

GLOBAL FUND OBSERVER (GFO) NEWSLETTER, a service of Aidspace.

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The Global Fund board approved 26 Round 5 grants that will cost \$382 million over the first two years, and provisionally approved a further 37 grants that will cost \$344 m. Grants that have only been provisionally approved will be formally approved in 2006 when sufficient donor pledges are received. However, any such grants for which insufficient pledges have been received by the end of June 2006 will become "un-approved".

[2. NEWS: Main Decisions Made at Global Fund Board Meeting](#)

The board made a number of decisions at its just-completed board meeting, none of vast significance but all important to the ongoing work of the Fund.

[3. NEWS: Investigation of Global Fund Secretariat](#)

Excerpts are provided of two recent statements about the official investigation that is being conducted into certain Secretariat matters.

[4. NEWS: Round Five Decisions](#)

A detailed listing and analysis is provided of which Round 5 proposals have been approved.

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1. NEWS: Global Fund Approves Fifth Round of Grants
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At its eleventh board meeting in Geneva on September 28-30, the Global Fund board approved 26 Round 5 grants that will cost \$382 million over the first two years, and provisionally approved, subject to sufficient funding being received next year, a further 37 grants that will cost \$344 m. over the first two years. In total, these 63 "immediately approved" plus "provisionally approved" proposals will cost \$726 m. over the first two years and \$1,774 m. over five years. (For a complete list of approved and non-approved proposals, see "[4. NEWS: Round Five Decisions](#)", below.)

The reason that some of the grants were only provisionally approved is that the Fund is short of cash; this in turn is because 2005 is the first year in which substantial amounts of money need to be spent on renewal of grants from earlier Rounds that have reached the end of their first two years. Grants that have only been provisionally approved will be formally approved in 2006 when sufficient donor pledges are received. However, any grants provisionally approved for which insufficient pledges have been received by the end of June 2006 will become "un-approved".

In Round 5, the two-year cost of all eligible submitted proposals was up 31% from the Round 4 level; but the cost of those actually approved was down 25% from the Round 4 level. This was partly because only 31% of eligible proposals were regarded as worthy of approved in Round 5 (down from an average of 41% in the three previous Rounds), and partly because fewer proposals involved large scale ARV and malaria program roll-outs.

In Round 5, 37% of HIV/AIDS proposals were approved, similar to Round 4. Only 23% of malaria proposals were approved, down from 46% in Round 4. 46% of TB proposals were approved, up from 38% in Round 4. Round 5 was the first time that proposals were invited for "Health Systems Strengthening"; but only 3 out of the 30 submitted HSS proposals were successful.

The success rates by region ranged from 12% (3 proposals approved out of 25 submitted) in the Eastern Mediterranean, to 59% (10 out of 17) in the Western Pacific.

The Board's decisions as to which proposals to approve was, as always, entirely based on the advice it received from the Technical Review Panel (TRP), an independent body of 26 experts from around the world. No board members or Secretariat employees are members of the TRP.

The TRP commented that it "was surprised to find that there has not yet been a noticeable trend improvement in the overall quality of proposals reviewed in Round 5 relative to prior Rounds, despite the effect of cumulative experience of several rounds, improved technical support from WHO, UNAIDS and the other technical partners, and the redesigned Proposal Form and Guidelines. Moreover, a significant number of proposals continue to suffer from clearly avoidable weaknesses."

Elaborating on this last point, the TRP added that it "was also concerned by some instances in which countries, for inexplicable reasons, appear to ignore the TRP's advice, often given consistently in two or more prior Rounds, and submit proposals suffering from precisely the same serious defects which prevented them being funded previously."

The board made no decision as to when Round 6 will take place.

The following tables summarize Round 5 results.

Table 1: Results by Round

	Number of eligible proposals	Percent	Cost of Years 1-2	Percent
Round 1: Submitted	204	100%	c. \$1,500 m.	100%
Of which, Approved	58	28%	\$578 m.	c. 39%
Round 2: Submitted	229	100%	\$2,137 m.	100%
Of which, Approved	98	43%	\$878 m.	41%
Round 3: Submitted	180	100%	\$1,853 m.	100%
Of which, Approved	71	39%	\$623 m.	34%
Round 4: Submitted	173	100%	\$2,512 m.	100%
Of which, Approved	69	40%	\$968 m.	39%
Round 5: Submitted	202	100%	\$3,298 m.	100%
Of which, Immediately or Provisionally Approved	63	31%	\$726 m.	22%

Table 2: Round 5 results by disease

	All submitted proposals, 2-year budget split	Number of approved proposals	All approved proposals, 2-year budget split	Percent of submitted proposals approved	Value for previous column that applied in Round 4
HIV/AIDS	44%	25	40%	37%	38%
Malaria	25%	13	27%	23%	46%
TB	14%	22	27%	46%	38%
Health Systems Strengthening	18%	3	6%	10%	n/a
TOTAL	100%	63	100%	31%	40%

Table 3: Round 5 results by region

	All submitted proposals, 2-year budget split	Number of approved proposals	All approved proposals, 2-year budget split	Percent of submitted proposals approved	Value for previous column that applied in Round 4
Africa	75%	32	66%	31%	40%
Southeast Asia	8%	3	5%	16%	44%
Western Pacific	4%	10	12%	59%	53%
Eastern Med.	7%	4	4%	12%	29%
Europe	2%	9	4%	43%	33%
Americas	4%	5	9%	38%	43%
TOTAL	100%	63	100%	31%	40%

Table 4: Round 5 results by applicant type

	All submitted proposals, 2-year budget split	Number of approved proposals	All approved proposals, 2-year budget split	Percent of submitted proposals approved	Value for previous column that applied in Round 4
CCM	93%	58	96%	31%	41%
Sub-CCM	4%	1	1%	20%	67%
Regional Org./CCM	2%	2	1%	25%	15%
Non-CCM	<1%	2	1%	50%	n/a
TOTAL	100%	63	100%	31%	40%

Other highlights of Round 5 include the following:

- According to the TRP, successful implementation of the approved Round 5 grants over five years will mean that approximately 229,000 people will have access to ARVs, 118,500,000 will receive ACT malaria treatment, 17,000,000 will benefit from bed nets, and 1,533,000 will benefit from DOTS and related TB control activities.
- In Round 5, two approved proposals had five-year budgets in excess of \$100 million. These were from Ethiopia (malaria, \$150 m.) and Nigeria (HIV/AIDS, \$181 m.). And twelve non-approved proposals had five-year budgets in excess of \$100 million. These were from Angola, Democratic Republic of Congo (2 proposals), Ethiopia, India, Mozambique, Nigeria, South Africa, Sudan (2 proposals) and Zambia (2 proposals). The two most expensive of these were Ethiopia (Health Systems Strengthening, \$348 m.) and Zambia (HIV/AIDS, \$1,033 m.).
- As always, and as required by the Board, the TRP did not take into account availability of funds when it decided which proposals to recommend for approval.
- The budget breakdown of the approved Round 5 proposals was: drugs 21% (down from 38% in Round 4); commodities 20%; planning and administration 14%; human resources 12%; infrastructure 10%; training 15% (up from 8% in Round 4); other 8%.
- Only five countries managed to submit their proposals using the semi-automated PDF version of the application form, owing to the form's technical shortcomings. This was even worse than the situation in Round 4, when only 15 out of 96 countries managed to apply using that Round's on-line version of the application form.
- Further details are available in "[4. NEWS: Round Five Decisions](#)", below, and at www.theglobalfund.org/en/about/board/eleventh.

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2. NEWS: Main Decisions Made at Global Fund Board Meeting

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Key decisions made by the Global Fund board at the meeting that ended on Friday were as follows:

- Round 5 grants were approved, as described elsewhere in this issue of GFO.
- The Ethics Committee, working with the forthcoming Office of the Inspector General, will make proposals to the December 2005 board meeting on the implementation of a whistleblowing policy (which enables people to report, anonymously if necessary, inappropriate activities within the Fund or grant recipients).
- The Ethics Committee will make recommendations to the April 2006 board meeting on how to deal with what many board members have felt was inappropriate amounts of lobbying of board members regarding possible "No Go" Phase 2 funding decisions.
- The Policy and Strategy Committee will report to the December 2005 board meeting on its progress thus far in developing a proposed future strategy for the Fund.
- The Portfolio Committee will make proposals to the April 2006 board meeting on:
 - How to "improve NGO access to the Global Fund resources in Round 6."
 - Revising the Proposal Form and Guidelines for Proposals for future Rounds.
 - Improving the process for screening out and clarifying proposals prior to submission to the TRP.
 - Improving guidelines in future Rounds for proposals dealing with Health Systems Strengthening.
- The Board seat formerly shared by Canada, Germany, Switzerland, UK and Australia was divided into two seats, one for Canada, Germany and Switzerland, and one for UK and Australia. This evens up the imbalance that was created when the Communities Living with the Three Diseases were given a voting board seat. There are now ten seats for the "donor group" (eight for governments, plus one each for private sector and foundations), ten seats for the "recipient group" (seven for governments, plus one each for NGOs from developed and developing countries and one for communities living with the diseases), plus four non-voting seats, mostly for UN agencies.
- During the "Phase 2 renewal" process, if the Secretariat believes that a grant should not be renewed, the CCM will now be given a chance to comment before the Secretariat makes its recommendation to the board. Then, if the Secretariat twice states that the renewal should be made a "No Go" and the board twice disagrees by email, an independent panel shall be asked to review the situation before the Board makes a final decision at a board meeting. The panel will not make a recommendation; it will merely review and describe the areas in which the Secretariat and the Board have disagreed.
- Agreement was reached on a person who will be offered the position of Inspector General of the Global Fund. The Office of Inspector General will operate as an independent unit, reporting directly to the Board. Its primary purpose will be to provide independent and objective oversight to ensure the integrity and effectiveness of the Fund's programs and operations. This will involve oversight not just of the Secretariat, but also of grant recipients.
- The Fund will hold its second Partnership Forum before July 2006. A Steering Committee will be established to propose plans for the event, and subsequently to evaluate the effectiveness of the Forum.

- The Fund will continue to examine the possibility of ending the arrangement whereby WHO provides many administrative services for the Fund, but no decision will be made before the April 2006 board meeting.
- The Fund will continue the South Africa 'loveLife' grant (which the Secretariat had recommended be terminated at the end of Phase 1), but only if (a) the South Africa CCM proposes within one month appropriate ways to address various specific concerns raised by the Fund, and (b) the TRP then agrees that the CCM's proposed modifications make the grant worth continuing, and (c) the Board then agrees at its December meeting to continue the grant.
- The Fund will continue two HIV grants (one to Senegal, the other to Honduras) that the Secretariat had recommended be terminated at the end of Phase 1, but only under certain specific conditions.

The precise wording of the board decisions is available at www.theglobalfund.org/en/about/board/eleventh, as is the background documentation.

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3. NEWS: Investigation of Global Fund Secretariat
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Statement by Richard Feachem

[The following is an excerpt from the Report of Richard Feachem, Executive Director, to the Global Fund Board meeting that took place 28-30 September, as downloaded from the Fund's web site.]

In July 2005, I, together with the Chair and Vice Chair of the Board, received a memo from Bernard Rivers, Executive Director of Aidspan, containing allegations with respect to the Secretariat. The allegations related to contracting practices, recruitment, involvement of a family member, and staff turnover and organizational culture.

The Board Chair, Vice Chair and I agreed that it was in the best interest of the Global Fund to conduct an independent investigation of the first three allegations. As the Office of the Inspector General (OIG) for the Global Fund had not yet been established, we decided to refer the matter to the WHO Office of Internal Oversight Services (IOS) on July 29. The Chair and Vice Chair requested that the fourth area of staff turn-over and organizational culture be addressed by the Deputy Executive Director. Helen's report to this Board meeting, referenced above, addresses this area.

After developing of Terms of Reference for the investigation, the IOS is now in the process of conducting its review, assisted by Deloitte and Touche. A process update will be provided at this Board meeting and a final report is expected at the end of October.

Statement by WHO Lead Investigator

[The following is the entire text of a statement made to the Global Fund Board on 29 September by Kenneth Langford, Director of the WHO Office of Internal Oversight Services.]

My name is Kenneth Langford and I am the Director of WHO's Office of Internal Oversight Services. Organizationally, I report directly to the Director-General of WHO and am charged with responsibility for internal audit, investigation of irregular activity and programme evaluation. I have functional independence to conduct and to report on my work within WHO and its related offices, programmes and organizations.

As you are certainly aware, for the time being, WHO provides administrative services to the Fund and the staff of its secretariat are WHO staff members. Accordingly, the secretariat is obliged to operate within the internal control structure of WHO, of which my office plays a key role in oversight.

I understand that the Executive Director of the NGO Aidspace made allegations on 11 July to the Chairman and Vice-Chairman of this Board and the Executive Director of the Fund. On 29 July, these same Fund officials wrote informing me of the allegations and they requested that I "... review these and any other issues that you consider to be relevant to these allegations...". I responded on 9 August and agreed to undertake an investigation of the Global Fund's Secretariat and the allegations made by the Executive Director of Aidspace.

My Office is leading the investigation and exercises control over the work and will ultimately decide on the content of the report. However, due to the expected complexity of the investigation and the length of time needed to accomplish the work, it was clear that supplemental manpower would be necessary to complete the investigation without delay. Accordingly, I issued a request for a proposal to three international public accounting firms which have demonstrated forensic capacity. The firms of PricewaterhouseCoopers and KPMG declined due to actual or perceived conflicts of interest. The firm of Deloitte & Touche was selected, justified on a sole source basis, and a contract valued at CHF 114,825 (\$89,000) was signed on 29 August.

The Global Fund's arrangements with certain public accounting firms which act under contract as Local Fund Agents complicated the selection process and was closely examined in selecting Deloitte & Touche. Deloitte has disclosed to WHO that an associate firm, Emerging Markets Group Ltd., serves as a Local Fund Agent for seven approved grants. However, this firm and the local Deloitte firm, with which we have concluded a contract, both operate under the Deloitte brand name, but are independent of one another, with separate ownership, interests and liabilities.

Further, the former Chairman of this Board, Mr. Tommy Thompson, has recently joined Deloitte & Touche USA, LLP, as a consultant working with the Deloitte Center for Health Solutions in Washington DC. Deloitte has disclosed to us that in Mr Thompson's current capacity, he has no influence over or involvement with the Deloitte/WHO contract for work at the Global Fund.

Deloitte has agreed to include both of these disclosures in the report of their work at the Global Fund.

The scope of the work closely follows the allegations made by Aidspace and can be divided into four distinct areas: contracts; recruitment; involvement of a family member; and staff turnover and organizational culture. Within these four general areas are the very specific allegations on situations or events.

The general methodology for the investigation includes phased performance of the work which will employ standard techniques, such as collection of available background information; interviewing past and present Global Fund staff including managers; document and file review; electronic data mining; forensic financial analysis; review of payment records; and corroboration of interview evidence with other evidence.

The work seeks to determine the validity of the specific allegations. At the same time, if any allegation is found to be substantiated, we will not only establish the facts but will also review the circumstances which permitted or contributed to the irregular situation. We will also be alert to other related irregular situations which may be revealed during the investigation. If it is considered necessary by our initial findings, the scope of the investigation may be broadened.

The work has been under way for several weeks and is progressing according to schedule. I am pleased to report that we have received excellent cooperation from the direction and staff at the Fund's Secretariat.

The final report is scheduled for release no later than the end of October. I will send the report to Dr Feachem and of course, to the Chairman and Vice-chairman of the Board.

Board agreement on next steps

On 29 September, the Board agreed that after the investigator's report is received in late October or early November, it will be sent on a confidential basis to the Board's Ethics Committee. Some time

prior to the Board meeting on 15-16 December, the Ethics Committee will make recommendations to the Board regarding actions, if any, to be taken.

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4. NEWS: Round Five Decisions
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Based on advise from the Technical Review Panel (TRP), the Board divides eligible proposals into five Categories, as follows:

- Category 1: Approved proposals requiring no or minor clarifications, which need to be provided within 4 weeks and then given a final approval by the TRP Chair and/or Vice-Chair.
- Category 2A: Proposals that are provisionally approved subject to the required clarifications being provided within a limited timeframe (6 weeks for the applicant to respond to the TRP queries, 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 2B: Similar to Category 2A, but regarded as relatively weak, on grounds of technical merit and/or issues of feasibility and likelihood of effective implementation. The TRP took no account of the applicant country's income level, nor of burden of disease nor of any factors other than technical merit and feasibility in grading a proposal as Category 2B. In other words, these proposals differ from Category 2A proposals only in that they have more technical weaknesses, and/or more questions as to effective implementation, and/or more required clarifications. It is important to note, however, that on balance all of the Category 2B proposals were regarded as recommended for funding, and the TRP believes that the weaknesses and clarifications could be addressed within the timeframes provided for Category 2A proposals.
- Category 3: Not approved in their present form, but applicants are encouraged to submit an improved proposal in some future Round.
- Category 4: Rejected.

If the Fund had sufficient pledges for 2005 to cover the cost of all Category 1, 2A and 2B proposals, it would have approved all of them at last week's meeting, subject to the applicants responding acceptably to the TRP's requests for clarification that will be sent to the applicants.

However, given that the Fund currently has insufficient pledges to cover all the Category 1, 2A and 2B proposals, the board agreed to proceed as follows, using a procedure specified at an earlier board meeting:

- Category 1 proposals are approved.
- Category 2A and 2B proposals are given a "Composite Index" of between 1 and 8 points, as follows:
 - If the country has a "very high" disease burden, it receives 4 points, and otherwise it receives 1 point.
 - In addition, if the country is "low-income" it receives 4 points, and if it is "lower-middle income" it receives 2 points. ("Upper-middle income" countries receive 0 extra points.)

Proposals were ranked by Category and then, for Categories 2A and 2B, they were sub-ranked by Composite Index. This led to them being grouped as in Table 5, below.

The Fund currently has enough pledges to pay for the first three groups. These have been labeled by GFO as "Immediately Approved: A, B and C". Proposals that fall into these three groups are approved, subject to satisfactory responses being provided to the TRP queries.

The Fund does not currently have sufficient pledges to pay for proposals in the next eight groups, labeled by GFO as "Provisionally Approved D, E, F, G, H, I, J and K". When the Fund received pledges sufficient to cover each additional group (in the order shown below), the board will approve those proposals by email.

The Secretariat will start working immediately with all provisionally approved applicants on dealing with TRP queries and negotiating grant agreements. If all those activities have been completed before pledges and actual cash contributions have been received, the actual signing of grant agreements will have to be put on hold.

However, provisionally approved proposals for which insufficient pledges are received by the end of June 2006 will lose their provisional approval and will be treated as if they had not been approved.

Table 5: Round 5 results by Category

Decision	Explanation	Number of proposals	Budget Years 1-2	Budget Years 1-5
Immediately Approved: A	Category 1	5	\$43,310,437	\$98,935,651
Immediately Approved: B	Category 2A, Composite Index 8	18	\$290,762,706	\$728,609,400
Immediately Approved: C	Category 2A, Composite Index 6	3	\$48,003,918	\$149,563,776
Subtotal: All "Immediately Approved" proposals		26	\$382,077,061	\$977,108,827
Provisionally approved: D	Category 2A, Composite Index 5	12	\$133,276,403	\$345,346,815
Provisionally approved: E	Category 2A, Composite Index 4	2	\$9,529,070	\$24,888,718
Provisionally approved: F	Category 2A, Composite Index 3	13	\$92,575,047	\$165,266,161
Provisionally approved: G	Category 2B, Composite Index 8	4	\$87,358,034	\$207,352,569
Provisionally approved: H	Category 2B, Composite Index 7	1	\$3,269,731	\$6,623,560
Provisionally approved: I	Category 2B, Composite Index 6	1	\$6,501,141	\$21,232,348
Provisionally approved: J	Category 2B, Composite Index 5	2	\$3,356,219	\$6,868,700
Provisionally approved: K	Category 2B, Composite Index 3	2	\$7,673,482	\$19,814,848
Subtotal: All "Provisionally Approved" proposals		37	\$343,539,127	\$797,393,719
Total: All "Immediately Approved" plus "Provisionally Approved" proposals		63	\$725,616,188	\$1,774,502,546
Not approved: L	Category 3	120	\$2,266,242,296	\$5,096,656,571
Not approved: M	Category 4	19	\$306,210,534	\$750,510,205
Subtotal: All "Not Approved" proposals		139	\$2,572,452,830	\$5,847,166,776
GRAND TOTAL		202	\$3,298,069,018	\$7,621,669,322

Table 6: Round 5 results by country

Country	Applicant	Decision (See definitions above)	Component	Budget Years 1-2	Budget Years 1-5
Afghanistan	CCM	Provisionally approved: D	Malaria	\$17,093,334	\$32,214,069
Afghanistan	CCM	Not approved: L	HIV/AIDS	\$4,663,653	\$10,953,024
Afghanistan	CCM	Not approved: L	HSS	\$1,980,090	\$4,014,470
Albania	CCM	Provisionally approved: F	HIV/AIDS	\$2,502,858	\$4,990,645
Albania	CCM	Provisionally approved: F	TB	\$877,685	\$1,442,028
Angola	CCM	Not approved: L	Malaria	\$39,227,228	\$115,827,277
Armenia	CCM	Provisionally approved: K	TB	\$3,898,656	\$7,624,135
Armenia	CCM	Not approved: M	Malaria	\$1,705,100	\$2,572,700

Country	Applicant	Decision (See definitions above)	Component	Budget Years 1-2	Budget Years 1-5
<u>Azerbaijan</u>	<u>CCM</u>	<u>Immediately Approved: A</u>	<u>TB</u>	<u>\$3,825,770</u>	<u>\$9,516,200</u>
Azerbaijan	CCM	Not approved: L	Malaria	\$3,179,532	\$7,255,952
<u>Bangladesh</u>	<u>CCM</u>	<u>Immediately Approved: B</u>	<u>TB</u>	<u>\$10,003,984</u>	<u>\$45,977,231</u>
Bangladesh	CCM	Not approved: L	HIV/AIDS	\$8,135,641	\$23,901,394
Bangladesh	CCM	Not approved: L	Malaria	\$18,478,606	\$36,993,988
Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka	Regional CM	Not approved: M	HIV/AIDS	\$15,464,067	\$59,842,897
Belarus	CCM	Not approved: L	TB	\$13,239,086	\$26,389,516
<u>Benin</u>	<u>CCM</u>	<u>Provisionally approved: D</u>	<u>HIV/AIDS</u>	<u>\$19,709,054</u>	<u>\$51,841,972</u>
Benin	CCM	Not approved: L	HSS	\$6,560,978	\$12,130,576
Benin	CCM	Not approved: L	Malaria	\$10,714,920	\$52,930,467
Benin	CCM	Not approved: L	TB	\$3,575,918	\$7,793,321
Benin, Cote d'Ivoire, Ethiopia, Nigeria, Zimbabwe	Regional org. (PSI and African Union)	Not approved: M	HIV/AIDS	\$17,304,394	\$44,804,606
<u>Bosnia Herzegovina</u>	<u>CCM</u>	<u>Provisionally approved: F</u>	<u>HIV/AIDS</u>	<u>\$4,832,387</u>	<u>\$11,042,257</u>
Bosnia Herzegovina	CCM	Not approved: L	TB	\$1,171,290	\$3,157,230
<u>Botswana</u>	<u>CCM</u>	<u>Provisionally approved: E</u>	<u>TB</u>	<u>\$5,515,900</u>	<u>\$8,956,258</u>
<u>Brazil</u>	<u>CCM</u>	<u>Immediately Approved: C</u>	<u>TB</u>	<u>\$11,602,427</u>	<u>\$27,240,000</u>
Burkina Faso	CCM	Not approved: L	HIV/AIDS	\$34,432,357	\$71,569,383
Burkina Faso	CCM	Not approved: L	HSS	\$5,845,718	\$9,170,885
Burkina Faso	CCM	Not approved: L	Malaria	\$19,208,881	\$27,152,602
<u>Burundi</u>	<u>CCM</u>	<u>Provisionally approved: G</u>	<u>HIV/AIDS</u>	<u>\$13,053,866</u>	<u>\$32,353,173</u>
Burundi	CCM	Not approved: L	HSS	\$2,370,296	\$6,566,203
Burundi	CCM	Not approved: L	Malaria	\$12,215,162	\$25,401,464
<u>Cambodia</u>	<u>CCM</u>	<u>Immediately Approved: B</u>	<u>TB</u>	<u>\$3,268,750</u>	<u>\$9,662,024</u>
<u>Cambodia</u>	<u>CCM</u>	<u>Provisionally approved: D</u>	<u>HIV/AIDS</u>	<u>\$16,292,779</u>	<u>\$34,963,654</u>
<u>Cambodia</u>	<u>CCM</u>	<u>Provisionally approved: G</u>	<u>HSS</u>	<u>\$1,841,600</u>	<u>\$5,015,741</u>
Cambodia	CCM	Not approved: L	Malaria	\$5,854,119	\$11,824,545
<u>Cameroon</u>	<u>CCM</u>	<u>Immediately Approved: B</u>	<u>HIV/AIDS</u>	<u>\$4,943,590</u>	<u>\$12,060,019</u>
<u>Cameroon</u>	<u>CCM</u>	<u>Immediately Approved: B</u>	<u>Malaria</u>	<u>\$12,695,885</u>	<u>\$21,210,595</u>
Cape Verde	CCM	Not approved: L	HIV/AIDS	\$4,313,270	\$11,659,200
Central African Republic	CCM	Not approved: L	HIV/AIDS	\$22,082,191	\$36,632,357
Central African Republic	CCM	Not approved: L	Malaria	\$7,598,940	\$11,990,390
Chad	CCM	Not approved: L	Malaria	\$17,335,833	\$36,713,126
<u>China</u>	<u>CCM</u>	<u>Immediately Approved: C</u>	<u>TB</u>	<u>\$17,814,000</u>	<u>\$52,889,000</u>
<u>China</u>	<u>CCM</u>	<u>Provisionally approved: F</u>	<u>HIV/AIDS</u>	<u>\$12,544,128</u>	<u>\$28,902,074</u>
<u>China</u>	<u>CCM</u>	<u>Provisionally approved: F</u>	<u>Malaria</u>	<u>\$20,096,149</u>	<u>\$39,410,395</u>
Colombia	CCM	Not approved: L	HIV/AIDS	\$13,338,388	\$29,356,545
Comoros	CCM	Not approved: L	Malaria	\$4,110,188	\$7,727,600
Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama	Regional org. (Secretary of Social Integration of Central America – SSICA)	Not approved: M	HIV/AIDS	\$13,859,280	\$30,722,300
<u>Cote D'Ivoire</u>	<u>Non-CCM (CARE)</u>	<u>Immediately Approved: B</u>	<u>HIV/AIDS</u>	<u>\$3,522,695</u>	<u>\$3,522,695</u>

Country	Applicant	Decision (See definitions above)	Component	Budget Years 1-2	Budget Years 1-5
Cote D'Ivoire	CCM	Not approved: L	HIV/AIDS	\$26,836,531	\$47,022,390
Cote D'Ivoire	CCM	Not approved: L	Malaria	\$7,897,631	\$20,272,415
Dem. Rep. Congo	CCM	Immediately Approved: B	TB	\$17,613,606	\$43,716,984
Dem. Rep. Congo	CCM	Not approved: L	HIV/AIDS	\$60,848,374	\$142,154,402
Dem. Rep. Congo	CCM	Not approved: L	HSS	\$17,947,453	\$40,244,494
Dem. Rep. Congo	CCM	Not approved: L	Malaria	\$21,184,713	\$38,608,576
Dem. Rep. Congo - Kasai	Sub-CCM	Not approved: M	HIV/AIDS	\$66,831,110	\$127,046,138
Dem. Rep. Congo - Kasai	Sub-CCM	Not approved: M	Malaria	\$16,564,000	\$29,779,000
Dem. Rep. Congo - Kasai	Sub-CCM	Not approved: M	TB	\$12,702,000	\$23,507,000
Djibouti	CCM	Not approved: L	Malaria	\$2,344,000	\$5,113,000
Djibouti	CCM	Not approved: L	TB	\$4,819,773	\$10,704,374
Dominican Republic	CCM	Not approved: L	Malaria	\$5,368,399	\$11,914,220
East Timor	CCM	Provisionally approved: D	HIV/AIDS	\$4,304,454	\$9,110,302
Ecuador	CCM	Not approved: L	Malaria	\$4,097,749	\$4,097,749
Egypt	CCM	Not approved: L	HIV/AIDS	\$2,185,934	\$6,201,772
Egypt	CCM	Not approved: L	TB	\$4,588,252	\$11,085,278
Egypt	CCM	Not approved: M	Malaria	\$2,380,000	\$5,000,000
El Salvador	CCM	Not approved: L	Malaria	\$1,100,000	\$3,000,000
Equatorial Guinea	CCM	Not approved: L	Malaria	\$12,906,111	\$25,999,072
Eritrea	CCM	Provisionally approved: D	HIV/AIDS	\$13,139,010	\$33,892,005
Eritrea	CCM	Not approved: L	HSS	\$7,697,965	\$14,435,485
Eritrea	CCM	Not approved: L	Malaria	\$8,844,992	\$17,200,208
Eritrea	CCM	Not approved: L	TB	\$1,443,404	\$3,879,324
Ethiopia	CCM	Provisionally approved: G	Malaria	\$64,548,913	\$150,066,528
Ethiopia	CCM	Not approved: L	HIV/AIDS	\$23,145,990	\$64,497,352
Ethiopia	CCM	Not approved: L	HSS	\$159,999,343	\$348,014,355
Ethiopia	CCM	Not approved: L	TB	\$16,440,576	\$69,882,371
Gabon	CCM	Provisionally approved: E	Malaria	\$4,013,170	\$15,932,460
Georgia	CCM	Not approved: L	HIV/AIDS	\$2,797,640	\$4,654,240
Georgia	CCM	Not approved: L	HSS	\$436,320	\$814,320
Ghana	CCM	Immediately Approved: A	TB	\$14,547,546	\$31,471,844
Ghana	CCM	Provisionally approved: D	HIV/AIDS	\$31,630,830	\$97,099,610
Ghana	CCM	Not approved: L	HSS	\$12,552,761	\$19,359,341
Ghana, Uganda, Zimbabwe	Regional org. (TEPHINET)	Not approved: M	HSS	\$16,363,767	\$36,318,213
Guatemala	CCM	Not approved: L	TB	\$5,826,331	\$11,623,999
Guinea	CCM	Immediately Approved: A	TB	\$3,391,501	\$6,225,144
Guinea	CCM	Not approved: L	Malaria	\$3,467,563	\$18,987,568
Haiti	CCM	Immediately Approved: B	HIV/AIDS	\$19,205,567	\$49,927,069
India	CCM	Not approved: L	Malaria	\$14,742,454	\$26,448,410
India	CCM	Not approved: L	TB	\$7,410,000	\$25,020,000
India	CCM	Not approved: M	HIV/AIDS	\$67,620,403	\$217,625,981
Indonesia	CCM	Immediately Approved: C	TB	\$18,587,491	\$69,434,776
Indonesia	CCM	Not approved: L	HIV/AIDS	\$13,671,879	\$26,117,640
Indonesia	CCM	Not approved: L	Malaria	\$43,145,932	\$66,543,849
Iran	CCM	Not approved: L	Malaria	\$8,500,000	\$18,600,000
Jordan	CCM	Provisionally approved: F	TB	\$1,072,864	\$2,782,864
Jordan	CCM	Not approved: L	HIV/AIDS	\$3,588,958	\$6,899,718

Country	Applicant	Decision (See definitions above)	Component	Budget Years 1-2	Budget Years 1-5
Kazakhstan	CCM	Not approved: L	HIV/AIDS	\$2,000,295	\$4,814,539
Kazakhstan	CCM	Not approved: L	TB	\$8,375,651	\$17,558,542
Kenya	CCM	Provisionally approved: G	TB	\$7,913,655	\$19,917,127
Kenya	CCM	Not approved: L	HIV/AIDS	\$8,893,681	\$19,796,832
Kenya	CCM	Not approved: L	HSS	\$11,179,083	\$28,076,553
Kenya	CCM	Not approved: L	Malaria	\$4,230,600	\$8,427,600
Kosovo	CCM	Not approved: L	HIV/AIDS	\$1,701,158	\$3,687,350
Kyrgyzstan	CCM	Provisionally approved: D	Malaria	\$1,692,390	\$3,426,125
Kyrgyzstan	CCM	Not approved: L	TB	\$5,309,127	\$8,863,698
Lesotho	CCM	Immediately Approved: B	HIV/AIDS	\$10,013,383	\$40,346,059
Liberia	CCM	Not approved: L	HIV/AIDS	\$12,394,177	\$25,714,627
Liberia	CCM	Not approved: L	HSS	\$14,078,615	\$17,374,573
Liberia	CCM	Not approved: L	Malaria	\$15,015,748	\$33,165,706
Liberia	CCM	Not approved: L	TB	\$4,750,966	\$11,949,773
Macedonia	CCM	Provisionally approved: F	TB	\$1,442,489	\$3,071,097
Madagascar	CCM	Not approved: L	HIV/AIDS	\$9,512,412	\$24,957,422
Madagascar	CCM	Not approved: L	HSS	\$4,965,759	\$22,599,312
Madagascar	CCM	Not approved: L	Malaria	\$7,974,500	\$33,470,801
Madagascar	CCM	Not approved: L	TB	\$8,900,519	\$15,249,703
Malawi	CCM	Immediately Approved: B	HIV/AIDS	\$7,770,655	\$19,104,775
Malawi	CCM	Immediately Approved: B	HSS	\$26,965,524	\$65,429,986
Maldives	CCM	Not approved: M	HIV/AIDS	\$2,016,601	\$4,184,665
Mali	CCM	Not approved: L	HSS	\$7,083,766	\$11,600,785
Mali	CCM	Not approved: L	Malaria	\$14,862,149	\$36,069,482
Mauritania	CCM	Provisionally approved: D	HIV/AIDS	\$6,584,973	\$15,755,931
Mongolia	CCM	Provisionally approved: D	HIV/AIDS	\$1,898,775	\$4,235,640
Montenegro	CCM	Provisionally approved: F	HIV/AIDS	\$1,604,606	\$2,924,696
Mozambique	CCM	Not approved: L	HSS	\$72,100,000	\$106,600,000
Mozambique	CCM	Not approved: L	Malaria	\$32,694,480	\$73,121,487
Mozambique, South Africa, Swaziland	Regional CM	Provisionally approved: I	Malaria	\$6,501,141	\$21,232,348
Namibia	CCM	Immediately Approved: A	TB	\$7,222,753	\$17,777,383
Namibia	CCM	Not approved: L	HIV/AIDS	\$31,341,874	\$91,950,544
Namibia	CCM	Not approved: L	Malaria	\$13,136,240	\$21,897,490
Nepal	CCM	Not approved: L	HIV/AIDS	\$7,717,233	\$25,788,007
Nepal	CCM	Not approved: L	Malaria	\$5,352,822	\$11,372,370
Nepal	CCM	Not approved: L	TB	\$3,858,926	\$9,481,273
Niger	CCM	Immediately Approved: B	Malaria	\$5,148,600	\$10,491,196
Niger	CCM	Provisionally approved: D	TB	\$6,326,070	\$12,220,815
Niger	CCM	Not approved: L	HSS	\$7,529,467	\$11,474,188
Nigeria	CCM	Immediately Approved: B	HIV/AIDS	\$46,424,283	\$180,642,512
Nigeria	CCM	Immediately Approved: B	TB	\$19,217,311	\$53,351,149
Nigeria	CCM	Not approved: L	HSS	\$39,505,341	\$64,812,236
Nigeria	CCM	Not approved: L	Malaria	\$52,404,797	\$179,995,004
Pakistan	CCM	Not approved: L	HIV/AIDS	\$13,000,477	\$34,989,566
Pakistan	CCM	Not approved: L	Malaria	\$11,293,294	\$27,059,519
Pakistan	CCM	Not approved: L	TB	\$15,854,040	\$30,308,701
Pakistan	CCM	Not approved: M	HSS	\$9,977,880	\$26,617,490
Papua New Guinea	CCM	Not approved: L	TB	\$1,975,954	\$10,784,888
Paraguay	CCM	Not approved: M	HIV/AIDS	\$3,941,134	\$9,429,262

Country	Applicant	Decision (See definitions above)	Component	Budget Years 1-2	Budget Years 1-5
Peru	CCM	Provisionally approved: F	HIV/AIDS	\$9,874,896	\$12,967,865
Peru	CCM	Provisionally approved: F	TB	\$21,017,537	\$32,545,545
Peru	CCM	Not approved: L	HSS	\$6,894,200	\$17,011,200
Philippines	CCM	Provisionally approved: F	HIV/AIDS	\$3,011,919	\$6,478,058
Philippines	CCM	Provisionally approved: F	Malaria	\$11,097,529	\$14,308,637
Philippines	CCM	Not approved: L	TB	\$14,208,812	\$45,817,584
Republic of Congo	CCM	Provisionally approved: D	HIV/AIDS	\$12,043,407	\$45,553,763
Republic of Congo	CCM	Not approved: L	Malaria	\$17,664,123	\$28,331,791
Republic of Congo	CCM	Not approved: L	TB	\$4,669,340	\$8,138,467
Russian Federation	Non-CCM	Provisionally approved: K	HIV/AIDS	\$3,774,826	\$12,190,713
Rwanda	CCM	Immediately Approved: A	HSS	\$14,322,867	\$33,945,080
Rwanda	CCM	Immediately Approved: B	Malaria	\$28,140,772	\$39,649,363
Rwanda	CCM	Not approved: L	HIV/AIDS	\$36,053,491	\$88,300,796
Samoa, Cook Islands, Fiji, Kiribati, Marshall Islands, Micronesia, Nauru, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu	Regional Coordinating Mechanism	Not approved: L	HIV/AIDS	\$4,251,406	\$9,946,332
Samoa, Cook Islands, Fiji, Kiribati, Marshall Islands, Micronesia, Nauru, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu	Regional Coordinating Mechanism	Not approved: L	TB	\$1,466,940	\$4,432,060
Sao Tome & Principe	CCM	Provisionally approved: J	HIV/AIDS	\$584,218	\$1,485,190
Senegal	CCM	Not approved: L	TB	\$8,725,379	\$18,336,573
Senegal	CCM	Not approved: M	HSS	\$2,321,013	\$3,384,233
Senegal	CCM	Not approved: M	Malaria	\$8,251,057	\$12,117,141
Serbia	CCM	Not approved: L	HIV/AIDS	\$4,755,306	\$8,462,528
Solomon Islands, Vanuatu	Regional Coordinating Mechanism	Provisionally approved: H	Malaria	\$3,269,731	\$6,623,560
Somalia	Non-CCM	Not approved: L	HSS	\$1,175,365	\$2,832,730
Somalia	Non-CCM	Not approved: L	Malaria	\$2,567,445	\$14,532,272
South Africa	CCM	Not approved: L	HIV/AIDS	\$45,010,000	\$108,289,000
South Africa	CCM	Not approved: L	HSS	\$21,851,000	\$42,173,000
Sri Lanka	CCM	Not approved: L	Malaria	\$4,356,374	\$7,290,124
Sri Lanka	CCM	Not approved: L	TB	\$1,700,680	\$4,414,795
Sri Lanka	CCM	Not approved: M	HIV/AIDS	\$2,607,594	\$5,357,285
Sudan	CCM	Not approved: L	HIV/AIDS	\$29,424,335	\$112,553,275
Sudan	CCM	Not approved: L	Malaria	\$24,019,599	\$46,323,995
Sudan	CCM	Not approved: L	TB	\$6,830,013	\$15,410,468
Sudan	CCM	Not approved: M	HSS	\$42,800,000	\$105,860,000
Sudan (Southern Sector)	Sub-CCM	Immediately Approved: B	TB	\$8,592,197	\$27,568,526
Sudan (Southern Sector)	Sub-CCM	Not approved: L	HSS	\$25,929,249	\$68,455,557

Country	Applicant	Decision (See definitions above)	Component	Budget Years 1-2	Budget Years 1-5
Suriname	CCM	Provisionally approved: F	HIV/AIDS	\$2,600,000	\$4,400,000
Tajikistan	CCM	Provisionally approved: J	Malaria	\$2,772,001	\$5,383,510
Tanzania	CCM	Not approved: L	HIV/AIDS	\$9,204,276	\$11,932,883
Tanzania	CCM	Not approved: L	HSS	\$22,869,642	\$34,866,750
Tanzania Zanzibar	CCM	Not approved: L	HIV/AIDS	\$12,722,287	\$30,817,709
Thailand	CCM	Not approved: L	HIV/AIDS	\$5,920,079	\$16,886,287
The Gambia	CCM	Provisionally approved: D	TB	\$2,561,327	\$5,032,929
The Gambia	CCM	Not approved: L	HIV/AIDS	\$7,842,275	\$14,733,869
The Gambia	CCM	Not approved: L	Malaria	\$18,169,122	\$40,473,141
Tunisia	CCM	Not approved: L	HIV/AIDS	\$10,007,400	\$20,898,000
Turkey	CCM	Not approved: M	Malaria	\$2,387,990	\$4,784,490
Turkey	CCM	Not approved: M	TB	\$1,113,144	\$1,556,804
Uganda	CCM	Not approved: L	HIV/AIDS	\$5,857,397	\$17,746,651
Uganda	CCM	Not approved: L	HSS	\$5,605,994	\$10,942,316
Uganda	CCM	Not approved: L	Malaria	\$49,494,235	\$90,219,700
Vietnam	CCM	Not approved: L	HIV/AIDS	\$6,500,000	\$20,000,000
Vietnam	CCM	Not approved: L	TB	\$7,037,112	\$18,718,344
Yemen	CCM	Not approved: L	Malaria	\$15,889,956	\$41,763,366
Zambia	CCM	Not approved: L	HIV/AIDS	\$481,308,000	\$1,033,420,000
Zambia	CCM	Not approved: L	HSS	\$11,042,000	\$34,940,000
Zambia	CCM	Not approved: L	Malaria	\$22,147,000	\$41,200,000
Zambia	CCM	Not approved: L	TB	\$98,610,000	\$246,525,000
Zimbabwe	CCM	Immediately Approved: B	HIV/AIDS	\$35,931,159	\$62,478,891
Zimbabwe	CCM	Immediately Approved: B	Malaria	\$21,217,469	\$29,998,400
Zimbabwe	CCM	Immediately Approved: B	TB	\$10,087,276	\$13,471,926

Information on Round 5 grants is also available on the Global Fund web site at www.theglobalfund.org/en/about/board/eleventh.

An applicant may appeal the board's decision if the applicant submitted an eligible proposal for a particular component in both Round 4 and Round 5 and was not approved in either case. The appeal must show that the recommendation made by the TRP regarding the Round 5 proposal was based on a "significant and obvious" error. The appeal must be filed with the Secretariat no later than 28 days from when the applicant receives written notice of the board's Round 5 decision. For further details regarding the appeals procedure, see www.theglobalfund.org/en/apply/proposals/appeals.

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