Eighth Board Meeting
Geneva, 28 - 30 June 2004

GF/B8/5
Revision 1[1]

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

Outline: This paper provides the Board with an overview of the Round 4 proposals process, the TRP recommendations for funding and lessons learned. The annexes that support this report and are provided on a CD-ROM, only Annex II (List of components reviewed, classified by category) is attached.

- Annex I: List of proposals reviewed by the TRP, ordered alphabetically
- Annex II: List of components reviewed, classified by category
- Annex III: List of all non-eligible proposals, with justification
- Annex IV: TRP reports for all reviewed components, classified by region
- Annex V: Executive Summaries for all reviewed proposals and full text of all recommended proposals, classified by region

Summary of Decision Points

1. The Board is asked to approve for funding proposals recommended by the Technical Review Panel, and according to the categories listed below, with the clear understanding that budgets requested are upper ceilings rather than final budgets and the Secretariat should report to the Board the results of the negotiations with the Principal Recipient on the final budget for acknowledgement (See Annex II).

   - Category 1: Recommended proposals with no or minor clarifications, which should be met within 4 weeks and given the final approval by the TRP Chair and/or Vice-Chair.
   - Category 2: Recommended proposals provided clarifications are met within a limited timeframe (6 weeks for the applicant to respond, 3 months and not to exceed 4 months 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.
   - Category 3: Not recommended in their present form but are encouraged to re-submit.
   - Category 4: Not recommended for funding.

2. The Board is asked to acknowledge the lessons learnt by the Secretariat and the TRP during this process and to allow adequate measures to be taken to improve Round 5.

1 Formatting of graphics and revision of Figure 7

Part 1: Overview

1. On January 10th 2004, the Global Fund issued the Fourth Call for Proposals using the revised forms and guidelines and at the same time introduced to the possibility of on-line applications through the use of the Proposal and Grant Management System (PGMS), which was accessed through the Global Fund website (http://www.theglobalfund.org). The new system was designed to facilitate the submission of proposals to the Global Fund. It was made available in English, French and Spanish. Prior to introducing the system the Secretariat conducted a rapid survey on CCMs to determine the internet availability access at country level. Recognizing the fact that our recipient countries have different levels of accessibility to internet and use of information and communication technologies, the Secretariat made available an off-line application for all those who did not have good internet connections. This was done through the provision of a CD-ROM which contained an application that assisted applicants in submitting their proposals in much the same way as the web-based version. Proposals were also accepted in traditional hard-copy as well as electronic document by email using Microsoft Word. The Call for Proposals was channeled through a series of networks, including Health, and Foreign Affairs Ministries, the Global Fund website, and main partners through their country offices.
2. The proposal guidelines and form (which were approved by the Board) were first revised to allow for further simplification of the process. The guidelines were streamlined to focus on the key messages and information needed for a sound submission. Eligibility criteria were based on the World Bank classifications of income. Countries classified as low income are eligible to request support from the Global Fund. Countries that are Lower Middle Income are eligible to request support but have to meet additional requirements for co-financing arrangements, focusing on poor or vulnerable populations, and moving over time towards greater reliance on domestic resources. Upper-middle income countries are eligible to request support if they face a very high current disease burden and they meet the additional requirements for co-financing arrangements, focusing on poor or vulnerable populations and moving over time towards greater reliance on domestic resources. Lists of eligible countries were attached to the guidelines.
3. The guidelines also requested details on CCMs, PRs, the country context, targets and indicators and implementation systems such as Monitoring and Evaluation and procurement. The guidelines spell out the scope of proposals, encouraging applicants to apply for both scaling-up of existing programmes and new approaches.
4. During the proposal preparation phase the Secretariat mobilized partners to assist countries in their proposals with special attention to be given to countries that had never benefited from Global Fund Resources. Countries that were covered by international initiatives received specific attention and the Secretariat ensured that the missions sent by technical partners were briefed prior to their travel to countries so they also were aware of the Global Fund's eligibility criteria as well as the review process.
5. **Countries were given 3 months preparation time with a deadline of 5th April, 2004. In total, 136 proposals from 82[2] countries containing 217 components were received**. Of these 82 proposals came from CCMs, the balance was submitted by regional organizations, private sector and NGOs (Fig.1). Of the submitted proposals 173 components from 96 countries were reviewed by the TRP (Annex I of CD-Rom).

2 This figure does include the number of Multi-Country applications

6. The Secretariat set up a team of staff to support countries in the application process and to answer all problems encountered from both the IT and business sides. This team managed and responded to 64 queries. The Secretariat also put in place a Tracking system which allowed us to monitor our performance in terms of responsiveness to queries. Global Fund eligibility criteria were explained to each applicant requesting/submitting a proposal outside of the CCM. The Secretariat also provided those applicants with the respective CCM contact addresses.
7. **The TRP is recommending 69 components involving programmes in 50[3] countries, for a total value of USD 2.9 billion over 5 years and USD 968 million over two years**. As in previous rounds, the largest share of funding targets Africa and HIV/AIDS, however with a marked increase for malaria interventions due to changes in recommended treatment regimens (Annex II).

Part 2: Proposal Receipt and Screening

2.1 Screening Process

1. The Secretariat screening process involved applying screening criteria to ensure transparency and consistency. It focused on the following items:

   a) Source of Proposal: The revised guidelines define which type of applicant is eligible.

      I. For CCM applications, the Secretariat checked the inclusiveness of their membership through members' list, signatures, as well as minutes of meetings.

      II. For non-CCM applications within a country, applications were screened against the three exceptional circumstances for submitting outside a CCM, as stipulated in the guidelines:
      - countries without legitimate Governments,
      - countries in conflict or facing natural disasters,
      - countries that suppress or have not established partnerships with civil society and NGOs.

      III. Finally, for multi-country proposals, an endorsement by the Chair or Vice-Chair of the CCM was required from all the countries targeted in the proposal.

   b. Scope of proposal: Only proposals targeting one or more of the three diseases were eligible. Pure research and pre-investment projects were also screened out.

   c. Completeness of Proposal: The proposal had to be reasonably complete, with all questions covered, including budgets, signatures and attachments.

2. The Secretariat maintained an internal high-level Steering Committee which supervised the screening process to ensure that guidelines were followed and that all applicants received fair and consistent treatment.
3. As this was the first Round in which the on-line application process was used several difficulties were encountered mainly due to a continuously evolving process. This meant that the screening work had to deal with proposals submitted through different technologies i.e. web, CD-Rom, and hard copies. The majority of applications came through as electronic documents using Microsoft Word. The Secretariat, with 16 short-term staff, had four weeks to screen received proposals. This time was also used to request from applicants missing information, correct budget inconsistencies and/or obtain further clarifications.

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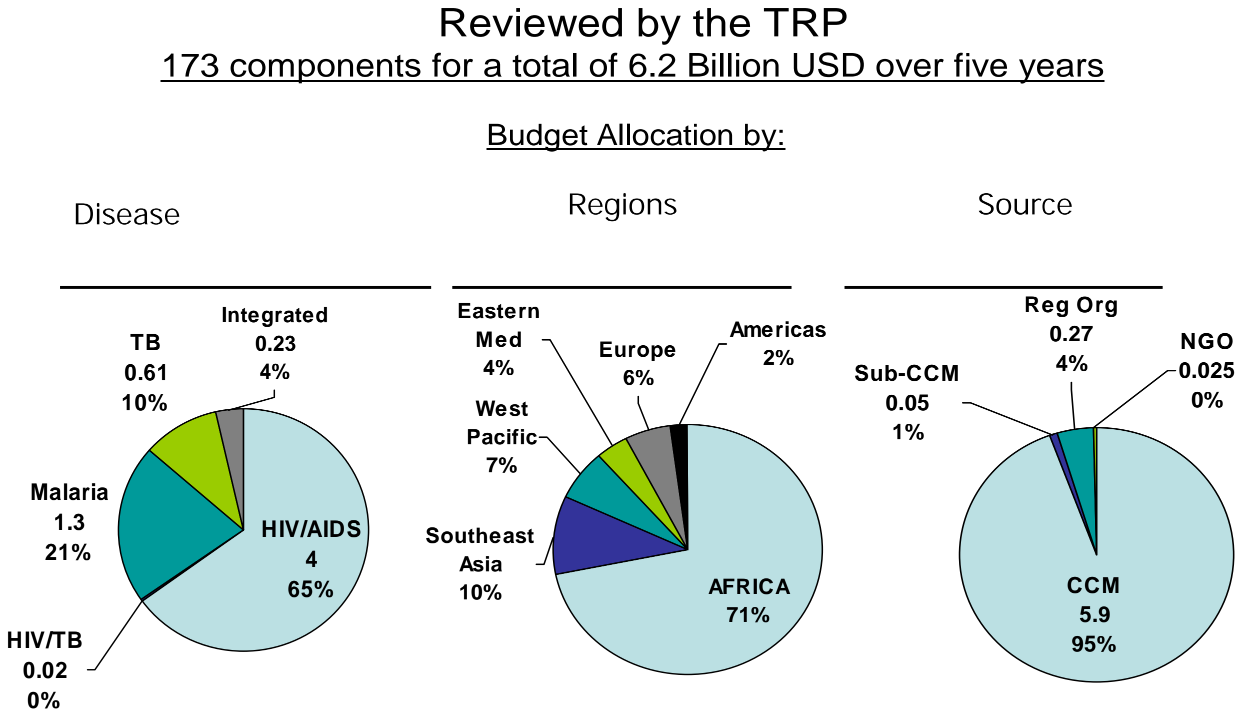
3 This figure does not include the Multi-Country proposals

2.2 Outcome of the Screening Process

1. Of the 136 proposals received, 40 were screened out by the Secretariat. The screened out proposals were mainly from NGOs or Regional Organizations that did not have CCM endorsements or did not give any clear and accepted reasons for not applying through CCMs; or had ineligible scope (See Annex III for a list of non–eligible proposals).
2. As mentioned above, a total of 173 components from 96 countries were screened as eligible for review by the TRP. The regional, disease and source of application splits are shown in Figure 1.

Figure 1



3. Prior to the TRP review, the Secretariat shared the list of the countries that submitted proposals to the Global Fund with WHO and UNAIDS to update their epidemiological data sheets.
4. Feedback from the screening process shows that countries had major difficulties with the on-line application process. Only 15 countries managed to apply on-line. Also countries struggled to understand the indicators suggested through the drop down menus in the application.
5. Seven new countries submitted proposals for the first time or after being rejected in Round 1.

6. In terms of work process, the Secretariat was able to:
    a. Acknowledge all proposals within one week of the submission deadline,
    b. Screen all proposals in the time allocated, and, where necessary, request further information from applicants,
    c. Inform quickly all ineligible applicants concerning their status providing them with detailed information on steps they needed to follow to ensure their eligibility for TRP review in the coming Rounds.

Part 3: The review process

1. The TRP met in Geneva from Monday May 3 to Friday May 14, 2004. The panel included 26 members:
   Michel D. Kazatchkine (AIDS expert, France, **Chair**)
   Jonathan Broomberg (Cross-cutting expert, South Africa, **Vice-Chair**)

   Six additional AIDS experts : David Burrows (Australia), Peter Godfrey-Faussett (UK), Hakima Himmich (Morocco), Godfrey Sikipa (Zimbabwe), Papa Salif Sow (Senegal), Stefano Vella (Italy)

   Four malaria experts : Andreï Beljaev (Russian Federation), John Chimumbwa (Zambia), Mary Ettling (USA), Giancarlo Majori (Italy).

   Four tuberculosis experts : Paula Fujiwara (USA), Fabio Luelmo (Argentina), Pierre Yves Norval (France), Antonio Pio (Argentina)

   Ten additional cross-cutting experts : Malcom Clark (UK), Kaarle Olavi Elo (Finland), Wilfried Griekspoor (Netherlands), Leenah Hsu (USA), David Peters (Canada), Glenn Post (USA), Jayasankar Shivakumar (India), Stephanie Simmonds (UK), Richard Skolnik (USA), Michael James Toole (Australia).

2. **Eleven members of the panel were newcomers** and these are: Andreï Beljaev, David Burrows, Kaarle Olavi Elo, Antonio Pio, Glenn Post, Jayasankar Shivakumar, Godfrey Sikipa, Stephanie Simmonds, Papa Salif Sow, Michael James Toole, Stefano Vella.

   Seven members had been on the panel since Round 3 (John Chimumbwa, Malcom Clark, Mary Ettling, Peter Godfrey-Faussett, Leenah Hsu, Pierre Yves Norval, David Peters), **and four members had been on the panel since Round 2** (Jonathan Broomberg, Hakima Himmich, Giancarlo Majori, Richard Skolnik).

   Four members of the TRP participated in four Rounds of review starting from the first Round and will therefore be no longer available as TRP members (Paula Fujiwara, Wilfried Griekspoor, Michel Kazatchkine and Fabio Luelmo).

3. Throughout the meeting, the TRP has been assisted by the Secretariat led by Hind Othman and Hans Zweschper. Experts from UNAIDS, WHO Stop-TB and RBM could easily be reached throughout the two weeks of work of the TRP.

4. The TRP reviewed 173 components screened by the Secretariat out of 217 submitted components.

5. Around 20 components were reviewed each day. On the day preceding the review, applications were distributed among 7 working sub-groups comprised of two disease-specific experts (experts on the same disease), and one or two cross-cutting expert(s). By allowing for more shared time between disease-specific experts of the same discipline and a lesser number of applications per expert to be read each day, the distribution into seven groups used in Round 4 was considered by TRP members as a significant improvement over the previous system of distributing proposals among four multi-disciplinary groups. Sub-group composition was modified twice during the two weeks of the TRP session to strengthen the consistency of the review process.
6. Each application was read by three to four experts. It was extensively reviewed by a disease-specific expert acting as a primary reviewer and a cross-cutting expert, acting as a secondary reviewer. Working sub-groups met every day for approximately two hours in the afternoon to discuss the applications and agree on a provisional grading of the proposal. The sub-group was also required to draft a preliminary report on the application to be presented in the plenary session. The Chair acted as primary reviewer for integrated proposals.
7. The entire TRP would then meet for 5 to 7 hours in a plenary session each day to listen to all reports, agree on the final grading of the proposal and final wording of the report. Proposals were graded in one of four categories, as requested by the Board. All decisions of the TRP were achieved by consensus.
8. On the last day of the session, the TRP reviewed the grades that had been agreed upon during the prior two weeks. There was a general consensus on the judgments made and decisions taken. Only 5.5% of the scores were revisited after extensive discussions (i.e. proposals initially graded as 2 or 3 switched to 3 or 2). The proportion of components classified in categories 1 and 2 each day (i.e. recommended for funding) did not differ significantly throughout the two weeks of the review process.
9. The entire review process, including the review on the final day, took no account whatever of the availability of funds for the round. The TRP's review was based on relevance, technical merits and readiness to implementation.

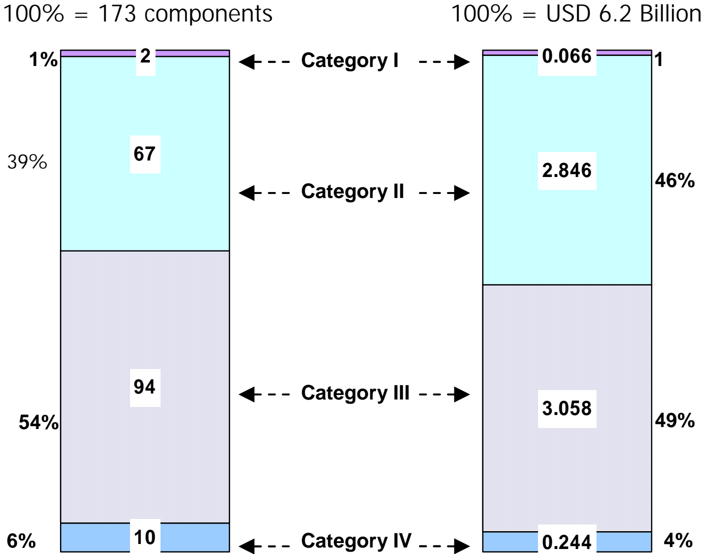
Part 4: Recommendations to the Board

4.1. Overall outcome of the review

1. Figure 2 summarizes the overall breakdown of reviewed components in Round 4. Proposals were grouped into one of the four categories defined above. **Sixty-nine components in 50 countries are recommended in category 1 and 2. Ninety-four components were graded in category 3 and ten components in category 4**.

   Recommended components (n = 69) represent 40% of the reviewed components and 47% (USD 2,912 M) of the total budget requested in proposals submitted for review in Round 4.

Figure 2



2. As in previous Rounds and as noted above, the TRP, throughout its deliberations, did not take into consideration the funds that are currently available to cover Round 4 grants. The TRP had not been specifically asked by the Board to sub-categorize components graded in category 2 into 2A and 2B in Round 4 as was the case in Round 3. The TRP however decided to provide the Board with such a sub-categorization in case the available funding was to be insufficient for Round 4 grants. Applications were graded into 2A and 2B on the last day of review, essentially on the basis of the complexity of the clarifications requested by the TRP. The sub-classification of components graded in category 2 is provided in Annex IIB.

3. The TRP identified three special cases which need to be highlighted. The TRP found it particularly difficult to assess the feasibility of some of **the most ambitious programs of scaling up antiretroviral therapy. In three cases (Ethiopia, Tanzania and Zambia)** the TRP considered the application as well thought out and strong, but retained significant doubts on the feasibility of implementing the scale up as projected in the proposal. In these cases, the TRP has opted to approve these proposals, but has requested that the objectives and proposed budget for year 1 be extended over the first two years of the grant. This request is presented as an adjustment to be made by the applicant country during the clarification process. The TRP did not ask for any modification of the requested five year budget and thus the unspent balance of the first year will be shifted to years 3 - 5. Applications falling into this special category will thus require careful scrutiny both on the programmatic and budgetary perspectives, at the time of review of clarifications by the TRP, and at the time of transition from phase I to phase II of implementation.

4.2. Recommended proposals

1. Annex II lists components graded in categories 1 and 2 that are recommended by the TRP to the Board for funding in Round 4. Recommended components (n = 69) correspond to a total initial 2 year budget of USD 968 M.
2. Annex II further lists components classified in category 3, i.e. applications that the TRP did not consider strong enough to be recommended for funding in their present form but recommends they be submitted in an improved form in Rounds to come. The Annex also lists components graded in category 4. These applications are not recommended for funding, were not considered by the TRP as relevant enough to the objectives of the Fund, and therefore are not encouraged for resubmission.
3. Figures 3 and 4 depict the distribution of successful components and that of the corresponding 2 year budget, by disease category and region. Note the increasing cost of treatment programs for HIV/AIDS and malaria: HIV/AIDS represent 39% of accepted proposals and 48% of the requested budget; malaria proposals represent 32% of accepted proposals and 42% of the budget request. The latter figures need to be considered in the light of an overall approximate 2-fold increase in the requested budget in Round 4 as compared with previous Rounds (see Fig.13).

Figure 3

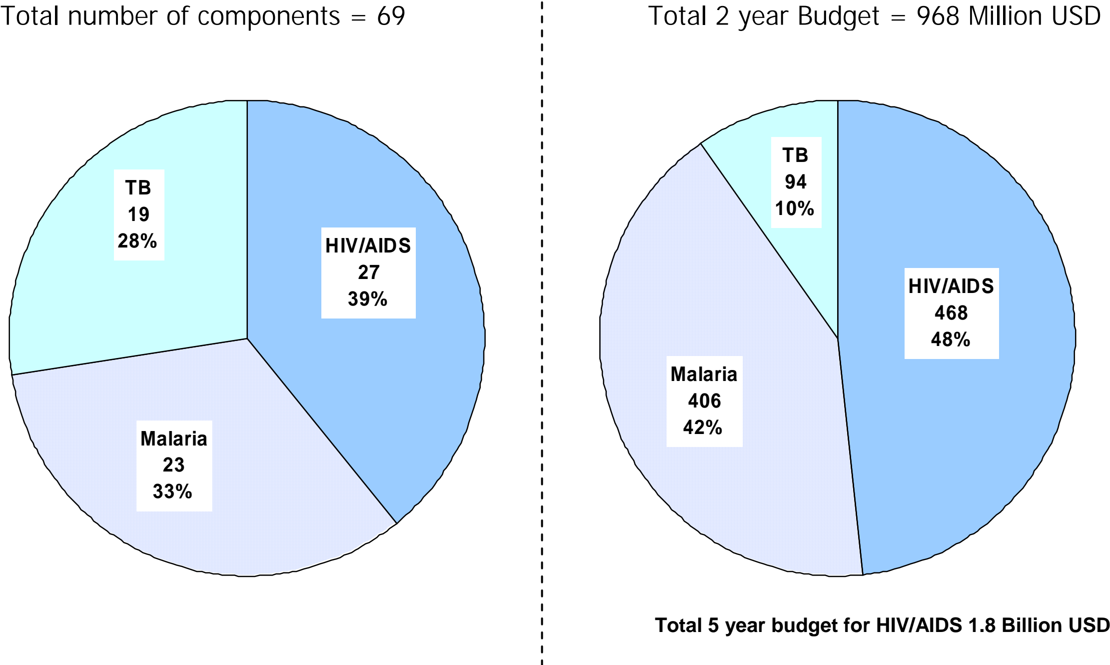


Figure 4

Round 4: Recommended proposals by region

Largest share is towards Africa

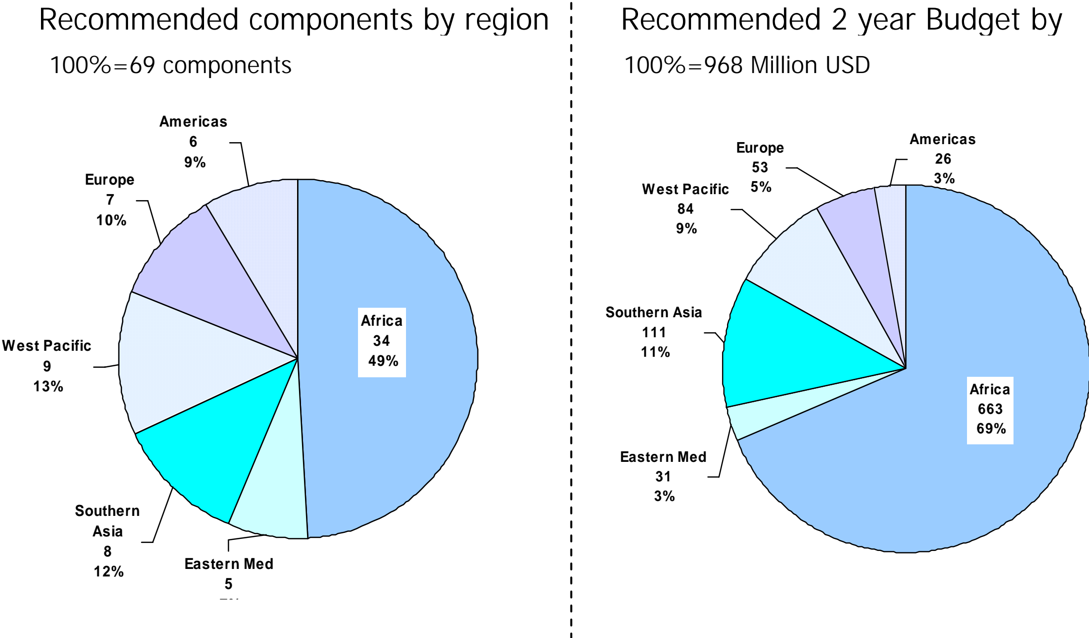


Figure 5 below depicts the relative success rate of proposals in Round 4, according to type of component. Recommended proposals represented 38%, 48% and 40% of submitted proposals in HIV/AIDS, malaria and TB, respectively.

Figure 5

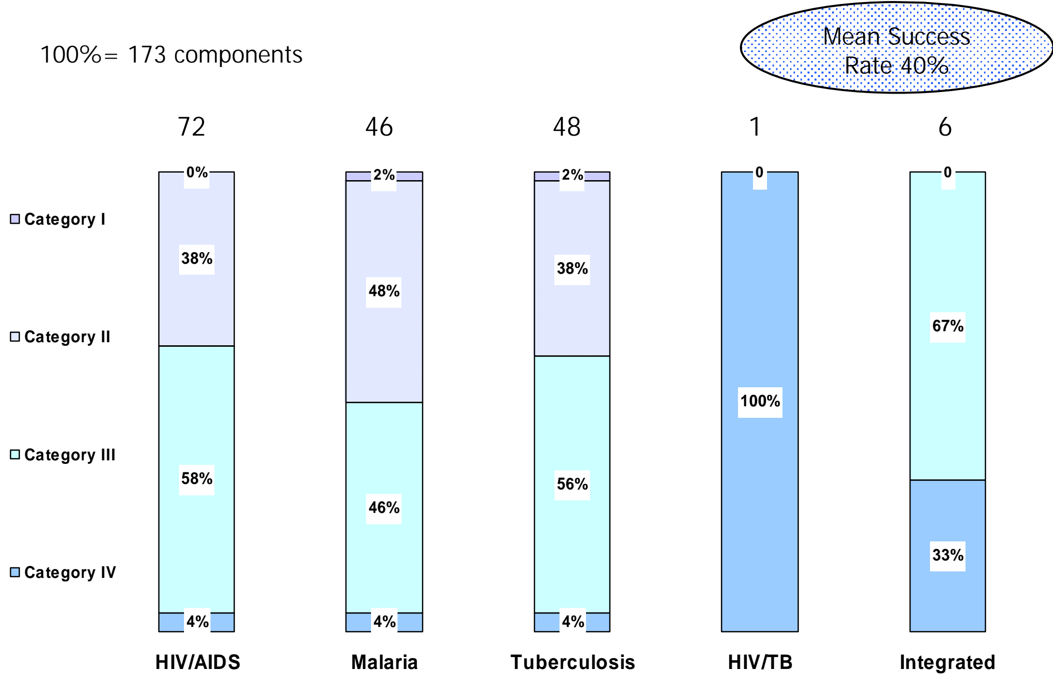


Figure 6 depicts the stratification of components graded in categories 1 and 2 and of the corresponding 2 year budget according to the World Bank's classification of income. Countries were classified as High Middle Income (HMIC), Lower Middle Income (LMIC) and Low Income (LIC). The majority of funds i.e. 85% of budget recommended in Round 4 target lower income countries.

Figure 6

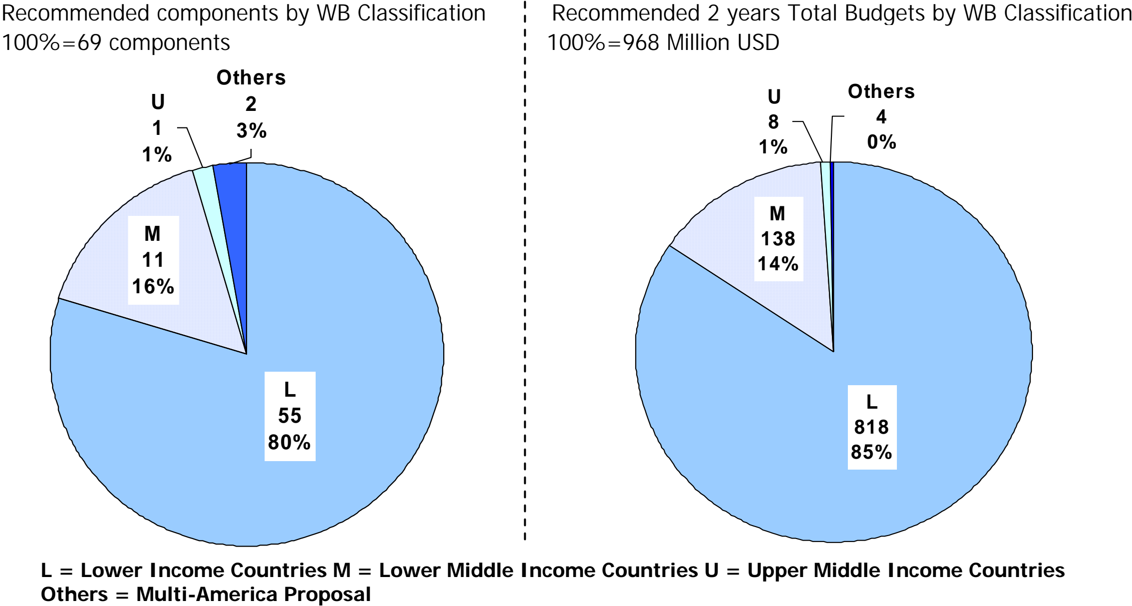
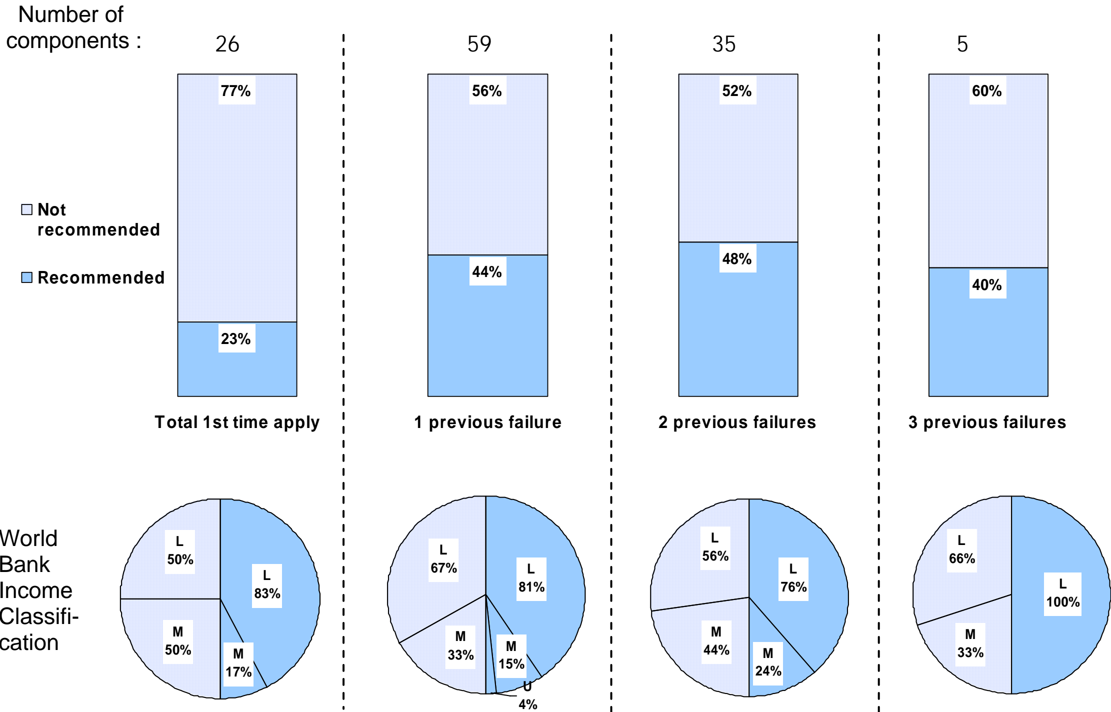


Figure 7 shows the relative success rate of new applications (i.e. submitted for the first time to the TRP) as compared with that of applications that had been examined in previous Rounds and were re-submitted in a revised form in Round 4. The data reflects the work of WHO, UNAIDS and other partners in technical assistance in the proposal development phase, as well as the relevance of the reports sent by the TRP to countries classified in category 3.

Figure 7

Success history and learning* for Round 4 proposals



* This analysis does not include Multi-Country proposals

Budgets

The total budget requested for five years in the applications graded in categories 1 and 2 amounts to USD 2,912 million. The budget requested for components graded in categories 1 and 2 for the first 2 years is USD 968 million.

Figure 8 shows the budget requests of the recommended proposals over the full 5 years.

Figure 8

Round 4: Budget requests for recommended proposals

4th Round Cumulative budget over 5 years (in millions USD)

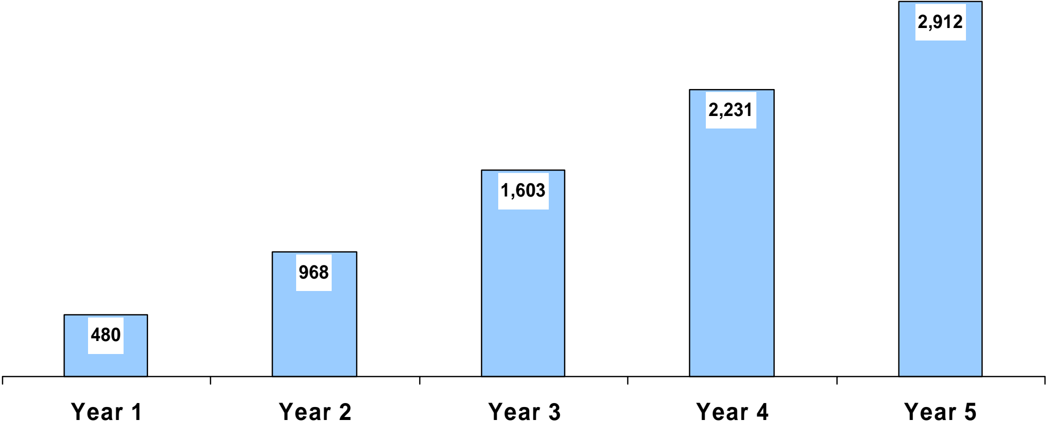


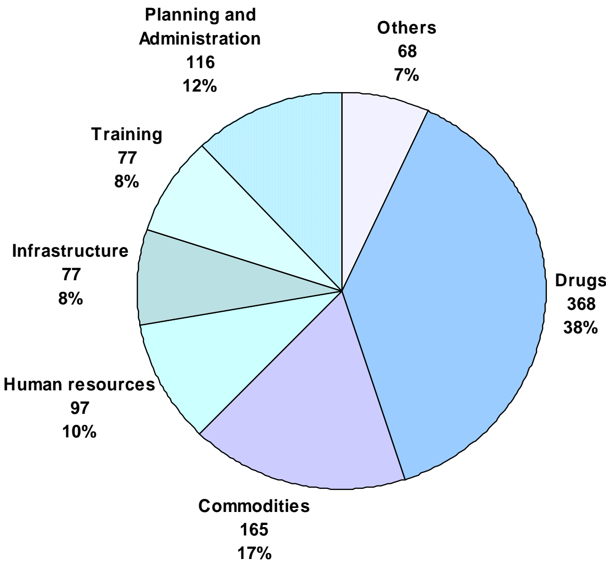
Fig. 9 shows that 55% of the initial two-year budget for recommended proposals is allocated to drugs and commodities. Human resources (10%) and training (8%) represent 18% of the requested budget for the same period.

Figure 9

Round 4: Budget breakdown for recommended components

Expenditure items for recommended components
100%=968 Million USD (2 year budget)

The budget breakdown shows most funds going to drugs and commodities



4.4. Comparison of Round 4 with previous Rounds

Fig. 10 shows that the relative rate of success of proposals submitted to the Global Fund has been stable, at approximately 40% throughout Rounds 2-4. It had been much lower, i.e. 28%, in Round 1.

Figure 10

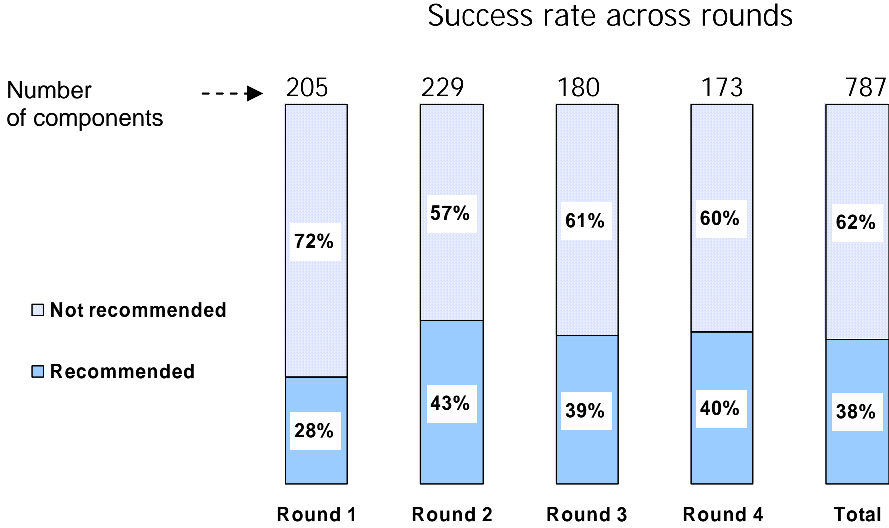


Figure 11

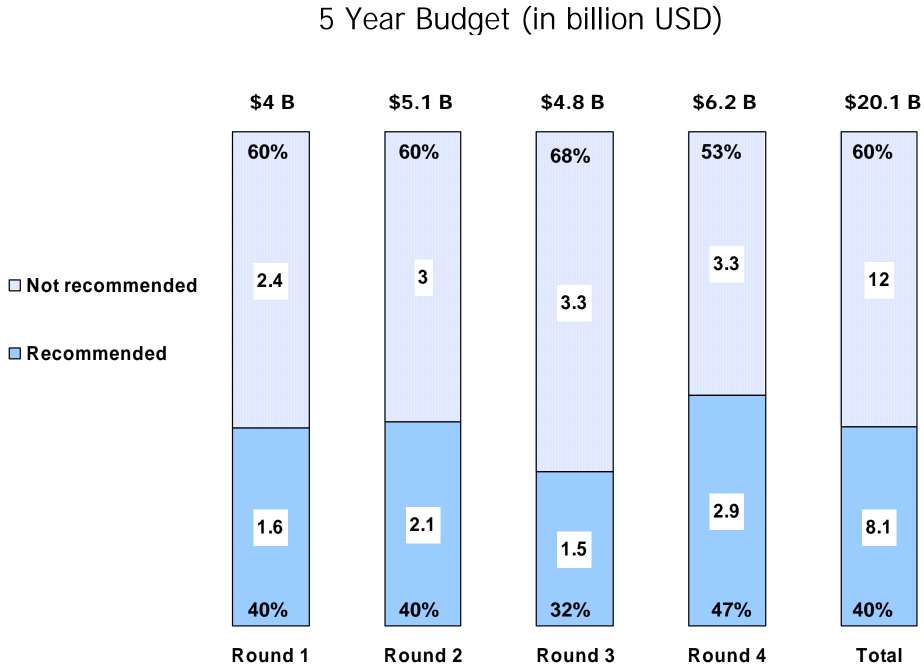


Fig.11 shows, however, that the total budget requested (five-year budget) for recommended proposals in Round 4 is significantly higher in Round 4 (USD 2,912 M) than in previous Rounds. This is largely due to the cost of the recommended malaria programs that is significantly higher in Round 4 (USD 406 M for the first two years) than in Rounds 1-3 (USD 67, 242 and 167, respectively). This is largely explained by the shifts in therapeutic strategies and the use of ACT.

Figure 12

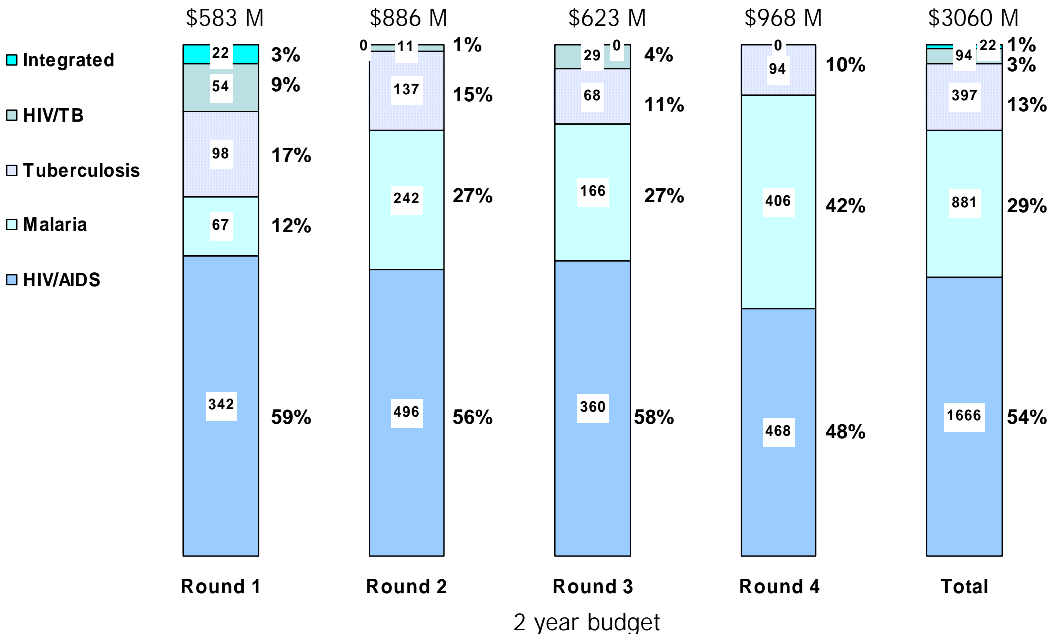
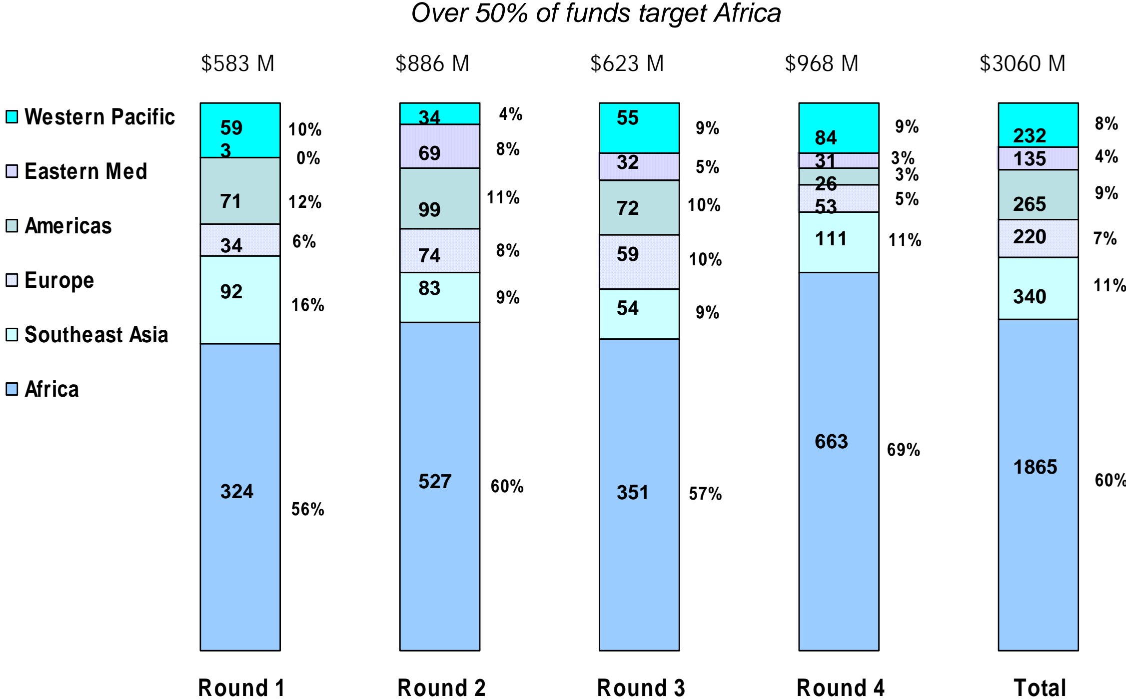


Figure 12 indicates that the relative number of recommended proposals in HIV/AIDS is lower (48 % of recommended proposals in Round 4 as compared with 58% in Round 3 and 56% in Round 2) in Round 4 than in previous Rounds, with higher numbers of proposals accepted in malaria (42 % in Round 4 as compared with 27 % in both Rounds 2 and 3) and in TB (10 % acceptance in Round 4 as compared with 15% and 11 % in Rounds 2 and 3, respectively). However, if one considers budgets requested, HIV/AIDS clearly represents the largest share, representing over 50 % of the first two year request in Round 4 (Fig. 13) and 61% of the total five year budget requested for recommended proposals in Round 4. HIV/AIDS represents 51% of cumulative budgets requested for the first two years for recommended proposals in Rounds 1 to 4.

Figure 13



4.5. Summary of Round 4 results

1. A mean success rate of 40%, similar to that of Rounds 2 and 3 ;
2. Total recommended two year budget is USD 968 million; total recommended five year budget USD 2,912 M. The latter amount is 1.5 to 2.0-fold higher than that requested for recommended proposals in Rounds 1-3.
3. HIV/AIDS represents 39% of recommended proposals in Round 4 but represents over 48% of the budget request;
4. Scaling up of access to antiretroviral drugs has been a significant component of most HIV/AIDS proposals, both in those recommended for funding as in those classified in category 3 and encouraged to resubmit. The expected number of new patients accessing treatment through recommended programs ***in Round 4 is 932,000 compared to 177,000 in Round 3.*** The number of patients who should access to ARVs through Round 4-funded programs represents a ***2-fold increase*** as compared to the number currently on treatment in the developing world (including Brazil). In Africa approximately 592,000 people will have access to ARVs.

5. Malaria programs had better success in Round 4 than in previous Rounds. The cost of the recommended malaria programs is significantly higher in Round 4 (USD 406 M for the first two years) than in Rounds 1-3 (USD 67, 242 and 167, respectively). This is due to the fact that all programs, whenever it is relevant, are moving towards shifts in therapeutic strategies with the use of ACT.
6. Africa represents 69% of recommended funding in Round 4, a higher proportion than in previous Rounds. Africa represents 60% of cumulative recommended funding in Rounds 1-4.
7. Results of Round 4 for five years estimate that approximately 932,000 people will have access to ARVs, 122,800,000 will receive ACT treatment and 44,000,000 will benefit from bed nets.

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

5.1. Quality and scope of proposals.

1. A substantial number of well-written proposals with clear and relevant objectives, reasonable budgets and easy-to-follow work-plans were received by the TRP. Among the excellent proposals being recommended for funding, are applications from the same country CCM re-submitted for the 2nd or 3rd time, indicating that previous TRP comments and category 3 classifications have been useful. Several scale up programs of antiretroviral treatment, transition to combination therapy for malaria and expansion of TB treatment strategies to reach large sections of populations in a number of new countries, are being recommended for funding.
2. As in Rounds 1-3, the TRP has primarily focused on soundness, relevance, feasibility, budget and additionality of requested funds, of the submitted proposals.
3. Large grant requests place a larger risk on the Global Fund, beneficiary countries and partner agencies (see 5.9). Additionality of GF funding and readiness to implement were found, in this respect, as particularly difficult items to assess. The TRP suggests that the proposal form is further improved to demonstrate past performance and to have a better description of the totality of funding and activities in the proposal areas (see below).
4. Round 4 is characterized by a substantial number of new applications for funding large and ambitious scale up programs of antiretroviral therapy. The TRP obviously welcomed this change, as it has been advocating in previous Rounds that larger efforts on treatment are proposed in applications on HIV/AIDS. The TRP is strongly conscious of the emergency need for scaling up antiretroviral therapy and of the ethical imperatives to address the crisis. Yet, in a number of cases, there has been a clash between the TRP's desire to give the country a chance to implement and our technical assessment of the grant on a merit basis. The latter specifically applies to the issue of readiness to implement, detailed work-plan and overall feasibility of the program in the proposed time-frame. In the case of four large ARV scale-up applications, we have decided to mitigate the risk of the applicant not being able to implement the program as fast as proposed in the application, by stretching first year objectives and budget over the first two-year period.

5. Round 4 is also characterized by a strong shift in policies with regard to treatment of malaria that should result in the progressive implementation of new combination of drugs (ACTs) in a number of African countries where data on primary resistance support such changes. The budget implications of changing malaria drug regimens clearly appear in this Round.
6. Some of the large ARV scale up proposals and a few of the malaria proposals, made the TRP wonder whether proposals in which a section is strong and readily implementable should be recommended for partial funding rather than continuing with the current "all or nothing" policy. An application in which a section is good and feasible was still classified in category 3 because it was weakened by the remaining section(s). After extensive discussions, the TRP unanimously agreed to remain with the current Fund's philosophy and processes that are primarily country-driven. Introducing a "pick and choose" policy for the TRP was perceived as a change in policy for the Fund becoming more of an agency than a funding mechanism, and possibly opening the gates for poorer proposals. The TRP may of course use the post-approval clarification process to require cuts and re-definition of some of the objectives to an extent that is manageable within the period given for clarifications.

5.2. Proposals with large scale up plans for antiretroviral treatment

1. The TRP faced major difficulties in its technical assessment of proposals where there was an obvious disconnect between proposed scale up and absorptive capacity, and where the panel was concerned with how the right amount of drugs could reach the target populations in time. The TRP faced the issue of a country that had not yet signed grant agreements for Round 3 and that was proposing to recruit 10,000 health workers and provide ARVs to 200,000 within the next two years. For Round 4 the latter objectives were to be additional to those of PEPFAR in the country, also aiming at recruiting large numbers of implementers and at providing treatment to tens of thousands of patients. Readiness to implement and potential distortions introduced by the rapid provision of high amounts of targeted funds in countries with low health care budgets, have obviously been of major concern here to the TRP, despite the high quality of the document and the key role that we recognize that the Global Fund is to play in access to treatment and reaching the 3 million treatment target.
2. As already mentioned in this report, our suggestion has been to ask that the proposed first year program is stretched over two years as a requested "clarification" from the applicant. The TRP does not recommend however a change in the total amount requested for five years. **The TRP draws the attention of the Board to how critical implementation of the first year's objectives in the two years will be for the discussions on phase II funding of the program and on the potential impact of re-setting objectives for years 1 and 2 will have on the re-programming process**.
3. As a result of the debate on these issues, the TRP suggests that its report form to applicants is modified so that, for applications graded in category 2, the section called "Clarifications" is now called "Adjustments and clarifications".

5.3. Integrated proposals

1. The concerns of the TRP here dealt with the scope of activities that the Global Fund is requested to support. The TRP faced requests for large food supplies, with the concern of how could one delineate between who would be included in the package and who would not be; for example requests to fund "reform of health system" type of support, and requests to train health care providers for general rather than for disease-specific purposes. The TRP acknowledges how fundamental is and will be the issue of human capacity in the short term and in the mid-term. Yet they were concerned about the potential for confusion and overlap and about whether there is a comparative advantage of the Global Fund in some of these areas - particularly since many of the "integrated" proposals came as independent funding requests rather than as truly integrated programs. The TRP thus requests the Board to provide clearer policy on the scope of activities to be funded by the GF and on that of "integrated proposals".

5.4. Regional proposals

1. **The TRP wishes to draw the Board's attention to the complexities of reviewing such applications of which few in this and in previous Rounds were considered to demonstrate true additional value.**

5.5. Private sector

1. Only three applications in Round 4 mentioned co-investment from the private industrial sector.

5.6. Budgets: issues around additionality

1. The TRP in Round 4 was confronted with a number of difficult issues regarding additionality. Some of these are listed below.
2. How to assess additionality of the requested funds: there is no consistent definition on what to measure (at a minimum, countries should increase their contribution); there is often no real picture of the donor landscape at the country level and of links between funds requested from the GF and other investments. No information in most cases was available on funds received through the World Bank, the country-specific objectives of the Bank's funds, nor on funds to be received from PEPFAR, in-country objectives of the Presidential initiative and potential overlaps or duplications with the GF application. It appeared essential to us that the proposal form is modified to provide more relevant information to the reviewers to allow better assessment additionality. **The TRP requests that relevant documentation is accessible in future Rounds, including reports from other major donors on their programs, and reports such as those that could originate from local UNAIDS representatives or scope missions initiated by WHO.**
3. Little information was also available on ongoing GF grants. At the time of the call for Round 4, GF operations were still at an early stage in most countries. The TRP had thus not set any systematic approach when discussing new grants aimed at expanding programs that were just starting: such applications in this Round were assessed on a case by case basis. The TRP requests the Secretariat however that, from Round 5 (i.e. at a time when significant number of programs will be operational), the TRP receives a

report from the portfolio manager on progress of previously funded grants and that, if necessary, the cross-cutting reviewers have access to material such as auditors' reports and disbursement reports. The TRP also requests the Board for clearer policies on grants submitted by countries where previous grants have not yet been signed or of which programs in the same area have not yet started being implemented. More specifically, **the TRP would appreciate clear guidelines from the Board on whether countries with prior grants approved but not yet signed should in fact apply for a subsequent grant, or should wait until the grant is at least signed, if not operational, prior to applying for a new grant.**

4. The CCM is the entity that drafts the applications and that is to provide a more complete picture on the programs funded by other donors in the same areas. The TRP wondered whether in the case of HIV/AIDS where these issues of additionality and potential overlap are critical, the notion of a strong CCM is not somehow conflicting with the Three One Strategy where the national AIDS program is to have full authority.
5. **The TRP questioned the significance of "additionality" in circumstances where the request from a country to the GF comes to substitute for a donor who is no longer going to support a specific set of activities. In practice, the TRP has taken the view that such requests should not be excluded, even though GFATM funds are clearly substituting for other donor funds. The TRP would like clearer guidance from the Board on this issue**.
6. Additionality requirements (e.g. for applications from MIC) are unclear in cases where an NGO or a consortium of NGOs is to be the recipient(s) of funds, e.g., in Round 4, in the case of the multi-country NGO Caribbean application. A specific policy needs to be developed by the Board.
7. Technical Assistance is key to successful implementation of Global Fund proposals. The TRP wishes to emphasize that the budget for Technical Assistance remains largely underestimated in many applications and that mechanisms need to be put in place to allow recipients of Global Fund grants to contract the relevant sources of Technical Assistance be it from bilateral, private or multilateral and international organizations.

5.1.9. Risk management

1. Large grant requests, such as some of those which the TRP has seen in Round 4, place a larger risk on the GF and on beneficiary countries: GF resources may be consumed by a few and not be available to others; there may be a risk that funds are not all effectively used, that funds and activities are duplicated by resources from other sources and that funds are allocated to the country but not spent.
2. **The TRP draws the Board's attention to possible ways of reducing such risks, over and above the performance-based disbursement policy that is in currently place. One approach would be to develop a policy on re-applications by those countries that have already been granted GF funds, and to have the proposal form improved to provide detail to the TRP demonstrating past performance, and to have a better description of the totality of funding and activities in the proposal areas. Another approach would be to discourage countries from making excessively large requests, by placing a commitment charge on un-disbursed funds, for which the CCM and/or PR/sub-PR would be liable.**

5.2. TRP Process

5.2.1. Renewal of TRP

1. Newly appointed members in Round 4 TRP have all performed excellently. This points to the improvements brought to the recruitment process. It is good to underline here that most of the newly selected members are those who applied to join the TRP after being nominated by TRP members.

5.2.2. Alternates and rotation policy

1. The current policy states that an alternate member of the TRP should not serve for a second (or third) time on the TRP if the member for whom he has acted as substitute becomes available for the next Round. However, members gain essential experience for future Rounds by serving on the TRP. **The TRP would therefore request a change in policy, so that, unless they have not performed appropriately, alternates who have served the TRP remain as members for future Rounds.**

5.2.3. Chair and Vice-Chair of TRP

1. Michel Kazatchkine is leaving the TRP after four Rounds as Chair. He is to be replaced by Jonathan Broomberg. The next Vice-Chair will be elected by the TRP when meeting for Round 5.
2. **The Board is requested to acknowledge the PMPC's decision that Jonathan Broomberg who served as Vice-Chair in Round four, serves as Chair of the TRP for two Rounds, i.e. Rounds 5 and 6. This implies that he is allowed to serve on the TRP for five Rounds.**

5.2.4. Experts leaving the TRP

1. Michel Kazatchkine should be replaced by a new HIV/AIDS expert on the TRP.
2. Wilfried Griekspoor, also leaving after four Rounds, should be replaced by a cross-cutting expert.
3. We wish to draw the attention of the Board to the fact that the two other members leaving the TRP, Paula Fujiwara and Fabio Luelmo, are highly valuable and experienced TB experts and that the current pool of available experts short listed during the recruitment process that took place between Rounds 3 and 4, does not have TB experts. A specific recruitment is thus needed before Round 5.
4. **The TRP further asks the Board to endorse a policy on conflicts of interest to restrict TRP members from serving as consultants to assist in drafting of proposals submitted to the Global Fund for two Rounds of Proposals from the date they leave the TRP**.

5.3 Suggestions for Round Five

5.3.1 Proposal Form and Guidelines

1. The TRP felt that the current proposal form could be substantially improved, and that this would both improve the ability of CCMs to submit strong proposals, as well as assist the TRP in evaluating the proposals. As the TRP is the critical user of the proposal form, it is felt that the TRP should be instrumental in recommending changes to the form, which has not been the case in the past. If this is acceptable to the Board, the TRP would engage in a process aimed at providing PMPC and the Secretariat with suggested changes in time for the preparations for Round 5. The TRP has agreed on constituting a working group on this issue.

5.3.2 Time between receipt of proposals at Secretariat and TRP Review:

1. As noted above, the work of the TRP would be greatly assisted if it had access to certain additional information pertaining to the applicant countries, including reports from the Secretariat on grant progress, and also reports from other agencies, including UNAIDS, WHO, World Bank MAP and PEPFAR on related programmes in the applicant countries. Historically, the time between receipt of proposals in the Secretariat and the TRP review has been too short to allow for the gathering of such information by the Secretariat. The TRP would appreciate the Board to consider a longer period after receipt of proposals and prior to the TRP review, in order for the Secretariat to be able to screen proposals fully, collate missing information, and also gather the additional information outlined above.

Annex II A

*Annex II : List of components reviewed in Round IV, classified by category ***

No.	PGMS ID	Source	Country and World Bank Classification	WHO Region	Component	BUDGET Requested Yr 1	Total 2 Years	Total 5 Years
Category 1						**$17,945,147**	**$32,979,361**	**$65,726,972**
1	CHN-404-006	CCM	China (Low-Middle)	WPR	Tuberculosis	$15,100,000	$27,890,000	$56,140,000
2	TZA-404-013	Sub-CCM	Tanzania /Zanzibar (Low)	AFR	Malaria	$2,845,147	$5,089,361	$9,586,972
Category 2						**$462,334,553**	**$934,856,636**	**$2,846,694,086**
3	AFG-404-005	CCM	Afghanistan (Low)	EMR	Tuberculosis	$1,327,703	$2,344,390	$3,453,840
4	AGO-404-002	CCM	Angola (Low)	AFR	HIV/AIDS	$13,208,870	$27,670,810	$91,966,080
5	AGO-404-002	CCM	Angola (Low)	AFR	Tuberculosis	$4,354,997	$7,350,590	$11,163,763
6	AZE-404-002	CCM	Azerbaijan (Low)	EUR	HIV/AIDS	$3,728,450	$6,553,600	$11,750,550
7	BDI-404-003	CCM	Burundi (Low)	AFR	Tuberculosis	$845,240	$1,887,175	$3,381,665
8	BFA-404-005	CCM	Burkina Faso (Low)	AFR	Tuberculosis	$5,414,473	$8,498,943	$19,270,008
9	BTN-404-003	CCM	Bhutan (Low)	SEAR	Malaria	$513,422	$1,000,957	$1,737,190
10	BTN-404-003	CCM	Bhutan (Low)	SEAR	Tuberculosis	$322,453	$560,568	$994,298
11	CAF-404-003	CCM	Central African Republic (Low)	AFR	HIV/AIDS	$1,771,656	$4,695,012	$16,265,930
12	CAF-404-003	CCM	Central African Republic (Low)	AFR	Malaria	$6,329,197	$10,592,816	$17,857,057
13	CAF-404-003	CCM	Central African Republic (Low)	AFR	Tuberculosis	$1,039,964	$2,033,885	$4,808,885
14	CHN-404-006	CCM	China (Low-Middle)	WPR	HIV/AIDS	$10,983,909	$23,936,918	$63,742,277
15	CMR-404-006	CCM	Cameroon (Low)	AFR	HIV/AIDS	$3,383,345	$6,367,296	$16,170,146
16	DJI-404-002	CCM	Djibouti (Low-Middle)	EMR	HIV/AIDS	$3,325,400	$7,271,400	$11,998,400
17	ECU-404-003	CCM	Ecuador (Low-Middle)	AMR	Tuberculosis	$5,094,644	$8,901,456	$16,353,319
18	ETH-404-004	CCM	Ethiopia (Low)	AFR	HIV/AIDS	$22,544,580	$45,089,161	$405,099,161
19	GAB-404-003	CCM	Gabon (Upper-Middle)	AFR	Malaria	$4,902,284	$7,419,625	$9,892,185
20	GEO-404-004	CCM	Georgia (Low)	EUR	Tuberculosis	$1,574,983	$2,435,778	$6,967,998
21	GHA-404-004	CCM	Ghana (Low)	AFR	Malaria	$9,925,488	$18,561,367	$38,887,781
22	GNB-404-003	CCM	Guinea-Bissau (Low)	AFR	HIV/AIDS	$467,076	$1,166,801	$5,078,607
23	GNB-404-003	CCM	Guinea-Bissau (Low)	AFR	Malaria	$1,293,590	$1,885,791	$4,177,512
24	GNQ-404-002	CCM	Equatorial Guinea (Low)	AFR	HIV/AIDS	$2,649,430	$4,402,427	$9,828,499
25	GTM-404-006	CCM	Guatemala (Low-Middle)	AMR	Malaria	$4,959,855	$9,713,853	$14,216,920
26	GUY-404-003	CCM	Guyana (Low-Middle)	AMR	Tuberculosis	$465,256	$726,288	$1,351,730
27	IDN-404-006	CCM	Indonesia (Low)	SEAR	HIV/AIDS	$12,809,896	$31,129,618	$65,035,569
28	IND-404-008	CCM	India (Low)	SEAR	HIV/AIDS	$13,956,726	$35,540,649	$165,414,139
29	IND-404-008	CCM	India (Low)	SEAR	Malaria	$13,461,661	$30,167,781	$69,053,902
30	IND-404-008	CCM	India (Low)	SEAR	Tuberculosis	$500,000	$6,906,000	$26,632,000
31	KEN-404-017	CCM	Kenya (Low)	AFR	Malaria	$47,446,877	$81,972,711	$186,319,508
32	KHM-404-007	CCM	Cambodia (Low)	WPR	HIV/AIDS	$3,249,676	$8,794,984	$36,546,136
33	KHM-404-007	CCM	Cambodia (Low)	WPR	Malaria	$3,101,010	$5,221,242	$9,870,565
34	LAO-404-003	CCM	Lao PDR (Low)	WPR	HIV/AIDS	$1,773,068	$3,014,946	$7,747,873
35	LAO-404-003	CCM	Lao PDR (Low)	WPR	Malaria	$2,274,616	$3,292,689	$14,515,720
36	LAO-404-003	CCM	Lao PDR (Low)	WPR	Tuberculosis	$578,595	$1,175,826	$3,617,781
37	LKA-404-005	CCM	Sri Lanka (Low-Middle)	SEAR	Malaria	$1,348,230	$2,203,520	$3,781,268
38	MAM-404-007	RegOrg	Antigua and Barbuda (High); Dominican I	AMR	HIV/AIDS	$987,599	$1,947,090	$3,839,790
39	MAM-404-008	RCM	Belize (Upper-Middle); Costa Rica (Uppe	AMR	HIV/AIDS	$739,750	$2,181,050	$4,776,250
40	MDG-404-007	CCM	Madagascar (Low)	AFR	Malaria	$9,721,699	$19,304,060	$41,527,527
41	MDG-404-007	CCM	Madagascar (Low)	AFR	Tuberculosis	$2,191,791	$3,982,018	$8,869,040
42	MLI-404-005	CCM	Mali (Low)	AFR	HIV/AIDS	$11,163,184	$23,483,234	$56,340,437
43	MLI-404-005	CCM	Mali (Low)	AFR	Tuberculosis	$1,636,912	$2,742,594	$6,926,436
44	MNG-404-005	CCM	Mongolia (Low)	WPR	Tuberculosis	$1,381,764	$1,958,259	$4,083,764
45	NGA-404-009	CCM	Nigeria (Low)	AFR	Malaria	$6,886,000	$20,467,000	$86,122,000
46	NPL-404-004	CCM	Nepal (Low)	SEAR	Tuberculosis	$1,698,851	$3,354,080	$10,126,706
47	OTH-404-001	CCM	Other (Low)/Kosovo	EUR	Tuberculosis	$1,249,966	$2,171,828	$3,953,492
48	PNG-404-003	CCM	Papua New Guinea (Low)	WPR	HIV/AIDS	$4,122,936	$8,492,245	$29,957,420
49	RUS-404-007	CCM	Russian Federation (Low-Middle)	EUR	HIV/AIDS	$12,849,467	$34,176,931	$120,543,828
50	RWA-404-005	CCM	Rwanda (Low)	AFR	Tuberculosis	$3,554,095	$5,946,347	$10,563,602
51	SDN-404-005	SubCCM	Sudan (Low)	EMR	HIV/AIDS	$3,728,010	$8,817,170	$28,435,366
52	SEN-404-003	CCM	Senegal (Low)	AFR	Malaria	$17,582,768	$23,745,283	$33,871,668
53	SLE-404-003	CCM	Sierra Leone (Low)	AFR	HIV/AIDS	$5,279,624	$8,574,258	$17,905,204
54	SLE-404-003	CCM	Sierra Leone (Low)	AFR	Malaria	$9,441,842	$12,096,834	$18,805,137
55	SOM-404-004	NGO	Somalia (Low)	EMR	HIV/AIDS	$4,005,452	$10,004,644	$24,922,007
56	STP-404-003	CCM	São Tomé and Principe (Low)	AFR	Malaria	$1,144,983	$1,941,359	$3,484,859
57	SUR-404-003	CCM	Suriname (Low-Middle)	AMR	Malaria	$1,883,500	$3,043,500	$4,997,500
58	SWZ-404-006	CCM	Swaziland (Low-Middle)	AFR	HIV/AIDS	$7,637,990	$16,396,800	$48,283,310
59	TGO-404-003	CCM	Togo (Low)	AFR	HIV/AIDS	$6,135,183	$11,969,810	$32,873,180
60	TGO-404-003	CCM	Togo (Low)	AFR	Malaria	$4,199,413	$6,374,288	$11,003,235
61	TJK-404-003	CCM	Tajikistan (Low)	EUR	HIV/AIDS	$1,889,266	$2,508,720	$8,128,972
62	TUR-404-002	CCM	Turkey (Low-Middle)	EUR	HIV/AIDS	$2,184,147	$3,891,762	$3,891,762
63	TZA-404-010	CCM	Tanzania (Low)	AFR	HIV/AIDS	$51,595,649	$103,191,297	$293,263,191
64	TZA-404-010	CCM	Tanzania (Low)	AFR	Malaria	$18,934,906	$54,201,787	$90,468,963
65	UGA-404-006	CCM	Uganda (Low)	AFR	Malaria	$31,191,511	$66,432,148	$158,047,079
66	UZB-404-002	CCM	Uzbekistan (Low)	EUR	Malaria	$781,464	$1,343,466	$2,482,572
67	YEM-404-003	CCM	Yemen, Rep. (Low)	EMR	Tuberculosis	$1,342,873	$2,579,174	$6,147,507
68	ZMB-404-003	CCM	Zambia (Low)	AFR	HIV/AIDS	$13,385,388	$26,770,777	$253,608,070
69	ZMB-404-003	CCM	Zambia (Low)	AFR	Malaria	$10,879,950	$20,279,950	$43,495,950
Recommended Proposals					**TOTALS**	**$480,279,700**	**$967,835,997**	**$2,912,421,058**

* Please note that "OTH-404-001" refers to Kosovo.

Category 3						$797,970,095	$1,418,126,165	$3,056,615,321
70	AFG-404-005	CCM	Afghanistan (Low)	EMR	HIV/AIDS	$848,544	$2,202,657	$3,895,485
71	AFG-404-005	CCM	Afghanistan (Low)	EMR	Malaria	$3,416,193	$6,963,477	$10,641,609
72	ALB-404-001	CCM	Albania (Low-Middle)	EUR	HIV/AIDS	$2,800,075	$5,441,055	$11,671,370
73	ALB-404-001	CCM	Albania (Low-Middle)	EUR	Tuberculosis	$411,511	$848,604	$2,799,067
74	BDI-404-003	CCM	Burundi (Low)	AFR	HIV/AIDS	$4,077,493	$10,833,405	$39,406,293
75	BEN-404-006	CCM	Benin (Low)	AFR	HIV/AIDS	$14,021,951	$26,104,311	$67,413,985
76	BEN-404-006	CCM	Benin (Low)	AFR	Integrated	$829,602	$1,277,157	$2,500,000
77	BEN-404-006	CCM	Benin (Low)	AFR	Malaria	$9,822,043	$18,372,535	$43,701,305
78	BEN-404-006	CCM	Benin (Low)	AFR	Tuberculosis	$4,370,257	$7,350,807	$13,513,784
79	BFA-404-005	CCM	Burkina Faso (Low)	AFR	HIV/AIDS	$34,425,513	$64,878,127	$103,507,233
80	BFA-404-005	CCM	Burkina Faso (Low)	AFR	Malaria	$3,132,001	$5,070,054	$10,798,789
81	BGD-404-005	CCM	Bangladesh (Low)	SEAR	HIV/AIDS	$4,759,389	$11,553,055	$32,855,996
82	BGD-404-005	CCM	Bangladesh (Low)	SEAR	Malaria	$6,112,275	$13,173,980	$28,632,278
83	BGR-404-004	CCM	Bulgaria (Low-Middle)	EUR	Tuberculosis	$2,341,387	$5,030,085	$9,963,073
84	BIH-404-001	CCM	Bosnia and Herzegovina (Low-Middle)	EUR	HIV/AIDS	$2,292,835	$4,469,702	$10,799,444
85	BIH-404-001	CCM	Bosnia and Herzegovina (Low-Middle)	EUR	Tuberculosis	$1,768,817	$2,919,923	$4,283,745
86	BLR-404-003	CCM	Belarus (Low-Middle)	EUR	Tuberculosis	$3,176,320	$6,186,615	$15,000,000
87	BRA-404-001	CCM	Brazil (Low-Middle)	AMR	Tuberculosis	$5,234,147	$8,584,771	$15,069,005
88	CHN-404-006	CCM	China (Low-Middle)	WPR	Malaria	$8,953,420	$17,600,310	$34,709,705
89	CIV-404-004	CCM	Côte d'Ivoire (Low)	AFR	HIV/AIDS	$168,575,384	$168,575,384	$168,575,384
90	CIV-404-004	CCM	Côte d'Ivoire (Low)	AFR	Malaria	$14,504,889	$25,740,203	$59,024,058
91	COG-404-004	CCM	Congo, Rep. (Low)	AFR	HIV/AIDS	$2,594,187	$6,256,056	$14,035,034
92	COG-404-004	CCM	Congo, Rep. (Low)	AFR	Malaria	$8,124,835	$13,316,631	$14,056,998
93	COG-404-004	CCM	Congo, Rep. (Low)	AFR	Tuberculosis	$840,479	$1,557,270	$2,846,981
94	CPV-404-001	CCM	Cape Verde (Low-Middle)	AFR	HIV/AIDS	$378,771	$4,689,762	$8,713,702
95	DJI-404-002	CCM	Djibouti (Low-Middle)	EMR	Malaria	$941,176	$1,620,517	$2,453,103
96	DJI-404-002	CCM	Djibouti (Low-Middle)	EMR	Tuberculosis	$419,350	$811,600	$1,993,750
97	ECU-404-003	CCM	Ecuador (Low-Middle)	AMR	Malaria	$2,708,359	$3,652,024	$6,428,539
98	ETH-404-004	CCM	Ethiopia (Low)	AFR	Malaria	$12,073,900	$21,480,405	$53,244,151
99	ETH-404-004	CCM	Ethiopia (Low)	AFR	Tuberculosis	$2,810,000	$5,820,000	$16,740,000
100	FJI-404-001	CCM	Fiji (Low-Middle)	WPR	HIV/AIDS	$1,199,590	$2,259,748	$2,676,486
101	GHA-404-004	CCM	Ghana (Low)	AFR	HIV/AIDS	$34,681,304	$93,068,214	$305,279,944
102	GHA-404-004	CCM	Ghana (Low)	AFR	Tuberculosis	$4,072,995	$7,179,010	$17,926,610
103	GIN-404-003	CCM	Guinea (Low)	AFR	HIV/AIDS	$7,749,284	$20,467,268	$48,524,465
104	GIN-404-003	CCM	Guinea (Low)	AFR	Tuberculosis	$2,072,486	$3,566,201	$5,633,060
105	GNQ-404-002	CCM	Equatorial Guinea (Low)	AFR	Malaria	$815,002	$1,330,002	$2,385,002
106	GNQ-404-002	CCM	Equatorial Guinea (Low)	AFR	Tuberculosis	$254,901	$607,092	$1,093,665
107	GTM-404-006	CCM	Guatemala (Low-Middle)	AMR	HIV/AIDS	$595,151	$1,266,976	$3,518,542
108	GTM-404-006	CCM	Guatemala (Low-Middle)	AMR	Tuberculosis	$518,142	$1,073,974	$2,469,141
109	HTI-404-004	CCM	Haiti (Low)	AMR	HIV/AIDS	$7,459,721	$13,025,334	$31,118,638
110	IRN-404-003	CCM	Iran, Islamic Rep. (Low-Middle)	EMR	Malaria	$2,264,625	$4,452,187	$6,565,387
111	KEN-404-017	CCM	Kenya (Low)	AFR	HIV/AIDS	$43,130,350	$92,804,517	$142,326,870
112	KEN-404-017	CCM	Kenya (Low)	AFR	Tuberculosis	$14,056,761	$19,017,789	$33,703,704
113	KHM-404-007	CCM	Cambodia (Low)	WPR	Tuberculosis	$1,893,928	$3,819,219	$10,917,136
114	LKA-404-005	CCM	Sri Lanka (Low-Middle)	SEA	HIV/AIDS	$1,037,860	$2,273,270	$3,632,221
115	LSO-404-002	CCM	Lesotho (Low)	AFR	HIV/AIDS	$6,942,382	$13,882,567	$33,236,031
116	MAF-404-031	RegOrg	Tanzania (Low); Uganda (Low)	AFR	HIV/AIDS	$4,015,333	$7,387,064	$17,111,942
117	MAF-404-032	RegOrg	Burkina Faso (Low); Côte d'Ivoire (Low); M	AFR	HIV/AIDS	$3,077,769	$5,392,721	$7,547,545
118	MAF-404-033	RegOrg	Burkina Faso (Low); Cape Verde (Low-M	AFR	Malaria	$3,218,200	$4,957,900	$8,600,000
119	MAF-404-036	RegOrg	Kenya (Low); Malawi (Low); Tanzania (Lo	AFR	Malaria	$1,358,942	$2,730,821	$4,230,628
120	MAF-404-038	RCM	Benin (Low); Burkina Faso (Low); Côte d'I	AFR	HIV/AIDS	$16,942,065	$32,050,130	$46,938,195
121	MAR-404-002	CCM	Morocco (Low-Middle)	EMR	Tuberculosis	$2,788,155	$3,859,909	$5,325,872
122	MDG-404-007	CCM	Madagascar (Low)	AFR	HIV/AIDS	$3,775,683	$7,083,079	$16,110,712
123	MDV-404-003	CCM	Maldives (Low-Middle)	SEAR	HIV/AIDS	$812,990	$1,426,595	$2,526,595
124	MLI-404-005	CCM	Mali (Low)	AFR	Malaria	$14,424,400	$25,886,595	$40,609,673
125	MMR-404-004	CCM	Myanmar (Low)	SEAR	HIV/AIDS	$4,404,597	$11,933,821	$57,328,917
126	MNG-404-005	CCM	Mongolia (Low)	WPR	HIV/AIDS	$1,005,781	$1,792,424	$3,914,202
127	MRT-404-003	CCM	Mauritania (Low)	AFR	HIV/AIDS	$1,725,854	$2,585,720	$3,624,415
128	MSE-404-005	RCM	Myanmar (Low); Thailand (Low-Middle)	SEAR	Integrated	$12,587,765	$23,842,909	$62,735,773
129	NER-404-002	RegOrg	Niger (Low)	AFR	Malaria	$9,055,928	$11,257,988	$11,257,988
130	NER-404-003	CCM	Niger (Low)	AFR	Tuberculosis	$522,501	$2,183,502	$5,388,503
131	NGA-404-009	CCM	Nigeria (Low)	AFR	HIV/AIDS	$27,988,053	$60,023,783	$166,066,051
132	NGA-404-009	CCM	Nigeria (Low)	AFR	Integrated	$4,436,410	$7,892,060	$19,063,825
133	NGA-404-009	CCM	Nigeria (Low)	AFR	Tuberculosis	$7,811,038	$15,093,418	$39,199,007
134	NPL-404-004	CCM	Nepal (Low)	SEAR	HIV/AIDS	$6,325,066	$14,004,226	$45,294,328
135	NPL-404-004	CCM	Nepal (Low)	SEAR	Malaria	$4,925,520	$5,559,670	$7,462,120
136	OTH-404-001	CCM	Other (Low)/Kosovo	EUR	HIV/AIDS	$1,595,123	$2,771,078	$5,878,028
137	PAK-404-004	CCM	Pakistan (Low)	EMR	HIV/AIDS	$4,371,084	$10,960,944	$27,543,654
138	PAK-404-004	CCM	Pakistan (Low)	EMR	Malaria	$2,719,785	$4,396,643	$8,594,951
139	PAK-404-004	CCM	Pakistan (Low)	EMR	Tuberculosis	$4,161,487	$6,687,247	$11,888,522
140	PHL-404-006	CCM	Philippines (Low-Middle)	WPR	HIV/AIDS	$2,590,210	$4,066,370	$7,012,282
141	PHL-404-006	CCM	Philippines (Low-Middle)	WPR	Malaria	$3,738,711	$7,302,330	$9,603,576
142	PHL-404-006	CCM	Philippines (Low-Middle)	WPR	Tuberculosis	$4,543,205	$9,280,210	$30,040,000
143	PRY-404-003	CCM	Paraguay (Low-Middle)	AMR	HIV/AIDS	$1,960,844	$3,890,125	$8,809,437
144	RUS-404-006	SubCCM	Russian Federation (Low-Middle)	EUR	HIV/AIDS	$2,858,187	$5,121,079	$12,080,192
145	RUS-404-007	CCM	Russian Federation (Low-Middle)	EUR	Tuberculosis	$27,170,394	$53,534,157	$92,263,589
146	RWA-404-005	CCM	Rwanda (Low)	AFR	HIV/AIDS	$2,222,701	$3,913,905	$5,287,109
147	RWA-404-005	CCM	Rwanda (Low)	AFR	Integrated	$7,757,700	$14,434,700	$36,614,500
148	SDN-404-006	CCM	Sudan (Low)	EMR	HIV/AIDS	$9,936,000	$24,057,000	$83,162,000
149	SDN-404-006	CCM	Sudan (Low)	EMR	Tuberculosis	$3,242,632	$6,991,162	$10,602,087
150	SEN-404-003	CCM	Senegal (Low)	AFR	Tuberculosis	$1,418,220	$3,422,810	$8,698,070
151	STP-404-003	CCM	São Tomé and Principe (Low)	AFR	HIV/AIDS	$906,361	$1,712,551	$3,192,126
152	STP-404-003	CCM	São Tomé and Principe (Low)	AFR	Tuberculosis	$257,028	$401,331	$557,781

* Please note that “OTH-404-001” refers to Kosovo.

153	SUR-404-003	CCM	Suriname (Low-Middle)	AMR	HIV/AIDS	$700,000	$1,200,000	$2,000,000
154	THA-404-004	CCM	Thailand (Low-Middle)	SEAR	HIV/AIDS	$880,800	$1,774,640	$4,083,803
155	TJK-404-003	CCM	Tajikistan (Low)	EUR	Malaria	$574,685	$1,115,590	$2,261,625
156	VNM-404-005	CCM	Vietnam (Low)	WPR	HIV/AIDS	$10,476,294	$23,828,086	$89,889,247
157	YUG-404-005	CCM	Serbia and Montenegro (Low-Middle)	EUR	HIV/AIDS	$2,302,345	$3,944,411	$9,014,634
158	ZAF-404-022	CCM	South Africa (Low-Middle)	AFR	HIV/AIDS	$45,032,984	$93,660,609	$242,684,673
159	ZWE-404-004	CCM	Zimbabwe (Low)	AFR	HIV/AIDS	$39,686,253	$77,833,063	$218,419,107
160	ZWE-404-004	CCM	Zimbabwe (Low)	AFR	Malaria	$20,289,153	$33,968,270	$51,596,870
161	ZWE-404-004	CCM	Zimbabwe (Low)	AFR	Tuberculosis	$6,664,781	$12,383,147	$30,422,723
162	UZB-404-002	CCM	Uzbekistan (Low)	EUR	Tuberculosis	$3,201,493	$6,056,522	$13,797,676
Category 4						**$60,061,963**	**$125,632,449**	**$245,490,875**
163	DOM-404-004	CCM	Dominican Republic (Low-Middle)	AMR	Malaria	$1,176,745	$2,464,671	$5,993,791
164	JOR-404-002	CCM	Jordan (Low-Middle)	EMR	Tuberculosis	$405,500	$850,500	$2,200,500
165	KEN-404-017	CCM	Kenya (Low)	AFR	Integrated	$10,073,144	$28,472,650	$28,472,650
166	MAF-404-028	RegOrg	Côte d'Ivoire (Low); Guinea (Low); Liberia	AFR	HIV/AIDS	$8,781,021	$16,746,918	$24,450,074
167	MAF-404-034	RegOrg	Angola (Low); Botswana (Upper-Middle);	AFR	HIV/AIDS	$4,717,997	$10,939,910	$30,981,393
168	MAF-404-035	RegOrg	Angola (Low); Botswana (Upper-Middle);	AFR	Malaria	$710,600	$1,351,900	$3,340,251
169	MKD-404-002	CCM	Macedonia, FYR (Low-Middle)	EUR	Tuberculosis	$1,183,328	$1,559,219	$2,620,049
170	MSE-404-006	RCM	Bangladesh (Low); India (Low); Sri Lanka	SEAR	HIV/AIDS	$14,387,751	$22,882,011	$43,154,018
171	TUR-404-002	CCM	Turkey (Low-Middle)	EUR	Tuberculosis	$656,670	$1,264,860	$1,737,660
172	UGA-404-006	CCM	Uganda (Low)	AFR	HIV/TB	$5,765,554	$13,489,462	$22,720,097
173	UGA-404-006	CCM	Uganda (Low)	AFR	Integrated	$12,203,653	$25,610,348	$79,820,392

Total 2 year Recommended Budget: $967,835,997
Total 5 year Recommended Budget: $2,912,421,058
Total 5 year Requested Budget: $6,214,527,253

** **Please note that the first year budgets of the countries listed below was evenly spread over year 1 and year 2 total budgets, however the 5 year totals remained unchanged:**

- Ethiopia - HIV/AIDS
- Tanzania - HIV/AIDS
- Zambia - HIV/AIDS

*Annex II B: List of components reviewed in Round IV, classified by category ***

No.	PGMS ID	Source	Country and World Bank Classification	WHO Region	Component	BUDGET Requested Yr 1	Total 2 Years	Total 5 Years
Category 1						**$17,945,147**	**$32,979,361**	**$65,726,972**
1	CHN-404-006	CCM	China (Low-Middle)	WPR	Tuberculosis	$15,100,000	$27,890,000	$56,140,000
2	TZA-404-013	Sub-CCM	Tanzania /Zanzibar (Low)	AFR	Malaria	$2,845,147	$5,089,361	$9,586,972
Category 2 A						**$381,257,434**	**$782,421,511**	**$2,194,998,070**
3	BFA-404-005	CCM	Burkina Faso (Low)	AFR	Tuberculosis	$5,414,473	$8,498,943	$19,270,008
4	BTN-404-003	CCM	Bhutan (Low)	SEAR	Malaria	$513,422	$1,000,957	$1,737,190
5	BTN-404-003	CCM	Bhutan (Low)	SEAR	Tuberculosis	$322,453	$560,568	$994,298
6	CAF-404-003	CCM	Central African Republic (Low)	AFR	HIV/AIDS	$1,771,656	$4,695,012	$16,265,930
7	CAF-404-003	CCM	Central African Republic (Low)	AFR	Malaria	$6,329,197	$10,592,816	$17,857,057
8	CAF-404-003	CCM	Central African Republic (Low)	AFR	Tuberculosis	$1,039,964	$2,033,885	$4,808,885
9	CHN-404-006	CCM	China (Low-Middle)	WPR	HIV/AIDS	$10,983,909	$23,936,918	$63,742,277
10	ECU-404-003	CCM	Ecuador (Low-Middle)	AMR	Tuberculosis	$5,094,644	$8,901,456	$16,353,319
11	GAB-404-003	CCM	Gabon (Upper-Middle)	AFR	Malaria	$4,902,284	$7,419,625	$9,892,185
12	GEO-404-004	CCM	Georgia (Low)	EUR	Tuberculosis	$1,574,983	$2,435,778	$6,967,998
13	GHA-404-004	CCM	Ghana (Low)	AFR	Malaria	$9,925,488	$18,561,367	$38,887,781
14	GNB-404-003	CCM	Guinea-Bissau (Low)	AFR	HIV/AIDS	$467,076	$1,166,801	$5,078,607
15	GNB-404-003	CCM	Guinea-Bissau (Low)	AFR	Malaria	$1,293,590	$1,885,791	$4,177,512
16	GNQ-404-002	CCM	Equatorial Guinea (Low)	AFR	HIV/AIDS	$2,649,430	$4,402,427	$9,828,499
17	GTM-404-006	CCM	Guatemala (Low-Middle)	AMR	Malaria	$4,959,855	$9,713,853	$14,216,920
18	GUY-404-003	CCM	Guyana (Low-Middle)	AMR	Tuberculosis	$465,256	$726,288	$1,351,730
19	IDN-404-006	CCM	Indonesia (Low)	SEAR	HIV/AIDS	$12,809,896	$31,129,618	$65,035,569
20	IND-404-008	CCM	India (Low)	SEAR	HIV/AIDS	$13,956,726	$35,540,649	$165,414,139
21	IND-404-008	CCM	India (Low)	SEAR	Malaria	$13,461,661	$30,167,781	$69,053,902
22	IND-404-008	CCM	India (Low)	SEAR	Tuberculosis	$500,000	$6,906,000	$26,632,000
23	KEN-404-017	CCM	Kenya (Low)	AFR	Malaria	$47,446,877	$81,972,711	$186,319,508
24	KHM-404-007	CCM	Cambodia (Low)	WPR	HIV/AIDS	$3,249,676	$8,794,984	$36,546,136
25	KHM-404-007	CCM	Cambodia (Low)	WPR	Malaria	$3,101,010	$5,221,242	$9,870,565
26	LAO-404-003	CCM	Lao PDR (Low)	WPR	HIV/AIDS	$1,773,068	$3,014,946	$7,747,873
27	LAO-404-003	CCM	Lao PDR (Low)	WPR	Malaria	$2,274,616	$3,292,689	$14,515,720
28	LAO-404-003	CCM	Lao PDR (Low)	WPR	Tuberculosis	$578,595	$1,175,826	$3,617,781
29	LKA-404-005	CCM	Sri Lanka (Low-Middle)	SEAR	Malaria	$1,348,230	$2,203,520	$3,781,268
30	MAM-404-007	RegOrg	Antigua and Barbuda (High); Dominica	AMR	HIV/AIDS	$987,599	$1,947,090	$3,839,790
31	MAM-404-008	RCM	Belize (Upper-Middle); Costa Rica (Up	AMR	HIV/AIDS	$739,750	$2,181,050	$4,776,250
32	MDG-404-007	CCM	Madagascar (Low)	AFR	Malaria	$9,721,699	$19,304,060	$41,527,527
33	MDG-404-007	CCM	Madagascar (Low)	AFR	Tuberculosis	$2,191,791	$3,982,018	$8,869,040
34	MLI-404-005	CCM	Mali (Low)	AFR	Tuberculosis	$1,636,912	$2,742,594	$6,926,436
35	MNG-404-005	CCM	Mongolia (Low)	WPR	Tuberculosis	$1,381,764	$1,958,259	$4,083,764
36	NGA-404-009	CCM	Nigeria (Low)	AFR	Malaria	$6,886,000	$20,467,000	$86,122,000
37	NPL-404-004	CCM	Nepal (Low)	SEAR	Tuberculosis	$1,698,851	$3,354,080	$10,126,706
38	OTH-404-001	CCM	Other (Low)/Kosovo	EUR	Tuberculosis	$1,249,966	$2,171,828	$3,953,492
39	PNG-404-003	CCM	Papua New Guinea (Low)	WPR	HIV/AIDS	$4,122,936	$8,492,245	$29,957,420
40	RUS-404-007	CCM	Russian Federation (Low-Middle)	EUR	HIV/AIDS	$12,849,467	$34,176,931	$120,543,828
41	SDN-404-005	SubCCM	Sudan (Low)	EMR	HIV/AIDS	$3,728,010	$8,817,170	$28,435,366
42	SEN-404-003	CCM	Senegal (Low)	AFR	Malaria	$17,582,768	$23,745,283	$33,871,668
43	SLE-404-003	CCM	Sierra Leone (Low)	AFR	HIV/AIDS	$5,279,624	$8,574,258	$17,905,204
44	SOM-404-004	NGO	Somalia (Low)	EMR	HIV/AIDS	$4,005,452	$10,004,644	$24,922,007
45	STP-404-003	CCM	São Tomé and Principe (Low)	AFR	Malaria	$1,144,983	$1,941,359	$3,484,859
46	SUR-404-003	CCM	Suriname (Low-Middle)	AMR	Malaria	$1,883,500	$3,043,500	$4,997,500
47	SWZ-404-006	CCM	Swaziland (Low-Middle)	AFR	HIV/AIDS	$7,637,990	$16,396,800	$48,283,310
48	TGO-404-003	CCM	Togo (Low)	AFR	HIV/AIDS	$6,135,183	$11,969,810	$32,873,180
49	TJK-404-003	CCM	Tajikistan (Low)	EUR	HIV/AIDS	$1,889,266	$2,508,720	$8,128,972
50	TUR-404-002	CCM	Turkey (Low-Middle)	EUR	HIV/AIDS	$2,184,147	$3,891,762	$3,891,762
51	TZA-404-010	CCM	Tanzania (Low)	AFR	HIV/AIDS	$51,595,649	$103,191,297	$293,263,191
52	TZA-404-010	CCM	Tanzania (Low)	AFR	Malaria	$18,934,906	$54,201,787	$90,468,963
53	UGA-404-006	CCM	Uganda (Low)	AFR	Malaria	$31,191,511	$66,432,148	$158,047,079
54	UZB-404-002	CCM	Uzbekistan (Low)	EUR	Malaria	$781,464	$1,343,466	$2,482,572
55	YEM-404-003	CCM	Yemen, Rep. (Low)	EMR	Tuberculosis	$1,342,873	$2,579,174	$6,147,507
56	ZMB-404-003	CCM	Zambia (Low)	AFR	HIV/AIDS	$13,385,388	$26,770,777	$253,608,070
57	ZMB-404-003	CCM	Zambia (Low)	AFR	Malaria	$10,879,950	$20,279,950	$43,495,950
Category 2 B						**$81,077,119**	**$152,435,125**	**$651,696,016**
58	AFG-404-005	CCM	Afghanistan (Low)	EMR	Tuberculosis	$1,327,703	$2,344,390	$3,453,840
59	AGO-404-002	CCM	Angola (Low)	AFR	HIV/AIDS	$13,208,870	$27,670,810	$91,966,080
60	AGO-404-002	CCM	Angola (Low)	AFR	Tuberculosis	$4,354,997	$7,350,590	$11,163,763
61	AZE-404-002	CCM	Azerbaijan (Low)	EUR	HIV/AIDS	$3,728,450	$6,553,600	$11,750,550
62	BDI-404-003	CCM	Burundi (Low)	AFR	Tuberculosis	$845,240	$1,887,175	$3,381,665
63	CMR-404-006	CCM	Cameroon (Low)	AFR	HIV/AIDS	$3,383,345	$6,367,296	$16,170,146
64	DJI-404-002	CCM	Djibouti (Low-Middle)	EMR	HIV/AIDS	$3,325,400	$7,271,400	$11,998,400
65	ETH-404-004	CCM	Ethiopia (Low)	AFR	HIV/AIDS	$22,544,580	$45,089,161	$405,099,161
66	MLI-404-005	CCM	Mali (Low)	AFR	HIV/AIDS	$11,163,184	$23,483,234	$56,340,437
67	RWA-404-005	CCM	Rwanda (Low)	AFR	Tuberculosis	$3,554,095	$5,946,347	$10,563,602
68	SLE-404-003	CCM	Sierra Leone (Low)	AFR	Malaria	$9,441,842	$12,096,834	$18,805,137
69	TGO-404-003	CCM	Togo (Low)	AFR	Malaria	$4,199,413	$6,374,288	$11,003,235
Recommended Proposals					**TOTALS**	**$480,279,700**	**$967,835,997**	**$2,912,421,058**

Please note that "OTH-404-001" refers to Kosovo.

Category 3						$797,970,095	$1,418,126,165	$3,056,615,321
70	AFG-404-005	CCM	Afghanistan (Low)	EMR	HIV/AIDS	$848,544	$2,202,657	$3,895,485
71	AFG-404-005	CCM	Afghanistan (Low)	EMR	Malaria	$3,416,193	$6,963,477	$10,641,609
72	ALB-404-001	CCM	Albania (Low-Middle)	EUR	HIV/AIDS	$2,800,075	$5,441,055	$11,671,370
73	ALB-404-001	CCM	Albania (Low-Middle)	EUR	Tuberculosis	$411,511	$848,604	$2,799,067
74	BDI-404-003	CCM	Burundi (Low)	AFR	HIV/AIDS	$4,077,493	$10,833,405	$39,406,293
75	BEN-404-006	CCM	Benin (Low)	AFR	HIV/AIDS	$14,021,951	$26,104,311	$67,413,985
76	BEN-404-006	CCM	Benin (Low)	AFR	Integrated	$829,602	$1,277,157	$2,500,000
77	BEN-404-006	CCM	Benin (Low)	AFR	Malaria	$9,822,043	$18,372,535	$43,701,305
78	BEN-404-006	CCM	Benin (Low)	AFR	Tuberculosis	$4,370,257	$7,350,807	$13,513,784
79	BFA-404-005	CCM	Burkina Faso (Low)	AFR	HIV/AIDS	$34,425,513	$64,878,127	$103,507,233
80	BFA-404-005	CCM	Burkina Faso (Low)	AFR	Malaria	$3,132,001	$5,070,054	$10,798,789
81	BGD-404-005	CCM	Bangladesh (Low)	SEAR	HIV/AIDS	$4,759,389	$11,553,055	$32,855,996
82	BGD-404-005	CCM	Bangladesh (Low)	SEAR	Malaria	$6,112,275	$13,173,980	$28,632,278
83	BGR-404-004	CCM	Bulgaria (Low-Middle)	EUR	Tuberculosis	$2,341,387	$5,030,085	$9,963,073
84	BIH-404-001	CCM	Bosnia and Herzegovina (Low-Middle)	EUR	HIV/AIDS	$2,292,835	$4,469,702	$10,799,444
85	BIH-404-001	CCM	Bosnia and Herzegovina (Low-Middle)	EUR	Tuberculosis	$1,768,817	$2,919,923	$4,283,745
86	BLR-404-003	CCM	Belarus (Low-Middle)	EUR	Tuberculosis	$3,176,320	$6,186,615	$15,000,000
87	BRA-404-001	CCM	Brazil (Low-Middle)	AMR	Tuberculosis	$5,234,147	$8,584,771	$15,069,005
88	CHN-404-006	CCM	China (Low-Middle)	WPR	Malaria	$8,953,420	$17,600,310	$34,709,705
89	CIV-404-004	CCM	Côte d'Ivoire (Low)	AFR	HIV/AIDS	$168,575,384	$168,575,384	$168,575,384
90	CIV-404-004	CCM	Côte d'Ivoire (Low)	AFR	Malaria	$14,504,889	$25,740,203	$59,024,058
91	COG-404-004	CCM	Congo, Rep. (Low)	AFR	HIV/AIDS	$2,594,187	$6,256,056	$14,035,034
92	COG-404-004	CCM	Congo, Rep. (Low)	AFR	Malaria	$8,124,835	$13,316,631	$14,056,998
93	COG-404-004	CCM	Congo, Rep. (Low)	AFR	Tuberculosis	$840,479	$1,557,270	$2,846,981
94	CPV-404-001	CCM	Cape Verde (Low-Middle)	AFR	HIV/AIDS	$378,771	$4,689,762	$8,713,702
95	DJI-404-002	CCM	Djibouti (Low-Middle)	EMR	Malaria	$941,176	$1,620,517	$2,453,103
96	DJI-404-002	CCM	Djibouti (Low-Middle)	EMR	Tuberculosis	$419,350	$811,600	$1,993,750
97	ECU-404-003	CCM	Ecuador (Low-Middle)	AMR	Malaria	$2,708,359	$3,652,024	$6,428,539
98	ETH-404-004	CCM	Ethiopia (Low)	AFR	Malaria	$12,073,900	$21,480,405	$53,244,151
99	ETH-404-004	CCM	Ethiopia (Low)	AFR	Tuberculosis	$2,810,000	$5,820,000	$16,740,000
100	FJI-404-001	CCM	Fiji (Low-Middle)	WPR	HIV/AIDS	$1,199,590	$2,259,748	$2,676,486
101	GHA-404-004	CCM	Ghana (Low)	AFR	HIV/AIDS	$34,681,304	$93,068,214	$305,279,944
102	GHA-404-004	CCM	Ghana (Low)	AFR	Tuberculosis	$4,072,995	$7,179,010	$17,926,610
103	GIN-404-003	CCM	Guinea (Low)	AFR	HIV/AIDS	$7,749,284	$20,467,268	$48,524,465
104	GIN-404-003	CCM	Guinea (Low)	AFR	Tuberculosis	$2,072,486	$3,566,201	$5,633,060
105	GNQ-404-002	CCM	Equatorial Guinea (Low)	AFR	Malaria	$815,002	$1,330,002	$2,385,002
106	GNQ-404-002	CCM	Equatorial Guinea (Low)	AFR	Tuberculosis	$254,901	$607,092	$1,093,665
107	GTM-404-006	CCM	Guatemala (Low-Middle)	AMR	HIV/AIDS	$595,151	$1,266,976	$3,518,542
108	GTM-404-006	CCM	Guatemala (Low-Middle)	AMR	Tuberculosis	$518,142	$1,073,974	$2,469,141
109	HTI-404-004	CCM	Haiti (Low)	AMR	HIV/AIDS	$7,459,721	$13,025,334	$31,118,638
110	IRN-404-003	CCM	Iran, Islamic Rep. (Low-Middle)	EMR	Malaria	$2,264,625	$4,452,187	$6,565,387
111	KEN-404-017	CCM	Kenya (Low)	AFR	HIV/AIDS	$43,130,350	$92,804,517	$142,326,870
112	KEN-404-017	CCM	Kenya (Low)	AFR	Tuberculosis	$14,056,761	$19,017,789	$33,703,704
113	KHM-404-007	CCM	Cambodia (Low)	WPR	Tuberculosis	$1,893,928	$3,819,219	$10,917,136
114	LKA-404-005	CCM	Sri Lanka (Low-Middle)	SEA	HIV/AIDS	$1,037,860	$2,273,270	$3,632,221
115	LSO-404-002	CCM	Lesotho (Low)	AFR	HIV/AIDS	$6,942,382	$13,882,567	$33,236,031
116	MAF-404-031	RegOrg	Tanzania (Low); Uganda (Low)	AFR	HIV/AIDS	$4,015,333	$7,387,064	$17,111,942
117	MAF-404-032	RegOrg	Burkina Faso (Low); Côte d'Ivoire (Low)	AFR	HIV/AIDS	$3,077,769	$5,392,721	$7,547,545
118	MAF-404-033	RegOrg	Burkina Faso (Low); Cape Verde (Low-	AFR	Malaria	$3,218,200	$4,957,900	$8,600,000
119	MAF-404-036	RegOrg	Kenya (Low); Malawi (Low); Tanzania (L	AFR	Malaria	$1,358,942	$2,730,821	$4,230,628
120	MAF-404-038	RCM	Benin (Low); Burkina Faso (Low); Côte (	AFR	HIV/AIDS	$16,942,065	$32,050,130	$46,938,195
121	MAR-404-002	CCM	Morocco (Low-Middle)	EMR	Tuberculosis	$2,788,155	$3,859,909	$5,325,872
122	MDG-404-007	CCM	Madagascar (Low)	AFR	HIV/AIDS	$3,775,683	$7,083,079	$16,110,712
123	MDV-404-003	CCM	Maldives (Low-Middle)	SEAR	HIV/AIDS	$812,990	$1,426,595	$2,526,595
124	MLI-404-005	CCM	Mali (Low)	AFR	Malaria	$14,424,400	$25,886,595	$40,609,673
125	MMR-404-004	CCM	Myanmar (Low)	SEAR	HIV/AIDS	$4,404,597	$11,933,821	$57,328,917
126	MNG-404-005	CCM	Mongolia (Low)	WPR	HIV/AIDS	$1,005,781	$1,792,424	$3,914,202
127	MRT-404-003	CCM	Mauritania (Low)	AFR	HIV/AIDS	$1,725,854	$2,585,720	$3,624,415
128	MSE-404-005	RCM	Myanmar (Low); Thailand (Low-Middle)	SEAR	Integrated	$12,587,765	$23,842,909	$62,735,773
129	NER-404-002	RegOrg	Niger (Low)	AFR	Malaria	$9,055,928	$11,257,988	$11,257,988
130	NER-404-003	CCM	Niger (Low)	AFR	Tuberculosis	$522,501	$2,183,502	$5,388,503
131	NGA-404-009	CCM	Nigeria (Low)	AFR	HIV/AIDS	$27,988,053	$60,023,783	$166,066,051
132	NGA-404-009	CCM	Nigeria (Low)	AFR	Integrated	$4,436,410	$7,892,060	$19,063,825
133	NGA-404-009	CCM	Nigeria (Low)	AFR	Tuberculosis	$7,811,038	$15,093,418	$39,199,007
134	NPL-404-004	CCM	Nepal (Low)	SEAR	HIV/AIDS	$6,325,066	$14,004,226	$45,294,328
135	NPL-404-004	CCM	Nepal (Low)	SEAR	Malaria	$4,925,520	$5,559,670	$7,462,120
136	OTH-404-001	CCM	Other (Low)/Kosovo	EUR	HIV/AIDS	$1,595,123	$2,771,078	$5,878,028
137	PAK-404-004	CCM	Pakistan (Low)	EMR	HIV/AIDS	$4,371,084	$10,960,944	$27,543,654
138	PAK-404-004	CCM	Pakistan (Low)	EMR	Malaria	$2,719,785	$4,396,643	$8,594,951
139	PAK-404-004	CCM	Pakistan (Low)	EMR	Tuberculosis	$4,161,487	$6,687,247	$11,888,522
140	PHL-404-006	CCM	Philippines (Low-Middle)	WPR	HIV/AIDS	$2,590,210	$4,066,370	$7,012,282
141	PHL-404-006	CCM	Philippines (Low-Middle)	WPR	Malaria	$3,738,711	$7,302,330	$9,603,576
142	PHL-404-006	CCM	Philippines (Low-Middle)	WPR	Tuberculosis	$4,543,205	$9,280,210	$30,040,000
143	PRY-404-003	CCM	Paraguay (Low-Middle)	AMR	HIV/AIDS	$1,960,844	$3,890,125	$8,809,437
144	RUS-404-006	SubCCM	Russian Federation (Low-Middle)	EUR	HIV/AIDS	$2,858,187	$5,121,079	$12,080,192
145	RUS-404-007	CCM	Russian Federation (Low-Middle)	EUR	Tuberculosis	$27,170,394	$53,534,157	$92,263,589
146	RWA-404-005	CCM	Rwanda (Low)	AFR	HIV/AIDS	$2,222,701	$3,913,905	$5,287,109
147	RWA-404-005	CCM	Rwanda (Low)	AFR	Integrated	$7,757,700	$14,434,700	$36,614,500
148	SDN-404-006	CCM	Sudan (Low)	EMR	HIV/AIDS	$9,936,000	$24,057,000	$83,162,000

Please note that "OTH-404-001" refers to Kosovo.

149	SDN-404-006	CCM	Sudan (Low)	EMR	Tuberculosis	$3,242,632	$6,991,162	$10,602,087
150	SEN-404-003	CCM	Senegal (Low)	AFR	Tuberculosis	$1,418,220	$3,422,810	$8,698,070
151	STP-404-003	CCM	São Tomé and Principe (Low)	AFR	HIV/AIDS	$906,361	$1,712,551	$3,192,126
152	STP-404-003	CCM	São Tomé and Principe (Low)	AFR	Tuberculosis	$257,028	$401,331	$557,781
153	SUR-404-003	CCM	Suriname (Low-Middle)	AMR	HIV/AIDS	$700,000	$1,200,000	$2,000,000
154	THA-404-004	CCM	Thailand (Low-Middle)	SEAR	HIV/AIDS	$880,800	$1,774,640	$4,083,803
155	TJK-404-003	CCM	Tajikistan (Low)	EUR	Malaria	$574,685	$1,115,590	$2,261,625
156	VNM-404-005	CCM	Vietnam (Low)	WPR	HIV/AIDS	$10,476,294	$23,828,086	$89,889,247
157	YUG-404-005	CCM	Serbia and Montenegro (Low-Middle)	EUR	HIV/AIDS	$2,302,345	$3,944,411	$9,014,634
158	ZAF-404-022	CCM	South Africa (Low-Middle)	AFR	HIV/AIDS	$45,032,984	$93,660,609	$242,684,673
159	ZWE-404-004	CCM	Zimbabwe (Low)	AFR	HIV/AIDS	$39,686,253	$77,833,063	$218,419,107
160	ZWE-404-004	CCM	Zimbabwe (Low)	AFR	Malaria	$20,289,153	$33,968,270	$51,596,870
161	ZWE-404-004	CCM	Zimbabwe (Low)	AFR	Tuberculosis	$6,664,781	$12,383,147	$30,422,723
162	UZB-404-002	CCM	Uzbekistan (Low)	EUR	Tuberculosis	$3,201,493	$6,056,522	$13,797,676
Category 4						**$60,061,963**	**$125,632,449**	**$245,490,875**
163	DOM-404-004	CCM	Dominican Republic (Low-Middle)	AMR	Malaria	$1,176,745	$2,464,671	$5,993,791
164	JOR-404-002	CCM	Jordan (Low-Middle)	EMR	Tuberculosis	$405,500	$850,500	$2,200,500
165	KEN-404-017	CCM	Kenya (Low)	AFR	Integrated	$10,073,144	$28,472,650	$28,472,650
166	MAF-404-028	RegOrg	Côte d'Ivoire (Low); Guinea (Low); Liber	AFR	HIV/AIDS	$8,781,021	$16,746,918	$24,450,074
167	MAF-404-034	RegOrg	Angola (Low); Botswana (Upper-Middle	AFR	HIV/AIDS	$4,717,997	$10,939,910	$30,981,393
168	MAF-404-035	RegOrg	Angola (Low); Botswana (Upper-Middle	AFR	Malaria	$710,600	$1,351,900	$3,340,251
169	MKD-404-002	CCM	Macedonia, FYR (Low-Middle)	EUR	Tuberculosis	$1,183,328	$1,559,219	$2,620,049
170	MSE-404-006	RCM	Bangladesh (Low); India (Low); Sri Lank	SEAR	HIV/AIDS	$14,387,751	$22,882,011	$43,154,018
171	TUR-404-002	CCM	Turkey (Low-Middle)	EUR	Tuberculosis	$656,670	$1,264,860	$1,737,660
172	UGA-404-006	CCM	Uganda (Low)	AFR	HIV/TB	$5,765,554	$13,489,462	$22,720,097
173	UGA-404-006	CCM	Uganda (Low)	AFR	Integrated	$12,203,653	$25,610,348	$79,820,392

Total 2 year Recommended Budget: $967,835,997
Total 5 year Recommended Budget: $2,912,421,058
Total 5 year Requested Budget: $6,214,527,253

** **Please note that the first year budgets of the countries listed below was evenly spread over year 1 and year 2 total budgets, however the 5 year totals remained unchanged:**

Ethiopia - HIV/AIDS
Tanzania - HIV/AIDS
Zambia - HIV/AIDS