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The Global Fund

To Fight AIDS, Tuberculosis and Malaria

**GF/07/EDP
Decision**

**REPORT OF THE TECHNICAL REVIEW PANEL AND THE SECRETARIAT
ON FUNDING RECOMMENDATIONS FOR
WAVE 1 ROLLING CONTINUATION CHANNEL PROPOSALS**

OUTLINE:

This report provides an overview of the Wave 1 Rolling Continuation Channel (RCC) proposals process and the Technical Review Panel (TRP) recommendations for funding, key trends observed in Wave 1 RCC, and lessons learned by the TRP and the Secretariat.

EXECUTIVE SUMMARY:

1. At the Fourteenth Board meeting, the Global Fund introduced a new funding channel, the RCC, as an alternative to the existing Rounds-based channel proposals process. The RCC is a by-invitation only proposals application process, and the Secretariat's Qualification Panel is responsible for making determinations on RCC qualification for grants presented for consideration by the portfolio cluster.
2. Consistent with the RCC decision point, qualification determinations have been made on a rolling basis, with qualification meetings already held for all grants expiring up to 30 June 2008 (Wave 1), and those grants expiring between 1 July 2008 and 30 September 2008 (Wave 2, having a closing date for applications of 30 November 2007).
3. Of the 11 Wave 1 qualified applicants, ten applications were received and the eleventh notified the Global Fund that the Round 6 approved proposal continued and expanded on the qualified grant. After review of supporting documents, each applicant was determined compliant with the minimum requirements for applicant eligibility by the Secretariat's Screening Review Panel. All ten Wave 1 RCC proposals were forwarded to the TRP for review. Different from the Rounds-based channel, under the RCC proposals process, each proposal comprises only one disease component.
4. The TRP met to review the Wave 1 RCC proposals during a special purpose RCC TRP meeting, held over 12 and 13 September 2007. In this meeting, the TRP comprised ten reviewers, including the TRP Chair. Five of the persons serving on the TRP for this meeting were former TRP members who were called upon under the flexibilities provided for in the RCC decision point.
5. The TRP recommends five of the ten Wave 1 RCC proposals as 'Recommended Category 2 Proposals' (there were no recommended Category 1 or Category 4 proposals), and the TRP's recommendations are set out in Annex 2 to this paper.

6. The total upper ceiling for recommended Wave 1 RCC proposals is US\$ 129.7 million for three years and US\$ 207.1 million for up to six years. This recommendation takes into account the TRP's recommendation that two of the proposals be approved by the Board conditional upon the removal, for technical reasons, of a limited set of specific elements. The amounts referred to in this paragraph take those required adjustments into account, with the recommended reductions being made in respect of two malaria proposals.

7. HIV/AIDS represents one of the recommended proposals and 23 percent of the total upper ceiling budget request. Malaria accounts for three of the recommended proposals and 73 percent of the total budget request. Tuberculosis accounts for one of the recommended proposals and 4 percent of the total budget request.

Decision Point:

- 1. The Board approves for funding for up to an initial three years, subject to paragraph 2 below, the Rolling Continuation Channel proposals recommended for funding by the Technical Review Panel (TRP) and listed in Annex 2 to this report with the clear understanding that the grant amounts requested are upper ceilings subject to TRP clarifications and grant negotiations rather than final approved grant amounts.**
- 2. The applicants whose proposals are recommended for funding (as 'Recommended Category 2 proposals') shall:**
 - i. provide an initial detailed written response to the requested TRP clarifications and adjustments by no later than four weeks after notification in writing by the Secretariat to the applicant of the Board's decision; and**
 - ii. conclude the TRP clarifications process, as indicated by the written approval of the Chair and Vice Chair of the TRP, not later than two months from the Secretariat's receipt of the applicant's initial detailed response to the issues raised for clarification and/or adjustment.**
- 3. The Board declines to approve for funding those proposals categorized by the TRP as 'Recommended Category 3 Proposals' as indicated in Annex 2, although such applicants are encouraged to resubmit a proposal in a future funding round after major revision of such proposal.**

There are no material budgetary implications of this decision.

PART 1: BACKGROUND

1. At its Fourteenth Board meeting in November 2006, the Global Fund Board (the Board) approved the establishment of a new funding mechanism entitled the Rolling Continuation Channel (RCC).¹ The RCC enables strong performing grants that are reaching the end of their five year funding under the Global Fund Rounds-based funding channel, and that meet the Board's qualification criteria, to apply for new funding for a maximum of six years.

2. On 16 April 2007, the Global Fund issued its first invitations to apply for funding through the RCC (Wave 1 RCC).

3. This report presents the Technical Review Panel's (TRP) funding recommendations for Wave 1 RCC and lessons learned. It should be read in conjunction with the following Annexes:

Annex 1: List of TRP reviewers for the Wave 1 RCC TRP meeting

Annex 2: List of proposals reviewed by the TRP, in the category in which they are recommended to the Board

Annex 3: TRP Review Form for each eligible disease component reviewed by the TRP

Annex 4: Full text of all Proposals

4. Annexes 1 and 2 are provided with this report. Annexes 3 and 4 are provided on an electronic and confidential basis as supplementary documents to Board members, for the purpose of assisting Board delegations to consider the funding recommendations of the TRP to the Board.

5. Subject to the Board's decision on funding (to be undertaken through an electronic vote), the material within Annex 4 will be disclosed on the Global Fund's website as soon as possible after the Board decision on funding. The materials comprised in Annex 3, consistent with Board policy, will be provided direct to the original applicant, for review, consideration of a possible appeal (as relevant) and dissemination to in-country stakeholders.

Overview of RCC qualification

6. At the date of issue of this report, all grants under the original Rounds-based proposal channel with expiry dates of up to 30 June 2008 (Wave 1 potential qualifiers), and those between 1 July 2008 to 30 September 2008 (Wave 2 potential qualifiers) have been reviewed for potential qualification under the RCC. This forward determination of qualification has been undertaken to facilitate, to the extent possible, technically sound and Board approved RCC proposals being signed and first disbursements made in line with the end date of the original Rounds-based proposal.²

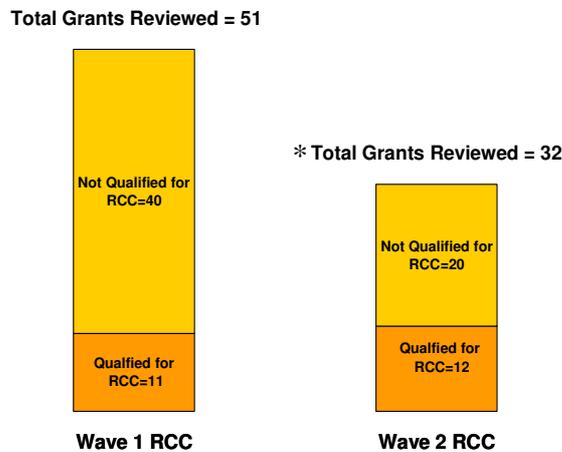
7. As demonstrated by figure 1 below, 22 percent of the grants expiring up to 30 June 2008 were invited to apply under the Wave 1 RCC proposals process. 37.5 percent of grants expiring between 1 July 2008 and 30 September 2008 have been invited to apply under Wave

¹ Refer to the decision point entitled "Establishment of a Rolling Continuation Channel" GF/B14/DP9 available at <http://www.theglobalfund.org/en/about/board/fourteenth/boardmeetingdocs/>

² In the paper entitled "Report of the Policy and Strategy Committee" (GF/B16/6), architectural issues of the Rolling Continuation Channel are identified, including an explanation of situations where certain grants may not have sufficient funding to carry all grant activities through to approval of a new Rounds-based proposal, or a RCC proposal (subject to qualification) under the current model.

2, with a closing date of 30 November 2007. This report sets out the TRP's recommendations only in respect of Wave 1 RCC proposals.

Figure 1 – Determination of Qualification for RCC Wave 1 and Wave 2



* Includes both Ghana Round 2 and Round 4 Malaria grants, which are recommended for consolidation.

Support to in-country Wave 1 RCC proposal development processes

8. The Secretariat supported the Wave 1 RCC proposal development process to the extent appropriate, having regard to potential conflicts of interest. Specifically:

- i. an extensive real-time 'Frequently Asked Questions' page was launched in all six official United Nations languages at the same time as the invitation to apply for RCC funding;
- ii. applicant enquiries were responded to by the Secretariat within one business day of receipt of the enquiry; and
- iii. the Secretariat participated in regionally located meetings (primarily to support the broad dissemination of Round 7 information) at which Wave 1 RCC qualified applicants engaged in detailed discussions with the Secretariat on material differences between the RCC and Rounds-based channel proposals process, available tools to support proposal development, and the specific need to clearly describe how the request for RCC funding was not duplicating other funding received or anticipated to be received from known sources over the same period.

Closing Date for RCC Proposals and Number of Proposals Received

9. By 16 July 2007, the closing date for Wave 1 RCC proposals, nine proposals had been received by the Secretariat from the ten potential single country qualifying Country Coordinating Mechanisms. One multi-country applicant involved in the Global Fund's pilot grant consolidation project was given a non-material extension of time during which to prepare its proposal, by reason that consolidation activities had dominated the early part of the intended proposal preparation time. This proposal was subsequently submitted within the extension period granted by the Secretariat under the Board approved ability for the

Secretariat to modify policies and procedures for the purposes of giving full effect to the grant consolidation pilot project.³

10. One qualified applicant did not apply for RCC funding, by reason that the applicant had secured 'continuation funding' in Round 6.

11. It is noteworthy that three of the applicants applying for funding under the Wave 1 RCC also submitted proposals under the Round 7 for the same disease component.

PART 2: PROPOSAL SCREENING FOR ELIGIBILITY AND COMPLETENESS

1. As with the Rounds-based funding channel, the Global Fund Secretariat undertook the Wave 1 RCC proposal screening process staffed with a number of pre-trained support personnel (the Screening Team). Each Wave 1 RCC proposal was screened by the Screening Team for completeness and for eligibility. The screening process was completed within two weeks, noting that the proposals from Wave 1 RCC applicants were largely complete when submitted, and proposal eligibility information generally well completed.

2. The Secretariat's Screening Review Panel determined by consensus vote that all ten applicants met the minimum eligibility requirements.

PART 3: THE TRP REVIEW PROCESS FOR ELIGIBLE RCC WAVE 1 PROPOSALS

TRP Membership

1. In line with the TRP Terms of Reference for the review of RCC proposals, ten TRP reviewers, with a mix of expertise covering all three diseases, met in London over 12 to 13 September 2007 to review eligible Wave 1 RCC proposals. Additional detail on the membership is set out in Annex 1 to this report.

2. Part of the first morning of the Wave 1 RCC TRP meeting was used by the TRP to consider more fully the RCC proposals process, and the general guiding principles of the Board regarding qualification of applicants. Members of the Global Fund Secretariat participated in this session, providing a brief summary of the background of the RCC process and the qualification process. This session was helpful, and highlighted a number of aspects which the TRP came back to for further discussion throughout the review process.

3. As with the Rounds-based review process (more fully detailed in the document entitled 'Report of the TRP and Secretariat on Round 7 Proposals', GF/B16/5), TRP members worked in small groups, with plenary discussion taking place on the afternoon of both days.

TRP Review of RCC Wave 1 Proposals

4. Five component proposals were reviewed on each day of the TRP meeting. On the day of, or day prior to review, component proposals were distributed among TRP sub-groups comprised of two disease-specific experts, and one or two cross-cutting expert(s).

5. Each application was thus reviewed in depth by disease experts and cross cutters, with a disease-specific expert acting as a primary reviewer, and a cross-cutting expert acting as a secondary reviewer. The TRP sub-groups met each day to discuss the funding requests and

³ Refer to the decision taken by the Board at its Fourteenth meeting (GF/B14/DP7, Annex 2).

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.

6. The ten TRP reviewers then met for approximately three 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 TRP sub-group by one of the reviewers, followed by full group discussion and determination of the final grading of the proposal and final wording of the report (known as the TRP Rolling Continuation Channel Review Form, as set out in Annex 3 to this report). For proposals in which consensus was not easily achieved, a further discussion was held during the final day's plenary session, following further review of the material and discussion within the TRP sub-group.

7. Proposals were recommended by the TRP in one of the four following categories, as requested by the Board. All decisions of the TRP were achieved by consensus:

- i. Category 1 Proposals: Recommended proposals with no clarifications.
- ii. Category 2 Proposals: Recommended proposals provided clarifications are met within a limited timeframe (four weeks and any further adjustments completed within 2 months).
- iii. Category 3 Proposals: Not recommended for approval in its present form but encouraged to resubmit the proposal under the Rounds-based channel following major revision.
- iv. Category 4: Rejected. These applications are not recommended for funding as the proposal was deemed to be "materially different", and as such, must be submitted through the Rounds based channel.

8. Specifically, the TRP felt comfortable with the Board mandated ability to recommend proposals for funding conditional upon the removal of a limited set of specific elements from the proposal. This is further discussed in part 5.3 below.

9. However, the TRP did not request clarifications that would lead to a 'reshaping' of the proposals under consideration in order to be comfortable to recommend the proposal for funding, as the TRP believes that this should not be its role. That is, the TRP did not recommend a proposal conditional on the removal of a limited set of specific elements and, simultaneously, recommend that such amounts be 'reprogrammed' into other areas of the proposal. In these situations, the TRP believes that its mandate is to provide very clear feedback to applicants through clearly expressed weaknesses being identified for consideration and possible attention by applicants in future applications for funding.

10. Consistent with the Rounds-based proposal review process, the entire review process, including the review on the final day, took no account of the availability of funds.

11. However, different from the Rounds based proposal review of proposals from applicants who had also submitted Wave 1 RCC proposals (Round 7 proposals were read without regard to the funding requested in these proposals), the TRP did take particular care to cross-reference the Round 7 proposal with the Wave 1 RCC proposal where the applicant had been recommended for funding by the TRP in respect of that Round 7 same disease component proposal. This was undertaken to ensure appropriate regard was made to questions of

potential overlap, overall feasibility, and absorptive capacity where the same Principal Recipient was nominated in both proposals.

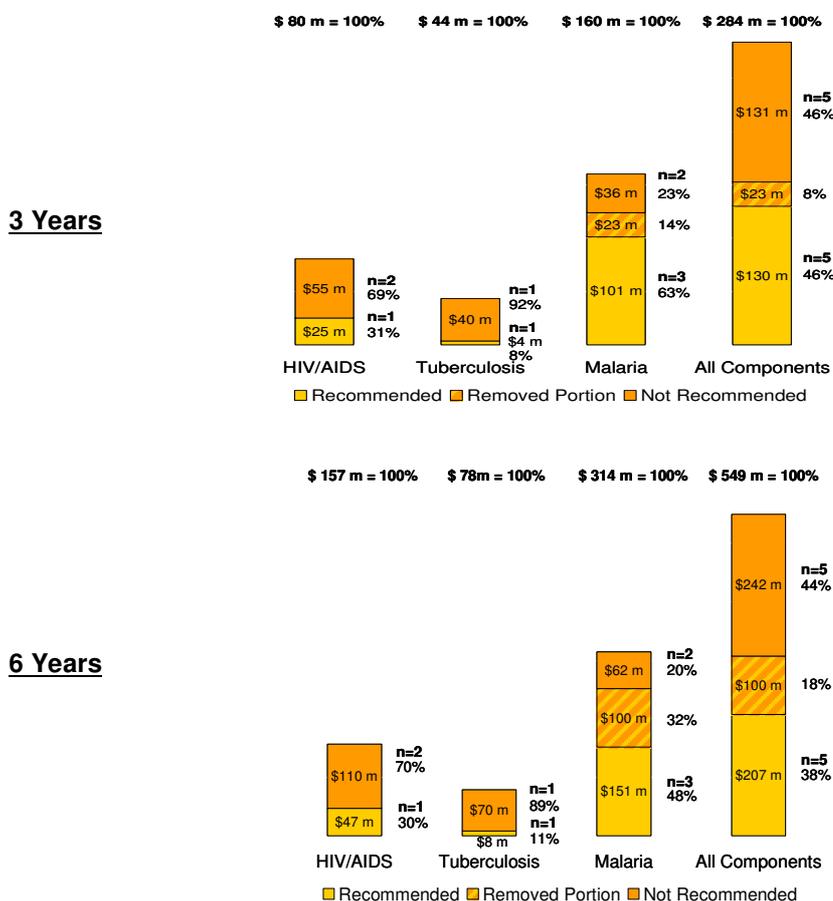
PART 4: RECOMMENDATIONS TO THE BOARD

1. The TRP recommends 5 component proposals for approval. The maximum upper ceiling recommended by the TRP to the Board for approval for these proposals is:

- i. **US\$ 129.7 million for three years;** and
- ii. **US\$ 207.1 million for up to six years.**

2. Figure 2 below summarizes the breakdown of components recommended and not recommended by the TRP in Wave 1 RCC over three years and six years, as well as the total amount recommended for removal by the TRP.

Figure 2 – Wave 1 RCC TRP recommendations



3. As indicated in figure 2 above, 8 percent of the three year upper ceiling (US\$ 23m) and 18 percent of the six year upper ceiling (US\$ 100m) is recommended to be removed by the TRP as part of the TRP’s overall recommendation for funding. This reduction is recommended in respect to malaria proposals only, and specifically in respect of certain requests for commodities in years two to six, where the TRP believes that such requests were not appropriate or sound in the context presented in the proposal.

4. Table 1 below depicts the total requested and total recommended components according to the World Bank classification of income level. As for Round 7, the income classification for applicant countries for Wave 1 RCC was set at 1 July 2006. No Upper-middle income applicants were qualified for Wave 1 RCC.

Table 1 – Recommended components by World Bank classification

	Low Income			Lower Middle		
	Components	3 Year	6Year	Components	3 Year	6Year
Wave 1						
W1 Total Requested	5	\$171 m	\$345 m	5	\$113 m	\$204 m
W1 Total Recommended	4	\$105 m	\$160 m	1	\$25 m	\$47 m

Note: Low Income includes the MCWP application

Part 5: TRP OBSERVATIONS AND LESSONS LEARNED FROM WAVE 1 RCC PROPOSAL REVIEW

RCC Membership and Review Process

1. TRP members felt that it is useful to involve TRP members currently serving on the TRP in respect of Rounds-based proposals in the RCC proposal review process, as well as former TRP reviewers. Members also felt that the Wave 1 RCC review group size was adequate (minimum two disease experts per disease, subject to the components included in each wave, and a good balance of experts and cross-cutters).
2. All TRP members noted that the time required to review RCC proposals is at least equal to that in the Rounds-based proposal review channel and potentially greater due to an increased need to review linkages with existing Global Fund grants and the relative additionality of requests compared to other in-country support.

Wave 1 RCC Proposal Form and Guidelines

3. TRP members believe that the RCC Proposal Form and Guidelines are generally strong. However, in its recommendations session, the TRP discussed whether it would be possible to request applicants to provide more detail in the objectives and activities section of the proposal (e.g., how many people will be reached, and who will do the work). It was recommended that an additional question on the Proposal Form regarding potential overlap between RCC proposals and Rounds-based proposals would be helpful. The TRP recommending that a strong example from the Wave 1 RCC proposal review process guide the Secretariat in their development of an optional tool for use by Wave 2 and 3 applicants (allowing sufficient time for additional lessons learned to be incorporated into the process before, potentially, other changes are recommended to the forms and processes).
4. The TRP also noted that, overall, the explanation of allowable changes in scope and scale in the Proposal Form appeared adequate, and none of the proposals reviewed were found to be materially different (and were therefore required to be rejected on this ground).

General Issues Regarding Wave 1 RCC Proposals

5. As noted above, the TRP recommended five of Wave 1 RCC proposals for funding. Although the proposals were all submitted from applicants who are currently implementing grants relatively successfully, the TRP ensured that it followed the decision of the board that “rolling continuation proposals shall undergo a level of independent technical review as rigorous as that for the rounds-based channel”⁴. That is, the proposals were considered as a request for new funding, rather than proposals with pre-confirmed access to funding.

6. Overall, several of the proposals reviewed had similar weaknesses to those reviewed during Round 7. One of the major weaknesses in several proposals was the failure to demonstrate clearly the additionality of the request for Global Fund investment when viewed in conjunction with existing investments by the Global Fund and other donors. When compared with the targets already set for existing grants that have only just started, it was not clear for some proposals that continuation of expiring grants would bring incremental benefit. As noted in the Report of the TRP and Secretariat for Round 7, this is also a common problem in the Rounds-based channel and is likely to remain a challenge until there is better coordination and integration between different grants and different donors.

7. Another weakness related to failure to take into account changes in the epidemic and in the context in which the epidemic is occurring. RCC grants will provide funding for an additional six years, to continue, when appropriate to the context, interventions that have run for three to five years by the time of TRP re-review. Programs that have been supported by the Global Fund and other donors for over a decade (that is, at the end of the anticipated RCC phase) should be expected to have an impact on the epidemiology of the three diseases. The RCC phase of such grants should, in particular, take into account any changed context and lessons learned, and focus on strategies that are necessary to reach universal coverage of those persons in need of services, if Global Fund support is to continue to have a significant impact.

8. The TRP was concerned that the information available to them to assess the performance of previous grants, and in particular the Grant Performance Reports and Qualification Scorecard, was of variable quality. In several cases, the TRP found it hard to ascertain why a grant had qualified for the RCC. Some reports appeared to be out of date and some important indicators were either omitted or completed as zero. With the increasing importance of interpreting performance of existing grants both for the RCC and for the Rounds-based channel, the TRP strongly recommends a thorough review and strengthening of the collection of data, collation, and reporting of indicators.

9. For the Rounds-based reviews, the TRP has been able to recommend removing minor elements of a proposal that are technically unsound. However, if this technically weak element is a large proportion of proposed interventions, then the whole proposal is not recommended for funding⁵. In contrast, for the RCC the Board has approved a broader mandate. The TRP may recommend removing a limited set of specific elements of a proposal without jeopardizing the entire proposal. Indeed, for two of the five proposals recommended for funding in Wave 1 RCC, the TRP recommended the proposal conditional on the removal of a set of specific elements. This recommendation was made having regard to the overall timing of the proposed elements and the described rationale for their inclusion, and a consideration of recommended good practice. The mandate to recommend for funding

⁴ Refer to the decision taken by the Board at its Fourteenth meeting (GF/B14/DP9).

⁵ Refer to discussion on this aspect of the TRP review process in the document entitled 'Report of the Technical Review Panel and the Secretariat on Round 6 Proposals, at paragraph 11, part 5.1 (GF/B14/10, revision 2).

technically sound proposals, subject to the removal of distinct elements that detract from the overall feasibility or appropriateness of the proposal, is a positive aspect of the RCC.

10. The Secretariat informed the TRP at the start of the RCC meeting that half of the Wave 1 and Wave 2 RCC qualifiers also submitted a Round 7 proposal. Specifically, eight of the 11 Wave 2 qualifiers submitted a Round 7 proposal for the same disease component. This has potential to cause significant confusion and duplication for applicants and reviewers. Without changes to the schedule for application, applicants will need to submit proposals without knowing the outcome of their Rounds-based proposals. In addition, changing the timing of the RCC schedule may interfere with the timing of the assessment of qualification compared to the original Board understanding, and may lead to greater need for bridge funding given the process of application, review, recommendation, and grant negotiation. As such, a move to a more synchronized schedule for the Rounds-based channel and the RCC waves may be necessary.

11. The TRP welcomes the emphasis on performance inherent in the RCC. The TRP also recognizes that performance of current grants already forms a part of the current review criteria for the Rounds-based channel. It may be possible to modify the review criteria so that for both RCC and Rounds-based proposals, the TRP more explicitly considers the performance of expiring grants.

12. Although RCC proposals are intended to provide funding for an additional six years and Rounds-based proposals only run for a maximum of five years, this is not a major time difference. The TRP believes that there could be advantages to extending the Rounds-based grant period to cover six years, since the Phase 1 review may already occur too early to judge the likelihood of making an impact.

13. The TRP would, therefore, probably support merging the RCC and Rounds-based channels in order to minimize confusion for applicants and for proposal review. This would require significant changes to the current review process and the implications of such changes would need further discussion.

14. The TRP was very satisfied with the Global Fund Secretariat preparations prior to their meeting. Clarifications, screening for eligibility and provision of both proposal materials and other background information for review were performed to the high standard that the TRP has now come to expect of the team. Similarly, the logistics arrangements during the meeting were of a very high standard.

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**GF/07/EDP
Annex 1**

List of TRP reviewers for the Wave 1 RCC TRP meeting

No.	Surname	First name	Expertize	Gender	Nationality	Rounds served										
						1	2	3	4	5	6	7				
1	Godfrey-Faussett	Peter (Chair)	HIV/AIDS	M	UK											
2	Alilio	Martin S.	Cross cutting and malaria	M	Tanzania											
3	Decosas	Josef	Cross cutting	M	Germany											
4	Fujiwara	Paula	Tuberculosis	F	USA											
5	Gordon	Sarah	Cross cutting	F	Guyana											
6	Griekspoor	Wilfred	Cross cutting	M	Netherlands											
7	Majori	Giancarlo	Malaria	M	Italy											
8	Malinowska-Sempruch	Kasia	HIV/AIDS	F	USA											
9	Simmonds	Stephanie	Cross cutting	F	UK											
10	Tregnago-Barcellos	Nemora	HIV/AIDS	F	Brazil											

Current TRP Members
Former TRP members

Rounds served
Rounds not served



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Annex 2

List of proposals reviewed by the TRP, in the category in which they are recommended to the Board

No.	Source	Country / Economy	World Bank Income Classification	WHO Region	TGF Cluster	Component	Applicant Requested funding					TRP recommendations				
							Year 1	Year 2	Year 3	3 Years (Phase 1)	Total up to 6 Years (Lifetime)	TRP Recommended Reduction as Applicable (Phase 1)	TRP Recommended Reduction as Applicable (Lifetime)	Final TRP Recommended Upper Ceiling Funding for 3 Years (Phase 1)	Final TRP Recommended Upper Ceiling Funding for up to 6 Years (Lifetime)	
Category 2 - USD																
1	CCM	Burundi	Low income	AFRO	EA	Malaria	\$10,724,225	\$4,825,166	\$4,144,760	\$19,694,151	\$33,757,517	\$0	\$0	\$19,694,151	\$33,757,517	
2	CCM	Honduras	Lower-middle income	AMRO	LAC	HIV	\$8,839,146	\$8,200,715	\$8,081,333	\$25,121,194	\$47,187,023	\$0	\$0	\$25,121,194	\$47,187,023	
3	CCM	Mongolia	Low income	WPRO	EAP	Tuberculosis	\$1,247,719	\$734,027	\$1,571,983	\$3,553,729	\$8,454,963	\$0	\$0	\$3,553,729	\$8,454,963	
4	CCM	Rwanda	Low income	AFRO	EA	Malaria	\$14,010,871	\$9,054,959	\$7,902,137	\$30,967,967	\$95,590,956	\$9,621,150	\$45,640,987	\$21,346,817	\$49,949,969	
5	CCM	Tanzania	Low income	AFRO	EA	Malaria	\$37,587,021	\$18,670,560	\$16,931,084	\$73,188,665	\$122,190,009	\$13,191,294	\$54,454,130	\$59,997,371	\$67,735,879	
Recommended Proposals							Totals	\$72,408,982	\$41,485,427	\$38,631,297	\$152,525,706	\$307,180,468	\$22,812,444	\$100,095,117	\$129,713,262	\$207,085,351
Category 3 - USD																
6	CCM	China	Lower-middle income	WPRO	EAP	Tuberculosis	\$17,823,387	\$10,454,999	\$11,348,351	\$39,626,737	\$70,324,191					
7	CCM	Cuba	Lower-middle income	AMRO	LAC	HIV	\$6,555,216	\$2,679,795	\$2,486,080	\$11,721,091	\$24,457,943					
8	CCM	Haiti	Low income	AMRO	LAC	HIV	\$14,446,386	\$14,383,212	\$14,677,939	\$43,507,537	\$85,057,749					
9	CCM	Honduras	Lower-middle income	AMRO	LAC	Malaria	\$2,351,908	\$1,845,348	\$1,836,774	\$6,034,030	\$9,999,888					
10	RCM	MCWP	Mixed	WPRO	EAP	Malaria	\$12,430,362	\$9,184,207	\$8,502,108	\$30,116,677	\$52,290,554					
Not Recommended Proposals							Totals	\$53,607,259	\$38,547,561	\$38,851,252	\$131,006,072	\$242,130,325				

RCM MCWP - Solomon Islands and Vanuatu

The Global Fund Clusters

EAP East Asia and Pacific
EA East Africa & Indian Ocean
LAC Latin America & The Caribbean

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