



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

GF/EDP/09/31

16 November 2009

For Decision

REPORT OF THE TECHNICAL REVIEW PANEL AND THE SECRETARIAT ON FUNDING RECOMMENDATIONS FOR WAVE 7 ROLLING CONTINUATION CHANNEL PROPOSALS

OUTLINE:

This report provides the Technical Review Panel (TRP) funding recommendations on Wave 7 of the Rolling Continuation Channel (RCC) proposals and a brief overview of the process followed, observations made and lessons learned by the TRP and the Secretariat.

GF/EDP/09/31

1/15

1.1 Seventeen TRP members, including the TRP Vice-Chair Mr. Shawn Baker who served as the TRP Chair for this meeting and the second TRP Vice-Chair Dr. George Gotsadze, reviewed 17 RCC Wave 7 proposals from 29 September to 2 October 2009 in Vevey, Switzerland.

1.2 There were seventeen proposals reviewed in RCC Wave 7. Of these, fourteen were new proposals and three were resubmissions from Wave 5.

1.3 Of the 14 new proposals received, the TRP recommends eight of them as 'Category 2 Proposals'. Five of the 14 new proposals were not recommended for funding and classified as 'Category 3A' and are strongly encouraged to resubmit a revised proposal in the next available RCC Wave. One of the 14 new proposals categorized as 'Category 4' is considered to be materially different and therefore rejected as a Rolling Continuation Channel proposal.

1.4 Of the three resubmissions, only one is recommended for funding as 'Category 2'. The other two resubmissions are not recommended for funding and are classified as 'Category 3B'. The applicants that submitted these proposals are strongly encouraged to resubmit through the Rounds-based channel following major revision.

1.5 Together, the TRP recommendations on re-submitted and new proposals¹ represent an overall success rate of 53 percent. The full detail of TRP funding recommendations are set out in Annex 1 to this paper.

1.6 The total upper ceiling for all recommended Wave 7 RCC proposals is US\$ 451 million for Phase 1 (three years)² to be committed in two tranches and US\$ 1.1 billion for Phase 2 (six years)³. These figures represent 74 percent and 76 percent respectively of the three year and six year total funds requested in this Wave.

1.7 In this wave, the Secretariat received two proposals requesting up-front consolidation with existing grants, namely the China tuberculosis proposal and the India HIV proposal. Both of these proposals were recommended for funding by the TRP.

1.8 The TRP members reviewing this wave raise questions around the appropriateness of the Rolling Continuation Channel in the evolving Global Fund architecture and identify challenges faced by applicants with regards to multiple funding windows. They also note issues around the overall quality of proposals reviewed.

1.9 The TRP is concerned that many of the topics raised in Part 7 of this report have been apparent over several RCC Waves and Rounds and are not being adequately addressed.

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

¹ If not stated otherwise, "Wave 7 RCC proposals" refers to re-submitted Wave 5 and new Wave 7 proposals.

² It should be noted that China submitted a consolidated tuberculosis proposal and India submitted a consolidated HIV proposal.

China Tuberculosis proposal - The consolidated proposal included continuation of Round 4 (current RCC proposal), Round 1 (continued through RCC wave 2), Round 5, Round 7 and Round 8 grants. The incremental amount requested for this consolidated proposal consists of the RCC funding request as well as the uncommitted Phase 2 amounts for Round 1, Round 7 and Round 8 grants. The upper ceilings indicated in this report exclude the funding amounts already committed for existing grants included in the consolidated proposal (for the total amount of US\$ 47 million).

India HIV Proposal - The upper ceilings indicated in this report exclude the funding amounts already committed for existing grants included in the consolidated proposal (Round 6 HIV grants (IDA-607-G10-H and IDA-607-G11-H) for the total amount of US\$ 94 million).

³ In addition to the above mentioned (refer to footnote 2) the incremental six year amount for China Tuberculosis proposals include uncommitted Phase 2 amounts for existing Round 1, Round 7 and Round 8 grants.

Decision Point:

1. *The Board approves, subject to paragraph 2 below, the Rolling Continuation Channel proposals recommended for funding by the Technical Review Panel (TRP) as ‘Category 2’ which are listed in Annex 1 to the Report of the TRP and the Secretariat on Funding Recommendation for Wave 7 Rolling Continuation Channel Proposals (the “Wave 7 RCC Report”). The Board approves funding for up to three years for each proposal (indicated as “Total 3 Years” in Annex 1 to the Wave 7 RCC Report). The Board’s approval is made with the clear understanding that the grant amounts requested are upper ceilings subject to TRP clarifications and grant negotiations rather than final approved grant amounts. For further clarity, this decision is subject to the revised Comprehensive Funding Policy approved at the Twentieth Board meeting.*
2. *The applicants whose proposals are recommended for funding as ‘Category 2’ shall:*
 - i. *provide an initial detailed written response to the requested TRP clarifications and adjustments by no later than six weeks after notification in writing by the Secretariat to the applicant of the Board’s decision; and*
 - ii. *conclude the TRP clarifications process, as indicated by the written approval of the Chair and Vice Chair of the TRP, not later than two months from the Secretariat’s receipt of the applicant’s initial detailed response to the issues raised for clarification and/or adjustment;*
3. *The Board declines to approve for funding those proposals categorized by the TRP as ‘Category 3A’ as indicated in Annex 1 to the Wave 7 RCC Report, however such applicants are strongly encouraged to resubmit a revised proposal, taking into account the issues raised by the TRP, for consideration in the next available wave of Rolling Continuation Channel review.*
4. *The Board declines to approve for funding proposals categorized by the TRP as ‘Category 3B’ as indicated in Annex 1 to the Wave 7 RCC Report, however such applicants are encouraged to resubmit the proposal through the Rounds-Based Channel following major revision.*
5. *The Board declines to approve for funding the proposal categorized by the TRP as a ‘Category 4’ as indicated in Annex 1 to the Wave 7 RCC Report.*

This decision does not have material budgetary implications.

PART 2: BACKGROUND

2.1 This report presents the TRP funding recommendations for RCC Wave 7⁴ and related lessons learned. It should be read in conjunction with the following Annexes:

- Annex 1: List of proposals reviewed by the TRP, in the category in which they are recommended to the Board
- Annex 2: List of TRP reviewers for the Wave 7 RCC TRP meeting
- Annex 3: TRP Review Form for each eligible disease proposal reviewed and full text of all proposals

2.2 Annexes 1 and 2 are provided with this report. Annex 3 is provided on a confidential basis in electronic format as supplementary documentation to Board members.

2.3 Subject to the Board's funding decision, the proposals within Annex 3 will be posted on the Global Fund's website as soon as possible following the Board decision on funding. The TRP Review Forms, consistent with Board policy, will only be provided directly to the applicant.

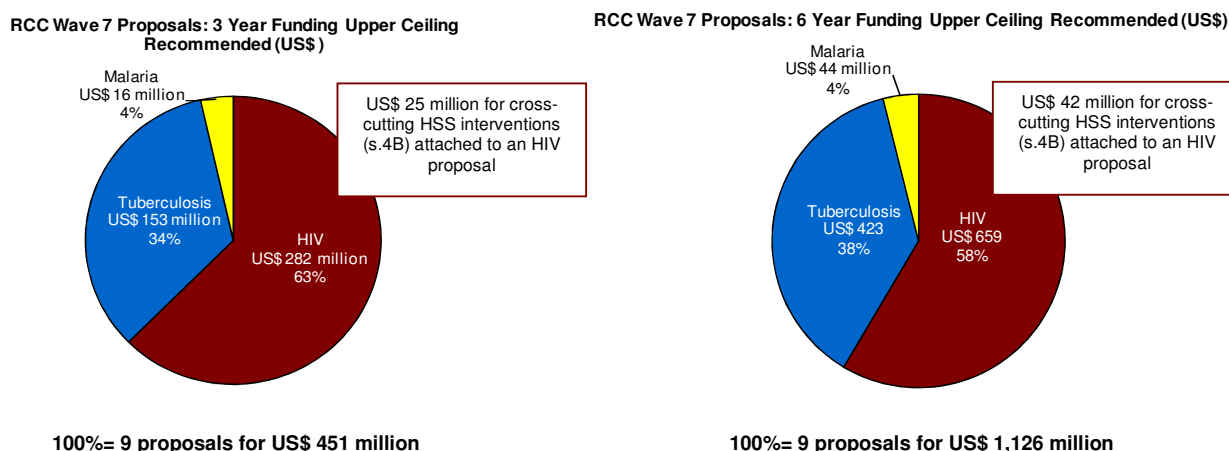
PART 3: OVERVIEW OF RCC WAVE 7 OUTCOMES

3.1 Annex 1 presents the list of proposals reviewed in RCC Wave 7 and the recommendations made by the TRP following their review. The TRP recommends nine proposals for approval. The maximum upper ceiling budget recommended for these proposals is:

- i. US\$ 451 million for three years (to be committed in two tranches); and
- ii. US\$ 1.1 billion million for six years.

3.2 This represents 74 percent and 76 percent respectively of the total upper ceiling of funds requested for the first three years and for the total six years by the 17 Wave 7 RCC applicants. Figure 1 below summarizes the breakdown of proposals recommended for funding by the TRP.

Figure 1 - Proposals recommended for funding in RCC Wave 7



⁴ At the Fourteenth Board meeting, the Global Fund introduced a new funding channel for strong performing expiring grants, the RCC, as an alternative to the existing Rounds-based channel proposals process. The RCC is a by-invitation only proposals application process, and the Secretariat's Qualification Panel is responsible for making determinations on RCC qualification. For more details please refer to: <http://www.theglobalfund.org/en/rcc/>

3.3 This wave was the first wave when cross-cutting Health Systems Strengthening (HSS) distinct part (s.4B and 5B) was received as a part of a RCC proposal.

3.4 Table 1 below provides an overview of the number of components reviewed, the approval rates by disease component, and the total amounts recommended.

Table 1 - Overview of Wave 7 TRP Recommendations

Disease proposal	Number reviewed	Number recommended for funding	Success rate	Percent of 3 Years Upper Ceiling Recommended	Percent of 6 Years Upper Ceiling Recommended
HIV(including s.4B HSS)	8	3	38%	US\$ 282 million (66%)	US\$ 659 million (67%)
Tuberculosis	4	4	100%	US\$ 153 million (100%)	US\$ 423 million (100%)
Malaria	5	2	40%	US\$ 16 million (57%)	US\$ 44 million (68%)
Total	17	9	53%	US\$ 451 million (74%)	US\$ 1,126 million (76%)

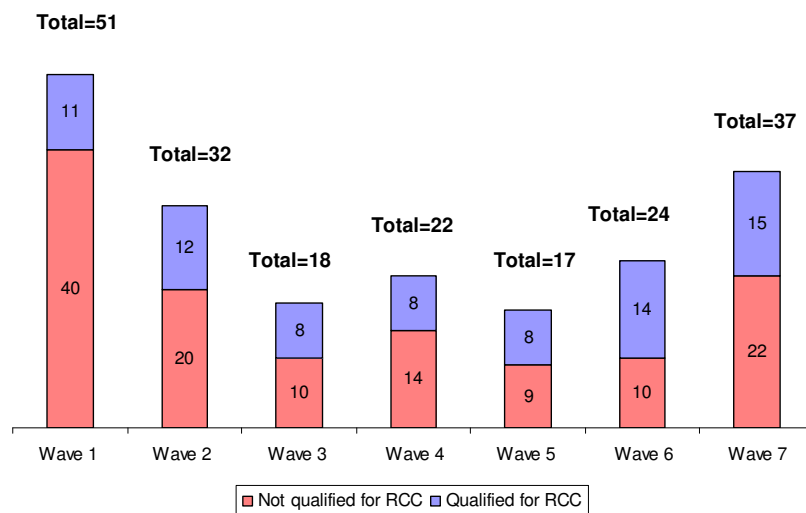
PART 4: QUALIFICATION FOR RCC WAVE 7 AND SCREENING OF PROPOSALS BY THE SECRETARIAT

RCC qualification, invitations and closing date

4.1 As demonstrated by Figure 3 below, 37 of a possible 15 expiring grants (41 percent) were invited by the Secretariat to apply under Wave 7. All invitees chose to apply⁵.

4.2 All three countries with the option to resubmit their proposals from Wave 5 also chose to submit revised proposals in Wave 7.

Figure 2 - Determination of Qualification for RCC Waves 1 to 7



⁵ Both Round 4 India HIV grants qualified for RCC and submitted one consolidated proposal, hence 15 grants qualified, but 14 proposals were reviewed.

Proposal screening for Eligibility and Completeness

4.3 The Secretariat undertook the standard RCC proposal screening process to ensure that each proposal was complete⁶ and eligible. Following a review of supporting documents, each new applicant was determined compliant with the minimum requirements for applicant eligibility by the Secretariat's Screening Review Panel. All 17 Wave 7 RCC proposals were forwarded to the TRP for review.

PART 5: PROPOSAL REVIEW PROCESS

TRP Membership

5.1 Seventeen TRP reviewers listed in Annex 2 to this report reviewed the eligible proposals. The panel represented a mix of current and former TRP members and included some who participated in their first RCC review.

TRP Review of RCC Wave 7 Proposals

5.2 Each RCC Wave 7 proposal was reviewed by four TRP members; two disease-specific experts and two cross-cutting experts. This small review group prepared an initial review and presented the proposal, comments and recommendation to the full plenary.

5.3 Each day all TRP members met in a plenary session to discuss the proposals reviewed on that day and to deliberate on and determine the final rating of the proposal and the documentation of their recommendation in the 'TRP Rolling Continuation Channel Review Form' (as set out in Annex 3 to this report).

5.4 Proposals could be recommended by the TRP in one of the five categories identified in the TRP's Terms of Reference.⁷ All decisions of the TRP were achieved by consensus.

5.5 The seventeen Wave 7 RCC proposals were reviewed to ensure that only technically sound proposals are recommended for Board approval in line with the review criteria specified in Attachment 1 of the TRP Terms of Reference and Part A.3 of RCC Guidelines. The entire review process, including the review on the final day, did not take into account availability of funds.

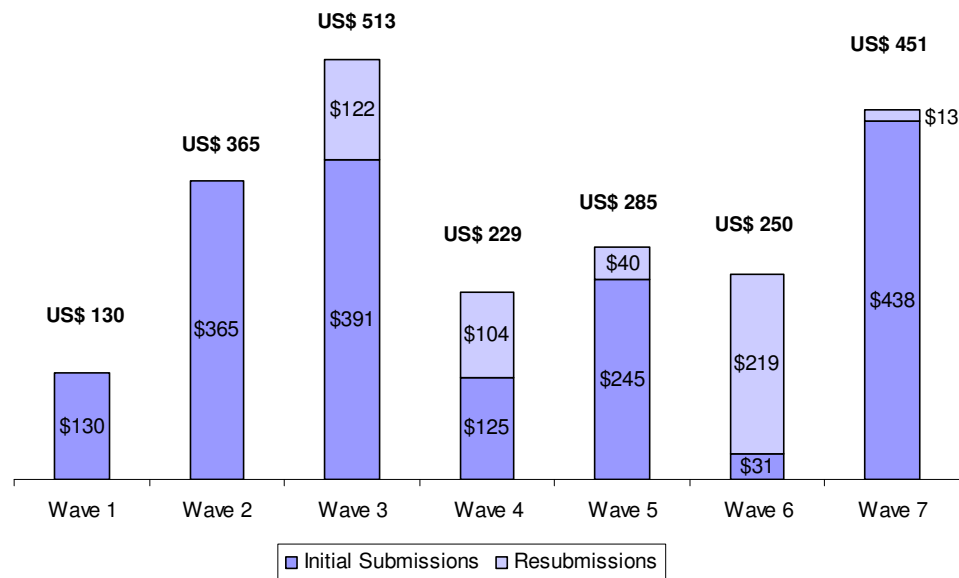
PART 6: OVERVIEW OF SEVEN RCC WAVES

6.1 Figure 2 below provides a comparison of the seven RCC Waves in terms of numbers of proposals recommended and the total maximum upper ceiling funding for Phase 1 (three years).

⁶ The three resubmission proposals were reviewed for completeness only as there were no circumstances drawn to the Secretariat's attention to warrant a reversal of the determination of compliance with the minimum requirements for eligibility during the Wave 5 proposal review process.

⁷ Decision Point GF/B16/DP8

Figure 2 -Proposals recommended for funding in Waves 1 to 7 compared by three year (RCC Phase 1) upper ceiling funding requests



6.2 The cumulative success rate across RCC Waves 1 to 7 for 'first time' RCC applicants, as presented in Table 2 below, at 51 percent, remains low. With approximately half of all new submissions not being recommended for funding, initial RCC proposals continue to demonstrate significant weaknesses. Disappointingly, only one out of three resubmitted proposals was recommended for funding in Wave 7.

Table 2 - Overview of RCC Cumulative Approval Rates

RCC Success Rates by Wave and Cumulatively								
RCC Wave	New proposals			Resubmissions			Success rate by wave	Cumulative success rate (including resubmissions)
	Number reviewed	Number recommended	Cumulative success rate (new proposals)	Number reviewed	Number recommended	Cumulative success rate (resubmissions)		
Wave 1	10	5	50%	n/a	n/a	n/a	50%	n/a
Wave 2	10	6	55%				60%	
Wave 3	7	3	52%	5	5	100%	67%	19 of 32; 59%
Wave 4	8	3	49%	2	2	100%	50%	24 of 42; 57%
Wave 5	6	3	49%	4	3	91%	60%	30 of 52; 58%
Wave 6	10	5	49%	5	4	88%	60%	39 of 67; 58%
Wave 7	14	8	51%	3	1	79%	53%	48 of 84; 57%

PART 7: LESSONS LEARNED FROM RCC WAVE 7 PROPOSAL REVIEW

7.1 This section documents the lessons learned by the Technical Review Panel (TRP) during the review of RCC Wave 7 proposals and provides recommendations for consideration by applicants, the Global Fund Board, partners and the Secretariat.

GLOBAL FUND POLICIES AND ARCHITECTURE

Appropriateness of the Rolling Continuation Channel in the evolving Global Fund architecture

7.2 As expressed in each of the previous TRP reports on funding recommendations for the RCC proposals⁸, the TRP continues to question the appropriateness of the Rolling Continuation Channel. As the Global Fund architecture matures, and with experience accumulating over seven RCC Waves, the role of RCC is an increasing concern for the TRP.

7.3 The TRP understands that the Rolling Continuation Channel was established to facilitate access to funding for well-performing grants. However, the TRP questions the “higher” performance of grants that are being selected through the qualification process.

7.4 In particular, the TRP questions whether the balance of performance indicators for outputs and impact used to assess and define qualification for RCC are appropriate and notes that in general, there is weak evidence of the potential of impact of well-performing grants. This is linked to the issue of the need for strengthened performance evaluation of impact described below.

7.5 The TRP also notes the challenge created by multiple funding windows. RCC applications do not always demonstrate a strategic approach to defining the scale and scope of interventions. In addition, applications do not always present adequately the complementarity of the request with existing grants and with parallel requests submitted through the Rounds-based channel. Multiple funding channels may lead to duplication and may discourage comprehensive strategic planning.

7.6 The TRP recognizes that RCC success rates remain relatively low over several waves (particularly for new submissions) and notes with concern the overall quality of proposals reviewed.

7.7 For these reasons, the TRP welcomes the recent Board decision to suspend RCC⁹. The TRP further encourages the Board to take into consideration the recommendations made by the TRP on appropriateness of RCC and to approve the proposed discontinuation of this funding channel as part of the new grant architecture.

Scope of proposals submitted through RCC

7.8 Under the current architecture, only CCMs overseeing well-performing grants are invited to submit a proposal through RCC. The upper limit for the funding amount of RCC proposals is 140 percent of the original Phase 2 budget of the qualified grant¹⁰.

7.9 In RCC Wave 7, the TRP reviewed a proposal to continue a program managed by a Principal Recipient from a Round 4 proposal. The PR manages one grant representing a small fraction of the interventions included in the original proposal and of the related total budget. The submitted proposal, although technically sound and in line with the grant it seeks to continue, does not describe how the other interventions included in the original proposal will be continued. The TRP notes that in such circumstances the Rolling Continuation Channel does not

⁸ See the Reports of the Technical Review Panel and the Secretariat on funding recommendations for Rolling Continuation Channel proposals, available at www.theglobalfund.org/en/trp/reports. Some of the relevant references are noted below:

Wave 1. Document GF/07/EDP, paragraph 13 p.10

Wave 2. Document GF/EDP/08/04, paragraph 18 page 10

Wave 3. Document GF/EDP/08/10, paragraph 6 page 2

Wave 4. Document GF/EDP/08/14, revision 1, paragraph 6 page 2

Wave 5. Document GF/EDP/09/05, revision 1, paragraphs 6 and 7 page 2

Wave 6. Document GF/EDP/09/12, paragraphs 1.6 and 1.7 page 2

⁹ 21 August 2009 electronic decision to suspend RCC until decision to be taken at 20th Board meeting.

¹⁰ Decision Point GF/B18/DP13

allow continuation of the entirety of the original proposal and may not allow applicants to adequately address evolving priorities of the response at country level.

Qualification for RCC

7.10 Applicants invited to submit a RCC proposal are identified by the Global Fund Secretariat based on two primary factors: performance of grants and evidence of potential for impact¹¹. However, as noted above, the TRP found that in several instances the potential for impact on the three diseases of expiring grants of qualified applicants was not clearly demonstrated.

7.11 The TRP recommends the Secretariat strengthens the process leading to qualification for RCC (or other preferential access to funding channels introduced as part of the new grant architecture) to give a greater weight to demonstration of potential for impact among the criteria.

TRP assessment of proposals in the context of grant consolidation

7.12 In this RCC Wave, the TRP reviewed a consolidated proposal to continue a Round 4 expiring grant and to consolidate with four other ongoing grants. In this case, some of the grants had undergone the Phase 2 review, and funds have been committed for the both Phase 1 and Phase 2, while others grants had not been reviewed for Phase 2 continued funding so that funds had been committed for Phase 1 only.

7.13 The TRP understands that, should the Board decide to approve this proposal, it will approve the upper ceiling of the incremental budget request. This incremental budget request includes both newly requested funding, as well as funding from existing grants not yet committed (uncommitted Phase 2 amounts).

7.14 The TRP draws the attention of the Board to the fact that, in doing so, some proportion of approved but as yet uncommitted Phase 2 amounts will become committed despite not being subjected to a Phase 2 review.

7.15 However, the TRP understands that the Secretariat will nevertheless explicitly take past performance into consideration in its negotiation of the new consolidated grant agreement with the PR.

Timing of Round 10

7.16 The TRP appreciates that adequate time must be allotted for the launch of Round 10. However, the TRP is concerned about possible funding gaps in countries with expiring grants that are not invited to submit a proposal through the RCC funding channel or that are encouraged by the TRP to re-submit a revised version of their RCC proposal through the Rounds-based channel (Category 3B).

7.17 The TRP noted with satisfaction that the Working Group on Managing the Tension between Demand and Supply in a Resourced Constrained Environment¹² will be recommending to the Board options for addressing funding gaps linked to different scenarios for timing of Round 10.

TECHNICAL QUALITY OF PROPOSALS

7.18 This section provides general recommendations on the overall technical quality of proposals and follows the TRP proposal review criteria as set out in the TRP Terms of Reference (soundness of approach; feasibility; and potential for sustainability and impact).

¹¹ Decision Point GF/B14/DP9

¹² Decision Point GF/B19/DP26

Soundness of approach

Justification

7.19 The TRP notes that several proposals lacked careful and thorough situational analysis and/or justifications, thus hindering the TRP assessment of the relevance of the proposal with regard to the epidemiological situation and thus the soundness of its approach. This is particularly concerning as these proposals are from grants with strong performance running a number of years. Sound epidemiological situational analyses are critical to understand the evolution of the diseases and the appropriate design of the new proposal.

7.20 The TRP recommends applicants provide a thorough and evidence-based situational analysis as well as strong justifications for the interventions for which funding is being requested.

Feasibility

Complementarity

7.21 The TRP notes with concern that in RCC Wave 7, as in previous RCC waves and rounds, applicants do not always adequately demonstrate the complementarity between the proposed interventions and on-going activities funded through existing Global Fund grants or by other donors.

7.22 The assessment by the TRP of complementarity or duplication of requested funding with existing activities is further compounded when multiple concurrent grants for the same disease are managed by the same Principal Recipient. Grant consolidation would greatly facilitate both the gap analysis by the applicant and the assessment of the proposal by the TRP, in addition to other expected benefits for countries¹³.

7.23 Referring to its recommendation in its Round 9 report, the TRP similarly strongly recommends the Secretariat that a revised proposal form explicitly request applicants show complementarity of the proposal with existing funding and activities (e.g. through a new table requiring clear side-by-side analysis).

7.24 In addition, the TRP reaffirms its support for grant consolidation and the proposed single stream of funding model which should address this challenge in future funding windows.

Potential for sustainability and impact

7.25 The TRP notes that issues related to sustainability and impact should feature more prominently in proposals submitted through the RCC funding channel, as applicants recommended for funding through RCC will be funded by the Global Fund for up to eleven years.

User fees

7.26 The TRP recognizes the complexity of the link between user fees for HIV, TB and malaria services on the one hand, and sustainability and equity on the other hand. Although user fees represent only a small portion of overall out-of-pocket payments and domestic funding for health services in many countries, they can be an important source of funding at facility level. However, there is also compelling evidence that user fees decrease access to health services for the poor and compliance to treatment (e.g. for ARV treatment). The TRP notes that this issue is not adequately addressed in proposals.

¹³ Expected benefits for countries include a more holistic approach to programs, lower administrative overheads and decreased reporting requirements.

7.27 The TRP recommends technical partners provide best practice guidelines and technical assistance to countries on user fees versus other financing mechanisms for health services in general and HIV/AIDS, TB and malaria services in particular.

7.28 The TRP further recommends applicants assess the expected benefits and adverse effects of user fees on HIV, TB and malaria services and the broader health system and to describe in their proposal their strategies to mitigate adverse effects.

Funding for recurrent government expenditures

7.29 Some proposals request long-term funding for salaries of government staff, without any clear plan to gradually replace Global Fund funding by domestic funding. The TRP is concerned with the sustainability of this approach, especially when the country requesting funding recently moved from the low income to lower-middle income category, and when such funding is requested for up to eleven years (through Phase 1, Phase 2, RCC 1 and RCC 2). The TRP notes that the issue of sustainability concerns more broadly all recurrent expenditures incurred by governments.

7.30 The TRP recommends the Board define the extent to which (and in which circumstances) the Global Fund can fund long-term salary support for government staff and other recurrent government expenditures, in particular in middle income countries.

Performance frameworks and evaluation

7.31 The TRP continues to note that proposed performance frameworks include mostly input, process and output indicators. Outcome and impact indicators usually represent a small fraction of the indicators included in performance frameworks. As a result, the assessment of performance of Global Fund grants is based on indicators that do not adequately capture impact on the three diseases and on the overall health system. The TRP strongly encourages applicants to ensure that adequate impact (and outcome) indicators are included and that applicants ensure that the mechanisms exist to measure these indicators.

7.32 Although not specific to RCC, this is particularly problematic for RCC proposals, because performance of programs benefiting from long-term Global Fund support should be assessed based on their potential for impact on the three diseases.

7.33 Beyond performance frameworks, the current Global Fund approach to monitoring and evaluation does not fully capture whether Global Fund grants have the desired effects at country level. If any country reviews have been conducted at the time of qualification, the TRP would appreciate receiving this information as part of the proposal documentation they review.

7.34 The TRP recommends the Secretariat revise the requirements with regard to performance frameworks and to strengthen related guidelines, so as to ensure that outcome and impact indicators are given equal weight to service output indicators when performance will be assessed at RCC. A consultative process should review current performance frameworks and propose recommendations for strengthening them. This should be done in concert with the planned review and revision of the Rounds-based application form and should draw on TRP input.

7.35 In addition, the TRP recommends the Board review the Global Fund approach and the role of LFAs in monitoring and evaluation of grants, e.g. by strengthening assessment of the programmatic dimensions and of impact in addition to financial information, by expanding the role of LFAs and considering independent in-country evaluations.

Health systems strengthening

7.36 The TRP welcomes the submission of and is pleased to recommend for funding the first HSS cross-cutting request submitted as part of a RCC proposal. One of the key strengths of this proposal is a clear description of actors and activities. However, the TRP notes that, due to the 140 percent cap policy in place for RCC, applicants are unlikely to include comprehensive HSS

requests as part of their RCC proposal if HSS interventions were not a substantial part of the original grant.

SECRETARIAT SUPPORT TO THE TRP REVIEW PROCESS

Financial Advisory Support

7.37 The Financial Advisory Support made available to the TRP for the Round 9 meeting greatly facilitated and strengthened the TRP review of budgets. No such support was made available to the TRP for the RCC Wave 7 TRP meeting. While the TRP can request Independent Budget Reviews for RCC proposals, the TRP notes that this approach is not always appropriate when a budget includes many items that have already been negotiated and agreed in the context of grant consolidation.

7.38 Referring to its recommendation in its Round 9 report, the TRP recommends the Board make the necessary budgetary provisions to ensure Financial Advisory Support is made available for all proposals, regardless of the overall budgetary ceiling. The TRP further recommends that financial analysis be undertaken prior to the TRP review meeting and that support during RCC meetings also be made available on site or remotely.

TRP review process

7.39 The TRP members concurred yet again that the RCC meeting and review modalities were more satisfying, in contrast with Rounds-based meetings, in terms of a balanced workload and fewer participants, permitting more substantive discussions in plenary sessions.

7.40 They also expressed appreciation once again for the quality support received from the Secretariat and applauded the Country Proposal team's logistical and administrative assistance.

List of proposals reviewed by the Technical Review Panel, in the category in which they are recommended to the Board

No.	Applicant type	Applicant	Income Classification (Annex 1 of Guidelines)	WHO Region	Global Fund Regional Team	Disease proposal	Applicant Requested Upper Ceiling for Funding		TRP Recommended Upper Ceiling for Funding					
							Total 3 Years USD	Total up to 6 Years (Lifetime) USD	TRP Recommended Reduction as Applicable (Total 3 Years) USD	TRP Recommended Reduction as Applicable (Up to 6 years) USD	Phase 1 First Commitment (Yrs 1+2) USD	Phase 1 Second Commitment (Yr 3) USD	TRP Recommended Upper Ceiling (Up to 6 years) USD	
Category 2 - USD							\$455,999,522	\$1,169,840,264	\$10,715,886	\$52,154,934	\$252,132,772	\$193,150,865	\$1,117,685,330	
1*	CCM	China	Lower-middle income	WPRO	EAP	Tuberculosis	\$143,632,040	\$404,818,780	\$0	\$0	\$84,457,110	\$59,174,930	\$404,818,780	
2**	CCM	India	Low income	SEARO	SWA	HIV	\$161,621,678	\$439,316,184	\$9,705,607	\$48,851,419	\$68,527,693	\$83,388,379	\$390,464,765	
3	CCM	Mongolia	Low income	WPRO	EAP	Tuberculosis	\$2,968,117	\$8,540,561	\$0	\$0	\$2,184,520	\$783,597	\$8,540,561	
4	CCM	Namibia	Lower-middle income	AFRO	SA	HIV, including cross cutting HSS (s.4B/5B)	\$109,055,595	\$211,803,061	\$0	\$0	\$73,772,784	\$35,282,811	\$211,803,061	
5	CCM	Namibia	Lower-middle income	AFRO	SA	Tuberculosis	\$835,204	\$1,776,976	\$0	\$0	\$556,448	\$278,756	\$1,776,976	
6	CCM	Namibia	Lower-middle income	AFRO	SA	Malaria	\$2,867,671	\$17,363,920	\$0	\$0	\$1,225,174	\$1,642,497	\$17,363,920	
7	CCM	Tanzania	Low income	AFRO	EA	HIV	\$21,857,196	\$59,769,989	\$1,010,279	\$3,303,515	\$11,212,536	\$9,634,381	\$56,466,474	
8	CCM	The Gambia	Low income	AFRO	WCA	Malaria	\$13,162,021	\$26,450,793	\$0	\$0	\$10,196,507	\$2,965,514	\$26,450,793	
Category 2 -Euro														
Category 2 - USD Equivalent							\$5,458,583	\$7,950,954	\$0	\$0	\$4,450,204	\$1,008,379	\$7,950,954	
9	CCM	Georgia	Lower-middle income	EURO	EECA	Tuberculosis	€3,690,002	€5,374,845	€0	€0	€3,008,338	€681,664	€5,374,845	
Recommended Proposals							Total in USD	\$461,458,105	\$1,177,791,218	\$10,715,886	\$52,154,934	\$256,582,976	\$194,159,244	\$1,125,636,284

In RCC Wave 7 China submitted a consolidated tuberculosis proposal (for US\$ 190,941,980 (total three years) and US\$ 452,128,720 (total lifetime (6 years)) and India submitted a consolidated HIV proposal (for US\$ 255,901,750 (total three years) and US\$ 533,596,256 (total lifetime (6 years)). Given that some of the funding included in these proposals has already been committed by the Board, the upper ceilings for funding for these proposals in Annex 1 refer to incremental amounts requested rather than consolidated amounts indicated in the proposals.

*China Tuberculosis proposal - The consolidated proposal includes continuation of Round 4 (current RCC proposal), Round 1 (continued through RCC wave 2), Round 5, Round 7 and Round 8 grants. The incremental amount requested for this consolidated proposal consists of the RCC funding request as well as the uncommitted Phase 2 amounts for Round 1, Round 7 and Round 8 grants. The upper ceilings indicated in Annex 1 exclude the funding amounts already committed for existing grants included in the consolidated proposal (for the total amount of US\$ 47 million). It should be noted that the incremental lifetime amount for China Tuberculosis proposal include uncommitted Phase 2 amounts for existing Round 1, Round 7 and Round 8 grants.

**India HIV Proposal - The upper ceilings indicated in Annex 1 exclude the funding amounts already committed for existing grants included in the consolidated proposal (Round 6 HIV grants (IDA-607-G10-H and IDA-607-G11-H) for the total amount of US\$ 94 million).

							Applicant Requested Upper Ceiling for Funding	
No.	Applicant type	Applicant	Income Classification (Annex 1 of Guidelines)	WHO Region	Global Fund Regional Team	Disease proposal	Total 3 Years USD	Total up to 6 Years (Lifetime) USD
Category 3A - USD								
10	CCM	Lao PDR	Low income	WPRO	EAP	HIV	\$6,622,722	\$13,262,789
11	CCM	Sao Tome e Principe	Low income	AFRO	WCA	Malaria	\$2,144,540	\$4,316,083
12	CCM	Suriname	Lower-middle income	AMRO	LAC	Malaria	\$1,968,850	\$2,849,300
13	CCM	Uzbekistan	Low income	EURO	EECA	HIV	\$23,713,193	\$51,570,489
Category 3A - Euro								
Category 3A - USD Equivalent							\$26,976,985	\$57,902,414
14	CCM	Togo	Low income	AFRO	WCA	HIV	€ 18,236,442	€ 39,142,032
Category 3B - USD								
15	CCM	Jamaica	Lower-middle income	AMRO	LAC	HIV	\$9,816,596	\$17,763,312
16	CCM	Rwanda	Low income	AFRO	EA	HIV	\$76,691,579	\$187,028,220
Category 4 - USD								
17	CCM	Lao PDR	Low income	WPRO	EAP	Malaria	\$8,080,727	\$13,679,351
Not Recommended Proposals						Total in USD	\$156,015,192	\$348,371,958

Global Fund Regional Teams

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

Proposals in EURO = UN official exchange rate effective from 1 November 2009 = 1USD = 0.676 EURO

History of RCC Wave 7 TRP Reviewer service as a TRP member

No.	Surname	First name	Gender	Nationality	RCC Waves							
					1	2	3	4	5	6	7	
1	Baker	Shawn Kaye (Chair)	M	USA								
2	Ayala-Ostrom	Beatriz	F	Mexico/UK								
3	Bah- Sow	Oumou	F	Guinea								
4	Barron	Peter	M	South Africa								
5	Bobrik	Alexey	M	Russia								
6	Brown	Tim	M	USA								
7	Decosas	Josef	M	Germany								
8	Gotsadze	George	M	Georgia								
9	Hsu	LeeNah	F	USA								
10	Kornfield	Ruth	F	USA								
11	LeFranc	Elsie	F	Jamaica								
12	Luelmo	Fabio	M	Argentina								
13	Lyimo	Edith	F	Tanzania								
14	Rose	Tore	M	Norway								
15	Sow	Papa Salif	M	Senegal								
16	Talisuna	Ambrose	M	Uganda								
17	Tregnago-Barcellos	Nemora	F	Brazil								

Current TRP Members
Former TRP members