 6**



23. Relying on both figure 1 (referred to in part 4.1 of this report) and figure 10 above, the average five year upper ceiling budget per approved proposal[4] was slightly lower in Round 6 than in Round 5, and significantly lower than in Round 4 (US$24.2 million in Round 6; US$28.2 million in Round 5 and US$42.2 million in Round 4). This is mainly due to the impact, in Round 4, of numerous proposals involving substantial scale ups of either ARV programs or malaria control programs. As noted in the Round 5 Report, there were far fewer of these substantial scale up proposals in Round 5. This trend was again noted in Round 6. This trend may be due the relatively low success rate of the large scale up proposals in Round 4 and the comments of the TRP on these with regard to feasibility and absorptive capacity. It may also be due to the increasing number of countries which already have significant Global Fund financing allocated to them, and which are therefore cognizant of their own challenge in absorbing large new grants, as well as of the TRP's concerns in this regard (see further below and the Round 5 Report for further discussion of this).

24. Figure 11 below illustrates the proportion of the total requested two year upper ceiling budget by each component recommended by the TRP across Rounds 1 to 6. As this demonstrates, HIV/AIDS proposals continue to account for the largest share of the total maximum two year budget within each Round. Round 6 also sees a return of HIV/AIDS proposals to accounting for more than fifty percent of the two year maximum budget (consistent with the overall average across Rounds 1 to 4 of 55%), and significantly higher than the 40% recorded in Round 5.

Figure 11 – Comparison of 2 Year Upper Ceiling Budget Amount for Proposals Recommended by the TRP across Rounds 1 to 6 by Disease/Other Component.



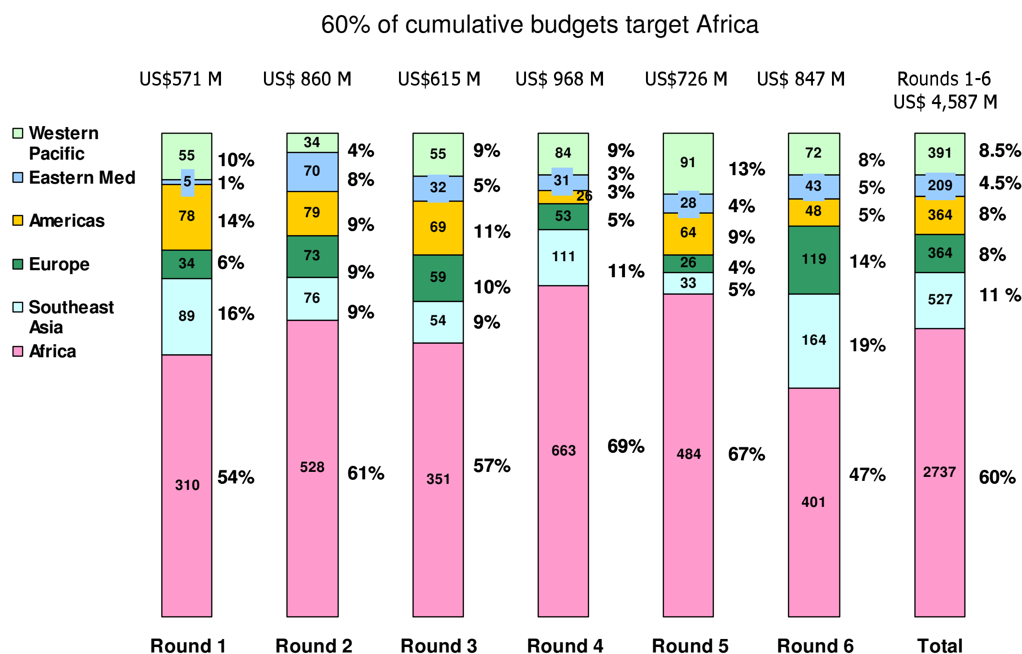
* R1-4 "HIV/TB" grant amounts included in "HIV/AIDS" total, R1-4 "Integrated" grant amounts included in "HSS"

25. In the case of tuberculosis proposals, the high relative success rate of these proposals was noted in figure 3 above. While successful tuberculosis proposals account for a lower percentage of the requested two year upper ceiling budget than in Round 5 (22% compared to 27%), this remains higher than in Rounds 1 to 4, and higher than the average over all Rounds. More importantly, as noted above, tuberculosis proposals have lower average budgets per proposal which explains this discrepancy. The TRP believes that there has again been a noticeable improvement in the quality of tuberculosis proposals, which was also evident in Round 5, and that this explains their higher success rate in this Round. This appears to be due to improved support to applicants from WHO and its StopTB department, as well as other technical partners. This support appears to be driving a trend towards more focused proposals, characterized by greater standardization and simplification, all of which the TRP regards as favorable developments.

26. Malaria proposals account for 24% of the total two year upper ceiling budget amount, which is only slightly less than the average of the past five Rounds. This is substantially lower than the 42% percentage share for malaria in Round 4, which was attributable to the large number of high cost ACT rollout proposals approved in Round 4, of which there were again fewer in Round 6.

27. Figure 12 below shows the distribution of the recommended upper ceiling for the two year budget by region for Round 6 as well as for the prior Rounds. As discussed above, this shows that 47% of the maximum two year budget in Round 6 is planned for allocation to grants from the Africa region, which is lower than in Round 5 (67%) and Round 4 (69%). As noted above, this change is due to the relatively higher success rates of some other regions in Round 6 relative to their experience in prior Rounds.

Figure 12 – Comparison of 2 Year Upper Ceiling Budget Amount for Proposals Recommended by the TRP across Rounds 1 to 6 by geographical region [8]



28. In particular, the regions of South East Asia and Europe saw a marked increase in the Round 6 success rate measured in terms of proportion of proposals recommended for funding. The success rates of these two regions are approximately triple their results in Round 5, and close to double their respective averages for Rounds 1 to 6 combined. In terms of proportion of the total two year maximum budget, the Round 6 results for South East Asia and Europe were also well above their averages for Rounds 1 to 5 (19% compared to 10% for South East Asia, 14% compared to 7% for Europe). For South East Asia, this is largely due to the very low number of technically sound proposals in Round 5. This issue appears to have been corrected in Round 6, perhaps due to more focused technical assistance. The TRP did not identify any obvious causes for the relative improvement in the Europe region, other than to note the relatively large number of high quality proposals reviewed. The results (in terms of percentage of total recommended maximum two year budget) for the Western Pacific and Eastern Mediterranean regions are similar in Round 6 to their averages for Rounds 1 to 5. In the case of the Americas region, the result for Round 6 is lower than the average for the prior 5 Rounds (5% compared to 9%). Again here the TRP did not identify any particular reasons for this change.

[8] Each of the upper ceiling 2 year budget amounts represent those proposals recommended for funding by the TRP at the conclusion of the TRP meeting, but not the component proposals subsequently approved through successful appeals (numbering 11 in total across Rounds 2 to 5). This is to enable a like comparison with the pending recommendations of the TRP for Round 6, which remain subject to Board consideration.

4.4.3 Impact of existing Global Fund grants

29. As in Round 5, Round 6 was characterized by a large number of applications from countries which already had one or more current Global Fund grants for the same disease. Some, but not all of these grants had been through a Phase 2 review, and in these cases, a detailed report on grant implementation was available. In other cases, the TRP benefited from the availability of Grant Scorecards and other information relating to disbursements and performance of the existing grants in the applicant countries.

30. The TRP notes the following in relation to the Round 6 proposals from countries with existing Global Fund grants:

a. In Round 5, many applicants failed to draw adequate linkages between their Round 5 proposal and the activities funded by existing Global Fund grants, even where such activities were overlapping. In Round 6, the TRP is pleased to report that this appears to be less of a problem, with many countries now illustrating clearly the linkages between their existing Global Fund grants and their Round 6 proposals. Where such linkages were well drawn, this was recognized by the TRP as a strength. The TRP believes that the improvement is due to the emphasis on this matter in the Round 6 Guidelines[9], and the question directed to this issue within the Round 6 Proposal Form itself. Unfortunately, however, many other applicants still failed to draw adequate connections between their Round 6 proposal and existing Global Fund funded activities. As in Round 5, the TRP viewed this failure to explain the connections and complementarities (or alternatively, the different focus) between the existing grant(s) and the new proposal in a critical light. This is because the TRP continues to believe that it is very difficult to judge the relevance and feasibility of a new proposal without understanding how it relates to existing activities also funded by Global Fund;

b. In a few cases, proposals were from countries that had (often large) grants for the same disease from prior Rounds, for which there is still a very limited track record. This appeared to be due to disbursements only recently beginning or, in some specific cases, not yet commencing by reason that the Round 5 grant was yet to be signed. In these cases, the TRP's major concern was a technical one – that an existing large grant would already pose a significant challenge to the absorptive capacity of the country, and that this would reduce the chances of successful implementation of the proposed Round 6 grant activities. In addition, in a few cases, the TRP took the view that there were already sufficient Global Fund funds within the country to fund urgent priorities within that disease component. In these cases, this did constitute one reason for the TRP recommending against funding in Round 6, but in no case was this the only, or even the major reason for such a recommendation. These judgments were, as always, made carefully, and on a case-by-case basis in the context of the other strengths and weaknesses of the proposal, and of other information on the country, where available. There were also proposals that the TRP recommended for funding in Round 6, even where prior grants were still at an early stage, and where the proposed activities were to be partially funded from prior grant funds. These proposals were recommended for funding because they, amongst other matters, explicitly drew the linkages between prior grants and the current proposal, and made specific arguments as to why a new grant was required and how it would add value to the prior grant. It is also worth noting that the TRP identified some proposals in which the CCM had applied for funding in Round 6 to cover funding gaps that were expected to arise in late 2008 or beyond, and the TRP here took the view that the application in Round 6 was premature, and that an application should be made to a subsequent Round; and

[9] All of the documents for the Round 6 Call for Proposals are available at the following Global Fund website link: http://www.theglobalfund.org/en/apply/call6/documents/

c. Some proposals were from countries with existing Global Fund grants from Rounds 1 to 5, usually for the same component, for which there was evidence of a poor track record on one or more of the prior grants. A poor track record with prior Global Fund grants was taken into account by the TRP in its technical judgment about the feasibility and likelihood of effective implementation of the Round 6 grant proposal. This was particularly the case where there was no convincing evidence that the applicant had taken action to improve performance. Poor grant performance was therefore a factor in some of the TRP's decisions not to recommend a Round 6 component proposal, although it again bears stressing that this was never a factor in isolation, but was considered in the context of the proposal as a whole. Conversely, the TRP was impressed by those countries which had experienced grant implementation problems, but where there was clear evidence that steps had been taken to address these, and such steps were explicitly described in the Round 6 proposal. The TRP was naturally also impressed with applications in which there was clear evidence of a positive track record with existing Global Fund grants, and this counted strongly in the favor of applications from those countries.

31. It is essential to note that, as in Round 5, the TRP was never formulaic in its approach to evaluating the impact of existing Global Fund grants on decisions to recommend Round 6 proposals. As for all proposals, the TRP is called upon to make a complex and often subtle judgment as to the relevance, feasibility and likelihood of effective implementation of a proposal. Each case was carefully considered on its merits, and, where it was relevant, in the context of existing Global Fund funding within the country. In no case was an application not recommended for funding simply because the country already had one or more Global Fund grants from prior Rounds. Instead, recommendations against funding were based on a complex set of issues, including problems with the proposal itself, and the factors discussed above in relation to existing grants.

32. Overall, the TRP continues to hold the view that the existence of prior Global Fund (or other) grants, and the disbursement history and performance of these grants are themselves fundamental to judgments about absorptive capacity, feasibility and likelihood of effective implementation, and are thus themselves intrinsically 'technical issues'. The TRP strongly believes that its approach in taking prior grants into account is completely consistent with the performance-based approach of the Global Fund, and that this approach should continue to inform the TRP's judgments in future Rounds.

33. As shown in table 4 below, statistical analysis of the results shows that when applicants had one or more prior grants for the same disease, their Round 6 request for funding had a lower success rate compared to applicants from countries with no prior grant for that disease component.

Table 4: Relative Influence of Prior Grant Status on the Percentage of Proposals Recommended for Funding by the TRP in Round 6, Comparative with Previous Grants (Round 3, 4 and/or 5)

Component	No previous same component grant	Previous same component grant	Any previous grant	No previous grant
HIV/AIDS	49%	27%	40%	36%
Malaria	38%	26%	33%	29%
Tuberculosis	74%	40%	61%	64%
Overall	**54%**	**30%**	**43%**	**43%**

34. This was true for all three diseases. It is important to note, however, that none of these differences are statistically significant due to small sample sizes, and may therefore be due to chance.

35. To the extent that these trends are not due to chance, they may be due to the outcome of the TRP's technical assessment of potential problems of absorptive capacity, feasibility and likelihood of effective implementation in countries with one or more prior grants for the same disease. They may also be due to the negative impact of the failure by some applicants to draw linkages between existing grants and the new grant application. It is also worth noting that there is no difference in the overall Round 6 success rate for applicants with any previous grant compared to those with no previous grant.

36. The TRP would like to acknowledge the positive impact of the Round 6 Guidelines on the quality of Round 6 proposals in regard to this specific issue of linkages between existing Global Fund grants and the Round 6 proposal. **The TRP would also like to emphasize to applicant countries, yet again, the importance of taking their own existing grants into account in making subsequent applications to Global Fund. Future applications therefore need to clearly spell out the linkages between prior grants and the new proposal. In addition, where existing grants have experienced implementation problems, applications should make a specific effort to acknowledge these, and to provide a detailed account of steps that have been taken to address them. In addition, where applicant countries have existing grants for the same disease component as in their new application, they would be advised to anticipate that the TRP will focus intensely on the issues of absorptive capacity, feasibility and implementation, and should explicitly and comprehensively address such concerns in their proposals. The TRP recommends that clear messaging on all of these issues should again be incorporated into the Guidelines for Round 7 and subsequent Rounds.**

4.5 Summary of Outcomes for Proposals Recommended for Funding in Round 6

37. 43% of eligible components reviewed by the TRP were categorized as Recommended Categories 1 and 2 Proposals (including Recommended Category 2B Proposals), which is higher than all prior Rounds, other than Round 2 which had the same success rate. The Round 6 success rate is also higher than the overall average of 37% over all Rounds. This is largely due to an improved success rate for tuberculosis proposals, even off their high base of Round 5, but also to a general trend towards higher quality proposals overall, certainly compared to Round 5. The higher overall average is also attributable, to some extent, to the removal of the effect of the low success rate of HSS proposals in Round 5.

38. The total upper ceiling for the recommended budget for the Round is US$ 847 million for two years and US$ 2.057 billion for up to five years. These amounts are both significantly higher than the equivalent amounts for Round 5, due to the higher overall approval rate, larger number of approved proposals, and a higher average budget per approved proposal notwithstanding that fewer recommended proposals in Round 6 involve large ARV and malaria program roll outs or scale ups.

39. HIV/AIDS represents 38% of recommended proposals and 54% of the total upper ceiling budget request. Malaria accounts for 22% of recommended proposals and 24% of the total budget request. Tuberculosis accounts for 40% of recommended proposals and 22% of the total budget request.

40. Malaria programs had a higher success rate than in Round 5, but a lower success rate than in Rounds 1 to 4. Overall, the success rate for these proposals in Round 6 was similar to the average for the past five Rounds. The two year budget maximum for the recommended malaria programs is substantially similar in Round 6 to Round 5 (US$ 203 million in Round 6 compared to US$ 198 million in Round 5). As with Round 5, it is believed that the absence of proposed large scale roll outs of ACTs is a significant contributing factor to this outcome.

41. The higher success rate for tuberculosis proposals relative to the other components, and also when compared to the relatively high success rate for tuberculosis in Round 5, was again a noteworthy feature of Round 6. The TRP noted, once again, an improvement in the quality of tuberculosis proposals, with a distinct trend towards clearer focus, standardization and simplification.

42. Africa represents 47% of the recommended maximum two year funding amount in Round 6, a lower proportion compared to previous Rounds, due to the higher success rate of some other regions during this Round. At the end of Round 6, Africa represents 60% of cumulative recommended funding across all Rounds.

Part 5: Lessons learned and issues for discussion and endorsement by the Board

5.1 Overview on Quality and scope of proposals

1. Round 6 was once again characterized by a substantial number of well-written proposals with clear and relevant objectives, reasonable budgets and easy-to-follow work-plans.

2. The TRP was particularly heartened to note that several of the Round 6 applications from countries which had not been recommended for funding in prior Rounds (including several countries which had not been recommended for funding two, three or four times in succession) comprehensively addressed the problems identified by the TRP in the previous proposals, and were thus recommended for funding in this Round. The TRP interprets this as indicating that many countries which require technical assistance in developing fundable proposals are now obtaining such support, and this has lead to significant improvements in the quality of applications in many cases.

3. Unfortunately, the TRP also noted a number of countries where comments made by the TRP on prior unsuccessful applications were not taken into account in the Round 6 proposal, and where proposals were once again not recommended for funding. The TRP views proposals which have ignored TRP comments on a previous proposal for the same component in a very critical light, and such proposals are invariably not recommended for funding (usually as a result of several other weaknesses as well).

4. There also remains a small group of countries who have experienced multiple, consecutive Category 3 recommendations including in Round 6. The TRP finds it hard to understand why this situation should persist, particularly in the light of the availability of technical assistance, and the improved Proposal Form and Guidelines. **The TRP once again urges these countries to obtain appropriate technical assistance at an early time in the Global Fund's Call for Proposals process, in order to strengthen their proposals for Round 7. The TRP recommends that the Secretariat identify this subset of countries and work with their CCMs, as well as with technical partners to assist the technical partners to prioritize relevant countries for special support in order to address these problems, which are standing in the way of these countries obtaining Global Fund support as an additional resource to respond to the three diseases.**

5. The TRP is of the view that the Proposal Form and Guidelines were even better in Round 6 than in prior Rounds, and these appear to have made a further positive impact on the overall logic, readability and coherence of proposals. The TRP wishes to commend the Board and the Secretariat for the improvements to these forms, and recommends that these be maintained largely in their current form, although there remain some important residual problems which should be addressed, and which are discussed in further detail below. **The TRP would like to draw particular attention to the problems caused by the Budget section and associated Budget Analysis Template in Round 6, as discussed in part 5.15 below.**

6. The TRP did identify, perhaps for the first time in Round 6, the beginnings of a trend towards a more systematic improvement in the underlying quality of the proposals submitted. As noted above, this was particularly the case for tuberculosis proposals, although there appears to be a more general improvement as well. This is to be expected given that this is now the sixth Round of such applications, and as a result of the ever increasing levels and quality of technical support available to applicant countries. The ongoing improvements in the Proposal Form and Guidelines may well also have contributed to this perceptible improvement in proposal quality.

7. However, the TRP remains concerned that this trend towards higher quality proposals is not much stronger at this stage in the life of the Global Fund, given the assumed effect of cumulative experience gained over several Rounds, improved technical support from WHO, UNAIDS and the other technical partners, and the redesigned Proposal Form and Guidelines. Moreover, a significant number of proposals continue to suffer from clearly avoidable weaknesses. Examples of such weaknesses include: failure to link the proposal to existing Global Fund or other programs; lack of clarity in the strategy and objectives of the proposal and links with the national framework; lack of a detailed budget and/or work plan or disconnections between the budget/work plan and the objectives and activities; and unreasonably large or inaccurate budgets. While the frequency of these more obvious and significant problems have certainly reduced, they are still present in many proposals.

8. As noted above, the TRP remains concerned by the remaining proposals which fail to draw the links between the current proposal and existing Global Fund supported activities in the country, and although the Proposal Form and Guidelines already emphasize the importance of this point, the TRP recommends that this point be still further emphasized in Round 7. The TRP is also concerned at the number of avoidable weaknesses in some of the proposals submitted to Round 6 and again urges the Secretariat to work with CCMs and the technical partners to address these specific issues.

9. One exception to the general trend towards improvement in the quality of proposals was noted in the Budget sections of the Round 6 proposals. In this case, the quality of completion of these sections was noticeably worse than in Rounds 4 and 5. This deterioration appears to be attributable to changes in the Proposal Form, and more specifically to the introduction for the first time of the Budget Analysis Template, which appears to have caused significant confusion. The specific details of the problems encountered here, and suggestions for addressing these, are discussed in part 5.15 (Proposal Form and Guidelines) below.

10. The trend, noted in Round 5, away from very large and ambitious scale up programs of antiretroviral therapy was again a feature of Round 6. In this Round, the vast majority of HIV/AIDS proposals were of a more modest nature, perhaps reflecting the understanding by applicant countries of the difficulties of implementing very large scale programs over a relatively short period of time.

11. As in prior Rounds, the TRP again encountered some proposals in which weak elements threatened to undermine the overall proposal. Having debated the ‘all or nothing’ policy (under which an entire proposal may not be recommended for funding if a significant part of it is weak in some respects) over several Rounds, the TRP has now adopted a consistent approach to these proposals. The approach is that a proposal must, on balance, be strong enough to be recommended for funding, and that strong elements cannot be ‘cherry picked’ out of an otherwise weak proposal to be recommended for funding in isolation. The Round 5 Report provided the TRP’s justification for this approach, and the TRP remains firmly committed to this view. At the same time, the TRP is now comfortable to recommend modification or even elimination of weak elements in an otherwise strong proposal where those weak elements are not a key or major aspect of the proposal as presented. This permits an otherwise strong proposal to be recommended for funding. Similarly, the TRP has on occasion, recommended scaling down of a proposal and/or a slower phasing in of proposed activities, in order to ensure greater feasibility of implementation for an otherwise strong but slightly

optimistic proposal. For such proposals, the TRP uses the TRP clarifications process to obtain revised implementation plans from the applicant to ensure that the proposal which is ultimately passed to the Secretariat to negotiate with a Principal Recipient is more appropriate to the in-country context. The TRP does not apply hard and fast rules to its judgment as to when a modification of a weak element is so extensive as to change the proposal from one that is able to be recommended for funding to one which is no longer of sufficient technical soundness. In general, however, the TRP does not recommend a proposal for funding where weak elements to be modified or eliminated account for more than 20% to 25% of the total proposal budget ceiling.

12. The TRP notes that procurement and supply management problems appear to be an increasingly common and significant contributor to implementation problems encountered within existing Global Fund grants. This bears out the TRP's concern with the lack of sufficient detail in many proposals as to procurement systems. It also justifies the TRP's strong focus on the issue of absorptive capacity, particularly where applicants already have large grants in place and where procurement in those grants is not being optimally performed.

Global Fund/TRP Policy on Specific Technical Issues

13. During the Round 6 review meeting, the TRP encountered some specific controversial technical issues which complicated the review process. The questions facing the TRP were whether the Global Fund should provide support for proposals based largely on policies or approaches on which there is not settled consensus. Key examples of these were:

a. Support for malaria elimination strategies;

b. Support for comprehensive, generalized prevention of mother to child transmission of HIV in countries with a low prevalence of HIV; and

c. Support for capital fund type proposals which tie up Global Fund resources with no clear view on how and over what time period these funds will be utilized.

14. While the TRP was able to reach a consensus view on each of these technical issues in the context of the specific proposals in which they arose, it is cognizant of the fact that the review process would be strengthened by further debate on these and related policy issues within the Global Fund system, and between the Global Fund and the technical partners. **The TRP therefore recommends that the Secretariat engage with the Board, and/or with relevant technical partners, in the appropriate forums in order to develop consensus advice to applicant countries on the technical policy issues identified here. Clarity on these issues, if this is possible, would certainly assist both applicant countries and the TRP in evaluating proposals containing such elements in future Rounds.**

5.2 Health Systems Strengthening proposals

1. As noted in part 1 of this report, in Round 6, HSS elements were re-integrated into the disease specific component proposals rather than being presented as separate proposals. As a general observation, the TRP was again disappointed and concerned by the low overall quality of the HSS elements proposed within many of the Round 6 proposals reviewed. As was the case in Round 5, the TRP debated the causes of this generally poor performance of the HSS elements, as well as some possible solutions, in depth during the TRP meeting. The TRP wishes to bring the following observations regarding the HSS elements of the proposals to the attention of the Board:

a. The TRP remains supportive of the decision by the Board to move away from allowing HSS specific proposals, and focusing instead on integrating HSS elements into disease component proposals; and

b. Many of the weaker HSS elements within proposals demonstrated several of the typical problems of other unsuccessful proposals, including being too broad and ambitious, too vague in their objectives and/or proposed activities, and with poor work plans and/or budgets.

2. In addition to these typical problems, however, the TRP notes that that there were specific problems relating to the HSS elements within proposals that contributed to the general observation that many of these HSS elements were much weaker than would be required to recommend them for funding. These include:

a. As noted after Round 5, the Global Fund has yet to clearly define the scope and extent of activities that it is willing to fund under the rubric of HSS activities. This leaves the scope and definition of such activities too vague and broad, and the current proposals therefore range widely. Round 6 proposals included amongst others, various strategies to improve the supply and persistency of human resources, or to improve supply of infrastructure and equipment, and/or to strengthen health information systems, and many combinations of these strategies. In theory, HSS activities could ultimately come to comprise a very substantial proportion of the entire health sector budget. While all of these activities may legitimately be considered as elements of HSS activities, the TRP believes that the current very broad scope creates significant difficulties for countries in focusing their proposals. This is reflected in the Round 6 Proposal Form and Guidelines which remain too vague and too broad in the definition of HSS elements;

b. In addition to contributing to the relative weakness of the HSS elements in many proposals, the lack of clarity on scope and boundaries for HSS elements acceptable to the Global Fund also caused significant problems for the TRP in evaluating such proposals. The TRP believes that it cannot, and should not, be the only arbiter of what is an acceptable activity within HSS elements. **The TRP therefore recommends that the Board convene a suitable forum which can discuss and attempt to resolve the question of the appropriate scope and definition of acceptable HSS activities prior to Round 7**. Ideally, this discussion will lead to a clarification and narrowing of the scope of HSS activities which the Global Fund sees as its mandate to fund. Such a process should also ensure harmonization and consistency between the Global Fund HSS mandate and those of other technical partners and agencies, including the World Bank, GAVI and many others. The conclusions of this process should be clearly presented in the Proposal Form and Guidelines for Round 7. The TRP would be most willing to participate actively in such a forum, perhaps through convening a sub-group of cross-cutting experts who could work with this forum in any way that would enhance its work;

c. A number of the HSS elements within the proposals reviewed in Round 6 focused on strategies to strengthen human resources (HR). Many of these propose funding to recruit additional staffing, and/or to pay salary premiums in order to attract or retain staff. Many of these proposals completely failed to locate their proposed strategies within the broader national context, making it very difficult for the TRP to assess their likely impact on the disease specific targets, as well as on the broader healthcare system. **Assuming that such activities are defined as within the scope of Global Fund mandated HSS activities after further refinement as recommended above, the TRP would suggest that the following points be taken into account in guiding future proposals for the funding of these and other HR strategies within HSS elements**:

i. Proposals for salary support and/or premiums within the public sector and/or NGOs and private sector institutions should be located within and justified in terms of:

- the overall human resources policy of the relevant institution(s);
- the existing salary scales;
- the expected specific contribution of such additional resources to the disease specific targets;
- the expected impact (positive and negative) of the strategy on other aspects of the healthcare system;
- how any negative expected impacts will be mitigated; and
- plans to shift the salary costs to the national budget and the timetable for this; and

ii. For NGO and/or private sector institutional proposals, particular attention should be given to describing the nature of the relationships and interactions between these institutions and the relevant public sector institutions, and how the proposal might improve these for mutual benefit (to the extent that this is feasible);

d. **Several of the proposals also contained budget items for improvement of infrastructure and/or procurement of equipment aimed at HSS. The TRP would like to make the following suggestions in relation to guiding proposals that cover these items**:

i. Proposed expenditures should be justified in terms of the national infrastructure development plan;
ii. The contribution of the proposed expenditures towards achievement of the disease specific targets in the proposal should be made explicit;
iii. Unit costs should be justified in terms of unit cost patterns within the national budget; and
iv. Provisions for long term maintenance, as well as provision of necessary supportive environment (power supply, trained technicians etc) should be clearly spelled out to avoid the situation where, as was seen in Round 6 in a number of proposals, applicants are applying for funding for new infrastructure, rather than proposing an effective arrangement to more effectively utilize resources that they already have;

e. Surprisingly, many of the proposed HSS elements were not justified with reference to the specific HSS constraints facing the country and/or the national disease program. **The TRP would suggest that countries be guided to provide a clear explanation of the existing HSS related constraints, and how the proposed activities will address these constraints**;

f. The TRP regards it as axiomatic that HSS elements proposed for funding by the Global Fund should unequivocally contribute to the strengthening of the broader healthcare system, and at a minimum, should not undermine that system. The TRP encountered some proposals in this Round in which the proposed HSS activities were very likely to undermine other elements of the healthcare system, either by attracting staff away from them, or by developing an entirely vertical disease program in isolation from the remainder of the healthcare system. The TRP is critical of such approaches, and would not recommend them for funding. **For this reason, the TRP suggests that in future funding Rounds applicants for HSS activities be guided to ensure that proposed HSS activities will strengthen, or at a minimum, not undermine the broader healthcare system, and that such proposals should address these issues explicitly and in detail**. **Applicants should also be guided not to propose activities that will build strong vertical systems at the obvious expense of the broader healthcare system**;

g. While the Round 6 Guidelines indicated, in general terms, that HSS elements must be linked to disease specific proposals, the TRP believes that applicants were not given sufficient detailed guidance on what an effective linkage between HSS elements and a disease component should or could look like. This led to several proposals in which there was a mismatch between the proposed disease specific activities and the HSS elements in the proposal. For example, some proposals suggested disease specific activities in some selected regions, but also proposed HSS activities directed across the entire country. The TRP takes the view that the HSS elements should be clearly linked to and consistent with the proposed disease specific elements. **The TRP therefore recommends that the Guidelines provide much more specific assistance to applicants on the nature of the linkages between HSS elements and the disease proposal**. One clear aspect of this is the need to ensure consistency and compatibility between the HSS elements and the disease component. A second is the need to show the expected impact of HSS investment on the targeted outcomes of the proposed disease specific activities;

h. Many HSS proposals lack good indicators for tracking of the results of investments in them. As HSS elements become integral to the activities funded by the Global Fund, **the TRP believes that the Global Fund needs to work with its technical partners to develop an agreed, harmonized toolkit of monitoring indicators to track the results of investments in HSS elements, including but not limited to HR and infrastructure**, with future Calls for Proposals (including Round 7) requiring that such indicators become an integral part of proposals that have significant HSS elements within them. **The TRP recommends that the Secretariat initiate the further development of such a set of harmonized monitoring indicators with its technical partners to the extent that these do not already exist, and that applicants be guided to include these within their proposals in future funding Rounds**; and

i. As indicated after Round 5, the TRP is still of the view that the Global Fund's systems are not currently set up to generate strong proposals for HSS elements. The TRP is concerned that CCM composition has been built up based on the three diseases, so that many CCMs may still lack the expertise to develop (or oversee the development of) proposals with strong HSS elements. Similarly, technical partners have developed skills and experience in supporting countries to apply for disease specific proposals, but are still at an early stage in their ability to assist countries to respond effectively to Global Fund Calls for Proposals which effectively also incorporate appropriate HSS activities within them. **The TRP would thus suggest that the Secretariat consider this issue of CCM capacity to develop/oversee the development of proposals with stronger HSS elements as part of its agenda of working to strengthen CCMs on an ongoing basis**.

3. In summary, the TRP has identified a number of problems with the current responses to the call for integration of HSS elements within proposals, as required in the Round 6 Proposal Form and Guidelines. Many of these arise from the general lack of clarity as to what constitutes an appropriate HSS mandate for the Global Fund. Others are more specific, and could certainly be addressed by much clearer guidance to applicants on the points noted above. The TRP does believe that a clearer mandate, and the specific guidance outlined above will in time see the emergence of much stronger proposals for HSS elements within disease component proposals. At the same time, the TRP recognizes that it naturally does not have ready answers to many of these difficult and complex questions and problems at this stage. The TRP is very committed to assisting the Board and Secretariat in any way it can to address these various issues.

5.3 Regional proposals

1. As in prior Rounds, the TRP was concerned to find that, yet again, few of the regional proposals were of sufficient quality to be recommended for funding. The problems encountered with these proposals are very similar to those encountered in prior Rounds, including:

a. The vast majority of these proposals were not truly able to demonstrate added value beyond what could be carried out within and by countries themselves;

b. Some of these proposals appeared to be opportunistically developed, perhaps more to serve the needs of the implementing organizations rather than the countries and communities named in the proposals;

c. Some proposals still appear very expensive, with high overhead and international travel costs and the TRP is not comfortable to recommend these for funding;

d. Many were also found to be technically inappropriate for the problems being addressed; and

e. The TRP is also concerned that some of these proposals, if implemented, might have the impact of undermining the existing health systems and activities in some of the recipient countries.

2. As a general observation, these proposals appear to suffer from being developed by external organizations, often outside of the framework of the needs and priorities of recipient countries, and then presented to the relevant CCMs for subsequent endorsement. Perhaps a better approach would be for organizations (or, where relevant, RCMs) proposing regional activities to work much more closely with the CCMs involved at all stages of proposal development. As a result of these various problems, the success rate of these proposals was low, with only one of the 10 regional proposals reviewed being recommended for funding.

3. It bears emphasizing that the TRP continues to strongly support the concept of regional or cross border proposals. Where these regional proposals are able to demonstrate added value, are appropriately budgeted and technically sound, the TRP finds that these proposals are often strong and innovative, and is most enthusiastic about recommending these for funding.

4. **As Regional proposals have now shown consistently poor results over several Rounds, the TRP recommends that significant additional effort be put into ensuring that these proposals are stronger in future Rounds. The Proposal Form and Guidelines for subsequent Rounds should perhaps be revised to further emphasize that regional proposals must fully demonstrate added value beyond what can be achieved in individual countries, should be based on natural regions rather than opportunistic collections of countries, should avoid inflated budgets with excessive administrative and travel costs, and should assist in building up rather than undermining local health systems and activities in recipient countries**. In this context, one possible area of refinement to the Proposal Form which may give rise to clearer proposals from regional organizations is in regard to the perceived challenge that regional organizations had in completing the gap analysis sections of the Proposal Form. While the TRP is not recommending the development of separate types of proposal forms for different applicants, it may be helpful to regional applicants, the impacted countries and the TRP, if the Proposal Form and Guidelines could require applicants to complete a more targeted section of added value, rather than a country by country based gap analysis framework. **To further assist in ensuring sufficient focus on the issue of added value beyond what can be achieved by the countries, the Guidelines for future funding Rounds could perhaps require those submitting regional proposals to**

demonstrate how they worked more closely with the CCMs of impacted countries at all stages of the proposal development, rather than merely at the endorsement stage, which appears to be the case in most current proposals.

5.4 Private sector

1. As in prior Rounds, few proposals considered in Round 6 involved meaningful participation by private companies in either the activities proposed for funding or the implementation model. The role of the private sector therefore remains a disappointing aspect of proposals submitted to the Global Fund over all six Rounds.

2. This problem will require further attention by the Board and the Secretariat if this is to be adequately addressed so that future Rounds see meaningful co-investment and/or other innovative private sector involvement in areas such as providing management assistance through grant implementation, and supporting the innovative scale-up of treatment and prevention services through private sector support to key implementing partners.

5.5 Role of prior Global Fund grants in future applications

1. As noted in detail in part 4.4.3 above, this was the second Round in which the existence of prior Global Fund grants impacted in a meaningful way on the TRP's decisions. In addition to those earlier general points noted, the TRP identified some other problematic patterns in this Round. In some cases, countries had identified that their funding from a prior grant would run out in 2008 or beyond, and applied for funding in Round 6, with a proposed delayed start date in order to dovetail with the end point of that prior funding. While these cases were more complex, in some of them the TRP felt that it was inappropriate to tie up scarce Global Fund funds for some years, and that these countries should re-apply in a subsequent Round when they would be able to commence the meaningful use of these funds very soon after Board approval and grant signing. In other cases, countries applied for funding for activities that were also to be funded by an existing grant that was either unsigned, or at a very early stage of implementation. In some of these situations, the TRP took the view that there was either insufficient evidence of effective absorptive capacity, or that there were already sufficient funding in the country for the proposed activities, or that both of these observations were true. For these reasons, some Round 6 proposals were not recommended for funding in some cases. These various observations suggest that more detailed guidance is required for countries on the relationship between existing grants and new applications.

2. **The TRP therefore recommends to the Board that it again consider some more specific guidelines on the relationship between existing Global Fund grants and new proposals, and that these be incorporated within the Round 7 Proposal Form and Guidelines**. **Some specific issues to be considered in this context would include:**

a. **Countries should not apply for grants with a start date delayed more than a defined time period (perhaps 3 months) after signature of the grant agreement**;

b. **The Secretariat should consider providing guidance to countries regarding evidence of effective grant performance and/or time elapsed since grant signature prior to application for a new grant. Such guidance might include a minimum elapsed time since the prior grant start date, and/or a minimum number of disbursements, or percentage disbursement or some combination of these**; and

c. **The Board may also want to consider the stricter requirement that where a prior grant for the same disease is still unsigned, the country cannot apply for funding for a new proposal to a subsequent Round. These principles should apply even where countries are applying for funding for different activities to those funded under the prior grant/s, since this is not sufficient rationale to recommend further funding when a current grant is at a very early stage (due to concerns regarding absorptive capacity, amongst others).**

5.6 Clarifications by Global Fund Secretariat Prior to TRP Review

1. As in prior Rounds, during the screening process, the Secretariat appears to have worked energetically to assist applicants to provide complete information to support their application. As recommended by the TRP in the Round 5 Report, the clarification process for incomplete proposals and unclear technical information was limited in time for Round 6, ending on a specified date prior to the start of the Round 6 TRP review meeting.

2. In the Round 5 Report, the TRP noted its concern that if the Secretariat plays too great a role in assisting in completion of the application, then this creates the risk that the TRP is reviewing a proposal that does not, in reality, reflect the ability of the country to compile an adequate proposal to the Global Fund. While the TRP certainly appreciates the intense and committed work involved in the Secretariat clarification process prior to the TRP review, it remains concerned that even the more limited clarification process engaged in during Round 6 had the effect of 'distorting' the TRP's view of some applications due to the assistance provided by the Secretariat. In addition, the TRP is concerned that some applicants may be unfairly prejudiced by this process, since they may, and by no means deliberately, receive less assistance than others from the Secretariat.

3. The format for presenting clarified information to the TRP was substantially improved relative to Round 5. In this instance, all clarified information was integrated with the proposal forms provided to the TRP reviewers, and was much briefer as well. The TRP very much appreciated this more efficient presentation of the clarified information.

4. **In order to address the remaining problems with the clarifications process, the TRP recommends that, in addition to the time limitation on the clarifications process, the Board consider a policy whereby there may only be a specified and limited number of interactions between the Secretariat and the applicant CCM during the clarifications process**. This would ensure a more consistent approach as between different applications, and would also address the TRP's concern that this process potentially distorts its view of the proposals to some extent.

5.7 Global Fund Secretariat Screening of Proposals for Eligibility for TRP Review

1. In Round 6, as in prior Rounds, the screening for eligibility was undertaken by an internal Secretariat panel. In this Round, the TRP's experience of this process was markedly improved compared to Round 5. In particular, the TRP was not exposed to the voluminous correspondence between the Secretariat and CCMs regarding eligibility issues and materials. In addition, and with only a very few exceptions, eligibility decisions had been taken prior to the TRP review, so that the TRP did not face the problem of having to review proposals later deemed to be ineligible. There were also no examples in this Round of proposals that were screened in when they should not in fact have been so, due to incomplete or missing elements of their proposals. The TRP greatly appreciates the significant improvement in this aspect of the proposals review process.

2. The only remaining concern is that, perhaps for logistical reasons arising out of the much shorter period between the closing date for Round 6 and the TRP meeting compared to prior Rounds, the screening process was not entirely completed prior to the TRP Review meeting. This meant that some eligibility decisions were still being taken during the Review meeting, and that as a result, a small number of proposals were in fact reviewed but were later deemed ineligible. While this was a marginal problem relative to prior Rounds, the TRP would naturally prefer this to be eliminated entirely. **The TRP recommends that the Secretariat apply the same pre-announced and defined cut-off date for the end of both the completeness and eligibility screening processes, and no proposals should be screened in after that date. At a minimum, the TRP would recommend that all screening must be completed by the last working day before the TRP review meeting begins.**

5.8 Provision of Proposal Materials to the TRP

1. For the first time in Round 6, TRP reviewers had the option of receiving proposal materials in hard copy or electronic format. The provision of electronic information was extremely well organized, with each reviewer receiving a full set of proposals, as well as all relevant background materials on a set of CD Roms. The provision of hard copies was also far better organized than in prior Rounds, with each reviewer obtaining only those parts of the proposal relevant for their review, rather than the entire proposal. Overall, the provision of proposal materials was extremely well organized, and was of great assistance to the TRP in its review process.

2. As individual reviewers have different preferences as to the use of electronic or hard copy materials, the TRP recommends that the Round 7 proposals be provided to the TRP in both hard copy and electronic format, as was the case in Round 6.

5.9 Translation of Proposals

1. As in prior Rounds, proposals received by the Global Fund in one of the five other United Nations languages without their own supplied translation to English were translated into English prior to the TRP review. This is done to facilitate review of proposals by TRP reviewers irrespective of nationality or background. Where relevant, this translation is carried out though parties contracted by the Secretariat. The TRP is of the view that the French to English translations were significantly improved over prior Rounds, but that there remains a problem with the translation of some proposals from Spanish to English. It should be emphasized that only some of these proposals were poorly translated, but that where this was the case, the translation was noted to be very weak. Problems were identified in poor translation of budget and work plan tables, poor translation of abbreviations, and very poor translations of medical terms. In all of these cases, the Secretariat ensured that Spanish speaking reviewers were able to go back to the original Spanish language proposals to allow for a fair review.

2. As in Round 5, **the TRP recommends that the Secretariat make best efforts to ensure a very high standard of translation for future Rounds, with a specific focus on identifying high quality Spanish to English translators. The Secretariat should ensure specific focus in the translations on accurate transcription of all budget tables, work plans and other elements, including figures and data, as well as abbreviations**.

5.10 Background Information provided to the TRP by Global Fund Secretariat

1. Information provided by the Global Fund Secretariat included:

a. Prior TRP Review Forms where applicants had applied previously;
b. Detailed Grant Performance Reports, where available;
c. Summary sheets containing data on existing grants, where there was no Grant Performance Report;
d. Phase 2 Review Grant Scorecards, where applicants had grants which had gone through the Phase 2 Review; and
e. On the first day of the Round 6 TRP meeting, a briefing on a number of common monitoring and evaluation aspects of negotiated grant agreements which the Secretariat believed may be useful to the TRP during its review of new proposals.

2. The Grant Performance Reports and the Phase 2 Grant Scorecards were found to be very helpful. The current version of the summary sheets for new grants was however found to be less useful. This is mainly a problem of design of the current form, but perhaps also because not all forms were diligently completed by Fund Portfolio Managers (FPM).

3. As in prior Rounds, TRP members had occasion to contact FPMs with specific questions regarding proposals from countries within their portfolio. The TRP notes that FPMs are not ideally placed to provide fully objective information to the TRP, perhaps since they are naturally interested in the prospects during the Round 6 process, of the countries in their portfolio. For these reasons, the TRP decided to channel all further contact with FPMs and other Secretariat staff through a single senior Global Fund Secretariat staff member, in this case, the Manager of the Proposal Advisory Services team. This process appeared to work much more effectively.

4. For the first time during Round 6, Secretariat staff had pre-populated the TRP review forms for each applicant with the relevant proposal related information, as well as with a standard set of relevant epidemiological and general economic data. The TRP found this new approach to be extremely useful and time-saving, and sincerely appreciates the efforts of the Secretariat staff in carrying out this very time consuming task. **The TRP would suggest, as an additional enhancement to the TRP Review Form, that the Secretariat consider adding in all relevant data on the existing Global Fund grants in the applicant country, as well as the disbursement status and performance of those grants for which data is available. This would lead to standardization of the information, and would save substantial time and effort for the TRP reviewers.**

5. For the first time also, a member of the Secretariat's monitoring and evaluation grant support team provided a briefing to the TRP members on a range of topics which presented on a regular basis during grant implementation, and which they believed may be helpful background information to the TRP. This session was indeed very helpful and the TRP is grateful for the clear presentation and the useful topics discussed in a follow up question and answer session. This information was useful during the TRP's review of Round 6 proposals, and in a number of instances assisted the TRP to more clearly frame its clarifications for those proposal components recommended for funding where residual questions arose in regard to monitoring and evaluation. The TRP expresses its appreciation for this helpful approach to supporting the TRP review process, and will work with the Secretariat to explore similar opportunities in future rounds.

6. In general, many of the recommendations made by the TRP after Round 5 regarding background information were taken into account and effectively implemented during Round 6. **The TRP thus has only the following additional recommendations to make in regard to the provision of background material of the Secretariat**:

a. **The TRP would be most grateful if the TRP Review Forms could continue to be pre-filled with all relevant grant specific, epidemiological and economic information as was done during Round 6, as well as with detailed information on all existing Global Fund grants**, as suggested above;

b. **Where detailed Grant Performance Reports and/or Phase 2 Grant Scorecards are not available, including for unsigned or recently signed grants, a more detailed report than was provided in Round 6 would be very useful**. This should provide as much information as possible that is available, and should perhaps be based on the Grant Scorecard as a template. It is important to the TRP that Fund Portfolio Managers compile very detailed information in this report, with a specific focus on country contexts and why, where relevant, grant signing is delayed beyond, perhaps, the first six months after Board approval of the proposal; and

c. **The TRP should continue to have access to Fund Portfolio Managers and Cluster Leaders during the review meeting, in order to address specific questions not covered by the background information. However, all such interactions should occur via a senior Secretariat official, rather than directly between TRP members and individual Global Fund staff**.

5.11 Background Information provided to the TRP by WHO, UNAIDS and other agencies

1. The extent and quality of background information provided to the TRP was at its highest level yet during this Round. In addition to the Global Fund material referred to above, World Bank Aides Memoirs were provided for many of the applicant countries, and other background information was also provided from the technical partners, including country context and partner involvement in country settings. Overall, the TRP found all of this information to be extremely relevant and useful in its evaluation of the proposals. The TRP wishes to thank the Secretariat again for the intense effort that went into the collection and collation of all of these materials. In addition, these materials were extremely well organized during this Round, with all available information on any country being provided to reviewers in all cases.

2. World Bank Aides Memoirs were more widely available during Round 6 than in Round 5, and these provide very helpful additional background information in many cases. The TRP would like to acknowledge the World Bank for making its Aides Memoirs available, and the technical partners for providing additional literature and information.

3. WHO, UNAIDS and the other agencies also provided various recent publications for reference by TRP members. The TRP found these publications to be useful, and would like to thank the partners for their efforts in this regard. The technical partners also kindly provided contact details for disease experts who were on stand-by to answer questions from TRP members during the two week review process. As in Round 5, TRP members utilized this kind offer to a lesser extent than in prior Rounds, perhaps due to the superior level of detailed background information available to the TRP during this Round.

4. **The TRP recommends the following in relation to information provided by the WHO, UNAIDS and other agencies:**

a. **The TRP very much appreciates the background documentation provided by the technical partners and would recommend that they be provided again in Round 7**; and

b. **The TRP would appreciate the availability of disease specific expertise that could be called upon from the agencies during the course of the Round 7 review.**

5.12 Briefing meetings with WHO, UNAIDS, UNICEF and other agencies

1. The TRP was briefed on the first day of the meeting by WHO colleagues, and specifically, the StopTB department, representatives of the Global Malaria Programme, and members of the HIV/AIDS department. The format for these briefings was modified from prior Rounds after discussions between the Secretariat and the TRP, with a briefing from each agency to the full plenary TRP, followed by lengthier sessions devoted to interaction between each agency and the appropriate TRP disease experts (with some cross cutters). This process appeared to work better than on prior occasions, and the TRP felt that it had gained more from these sessions than in prior Rounds. The only comment from the TRP on these sessions is that perhaps the agencies should consider leaving out presentations altogether from the briefing sessions, and consider structuring these sessions more along the lines of in depth 'conversations' between the TRP's experts and the agencies. The TRP would like to record its appreciation for the efforts of our senior colleagues in the agencies in making themselves available for these briefings.

2. The TRP acknowledges its own role in ensuring that these briefings meet the needs of TRP reviewers, and will work once again through the Secretariat to enhance these briefings from WHO, UNAIDS and other technical partners.

5.13 Logistical support during the TRP Review Meeting

1. As noted in several instances above, the logistical support provided to the TRP during the Round 6 review meeting was absolutely outstanding in all respects, and was noticeably better than in all prior Rounds, even though the standards of support to the prior Rounds has also been very high. The logistical support provided to the TRP is extensive, and includes organization and logistics of accommodation of TRP members and meeting rooms, provision of information to TRP members for review, highly sophisticated information technology (IT) support and general secretarial support. All of this was conducted in a highly professional way, with excellent results, and this efficient organization in the background greatly assisted the TRP to complete its work efficiently and with minimal difficulty. The TRP wishes again to acknowledge the superb efforts of all members of the Secretariat who were involved in the support to the Round 6 review.

5.14 TRP Membership and Process

5.14.1 TRP size and membership

1. As a result of the large number of proposals again submitted in Round 6, the TRP Chair and Vice-Chair used the discretion allowed by the Board to call on additional TRP members to serve during the Round 6 review. The TRP was thus increased to a total of 29 members for the Round 6 TRP meeting. Details of the TRP composition are provided in Attachment 2 to this report. The intention of the increase in size was to ensure a larger number of sub-groups were available to review the proposals, thus allowing each group to review a smaller number of proposals in more depth. This process worked well during Round 6, with each sub-group reviewing two or a maximum of three proposals each day. The TRP thus believes that the larger number of groups did serve to enhance the amount of time that could be devoted to each individual proposal, and would recommend that future Chairs and Vice-Chairs of the TRP adopt a similar approach when the numbers of proposals warrant this.

2. As a result of the increased size of the TRP, and the withdrawal of some TRP members from the Round in the weeks leading up to the meeting, the TRP called on nine alternate members and two support group members to serve in Round 6. Of the alternate members called up to serve, three of the nine people had also filled casual vacancies in Round 5. Newly serving experts performed well.

3. Some of these experts, as recommended by the TRP Chair and Vice-Chair in line with Global Fund policy, will be joining the TRP as permanent members due to the departure of some current TRP members as further discussed in part 5.14.3 below. The others will remain as alternate members and members of the TRP support group, to be called as and when relevant vacancies in the membership of the TRP arise.

5.14.2 Chair and Vice-Chair of TRP

1. **Jonathan Broomberg will be leaving the TRP, having served five rounds, including two rounds as Chair.**

2. **Peter Godfrey-Faussett (HIVAIDS Expert, United Kingdom) will take over as the TRP Chair after, completion of the clarification process for Round 6 grant proposals, and will serve as Chair during Rounds 7 and 8. The TRP has elected Dr Indrani Gupta (HIV/AIDS expert, India) as its new Vice Chair. Dr Gupta will serve as Vice-Chair in Rounds 7 and 8 and will thereafter serve as TRP Chair for Rounds 9 and 10.**

5.14.3 Experts leaving the TRP

1. In Round 7, five TRP members will no longer be serving, due to either expiry of their serving term or because of other commitments. These experts are:

a. Jonathan Broomberg will be leaving the TRP having served five rounds. He will need to be replaced by a new cross-cutting expert on the TRP;

b. LeeNah Hsu will be leaving the TRP, having served four Rounds, and will also need to be replaced by a new cross cutting expert on the TRP;

c. John Chimumbwa will be leaving the TRP, having served four Rounds, and will need to be replaced by a malaria expert;

d. Dave Burrows has indicated that he will not be available to serve a fourth Round. He will need to be replaced by an HIV/AIDS expert; and

e. Pierre-Yves Norval will be leaving the TRP, having served four Rounds, and will need to be replaced by a tuberculosis expert.

2. The TRP would like to acknowledge the outstanding contribution of all these departing members of the TRP and to thank them most sincerely for their commitment and effort on behalf of the TRP.

3. In addition, the TRP recommends that those TRP members who apologized for 2 consecutive Rounds, be rotated off the membership list of the TRP and included in the alternate member group. In this way, the TRP membership for Round 7 benefits most from the knowledge and experience of current serving members.

5.14.4 Dr Mary Ettling

1. Dr Mary Ettling, a distinguished and internationally recognized malariologist, and much respected member of the TRP in Rounds 3 and 4 passed away some months ago. The TRP would like to acknowledge Mary's outstanding contribution to its work, and to express sincere condolences to her family, friends and work colleagues.

5.15 Proposal Form and Guidelines

1. As noted above, the TRP felt that the Proposal Form and Guidelines were once again improved substantially relative to Round 5, and that this assisted in improving the overall quality of proposals reviewed during this Round. One area that was substantially improved related to the ease of use of a separate Targets and Indicators table, based on the document that the Secretariat uses for grant signature. This had the dual benefit of making it much clearer to consider the intended overall outcome of an additional contribution of resources to a country's national program, and also, presumably, will greatly assist the countries recommended for funding during grant signature.

2. **There are however some important residual problems with the Proposal Form and Guidelines, as well as some new problems introduced as a result of the changes made for Round 6. These are addressed in the specific recommendations below**.

3. **The Guidelines should further emphasize the importance of drawing linkages between the current proposal, and existing Global Fund grants (as well as other funding). They should also make clear that CCMs should not apply for funding for activities that are not planned to start immediately or shortly after grant signature, or for activities that are already funded under an existing Global Fund grant**. Once the Board has clarified its position on whether CCMs should apply for a new grant when existing grants remain unsigned, or at a very early stage, the guidelines should be very specific on these matters as well.

4. The Budget Analysis Template tool introduced in Round 6 appeared to cause significant confusion for many applicants. Some of the problems noted were:

a. Budgets were much more poorly completed than in prior Rounds, particularly Rounds 4 and 5. In many cases, budgets did not provide detailed unit costs for items, but only lump sum items. This was not the case in prior Rounds;

b. Inconsistencies between summary budget tables and more detailed tables were noted;

c. Summary budget tables do not contain five year totals in some cases, making them hard for reviewers to analyze;

d. The use of the budget tools appeared to cause confusion and difficulty in completing the very detailed budgets linked to work plans which the TRP relies heavily upon in its review. It is possible that some applicants considered the budget tool as a substitute for this more detailed budget, and that this led some applicants to providing weak or limited detailed budget section; and

e. Overall, the TRP believes that the budget sections were significantly weaker in Round 6 than in Rounds 4 and 5. This is almost certainly attributable to changes made to the Proposal Form for Round 6.

5. **For these reasons, the TRP recommends that the Secretariat once again examine whether the budget tools, in their present format, are in fact of net benefit to applicants, and how they might be improved to provide clear benefit with minimal or no confusion. The TRP also strongly suggests that the Secretariat re-examine the current structure of the budget requests in the Proposal Form, possibly with a view to returning to the format used in Round 5, or at a minimum, with a view to addressing the significant problems encountered during Round 6.**

6. Similarly, the use of multiple budget summary tables creates opportunities for confusion and errors of consistency, which were noted in many proposals. **The TRP recommends that the Board request the Secretariat to review the number and extent of these summary budget tables, with a view to eliminating all but the most essential of these from future Proposal Forms.**

7. Several problems were noted in the gender analysis elements in the proposals. **The TRP would like to recommend the following in this regard:**

a. **The term 'gender analysis' should be used in place of 'gender issues'**;

b. **The vast majority of applicants respond to the gender issues section by addressing womens' issues, while neglecting often critical issues impacting on men**;

c. **The gender analysis requested in the Proposal Form should be linked more explicitly to the proposed activities, targets, implementation aspects of the proposal, rather than being isolated in one section only**;

d. **The social stratification tables are not well completed and should be modified, or better guidance provided in how to complete them**; and

e. **Overall, the TRP finds that the information provided on gender related issues is not particularly helpful to the TRP review process in its current form. The TRP recommends that this section be carefully reviewed with a view to deciding on how much of this information is really necessary in the Proposal Form, and to the extent that it is required, how to structure it so as to obtain useful information**.

8. In many proposals, the programmatic gap analysis section was poorly completed (as distinct from the financial gap analysis, which was generally well completed). **The Proposal Form and Guidelines should be reviewed to assess how to ensure that the programmatic gap analysis section is better completed, and better tied in to the proposed activities**.

9. The TRP takes very seriously the issue of whether the proposal has addressed problems previously raised by the TRP on a prior proposal for the same component, as identified by the TRP in the TRP Review Form. **The Guidelines should strongly emphasize the importance of this, as proposals that address these issues well tend to get recommended for funding, whereas the converse is also true. The Secretariat should also consider a more explicit question in the Proposal Form, which asks applicants who have applied before whether the current application indeed addresses the problems identified in their previous application**.

10. **As many proposals are vague on the details of the proposed selection of sub-recipients, and the distribution of funds to these sub-recipients, the Guidelines and Proposal Form should make it clear that as much detailed information on these aspects as possible should be provided**.

11. **In relation to ARVs, the TRP requests that the Guidelines more fully describe the level of detail required to be provided by applicants on the specific ARV regimens to be used, and that the Proposal Form be amended to ensure the provision of the detailed information in the procurement and supply management and budget sections**. At present, the Proposal Form calls for a list and does not specifically require detail on the regimens to be used. This information is essential to, particularly the HIV/AIDS experts in their review of proposals.

12. As in Round 5, several malaria proposals were noted to lack clarity as to the precise geographical distribution of the malaria problem(s) within the applicant country, and as to the relevant control measures to be applied in each geographical zone. **The Malaria experts on the TRP therefore recommend that the guidelines for Round 7 further emphasize the importance of addressing these issues in the malaria proposals, and recommend to applicants that they consider the inclusion of maps detailing the geographical distribution of the malaria problem and the corresponding control measures**.

13. **In order to standardize the provision of disease specific background information, epidemiological data etc, the Secretariat should consider the introduction of some standardized tables in the Proposal Form, which would also facilitate the pre-filling of TRP Review Forms for future Rounds, as well as facilitating the efficient review of the proposals**.

14. As currently structured, the sections in the Proposal Form on health systems, disease context and national programs appear to lead to substantial repetition of similar information. This is not helpful to reviewers and does not serve the interests of applicants. **The TRP suggests that the Proposal Form and Guidelines be reviewed to ensure that such repetition and duplication is eliminated as far as possible**.

15. One element of important information currently lacking from proposals concerns health sector financing policies in applicant countries. The overall sector financing policy context is very important background information for the TRP in evaluating many proposals. **The TRP would thus recommend the inclusion of a request for brief background on this issue within the Round 7 Proposal Form and Guidelines**.

16. In order to obtain reactions from the ultimate users of the Round 6 Proposal Form and Guidelines, applicants and their advisors, the Board and Secretariat should perhaps consider a further but focused survey to obtain detailed feedback from a sample of CCMs and their advisors on their views of the Round 6 Proposal Form and Guidelines, and their recommendations for improvement to them.

5.16 Highlighting strong proposals on Global Fund Website

1. In order to assist applicants in developing strong proposals, the TRP once again suggests that the Secretariat consider a policy of highlighting a few of the very strong proposals on the Global Fund website after each Round as a step beyond the existing practice of publishing all proposals recommended for funding and approved by the Board. This would have the effect of demonstrating proposals that meet all or most of the TRP's criteria, and thus might be a useful adjunct to countries and technical advisors. One approach to this would be to highlight the Recommended Category 1 Proposals after each Round in a specific place for review.

Annex 2

List of Eligible Per-Disease Component Proposals reviewed by the Technical Review Panel (Classified by the Category in which they are recommended by the Technical Review Panel)

No.	Proposal ID	Source	Country / Economy	World Bank Income Classification	WHO Region	TGF Cluster	Component	Upper Ceiling Year 1	Upper Ceiling Year 2	Upper Ceiling 2 Years	Upper Ceiling Total up to 5 Years	
Category 1 - USD								**$34,835,592**	**$32,971,539**	**$67,807,131**	**$148,014,592**	Funding need category 1, 2, 2B
1		CCM	Bangladesh	Low	SEARO	SWA	Malaria	$9,183,524	$9,403,655	$18,587,179	$39,062,586	
2		CCM	Georgia	Lower-middle	EURO	EECA	Tuberculosis	$5,000,944	$4,344,692	$9,345,636	$10,955,450	**$846,403,182**
3		CCM	Iraq	Lower-middle	EMRO	MENA	Tuberculosis	$3,265,400	$3,178,500	$6,443,900	$14,553,900	
4		CCM	Kazakhstan	Lower-middle	EURO	EECA	Tuberculosis	$3,465,310	$1,977,288	$5,442,598	$9,842,621	Funding need category 1
5		CCM	Moldova	Low	EURO	EECA	HIV/AIDS	$3,645,486	$2,765,586	$6,411,072	$15,940,711	
6		CCM	Papua New Guinea	Low	WPRO	EAP	Tuberculosis	$2,225,570	$2,782,342	$5,007,912	$20,869,303	**$68,880,942**
7		CCM	Paraguay	Lower-middle	AMRO	LAC	HIV/AIDS	$1,559,738	$1,912,154	$3,471,892	$9,110,757	
8		Non-CCM	Somalia	Low	EMRO	MENA	Malaria	$6,489,620	$6,607,322	$13,096,942	$27,679,264	
Category 1 - EURO								**€ 615,474**	**€ 228,518**	**€ 843,992**	**€ 1,297,655**	
9		CCM	Montenegro	Lower-middle	EURO	EECA	Tuberculosis	€ 615,474	€ 228,518	€ 843,992	€ 1,297,655	
Category 1 - USD Equivalent								**$35,618,660**	**$33,262,282**	**$68,880,942**	**$149,665,598**	
Category 2 - USD								**$189,693,731**	**$170,331,141**	**$360,024,872**	**$818,830,900**	Balance Funding need category 2, 2B
10		CCM	Bhutan	Low	SEARO	SWA	Tuberculosis	$438,590	$446,100	$884,690	$1,773,135	
11		CCM	Cambodia	Low	WPRO	EAP	Malaria	$7,582,604	$5,566,009	$13,148,613	$31,191,393	**$777,522,240**
12		CCM	China	Lower-middle	WPRO	EAP	HIV/AIDS	$3,191,972	$2,620,903	$5,812,875	$14,395,715	
13		CCM	Congo (DR of)	Low	AFRO	WCA	Tuberculosis	$5,964,003	$2,568,573	$8,532,576	$12,098,109	
14		RO	Côte d'Ivoire, Ghana, Togo, Benin, Nigeria	Low	AFRO	WCA	HIV/AIDS	$6,459,000	$12,663,500	$19,122,500	$45,610,500	Funding need category 2
15		CCM	Cuba	Lower-middle	AMRO	LAC	HIV/AIDS	$7,514,639	$6,855,104	$14,369,743	$36,123,056	**$436,614,306**
16		CCM	Djibouti	Lower-middle	EMRO	MENA	HIV/AIDS	$494,629	$2,225,281	$2,719,910	$11,298,977	
17		CCM	Djibouti	Lower-middle	EMRO	MENA	Malaria	$1,386,916	$1,225,029	$2,611,945	$3,933,976	Cumulative funding category 1 and 2
18		CCM	Djibouti	Lower-middle	EMRO	MENA	Tuberculosis	$664,273	$479,462	$1,143,735	$3,558,810	
19		CCM	Eritrea	Low	AFRO	EAIO	Malaria	$2,964,438	$2,978,692	$5,943,130	$13,374,247	**$505,495,248**
20		CCM	Eritrea	Low	AFRO	EAIO	Tuberculosis	$3,510,506	$2,068,328	$5,578,834	$13,302,028	
21		CCM	Georgia	Lower-middle	EURO	EECA	HIV/AIDS	$3,180,759	$3,013,603	$6,194,362	$11,449,497	
22		CCM	Georgia	Lower-middle	EURO	EECA	Malaria	$1,056,990	$607,970	$1,664,960	$3,334,190	
23		CCM	Guatemala	Lower-middle	AMRO	LAC	Tuberculosis	$1,924,601	$1,809,272	$3,733,873	$8,136,149	
24		CCM	Guinea	Low	AFRO	WCA	HIV/AIDS	$2,597,977	$2,261,381	$4,859,358	$20,419,474	
25		CCM	India	Low	SEARO	SWA	Tuberculosis	$4,270,531	$4,801,933	$9,072,464	$24,271,555	
26		CCM	Indonesia	Lower-middle	SEARO	EAP	Malaria	$14,194,560	$13,533,360	$27,727,920	$57,965,100	
27		CCM	Jordan	Lower-middle	EMRO	MENA	HIV/AIDS	$1,566,780	$1,502,728	$3,069,508	$6,800,716	
28		CCM	Kenya	Low	AFRO	EAIO	Tuberculosis	$2,567,522	$1,649,747	$4,217,269	$9,171,790	
29		CCM	Kyrgyzstan	Low	EURO	EECA	Tuberculosis	$2,049,279	$2,195,299	$4,244,578	$9,995,446	
30		CCM	Lao PDR	Low	WPRO	EAP	HIV/AIDS	$1,737,404	$1,681,294	$3,418,698	$8,978,927	
31		CCM	Lao PDR	Low	WPRO	EAP	Malaria	$1,042,405	$684,296	$1,726,701	$4,099,092	
32		CCM	Mauritania	Low	AFRO	MENA	Malaria	$2,076,250	$2,418,876	$4,495,126	$14,502,141	
33		CCM	Mauritania	Low	AFRO	MENA	Tuberculosis	$3,106,193	$1,335,493	$4,441,686	$9,352,445	
34		CCM	Moldova	Low	EURO	EECA	Tuberculosis	$3,359,837	$2,427,053	$5,786,890	$11,976,633	
35		CCM	Morocco	Lower-middle	EMRO	MENA	HIV/AIDS	$5,861,972	$4,818,826	$10,680,798	$26,453,910	
36		CCM	Morocco	Lower-middle	EMRO	MENA	Tuberculosis	$1,007,040	$1,214,935	$2,221,975	$4,157,800	
37		CCM	Mozambique	Low	AFRO	S Africa	HIV/AIDS	$5,052,124	$17,696,729	$22,748,853	$76,044,549	
38		CCM	Namibia	Lower-middle	AFRO	S Africa	Malaria	$6,644,755	$3,274,810	$9,919,565	$15,820,160	
41		CCM	Rwanda	Low	AFRO	EAIO	HIV/AIDS	$20,900,158	$10,663,298	$31,563,456	$58,917,110	
42		CCM	Rwanda	Low	AFRO	EAIO	Tuberculosis	$1,892,521	$887,222	$2,779,743	$7,525,352	
43		CCM	Sierra Leone	Low	AFRO	WCA	HIV/AIDS	$5,982,772	$3,645,167	$9,627,939	$26,482,276	
44		CCM	South Africa	Upper-middle	AFRO	S Africa	HIV/AIDS	$28,970,523	$26,800,788	$55,771,311	$102,813,863	
45		CCM	Sri Lanka	Lower-middle	SEARO	SWA	HIV/AIDS	$493,400	$516,360	$1,009,760	$1,884,360	
46		CCM	Syrian Arab Republic	Lower-middle	EMRO	MENA	Tuberculosis	$2,566,904	$2,011,143	$4,578,047	$8,352,550	
47		CCM	Tajikistan	Low	EURO	EECA	HIV/AIDS	$2,645,751	$2,243,710	$4,889,461	$12,096,246	
48		CCM	Tanzania	Low	AFRO	EAIO	Tuberculosis	$11,536,216	$6,279,700	$17,815,916	$37,118,168	
49		CCM	Tunisia	Lower-middle	EMRO	MENA	HIV/AIDS	$5,635,500	$3,930,000	$9,565,500	$17,383,000	
50		CCM	Uganda	Low	AFRO	EAIO	Tuberculosis	$5,169,813	$5,546,456	$10,716,269	$26,030,098	
51		CCM	Vietnam	Low	WPRO	EAP	Tuberculosis	$431,624	$1,182,711	$1,614,335	$10,638,357	
Category 2 - EURO								**€ 31,697,262**	**€ 28,500,360**	**€ 60,197,622**	**€ 124,492,340**	
52		CCM	Benin	Low	AFRO	WCA	Tuberculosis	€ 1,962,295	€ 1,820,370	€ 3,782,665	€ 7,389,388	
53		CCM	Burkina Faso	Low	AFRO	WCA	HIV/AIDS	€ 9,167,252	€ 12,597,450	€ 21,764,702	€ 47,158,727	
54		CCM	Côte d'Ivoire	Low	AFRO	WCA	Malaria	€ 5,733,938	€ 1,435,365	€ 7,169,303	€ 13,575,387	
39		CCM	Romania	Lower-middle	EURO	EECA	HIV/AIDS	€ 3,546,703	€ 2,921,807	€ 6,468,510	€ 9,091,696	
40		CCM	Romania	Lower-middle	EURO	EECA	Tuberculosis	€ 1,927,829	€ 1,692,598	€ 3,620,427	€ 8,017,248	
55		CCM	Senegal	Low	AFRO	WCA	HIV/AIDS	€ 4,136,846	€ 4,012,329	€ 8,149,175	€ 22,709,475	
56		CCM	Serbia	Lower-middle	EURO	EECA	HIV/AIDS	€ 2,803,508	€ 1,851,148	€ 4,654,656	€ 9,557,094	
57		CCM	Togo	Low	AFRO	WCA	Malaria	€ 2,418,891	€ 2,169,293	€ 4,588,184	€ 6,993,325	
Category 2 - USD Equivalent								**$230,022,157**	**$206,592,149**	**$436,614,306**	**$977,222,504**	

No.	Proposal ID	Source	Country / Economy	World Bank Income Classification	WHO Region	TGF Cluster	Component	Upper Ceiling				
								Year 1	Year 2	2 Years	Total up to 5 Years	
Category 2B - USD								**$171,124,840**	**$154,506,701**	**$325,631,541**	**$895,931,392**	Balance Funding need category 2B
58		CCM	Bangladesh	Low	SEARO	SWA	HIV/AIDS	$6,594,441	$7,404,403	$13,998,844	$40,002,452	
59		CCM	Belarus	Lower-middle	EURO	EECA	Tuberculosis	$3,268,300	$2,815,514	$6,083,814	$14,774,359	**$340,907,934**
60		CCM	Bhutan	Low	SEARO	SWA	HIV/AIDS	$867,625	$945,200	$1,812,825	$3,596,325	
61		CCM	Bosnia and Herzegovina	Lower-middle	EURO	EECA	Tuberculosis	$1,813,053	$1,489,553	$3,302,606	$6,880,708	
62		CCM	China	Lower-middle	WPRO	EAP	Malaria	$3,713,998	$3,333,934	$7,047,932	$16,808,186	Cumulative funding category 1, 2 and 2B
63		CCM	Egypt	Lower-middle	EMRO	MENA	Tuberculosis	$2,998,934	$2,376,614	$5,375,548	$9,965,390	
64		CCM	Ethiopia	Low	AFRO	EAIO	Tuberculosis	$6,514,617	$5,590,357	$12,104,974	$44,434,133	**$846,403,182**
65		CCM	Guinea	Low	AFRO	WCA	Malaria	$13,347,132	$4,002,267	$17,349,399	$26,978,927	
66		CCM	Guinea-Bissau	Low	AFRO	WCA	Malaria	$1,470,034	$1,968,450	$3,438,484	$12,816,656	
67		CCM	India	Low	SEARO	SWA	HIV/AIDS	$35,670,099	$40,284,571	$75,954,670	$259,211,574	
68		CCM	Lesotho	Low	AFRO	S Africa	Tuberculosis	$2,680,764	$1,148,900	$3,829,664	$6,581,970	
69		CCM	Liberia	Low	AFRO	WCA	HIV/AIDS	$6,314,582	$7,543,141	$13,857,723	$44,281,569	
70		CCM	Maldives	Lower-middle	SEARO	SWA	HIV/AIDS	$1,644,726	$1,010,959	$2,655,685	$4,865,956	
71		CCM	Mali	Low	AFRO	WCA	Malaria	$4,298,772	$4,923,800	$9,222,572	$26,659,632	
72		CCM	Mozambique	Low	AFRO	S Africa	Malaria	$15,534,900	$10,056,925	$25,591,825	$36,747,308	
73		CCM	Peru	Lower-middle	AMRO	LAC	HIV/AIDS	$14,263,136	$12,133,683	$26,396,819	$41,348,625	
74		CCM	Philippines	Lower-middle	WPRO	EAP	HIV/AIDS	$4,574,130	$2,900,834	$7,474,964	$18,434,190	
75		CCM	Philippines	Lower-middle	WPRO	EAP	Malaria	$11,929,559	$4,368,100	$16,297,659	$22,344,786	
76		CCM	Sri Lanka	Lower-middle	SEARO	SWA	Tuberculosis	$2,273,055	$2,917,586	$5,190,641	$14,291,187	
77		CCM	Tajikistan	Low	EURO	EECA	Tuberculosis	$2,862,677	$4,638,006	$7,500,683	$15,826,135	
78		CCM	Thailand	Lower-middle	SEARO	EAP	Tuberculosis	$4,414,924	$3,311,845	$7,726,769	$19,627,001	
79		CCM	The Gambia	Low	AFRO	WCA	Malaria	$5,513,643	$4,209,812	$9,723,455	$20,813,258	
80		CCM	Ukraine	Lower-middle	EURO	EECA	HIV/AIDS	$11,947,387	$17,701,800	$29,649,187	$151,077,434	
81		CCM	Vietnam	Low	WPRO	EAP	HIV/AIDS	$4,782,250	$5,436,930	$10,219,180	$28,771,590	
82		CCM	Zanzibar	Low	AFRO	EAIO	HIV/AIDS	$1,832,102	$1,993,517	$3,825,619	$8,792,041	
Category 2B - EURO								**€ 6,929,555**	**€ 5,077,356**	**€ 12,006,911**	**€ 25,808,306**	
83		CCM	Bulgaria	Lower-middle	EURO	EECA	Tuberculosis	€ 3,809,417	€ 3,239,418	€ 7,048,835	€ 15,486,685	
84		CCM	Côte d'Ivoire	Low	AFRO	WCA	Tuberculosis	€ 1,832,249	€ 910,346	€ 2,742,595	€ 5,555,629	
85		CCM	Togo	Low	AFRO	WCA	Tuberculosis	€ 1,287,889	€ 927,592	€ 2,215,481	€ 4,765,992	
Category 2B - USD Equivalent								**$179,941,313**	**$160,966,621**	**$340,907,934**	**$928,767,300**	
			Recommended Proposals				**Totals**	**$445,582,130**	**$400,821,053**	**$846,403,182**	**$2,055,655,402**	
Category 3 - USD								**$734,476,373**	**$674,736,737**	**$1,409,213,110**	**$3,466,857,784**	
86		CCM	Afghanistan	Low	EMRO	SWA	HIV/AIDS	$8,365,600	$7,116,101	$15,481,701	$35,820,001	
87		CCM	Afghanistan	Low	EMRO	SWA	Tuberculosis	$8,260,715	$7,198,216	$15,458,931	$37,964,223	
88		CCM	Azerbaijan	Lower-middle	EURO	EECA	Malaria	$1,348,398	$1,090,346	$2,438,744	$4,834,597	
89		CCM	Bhutan	Low	SEARO	SWA	Malaria	$1,190,625	$644,100	$1,834,725	$3,819,875	
90		CCM	Botswana	Upper-middle	AFRO	S Africa	Tuberculosis	$1,456,320	$610,475	$2,066,795	$2,898,720	
91		CCM	Burundi	Low	AFRO	EAIO	Malaria	$8,350,611	$5,530,562	$13,881,173	$25,421,843	
92		CCM	Cambodia	Low	WPRO	EAP	HIV/AIDS	$6,885,980	$6,910,429	$13,796,409	$54,225,879	
93		CCM	Cambodia	Low	WPRO	EAP	Tuberculosis	$1,127,053	$1,065,310	$2,192,363	$6,125,536	
94		CCM	Cameroon	Low	AFRO	WCA	HIV/AIDS	$4,537,179	$4,305,720	$8,842,899	$15,579,150	
95		CCM	Cameroon	Low	AFRO	WCA	Malaria	$4,075,345	$5,447,121	$9,522,466	$27,387,624	
96		CCM	Cameroon	Low	AFRO	WCA	Tuberculosis	$6,931,196	$4,623,367	$11,554,563	$18,557,034	
97		CCM	Central African Republic	Low	AFRO	WCA	HIV/AIDS	$4,158,093	$5,782,257	$9,940,350	$33,723,417	
98		CCM	Central African Republic	Low	AFRO	WCA	Malaria	$3,567,419	$2,308,073	$5,875,492	$8,011,650	
99		CCM	Chad	Low	AFRO	MENA	Malaria	$4,392,138	$5,304,099	$9,696,237	$32,008,824	
100		CCM	Congo	Low	AFRO	WCA	Malaria	$19,930,793	$8,082,686	$28,013,479	$48,624,009	
101		CCM	Congo (DR of)	Low	AFRO	WCA	HIV/AIDS	$23,077,199	$19,043,622	$42,120,821	$130,540,223	
102		CCM	Congo (DR of)	Low	AFRO	WCA	Malaria	$766,920	$25,101,650	$25,868,570	$37,846,540	
103		CCM	Cuba	Lower-middle	AMRO	LAC	Tuberculosis	$1,478,326	$2,019,091	$3,497,417	$9,686,494	
104		CCM	Dominican Republic	Lower-middle	AMRO	LAC	Malaria	$1,520,075	$1,474,600	$2,994,675	$6,267,052	
105		CCM	Egypt	Lower-middle	EMRO	MENA	HIV/AIDS	$2,819,854	$2,592,896	$5,412,750	$11,619,700	
106		CCM	El Salvador	Lower-middle	AMRO	LAC	HIV/AIDS	$7,216,560	$8,126,040	$15,342,600	$37,821,680	
107		CCM	El Salvador	Lower-middle	AMRO	LAC	Tuberculosis	$994,664	$2,288,932	$3,283,596	$8,497,574	
108		CCM	Ethiopia	Low	AFRO	EAIO	HIV/AIDS	$23,861,434	$32,633,560	$56,494,994	$193,864,789	
109		CCM	Ethiopia	Low	AFRO	EAIO	Malaria	$8,330,142	$8,831,988	$17,162,130	$49,947,701	
110		CCM	Guinea-Bissau	Low	AFRO	WCA	HIV/AIDS	$3,966,811	$2,748,224	$6,715,035	$20,933,476	
111		CCM	Guinea-Bissau	Low	AFRO	WCA	Tuberculosis	$754,743	$748,943	$1,503,686	$3,381,515	
112		CCM	Haiti	Low	AMRO	LAC	HIV/AIDS	$24,750,482	$23,672,186	$48,422,668	$137,232,190	
113		CCM	Honduras	Lower-middle	AMRO	LAC	HIV/AIDS	$9,449,896	$8,360,405	$17,810,301	$38,376,897	
114		CCM	Honduras	Lower-middle	AMRO	LAC	Malaria	$3,758,580	$2,734,786	$6,493,366	$12,825,085	
115		CCM	Honduras	Lower-middle	AMRO	LAC	Tuberculosis	$3,684,211	$2,631,579	$6,315,790	$11,052,632	
116		CCM	India	Low	SEARO	SWA	Malaria	$3,792,083	$10,971,820	$14,763,903	$39,267,508	
117		CCM	Indonesia	Lower-middle	SEARO	EAP	HIV/AIDS	$2,458,835	$2,731,784	$5,190,619	$14,735,703	
118		CCM	Iraq	Lower-middle	EMRO	MENA	HIV/AIDS	$2,744,098	$1,528,228	$4,272,326	$4,272,326	
119		CCM	Iraq	Lower-middle	EMRO	MENA	Malaria	$1,814,239	$1,365,005	$3,179,244	$6,543,244	
120		CCM	Kenya	Low	AFRO	EAIO	HIV/AIDS	$3,829,166	$9,857,092	$13,686,258	$26,767,049	

								Upper Ceiling			
No.	Proposal ID	Source	Country / Economy	World Bank Income Classification	WHO Region	TGF Cluster	Component	Year 1	Year 2	2 Years	Total up to 5 Years
121		CCM	Lesotho	Low	AFRO	S Africa	HIV/AIDS	$7,504,676	$7,640,454	$15,145,130	$52,727,643
122		CCM	Liberia	Low	AFRO	WCA	Malaria	$8,203,548	$7,355,271	$15,558,819	$29,368,547
123		CCM	Liberia	Low	AFRO	WCA	Tuberculosis	$2,759,843	$2,986,216	$5,746,059	$13,409,498
125		CCM	Madagascar	Low	AFRO	EAIO	HIV/AIDS	$13,147,618	$10,777,947	$23,925,565	$51,570,146
126		CCM	Madagascar	Low	AFRO	EAIO	Malaria	$39,437,818	$32,860,177	$72,297,995	$225,433,100
127		CCM	Madagascar	Low	AFRO	EAIO	Tuberculosis	$2,797,200	$1,284,876	$4,082,076	$8,736,174
128		CCM	Malawi	Low	AFRO	S Africa	HIV/AIDS	$18,534,268	$16,695,553	$35,229,821	$90,403,880
129		CCM	Malawi	Low	AFRO	S Africa	Malaria	$3,140,413	$14,855,677	$17,996,090	$64,952,812
130		RO	Côte d'Ivoire, Guinea, Liberia, Sierra Leone	Low	AFRO	WCA	HIV/AIDS	$11,850,435	$3,622,254	$15,472,689	$27,527,333
131		CCM	Mongolia	Low	WPRO	EAP	HIV/AIDS	$2,858,089	$2,356,416	$5,214,505	$12,138,067
132		CCM	Mozambique	Low	AFRO	S Africa	Tuberculosis	$8,423,747	$8,298,121	$16,721,868	$25,026,133
133		CCM	Namibia	Lower-middle	AFRO	S Africa	HIV/AIDS	$7,162,425	$6,150,525	$13,312,950	$50,303,667
134		CCM	Nepal	Low	SEARO	SWA	HIV/AIDS	$3,771,272	$4,967,920	$8,739,192	$29,034,173
135		CCM	Nepal	Low	SEARO	SWA	Malaria	$3,362,227	$1,825,419	$5,187,646	$17,863,993
136		CCM	Nepal	Low	SEARO	SWA	Tuberculosis	$2,200,185	$2,389,768	$4,589,953	$15,961,562
137		CCM	Nigeria	Low	AFRO	WCA	HIV/AIDS	$1,825,617	$2,010,468	$3,836,085	$22,599,482
138		CCM	Nigeria	Low	AFRO	WCA	Malaria	$28,374,195	$778,375	$29,152,570	$30,709,320
139		CCM	Pakistan	Low	EMRO	SWA	HIV/AIDS	$9,689,126	$12,138,146	$21,827,272	$73,733,095
140		CCM	Pakistan	Low	EMRO	SWA	Malaria	$3,741,011	$3,529,644	$7,270,655	$15,901,134
141		CCM	Pakistan	Low	EMRO	SWA	Tuberculosis	$11,914,349	$10,654,204	$22,568,553	$56,020,759
142		CCM	Peru	Lower-middle	AMRO	LAC	Tuberculosis	$12,072,832	$15,606,522	$27,679,354	$55,822,507
143		CCM	Rwanda	Low	AFRO	EAIO	Malaria	$4,131,499	$3,164,761	$7,296,260	$10,716,123
144		CCM	Sierra Leone	Low	AFRO	WCA	Malaria	$7,509,129	$13,027,084	$20,536,213	$28,436,907
145		CCM	Sierra Leone	Low	AFRO	WCA	Tuberculosis	$3,112,428	$3,489,680	$6,602,108	$15,264,339
146		CCM	Sri Lanka	Lower-middle	SEARO	SWA	Malaria	$3,604,457	$1,872,728	$5,477,185	$12,294,174
147		CCM	Sudan, North	Low	EMRO	MENA	HIV/AIDS	$15,052,223	$7,265,668	$22,317,891	$43,803,801
148		CCM	Sudan, North	Low	EMRO	MENA	Malaria	$15,512,598	$15,168,630	$30,681,228	$63,893,015
149		CCM	Sudan, North	Low	EMRO	MENA	Tuberculosis	$4,304,545	$3,425,223	$7,729,768	$15,323,718
150		Sub-CCM	Sudan, South	Low	EMRO	MENA	Malaria	$8,257,501	$6,775,051	$15,032,552	$35,214,675
151		CCM	Suriname	Lower-middle	AMRO	LAC	HIV/AIDS	$2,055,064	$1,507,201	$3,562,265	$6,962,300
152		CCM	Swaziland	Lower-middle	AFRO	S Africa	HIV/AIDS	$9,296,500	$9,341,389	$18,637,889	$67,462,405
153		CCM	Swaziland	Lower-middle	AFRO	S Africa	Malaria	$260,820	$282,408	$543,228	$1,542,370
154		CCM	Swaziland	Lower-middle	AFRO	S Africa	Tuberculosis	$1,102,720	$1,126,494	$2,229,214	$7,978,066
155		CCM	Tanzania	Low	AFRO	EAIO	HIV/AIDS	$25,141,162	$26,266,083	$51,407,245	$166,125,608
156		CCM	Tanzania	Low	AFRO	EAIO	Malaria	$47,802,006	$29,906,334	$77,708,340	$176,667,060
157		CCM	Thailand	Lower-middle	SEARO	EAP	HIV/AIDS	$8,546,011	$8,970,612	$17,516,623	$44,824,259
158		CCM	Thailand	Lower-middle	SEARO	EAP	Malaria	$796,345	$672,304	$1,468,649	$3,600,024
159		CCM	The Gambia	Low	AFRO	WCA	HIV/AIDS	$2,348,130	$1,889,130	$4,237,260	$11,871,620
160		CCM	Turkmenistan	Lower-middle	EURO	EECA	HIV/AIDS	$1,755,010	$1,635,658	$3,390,668	$8,218,242
161		CCM	Turkmenistan	Lower-middle	EURO	EECA	Malaria	$293,640	$259,910	$553,550	$1,162,887
162		CCM	Turkmenistan	Lower-middle	EURO	EECA	Tuberculosis	$1,941,422	$1,404,439	$3,345,861	$8,651,009
163		CCM	Uganda	Low	AFRO	EAIO	HIV/AIDS	$43,191,901	$68,318,437	$111,510,338	$190,774,209
164		CCM	Uganda	Low	AFRO	EAIO	Malaria	$65,482,671	$23,479,211	$88,961,882	$151,105,762
165		CCM	Uzbekistan	Low	EURO	EECA	HIV/AIDS	$2,081,888	$3,116,324	$5,198,212	$16,527,458
166		CCM	Yemen	Low	EMRO	MENA	Malaria	$2,765,300	$3,103,895	$5,869,195	$26,407,887
167		CCM	Zambia	Low	AFRO	S Africa	HIV/AIDS	$15,715,738	$15,102,849	$30,818,587	$94,301,252
168		CCM	Zambia	Low	AFRO	S Africa	Malaria	$1,663,850	$1,710,250	$3,374,100	$32,462,131
169		CCM	Zambia	Low	AFRO	S Africa	Tuberculosis	$4,948,504	$2,327,290	$7,275,794	$19,852,930
170		CCM	Zimbabwe	Low	AFRO	S Africa	HIV/AIDS	$17,386,634	$15,862,448	$33,249,082	$79,688,768
Category 3 - EURO								**€ 44,352,974**	**€ 41,972,311**	**€ 86,325,285**	**€ 220,549,629**
171		CCM	Benin	Low	AFRO	WCA	Malaria	€ 5,726,784	€ 5,406,242	€ 11,133,026	€ 31,549,241
172		CCM	Burkina Faso	Low	AFRO	WCA	Malaria	€ 4,220,281	€ 5,344,357	€ 9,564,638	€ 21,891,442
173		RO	Central African Republic, Congo, Gabon, Guinea-Bissau	Low, Upper-middle	AFRO	WCA	HIV/AIDS	€ 2,607,181	€ 2,625,831	€ 5,233,012	€ 12,883,089
174		CCM	Colombia	Lower-middle	AMRO	LAC	HIV/AIDS	€ 3,373,204	€ 6,456,582	€ 9,829,786	€ 22,414,387
175		CCM	Comoros	Low	AFRO	EAIO	HIV/AIDS	€ 1,862,226	€ 828,921	€ 2,691,147	€ 5,669,954
176		CCM	Comoros	Low	AFRO	EAIO	Malaria	€ 2,384,369	€ 777,488	€ 3,161,857	€ 6,282,430
177		CCM	Côte d'Ivoire	Low	AFRO	WCA	HIV/AIDS	€ 4,801,807	€ 4,732,425	€ 9,534,232	€ 39,347,440
178		CCM	Kosovo	Lower-middle	EURO	EECA	HIV/AIDS	€ 1,089,513	€ 1,089,833	€ 2,179,346	€ 4,658,085
124		CCM	Macedonia	Lower-middle	EURO	EECA	HIV/AIDS	€ 2,544,685	€ 2,161,359	€ 4,706,044	€ 11,756,084
179		CCM	Niger	Low	AFRO	MENA	HIV/AIDS	€ 2,609,844	€ 3,314,078	€ 5,923,922	€ 17,259,711
180		CCM	Niger	Low	AFRO	MENA	Tuberculosis	€ 2,992,663	€ 1,446,698	€ 4,439,361	€ 6,433,226
181		CCM	Senegal	Low	AFRO	WCA	Tuberculosis	€ 3,543,762	€ 2,617,992	€ 6,161,754	€ 11,730,756
182		CCM	Togo	Low	AFRO	WCA	HIV/AIDS	€ 6,596,655	€ 5,170,505	€ 11,767,160	€ 28,673,784

								Upper Ceiling			
No.	Proposal ID	Source	Country / Economy	World Bank Income Classification	WHO Region	TGF Cluster	Component	Year 1	Year 2	2 Years	Total up to 5 Years
Category 4 - USD								**$53,556,765**	**$51,854,440**	**$105,411,205**	**$182,207,736**
183		Non-CCM	ALB-MED (Kosovo)	Lower-middle	EURO	EECA	HIV/AIDS	$516,834	$221,275	$738,109	$738,109
184		Non-CCM	AMIRDF (Somalia)	Low	EMRO	MENA	HIV/AIDS	$350,000	$225,000	$575,000	$1,400,000
185		CCM	Armenia	Lower-middle	EURO	EECA	Malaria	$968,590	$747,790	$1,716,380	$2,804,333
186		RO	Burundi, Rwanda	Low	AFRO	EAIO	Malaria	$1,411,970	$1,594,211	$3,006,181	$3,923,349
187		Non-CCM	Nepal	Low	SEARO	SWA	HIV/AIDS	$3,531,882	$3,849,125	$7,381,007	$21,105,841
188		RO	Kenya, Uganda	Low	AFRO	EAIO	HIV/AIDS	$3,719,592	$3,706,556	$7,426,148	$19,693,769
189		RO	Burundi, DRC, Kenya, Rwanda, Uganda, Tanzania	Low	AFRO	EAIO, WCA	HIV/AIDS	$7,660,300	$8,720,200	$16,380,500	$35,398,100
190		CCM	Kenya	Low	AFRO	EAIO	Malaria	$1,923,838	$2,158,255	$4,082,093	$8,873,241
191		RCM	Ecuador, Guatemala, Mexico*, Nicaragua, Peru, Uruguay*	Lower-middle	AMRO	LAC	HIV/AIDS	$4,723,500	$7,466,250	$12,189,750	$28,955,156
192		RO	Belize*, Costa Rica*, El Salvador, Guatemala, Honduras, Nicaragua, Panama*	Lower-middle	AMRO	LAC	HIV/AIDS	$3,283,200	$2,835,000	$6,118,200	$13,518,001
193		RO	Benin, Burkina Faso, Central African Republic, Cote d'Ivoire, Liberia, Mali	Low	AFRO	WCA	Malaria	$25,467,059	$20,330,778	$45,797,837	$45,797,837
Category 4 - EURO								**€ 19,245,438**	**€ 18,563,660**	**€ 37,809,098**	**€ 96,136,341**
194		RO	Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe	Low, Lower-middle, Upper-middle	AFRO	S Africa, EAIO	HIV/AIDS	€ 10,157,410	€ 11,466,115	€ 21,623,525	€ 59,840,602
195		CCM	Gabon	Upper-middle	AFRO	WCA	Malaria	€ 3,362,193	€ 3,191,322	€ 6,553,515	€ 16,148,893
196		CCM	Niger	Low	AFRO	MENA	Malaria	€ 5,725,835	€ 3,906,223	€ 9,632,058	€ 20,146,846
Not Recommended Proposals							**Totals**	**$868,949,398**	**$803,611,093**	**$1,672,560,490**	**$4,051,985,080**

The Global Fund Clusters

EAP: East Asia & The Pacific
EAIO: East Africa & Indian Ocean
EECA: Eastern Europe & Central Asia
LAC: Latin America & The Carribean
MENA: Middle East & North Africa
S Africa: Southern Africa
SWA: South West Asia
WCA: West and Central Africa

* Not eligible as a single CCM applicant but able to be minority in multi-country proposal
** Proposal in Euros - UN official exchange rate effertive at1 November 2006 - 1EUR = 1.2723 USD

List of Recommended Category 2B Proposals, prioritized according to the Composite Ranking of those Proposals in compliance with the Board's decision entitled 'Prioritization in Resource Constrained Environments' (GF/B8/2, p.13)

Prioritization amongst component proposals recommended by the TRP in category 2B

						Criteria			*Upper Ceiling*		
No.	Proposal ID	Source	Country / Economy	World Bank Income Classification	Component	Poverty	Disease burden	Composite index	2 Years	Total up to 5 Years	Balance Funding need category 2B (2 Years)
Total Recommended Category 1 and 2 Proposals (57 components)									**$505,495,248**	**$1,126,888,102**	
Prioritization among component proposals recommended by the TRP in category 2B											**$340,907,934**
Proposals with Composite Index 8											
58		CCM	Ethiopia	Low	Tuberculosis	4	4	8	$12,104,974	$44,434,133	
59		CCM	Guinea	Low	Malaria	4	4	8	$17,349,399	$26,978,927	
60		CCM	Guinea-Bissau	Low	Malaria	4	4	8	$3,438,484	$12,816,656	
61		CCM	Lesotho	Low	Tuberculosis	4	4	8	$3,829,664	$6,581,970	
62		CCM	Mali	Low	Malaria	4	4	8	$9,222,572	$26,659,632	
63		CCM	Mozambique	Low	Malaria	4	4	8	$25,591,825	$36,747,308	
64		CCM	The Gambia	Low	Malaria	4	4	8	$9,723,455	$20,813,258	
65		CCM	Zanzibar**	Low	HIV/AIDS	4	4	8	$3,825,619	$8,792,041	
Proposals with Composite Index 8:Funding Request (USD)									**$85,085,992**	**$183,823,925**	
66		CCM	Côte d'Ivoire	Low	Tuberculosis	4	4	8	€ 2,742,595	€ 5,555,629	
67		CCM	Togo	Low	Tuberculosis	4	4	8	€ 2,215,481	€ 4,765,992	
Proposals with Composite Index 8: Funding Request (EUR)									**€ 4,958,076**	**€ 10,321,621**	
Proposals with Composite Index 8: Funding Request (USD Equivalent)									**$91,394,152**	**$196,956,123**	
Total Recommended Category 1, 2 and 2B (8)									**$596,889,400**	**$1,323,844,225**	
Proposals with Composite Index 6											
68		CCM	Thailand	Lower-middle	Tuberculosis	2	4	6	$7,726,769	$19,627,001	
Proposals with Composite index 6: Funding Request									**$7,726,769**	**$19,627,001**	
Recommended Category 1,2, 2B (8) and 2B (6)									**$604,616,169**	**$1,343,471,226**	
Proposals with Composite Index 5											
69		CCM	Bangladesh	Low	HIV/AIDS	4	1	5	$13,998,844	$40,002,452	
70		CCM	Bhutan	Low	HIV/AIDS	4	1	5	$1,812,825	$3,596,325	
71		CCM	India	Low	HIV/AIDS	4	1	5	$75,954,670	$259,211,574	
72		CCM	Liberia	Low	HIV/AIDS	4	1	5	$13,857,723	$44,281,569	
73		CCM	Tajikistan	Low	Tuberculosis	4	1	5	$7,500,683	$15,826,135	
74		CCM	Vietnam	Low	HIV/AIDS	4	1	5	$10,219,180	$28,771,590	
Proposals with Composite Index 5: Funding Request									**$123,343,925**	**$391,689,645**	
Recommended Category 1,2, 2B (8), 2B (6) and 2B (5)									**$727,960,094**	**$1,735,160,871**	
Proposals with Composite Index 3											
75		CCM	Belarus	Lower-middle	Tuberculosis	2	1	3	$6,083,814	$14,774,359	
76		CCM	Bosnia and Herzegovina	Lower-middle	Tuberculosis	2	1	3	$3,302,606	$6,880,708	
77		CCM	China	Lower-middle	Malaria	2	1	3	$7,047,932	$16,808,186	
78		CCM	Egypt	Lower-middle	Tuberculosis	2	1	3	$5,375,548	$9,965,390	
79		CCM	Maldives	Lower-middle	HIV/AIDS	2	1	3	$2,655,685	$4,865,956	
80		CCM	Peru	Lower-middle	HIV/AIDS	2	1	3	$26,396,819	$41,348,625	
81		CCM	Philippines	Lower-middle	HIV/AIDS	2	1	3	$7,474,964	$18,434,190	
82		CCM	Philippines	Lower-middle	Malaria	2	1	3	$16,297,659	$22,344,786	
83		CCM	Sri Lanka	Lower-middle	Tuberculosis	2	1	3	$5,190,641	$14,291,187	
84		CCM	Ukraine	Lower-middle	HIV/AIDS	2	1	3	$29,649,187	$151,077,434	
Proposals with Composite Index 3 (USD)									**$109,474,855**	**$300,790,821**	
85		CCM	Bulgaria	Lower-middle	Tuberculosis	2	1	3	€ 7,048,835	€ 15,486,685	
Proposals with Composite Index 3: Funding Request (EUR)									**€ 7,048,835**	**€ 15,486,685**	
Proposals with Composite Index 3: Funding Request (USD Equivalent)									**$118,443,088**	**$320,494,530**	
All category 2B Proposals (with Composite Indexes 8,6,5,3)									**$340,907,934**	**$928,767,300**	
Recommended Category 1,2, 2B (8), 2B (6), 2B (5) and 2B (3)									**$846,403,182**	**$2,055,655,402**	

Status of Implementation by the Secretariat of Recommendations from Round 5 to Further Strengthen the Proposals Management Processes of the TRP and the Secretariat

Recommendation	Source	Round 6 Outcome
Firm deadline for "screening clarifications"	Euro Health Group Report Executive Summary & Round 5 Report	1 September 2006 end date for technical screening for application completeness
Strengthen TRP membership from recipient countries	Euro Health Group Report Executive Summary	Increased regional representation for Round 7 to 8 pool and Round 6 casual vacancies filled by recipient continent block wherever possible
TRP "category 3 comments" should be strengthened to inform countries of the "reason" for the outcome	Euro Health Group Report Executive Summary & Secretariat	Round 6 TRP review form reformatted (mildly) and a newly introduced "Day 1 – Lessons Learned" session with TRP & Secretariat to further explain country feedback on level of understanding of reasons for Round 5 outcomes, and the further guidance that countries believe would be useful
Standardized country contextual information & potential 'information packs'	Euro Health Group Report Executive Summary, Round 5 Report & Secretariat	Uniform information supplied to the TRP members for countries for which data is available. Internal to the Secretariat, screeners operating on 'buddy' system with Clusters to strengthen the consistency of information on grants
TRP internal self-audit to add to existing internal quality assurance processes	Euro Health Group Report Executive Summary	Discussions between the TRP and the Chair of the TERG as part of an ongoing focus by the TRP on quality assurance.
2 week training of clerk (screening team) on Global Fund processes to strengthen the accuracy and consistency of the screening process	Secretariat	Comprehensive induction on CCM requirements and Global Fund grant processes undertaken over 25 July to 3 August 2006 (closing date of Round 6)

Tenure of TRP members serving in Round 6

	Surname	First name	Gender	Nationality	WHO Region	Rounds 1	2	3	4	5	6
HIV/AIDS (8)	**Godfrey-Faussett	Peter	M	UK	EURO						
	Hoos	David	M	USA	AMRO				Not served		
	Sikipa	Godfrey	M	Zimbabwe	AFRO						
	Burrows	David	M	Australia	WPRO						
	Sow	Papa Salif	M	Senegal	AFRO						
	Tregnago Barcellos	Nemora	F	Brazil	AMRO						
	Kenya	Patrick	M	Kenya	AFRO						
	***Gupta	Indrani	F	India	SEARO						
Malaria (5)	Chimumbwa	John Mulenga	M	Zambia	AFRO						
	Beljaev	Andrei	M	RF	EURO						
	Genton	Blaise	M	Switzerland	EURO						
	Rojas De Arias	Gladys	M	Paraguay	AMRO						
	Burkot	Thomas	F	USA	AMRO						
Tuberculosis (5)	Norval	Pierre-Yves	M	France	EURO						
	Pio	Antonio	M	Argentina	AMRO						
	Ditiu	Lucica	F	Romania	EURO						
	Kumaresan	Jacob	M	India	SEARO						
	El Sony	Asma	F	Sudan	EMRO						
Cross-cutting (11)	*Broomberg	Jonathan	M	S.Africa	AFRO						
	Hsu	LeeNah	F	USA	AMRO						
	Simmonds	Stephanie	F	UK	EURO						
	Toole	Michael James	M	Australia	WPRO						
	Decosas	Joseph	M	Germany	EURO						
	Alilio	Martin S.	M	Tanzania	AFRO						
	Nuyens	Yvo	M	Belgium	EURO						
	McKenzie	Andrew	M	S.Africa	AFRO						
	Boillot	Francois	M	France	EURO						
	Gupta	Shiv Dutt	M	India	SEARO						
	Brandrup-Lukanow	Assia	F	Germany	EURO						

* TRP Chair for Round 6
** TRP Vice Chair for Round 6 and Chair for Rounds 7 and 8
*** Selected by TRP as Vice Chair for Rounds 7 and 8

Round 6 – TRP Membership by WHO Region, and By Gender for all Persons Serving as TRP Members in Round 6