



Investing in our future

# The Global Fund

To Fight AIDS, Tuberculosis and Malaria

GF/EDP/08/10  
1 July 2008

---

## REPORT OF THE TECHNICAL REVIEW PANEL AND THE SECRETARIAT ON FUNDING RECOMMENDATIONS FOR WAVE 3 ROLLING CONTINUATION CHANNEL PROPOSALS

### OUTLINE:

1. This report provides an overview of the Wave 3 Rolling Continuation Channel (RCC) proposals process and the Technical Review Panel (TRP) recommendations for funding, key trends observed in Wave 3 RCC, and lessons learned by the TRP and the Secretariat.

### EXECUTIVE SUMMARY:

1. The TRP met to review 12 proposals submitted as "Wave 3 RCC proposals" during a special purpose RCC TRP meeting, held in Montreux over 9 to 11 June. For this meeting, the TRP comprised fourteen reviewers, including the TRP Chair. Four panel members were new to the RCC review process.

2. For the first time, two different groups of proposals were considered by the TRP. Of the 12 proposals evaluated, five were re-submissions ('re-submission proposals') from Wave 1 and seven were first time applications ('new proposals').

3. All five re-submission proposals are recommended for funding (100 percent success rate). The TRP also recommends three of the seven new proposals as 'Recommended Category 2 Proposals' (43 percent success rate). The remaining four new proposals are recommended in 'Category 3A' and are strongly encouraged to resubmit an amended version of the same proposal in the next available RCC Wave.

4. Together, the TRP's recommendations on re-submission and new proposals<sup>1</sup> represent an overall approval rating of 67 percent. The full detail of TRP recommendations are set out in Annex 2 to this paper.

5. The total upper ceiling for all recommended Wave 3 RCC proposals is US\$ 513.3 million for three years and US\$ 1,033 million for six years. These figures represent 80 and 82 percent respectively of the total funds requested. This recommendation takes into account the TRP's recommendation that

---

<sup>1</sup> If not stated otherwise, "Wave 3 RCC proposals" refers to re-submission Wave 1 and new Wave 3 proposals.

two of the re-submission proposals be approved by the Board conditional upon removal, for technical reasons, of a limited set of specific elements.<sup>2</sup>

6. Reflecting on the outcomes of new proposal submissions, the TRP expresses its support for the Global Fund's current review of funding architecture. The TRP endorses the Global Fund's objective to reward strong performance through mechanisms that deliver a streamlined system of continued funding, that support harmonized planning, evaluation and reporting cycles. However, the TRP finds that the current RCC approach does not support this objective. The TRP's recommendations on the RCC processes (as currently configured), and the merging of the Rounds-based channel with the RCC are set out in Part 5 of this report.

7. The TRP presents its funding recommendations in the form of the decision point below.

**Decision Point:**

- 1. The Board approves, 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. The Board's approval is for the funding up to the initial three years of each such proposal (indicated as "Total 3 Years" in Annex 2), and is made 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 3A' as indicated in Annex 2, although such applicants are strongly encouraged to resubmit a revised proposal, taking into account the issues raised by the TRP, for consideration in the next available wave of Rolling Continuation Channel proposals.***

**This decision does not have material budgetary implications.**

---

<sup>2</sup> In line with the Terms of Reference of the technical Review Panel, Article 32

## **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).<sup>3</sup>

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

Annex 1: List of TRP reviewers for the Wave 3 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

Annex 4: Full text of all Proposals

3. 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.

4. 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 directly to the original applicant.

## **PART 2: SECRETARIAT ROLE IN RCC WAVE 3**

### **RCC qualification and invitations**

1. As demonstrated by Figure 1 below, 44 percent of grants expiring between October and December 2008<sup>4</sup> were invited by the Secretariat to apply under Wave 3, with a closing date of 31 March 2008. This compares to 37.5 percent of expiring grants invited to apply under Wave 2 and 22 percent of expiring grants under RCC Wave 1<sup>5</sup>.

2. Of the eight qualifying new applicants, one country, Eritrea, chose not to apply.

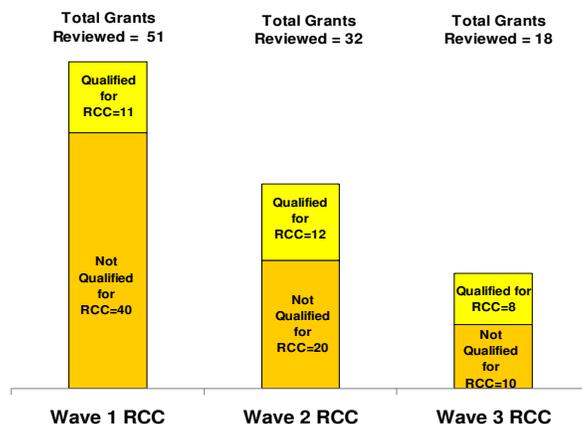
---

<sup>3</sup> 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/>

<sup>4</sup> The Armenia HIV grant, expiring on 31 June 08, is an exception to this due to the shortening by four months of its original program end date.

<sup>5</sup> As explained in the document entitled "Report of the TRP and the Secretariat on funding recommendations for Wave 1 Rolling Continuation Channel Proposals" the number of grants considered for qualification in Wave 1 was significantly greater than the expected usual average. This is because of the large number of soon to be expiring grants that were awaiting development of a policy regarding continued funding after the initial five year term.

**Figure 1 – Determination of Qualification for RCC Waves 1, 2 and 3**



### **Support to in-country Wave 3 RCC proposal development processes**

3. As for the previous two waves, the Secretariat supported the Wave 3 RCC proposal development process by maintaining an extensive 'Frequently Asked Questions' page, and by responding in significant detail to all applicant enquiries within a very short time frame.

### **Closing Date for RCC Proposals and Number of Proposals Received**

4. All 12 proposals considered in Wave 3 were submitted by the closing date of 31 March 2008, four months after receiving notification of eligibility to apply.

### **Proposal screening for Eligibility and Completeness**

5. The Secretariat undertook a Wave 3 RCC proposal screening process to ensure that each Wave 3 RCC proposal was complete<sup>6</sup> and/or eligible. Following a review of supporting documents, each new applicant was determined compliant with the minimum requirements for applicant eligibility by the Secretariat's Screening Review Panel. All 12 Wave 3 RCC proposals were forwarded to the TRP for review.

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

### **TRP Membership**

1. Fourteen TRP reviewers met in Montreux over 9 to 11 June to review eligible proposals in accordance with the TRP Terms of Reference. The panel represented a mix of experienced TRP or former TRP members, covering the three diseases as well as cross-cutting issues. Additional detail on the membership is set out in Annex 1 to this report.

<sup>6</sup> The five re-submission proposals were reviewed for completeness only as there were no circumstances drawn to the Secretariat's attention to warrant a reversal of the determination of compliance with the minimum requirements for eligibility during the Wave 1 proposal review process.

2. On the first afternoon of the meeting members of the Secretariat oriented TRP members to the RCC review process, provided an overview of the RCC process and an explanation of the key changes following the Sixteenth Board meeting<sup>7</sup>. Specific attention was focused on the intent behind the introduction of the new 'Category 3A' proposal review category, and the importance of detailed TRP comments if proposals were considered to require revision for a later re-submission.

### **TRP Review of RCC Wave 3 Proposals**

3. Sub-groups established for the TRP review of proposals were comprised of two disease-specific experts and two cross-cutting experts. The three sub-groups met to review a total of six component proposals on each of the two days of the TRP meeting.

4. Following the deliberations in the sub-groups, the fourteen TRP reviewers met for approximately three hours each day in a plenary session to discuss all proposals 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 wording of the document entitled 'TRP Rolling Continuation Channel Review Form' (as set out in Annex 3 to this report).

5. Proposals could be recommended by the TRP in one of the five following categories, as requested by the Board.<sup>8</sup> 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 3A Proposals: (Applicable only upon initial submission) Not recommended for funding based on technical merit but strongly encouraged to resubmit a revised proposal, taking into account the issues raised by the TRP, for consideration in the next wave of Rolling Continuation Channel proposals.
- iv. Category 3B Proposals: (Applicable only upon re-submission) Not recommended for funding based on technical merit but encouraged to resubmit through the Rounds-Based Channel following major revision.
- v. 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.

6. 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.

7. In accordance with the TRP Terms of Reference, the TRP reviewed the 12 Wave 3 RCC proposals to ensure that only technically sound proposals are recommended for Board approval. The TRP recommends eight of these proposals for funding and the remaining four new proposals

---

<sup>7</sup> Refer to the decision point entitled “Revision of the Rolling Continuation Channel for Strongly-performing grants” GF/B16/DP8

<sup>8</sup> Decision Point GF/B16/DP8

for re-submission in the next wave of RCC proposals, following revision to take into account the issues raised by the TRP.

8. The TRP found that the five re-submission proposals sufficiently addressed the major weaknesses previously raised by TRP Wave 1 reviewers. These applicants utilized the same proposal form as for their first submission. For the four proposals not recommended for funding in Wave 3, these applicants will once again use the same proposal form in any re-submission they may make to a next RCC wave.

**PART 4: RECOMMENDATIONS TO THE BOARD**

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

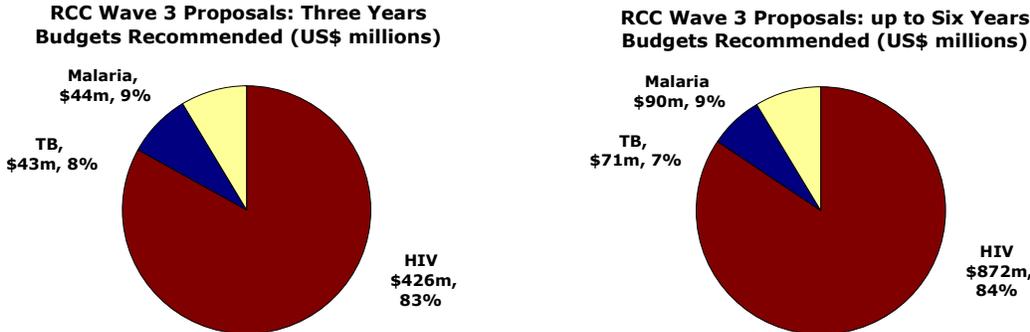
- i. **US\$ 513 million for three years; and**
- ii. **US\$ 1,033 million for up to six years.<sup>9</sup>**

**This represents 80 and 82 percent respectively of the total upper ceiling of funds requested by the 12 Wave 3 RCC applicants.**

2. The TRP recommends that two of the re-submission proposals be approved by the Board conditional upon removal, for technical reasons, of a limited set of specific elements. For one of these proposals the elements recommended to be removed represent 14 percent of the total upper ceiling lifetime budget. For the other proposal, the recommended excision from the original upper ceiling budget is 30 percent. However, in total, for RCC Wave 3 recommended proposals, these recommended excisions represent only 0.6 percent of overall upper ceiling of recommended proposals due to the substantial funding recommended for approval for the new Wave 3 RCC HIV proposal submitted by Ethiopia.

3. Figure 2 below summarizes the breakdown of proposals recommended by the TRP.

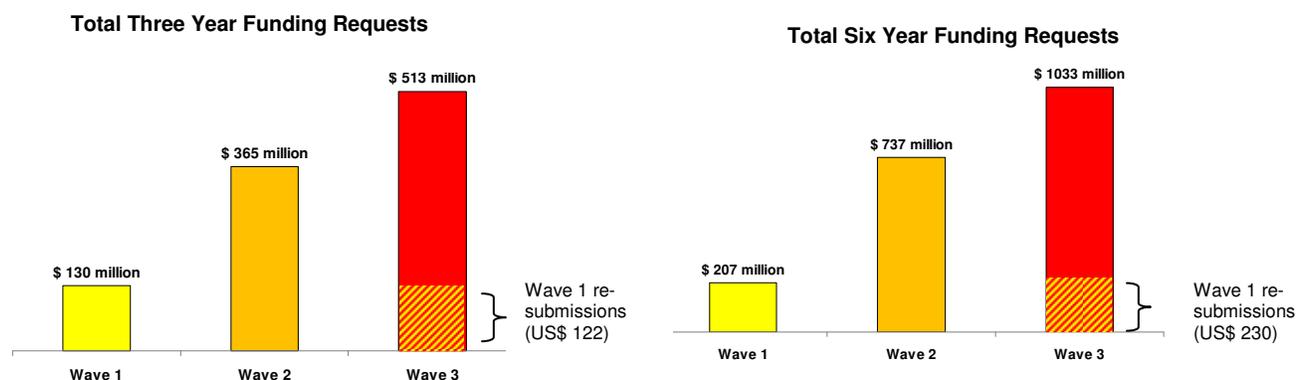
*Figure 2 – Wave 3 RCC TRP recommendations*



<sup>9</sup> The Ethiopia HIV proposal (recommended Category 2), applied for an upper ceiling of US\$ 343 million for first three years, and an upper ceiling of US\$ 707 million across the full six years. These amounts represent 67 and 68 percent of the total amount for recommended proposals in Wave 3.

4. Figure 3 below provides a comparison between Waves 1, 2 and 3 in terms of numbers of proposals recommended and the total maximum upper ceiling funding for both Phase 1 (three years) and the lifetime of the proposal (six years). As seen below, the total upper ceiling amount recommended in Wave 3 represents an 80 percent increase from Wave 1 and 29 percent increase from Wave 2.

**Figure 3 – TRP recommendations Wave 1 and Wave 2 compared to Wave 3 by total three and six year requests**



5. Table 1 below provides an overview of the number of components reviewed, the approval rates, and the total amounts requested.

**Table 1 – Overview of Wave 3 recommendations**

Proposal Breakdown	Number Recommended	Number Reviewed	Rate	3 Year Upper Ceiling Budget Recommended	6 Year Upper Ceiling Budget Recommended
HIV	4	5	80%	US\$ 426,5 m	US\$ 872,0 m
Tuberculosis	1	3	33%	US\$ 42,8 m	US\$ 70,9 m
Malaria	3	4	75%	US\$ 44,0 m	US\$ 90,0 m
<b>TOTAL</b>	<b>8</b>	<b>12</b>	<b>67%</b>	<b>US\$ 513,3 m</b>	<b>US\$ 1.032,9m</b>

## PART 5: TRP OBSERVATIONS FROM WAVE 3 RCC PROPOSAL REVIEW

### TRP General Feedback on the Wave 3 Proposals

1. In general, the following observations can be made on the Wave 3 proposals:

#### Key strengths in RCC Wave 3 proposals

- Clearly articulated strategies to scale up that draw on international best practice and appropriately respond to the local contexts of the epidemic;

- Inclusion of SWOT analyses or other recent assessments of health system weaknesses and gaps;
- Broad participation of stakeholders in the planning and implementation of activities;
- Disease treatment, prevention or control interventions that target key affected populations and sexual minorities;
- Proven, well documented, evidence-based components provided in the description of technical approaches;
- Application of lessons learned from implementation of the initial grant; and/or
- Documentation of other donor support and a clear mapping of activities

#### *Key weaknesses in RCC Wave 3 proposals*

- Failure to provide an update on epidemiological trends and future projections since the earlier Round proposal was written;
- Absence of data to provide evidence for technical approaches proposed or lack of operational research to make this available;
- Insufficient detail describing overall strategies selected and unclear linkages to the activities proposed;
- Use of outcome indicators that do not measure qualitative results;
- Significant omissions of budget detail and failure to justify significant increases in budget requests, such as human resource costs, without providing evidence that this positively impacts the epidemic;
- Disproportionately high overhead and administrative costs; and/or
- Requests for activities not included or described in strategies employed for scaling up.

2. On Health Systems Strengthening (HSS), the TRP continues to observe, in relevant proposals, a missed opportunity to incorporate significant interventions to strengthen underlying systems to improve service delivery and scale up access. A number of the review forms for this Wave 3 identify this in comments, whether or not the proposal is also recommended for funding.

3. The TRP also considered how well proposals considered gender differentiated data and programming responses within the specific country settings presented to the TRP for review. While some approaches clearly considered the differing needs of men and women, and boys and girls by including specific interventions for target populations, many were gender neutral and missed opportunities to be gender positive.

4. It is recognized by the TRP that it will not be until the Wave 4 RCC proposal meeting that the TRP will review proposals prepared on the much revised RCC proposal form. As for Round 8, the TRP is advised by the Secretariat that new Wave 4 proposals submitted on 31 July 2008 will include the revised strategic focus on health systems strengthening and community systems strengthening, and also the new policies of dual track financing and encouraging gender sensitive responses.

#### **Lessons Learned from RCC Wave 3 Proposal Review**

5. The TRP appreciates Secretariat efforts to improve the grant performance report data, as well as the introduction of “country fact sheets” generated by the Secretariat’s Strategic Information team highlighting relevant national statistics and overall country grant performance information across the three diseases. This contextual information is considered useful summary data by the TRP in its consideration of feasibility and additionality of funding requests.

6. The recommendation of eight from 12 proposals considered equates to a Wave 3 RCC recommendation rate of 67 percent. The decision to allow re-submission of RCC proposals has been positive. Of the re-submission proposals from Wave 1, all five were recommended for funding. In the majority of cases, all of the TRP's comments from the Wave 1 RCC review had been fully addressed. Where residual and sometimes important issues arose, the TRP determined it was appropriate to recommend the proposals subject to the clearance of a number of important clarifications, or the recommended removal of the residual problematic element.

7. However, excepting re-submission proposals, the cumulative success rate across RCC Waves 1 to 3 for 'first time' RCC applications remains disappointing (a little over 50 percent, or 14 out of 27). In light of this, the TRP suggests that the Secretariat revisit its strategies for engagement with partners to promote better understanding of what is required for a successful RCC proposal. New communications and tools may be needed to strengthen local proposal development capacity/strategies.

8. For example, some countries are not taking full advantage of the flexibilities of the RCC. This is particularly relevant where epidemiological developments have impacted the profile of a disease in a country since submission of the original proposal, or where potentially dangerous situations of drug resistance may now exist. Countries should thus be encouraged to consider any significant change in the disease, new trends in the epidemic, and should responsibly address these in the RCC proposal. This may require changes in scale or scope, but may also require changes in indicators and targets. This is anticipated to address a perception of the TRP that applicants are more inclined to continue what was first planned in the original proposal rather than, in appropriate situations, address changes in epidemiology and/or change implementation arrangements based on increased knowledge of populations at risk. Of the proposals not recommended in Wave 3 RCC, three of the five proposals involved situations where a "know your epidemic" approach, and reference to new data, would have strengthened the technical quality of the proposals.

9. As raised in RCC Wave 2 discussions, some TRP members suggest that applicants may be more successful in the RCC proposals process if the original grant term has a more thorough review, including a technical audit, to validate not only the quality of performance data presented to demonstrate impact, but also the adequacy of strategies employed for the scaling up of interventions. It was noted that the proportion of grants that are found to qualify for RCC has risen steadily across the three waves reaching 44 percent in Wave 3.

10. Perhaps the RCC application form could require applicants to include an internal assessment, relying on in-country data and not Global Fund RCC qualification materials, which describe the evidence for success of the closing grant, and how lessons learned have been applied to the future phases of scaling up. Another option may be to redefine the "not materially different" concept, to encourage appropriate reflection on changes and/or increased knowledge.

### **General Comments on the RCC Architecture**

11. Having now experienced three waves of RCC proposal reviews, TRP members continue to express concern that this additional funding stream is not working as initially envisioned.

12. While originally intended as a fast-track and more streamlined channel for the continuation of funding for high performing grants, in practice, there is not substantial difference between Rounds-based funding and the RCC and this seems to be confusing countries.

13. For example, the RCC appears to overburden countries faced with multiple proposal preparations. It may have the unintended consequence of confusing CCMs asked to submit new applications (or resubmissions) within a very short time period. The TRP finds this tight schedule may also contribute to a number of incomplete or weak proposals received.

14. Moreover, the TRP notes that the current RCC architecture may be resulting in a fragmented approach to funding whereby countries may receive continued funding for technically sound activities linked to the purpose and scope from previous grants, but may also need to go through Rounds-based channel for materially different approaches. This may be problematic at a time when the Global Fund would like to move towards more comprehensive funding approaches through National Strategy Applications.

15. In order to minimize this confusion and simplify the process, the TRP reaffirmed their support for merging RCC and the Rounds-based channel.

## History of RCC Wave 3 TRP Reviewer service as a TRP member

No.	Surname	First name	Expertize	Gender	Nationality	Rounds / RCC Waves served											
						R1	R2	R3	R4	R5	R6	R7	W1	W2			
1	Godfrey-Faussett	Peter (Chair)	HIV/AIDS and TB	M	UK												
2	Gordon	Sarah	Cross cutting	F	Guyana												
3	Brandrup-Lukanow	Assia	Cross cutting	F	Germany												
4	Nuyens	Yvo	Cross cutting	M	Belgium												
5	Simmonds	Stephanie	Cross cutting	F	UK												
6	Toole	Michael	Cross cutting and HIV	M	Australia												
7	Alilio	Martin S.	Cross cutting and malaria	M	Tanzania												
8	Boillot	Francois	Cross cutting and TB	M	France												
9	Bobrik	Alexey	HIV/AIDS	M	Russia												
10	Hoos	David	HIV/AIDS	M	USA												
11	Burkot	Thomas	Malaria	M	USA												
12	Majori	Giancarlo	Malaria	M	Italy												
13	Talisuna	Ambrose	Malaria	M	Uganda												
14	Fujiwara	Paula	Tuberculosis	F	USA												

Current TRP Members

Former TRP members

Rounds/waves served

Rounds/waves not served

## 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	Total 3 Years	Total up to 6 Years (Lifetime)	TRP Recommended Reduction as Applicable (Total 3 Years)	TRP Recommended Reduction as Applicable (Lifetime)	Final TRP Recommended Upper Ceiling Funding for 3 Years (Total 3 Years)	Final TRP Recommended Upper Ceiling Funding for up to 6 Years (Lifetime)	
<b>Category 2 - USD Equivalent</b>							\$8'675'109	\$9'246'569	\$10'100'019	\$28'021'697	\$50'422'729	\$0	\$0	\$28'021'697	\$50'422'729	
<b>Category 2 - EURO</b>							€ 5'578'095	€ 5'945'544	€ 6'494'312	€ 18'017'951	€ 32'421'815	€ 0	€ 0	€ 18'017'951	€ 32'421'815	
1	CCM	Bulgaria	Lower-middle income	EURO	EECA	HIV	€ 5'578'095	€ 5'945'544	€ 6'494'312	€ 18'017'951	€ 32'421'815	€ 0	€ 0	€ 18'017'951	€ 32'421'815	
<b>Category 2 - USD</b>							\$107'844'565	\$198'132'752	\$183'517'955	\$489'495'273	\$989'146'929	\$4'167'165	\$6'628'641	\$485'328'108	\$982'518'288	
2	CCM	Cambodia	Lower-middle income	WPRO	EAP	Malaria	\$7'017'390	\$5'374'635	\$7'148'088	\$19'540'113	\$44'489'661	\$0	\$0	\$19'540'113	\$44'489'661	
3	CCM	China	Lower-middle income	WPRO	EAP	Tuberculosis	\$17'175'449	\$12'155'091	\$13'510'274	\$42'840'814	\$70'856'328	\$0	\$0	\$42'840'814	\$70'856'328	
4	CCM	Cuba	Lower-middle income	AMRO	LAC	HIV	\$7'036'929	\$2'777'235	\$2'739'881	\$12'554'045	\$28'138'965	\$2'781'047	\$4'012'349	\$9'772'998	\$24'126'616	
5	CCM	Ethiopia	Low income	AFRO	EA	HIV	\$49'859'154	\$155'331'083	\$137'384'090	\$342'574'327	\$707'702'367	\$0	\$0	\$342'574'327	\$707'702'367	
6	CCM	Haiti	Low income	AMRO	LAC	HIV	\$15'727'305	\$15'063'300	\$15'345'712	\$46'136'317	\$89'790'482	\$0	\$0	\$46'136'317	\$89'790'482	
7	CCM	Honduras	Lower-middle income	AMRO	LAC	Malaria	\$1'464'639	\$1'612'922	\$1'762'214	\$4'839'775	\$8'837'971	\$1'386'118	\$2'616'292	\$3'453'657	\$6'221'679	
8	RCM	MCWP	Mixed	WPRO	EAP	Malaria	\$9'563'700	\$5'818'485	\$5'627'696	\$21'009'881	\$39'331'155	\$0	\$0	\$21'009'881	\$39'331'155	
<b>Recommended Proposals</b>							Totals	\$116'519'674	\$206'807'861	\$193'617'974	\$517'516'969	\$1'039'569'658	\$4'167'165	\$6'628'641	\$513'349'804	\$1'032'941'017
<b>Category 3A - USD Equivalent</b>							\$39'837'271	\$50'079'411	\$22'596'753	\$112'513'434	\$206'751'742					
<b>Category 3A - EURO</b>							€ 25'615'365	€ 32'201'061	€ 14'529'712	€ 72'346'138	€ 132'941'370					
9	CCM	Armenia	Lower-middle income	EURO	EECA	HIV	€ 3'020'170	€ 2'102'007	€ 2'315'482	€ 7'437'659	€ 14'350'960					
10	CCM	Benin	Low income	AFRO	WCA	Malaria	€ 22'595'195	€ 30'099'054	€ 12'214'230	€ 64'908'479	€ 118'590'410					
<b>Category 3A - USD</b>							\$2'623'097	\$2'926'061	\$2'070'512	\$7'619'670	\$15'938'353					
11	CCM	El Salvador	Lower-middle income	AMRO	LAC	Tuberculosis	\$1'090'648	\$1'235'389	\$948'254	\$3'274'291	\$5'947'788					
12	CCM	Tajikistan	Low income	EURO	EECA	Tuberculosis	\$1'532'449	\$1'690'672	\$1'122'258	\$4'345'379	\$9'990'565					
<b>Not Recommended Proposals</b>							Totals	\$42'460'367	\$53'005'471	\$24'667'265	\$120'133'104	\$222'690'095				

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  
 EECA eastern Europe and Central Asia

Proposals in EURO = UN official exchange rate effective from 1 June 2008 = 1US\$ = 0.643 EURO