

GLOBAL FUND OBSERVER (GFO), an independent newsletter about the Global Fund provided by Aidspace to over 7,000 subscribers in 170 countries.

Issue 86: 14 March 2008. (For formatted web, Word and PDF versions of this and other issues, see www.aidspace.org/gfo)

+++++

CONTENTS

+++++

[1. NEWS: Global Fund Launches Round 8, With Focus on "Dual-Track" Financing](#)

Round 8 is expected to be the biggest Global Fund Round thus far. The Fund expects at least \$2 billion to be available for Round 8, twice as much as has been spend on any previous Round. The most significant new feature in Round 8 is that the Fund urges applicants to use "dual-track financing", in which there is one PR from the government sector and one from the various non-government sectors.

[2. COMMENTARY: The Advantages of Dual-Track Financing](#)

Wycliffe Muga says "Round 8 will be a big test of CCMs: Do they have the courage, and the foresight, to apply for larger grants that will be spent on activities to be carried out both within the government sector (including on health systems strengthening activities) and within the non-government sectors?"

[3. ANNOUNCEMENT: "Aidspace Guide to Round 8 Applications to the Global Fund – Volume 2: The Applications Process and the Proposal Form" is Released](#)

Volume 2 of "The Aidspace Guide to Round 8 Applications to the Global Fund" has just been published. It outlines the applications process, describes what is new for Round 8, and provides step-by-step guidance on how to fill out the Round 8 proposal form.

[4. NEWS: Board Approves Three New Round 7 Proposals Following Successful Appeals](#)

The Global Fund Board has approved three Round 7 proposals whose original rejection had been appealed by the applicants. The newly approved proposals are from Azerbaijan, Cambodia and Zambia.

[5. ANALYSIS: Global Fund Grants with Multiple Principal Recipients](#)

An analysis shows that nine percent of Global Fund grants have two or more PRs, and 22 percent have an NGO, FBO or private sector PR.

+++++

1. NEWS: Global Fund Launches Round 8, With Focus on "Dual-Track" Financing

+++++

The Global Fund's "Round 8", launched on March 1, is expected to be the biggest Round thus far. No previous Round has involved two-year commitments by the Fund of more than \$1.1 billion. Yet the Fund says that currently, approximately \$2 billion is forecast to be available for Round 8, and that this amount may increase as additional pledges from donors are made.

The most significant new feature in Round 8 is that the Global Fund is recommending that applicants specify one (or more) Principal Recipients (PRs) from the government sector and one (or more) from the various non-government sectors. (This concept is known as dual-track financing.) Applicants that choose not to do so are required to provide reasons.

"Programs supported by the Global Fund are already making a difference worldwide, but much more needs to be done," said Dr Michel Kazatchkine, Executive Director of the Fund. "Antiretroviral therapy

reaches only 30 percent of those in need, and multidrug-resistant TB looms as a serious threat in many countries. A lot of people at risk of malaria still do not sleep under a bed net or do not have access to treatment. Now is the time for nations to aim high by mobilizing government, NGOs and international partners and submitting even more ambitious proposals for Global Fund financing."

The Round 8 proposal form and various support documents are available in six languages at www.theglobalfund.org/en/apply/call8. Applications must be submitted by 1 July 2008.

The major changes to the Round 8 proposal form compared to the form used for Round 7 are as follows:

- Dual-track financing is recommended, as discussed above.
- The proposal form has been somewhat shortened and simplified – though it will still involve enormous amounts of work by applicants.
- There is now one version of the proposal form for single-country applicants and a different one for multiple-country applicants (i.e. for regional applications).
- Some applicants have to meet certain eligibility criteria before their proposals can be considered by the Fund. There are criteria relating to (a) the income level of the country, (b) the disease burden, (c) the focus of the proposal, and (d) the functioning of the CCM. With respect to the income level of the country, the Fund has adopted a "cost-sharing" formula to replace the concept of "counterpart financing" used in previous rounds. With the new system of "cost sharing," the Fund has decided to use "national needs" and not "national contributions" as the basis for calculation.
- Proposals from upper-middle income countries must, as in earlier rounds, demonstrate a sufficiently high level of disease burden in order to be eligible for consideration by the Global Fund. But the specific criteria used have changed.
- As was the case in the last two rounds of funding, Health Systems Strengthening (HSS) activities may be included in the proposal, so long as they are integrated into one or more of the disease elements (formerly known as "disease components") of the proposal. For Round 8, however, applicants may, if they wish, include cross-cutting HSS activities – i.e., activities that impact more than one disease – within one (and only one) disease element, using a separate section of the proposal form reserved for cross-cutting HSS activities.
- If a disease element contains HSS cross-cutting activities, the TRP will be able to recommend for approval (a) both the disease-specific interventions and the cross-cutting HSS activities; or (b) only the disease-specific interventions; or (c) only the cross-cutting HSS activities.
- Several references to community systems strengthening (CSS) have been added to the proposal form in order to (a) stress the importance of the role of the non-government sector in grant implementation, and (b) encourage applicants to include in their applications measures to strengthen community systems necessary to implement Global Fund grants.
- The Round 8 proposal form provides each applicant with an opportunity to identify existing grants that it would like to consolidate with its Round 8 grant (should its Round 8 proposal be accepted for funding).
- The Global Fund has taken several steps to encourage applicants to include gender-sensitive approaches in their Round 8 proposals.
- Round 8 proposals can no longer include requests to cover the costs of operating CCMs, because the Fund has established a separate funding stream for CCM operations.

All proposals submitted by the closing date will be reviewed by the Global Fund Secretariat to ensure that they meet the Fund's eligibility criteria. Eligible proposals will then be forwarded to the Technical Review Panel (TRP) for consideration. The TRP will make recommendations to the Global Fund Board, which will make its decisions at its board meeting scheduled for 4-5 November 2008. (In the past, all proposals recommended by the TRP for approval have indeed been approved by the Board.)

When the TRP members review the proposals, they will do so in their personal capacities – they must not share the information with or accept any instructions from their employers or their national governments.

In deciding whether to recommend each proposal for approval, the TRP will take into consideration only technical factors, such as whether the project described in the proposal is technically sound, whether it is one that the specified organization(s) are capable of implementing, and whether it represents good use of the money. The TRP is required to ignore the question of whether it believes the Global Fund has enough money to pay for all of the proposals that it is recommending.

Once a proposal is approved by the Board, the Secretariat will enter into a lengthy and complex process of: (a) ensuring that the applicant answers, to the satisfaction of the TRP, any questions that the TRP asked regarding the proposal; (b) assessing the ability of the proposed PRs to perform the roles that the proposal assigns to them; and (c) negotiating grant agreements with the PRs. It is only after this multi-month process that the first cash disbursement will be sent. Thus, although proposals have to be submitted by 1 July 2008, it is unlikely that the first funding will be sent for successful proposals before the middle of 2009.

+++++

2. COMMENTARY: The Advantages of Dual-Track Financing

by Wycliffe Muga

+++++

If developing countries are to make significant progress in the coming decades in the battle against HIV/AIDS, TB and malaria, they will require not only the enormous financial resources that the Global Fund can provide, but also the active participation of a substantial army of foot-soldiers – engaging the enemy village by village in the countryside, and street by street in the cities.

The most obvious among these foot-soldiers are government employees in public health systems. But these fighters need to be joined by perhaps equally large numbers of employees and volunteers from NGOs, from community-based organizations, from faith-based organizations, and from private sector companies. Government and non-government people need to work separately, and jointly, if adequate progress is to be achieved.

The same situation applied in World War Two: men and women, armed forces and civilians, volunteers and conscripts, and people from countries that had very little experience of working together and no common language – all had to "do their bit", separately and jointly, before victory could be declared.

In the fight against the three pandemics, there is often more capacity available in small rural faith-based clinics than there is in rural government clinics; and there are often more non-government volunteers available to help with spreading prevention messages, or to help provide support to the dying, than there are government employees available to do the same thing.

Sometimes, when a Global Fund grant has a single governmental Principal Recipient (PR), an appropriate share of the funding has flowed smoothly and effectively through the government PR to non-government implementers.

But all too often, such flows have involved tensions, delays and even blockages.

That is why the Global Fund recommends, in Round 8, that each CCM pursues "dual-track financing", in which the proposal specifies two or more PRs, with at least one PR from government and at least one from some sector other than government. Thus, each such proposal leads to two or more grants, each with its own PR. And each PR can then attempt, in an efficient manner, to pass funding to implementers within its own sector.

Unfortunately, having two PRs goes against many instincts within a cash-strapped Ministry of Health in a poor country. The technocrats and politicians running such a ministry have always been

hampered by a shortage of funds when building public health programmes, so they have always felt an obsessive desire to control any new source of funds.

In earlier Rounds, in cases where the government sector might have been able to make effective use of \$X and the non-government sectors might have been able to make effective use of \$Y, government CCM members worried (often wrongly) that asking the Global Fund for \$X+Y might have caused the proposal to be rejected, so they often pushed the CCM to ask for not much more than \$X, all to be managed by a governmental PR.

But what many applicants don't realize is that for Round 8, the Fund says that the amount of money available is over \$2 billion – twice as much money as the Fund has spent on any previous Round.

Furthermore, CCMs can apply to have a portion of their funding be spent on "health systems strengthening", rather than having to spend all of it on narrow interventions that are totally specific to one or more of the three diseases.

So Round 8 will be a big test of CCMs: Do they have the courage, and the foresight, to apply for larger grants that will be spent on activities to be carried out both within the government sector (including on health systems strengthening activities) and within the non-government sectors?

If not, maybe the Fund should, subsequent to Round 8, make dual-track financing be a required feature of all proposals (not just a recommended feature), thereby forcing CCMs to bring civil society and private sector organizations to the centre of their intended implementation strategies.

The need is clear. If the battle is to be won, every last pair of hands, and every last brain that can be applied to this task, must be called forth to assist, just as happened in World War Two.

The initial complexity of the expanded task may appear daunting. But given that millions of lives are at risk from diseases that are in fact preventable and/or curable, the efficacy of dual-track financing – as well as the moral demand for it – makes it clear that this the only feasible path to victory.

[Note: This is the second of a number of GFO Commentaries by Wycliffe Muga (muga@aidspan.org). Wycliffe, a Kenyan journalist, is the BBC World Service's "Letter from Africa" correspondent, and last year served as the BBC's "Letter from the United States" correspondent during a fellowship at MIT. He has also been a columnist for Kenya's Daily Nation and Standard newspapers, and is currently a columnist for the Nairobi Star. The views expressed here are his own.]

+++++

3. ANNOUNCEMENT: "Aidspan Guide to Round 8 Applications to the Global Fund – Volume 2: The Applications Process and the Proposal Form" is Released

+++++

Volume 2 of "The Aidspan Guide to Round 8 Applications to the Global Fund" for single-country applicants has just been published (in English). It is accessible at no charge at www.aidspan.org/guides, where various other Aidspan Guides are also available. Versions in French and Spanish will be posted in the next couple of weeks.

Volume 2 ("The Applications Process and the Proposal Form") outlines the applications process, describes what is new for Round 8, and provides step-by-step guidance on how to fill out the Round 8 proposal form.

Volume 2 is being published in two versions, one for single-country applicants and one for multi-country applicants, because the Global Fund has prepared two versions of the Round 8 proposal form. The version of Volume 2 for single-country applicants is the document being released today. The version for multi-country applicants will be released by Monday March 17. It will be posted first in English and then, as soon as the translations can be completed, also in French and Spanish.

Because Volume 2 is quite long, readers have the option of downloading the entire guide or specific portions of the guide.

(Volume 1 of *"The Aidspan Guide to Round 8 Applications to the Global Fund"*, subtitled *"Getting a Head Start"* is already posted in English, French and Spanish at www.aidspan.org/guides. Among other things, Volume 1 provides guidance on how CCMs can manage the proposal development process, including the process of soliciting in-country submissions. It also includes an extensive analysis of the strengths and weaknesses of proposals submitted in previous rounds of funding, based on comments by the Technical Review Panel).

Volume 2 is not intended to tell readers what they "should" say in their applications to the Fund. Rather, the objective is to de-mystify the application process and to provide a clear idea of what is expected. The guide is based on the premise that there is no single "correct" way of completing the proposal form. It encourages applicants to clearly describe their plans to tackle HIV/AIDS, TB, or malaria and to make a convincing case that the plans are viable, capable of delivering the anticipated results, and something that the applicants are committed to and capable of implementing.

The main sections of Volume 2 are as follows:

Chapter 1: Introduction

- What Initiatives Will the Global Fund Support?

Chapter 2: What's New for Round 8

- Simplified Proposal Form
- Two Proposal Forms Instead of One
- Dual Track Financing
- Cost Sharing vs Counterpart Financing
- Eligibility Criteria for Applicants from Upper-Middle Income Countries
- Determining a Country's Income Level
- Health Systems Strengthening
- Community Systems Strengthening
- Grant Consolidation
- Gender

Chapter 3: General Information on the Round 8 Applications Process

- Versions of the Proposal Form
- Where To Obtain Copies of the Proposal Form and Its Attachments
- Other Relevant Documents and Links
- Process for Submitting a Proposal
- General Guidance on Filling Out the Proposal Form

Chapter 4: Step-by-Step Guide to Filling Out the Round 8 Proposal Form – Single-Country Applicants

- Sections 1 and 2 of the Proposal Form
- Sections 3 and 4 of the Proposal Form
- Section 5 of the Proposal Form
- Attachment D to the Proposal Form

+++++

4. NEWS: Board Approves Three New Round 7 Proposals Following Successful Appeals

+++++

The Global Fund Board has approved three of the seven Round 7 proposals whose original rejection had been appealed by the applicants. The newly approved proposals are a malaria proposal from Azerbaijan that will cost \$2.5 million over the first two years, a TB proposal from Cambodia that will cost \$8.7 million, and a TB proposal from Zambia that will cost \$4.1 million. The approvals are subject to a number of requests for clarification being successfully responded to in a timely manner.

To be eligible for appeal, a proposal has to have been turned down for funding in two consecutive rounds. Thirty proposals met this criterion in Round 7, but appeals were only filed for seven of these.

The unsuccessful appeals were from Cameroon (two proposals, one for malaria and one for TB), Colombia (HIV/AIDS), and Sudan Northern Sector (HIV/AIDS).

The appeals were reviewed by an Independent Appeal Panel, comprised of two members of the TRP, together with an expert designated by Roll Back Malaria, an expert designated by the Stop TB Partnership, and an expert designated by UNAIDS, all of whom served in their personal capacities. The two TRP members had not been primary or secondary reviewers of the proposals under appeal.

With respect to the successful appeal from Azerbaijan, the Independent Appeal Panel found that the TRP had made a significant error in understanding the epidemiological data supplied by the applicant.

With respect to the successful appeal from Cambodia, the panel found that the TRP had erred in concluding that the weaknesses identified were sufficient to cause the proposal not to be approved. The Appeal Panel deemed that the applicant had already provided sufficient information in its original proposal and had addressed the comments raised by the TRP regarding the Round 6 proposal adequately.

With respect to the successful appeal from Zambia, the panel found that the TRP had erred in concluding that the budget and workplan were insufficiently detailed. The presentation of the budget was not in the format that the TRP had expected; but the underlying data were adequate.

As a general comment, the panel recommended that in future, the TRP separate weakness into two categories: those that the TRP considers to be 'major weaknesses', and those that are 'minor weaknesses' where a proposal could still be recommended for funding unless on balance there are too many of them.

+++++

5. ANALYSIS: Global Fund Grants with Multiple Principal Recipients

+++++

The announcement by the Global Fund that starting with Round 8, it recommends dual-track financing (in which there are one or more PRs from the government sector and one or more from the various non-government sectors) throws increased attention on the need, and the possibilities, for PRs from NGOs, FBOs and the private sector.

Accordingly, in the following analysis, we examine cases in previous Rounds where there have been PRs from NGOs, FBOs and the private sector.

Table 1 shows that in Round 1-7 (in which having two or more PRs was entirely optional), nine percent of grants had two or more simultaneous PRs.

The table also shows that 117 out of 526 grants, or 22 percent, had an NGO, FBO or private sector PR, either on its own, or jointly with another PR.

Specific details on these grants are shown in Tables 2 through 6.

[Technical note:

- For Round 1-6, the PRs shown in the following tables are those specified in the grant agreements. For Round 7 grants (for which grant agreements have not yet been signed), the PRs shown are those that were suggested in the original proposals.
- Where a proposal gets divided into two or more grants, each with its own PR, it is counted here as a single grant rather than as two or more grants.
- Occasionally, in a "single-PR grant", the PR is replaced after a while with a different PR. These grants are shown in Table 6.]

Table 1: Single-PR and multiple-PR grants, Round 1-7

Category	Number and percentage	
Single-PR grants:		
Civil society or private sector PR:	73	(14%)
NGO (See Table 2)	57	
FBO (See Table 3)	3	
Private sector (See Table 4)	13	
Government PR:	303	(58%)
Ministry of Health	194	
Ministry of Finance	32	
Other government entity	77	
Multilateral agency PR:	93	(18%)
UNDP	83	
Other multilateral agency	10	
Multiple-PR grants:		
Two or more <u>simultaneous</u> PRs (See Table 5)	46	(9%)
Of which at least one was NGO, FBO or private sector	38	
Two or more <u>sequential</u> PRs (See Table 6)	11	(2%)
Of which at least one was NGO, FBO or private sector	6	
Total	526	(100%)

Table 2: Single-PR grants with an NGO PR

Country	Round	Disease	PR Name
Armenia	2	HIV/AIDS	World Vision International – Armenia Branch
Belize	3	HIV/AIDS	Belize Enterprise for Sustainable Technology
Benin	3	Malaria	Africare
Benin	7	Malaria	Catholic Relief Services
Cameroon	4	HIV/AIDS	CARE International in Cameroon
Comoros	2	Malaria	Association Comorienne pour le Bien-Etre de la Famille (ASCOBEF)
Comoros	3	HIV/AIDS	Association Comorienne pour le Bien-Etre de la Famille (ASCOBEF)
Cote d'Ivoire	3	HIV/AIDS	CARE Cote d'Ivoire
Cote d'Ivoire	5	HIV/AIDS	CARE FRANCE
Cote d'Ivoire	6	Malaria	CARE International in Cote d'Ivoire
Dominican Republic	3	TB	Asociación Dominicana Pro-Bienestar de la Familia (PROFAMILIA)
Dominican Republic	7	TB	Profamilia
Ecuador	4	TB	CARE International Ecuador
Equatorial Guinea	5	Malaria	Medical Care Development International
Guatemala	3	HIV/AIDS	Fundación Visión Mundial Guatemala
Guatemala	4	Malaria	Fundación Visión Mundial Guatemala
Guatemala	6	TB	Fundación Visión Mundial Guatemala
Kenya	1	HIV/AIDS	Sanaa Art Promotions

Country	Round	Disease	PR Name
Kenya	1	HIV/AIDS	Kenya Network of Women With AIDS
Madagascar	1	Malaria	Population Services International
Madagascar	2	HIV/AIDS	Catholic Relief Services – Madagascar
Madagascar	2	HIV/AIDS	Population Services International
Multi-country Africa	2	Malaria	The Medical Research Council (for Regional Malaria Control Commission)
Multi-country Africa	5	Malaria	The Medical Research Council (for Regional Malaria Control Commission)
Multi-country Africa	6	HIV/AIDS	Abidjan-Lagos Corridor Organization (OCAL/ALCO)
Multi-country Americas	4	HIV/AIDS	Caribbean Regional Network of People Living with HIV/AIDS (CRN+)
Nicaragua	2	HIV/AIDS	Federación NICASALUD
Nicaragua	2	Malaria	Federación NICASALUD
Nicaragua	2	TB	Federación NICASALUD
Nicaragua	7	Malaria	Federación Red NicaSalud
Niger	7	Malaria	Catholic Relief Services
Nigeria	1	HIV/AIDS	The Yakubu Gowon Center for National Unity and International Cooperation
Nigeria	2	Malaria	The Yakubu Gowon Center for National Unity and International Cooperation
Paraguay	3	TB	Alter Vida – Centro de Estudios y Formación para el Ecodesarrollo
Paraguay	6	HIV/AIDS	Fundacion Comunitaria Centro de Informacion y Recursos para el Desarrollo (CIRD)
Paraguay	7	TB	Alter Vida
Peru	2	HIV/AIDS	CARE Peru
Peru	2	TB	CARE Peru
Peru	5	HIV/AIDS	CARE Peru
Peru	5	TB	CARE Peru
Peru	6	HIV/AIDS	CARE Peru
Romania	6	HIV/AIDS	Romanian Angel Appeal Foundation
Romania	6	TB	Romanian Angel Appeal Foundation
Russian Federation	3	HIV/AIDS	The Open Health Institute
Russian Federation	3	TB	Partners In Health
Russian Federation	4	HIV/AIDS	The Russian Health Care Foundation
Russian Federation	4	TB	The Russian Health Care Foundation
Russian Federation	5	HIV/AIDS	Russian Harm Reduction Network
Sierra Leone	2	TB	The Sierra Leone Red Cross Society
Sierra Leone	4	Malaria	The Sierra Leone Red Cross Society
Somalia	3	TB	World Vision – Somalia
Somalia	7	TB	World Vision International
Sudan (South)	7	Malaria	Population Services International

Country	Round	Disease	PR Name
Suriname	4	Malaria	Medische Zending – Primary Health Care Suriname
Tajikistan	3	TB	Project HOPE
Thailand	3	HIV/AIDS	Raks Thai Foundation
Togo	4	HIV/AIDS	Population Services International

Table 3: Single-PR grants with an FBO PR

Country	Round	Disease	PR Name
Multi-country Global	1	HIV/AIDS	Lutheran World Federation
Nigeria	5	TB	Christian Health Association of Nigeria
Zimbabwe	5	TB	Zimbabwe Association of Church Related Hospitals

Table 4: Single-PR grants with a private sector PR

Country	Round	Disease	PR Name
Chile	1	HIV/AIDS	Consejo de las Américas
Haiti	3	Malaria	Fondation SOGEBANK
Haiti	3	TB	Fondation SOGEBANK
Haiti	5	HIV/AIDS	Fondation SOGEBANK
Haiti	7	HIV/AIDS	Fondation SOGEBANK
Philippines	2	Malaria	Tropical Disease Foundation, Inc.
Philippines	2	TB	Tropical Disease Foundation, Inc.
Philippines	3	HIV/AIDS	Tropical Disease Foundation, Inc.
Philippines	5	HIV/AIDS	Tropical Disease Foundation, Inc.
Philippines	5	Malaria	Pilipinas Shell Foundation
Philippines	5	TB	Tropical Disease Foundation, Inc.
Philippines	6	Malaria	Tropical Disease Foundation, Inc.
Serbia	1	HIV/AIDS	The Economics Institute in Belgrade

Table 5: Multiple-PR grants with those PRs functioning simultaneously

Country	Round	Disease	PR Type	PR Name
Afghanistan	7	HIV/AIDS	MOH	Ministry of Health
			NGO	GTZ International Services
Bangladesh	3	TB	MOF	Ministry of Finance
			NGO	BRAC (Bangladesh Rural Advancement Committee)
Bangladesh	5	TB	MOF	Ministry of Finance
			NGO	BRAC (Bangladesh Rural Advancement Committee)
Bangladesh	6	Malaria	MOF	Ministry of Finance
			NGO	BRAC (Bangladesh Rural Advancement Committee)
Brazil	5	TB	Other civil society	Fundação Ataulpho de Paiva
			Other civil society	Fundação Para O Desenvolvimento Científico E Tecnológico Em Saúde (FIOTEC)

Country	Round	Disease	PR Type	PR Name
Cote d'Ivoire	2	HIV/AIDS	NGO	CARE International in Cote d'Ivoire <i>[Added for Phase 2]</i>
			UNDP	United Nations Development Programme
Ecuador	2	HIV/AIDS	MOH	Ministry of Health
			NGO	CARE Ecuador
El Salvador	2	HIV/AIDS	MOH	Ministry of Health <i>[Added for Phase 2]</i>
			UNDP	United Nations Development Programme
El Salvador	7	HIV/AIDS	MOH	Ministry of Health
			UNDP	United Nations Development Programme
Ethiopia	7	HIV/AIDS	Other gov't.	HIV/AIDS Prevention and Control Office (HAPCO)
			NGO	AELWHA
			NGO	EFIDDA
Haiti	1	HIV/AIDS	Pvt. sector	Fondation SOGEBANK
			UNDP	United Nations Development Programme
India	4	HIV/AIDS	Other gov't.	The Department of Economic Affairs of the Government of India
			NGO	The Population Foundation of India
India	6	HIV/AIDS	Other gov't.	The Department of Economic Affairs of the Government of India
			NGO	The Population Foundation of India
			NGO	India HIV/AIDS Alliance
India	7	HIV/AIDS	Other gov't.	NACO
			NGO	Indian Nursing Council
			NGO	Centre for Health and Mental Health
Kenya	7	HIV/AIDS	MOF	Ministry of Finance
			NGO	Care International
Madagascar	4	Malaria	MOH	UGP-CRESAN
			NGO	Population Services International
Madagascar	7	Malaria	MOH	UGP-CRESAN
			NGO	Population Services International
Mali	6	Malaria	MOH	Ministry of Health
			NGO	Groupe Pivot Santé Population
Mozambique	2	HIV/AIDS	Other gov't.	The National AIDS Council (CNCS) of Mozambique
			MOH	Ministry of Health
Nepal	2	HIV/AIDS	MOH	Ministry of Health
			UNDP	United Nations Development Programme <i>[Added for Phase 2]</i>
Nepal	2	Malaria	MOH	Ministry of Health
			NGO	Population Services International
Niger	7	HIV/AIDS	MOH	Ministry of Health
			NGO	Coordination Intersectorielle de Lutte contre le Sida
Nigeria	4	Malaria	NGO	The Yakubu Gowon Center
			NGO	Society for Family Health <i>[Added for Phase 2]</i>

Country	Round	Disease	PR Type	PR Name
Nigeria	5	HIV/AIDS	Other gov't.	National Agency for the Control of AIDS
			NGO	Society for Family Health
			NGO	Association For Reproductive And Family Health (ARFH)
Pakistan	6	TB	MOH	National TB Control Programme (NTP) Pakistan
			NGO	Mercy Corps
Senegal	1	HIV/AIDS	Other gov't. NGO	The National AIDS Council of Senegal Alliance Nationale Contre le SIDA <i>[Added for Phase 2]</i>
Senegal	6	HIV/AIDS	Other gov't. NGO	The National AIDS Council of Senegal Alliance Nationale Contre le SIDA
Sri Lanka	1	Malaria	MOH	Ministry of Health
			NGO	Lanka Jatika Sarvodaya Shramadana Sangamaya
Sri Lanka	1	TB	MOH	Ministry of Health
			NGO	Lanka Jatika Sarvodaya Shramadana Sangamaya
Sri Lanka	4	Malaria	MOH	Ministry of Health
			NGO	Lanka Jatika Sarvodaya Shramadana Sangamaya
Sri Lanka	6	TB	MOH	Ministry of Health
			NGO	Lanka Jatika Sarvodaya Shramadana Sangamaya
Tanzania	4	HIV/AIDS	MOF	Ministry of Finance
			NGO	Pact Tanzania
			NGO	Population Services International
			NGO	African Medical and Research Foundation (AMREF)
Thailand	2	HIV/AIDS	MOH	Ministry of Health
			NGO	Raks Thai Foundation
Thailand	6	TB	MOH	Ministry of Health
			NGO	World Vision Foundation of Thailand
Ukraine	1	HIV/AIDS	Other gov't.	The Ukrainian Fund to Fight HIV Infection and AIDS
			MOH	Ministry of Health
			UNDP	United Nations Development Programme
				(Note: The above 3 PRs were then replaced with one NGO PR, the International HIV/AIDS Alliance)
Ukraine	6	HIV/AIDS	NGO	International HIV/AIDS Alliance in Ukraine
			NGO	All-Ukrainian Network of People Living with HIV/AIDS
Yemen	3	HIV/AIDS	MOH	The National AIDS Program
			MOH	National Population Council - Technical Secretariat
Zambia	1	HIV/AIDS	FBO	The Churches Health Association of Zambia
			MOF	Ministry of Finance
			MOH	Ministry of Health
			NGO	Zambia National AIDS Network
Zambia	1	Malaria	FBO	The Churches Health Association of Zambia
			MOH	Ministry of Health
Zambia	1	TB	FBO	The Churches Health Association of Zambia
			MOH	Ministry of Health
			NGO	Zambia National AIDS Network

Country	Round	Disease	PR Type	PR Name
Zambia	4	HIV/AIDS	FBO	The Churches Health Association of Zambia
			MOF	Ministry of Finance
			MOH	Ministry of Health
			NGO	Zambia National AIDS Network
Zambia	4	Malaria	FBO	The Churches Health Association of Zambia
			MOH	Ministry of Health
Zambia	7	Malaria	FBO	Churches Health Association of Zambia (CHAZ)
			MOH	Ministry of Health
Zambia	7	TB	FBO	Churches Health Association of Zambia (CHAZ)
			MOH	Ministry of Health
			NGO	Zambia National AIDS Network
Zanzibar (Tanzania)	6	HIV/AIDS	Other gov't.	Zanzibar AIDS Commission
			MOH	Ministry of Health
Zimbabwe	5	HIV/AIDS	FBO	Zimbabwe Association of Church Related Hospitals
			Other gov't.	National AIDS Council of Zimbabwe

Table 6: Multiple-PR grants with those PRs functioning sequentially

Note: These are grants that were not planned to be multiple-PR grants, but where the original PR was replaced after a while with a different PR. The PRs are shown in the order in which they played that role.

Country	Round	Disease	PR Type	PR Name
Argentina	1	HIV/AIDS	UNDP	United Nations Development Programme
			Pvt. sector	UBATEC S.A.
Bolivia	3	HIV/AIDS	NGO	Centro de Investigación, Educación y Servicios (CIES)
			UNDP	United Nations Development Programme
			NGO	Asociación Ibis – Hivos
Bolivia	3	Malaria	NGO	Centro de Investigación, Educación y Servicios (CIES)
			UNDP	United Nations Development Programme
Bolivia	3	TB	NGO	Centro de Investigación, Educación y Servicios (CIES)
			UNDP	United Nations Development Programme
Burkina Faso	2	HIV/AIDS	UNDP	United Nations Development Programme
			MOH	Permanent Secretariat / National Council to Fight Against HIV/AIDS
Burkina Faso	4	TB	UNDP	United Nations Development Programme
			MOH	Permanent Secretariat / National Council to Fight Against HIV/AIDS
Burundi	2	Malaria	MOH	The Projet Sante et Population II of The Ministry of Public Health in the Republic of Burundi
			MOH	The "Secretariat Executif Permanent" of the "Conseil National De Lutte Contre Le Sida (SEP/CNLS)" of
Costa Rica	2	HIV/AIDS	Other gov't.	The Consejo Técnico de Asistencia Médico Social (CTAMS) of the Government of the Republic of Costa Rica
			NGO	HIVOS (Humanistic Institute for Cooperation with Developing Countries)

Country	Round	Disease	PR Type	PR Name
El Salvador	2	TB	UNDP	United Nations Development Programme
			MOH	Ministry of Health
Niger	3	Malaria	NGO	Centre of International Cooperation in Health and Development (CCISD)
			UNDP	United Nations Development Programme
Zimbabwe	1	HIV/AIDS	UNDP	United Nations Development Programme
			Other gov't.	National AIDS Council of Zimbabwe

++++
 END OF NEWSLETTER
 ++++

This is an issue of the GLOBAL FUND OBSERVER (GFO) Newsletter.

GFO is an independent source of news, analysis and commentary about the Global Fund to Fight AIDS, TB and Malaria (www.theglobalfund.org). GFO is emailed to over 7,000 subscribers in 170 countries at least twelve times per year.

GFO is a free service of Aidspan (www.aidspan.org), based in Nairobi, Kenya. Aidspan is a non-governmental organization that serves as an independent watchdog of the Global Fund, promoting increased support for, and effectiveness of, the Fund.

Aidspan and the Global Fund have no formal connection, and Aidspan accepts no grants or fees from the Global Fund. The Board and staff of the Fund have no influence on and bear no responsibility for the content of GFO or of any other Aidspan publication.

GFO is currently provided in English only. It is hoped later to provide it in additional languages.

GFO Editor and Aidspan Executive Director: Bernard Rivers (rivers@aidspan.org, +254-20-445-4321)

Reproduction of articles in the Newsletter is permitted if the following is stated: "Reproduced from the Global Fund Observer Newsletter (www.aidspan.org/gfo), a service of Aidspan."

To stop receiving GFO, send an email to stop-gfo-newsletter@aidspan.org
 Subject line and text can be left blank.

To receive GFO (if you haven't already subscribed), send an email to receive-gfo-newsletter@aidspan.org
 Subject line and text can be left blank. (You will receive one to two issues per month.)

For GFO background information and previous issues, see www.aidspan.org/gfo

For information on all approved proposals submitted to the Global Fund, see www.aidspan.org/globalfund/grants

People interested in writing articles for GFO are invited to email the editor, above.

Copyright (c) 2008 Aidspan. All rights reserved.