GF/B16/5
Revision 2*
Annex A

REPORT OF THE TECHNICAL REVIEW PANEL AND THE SECRETARIAT ON ROUND 7 PROPOSALS

PART 1: BACKGROUND

1. Consistent with all prior Rounds-based proposal reports of the Secretariat and the Technical Review Panel (TRP), this report presents the findings, lessons learned, and recommendations arising out of the Round 7 proposal receipt, screening and technical review of applications requested for funding.

2. In close proximity to the close of the Round 7 TRP meeting, the Secretariat and the TRP (differently constituted) received, screened for eligibility and completeness and/or reviewed for technical merit, a further ten proposals. These proposals were submitted under the initial wave of the newly introduced Rolling Continuation Channel (Wave 1 RCC). For the Wave 1 RCC proposal review process, lessons learned also arise for early consideration. This is both in terms of TRP meeting logistics, and reducing the apparent complexity experienced by potential applicants[1] in selecting the channel(s) through which to request ongoing Global Fund support. Common lessons learned will be included in a report of the TRP and the Secretariat on Wave 1 RCC proposals, submitted electronically to the Board for consideration on or about 15 October 2007.

3. This report should be read in conjunction with the following Annexes:

Annex 1: List of all eligible proposals reviewed by the TRP, ordered alphabetically by applicant.
Annex 2: List of all eligible disease components reviewed by the TRP, classified by the category in which they are recommended to the Board for funding.
Annex 3: List of all applicants determined ineligible in Round 7 and the Secretariat's Screening Review Panel justification for that determination.
Annex 4: TRP Review Form for all eligible components reviewed by the TRP.
Annex 5: Full text of the Proposal Forms for all eligible components reviewed by the TRP, ordered by category recommended by the TRP and by WHO region.

* Annex A is a re-issue of GF/B16/5 from 10 October 2007. The relative proportion between SEARO and WPRO recommended proposals has been changed in figures 5, 6 and 20. The revision 2 has been issued to apply the UN official exchange rate as effective at 1 November 2007 for EUR denominated proposals for Annex 2 only to enable the Board to make its funding decision on Round 7 proposals during the Board Meeting, 12-13 November 2007.

[1] Unless expressly stated to the contrary, the use of the word 'applicant' is intended to refer to, collectively, each of the following applicant types: 'country coordinating mechanism' (CCM), sub-national CCM (Sub-CCM), regional coordinating mechanism (RCM), a Regional Organization or non-CCM applicant.

4. Annex 2 is provided with this report. Each of Annexes 1 to 5 are provided on a CD-Rom as supplementary documents for the purposes of assisting Board delegations to consider the funding recommendations of the TRP to the Board, for consideration at the Sixteenth Board meeting. Subject to the Board's decision on funding for Round 7 proposals:

a. consistent with all prior Rounds, the TRP Review Forms containing the outcome of the Board's decision on the funding for each disease component (from within Annex 4 listed above) will be sent by the Secretariat direct to the original applicant by not later than 23 November 2007[2]; and

b. all eligible proposals (whether recommended for funding or not) will be published on the Global Fund's website as soon as practicable after the Board's decision on funding[3].

PART 2: PROPOSAL DEVELOPMENT, PROPOSALS RECEIVED AND SECRETARIAT SCREENING PROCESSES

2.1. Round 7 Call for Proposals and Documentation

1. On 1 March 2007, the Global Fund issued its Round 7 Call for Proposals pursuant to the Board's decision entitled 'Establishment of Fixed Dates for Rounds' (GF/B14/DP12).

2. Round 7 closed for the submission of proposals on 4 July 2007, providing applicants with an additional one month between the time of the calling for proposals and the closing date compared to Round 6.

3. The 'Round 7 Proposal Form' (**Proposal Form**) and 'Round 7 Guidelines for Proposals' (**Round 7 Guidelines**) were approved by the Portfolio Committee under delegated authority of the Board[4] (GF/B14/DP29) during the Portfolio Committee's Sixth Meeting over 22-23 February 2007. Information presented to the Portfolio Committee for consideration at that meeting drew upon a variety of sources of information and lessons learned, including:

a. the document entitled 'Report of the Technical Review Panel and the Secretariat on Round 6 Proposals' presented at the Fourteenth Board meeting (GF/B14/10, revision 2) (**Round 6 TRP Report**);
b. partner feed-back on, in particular, lessons learned regarding how and when technical assistance was accessed to prepare proposals;
c. questionnaires completed by Round 6 applicants on their experience with the Round 6 application process;
d. the document entitled 'Report of the Independent Appeal Panel on Round 6 Proposals' (GF/07/EDP4); and
e. a cross-functional working group of the Secretariat and Technical Review Panel (**TRP**) members in regard to lessons learned from the Round 6 approach to health systems strengthening within the Round 6 Proposal Form.

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[2] At the Fifteenth Board Meeting, the Board declined to amend the Documents Policy (approved at the Third Board Meeting) to include TRP Review Forms as documents that would be routinely disclosed by the Global Fund on the Global Fund's main website. TRP Review Forms are available after a Board decision on funding by direct request to the applicable applicant. Applicant contact details are available through the search function available on the Global Fund's website at: http://www.theglobalfund.org/programs/search.aspx?search=4&lang=en

[3] Refer to the Board's decision at the Fifteenth Board Meeting (GF/B15/DP36).

[4] Refer to the Board's decision at the Fourteenth Board Meeting, entitled 'Round 6 Lessons Learned' (GF/B14/DP29), and the report of the Portfolio Committee to the Fifteenth Board Meeting in the document entitled 'Report of the Portfolio Committee' (GF/B15/7, part 7, pages 16-17).

4. As reported by the Portfolio Committee at the Fifteenth Board meeting, the Round 7 Proposal Form differed from Round 6 in the following material respects:

a. returning applicants determined as compliant in Round 6 with the Global Fund's six minimum requirements for eligibility for funding[5] were offered a streamlined approach to the ongoing requirement to demonstrate eligibility for funding in Round 7. This streamlined approach was offered only in circumstances where nothing had altered in the governance arrangements of the relevant applicants since Round 6;

b. the disease component section of the Proposal Form was reorganized to focus more significantly on the default position that national strategies/plans (where they exist) should form the basis of the needs analysis for requesting Global Fund support;

c. the introduction of the concept of Health Systems Strengthening (**HSS**) strategic actions. Specifically, HSS strategic actions (and the accompanying significantly expanded guidance) were introduced to more comprehensively demonstrate to applicants that Global Fund support could and should be requested to support the strengthening of the broader health system (including the non-public sector). It is noted that the Round 7 approach was taken by the Global Fund in the absence of WHO's now publicly available revised health systems strategy[6], and the World Bank's revised and restated focus on health, nutrition and population;

d. to reduce the prospect of applicants not taking into account the prior comments of the Technical Review Panel (a weakness in a number of Round 6 proposals), applicants were requested to specifically address how the Round 7 proposal drew upon those earlier comments to strengthen the Round 7 proposal; and

e. the tools provided to applicants were streamlined, to present greater clarity at the country level of the Global Fund's requirements. In addition, the budget analysis template offered in Round 6 was removed as it has seemingly caused confusion as to what was required to provide a detailed budget for TRP review.

2.2. Global Fund support to in-country proposal development processes

5. Building on Round 6 initiatives, the Secretariat extended its support for the Round 7 proposal development process to the extent appropriate having regard to balancing potential conflicts of interest. Specifically within the Secretariat:

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; and

b. with only very minor exceptions, **enquiries to** proposals@theglobalfund.org **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 7 documents website. More than 500 enquiries were received and answered between 1 March and 4 July 2007.

[5] Refer to the document entitled 'Revised Guidelines on Purpose, Structure and Composition of Country Coordinating Mechanisms and Requirements for Grant Eligibility',(**CCM Guidelines**) approved at the Tenth Board Meeting and in effect since 1 June 2005.

[6] Refer to WHO's health systems strategy at: http://www.who.int/healthsystems/strategy/en/ and the World Bank's revised health systems strengthening strategy, released 1 May 2007 entitled 'Healthy Development – the World Bank Strategy for Health, Nutrition and Population Results, 24 April 2007 available at: www.worldbank.org.

Attending Regional 'Road-shows'

6. Drawing on lessons learned from Round 6, **the Secretariat collaborated closely with its partners in the holding of regional meetings in each of the WHO identified SEARO, AMRO, EMRO and AFRO regions from March to early May 2007**. These meetings were held as soon as possible after the Round 7 call for proposals was launched. More specifically (and on an 'invitation only basis) ,the Secretariat supported two meetings in SEARO (one specifically on HSS) and EMRO, one in AMRO, and four meetings in AFRO. This was in addition to day to day liaison with key contacts across a broader range of partners.

7. The Global Fund's involvement in these meetings is focused upon:

a. explaining key changes in the Proposal Form and Guidelines based on lessons learned from the immediately prior Round;

b. providing summarized data on key lessons learned from the TRP's review of proposals in the relevant region, identifying common strengths and weaknesses as well as 'good examples' for subsequent detailed review by interested applicants; and
c. further explaining the Global Fund's minimum requirements for applicant eligibility, and (as relevant to the meeting attendees), reviewing examples of the types of documents required to evidence compliance with those minimum requirements.

8. Typically, the Global Fund's involvement was limited to one or two initial days, and then partners focused considerably more on assisting applicants in their planning for proposal development. In these latter sessions, Global Fund personnel were not present so as to avoid potential conflicts of interest.

9. For the Round 7 meetings, cross-functional teams of the Secretariat provided an appropriate level of prioritization towards supporting meetings coordinated between the Roll Back Malaria Harmonization Working Group and the Global Malaria Programme, due to the relatively low Board approval rate of malaria components across Rounds 5 and 6.

10. Drawing on an applicant questionnaire completed shortly after the 4 July closing date[7] and Global Fund records of country attendees at the Round 7 meetings:

a. representatives of slightly more than 75% of all eligible applicants attended at least one information session focused on Round 7[8]; and

b. of those applicants responding to the questionnaire, 48 of the 62 respondents indicated that they had attended a Round 7 regional meeting, and more than 75% of them indicated that the sessions were 'essential' or 'very helpful'.

11. Typically, invitations to these meetings were extended by partners to key in-country stakeholders. The Secretariat's experience is that, such invitees were often disease experts, and more often representatives of the partners whom intended to provide assistance during proposal writing.

[7] The questionnaire was issued to all CCM, RCM, sub-CCM applicants. It was also issued to a number of eligible Regional Organization and non-CCM applicants. In total, the questionnaire was issued to 91 of the 110 applicants, and responses were received from 62 different applicants (68% response rate).
[8] Source is Global Fund records on countries attending Round 7 'road shows'.

12. The model the Secretariat observed to be adopted by the malaria community in Round 7 appeared slightly broader. That is, at each of the malaria specific AFRO meetings (one held for English speaking countries and one held for French speaking countries), the invitees typically included: a member of the CCM; the national malaria program manager or appropriate alternate; a local consultant with direct knowledge of the country context and available during the proposal writing phase; and an international consultant pre-identified to support one or more particular countries due to specific prior experience of country knowledge.

2.3. Overview of proposals received in Round 7

13. By the 4 July 2007 closing date for Round 7, 110 proposals for one, two or three disease components had been received by the Global Fund. The 110 proposals resulted in 182 disease specific requests for support from, predominantly, CCM applicants.

14. Round 7 applicants included requests for financial support from:

a. two applicants who have previously received support through a Regional Coordinating Mechanism (RCM) proposal, but applied as single country applicants in Round 7: Fiji and the Solomon Islands, and first time applications for support for activities in the West Bank and Gaza economic zone; and
b. two applicants requesting support for tuberculosis activities for the first time (although eligible for funding for that component over Rounds 1 to 6);

c. ten applicants where the same disease component had not been applied for since Round 1 or 2.

15. As in Round 6, Dominica, Grenada, St Lucia, or St Vincent and the Grenadines did not apply for funding in Round 7 notwithstanding the Board's decision at its Thirteenth Meeting to make an exception to the eligibility rules in regard to these four small island economies (GF/B14/2, Report of the Thirteenth Board Meeting). Equally, none of these countries were included in the two multi-country proposals from the Latin America and Caribbean received in Round 7.

2.4. Proposal Screening for Eligibility and Completeness

16. Consistent with prior Rounds, the Secretariat undertook the Round 7 proposal screening process staffed with a number of pre-trained support personnel. The Secretariat's support team had an increased total time compared to Round 6. In Round 7, the support team had six weeks to complete the screening process for eligibility and completeness before commencement of the Round 7 TRP meeting.

17. Drawing from the recommendations of the Round 6 TRP Report, the processes adopted by the Secretariat ensured that:

a. the pre-trained support personnel applied a consistent approach to questions requested of applicants, including the number of clarifications that would be sought with each applicant; and the manner in which information was prepared for the TRP meeting; and

b. all decisions on eligibility of applicants were taken prior to the commencement of the TRP meeting.

18. As determinations on eligibility are an important first step in the consideration of proposals submitted to the Global Fund, clarifications on incomplete material submitted by applicants in regard to eligibility were approached with the same level of consistency and importance as requests for information in respect of the programmatic and financial material in later parts of the Proposal Form.

19. Whilst improvements in documenting the transparent means by which proposals are prepared and principal recipients are nominated are evident, clarifications were required of a large number of applicants. This is so even though the Secretariat has included a checklist in the Proposal Form, specifically requesting applicants (and the technical assistance partners they work with) to review carefully their material to ensure that detailed information on the transparent manner in which proposals were prepared is included at the time of proposal submission.

20. To make determinations on applicant eligibility, the Secretariat's Screening Review Panel considered:

a. CCM, Sub-CCM and RCM applicant eligibility having regard to the CCM Guidelines; and

b. Non-CCM applicant eligibility (and Regional Organization and RCM applicant eligibility in the event of missing CCM endorsements) according to the principles for the exceptional acceptance of Non-CCM applications based on one of the three categories set out in the Round 7 Guidelines.

21. **Table 1 below** sets out the outcome of determinations on Round 7 applicant eligibility made by the Secretariat's Screening Review Panel (compared with Round 6 and Round 5 outcomes) as more fully detailed in Annex 3 to this report (GF/B16/5, Annex 3).

Table 1: Outcome of Secretariat Screening Review Panel determinations on Eligibility Rounds 5, 6 and 7

Applicant Type	Total Applicants Round 7	Eligible Applicants Round 7	Total Applicants Round 6	Eligible Applicants Round 6	Total Applicants Round 5	Eligible Applicants Round 5
CCM	80	77	96	93	90	89
Sub-CCM	3	2	1	1	1	1
RO	5	5	10	9	9	2
RCM	1	1	1	1	3	3
Non-CCM	21	3	36	4	64	3
Total	**110**	**88 (80%)**	**144**	**108 (75%)**	**167**	**98 (59%)**

22. Considerable efforts continue to be made by the Secretariat and the majority of CCMs to disseminate contact information on CCMs and reinforce the need for smaller applicants to approach CCMs before submitting proposals direct to the Global Fund. Table 1 suggests that these efforts are beginning to have a positive impact on the number of non-CCM applicants applying direct to the Global Fund without grounds for eligibility under the three limited exceptions.

23. Round 7, like Round 6 before it, was also characterized by a significant commitment to increasing the number and quality of 'best practice' examples disseminated to potential applicants. Strategies to further support countries in more fully understanding the Board requirements on eligibility included:

a. ensuring all applicant eligibility materials (including case studies and detailed explanatory memoranda) were published in all six United Nations official languages, both on the website and on CDs distributed through partners;

b. increasing the clarity of materials included in the Global Fund's 'Frequently Asked Questions', and

supplementing the language skills of the Secretariat team providing replies to enquiries on eligibility sent to proposals@theglobalfund.org; and

c. inclusion of information sessions on eligibility requirements in all regional and in-country meetings in which the Global Fund has participated subsequent to Round 6.

24. The relative level of applicant compliance with the eligibility requirements by applicant type has remained largely the same as in Round 6. Regrettably, three CCM applicants (different to those in Round 6) did not demonstrate a sufficient level of compliance with the Board's requirements on CCM eligibility. This is despite considerable effort on the part of the Secretariat, including through partner contacts, to obtain transparent documents from the relevant CCM applicants. After detailed consideration, these applicants were therefore determined ineligible for funding in Round 7.

25. Notably, those countries that were determined not in compliance with the CCM requirements in Round 6 and thus ineligible for funding in Round 6, made a particular effort to demonstrate compliance with the requirements for Round 7. This effort was clearly evidenced in the structure of the eligibility section of the Proposal Form.

26. As an early response to the Round 7 eligibility review process, the Secretariat's Screening Review Panel has requested the CCM Manager to continue to work with clusters and partners to provide ongoing support to CCM, sub-CCM and RCM applicants in their efforts to strengthen the operation and transparency of coordinating mechanisms in respect of, relevant to this paper, proposal development processes. Although specific feedback will be provided to applicants direct, at an overview level, some of the recommendations include:

a. emphasizing that applicants can start preparations for a Round 8 proposal much earlier than the 1 March 2008 opening date for Round 8, as the eligibility aspects do not require access to the published Round 8 Proposal Form due to the consistency in CCM eligibility requirements from 1 June 2005 onwards;

b. with respect to applicants from East Asia and the Pacific and Eastern Europe and Central Asia clusters especially (but in other clusters also), focusing further efforts towards demonstrating that the nomination of principal recipients is transparently supported by documented, criteria-based and openly made requests to consider applications from a broader range of potential implementing partners;

c. with respect to applicants from West and Central Africa and Latin America and the Caribbean especially (but in other clusters also) focusing earlier attention on the requirement that proposals must be transparently developed through processes that involve the ongoing involvement of a broad range of sectors throughout the whole proposal preparation process; and

d. working with partners to emphasize the importance of technical assistance also being provided in respect of the eligibility sections of the Proposal Form, by reason that technically sound proposals are not able to be further considered by the TRP if the applicant cannot sufficiently demonstrate compliance with the minimum requirement for applicant eligibility at the time of proposal submission.

27. In line with the TRP's expressed request in Round 6, it is noted that only proposals from eligible applicants were forwarded to the TRP for assessment of the technical merit of the proposal(s).

28. **All potential applicants in Round 8 are strongly encouraged to work with partners, the Global Fund Secretariat, and specifically the Fund Portfolio cluster working in that region, to**

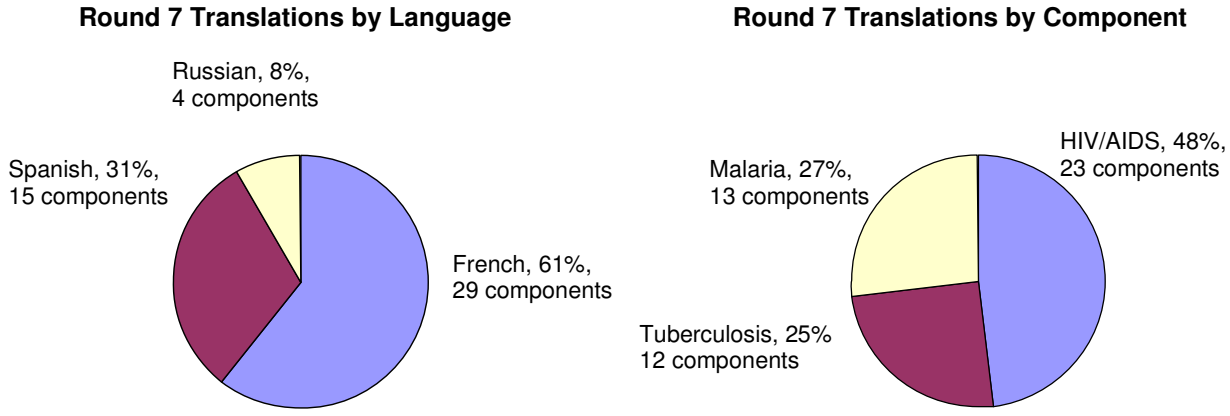
fully understand the minimum requirements for eligibility, including the minimum level of documentation that is required to demonstrate compliance with those requirements.

2.5. Translations

29. Drawing on Secretariat and TRP lessons learned from Round 6, the Secretariat sought to reinforce the translation services provided to the Secretariat for Round 7. Meetings with, especially, Spanish translators located outside Switzerland were also held to seek to ensure a more consistent approach to words and phrases relevant to the work of the Global Fund.

30. In all, the Secretariat arranged for 48 disease components to be translated from French, Russian, or Spanish into English prior to the TRP review. Whilst the TRP membership comprises persons who have one or more of these languages as a first language, translations more fully facilitate review by the smaller daily groups, and during the plenary session. Documentation translated typically included approximately 40 – 50 pages of free text description relevant to the country context, indicators, CCM documentation relevant to key eligibility criteria, detailed multi-page budgets and work plans, and information regarding planned procurement of medical products. During the review, the original documentation was also available for consultation by TRP members.
31. Figure 1 below sets out the breakdown of translations undertaken in Round 7.

Figure 1 – Translations in Round 7 (n=48) by language and by disease component



32. Translations are undertaken as quickly as possible (quality assurance arrangements permitting) after a call for proposals closes. Typically, more complex proposals can take a period of up to three weeks to translate and quality assure. For this reason, screening of proposals and eligibility review is undertaken by the Secretariat's trained support team in the language of proposal submission on an as required basis.

33. As in prior Rounds, applicants were able submit their own translations of exactly the same version of their Spanish, French, Russian, Chinese or Arabic proposal at a slightly later date (although time remains important, so as not to impact the clarifications process). However, only a very limited number of applicants (for three components in total) submitted their own English-translated versions. One of these applicants requested further assistance from the Secretariat for proof-reading and minor translation revisions of documents before TRP review.

34. The Secretariat continues to work towards stronger Spanish translations, and will further explore strategies including, in particular, the retention of in-house translation/supervisory translation services

should such a course prove helpful in increasing the quality of translations moving forward.

PART 3: THE TRP REVIEW PROCESS FOR ELIGIBLE ROUND 7 PROPOSALS

3.1. TRP Membership

1. The TRP met in Geneva over 26 August to 7 September 2007 with an increased membership of 34 (including the TRP Chair), as approved by the Board Meeting (GF/B15/DP38). This represented an increase of five compared to Round 6, but was one short of the maximum permissible number of 35 due to the late unavailability of a tuberculosis reviewer.

2. Additional detail on the membership of the TRP for Round 7, including improved regional and gender diversity as reported in the Portfolio Committee's report to the Fifteenth Board (GF/B15/7) are set out in the table comprising Attachment 1 to this report ('Tenure of TRP members serving in Round 7'). As Attachment 1 reveals, in Round 7 eleven new members served on the TRP for the first time.

3. In respect of the proposal review process itself, the TRP reconfirms that a TRP member cannot review an applicant's proposal, or participate in the plenary discussion when that proposal is under review, if they are:

i. nationals or residents of the country proposal under consideration (or one of the countries in the case of multi-country proposals); and/or

ii. significantly involved in disease related research or activities or otherwise connected with the country (or one of the countries in the case of multi-country proposals); and/or

iii. working in the relevant country and employed by organizations that are named in the proposal as recipients, either principal or sub-, or stand to benefit financially in any way.

4. In any such case, the TRP member must exclude himself or herself from the potential conflict of interest situation that arises, with questions on whether a particular situation gives rise to a perceived conflict of interest being discussed with the Chair of the TRP and resolved before a relevant country is reviewed by the TRP.

3.2. Logistical and Documentary Support to the TRP

5. Prior to and throughout the meeting, the TRP again received strong logistical assistance from the Secretariat. Different from prior Rounds, the Secretariat provided both regular updates during the 2007 calendar year, and in the lead up to the Round 7 TRP meeting, a portal for TRP members to review information and overview briefings from partners. This is a much appreciated development in providing the TRP with information most directly relevant to its role. The logistical support during Round 7 also clearly benefited from lessons learnt in prior Rounds, with proposal material being presented in a very consistent manner.

6. During the meeting, WHO (including representatives of the Stop-TB department and the Global Malaria Programme), UNAIDS, UNICEF and the Roll Back Malaria Partnership provided support to the TRP through briefings on the first day of the Round 7 proposal review, provision of background reference materials, and stand by experts for consultation if required by TRP members. In some cases, reviewers had the benefit of World Bank and other reports on recent missions which proved informative and useful. Fact sheets provided by UNAIDS and WHO were also beneficial to the review process. Further comments on these inputs and support from the agencies are provided in part 5.10

below.

7. As in Round 6, TRP members had the benefit of studying the Secretariat's:

a. **Grant Performance Reports** completed by Fund Portfolio Managers; and

b. **Grant Scorecards** for those grants which have completed the Phase 2 review process and the Board had taken a decision on committing any additional funding to the program up to the proposal term.

8. Not unexpectedly, Round 7 applicants were requesting funding where there are direct interrelationships with funding that has already been approved in a prior Round and/or by other donors. In addition, there are significant other contextual issues impacting countries' abilities to demonstrate strong implementation arrangements and absorptive capacity (including social, political, and/or financial factors).

9. In this context, it is noted that the TRP is expressly directed by the Board of the Global Fund to consider, as one of 18 criteria to assess proposals, whether the proposal presented demonstrates sufficient in-country capacity to implement the proposal based on past performance, and (if there have been prior Global Fund or other donor grants) a history of efficient use and disbursement of funds[9].

10. In this context, the TRP believes it to be of critical importance that performance data is both current and as helpful to the TRP as is possible. In Round 7, the TRP found some Secretariat materials to be of less help than in prior Rounds, perhaps as due to increasing overall complexity and an increase in the volume of resource flows to applicants. Further comment on the TRP's specific recommendations in regard to improving this data for use by the TRP is provided in part 5.4 below.

11. The TRP also referred back to the TRP Review Forms from Round 5 and Round 6, when the Round 7 application was a re-submission of a previous proposal. As noted in paragraph 4.d of part 2 above, in Round 7, the Secretariat specifically requested applicants to attach the prior comments of the TRP and address weaknesses.

12. Round 7 featured a significantly reduced number of applicants who did not address prior TRP comments, such that this issue now only applies to a small number of residual applicants. The approach adopted in Round 7 in the Proposal Form appears to be a more successful way of ensuring that applicants do address issues appropriately, and it is recommended that this practice continue.

3.3. Modalities of TRP Review of Round 7 Proposals

13. The TRP reviewed 150 component proposals from applicants determined as eligible by the Secretariat. Compared to all prior Rounds (refer to part 4.5 below for more detailed analysis) this is the lowest number of component proposals reviewed by the TRP. The following factors may have influenced the number of disease specific component requests for funding:

a. Round 6 saw a significantly higher approval rate for tuberculosis proposals than prior years (62% of all proposals Board approved), and Round 7 is therefore characterized by a smaller pool of

[9] This is the third sub-criteria under the heading 'Feasibility' in the Terms of Reference for Proposal Review by the TRP. A consolidated second version of the Terms of Reference for the Technical Review Panel were approved by the Board of the Global Fund at the Fifteenth Board Meeting in April 2005 (GF/B15/DP37), and are available at the following website address: http://www.theglobalfund.org/en/files/about/technical/TRP_TOR.pdf. Refer specifically to 'Attachment 1' on page 8 of the Terms of Reference for all 18 criteria.

tuberculosis component proposals; and

b. the introduction of the Rolling Continuation Channel for proposals presents qualified applicants with an alternative (or, additional for non-duplicating requests) channel through which to apply for funding. By December 2007, the Global Fund is anticipating that up to 21 additional requests for funding will have been received through this channel.[10]

14. As the analysis in part 4 below demonstrates, eligible requests for funding received in Round 7 sought a similar amount of funding compared to Round 6 and Round 4[11]. On average, proposals recommended for funding by the TRP in Round 7 have a higher average value per disease component compared to all prior Rounds, and the Round 7 total upper ceiling recommended for funding is higher than in all prior Rounds.

Daily review of proposals in groups

15. Approximately 18 component proposals were reviewed each day, with the TRP determining to review a slightly smaller number over the initial three days. This approach was adopted to ensure that newer TRP members were able to work closely with those serving on prior Rounds and benefit from their experiences.

16. As in prior Rounds, on at least the day preceding the review, component proposals were distributed among the working sub-groups comprised of, typically, two disease-specific experts and one or two cross-cutting expert(s). Consistent with prior TRP meetings, sub-group composition was modified three times during the nine days of proposal review to strengthen the independence and robustness of the review process.

17. As a result of the larger TRP in Round 7, the number of sub-groups was increased to between nine and ten. This meant that each sub-group reviewed fewer proposals each day (two, and three in very limited exceptions) than in prior Rounds. This allowed the reviewers to spend significantly more time reviewing each component of a proposal (including additional and background information provided by the applicant and the Secretariat) and robustly discussing these within the sub-groups.

18. Each application was thus reviewed in depth by three to four persons. It was extensively reviewed by a disease-specific expert and a cross-cutting expert.

19. The working sub-groups met every day to discuss the funding requests and agree on a consensus recommendation of the proposal. The primary reviewer, usually a disease-specific expert, 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.

20. It is noted that the components under review in Round 7 featured disease components from three applicants who, as qualified RCC applicants, also submitted a Wave 1 RCC proposal shortly after the Round 7 closing date for proposals. As introduced in part 1 above, a separate TRP meeting was held for the TRP's consideration of Wave 1 RCC proposals.

21. Relevantly, the Rolling Continuation Channel Guidelines for Proposals expressly required that proposals not duplicate other funding requests. At the commencement of the Round 7 meeting, the TRP determined it appropriate to review the Round 7 proposals for the same disease without

[10] 10 of 11 components were applied for in the Wave 1 RCC proposals window, and a potential maximum of 11 additional component proposals may be submitted by applicants on the 30 November 2007 closing date for Wave 2 RCC proposals.

[11] In Round 5, one proposal sought in excess of US$ 1 billion for a single disease component (which was not recommended for funding by the TRP (GF/B11/6, Annex 2). With that proposal removed from consideration, the amount requested in Round 7 also is substantially similar to the Round 5 total request for funding by all other eligible proposals.

reference to the Wave 1 RCC proposals from the relevant applicants. The Wave 1 RCC proposals were reviewed for the first time in the TRP meeting for Wave 1 RCC proposals over 12-13 September 2007. At this later meeting, and only if the Round 7 proposal had been recommended for funding, the TRP referred to the Round 7 proposal to consider the issue of complementarity and potential overlap with the Wave 1 RCC proposal. Importantly, the TRP's review of Round 7 proposals was in no way positively or negatively influenced by the knowledge that, for the three relevant applicants, they had also submitted a Wave 1 RCC proposal, and the Round 7 proposal was fully reviewed on its own merits.

Plenary review of proposals

22. 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 plenary 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 recommendation 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/B16/5, Annex 4 CD-Rom).

23. 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.

24. Where consensus was noted to be more difficult to reach, proposals were set down for a further review. In most cases, two additional TRP members, one disease expert and one cross-cutter, reviewed the proposal, focusing on the specific issues that had been raised in the first plenary. The proposal was then discussed further, usually on the following day's plenary as a means of ensuring that a final recommendation could be made on the combined discussions from both plenary sessions. In a limited number of 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 unclear and expected to be obtained within a day or two. This process of additional expert review was found to be highly effective in more difficult reviews.

25. Of the 150 components reviewed by the TRP, fourteen (9% 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. In the plenary sessions at which the fourteen proposals were reconsidered, each was discussed in detail, and consensus on a final recommendation on funding was reached in all cases. In addition, on the final day of proposal review (Thursday 6 September 2007) the TRP discussed the overall review process and confirmed that it was comfortable with its recommendations for funding on all component proposals reviewed.

26. The entire review process 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.

27. As noted in paragraph 23 above, and at the Board's request, the TRP recommended proposals in one of four categories as follows:

a. Recommended Category 1 Proposals: Recommended proposals with no or minor clarifications, which must be clarified and finalized 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 three 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. 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 and feedback from the Report of the Round 6 Appeal Panel and partners on the opening day of the Round 7 TRP meeting, the TRP was careful to ensure that the 'weaknesses' identified in the TRP Review Form for this category of proposals more clearly identified the major issues to be addressed 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.

28. Importantly, in Round 7 the TRP found there to be a number of situations where, had there been a longer timeframe available for applicants to complete clarifications than is presently allowed, the TRP would have recommended a slightly larger pool of proposals as 'Recommended Category 1 Proposals'. This is because of the strong technical merit of relevant proposals. However, having regard to the position that such proposals would (absent a Board approved extension) lose Board approval and therefore Round 7 funding if they could not complete these clarifications within four weeks, the TRP determined it more appropriate to recommend these limited number of proposals as 'Recommended Category 2 Proposals'. This is discussed further below in part 5.8.

PART 4: RECOMMENDATIONS TO THE BOARD

4.1. Overall outcome of the Round 7 TRP Review meeting

1. Annex 2 to this report lists each of the component proposals in the categories in which they are recommended to the Board by the TRP, together with a per-category budget breakdown of the **maximum upper ceiling** of, respectively, the two year (Phase 1) and full proposal term (three, four or five years as relevant to specific proposals), as converted into United States dollar equivalents for component proposals submitted in Euro **at the date of this report** (8 October 2007).[12]

2. It is noted that a number of 'Recommended Category 2 Proposals' (including 'Recommended Category 2B Proposals') include a recommendation for funding by the TRP provided that the applicant makes an adjustment to specific limited aspects of the proposal. It is anticipated that such adjustments will result in a number of budget reductions prior to grant signature as a result of the TRP clarification process.

In summary:

a. **73 component proposals in 67 countries are recommended for funding by the TRP in Round 7[13]**;

b. **the 73 components represent 49% of eligible components reviewed by the TRP, which is highest percentage of proposals recommended for funding by the TRP to date**;

c. Of the 68 component proposals categorized by the TRP as 'Recommended Category 2 Proposals', 26 of these (or 38 %) are categorized as 'Recommended Category 2B Proposals';

d. **the combined maximum upper ceiling recommended by the TRP to the Board for approval for the 73 components** is:
   i. **US$ 2.758 billion over the proposal lifetime** (up to five years); and
   ii. **US$ 1.117 billion over Phase 1** (initial two years).

   These amounts are both significantly higher than the equivalent amounts for Round 6, due to the higher overall approval rate, and a higher average budget per proposal recommended for funding (Round 7, 73 components at an average upper ceiling of US$ 15.3 million over the Phase 1 term, compared to Round 6, 85 components at an average upper ceiling of US$ 10 million over the Phase 1 term).

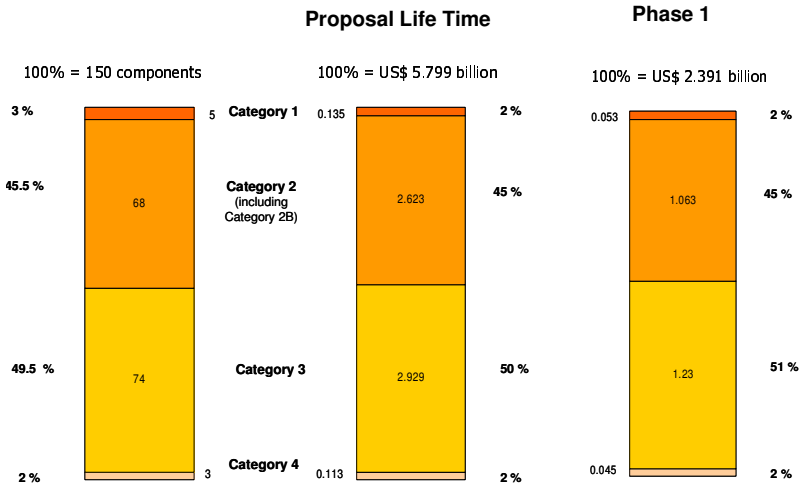
e. HIV/AIDS proposals represent 36% of all components recommended for funding, and 48% of the Phase 1 upper ceiling budget request. Malaria accounts for 38% of recommended proposals and 42% of the Phase 1 upper ceiling budget request. Tuberculosis accounts for 26% of recommended proposals and 10% of the Phase 1 upper ceiling budget request. Part 4 below provides further analysis of the proposals reviewed by the TRP, and funding recommendations.

[12] Relevantly, the total funding request summary set out in Annex 2 to this report, and the comparisons made in this part 4, are based upon the EURO/United States dollar exchange rate at 1 October 2007. It is anticipated that at 1 November 2007 a revised United Nations official exchange rate will be issued, and Annex 2 will be updated to reflect these changes for the Sixteenth Board meeting through the issue of a revised Annex 2 showing the revised total figure recommended for approval. (This change is not anticipated to be material by reason that a relatively small number of proposals were submitted in the EURO currency in 2007).

[13] In this report, recommended proposals 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'.

1. **Figure 2 below** summarizes the breakdown of eligible components reviewed by the TRP in Round 7 **over the proposal lifetime** (that is, up to a maximum of five years). Proposals are grouped into one of the four recommended categories for funding as defined in paragraph 27 of part 3.3 above, reflecting the outcome of the TRP review process.

Figure 2 –TRP Recommendations by TRP Category and by Maximum Upper Ceiling Funding Requested



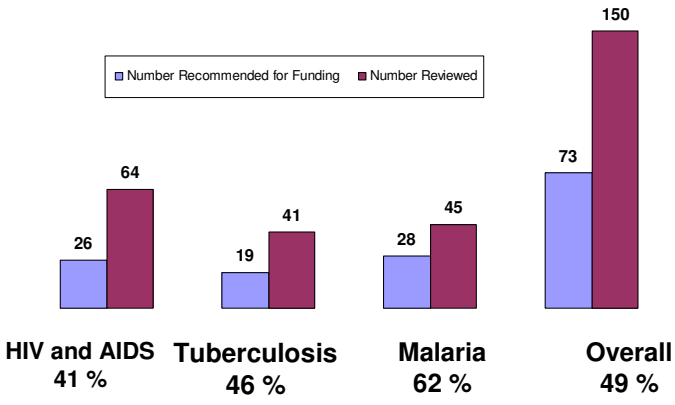
2. Further details on the requested budget amounts, and the recommended approvals, are provided in part 4.3 of this report.

4.2. Detailed Analysis of Recommended Proposals for initial 2 years of funding

3. Drawing on the summary provided in part 4.1 above, the Round 7 rate of components recommended for funding of 49% represents an improvement in the overall rate of recommendation of 6% compared to Round 6. The paragraphs under part 4.5.1 provide more detailed information regarding the comparison across prior Rounds.

4. Specifically in regard to Round 7 proposals, **figure 3 below** demonstrates the number of eligible components reviewed by the TRP, those recommended, and the overall success rate.

Figure 3 – Number of proposals recommended for funding by disease compared to all eligible proposals reviewed



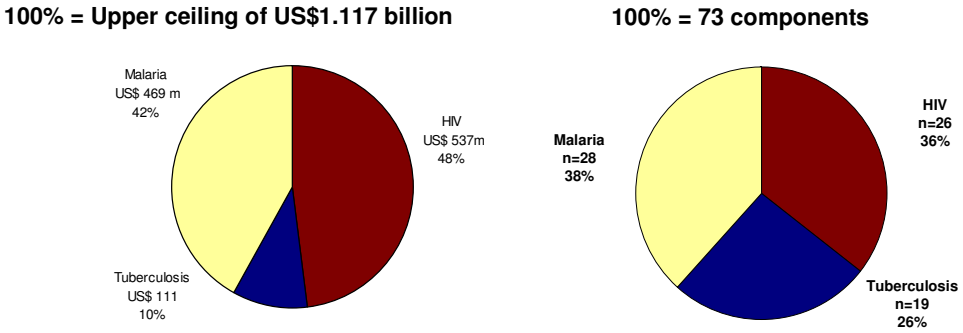
5. Referring to the 73 disease components recommended for funding, **figure 4 below** identifies that:

a. HIV/AIDS component proposals represent 36% of recommended components (38% in Round 6, and 39% in Round 5) and 48% (US$ 537 million) of the requested two year upper ceiling budget request (54% in Round 6, and 40% in Round 5).

b. Malaria components represent 38% of recommended components (22% in Round 6, and 21% in Round 5) and 42% (US$ 469 million) of the two year upper ceiling budget request (24% in Round 6, and 27% in Round 5).

c. Tuberculosis components represent 26% of recommended components (40% in Round 6, and 35% in Round 5) and 10% (US$ 111 million) of the two year upper ceiling budget request (22% in Round 6, and 27% in Round 5).

Figure 4 – Recommended components by disease, and Maximum Upper Ceiling Phase 1 Request



6. The 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.

7. Conversely, the divergence between the success rate of the HIV/AIDS component proposals (36%) and their share of the two year upper ceiling budget (48%) is due to the higher average cost of the HIV/AIDS proposals relative to the other disease components.

8. In respect of malaria components, it is noted that:

a. the amount recommended for funding represents the highest two year upper ceiling for malaria components to date (with Round 4, US$ 406 million two year upper ceiling being the next closest amount); and

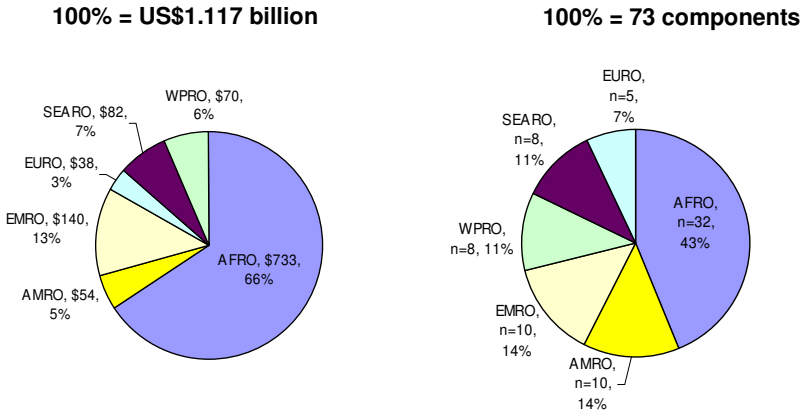
b. the proportion of the two year upper ceiling is equivalent to the rate of 42% recommended in respect of the Round 4 proposal review process.

Analysis of TRP recommendations by WHO regional classification

9. **Figure 5 below** demonstrates that, as with prior Rounds, the largest proportion of recommended proposals and budget relate to African countries, with 43% of recommended component proposals (42% in Round 6) and 66% of the recommended Phase 1 upper ceiling budget (US$ 733 million). Based upon the increased value of Round 7 proposals recommended for funding, there is a

substantial increase in the Phase 1 upper ceiling recommended across the African continent, with a significant proportion of this funding being due to the increased success of malaria components.

Figure 5 – Recommended components by region, and Maximum Upper Ceiling Phase 1 Request

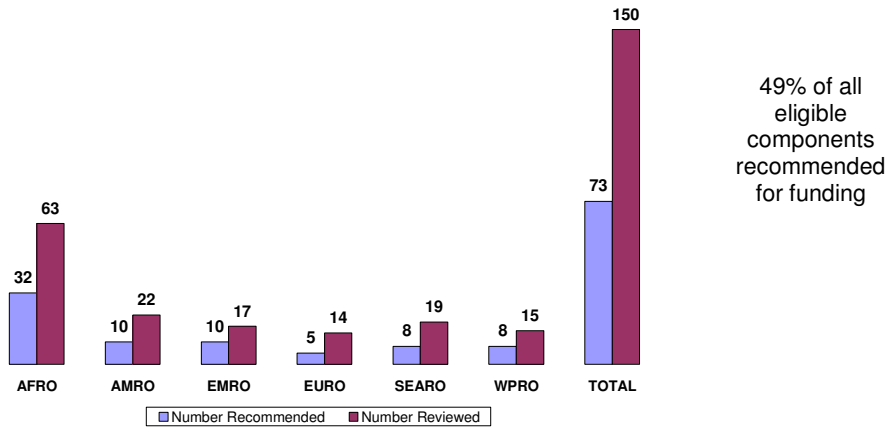


10. Figure 5 also shows the recommendations arising in respect of each of the five other WHO regional clusters, indicating that the relative rate of proposals being recommended for funding from the Eastern Mediterranean (Round 6, n=7) and Latin American and Caribbean clusters (Round 6, n=4) were higher in this Round, while that of the Eastern European and Central Asia (Round 6, n=17) and South East Asia (Round 6, n=11) were lower. These are discussed further below.

11. Referring to the 73 disease components recommended for funding, **figure 6 below** identifies that 51% of proposals submitted from applicants in the AFRO region were recommended for funding in Round 7, which is marginally higher than the average of 49% of proposals recommended for funding overall.

12. As in prior Rounds, applicants from the AFRO region submitted a higher number of proposals in Round 7 compared to other regions, which is not unexpected given the African continents disproportionately higher burden in respect of the three diseases. Figure 6 demonstrates that, compared to the number of proposals submitted, AFRO applicants were not overly represented in the overall funding recommendations of the TRP.

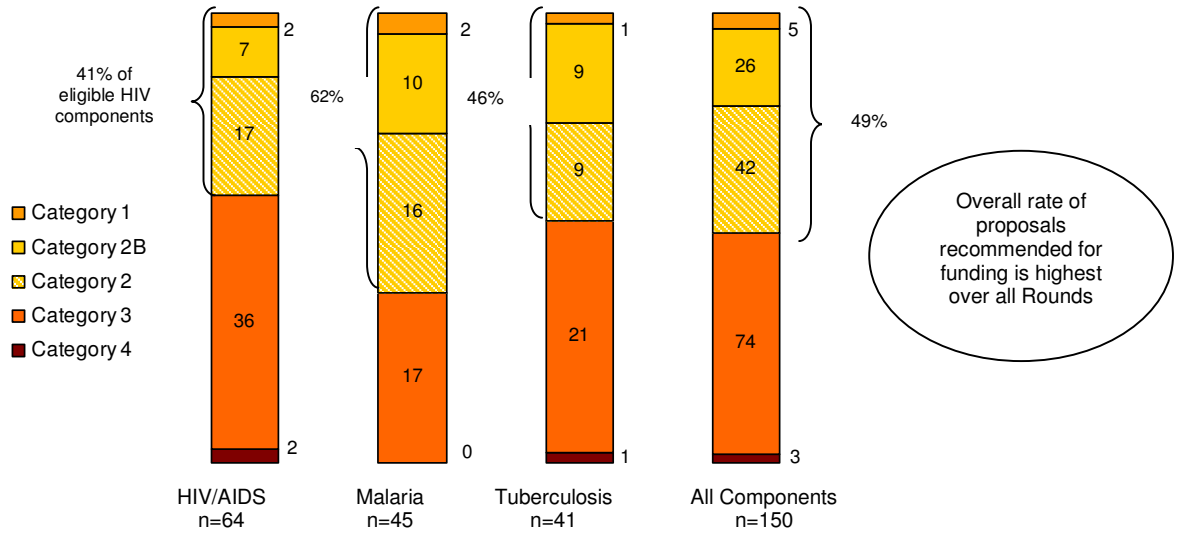
Figure 6 – Comparison of number of components reviewed and recommended by WHO region



Overview of TRP recommendations by Board approved category

13. **Figure 7 below** shows the number and proportion of component proposals recommended for funding (that is, proposals recommended as 'Category 1' or 'Category 2' (including 'Category 2B' proposals) by disease in Round 7, as a subset of all eligible components.

Figure 7 – Relative rate of recommendation of proposals- by category - within each disease component

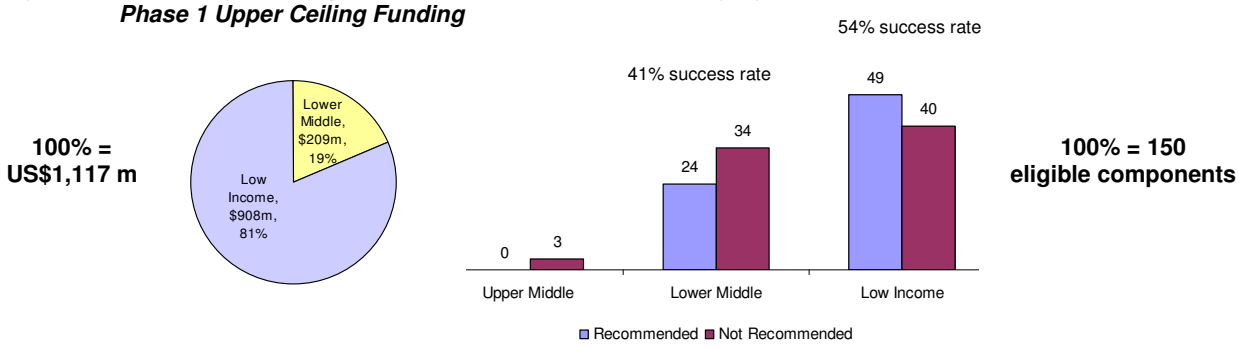


14. From figure 7 above, the TRP notes that the Round 7 malaria relative rate of TRP recommendation for funding of 62% of eligible malaria components is equivalent to the highest recommendation rate by the TRP (tuberculosis was also 62% in Round 6).

Analysis of TRP recommendations by World Bank income level classifications

15. **Figure 8 below** [14] depicts the stratification of recommended components, and of the corresponding Phase 1 upper ceiling budget request, according to the World Bank's classification of income level. Consistent with all prior Rounds, countries/other eligible economies were identified as Upper-middle income (Upper middle), Lower-middle income (Lower Middle) and Low income (Low income) at the time of issue of the Call for Proposals for Round 7 on 1 March 2007, based upon the World Bank's annual classification of income level at 1 July of 2006.

Figure 8 – Summary of components recommended for funding by World Bank Income Level classification and Phase 1 Upper Ceiling Funding



[14] For multi-country applicants, the average income level of the countries targeted in the proposal has been used if there were differing income levels between the countries included in the proposal.

16. As in prior Rounds, the majority of funds in TRP recommended proposals in Round 7 are targeting Low income countries, with 67% of recommended proposal components and 81% of the total two year upper ceiling budget going to these countries. These proportions are higher than those observed over Rounds 5 and 6, and once again, relatively consistent with the Round 4 outcomes.

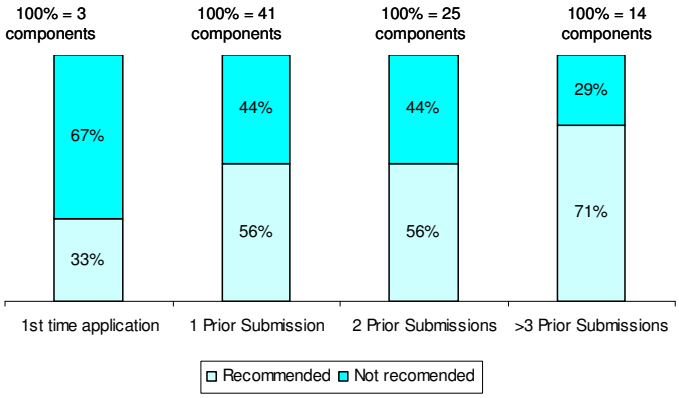
17. As **table 2 below** indicates, Round 7 saw a relative increase in the Phase 1 upper ceiling of proposals recommended for funding from Low income applicants, although the number of component proposals remained stable over Rounds 6 and 7.

Table 2 - Comparison over Rounds 3 to 7 of applicant income level for TRP recommended proposals

	Low Income		Lower Middle Income		Upper Middle Income	
	Components	**Budget**	**Components**	**Budget**	**Components**	
Round 3 [15]	46	$ 448 m	22	$ 162 m	1	$ 3.1 m
Round 4 [16]	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
Round 7	49	$ 908 m	24	$ 209 m	0	$ 0

18. Referring to **figure 9 below**, in Round 7, the relative rate of component proposals being recommended for funding, depending on whether the applicant is a first time applicant for a disease, or is returning after one prior or more prior submission for the same disease component, shows a clear rise with repeated submissions.

Figure 9 – Relative rate of recommendation for funding according to number of prior unsuccessful submissions for same disease component [17]



19. Significantly, where applicants returned in Round 7 after repeated Rounds of not being recommended for funding, there was a very high relative success rate (Round 7, 71% if there had been repeated prior submissions, compared to Round 6, where the equivalent rate was 40%). The TRP believes this may be because applicants that have repeatedly not been recommended for funding presented significantly modified proposals in Round 7. Specifically, a number of applicants

[15] One component from regional applicant not included due to multiple income levels applying to this proposal.
[16] Two components from regional applicants not included due to multiple income levels applying to this proposal.
[17] CCM, Sub-CCM and non-CCM applicant data considered only, as variations in countries included in regional/multi-country proposals does not support comparison data being presented.

explained in their proposal narrative, that they were not 'resubmitting' a proposal, but had developed a different proposal based on, for example, a revised national plan.

Applicants who have not yet been recommended for funding

20. Again, in Round 7, there were a number of applicants who were either not recommended for funding across all disease components and/or have similarly not been recommended for funding over recent prior Rounds. Data analyzed by the Secretariat shows that 13 applicants have applied for the same disease component in three successive Rounds and not been recommended for funding. The number increases to 29 applicants when only Round 7 and Round 6 outcomes are considered. The data also suggests a relative balance of applicants repeatedly not being recommended for funding across the WHO regions, and no one region dominates in the analysis to warrant in depth discussion by the TRP on potential trends.

21. However, as noted in the report of the TRP in both Rounds 5 and 6, that a number of countries repeatedly do not submit technically sound proposals is especially concerning in respect of those countries that have a significantly high disease burden or a large number of people at risk.

4.3. Budget Information

22. **For the 73 component proposals recommended for funding by the TRP in Round 7** (that is, all 'Recommended Category 1 Proposals' and 'Recommended Category 2 Proposals', including 'Recommended Category 2B Proposals')**, the total upper ceiling budget request for:**

a. **up to five years is US$ 2,758 million**;

b. **the initial two years is US$ 1,117 million** (Phase 1 period); and

c. the maximum upper ceiling budget requested for 'Recommended Category 2B Proposals' alone is US$ 407.2 million over Phase 1 and US$ 1,007 million over the full proposal term.

23. **Table 3 below** presents the same information for the prior four Rounds for reference.

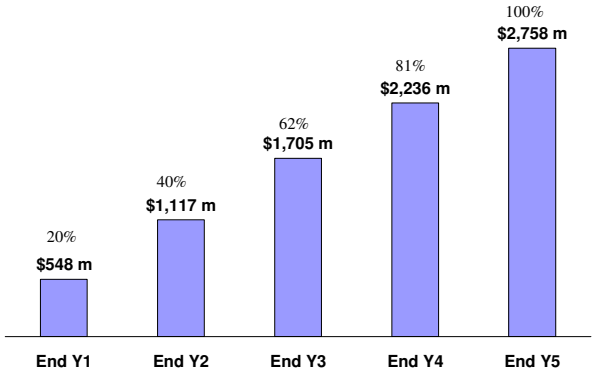
Table 3: Comparison over Rounds 3 to 7 of relative apportionment of components recommended for funding by the TRP

	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 *[18]	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
Round 7	US$ 710 m	US$ 1,751 m	US$ 407 m	US$ 1,007 m

[18] 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 12 in total across Rounds 3 to 6, with one additional successful appeal in Round 2). This is to enable a like comparison with the pending recommendations of the TRP for Round 7 in this report, which remain subject to Board consideration.

24. **Figure 10 below** shows the upper ceiling of the budget requests for the recommended proposals over the respective proposal lifetimes for all proposals recommended for funding.

Figure 10 – Cumulative Upper Ceiling of Budget Amounts Requested for all Proposal Components Recommended for funding, over proposal lifetime



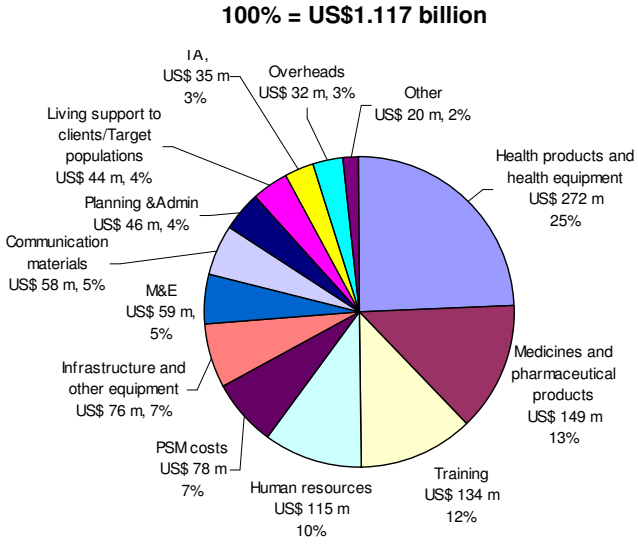
Planned Expenditure for Phase 1 by Expenditure Item

25. Different from prior Rounds, the Global Fund included a broader range of cost categories in the Proposal Form by which it requested applicants to summarize detailed budgets. Additional guidance was also provided on what was included in a particular cost category, and what was not.

26. This additional breakdown (into 12 categories, compared to seven in prior Rounds) and the reduced scope to use the category of 'other' better facilitated the TRP review and understanding of the major cost items included in proposals. It further assisted the TRP in its application of the criteria of proposals representing good value for money, being one further aspect of the 18 criteria that the TRP should consider when reviewing proposals.

27. **Figure 11 below** sets out the planned expenditure by cost category over the initial two years of funding for those proposals recommended for funding.

Figure 11 - Upper Ceiling Phase 1 Budget for Recommended Proposal Components by Cost Category in US$



28. Whilst direct comparisons are not possible due to the changed framework from Round 7, it is noted that:

a. commodities and the systems to procure them and manage the supply chain account for 45% of the total funding. The high rate of success for malaria components saw a considerable investment in long-lasting insecticide treated bednets; and

b. as in previous Rounds, there is a significant contribution, reaching about 30%, to the health infrastructure through training, human resource costs and direct infrastructure support.

4.4. Overview of funding requests for Health Systems Strengthening in Round 7

29. As mentioned above, Round 7 saw the introduction of the new term of 'health systems strengthening strategic actions' (**HSS strategic actions**) as a means of seeking to provide much clearer guidance as to:

a. the Global Fund's intentions behind supporting health systems strengthening; and

b. how applicants could and should incorporate requests for financial support for HSS strategic actions in Round 7, within the framework of funding being offered (as in Round 6) through disease component windows.

30. The TRP notes that, as reflected in the Round 7 Guidelines, the Global Fund's support for health systems strengthening across all prior Rounds[19] arises from a recognition that improved performance of in-country led HIV and AIDS, tuberculosis and malaria programs depends on the quality, equity and efficiency of the underlying health systems. Further, that the Global Fund strongly encouraged applications for support across all sectors relevant to the efficient, transparent, and effective performance of the health system, including the non-public sectors.

31. **Table 4 below** summarizes the level of inclusion of HSS strategic actions within eligible components reviewed by the TRP (n=150), by WHO cluster. 113 (75%) of all these included requests for support for HSS strategic actions (through the completion of table 4.4.2 to varying degrees).

Table 4 - Number of eligible components (n = 150) that included requests for HSS strategic actions by WHO region and disease component

WHO Region	HIV/AIDS	Malaria	Tuberculosis	Components with HSS strategic actions	All eligible components	Percent of components including HSS strategic actions by WHO Region
AFRO	20	21	8	**49**	63	78%
AMRO	9	5	5	**19**	22	86%
EMRO	4	2	3	**9**	17	53%
EURO	6	2	5	**13**	14	93%
SEARO	5	5	4	**14**	17	82%
WPRO	6	0	3	**9**	17	53%
Total	**50**	**35**	**28**	**113**	150	75%
All eligible components	**64**	**45**	**41**			
Percent of components including HSS strategic actions by disease	78%	78%	68%			

32. By World Bank classification of country income level, the largest proportion of HSS strategic

[19] Health Systems Strengthening as a separate component was offered in Round 5 and through an 'Integrated component' across Rounds 1 to 4 (refer to figure 11 for summary information on the amounts recommended for funding in those Rounds for 'health systems strengthening'). However, requests for support of health systems strengthening have also historically been available across all prior Rounds within disease components also.

actions requested in Round 7 were included in proposals submitted by Low-income applicants (61% percent, or US$ 557 million of the total request for HSS strategic action support). Lower-middle income countries accounted for 34% (US$ 311 million of the US$ 912 million upper ceiling), and Upper middle income applicants (n=3) accounted for 5% (US$ 44 million) of the monetary value of HSS strategic action requests.

33. In Round 7, applicants were presented with the option of applying for up to five HSS strategic actions per disease component, as a means of seeking to encourage applicants to focus on higher level, more strategic/over arching health systems strengthening needs. This opportunity was introduced as a specific set of questions in the Round 7 Proposal Form (based on GAVI and other experiences), to respond to situations where many applicants requested a relatively low level of support for more activity/project based services in prior Rounds.

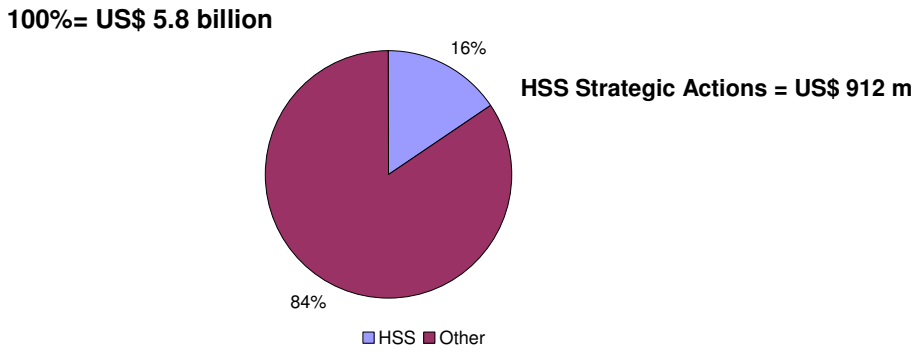
34. **Table 5 below** sets out the relative number of HSS strategic actions applied for by those applicants (n=113) who completed table 4.4.2 of the Proposal Form. Most applicants who completed this section included three or more HSS strategic actions in their proposal.

Table 5 – Number of HSS strategic actions included in Round 7 proposals, by disease component

Disease	Number of HSS strategic actions by component					
	1	2	3	4	5	Total
HIV/AIDS	6	5	12	15	12	50
Tuberculosis	7	4	7	6	4	28
Malaria	2	3	13	8	9	35
Total actions by component	**15**	**12**	**32**	**29**	**25**	**113**
Average	13%	11%	28%	26%	22%	100%

35. As set out in **figure 12 below**, of the 113 components including HSS strategic actions in Round 7, a total upper ceiling of US$ 912 million was requested for HSS strategic actions over the proposal lifetimes. This represents 16% of the total five year upper ceiling request by eligible applicants of US$5.8 billion. The Phase 1 equivalent of these figures is that HSS strategic actions represented US$ 476 million (20%) of a total Phase 1 upper ceiling of requested amount of US$ 2,391 million.

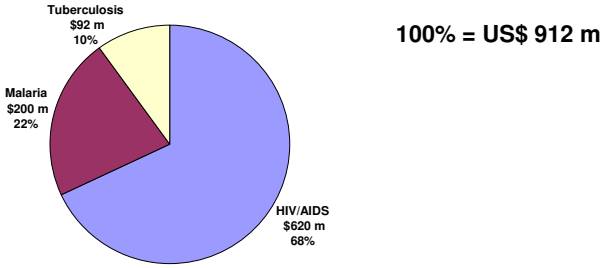
Figure 12 – Proportion of five year upper ceiling requested for HSS Strategic Actions in Round 7



36. Of the total requested support for HSS strategic actions over the lifetime of all proposals, **figure 13 below** demonstrates that over 68% of all requested support (US$ 620 million) was included within HIV/AIDS components, while tuberculosis (10%, US$ 92 million) and malaria (22%, US$200 million) included proportionately lower amounts.

37. Phase 1 equivalent amounts comprised: US$ 325 million (68%) in HIV/AIDS components, US$ 46 million (22%) in tuberculosis components, and US$ 105 million (18 %) included in malaria components.

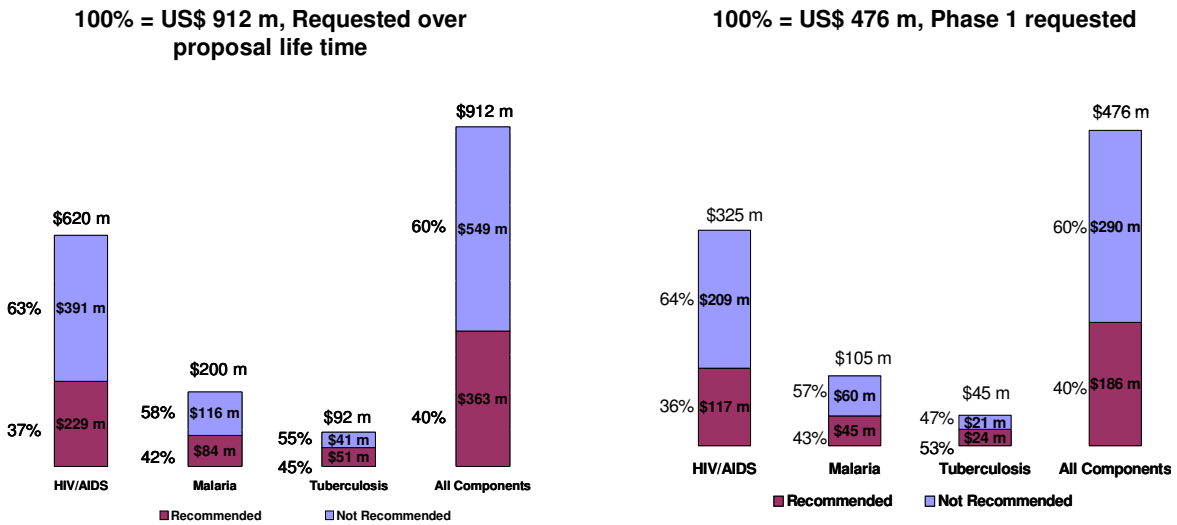
Figure 13 – US$ equivalent of all requests for HSS Strategic Actions by component (n=113) over proposal lifetime



HSS strategic actions as a proportion of funding recommend by the TRP

38. As demonstrated by **figure 14 below**, of the US$ 912 million identified by applicants as HSS strategic actions in Round 7 over the lifetime of proposals, 37% (US$ 229 million) of HSS funding requests within HIV/AIDS components were recommended for funding by the TRP, while 55% (US$ 51 million) for tuberculosis and 42 % (US$ 84 million) for malaria were recommended.

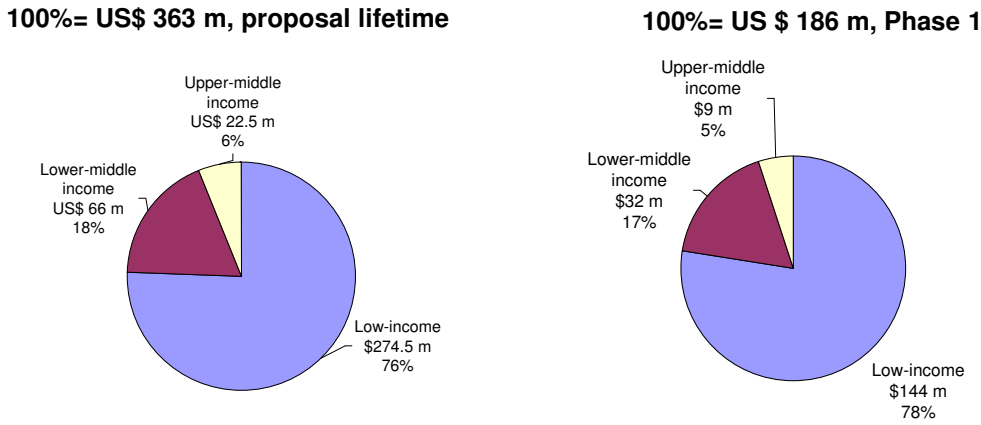
Figure 14 – US$ value of HSS strategic actions requested over proposal life time and Phase 1, as compared to US$ value of HSS strategic actions recommended for funding, by component



Respectively, both across the proposal lifetimes, and during Phase 1, 40% of the value of HSS strategic actions identified by applicants in eligible Round 7 proposals was recommended for funding by the TRP.

39. By World Bank classification of income level, **the TRP's recommendations on funding for proposals where applicants identified HSS strategic actions in Round 7, over the proposal lifetimes, and then Phase 1**, are set out in **figure 15 below**. As demonstrated by the figure below, applicants classified by the World Bank as Low income are recommended by the TRP to receive the highest proportion of support for HSS strategic actions identified by applicants in Round 7 proposals (US$ 144 million over Phase 1, representing 78% of the funding for HSS strategic actions over the Phase 1 term).

Figure 15 – US$ value of HSS strategic actions recommended for funding by component by income level



HSS strategic actions identified by applicants in Round 7

40. In completing table 4.4.2 of the Proposal Form (a new section in Round 7 to expressly identify HSS strategic actions), applicants were invited to consider HSS strategic actions under the 15 broad areas that were listed in the Round 7 Guidelines.

41. **Figure 16 below** sets out, respectively, early analysis of the breakdown by HSS strategic action category, over:

a. the proposal lifetime, in respect of the US$ value of HSS strategic actions included in proposals recommended for funding (US$ 363 million); and

b. the Phase 1 term period (US$ 186 million).

42. Relevant to the data set out below, it is noted that:

a. in total, 375 HSS strategic actions were included in the 113 proposals where applicants identified a request for this support;

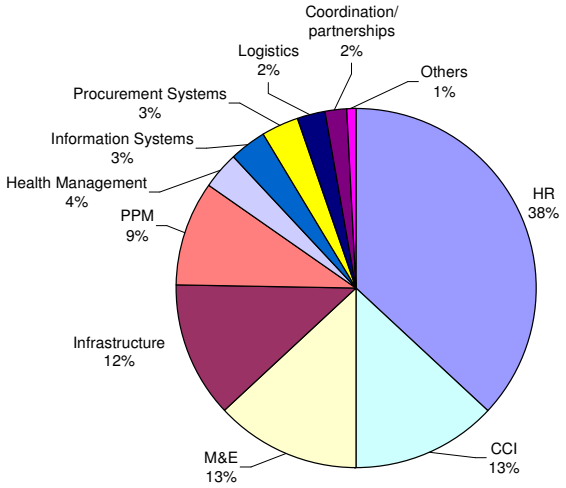
b. although a number of applicants completed the HSS strategic action section very well, other applicants included multiple topics in the one description and not up to five as possible in Round 7;

c. a very small number of applicants included disease specific, programmatic services in the HSS strategic actions section, which items were not included in the analysis undertaken to prepare this report; and

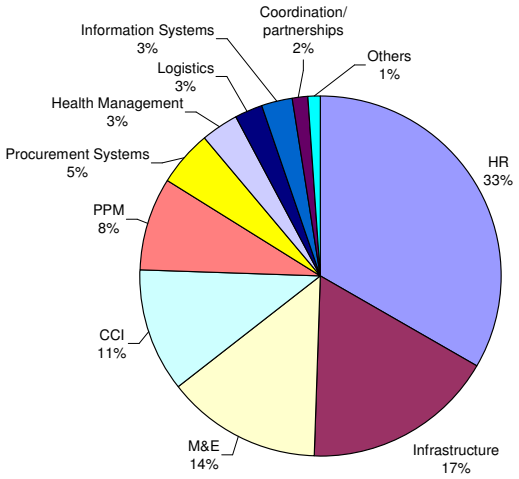
d. where the relative proportion of a HSS strategic action is below 2% in value compared to other actions, that action falls into the 'other' category provided in the figure below.

Figure 16 – Breakdown of HSS strategic Actions recommended for funding by the TRP *(n = 172 actions)*

100% = US$ 363 m, proposal lifetime



100% = US$ 186 m, Phase 1



Key to abbreviations:

CCI – community and client involvement
HR – human resources
PPM – Essential medicines and other pharmaceutical products
TMM – technology management and maintenance

43. Based upon applicant completion of the Round 7 Proposal Form, the TRP's funding recommendation:

a. for the proposal lifetime of Recommended Category 1, Category 2 and Category 2B Proposals includes 13% funding for HSS strategic actions (US$ 363 million of an upper ceiling of the US$ 2.758 million recommended by the TRP); and

b. for the Phase 1 term, includes 17% funding for HSS strategic actions (US$ 186 million of an upper ceiling of the US$ 1,117 million recommended by the TRP).

44. As applies to other analysis above (refer to figure 11, regarding the newly introduced 12 cost categories to summarize applicant budgets), Round 7 represents the first opportunity for applicants to identify more strategic HSS actions as a part of an overall funding request, although distinct from ongoing programmatic expenses and/or one-off expenses to replace smaller, non-systemic needs.

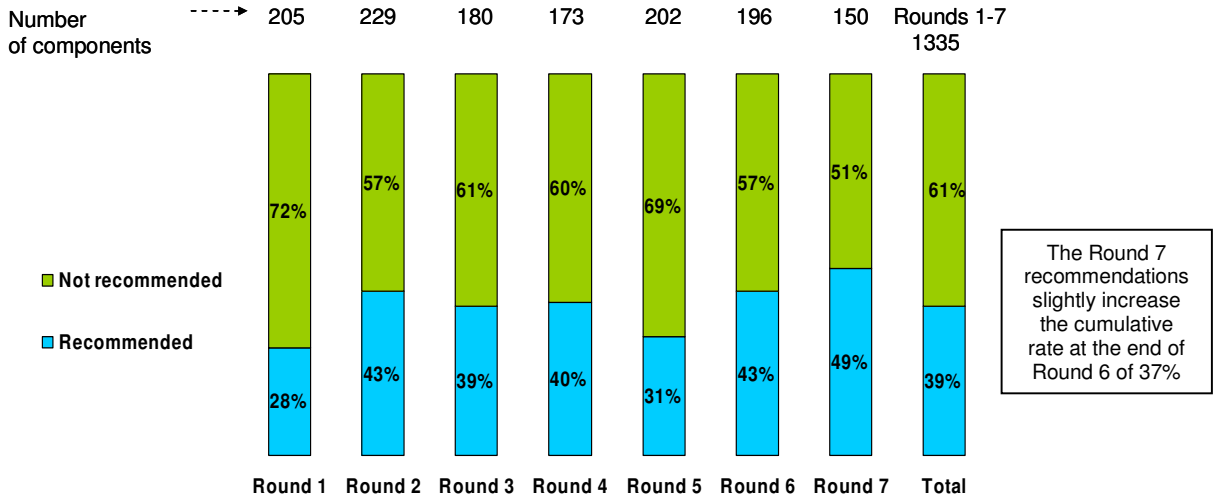
45. However, it is recognized that, for example, health services strengthening needs is likely to have been included in Round 7 proposals but not in section 4.4.2. Funding for such services and activities is therefore also likely to be included within the upper ceiling funding recommended for approval by the Global Fund Board. The TRP recommends that the Global Fund further analyze the funding requested in Round 7 as an input into discussions on the framework for the Global Fund's HSS approach moving forward, and the operationalization of relevant policies.

4.5. Comparison of Round 7 with previous Rounds

4.5.1. Overall success rates of proposals

46. **Figure 17 below** shows that the proposals submitted in Round 7 had a significantly higher success rate than in Round 6, and all prior Rounds.

Figure 17 – Comparison of Percentage of Proposals Recommended for Funding by the TRP across Rounds 1 to 7



47. 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. The higher success rate reflects an improvement of the quality and technical merit of the proposals submitted. Notably, the malaria proposals were internally coherent and better focused on scaling up important interventions. Most resubmissions now take full account of previous TRP comments and respond to them specifically.

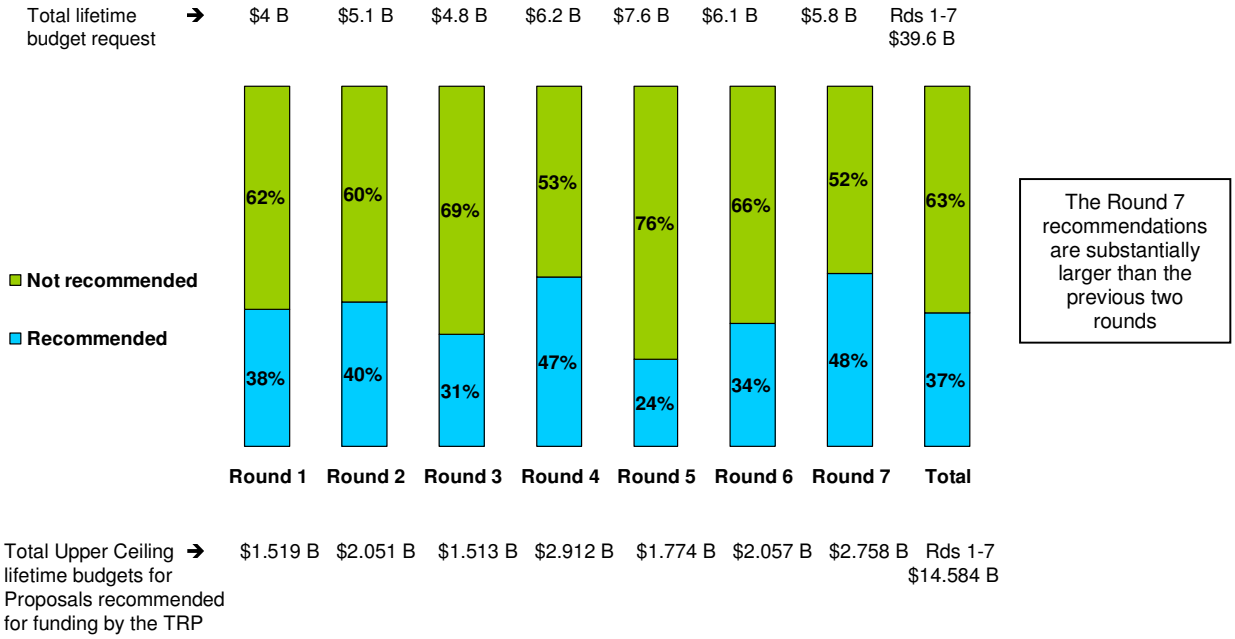
4.5.2. Upper ceiling funding comparisons across prior Rounds

48. **Figure 18 below** shows how the total upper ceiling proposal lifetime budget for recommended proposals in Round 7 (approximately US$2.758 billion) compares with prior Rounds.

49. By dollar amount, the proposal lifetime upper ceiling budget for proposals recommended for funding by the TRP in Round 4 (US$2.912 billion) was slightly higher than the TRP has recommended for Board consideration in Round 7 (US$2.758 billion). However, as a percentage of the amount recommended compared to total funding requests over the proposal lifetime for all eligible proposals, Round 7 is nominally higher at 48% (Round 4 = 47%). The amount recommended for funding is substantially higher than that recommended in the past two rounds of proposals.

50. In addition, the Phase 1 maximum upper ceiling budget for Round 7 (U$ 1,117 million) is materially higher than the Round 4 equivalent (US$ 968 million), and represents an increase of 15% over the previous highest two year upper ceiling recommendation by the TRP. This is further discussed under figure 19 below.

Figure 18 – Comparison of 5 Year Budget Amounts for Proposals Recommended by the TRP across Rounds 1 to 7



51. Having regard to both figure 2 (set out in part 4.1 of this report) and figure 18 above, the average five year upper ceiling budget per proposal recommended for funding (n=73) is US$37.8 million, compared to US$24.2 million in Round 6 (n=85).

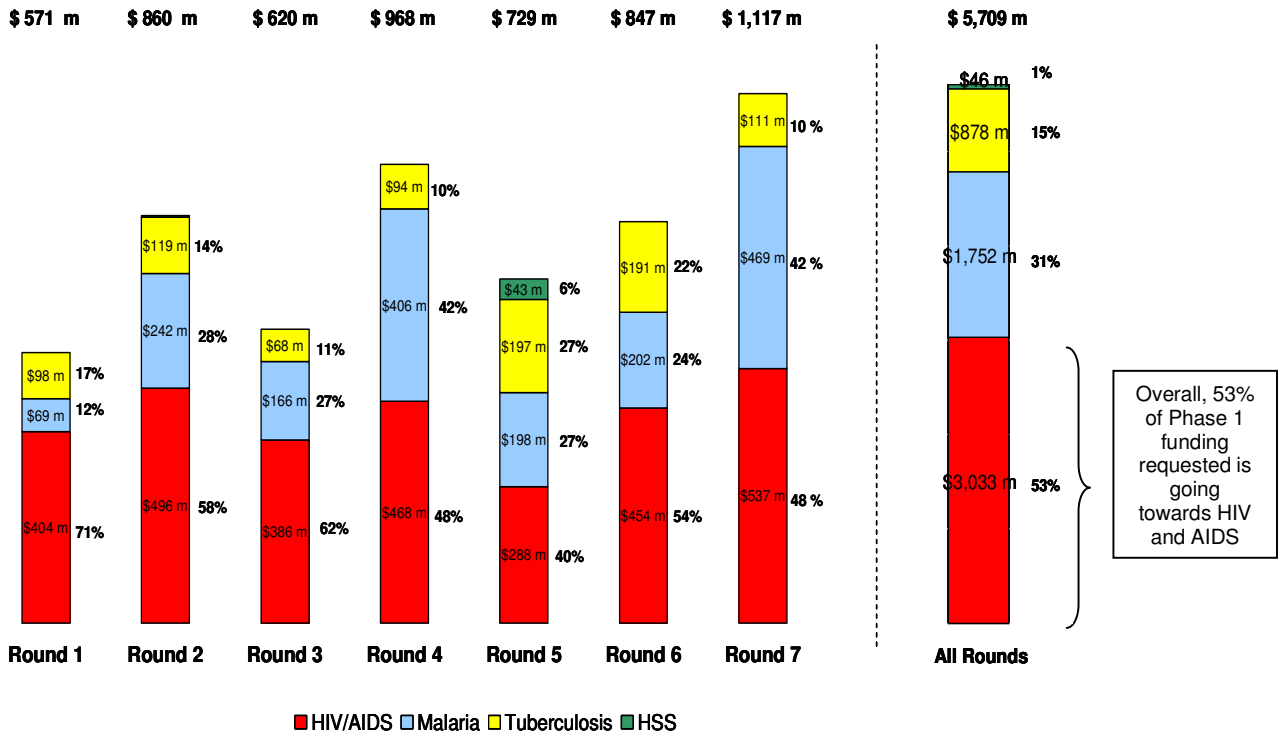
52. The trend towards a smaller number of proposals may reflect the fact that many countries are already implementing previous Global Fund grants and recognize the need to focus attention on achieving high performance in these grants before requesting additional expansion of activities. The proposals in the current round were on average larger and more clearly thought out and presented, leading to a higher success rate. However, a few proposals were still submitted that were judged to be premature or overly ambitious given the current context and constraints. Often these constraints were well described in the proposal, yet the approaches taken to overcome them were not well articulated.

Phase 1 upper ceiling funding recommendations and comparisons across prior Rounds

53. The TRP's recommendations to the Board for the Phase 1 period comprise the largest upper ceiling funding recommendation of the TRP to date, and approximately 20% of all Phase 1 funding historically recommended to the Global Fund Board for approval.

54. **Figure 19 below** illustrates this factor, together with the proportion of the Phase 1 upper ceiling budget by each component recommended by the TRP across Rounds 1 to 7.

Figure 19 – Comparison of 2 Year Upper Ceiling Budget Amount for Proposals Recommended by the TRP across Rounds 1 to 7 by Disease/Other Component.



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

55. As figure 19 above demonstrates, HIV/AIDS proposals continue to account for the largest share of the total upper ceiling Phase 1 amount recommended within each Round. Round 7 also continues the trend of HIV/AIDS proposals accounting for approximately fifty percent of the two year maximum budget (consistent with the overall average across Rounds 1 to 4 , and 6), and again higher than the 40% of all Phase 1 upper ceiling funding in Round 5.

56. In the case of malaria proposals, the high relative success rate of these proposals was noted in figure 3 above (part 4.2). The Round 7 outcomes equal the previous highest Phase 1 upper ceiling budget amount recommended by the TRP for malaria proposals in a single Round, with Round 4 providing identical percentage recommendations for all disease components.

57. As introduced in part 2 above, the demonstrable improvement in the quality of Round 7 malaria proposals appears to be largely due to the support applicants received from the Roll Back Malaria Harmonization Working Group and WHO's Global Malaria Programme throughout the Round 7 proposal development process.

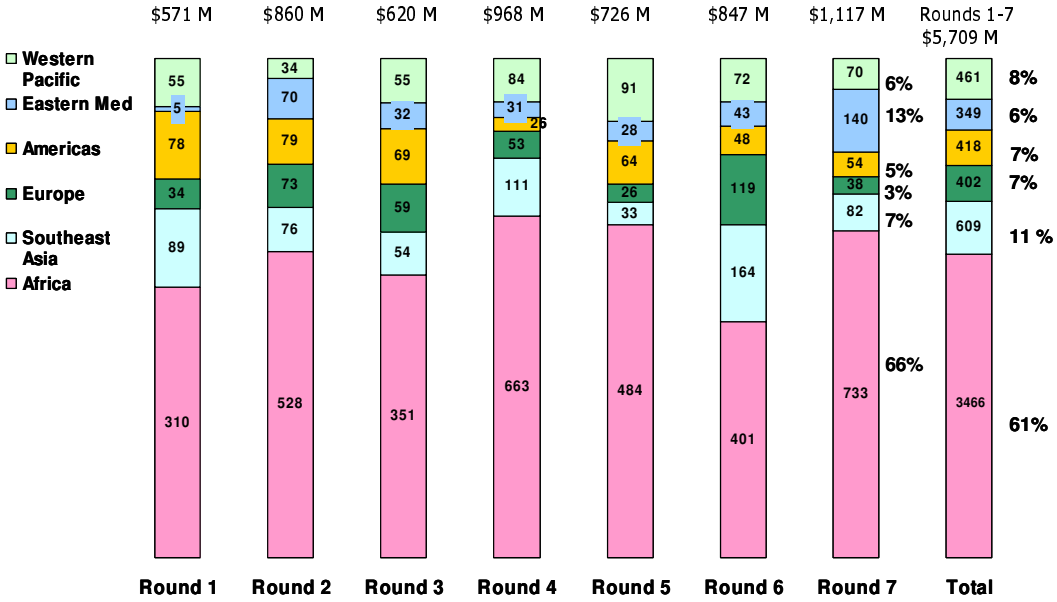
58. Round 7 was characterized by a number of large technically sound malaria proposals requesting funding for the distribution of long lasting insecticide treated nets and this perhaps explains the overall increase in the average Phase 1 amount for malaria proposals recommended for funding in Round 7 (US$ 16.6 million over two years) compared to Round 6 (US$ 10.6 million).

59. In contrast, the success rate for HIV proposals has remained similar across several Rounds. It is hoped that with increasing experience of implementation of expanded strategies for HIV treatment, care and prevention, increasingly sound proposals will be prepared over the next Rounds.

Regional breakdown of proposals recommended for funding, by Phase 1 upper ceiling

60. **Figure 20 below** shows the geographical distribution (based on WHO's six regional clusters) of the recommended upper ceiling for Phase 1 funding requests for Round 7, and compared across Rounds 1 to 7.

Figure 20 – Comparison of Phase 2 Upper Ceiling Budget Request for Proposals Recommended by the TRP across Rounds 1 to 7 by WHO geographical region [20]



61. As noted above, proposals from the Eastern Mediterranean WHO region (EMRO) were stronger compared to all prior rounds on a financial proportionate basis, with proposals from the African continent returning (again, on a financial proportionate basis) to relatively the same levels as seen in Rounds 4 and 5.

62. The TRP did not identify any obvious causes for the relative improvement in these two regions compared to Round 6, other than to note the relatively high quality of proposals reviewed, and a very consistent approach to strong and comprehensive descriptions of the planned interventions and the linkage of these interventions to outcomes targeted in national disease prevention and control plans.

63. Although an increased number of proposals were recommended for funding in the Latin American and Caribbean region (Round 7 n=10, Round 6 n=4), the relative percentage of funding requested (in terms of the Phase 1 upper ceiling for eligible proposals recommended for funding) remained unchanged from Round 5.

4.5.3. Impact of existing Global Fund grants

64. By reason of the Global Fund's focus on, predominantly, low and lower-middle income countries, it is natural to expect that many applicants for funding will be applicants who have previously applied for and been Board approved for funding in a prior Round.

[20] 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 13 in total across Rounds 2 to 6). This is to enable a like comparison with the pending recommendations of the TRP for Round 7, which remain subject to Board consideration.

65. Compared to Round 6, a larger proportion of the earlier grants (nearly all Round 1, 2 and 3) have fully completed the Phase 2 grant renewal process. Indeed, a number of grants have been closed out by the Global Fund by reason that the funding window (in time or monetary amount) has been exhausted. In addition, as introduced in the background part of this paper, a small proportion of strong performing grants are now being invited, based on pre-defined qualification criteria, to apply for funding through the Rolling Continuation Channel proposals process.

66. The TRP notes that in order to be recommended for funding, it is imperative that applicants' proposals describe clearly the implementation and any challenges encountered with the current grants; what actions have been taken to overcome these challenges and how the new proposal will be complementary to existing grants. The same principles apply to other donor and government health spending, but the TRP will continue to expect evidence that previous investments by the Global Fund are being well used before recommending additional resources. This information is clearly requested in the Guidelines and Proposal Form, but remains one of the weaknesses observed in Round 7. Similar issues appear relevant to Rolling Continuation Channel proposals and are discussed in part 6 below.

67. To reinforce the opinion expressed in the Round 6 TRP Report, overall, the TRP continues to hold the view that the existence of prior Global Fund (or other donor/partner) 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 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 assessments in future Rounds.

68. In the context of increasingly available data on grant performance, and the continued requirement for the TRP to take into consideration past grant performance where relevant to a new request for funding, the TRP continues to request and have access to the Global Fund's Grant Scorecards (fixed in date, at the time of the Board's decision on funding in Phase 2), and Grant Performance Reports (prepared largely by the fund portfolio cluster personnel and intended to be updated and remain current during the lifetime of a grant, whether in Phase 1 or Phase 2) as its main source of non-country based grant performance data. Further comments on the relative assistance provided by existing Global Fund information are discussed in part 5.4 below.

PART 5: LESSONS LEARNED AND ISSUES FOR DISCUSSION AND ENDORSEMENT BY THE BOARD

5.1 Overview on quality and scope of proposals

1. The TRP is encouraged that Round 7 saw the highest proportion of components recommended for funding, and the largest recommended funding envelope for Phase 1. This is particularly positive given the possibility for a pool of up to 21 qualified applicants to have applied through the Rolling Continuation Channel as an alternative to Round 7 during 2007.

2. Malaria proposals in this Round showed a clear and significant improvement on previous Rounds. This is thought to be largely as a result of considerable technical support and discussions with targeted countries organized by Roll Back Malaria and WHO as described above. Overall, malaria components in this Round were much clearer in their description of the epidemiology, entomology and time trends of the infection. Strategies were more clearly based on evidence, maps were more regularly included to support the proposal text, and proposed activities more clearly planned and budgeted.

3. The TRP sees a trend, which started with tuberculosis and is now seen for malaria, of stronger proposals that are coordinated by key partnerships. While this clearly leads to technically stronger proposals, it is also more difficult to determine the extent to which the proposal reflects ownership by the country and local stakeholders. That is, external technical assistance may at times try to fit a country's program into a standard, formulaic proposal. The issue is that once a grant is negotiated, the implementation of the program may reveal specific contextual constraints and operational challenges that have not always been appreciated during the proposal preparation process.

4. While the TRP strongly encourages countries to seek appropriate technical assistance when it is needed, it also recommends that sufficient resources are identified to build local capacity relevant to submitting strong, fundable proposals. Such capacity consists of not only public health experts and consultants, but also individuals well-trained in proposal development frameworks, planning and budgeting. Given the long term commitment of the Global Fund to build sustainable systems for fighting the three diseases, investment in local or regional public health capacity will in due course reduce the dependence of countries on external technical assistance. Such investment should come either from applicants including capacity building within their proposals or from Governments or their development partners prioritizing it in their budget and planning processes.

5.2 Health Systems Strengthening

1. As the analysis in part 4 indicates, the Round 7 Proposal Form included an emphasized section on health system strengthening (**HSS**) to encourage requests for financial support for HSS strategic actions to address identified health system constraints. Over the lifetime of relevant components, US$363 million of the upper ceiling funding request for all recommended components (US$ 2.391 billion) is targeted towards funding HSS actions identified by applicants as being the most appropriate to include in proposals to the Global Fund. This represents a major further investment in health system strengthening, to build on prior Global Fund commitments through earlier Rounds. For comparison, GAVI aims to commit $500 million in the five years from 2005 towards HSS.

2. However, the TRP continues to believe that there is much greater opportunity for health system strengthening than is currently being accessed.

3. Drawing on the more supportive framework in the Round 7 Proposal Form, the major challenge to the inclusion of the full range of necessary HSS in proposals appears to relate to the confusion that still exists among many stakeholders as to what actions can be considered within a Global Fund proposal. The TRP notes that many HSS actions proposed focus on downstream obstacles to delivery of health services, rather than more fundamental constraints to the organization, planning and financing of the systems required to deliver those services. Although proposals often identified weaknesses in the national health systems, many did not comment on what could be done to improve the situation and restricted their strategic actions to relatively minor interventions to improve human resources or capacity.

4. In order to increase the Global Fund's objective to 'invest in activities to help health systems overcome constraints to the achievement of improved outcomes for HIV/AIDS, TB and malaria'[21], the TRP recommends an intensified effort at country level to improve the understanding of what HSS is and is not, and to strengthen CCM capacity and oversight of the subject. Set out below are a non-exhaustive list of potential strategies to increase in-country capacity, some of which fall outside the Global Fund's principal role of financing entity. However, as the Global Fund board is comprised of

[21] Refer to the Board's decision entitled "Global Fund Strategic Approach to Health-Systems Strengthening" (GF/B15/DP6)

many stakeholders, some of whom have an increased capacity to focus on certain of the recommendations below, the TRP believed it appropriate to set out the recommendations as a stimulus to a broader, necessary discussion on how the Global Fund and/or its partners may provide further support. **Recommendations of the TRP are that the Global Fund and/or its partners focus their support on:**

a. **enlarging the scope of the current coordination system to allow for better integration of strengthening the fight against the three diseases into the general framework of health development**. This would attempt to bridge the current gap between the disease experts and those stakeholders involved in institutional development;

b. **involving health systems/institutional development expertise in any regional briefing sessions before and during proposal preparation**. Past TRP members (not also serving as reviewers of RCC proposals) with health systems experience may be available for this exercise;

c. **providing intensive technical assistance support for Round 8 similar to that for Round 7 malaria in Africa**;

d. **making a small number of revisions to the HSS section in the Guidelines and Proposal Form to better highlight the difference between systems strengthening issues and the tools necessary to implement the systems**, for example, training, equipment and renovation of infrastructure/ buildings; and

e. **adding further health systems indicators** to the monitoring and evaluation framework.

5. Overall, the TRP believes that HSS strategic actions can continue to be proposed through the existing disease specific channels and that an additional health system strengthening channel may add complexity and create further confusion. A further advantage of the current system is that the need for health systems actions to be related to their potential impact on the three diseases would remain transparent. In Round 7, there were examples of successful proposals that were largely related to health system strengthening and these were able to be submitted through one of the existing channels.

5.3 Proposals submitted within pooled funding mechanisms (sector wide approaches/baskets)

1. The TRP welcomes the emphasis that the Global Fund places on harmonization. However, the current format of proposals is not well suited to applications for funding of sector wide approaches (**SWAps**). The TRP currently assesses the budget submitted and relates budget lines to activities, service delivery areas and objectives. The TRP also assesses whether these activities are appropriate to achieve the targets in the indicators proposed by applicants. As noted in previous years also, if applicants submit proposals that seek to include Global Fund grants in a SWAp, the proposal format needs to reflect the overall strategies, plans and budgets for the SWAp as well as progress (and challenges) in implementation . However, the proposal also needs to be explicit about the funding requested from the Global Fund and how, or which, outcomes will be attributed to this investment. The monitoring and evaluation of the SWAp needs to be fashioned in such a way that the performance-based framework of the Global Fund remains valid.

2. **The TRP therefore recommends that as part of the Secretariat's revisions to the Round 8 call for proposals framework** (and specifically, the Round 8 Proposal Form and Guidelines), **consideration is given to an application format that facilitates a more focused approach on SWAp mechanisms for the relatively small (but growing) number of countries to which this currently relates.**

5.4 Role of prior Global Fund grants in future applications

1. As the Global Fund matures, an increasingly large number of proposals are submitted by countries that already receive funding from the Global Fund. As discussed above, applicants are requested to describe the overall strategy and existing and proposed funding available, as well as to detail successes and challenges associated with implementation. The TRP is expected to take into account the scope and current state of existing grants when considering the feasibility and technical merit of each new proposal.

2. The TRP looks at the complementarities between the proposal and existing grants and activities to ensure that new investments will be additional. In such situations, it is also important for the applicants to describe carefully the experience to date with their existing grants, as they are requested to do in the Proposal Form.

3. The TRP also looks at the success that Principal Recipients nominated in a new proposal have had in implementing previous grants (whether provided by the Global Fund or another donor). As the TRP noted in its Round 6 Report, where there is a significant grant from an immediately prior Round which has either not yet been signed, or signed but not yet disbursed at the time of TRP review, the TRP pays particular attention to the increased burden that two concurrent same disease components may have on the implementation capacities of both the nominated Principal Recipient and the in-country implementation partners. In such circumstances, where the new proposal is for a scale up of the same interventions, rather than addressing a separate and clear gap in a national program or strategy, the TRP is less likely to recommend the proposal for funding absent demonstrated clear absorptive capacity. In these instances, the TRP also bears in mind that applicants may ask for a reprogramming of existing Global Fund funding if they feel that their priorities have shifted in such a way that the original grant is no longer most effectively applied. The TRP therefore recommends applicants to consider carefully the timing of when to submit applications, particularly where the same Principal Recipient is proposed.

4. The TRP has access to information from the most recent Grant Performance Reports (GPRs) and may seek additional clarification from the portfolio managers through the Secretariat during the TRP meeting. However, the experience in Round 7 was that the GPRs were not always adequately completed. **The TRP recommends that the secretariat improves the accuracy and relevance of the information provided on GPRs in such a way that it can assist the TRP in determining the feasibility of a PR to expand their activities with a new grant**.

5.5 Research capacity strengthening in proposals

1. The TRP also considers the relatively weakly articulated operations/implementation research components within relevant proposals to be a major missed opportunity. Within the extraordinary scale-up of the fight against the three diseases, there are many areas where the most effective and efficient methods to overcome bottlenecks are not yet known. Although some proposals included operations research activities, these often appeared as unnecessary additions or afterthoughts rather than integrated components of the program that should lead to more effective implementation and generate evidence that can be used for ongoing expansion.

2. Operations/implementation research that is anticipated by the TRP to be needed to assist countries to strengthen their response to the three diseases goes beyond the monitoring and evaluation of interventions supported by Global Fund financing. It also should seek systematic solutions to existing bottlenecks, and contribute to a country's understanding of the effectiveness of

different interventions, including how differing interventions contribute to the attainment of planned outcomes and impact.

3. The TRP encourages applicants to include realistic proposals that aim to strengthen local institutional capacity to carry out operations, health system and public health research that is closely tied in to the overall objectives of their programs. **The TRP recommends that the Secretariat make adjustments to the Round 8 Guidelines to incorporate further guidance for potential applicants**.

5.6 Multiple Principal Recipients

1. The TRP notes that, commencing from Round 8, the Global Fund has decided to "modify future proposal forms and guidelines (starting with those for Round 8), to encourage the use of dual-track financing and the inclusion of funding requests for strengthening community systems in proposals".[22]

2. It is recognized by the TRP that the use of multiple Principal Recipients, particularly when one comes from government and one from civil society or another non-government sector, can increase the ability of Global Fund grant recipients to move more quickly to provide services to those in need. Over all prior Rounds, the TRP has recommended proposals where there are one, two, three, and sometimes four nominated Principal Recipients. However, together with the perceived benefits, there is also a risk of multiple overlapping activities and a challenge to the move towards increased harmonization and alignment. Where the activities of the respective Principal Recipients are interlinked, there are also inherent risks to performance and achievement of outcomes if one of the Principal Recipients has a stronger implementation capability than the other(s).

3. Drawing on the TRP's review of relevant Round 7 proposals, the TRP believes it important to emphasize that when multiple Principal Recipients are proposed, the applicant (whether CCM, RCM or otherwise) should ensure that there is a clear outline of the ways in which coordination will be achieved between the Principal Recipients, in much the same way that they are currently asked to explain the inter-relationships between different sub-recipients. **Specifically, the TRP recommends to the Secretariat that the Round 8 Proposal Form requests applicants to focus not only on coordination at the oversight level, but also in regard to day to day integration of activities, and the harmonization of key reporting and disbursement dates to the extent possible.**

5.7 Standardized budget template and quantification of commodities

1. The TRP is disappointed that a common reason for recommending proposals as 'Recommended Category 3 Proposals', is that the budget submitted includes substantial calculation errors, lacks clarity on what is being requested, or lacks details that preclude an informed assessment on the likely feasibility of the proposal. These issues raise doubts as to the value of investing funds in such proposals.

2. In situations where a substantial proportion of the requested budget arises from a small number of commodities, the TRP believes that there should be a serious attempt to quantify how many of these commodities will be needed over the course of the proposed activities. Examples include anti-retroviral or anti-malarial drugs, long-lasting insecticide treated nets and others dependent on the specific proposal.

[22] Refer to the Board's decision at its Fifteenth Board meeting entitled 'Strengthening the Role of Civil Society and the Private Sector in the Global Fund's Work (GF/B15/DP14).

3. Although there have been several attempts over the years to develop the most useful guidance and proposal format, the format, level of detail, degree of consolidation and disaggregation of large, lump sum amounts still varies greatly between applicants (and, in limited cases, by disease component submitted by the same applicant). **The TRP therefore recommends that the Global Fund develops a standardized budget template for applicants to complete as a required part of future proposals**. Recognizing the Global Fund's very strong and appropriate focus on country led processes, the TRP also recommends that if an applicant wished to present additional information in alternative formats, these could be submitted as annexes to the proposal.

5.8 Categories in which proposals are recommended for funding

1. The TRP recognizes the importance of differentiating between proposals on their relative strengths. However, it is noted that the reasons why some applicants were perceived to not be well placed to complete clarifications quickly (as is required for all 'Recommended Category 1 Proposals') was due to in-country circumstances, including the perceived regularity of functioning communications and social circumstances, and not the technical competence of the persons required to provide further clarifications. In the very limited situations where this arose, the TRP preferred to identify the proposal as a 'Recommended Category 2' proposal, ensuring a greater period of time in which to respond to, and fully complete relatively minor clarifications.

2. In these circumstances, the current interpretation of the categories may benefit from revision. While Category 1 should reflect the strongest proposals, it places an applicant at a disadvantage to be given a Category 1. That is, if clarifications are for some reason even slightly delayed, the grant is forfeited without a specific Board extension.

3. **The TRP therefore recommends that the Board encourages further discussion of the interpretation of the categories between the TRP, Secretariat and Portfolio Committee, and that a revision is proposed at the next Board meeting (or by electronic vote beforehand) that aligns the categories between the Rounds-based channel and the RCC and removes any disadvantage for the strongest proposals/category.**

4. At the other end of the scale, Category 4 has over several previous Rounds come to be used by the TRP not just to reflect a poor quality proposal on technical grounds but more to reflect a proposal that the TRP felt to be inappropriate, even though the applicant was eligible to apply. For example, proposals from academic institutions with little capacity or experience of programmatic work. **For consistency with the RCC categories, the TRP recommends that Category 4 be reserved for proposals felt to be inappropriate, while weaker but appropriate proposals would still fall within 'Recommended Category 3 Proposals' with the relevant weaknesses listed.**

5.9 Quality assurance

1. Following the assessment of the proposal development and review process carried out at the recommendation of the Technical Evaluation Reference Group (**TERG**) during the Round 5 proposal review process[23], five recommendations were made to strengthen the TRP proposal evaluation process. The first four of these have already been acted upon by the Secretariat and/or TPR, and were discussed in the Round 6 TRP Report.

[23] Refer to the document entitled 'Assessment of the Proposal Development and Review Process of the Global Fund to Fight AIDS, Tuberculosis and Malaria: Assessment Report' dated February 2006, by *David Wilkinson* comprising an executive summary of the recommendations of the Euro Health Group, available at: http://www.theglobalfund.org/en/files/links_resources/library/studies/integrated_evaluations/EHG_Final_Report_Executive_Summary.pdf

2. The final recommendation was for a formal internal quality assurance mechanism within the TRP to be established.

3. For Round 7, several mechanisms have been formalized or established which aim to reinforce the quality of the review process:

a. training and induction of new members is now carried out by experienced TRP members on the day prior to the TRP review. During this training, a number of proposals from the previous Rounds are re-examined to ensure that there is consistency between members. Particular care is made to ensure that examples of stronger and weaker proposals are reviewed, with guidance from the experienced TRP members on the standards that the TRP brings to its proposals review processes;

b. a mentoring system was formalized so that for the first three days of review, each new member is shadowed by an experienced member. During these three days fewer proposals are allocated for review by the TRP, to increase the time to read and discuss proposals in the smaller groups; and

c. the TRP Review Forms for Round 7 were reviewed for overall detail and consistency in their recommendations through a multi-step process involving the Chair of the TRP reviewing each review form after the plenary, and then the primary and secondary reviewers providing a final sign off on the recommendations once quality assurance processes had been completed; and

continuing from prior Rounds:

d. there is a rotation within the small review groups to ensure that TRP members are each exposed to as many other members as possible to maximize consistency in interpretation; and

e. borderline proposals are re-reviewed by additional TRP members and their conclusions compared with those of the original group. In Round 7, 14 of the 150 component proposals were re-reviewed through this process.

4. The TRP will continue to look for ways to strengthen further the quality of its review process, which has developed over successive rounds with minor modifications at each round.

5.10 Briefing meetings with WHO, UNAIDS, UNICEF and other agencies and logistics

1. For Round 7, the TRP started a TRP member electronic discussion prior to the review meeting, in order to identify areas about which they felt it would be useful to have additional briefings from partner agencies. In addition, an internal electronic portal was arranged (which was updated as applicable) to provide the TRP members with information on recent innovations, strategic issues and partner emphasis in Round 7 proposal development. Both processes facilitated the partner briefings predominantly focusing on areas which the TRP felt it would be most useful to the review process. This approach was largely successful and the TRP would favor even more time for discussions rather than presentations in the future. The time and effort put in by the partners for these briefings, documentation and information provided is much appreciated. Copies of guidelines and other documentation that are likely to have been available to applicants when preparing their proposals are also appreciated

2. The TRP is aware that in addition to being well placed to provide briefing and other background material to the TRP during its proposal review meetings, these same partners advise applicants on how to apply to the Global Fund for financial support. To maintain fully the TRP's independence,

these briefings are therefore used as an opportunity to draw on the expertise of partner agencies to discuss topics that have been contentious in previous Rounds, or where the TRP feel that there is new information, but not to receive information on what determinations the TRP should make.

3. The TRP was very satisfied with the preparation of proposal and other materials by the Global Fund Secretariat prior to their review by the TRP. Clarifications, screening for eligibility and provision of both proposal materials and other background information 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.

5.11 TRP Membership

1. The TRP notes that:

a. responding to a number of factors including an increased workload on the TRP throughout the course of each year, and ongoing complexity of the proposals review process, the Global Fund Board approved an increased membership for the TRP of up to maximum of 35 TRP members serving in respect of the review of Rounds-based proposals (GF/B15/DP37); and

b. at the same meeting, the Board also decided that commencing from Round 8, it was appropriate that the Global Fund return to the principles set out in the Global Fund's Framework Document, and employees of the United Nations and its specialized agencies would no longer be eligible to serve as TRP members.

2. As Attachment 1 reveals, in Round 7 a further eleven new members served on the TRP for the first time, thus ensuring a good mix with experienced TRP members (half of the Round 7 TRP members had already served more than two Rounds). Relevant to the proposed composition of the Round 7 TRP (approved at the Fifteenth Board meeting, GF/B15/DP38), there were four persons who were unavailable to serve on Round 7 and these temporary vacancies were filled with persons from the pool of available alternates based on consideration of programmatic experience, regional experience, potential conflicts of interests and, lastly after all other matters had been considered, gender and ethnicity.

3. Some of these experts, as recommended by the TRP Chair and Vice-Chair in line with Global Fund policy, will be retained on the TRP or joining the TRP as permanent members due to the departure of some current TRP members as further discussed below. The others will remain as alternate members, to be called as and when relevant vacancies in the membership of the TRP arise or rotated off the TRP membership. This is to facilitate the TRP maintaining a strong ongoing membership base, including ensuring that all areas of expertise are covered.

Chair and Vice-Chair of TRP

4. Peter Godfrey-Faussett (HIVAIDS expert, United Kingdom) served as the TRP Chair for Round 7, and will continue to serve as the Chair during Round 8 as well. The TRP Vice Chair, (Ms) Indrani Gupta (HIV/AIDS expert, India) served as the Vice-Chair in Round 7 and will continue in this role in Round 8.

Experts leaving the TRP

5. In Round 8, nine TRP members will no longer be serving, due to either expiry of their serving term or because of the changes in the Global Fund policy according to which from Round 8 employees of the United Nations and its specialized agencies are not eligible to serve on the TRP. These experts

are:

a. David Hoos and Papa Salif Sow, having served four Rounds each, and will need to be replaced by new HIV experts;

b. Andrei Beljaev, having served four Rounds, and will need to be replaced by a malaria expert;

c. Antonio Pio, having served four Rounds, and will need to be replaced by a tuberculosis expert;

d. Malcolm Clark, Stephanie Simmonds and Michael Toole, having served four Rounds each, and will need to be replaced by cross-cutting experts; and

e. Lucica Ditiu and Jacob Kumaresan (who have served three Rounds each), by reason their current employment arrangements place them in the category of persons no longer eligible to serve as TRP members from Round 8 (except if there is a later change in circumstances), and will need to be replaced by tuberculosis experts.

6. That is, in Round 8 there will be at least five new TRP members, assuming that the three persons who apologized in Round 7 and are eligible to serve on the TRP in Round 8 are available to support the TRP in its review of Round 8 proposals.

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

Conflict of Interest matters

8. As in all prior Rounds of Proposals, the TRP again stressed the importance of the TRP's strict adherence to the Global Fund's Ethics and Conflict of Interest Policy (GF/B8/2) during its review of Round 7 proposals. In addition, the TRP continued to apply internally agreed practices as a means of giving effect to the principles set out in the Global Fund's policy.

9. At the start of the Round 7 TRP meeting, all TRP members discussed these principles and were requested to declare any actual, potential or perceived conflicts of interests, whether personal or by reason of any organizational affiliation or involvement. Confidential attestations to such conflicts were lodged with the Ethics Official of the Global Fund as appropriate.

10. Thereafter, throughout the entire TRP review process, nationals of countries that applied for funding in Round 7 were never involved in the review of applications from their country (including multi-country proposals when the relevant country was included as one of a number of potential beneficiaries). These individuals also recused themselves from plenary discussions when relevant applications were discussed. In practice, this principle is also applied by TRP members who may not be nationals of a country, but have some significant involvement with the applying country, perhaps because they lived there for some time, or are living there at present, or are employed by an organization which is involved in the particular application (whether as a technical assistance partner or potential financial beneficiary during implementation).

11. The TRP members also discussed the existing cooling off period of one year after completing their services on the TRP (completion commencing from finalization of all TRP clarifications for the last Round upon which the TRP member served as a proposal reviewer). This practice, adopted early in the history of the TRP, is such that TRP members restrict themselves from assisting countries in application development for the Global Fund funding, or from participating on a CCM or other coordinating mechanism. **TRP members agreed that given that the TRP is the entry point for the**

Global Fund's funding processes, and ensuring the independence of this body is essential, former TRP members and TRP Support Group members should receive clear communication in respect of this code of behavior adopted by the TRP, so that they are fully aware of the applied principles when they are called to serve on the TRP.

5.12 Proposal Form and Guidelines

1. It is appreciated that the Proposal Form has developed in an organic fashion with additional sections being added after most Rounds in order to capture additional information that the TRP felt would assist them to assess proposals and also to assist applicants to provide critical information that might otherwise be omitted. However, the TRP recognizes that the current Proposal Form could benefit from a revision and streamlining exercise. A sub-group of the TRP, led by the vice-chair, has therefore agreed to consult and provide the Secretariat with recommendations for the Round 8 Proposal Form to be brought to the Portfolio Committee for consideration.

2. The opportunity to review the Proposal Form and Guidelines should also take into account the documentation for the RCC, where the TRP felt that the materials were clearer.

PART 6: EARLY FEEDBACK AND LESSONS LEARNED ARISING FROM THE PROXIMATE REVIEW OF ROUND 7 AND WAVE 1 RCC PROPOSALS

1. During Round 7, the TRP reviewed a small number of proposals from applicants who were also applying for funding through the Wave 1 RCC proposals process. Since the Rounds-based review happened prior to the RCC review, as noted above, the TRP decided to review these proposals on their merits and without reference to the RCC proposal. For Round 7, there was little danger of confusion, as applicants knew that they were applying for both channels and were therefore able to be explicit in their proposals about the likely coordination and complementarities between the proposals. However, in the future it is clear that this will be more difficult. There will be situations where applicants do not know whether they have been successful in one Round before applying for funding under the RCC. There will also be situations where applicants will not know whether they will be eligible for the RCC and so may include activities that continue in an expiring grant in the latter years of a Rounds-based proposal. Indeed, it is noted that a number of Round 7 proposals (and Round 6 before them) were expressed by applicants to be a continuation and scale up of an existing Global Fund grant that was anticipated to come to an end within a 12 to 18 month period.

2. The TRP recognizes that the RCC is designed to facilitate continuation of successful programs. However, many of the challenges discussed above with regard to reviewing proposals from countries with multiple grants, will also apply to the RCC. Although one grant will be expiring and may be eligible to apply for continuation by an RCC grant, there will often be other grants in the same country with similar objectives, activities, and targets.

3. The RCC and the Rounds-based channels differ in a few significant ways but have many more aspects in common. It may be more practical to merge the two channels with a greater emphasis on performance of previous or expiring grants in the review process. Such an approach would be less confusing for applicants and leave less need for applicants to have to prejudge the likely outcomes in regard to the potential outcome of eligibility and grant approval. It would still reward programs that have performed well.

4. The TRP currently meets annually for the Rounds-based review and as often as necessary for the RCC review. Bringing the two channels together would therefore require less frequent TRP meetings

overall, but some changes to the review process which would require detailed consideration at the Board, TRP and Secretariat levels.

5. The TRP offers to make itself available for further consultation about the evolving architecture of the funding mechanisms of the Global Fund should that be determined as helpful by the Board of the Global Fund.

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)

							Upper Ceiling			
No.	**Source**	**Country / Economy**	**World Bank Income Classification**	**WHO Region**	**TGF Cluster**	**Component**	**Year 1**	**Year 2**	**2 Years**	**Total up to 5 Years**
Category 1 - USD							**$22,998,196**	**$21,493,545**	**$44,491,741**	**$105,444,690**
1	CCM	Kyrgyz Republic	Lower income	EURO	EECA	HIV/AIDS	$6,008,376	$5,836,715	$11,845,091	$28,209,191
2	CCM	Tanzania	Lower income	AFRO	EA	Malaria	$10,448,465	$10,258,839	$20,707,304	$52,545,829
3	CCM	Thailand	Lower-middle income	SEARO	EAP	Malaria	$6,541,355	$5,397,991	$11,939,346	$24,689,670
Category 1 - EURO							**€ 2,835,935**	**€ 3,414,580**	**€ 6,250,515**	**€ 20,991,290**
4	CCM	Azerbaijan	Lower-middle income	EURO	EECA	Tuberculosis	€ 2,121,764	€ 2,440,191	€ 4,561,955	€ 16,372,614
5	CCM	Kosovo	Lower-middle income	EURO	EECA	HIV/AIDS	€ 714,171	€ 974,389	€ 1,688,560	€ 4,618,676
Category 1 - USD Equivalent							**$27,084,551**	**$26,413,682**	**$53,498,233**	**$135,691,460**
Category 2 - USD							**$298,921,923**	**$305,792,175**	**$604,714,098**	**$1,504,902,667**
6	CCM	Cambodia	Lower income	WPRO	EAP	HIV/AIDS	$11,211,068	$12,646,699	$23,857,767	$46,693,979
7	CCM	Central African Republic	Lower income	AFRO	WCA	HIV/AIDS	$7,723,743	$8,167,456	$15,891,199	$43,999,379
8	CCM	Chad	Lower income	AFRO	MENA	Malaria	$5,560,368	$4,917,263	$10,477,631	$27,497,966
9	CCM	Democratic Republic of the Congo	Lower income	AFRO	EA	HIV/AIDS	$14,309,776	$8,365,413	$22,675,189	$71,403,216
10	CCM	Dominican Republic	Lower-middle income	AMRO	LAC	Tuberculosis	$2,637,679	$3,012,343	$5,650,022	$14,223,859
11	CCM	El Salvador	Lower-middle income	AMRO	LAC	HIV/AIDS	$5,029,070	$5,589,324	$10,618,394	$24,866,086
12	CCM	Guyana	Lower-middle income	AMRO	LAC	Malaria	$1,263,421	$580,581	$1,844,002	$3,670,627
13	CCM	Haiti	Lower income	AMRO	LAC	HIV/AIDS	$3,551,469	$2,648,085	$6,199,554	$15,000,000
14	CCM	India	Lower income	SEARO	SWA	HIV/AIDS	$12,941,828	$18,095,269	$31,037,097	$88,173,118
15	CCM	Iran	Lower-middle income	EMRO	SWA	Tuberculosis	$9,396,324	$4,852,842	$14,249,166	$24,019,635
16	CCM	Jamaica	Lower-middle income	AMRO	LAC	HIV/AIDS	$5,251,887	$9,968,043	$15,219,930	$44,176,429
17	CCM	Kazakhstan	Lower-middle income	EURO	EECA	HIV/AIDS	$6,708,660	$6,255,457	$12,964,117	$35,335,883
18	CCM	Kenya	Lower income	AFRO	EA	HIV/AIDS	$21,042,109	$26,103,803	$47,145,912	$132,269,783
19	CCM	Lao People's Democratic Republic	Lower income	WPRO	EAP	Tuberculosis	$2,288,144	$2,080,102	$4,368,246	$10,905,922
20	CCM	Lao People's Democratic Republic	Lower income	WPRO	EAP	Malaria	$4,253,254	$2,805,636	$7,058,890	$25,665,343

[24] This revision has been issued to apply the UN official exchange rate effective at 1 November 2007 for EUR denominated proposals.

							Upper Ceiling			
No.	**Source**	**Country / Economy**	**World Bank Income Classification**	**WHO Region**	**TGF Cluster**	**Component**	**Year 1**	**Year 2**	**2 Years**	**Total up to 5 Years**
21	CCM	Lesotho	Lower-middle income	AFRO	SA	HIV/AIDS	$4,946,534	$5,680,131	$10,626,665	$33,264,808
22	CCM	Liberia	Lower income	AFRO	WCA	Tuberculosis	$3,431,785	$2,977,087	$6,408,872	$14,531,896
23	CCM	Madagascar	Lower income	AFRO	EA	Malaria	$12,657,195	$13,438,254	$26,095,449	$69,199,450
24	CCM	Malawi	Lower income	AFRO	SA	HIV/AIDS	$7,622,220	$7,456,197	$15,078,417	$36,025,380
25	CCM	Malawi	Lower income	AFRO	SA	Tuberculosis	$3,989,590	$3,812,447	$7,802,037	$17,961,859
26	CCM	Malawi	Lower income	AFRO	SA	Malaria	$16,389,019	$18,450,163	$34,839,182	$62,000,902
27	CCM	Mongolia	Lower income	WPRO	EAP	HIV/AIDS	$817,282	$622,820	$1,440,102	$2,946,767
28	CCM	Mozambique	Lower income	AFRO	SA	Tuberculosis	$2,651,567	$4,083,736	$6,735,303	$20,983,828
29	RCM	MCWP	Mixed	WPRO	EAP	HIV/AIDS	$5,723,734	$4,987,248	$10,710,982	$25,295,384
30	CCM	Nepal	Lower income	SEARO	SWA	HIV/AIDS	$4,831,332	$7,490,180	$12,321,512	$36,620,119
31	CCM	Nepal	Lower income	SEARO	SWA	Tuberculosis	$2,107,732	$2,633,242	$4,740,974	$15,506,566
32	CCM	Rwanda	Lower income	AFRO	EA	HIV/AIDS	$32,759,260	$31,218,788	$63,978,048	$137,268,168
33	CCM	Sao Tome and Principe	Lower income	AFRO	WCA	Malaria	$2,092,234	$2,142,728	$4,234,962	$8,698,492
34	CCM	Sierra Leone	Lower income	AFRO	WCA	Tuberculosis	$2,504,428	$1,835,620	$4,340,048	$10,530,635
35	CCM	Sierra Leone	Lower income	AFRO	WCA	Malaria	$5,126,487	$4,884,763	$10,011,250	$26,108,640
36	CCM	Sudan (Northern Sector)	Lower income	EMRO	MENA	Malaria	$17,203,280	$21,093,593	$38,296,873	$94,762,531
37	Sub-CCM	Sudan (Southern Sector)	Lower income	EMRO	MENA	Tuberculosis	$4,307,179	$2,754,158	$7,061,337	$17,598,282
38	Sub-CCM	Sudan (Southern Sector)	Lower income	EMRO	MENA	Malaria	$18,124,130	$16,884,563	$35,008,693	$75,927,636
39	CCM	Suriname	Lower-middle income	AMRO	LAC	Malaria	$1,595,000	$814,000	$2,409,000	$4,232,000
40	CCM	Swaziland	Lower-middle income	AFRO	SA	HIV/AIDS	$12,734,307	$15,646,009	$28,380,316	$81,866,490
41	CCM	Timor-Leste	Lower income	SEARO	EAP	Malaria	$4,480,419	$2,386,186	$6,866,605	$10,328,742
42	CCM	Vietnam	Lower income	WPRO	EAP	Malaria	$7,645,453	$4,280,876	$11,926,329	$29,977,899
43	CCM	Yemen	Lower income	EMRO	MENA	Malaria	$4,295,793	$3,845,000	$8,140,793	$27,862,946
44	CCM	Zambia	Lower income	AFRO	SA	Malaria	$7,717,163	$10,286,070	$18,003,233	$37,502,022
Category 2 - EURO							**€ 18,379,720**	**€ 17,830,438**	**€ 36,210,158**	**€ 78,244,172**
45	CCM	Burkina Faso	Lower income	AFRO	WCA	Malaria	€ 3,597,827	€ 8,507,179	€ 12,105,006	€ 26,267,808
46	CCM	Macedonia	Lower-middle income	EURO	EECA	HIV/AIDS	€ 1,559,771	€ 1,386,910	€ 2,946,681	€ 6,898,670
47	CCM	Senegal	Lower income	AFRO	WCA	Malaria	€ 13,222,122	€ 7,936,349	€ 21,158,471	€ 45,077,694
Category 2 - USD Equivalent							**$325,405,629**	**$331,484,410**	**$656,890,039**	**$1,617,646,259**
Category 2B - USD							**$170,913,685**	**$168,385,149**	**$339,298,835**	**$879,361,445**
48	CCM	Afghanistan	Lower income	EMRO	SWA	HIV/AIDS	$2,508,195	$2,259,758	$4,767,953	$10,077,515
49	CCM	Angola	Lower-middle income	AFRO	SA	Malaria	$17,950,321	$14,562,329	$32,512,650	$78,470,624
50	CCM	Bhutan	Lower income	SEARO	SWA	Malaria	$1,012,239	$911,630	$1,923,869	$2,932,772
51	CCM	Burundi	Lower income	AFRO	EA	Tuberculosis	$2,037,058	$1,981,119	$4,018,177	$10,940,597
52	CCM	China	Lower-middle income	WPRO	EAP	Tuberculosis	$1,229,094	$4,084,170	$5,313,264	$49,281,105
53	CCM	Cuba	Lower-middle income	AMRO	LAC	Tuberculosis	$4,109,068	$1,346,677	$5,455,745	$7,871,598
54	CCM	Ethiopia	Lower income	AFRO	EA	HIV/AIDS	$38,887,228	$26,072,471	$64,959,699	$106,261,584
55	CCM	Guinea Bissau	Lower income	AFRO	WCA	HIV/AIDS	$6,939,362	$7,282,628	$14,221,990	$44,154,072

							Upper Ceiling			
No.	**Source**	**Country / Economy**	**World Bank Income Classification**	**WHO Region**	**TGF Cluster**	**Component**	**Year 1**	**Year 2**	**2 Years**	**Total up to 5 Years**
56	CCM	Iran	Lower-middle income	EMRO	SWA	Malaria	$3,504,166	$2,328,678	$5,832,844	$11,634,027
57	CCM	Liberia	Lower income	AFRO	WCA	Malaria	$6,347,301	$6,348,605	$12,695,907	$37,380,198
58	RCM	MCWP	Mixed	WPRO	EAP	Tuberculosis	$2,932,731	$2,751,336	$5,684,067	$13,353,203
59	CCM	Nepal	Lower income	SEARO	SWA	Malaria	$4,708,087	$5,027,652	$9,735,739	$25,757,233
60	CCM	Nicaragua	Lower-middle income	AMRO	LAC	Malaria	$1,743,641	$1,124,901	$2,868,542	$5,729,504
61	CCM	Pakistan	Lower income	EMRO	SWA	Malaria	$4,403,976	$8,482,704	$12,886,680	$21,557,705
62	CCM	Paraguay	Lower-middle income	AMRO	LAC	Tuberculosis	$1,035,817	$1,113,389	$2,149,206	$6,018,754
63	RO	REDCA+	Mixed	AMRO	LAC	HIV/AIDS	$512,900	$1,336,300	$1,849,200	$6,369,850
64	Non-CCM	Somalia	Lower income	EMRO	MENA	Tuberculosis	$4,095,538	$4,637,306	$8,732,844	$29,353,798
65	CCM	Timor-Leste	Lower income	SEARO	EAP	Tuberculosis	$1,428,880	$1,466,569	$2,895,449	$7,011,931
66	CCM	Uganda	Lower income	AFRO	EA	HIV/AIDS	$31,883,509	$52,474,973	$84,358,482	$268,800,980
67	CCM	Uganda	Lower income	AFRO	EA	Malaria	$30,898,497	$20,523,701	$51,422,198	$125,571,990
68	Non-CCM	UN Theme Group on HIV/AIDS (West Bank and Gaza)	Lower-middle income	EMRO	MENA	HIV/AIDS	$2,746,077	$2,268,253	$5,014,330	$10,832,405
Category 2B - EURO							**€ 17,840,746**	**€ 30,064,105**	**€ 47,904,851**	**€ 89,873,508**
69	CCM	Benin	Lower income	AFRO	WCA	Malaria	€ 5,804,505	€ 3,484,911	€ 9,289,416	€ 15,526,797
70	CCM	Mali	Lower income	AFRO	MENA	Tuberculosis	€ 1,999,241	€ 1,063,265	€ 3,062,506	€ 8,184,885
71	CCM	Niger	Lower income	AFRO	MENA	HIV/AIDS	€ 5,031,025	€ 5,412,722	€ 10,443,747	€ 29,849,912
72	CCM	Niger	Lower income	AFRO	MENA	Malaria	€ 3,704,755	€ 18,285,395	€ 21,990,150	€ 29,829,628
73	CCM	Senegal	Lower income	AFRO	WCA	Tuberculosis	€ 1,301,220	€ 1,817,812	€ 3,119,032	€ 6,482,286
Category 2B - USD Equivalent							**$196,620,773**	**$211,705,119**	**$408,325,892**	**$1,008,861,980**
Recommended Proposals						**Totals**	**$549,110,954**	**$569,603,211**	**$1,118,714,165**	**$2,762,199,698**
Category 3 - USD							**$479,853,945**	**$490,859,875**	**$970,713,820**	**$2,302,066,910**
74	CCM	Afghanistan	Lower income	EMRO	SWA	Tuberculosis	$8,757,715	$8,003,532	$16,761,247	$35,769,214
75	CCM	Angola	Lower-middle income	AFRO	SA	Tuberculosis	$4,875,539	$3,919,620	$8,795,159	$16,323,433
76	CCM	Armenia	Lower-middle income	EURO	EECA	HIV/AIDS	$3,268,656	$5,118,359	$8,387,015	$25,006,079
77	CCM	Armenia	Lower-middle income	EURO	EECA	Tuberculosis	$2,961,568	$263,214	$3,224,782	$7,909,924
78	CCM	Bangladesh	Lower income	SEARO	SWA	HIV/AIDS	$7,179,166	$13,903,215	$21,082,381	$53,393,592
79	CCM	Bangladesh	Lower income	SEARO	SWA	Malaria	$2,597,271	$5,536,576	$8,133,847	$19,596,925
80	CCM	Bolivia	Lower-middle income	AMRO	LAC	Malaria	$3,076,352	$3,561,332	$6,637,684	$11,810,260
81	CCM	Botswana	Upper-middle income	AFRO	SA	HIV/AIDS	$9,886,721	$8,219,239	$18,105,960	$36,911,669
82	CCM	Burundi	Lower income	AFRO	EA	HIV/AIDS	$13,948,762	$14,623,094	$28,571,856	$84,090,448
83	CCM	Cambodia	Lower income	WPRO	EAP	Tuberculosis	$4,743,687	$3,963,793	$8,707,480	$21,732,519
84	CCM	Cape Verde	Lower-middle income	AFRO	WCA	HIV/AIDS	$3,546,572	$2,764,629	$6,311,201	$11,657,810
85	CCM	Chad	Lower income	AFRO	MENA	HIV/AIDS	$7,154,282	$6,098,345	$13,252,627	$30,838,419

							Upper Ceiling			
No.	Source	Country / Economy	World Bank Income Classification	WHO Region	TGF Cluster	Component	Year 1	Year 2	2 Years	Total up to 5 Years
86	CCM	China	Lower-middle income	WPRO	EAP	HIV/AIDS	$6,938,456	$4,909,704	$11,848,160	$21,636,832
87	CCM	China	Lower-middle income	WPRO	EAP	Malaria	$3,296,113	$2,722,347	$6,018,460	$11,957,891
88	CCM	Democratic Republic of the Congo	Lower income	AFRO	EA	Malaria	$13,217,836	$6,483,266	$19,701,102	$62,841,029
89	CCM	Dominican Republic	Lower-middle income	AMRO	LAC	HIV/AIDS	$10,983,430	$12,066,597	$23,050,027	$49,392,551
90	CCM	Ecuador	Lower-middle income	AMRO	LAC	HIV/AIDS	$7,391,175	$5,526,814	$12,917,989	$22,638,882
91	CCM	El Salvador	Lower-middle income	AMRO	LAC	Tuberculosis	$1,604,392	$1,599,728	$3,204,120	$6,868,440
92	CCM	Eritrea	Lower income	AFRO	EA	HIV/AIDS	$2,839,375	$2,439,405	$5,278,780	$25,283,136
93	CCM	Ethiopia	Lower income	AFRO	EA	Malaria	$8,541,159	$8,430,302	$16,971,461	$99,572,846
94	CCM	Georgia	Lower-middle income	EURO	EECA	HIV/AIDS	$8,028,369	$10,322,520	$18,350,889	$30,290,945
95	CCM	Ghana	Lower income	AFRO	WCA	Malaria	$7,307,305	$16,704,722	$24,012,027	$114,757,578
96	CCM	Guinea Bissau	Lower income	AFRO	WCA	Tuberculosis	$2,119,314	$1,553,514	$3,672,828	$8,565,738
97	CCM	Guyana	Lower-middle income	AMRO	LAC	HIV/AIDS	$3,000,000	$10,000,000	$13,000,000	$37,000,000
98	CCM	Indonesia	Lower-middle income	SEARO	EAP	HIV/AIDS	$8,573,920	$8,637,646	$17,211,566	$57,306,841
99	CCM	Indonesia	Lower-middle income	SEARO	EAP	Malaria	$26,261,107	$20,712,234	$46,973,341	$60,873,895
100	CCM	Iran	Lower-middle income	EMRO	SWA	HIV/AIDS	$14,127,453	$17,479,451	$31,606,904	$48,933,717
101	CCM	Kenya	Lower income	AFRO	EA	Malaria	$9,977,877	$8,006,055	$17,983,932	$59,014,190
102	CCM	Madagascar	Lower income	AFRO	EA	HIV/AIDS	$5,051,711	$5,045,579	$10,097,290	$26,865,626
103	CCM	Nicaragua	Lower-middle income	AMRO	LAC	HIV/AIDS	$5,666,381	$4,586,136	$10,252,517	$21,082,833
104	CCM	Nicaragua	Lower-middle income	AMRO	LAC	Tuberculosis	$1,312,688	$1,020,921	$2,333,609	$3,895,056
105	CCM	Nigeria	Lower income	AFRO	WCA	HIV/AIDS	$17,883,275	$20,380,327	$38,263,602	$120,564,672
106	CCM	Nigeria	Lower income	AFRO	WCA	Tuberculosis	$12,922,193	$11,350,892	$24,273,085	$41,830,161
107	CCM	Nigeria	Lower income	AFRO	WCA	Malaria	$60,151,374	$64,518,039	$124,669,413	$216,781,423
108	CCM	Pakistan	Lower income	EMRO	SWA	HIV/AIDS	$7,712,699	$9,698,694	$17,411,393	$51,177,389
109	CCM	Pakistan	Lower income	EMRO	SWA	Tuberculosis	$10,241,745	$4,376,034	$14,617,779	$25,247,993
110	RO	PSI	Low Income	SEARO	SWA	HIV/AIDS	$5,209,685	$5,848,702	$11,058,387	$30,192,838
111	RO	REDLA+	Mixed	AMRO	LAC	HIV/AIDS	$10,744,700	$10,393,700	$21,138,400	$50,059,500
112	CCM	Solomon Islands	Lower income	WPRO	EAP	HIV/AIDS	$658,680	$1,308,464	$1,967,144	$7,405,890
113	CCM	Solomon Islands	Lower income	WPRO	EAP	Tuberculosis	$455,575	$304,594	$760,169	$1,444,217
114	CCM	South Africa	Upper-middle income	AFRO	SA	HIV/AIDS	$13,291,523	$14,837,948	$28,129,471	$64,469,441
115	CCM	Sri Lanka	Lower-middle income	SEARO	SWA	HIV/AIDS	$3,548,934	$2,868,658	$6,417,592	$11,163,146
116	CCM	Sri Lanka	Lower-middle income	SEARO	SWA	Malaria	$4,010,950	$4,537,400	$8,548,350	$14,577,550
117	CCM	Sudan (Northern Sector)	Lower income	EMRO	MENA	HIV/AIDS	$14,069,204	$3,563,163	$17,632,367	$25,081,867
118	CCM	Sudan (Northern Sector)	Lower income	EMRO	MENA	Tuberculosis	$2,881,326	$2,236,780	$5,118,106	$11,250,611
119	CCM	Suriname	Lower-middle income	AMRO	LAC	HIV/AIDS	$2,895,818	$1,864,086	$4,759,904	$9,186,152
120	CCM	Tanzania	Lower income	AFRO	EA	HIV/AIDS	$20,604,138	$18,159,940	$38,764,078	$103,554,555
121	CCM	Thailand	Lower-middle income	SEARO	EAP	HIV/AIDS	$10,050,644	$13,332,899	$23,383,543	$66,182,975
122	CCM	Thailand	Lower-middle income	SEARO	EAP	Tuberculosis	$3,620,428	$2,871,087	$6,491,515	$19,864,434
123	CCM	Uganda	Lower income	AFRO	EA	Tuberculosis	$1,363,089	$1,053,842	$2,416,931	$5,144,047
124	CCM	Ukraine	Lower-middle income	EURO	EECA	Tuberculosis	$20,206,690	$32,620,732	$52,827,422	$94,682,871
125	CCM	Uzbekistan	Lower income	EURO	EECA	HIV/AIDS	$1,724,626	$5,429,864	$7,154,490	$16,148,648
126	CCM	Uzbekistan	Lower income	EURO	EECA	Tuberculosis	$4,490,826	$5,047,806	$9,538,632	$30,154,483
127	CCM	Uzbekistan	Lower income	EURO	EECA	Malaria	$1,203,785	$1,009,472	$2,213,257	$5,071,312
128	CCM	Vietnam	Lower income	WPRO	EAP	HIV/AIDS	$6,275,253	$6,879,735	$13,154,988	$38,347,083
129	CCM	Zambia	Lower income	AFRO	SA	Tuberculosis	$1,305,609	$2,806,810	$4,112,419	$24,959,034
130	CCM	Zanzibar	Lower income	AFRO	EA	Malaria	$1,726,791	$4,234,713	$5,961,504	$19,608,490

							Upper Ceiling			
No.	**Source**	**Country / Economy**	**World Bank Income Classification**	**WHO Region**	**TGF Cluster**	**Component**	**Year 1**	**Year 2**	**2 Years**	**Total up to 5 Years**
131	CCM	Zimbabwe	Lower income	AFRO	SA	Tuberculosis	$6,694,332	$4,553,567	$11,247,899	$25,586,720
132	CCM	Zimbabwe	Lower income	AFRO	SA	Malaria	$15,675,701	$10,550,038	$26,225,739	$48,511,090
Category 3 - EURO							**€ 89,873,332**	**€ 92,636,909**	**€ 182,510,241**	**€ 441,927,002**
133	CCM	Azerbaijan	Lower-middle income	EURO	EECA	Malaria	€ 1,438,215	€ 1,105,939	€ 2,544,154	€ 4,386,783
134	CCM	Benin	Lower income	AFRO	WCA	HIV/AIDS	€ 10,475,455	€ 8,020,800	€ 18,496,255	€ 44,015,857
135	CCM	Cameroon	Lower-middle income	AFRO	WCA	HIV/AIDS	€ 13,203,379	€ 12,358,145	€ 25,561,524	€ 56,553,491
136	CCM	Cameroon	Lower-middle income	AFRO	WCA	Tuberculosis	€ 2,832,978	€ 1,347,741	€ 4,180,719	€ 7,681,224
137	CCM	Cameroon	Lower-middle income	AFRO	WCA	Malaria	€ 3,317,562	€ 6,266,243	€ 9,583,805	€ 39,666,657
138	RO	CARE	Low income	SEARO	SWA	HIV/AIDS	€ 5,954,166	€ 10,627,793	€ 16,581,959	€ 51,752,858
139	CCM	Colombia	Lower-middle income	AMRO	LAC	HIV/AIDS	€ 1,873,011	€ 9,533,900	€ 11,406,911	€ 26,204,824
140	CCM	Colombia	Lower-middle income	AMRO	LAC	Tuberculosis	€ 3,392,519	€ 2,306,021	€ 5,698,540	€ 11,063,141
141	CCM	Colombia	Lower-middle income	AMRO	LAC	Malaria	€ 12,215,944	€ 8,989,590	€ 21,205,534	€ 29,702,847
142	CCM	Comoros	Lower income	AFRO	EA	HIV/AIDS	€ 520,585	€ 419,160	€ 939,745	€ 2,110,931
143	CCM	Comoros	Lower income	AFRO	EA	Malaria	€ 3,140,205	€ 1,286,283	€ 4,426,488	€ 10,217,505
144	CCM	Côte d'Ivoire	Lower income	AFRO	WCA	HIV/AIDS	€ 15,987,229	€ 17,909,976	€ 33,897,205	€ 89,715,422
145	Sub-CCM	Russian Federation (Tomsk Oblast)	Upper-middle income	EURO	EECA	Tuberculosis	€ 3,426,626	€ 1,750,549	€ 5,177,175	€ 10,130,398
146	Non-CCM	AMAN - NGO (Gaza)	Lower-middle income	EMRO	MENA	Tuberculosis	€ 289,984	€ 0	€ 289,984	€ 289,984
147	CCM	Togo	Lower income	AFRO	WCA	HIV/AIDS	€ 11,805,474	€ 10,714,769	€ 22,520,243	€ 58,435,080
Category 4 - USD							**$18,772,927**	**$19,137,767**	**$37,910,694**	**$94,725,591**
148	RO	ASEAN	Mixed	WPRO	EAP	HIV/AIDS	$17,051,297	$17,756,529	$34,807,826	$89,393,697
149	CCM	Sri Lanka	Lower-middle income	SEARO	SWA	Tuberculosis	$1,721,630	$1,381,238	$3,102,868	$5,331,894
Category 4 - EURO							**€ 2,665,357**	**€ 2,311,050**	**€ 4,976,407**	**€ 12,567,989**
150	RO	CEEAC	Mixed	AFRO	WCA	HIV/AIDS	€ 2,665,357	€ 2,311,050	€ 4,976,407	€ 12,567,989
Not Recommended Proposals						**Totals**	**$631,967,719**	**$646,810,055**	**$1,278,777,775**	**$3,051,683,423**

Key for multi-country proposals

1 - RO	CEEAC - Cameroon, CAR, Congo, Gabon, Equatorial Guinea
2 - RO	PSI - Bangladesh, India and Nepal
3 - RO	CARE - Bangladesh, India and Nepal
4 - RCM	MCWP - Cook Islands, Micronesia, Kiribati, Marshall Islands, Nauru, Nieu, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu
5 - RO	ASEAN - Brunei, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and VietNam
6 - RO	REDCA+ - El Salvador, Honduras, Nicaragua and Panama
7 - RO	REDLA+ - Bolivia, Colombia, Ecuador, Paraguay, Peru and Uraguay

The Global Fund Clusters

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

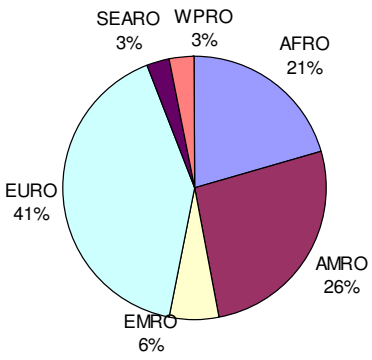
** Proposals in EUR - the UN official exchange rate effective at 1 November 2007 1.44092 US$

Tenure of TRP members serving on Round 7

Expertize	No.	Surname	First name	Gender	Nationality	WHO Region	Rounds 3	4	5	6	7
HIV/AIDS (9) Members	1	***Godfrey-Faussett**	**Peter**	M	UK	EURO					
	2	***Gupta**	**Indrani**	F	India	SEARO					
	3	Hoos	David	M	USA	AMRO		Not served			
	4	Sow	Papa Salif	M	Senegal	AFRO					
	5	Tregnago Barcellos	Nemora	F	Brazil	AMRO					
	6	Bobrik	Alexey	M	Russia	EURO					
	7	Kornfield	Ruth	F	USA	AMRO					
	8	Thaver	Inayat	M	Pakistan	EMRO					
	9	Lauria	Lilian de Mello	F	Brazil	AMRO					
Malaria (6) Members	1	Beljaev	Andrei	M	RF	EURO					
	2	Amexo	Mark Kofi	M	Ghana	AFRO				Not served	
	3	Genton	Blaise	M	Switzerland	EURO					
	4	Rojas De Arias	Gladys Antonieta	F	Paraguay	AMRO					
	5	Burkot	Thomas	M	USA	AMRO					
	6	Talisuna	Ambrose	M	Uganda	AFRO					
Tuberculosis (5) Members	1	Pio	Antonio	M	Argentina	AMRO					
	2	Ditiu	Lucica	F	Romania	EURO					
	3	El Sony	Asma	F	Sudan	EMRO					
	4	Metzger	Peter	M	Germany	EURO					
	5	Small	Peter	M	USA	AMRO					
Cross Cutting (14) Members	1	Clark	Malcolm	M	UK	EURO				Not served	
	2	Simmonds	Stephanie	F	UK	EURO					
	3	Toole	Michael James	M	Australia	WPRO					
	4	Elo	Kaarle Olavi	M	Finland	EURO				Not served	
	5	Decosas	Joseph	M	Germany	EURO					
	6	Alilio	Martin S.	M	Tanzania	AFRO					
	7	Nuyens	Yvo	M	Belgium	EURO					
	8	McKenzie	Andrew	M	S.Africa	AFRO					
	9	Boillot	Francois	M	France	EURO					
	10	Brandrup-Lukanow	Assia	F	Germany	EURO					
	11	Barron	Peter	M	S.Africa	AFRO					
	12	Okedi	William	M	Kenya	AFRO					
	13	Baker	Shawn Kaye	M	USA	AMRO					
	14	Ghandhi	Delna	F	UK	EURO					

* TRP Chair
** TRP Vice Chair

Regional balance by country of nationality



Gender balance