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The Aidspan Guide to Round 8 Applications to the Global Fund

Volume 1: Getting a Head Start

**Revised
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by

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Preface

This is one of several free Aidspace publications for applicants and recipients of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). The following is a partial list of the publications that Aidspace has produced. Unless otherwise indicated, the publications are currently available in English only.

- ***The Aidspace Guide to Round 8 Applications to the Global Fund – Volume 1: Getting a Head Start*** – This document (January 2008)¹
- ***Aidspace Documents for In-Country Submissions*** (December 2007; available in English, Spanish, French and Russian)
- ***The Aidspace Guide to Building and Running an Effective Country Coordinating Mechanism (CCM)*** (Second edition September 2007, available in English, Spanish and French)
- ***The Aidspace Guide to Understanding Global Fund Processes for Grant Implementation – Volume 1: From Grant Approval to Signing the Grant Agreement*** (First edition December 2005; originally titled “*The Aidspace Guide to Effective Implementation of Global Fund Grants*”)
- ***The Aidspace Guide to Understanding Global Fund Processes for Grant Implementation – Volume 2: From First Disbursement to Phase 2 Renewal*** (November 2007)
- ***The Aidspace Guide to Developing Global Fund Proposals to Benefit Children Affected by HIV/AIDS*** (May 2006)
- ***The Aidspace Guide to Obtaining Global Fund-Related Technical Assistance*** (First edition January 2004)

Downloads

To download a copy of any of these publications, go to www.aidspace.org/guides. If you do not have access to the web but you do have access to email, send a request to guides@aidspace.org specifying which of the currently-available publications you would like to receive as attachments to an email. Aidspace does not have the resources to produce or distribute printed copies of these publications.

Aidspace

Aidspace is a small NGO that serves as an independent watchdog of the Global Fund and provides services benefiting countries that wish to obtain and effectively use Global Fund grants. Aidspace recently moved from New York, U.S. to Nairobi, Kenya. Aidspace also publishes the *Global Fund Observer (GFO)* newsletter, an independent email-based source of news, analysis and commentary about the Global Fund. *GFO* is sent to over 7,000 readers in 170 countries. To receive *GFO* at no charge, send an email to receive-gfo-newsletter@aidspace.org. The subject line and text area can be left blank.

Aidspace and the Global Fund maintain a positive working relationship, but have no formal connection, and Aidspace 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 this guide or of any other Aidspace publication.*

¹ This guide will be available in French and Spanish shortly after the English version is released.

Acknowledgements, Permissions, Feedback

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Readers are invited to email David Garmaise at garmaise@aidspan.org with suggestions for improvements in the next edition of this guide. Also, if you find this guide useful, or if you have appreciated *Global Fund Observer* or any other Aidspan publication, *please let us know*. Feedback of all kinds is always helpful.

List of Abbreviations and Acronyms

The following is a list of the most common abbreviations and acronyms used in this guide:

CBO	Community-based organisation
CCM	Country Coordinating Mechanism
CSO	Civil society organisation
DOTS	Directly observed therapy
FAQs	Frequently asked questions
FBO	Faith-based organisation
GDF	Global TB Drug Facility
GFO	Global Fund Observer
HSS	Health sector strengthening
IEC	Information, education and communication
LFA	Local Fund Agent
M&E	Monitoring and evaluation
NGO	Non-governmental organisation
Non-CCM	Non-Country Coordinating Mechanism
PEPFAR	[U.S.] President's Emergency Plan for AIDS Relief
PLWHA	Person(s) living with HIV/AIDS
PR	Principal Recipient
PSM	Procurement and supply management
RCM	Regional Coordinating Mechanism
RO	Regional Organisation
SDA	Service delivery area
SR	Sub-Recipient
Sub-CCM	Sub-National Country Coordinating Mechanism
SWAp	Sector-Wide Approach
TB	Tuberculosis
TRP	Technical Review Panel
UNAIDS	United Nations Joint Programme on HIV and AIDS
UNICEF	United Nations Children's Fund
VCT	Voluntary counselling and testing
WHO	World Health Organization

Chapter 1: Introduction and Background

This chapter describes the purpose of “The Aidspan Guide to Round 8 Applications to the Global Fund.” The chapter also contains information on the contents of the guide, discusses the factors involved in deciding whether to apply, includes a note on terminology, and explains the importance of getting a head start on preparing Round 8 proposals. .

Purpose of This Guide

“The Aidspan Guide to Round 8 Applications to the Global Fund” is intended to be useful both to those who need *less* than is provided in the proposal guidelines provided by the Global Fund (for example, because they may just want to find out whether they should even consider applying), and to those who need *more*.

The guide discusses factors that lie behind some of the questions asked in the “Proposal Form: Round 8” (hereinafter the “proposal form”), and distils conclusions that can be drawn from a detailed analysis of the successful proposals that were submitted to the Global Fund in Rounds 3-7. (Copies of the successful proposals are available via www.aidspan.org/globalfund/grants and www.theglobalfund.org.)

This guide is not intended to tell readers what they should say in their applications to the Global Fund. Rather, the objective is to de-mystify the application process and to provide a clearer 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, tuberculosis (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 (a) committed to, and (b) capable of implementing.

This guide is very long. We suggest that readers use whatever parts they need, or use the guide as a reference tool, rather than try to read it all in one session.

Aidspan has been producing its “applying guides” for each new round of funding, starting with Round 4. For the first time (for Round 8), Aidspan is producing its guide in two volumes. “Volume 1: Getting a Head Start,” (this document) provides information that applicants can use in the period before the Global Fund issues its call for proposals for Round 8 (on 1 March 2008). Most of the information in Volume 1 is generic and so could apply to any round of funding. “Volume 2: The Applications Process and the Proposal Form,” provides guidance that is specific to the Round 8 applications process and proposal form.

Note: The Global Fund recently introduced a new funding mechanism called the “Rolling Continuation Channel (RCC),” which allows organisations with high-performing grants to apply for continued funding when their grants reach the end of their funding terms. The RCC is separate from the rounds-based channels of funding and is not covered in this guide.

Terminology Used in This Guide

Throughout this guide, the term “proposal” is used to describe the application that is being submitted to the Global Fund, and the term “programme” is used to describe the activities that will be implemented if the proposal is accepted for funding. The term “in-country submission” (“submission” for short) is used to describe mini-proposals that in-country stakeholders may submit for possible inclusion in a CCM proposal.

The term “NGO” refers to non-governmental organisations – i.e., not-for-profit organisations that operate outside the government sphere. Community-based organisations (CBOs) are one type of NGO. For the purposes of this guide, references to “NGOs” generally include CBOs.

The Global Fund uses the term “indicative” fairly frequently (as in “indicative estimate” and “indicative budget”). The term “indicative” means planned estimates as opposed to solid numbers. In an indicative budget, the numbers may not be broken down as much as they would be in a more detailed budget; however, all large lump sum items still need to be explained.

The Global Fund identifies five types of proposal, categorized by source:

- Country Coordinating Mechanism (CCM)
- Sub-National Country Coordinating Mechanism (Sub-CCM)
- Regional Coordinating Mechanism (RCM)
- Regional Organisation (RO)
- Non-Country Coordinating Mechanism (Non-CCM)

At times, the Global Fund uses the term “CCM” to include not only CCMs, but also Sub-CCMs and RCMs. This can be confusing, but the context usually makes the meaning clear.

The Global Fund also uses the term “coordinating mechanism” to denote CCMs, Sub-CCMs and RCMs. In this guide, we also use this term in this fashion.

The Global Fund uses the term “Non-CCM” to refer to proposals submitted by in-country organisations other than the CCM and Sub-CCM. In this guide, we also use this term in this fashion.

Note, also, that the Global Fund tends to use the terms “CCM” and “national CCM” interchangeably. In this guide, we generally use only “CCM,” unless we are quoting or paraphrasing from other sources.

Contents of This Guide

The remainder of **Chapter 1** discusses the factors that potential applicants should consider in deciding whether to apply for a Round 8 grant, and explains why it is important to start working on Round 8 proposals before the Global Fund formally issues its call for proposals.

[Chapter 2: General Information](#) describes what kinds of initiatives the Global Fund will support, whether there are restrictions on the size of grants, and what the criteria are concerning who is eligible to apply. The chapter provides information on the applications process, the criteria used to review proposals, and where applicants can obtain advice concerning the technical content of their proposals. The chapter also discusses factors that should be considered in deciding whether to submit a Non-CCM proposal, a regional proposal, or a Sub-CCM proposal.

[Chapter 3: The Proposal Development Process](#) provides guidance on how to design and implement a proposal development process for Round 8. It raises a number of issues that CCMs should consider when deciding how to go about developing their proposals. The chapter also provides some specific input on how to manage a process for soliciting and

reviewing submissions for the overall proposal, an area on which the Global Fund has strict requirements but provides little guidance.

[Chapter 4: Lessons Learned from Earlier Rounds of Funding](#) contains an analysis of the most common strengths and weaknesses of proposals submitted to the Global Fund in Rounds 3-7. The information in Chapter 4 is based on comments made by the Technical Review Panel (TRP) on proposals screened in by the Global Fund Secretariat.

Note: Except where stated otherwise, this guide assumes that the reader is representing a CCM that is considering applying to the Global Fund during Round 8.

Deciding Whether To Apply

Deciding whether or not to apply for a Round 8 grant from the Global Fund should be based on one or more of the following considerations:

- If you had a proposal that was submitted in a previous round of funding but not approved, this may be the appropriate time to resurrect the proposal and correct the weaknesses identified by the TRP.
- If you have identified gaps in your current programmes for HIV/AIDS, TB, or malaria, you may want to submit an application to address these gaps.
- If you have a Global Fund-financed programme that will be completed very shortly, you may want to develop a new proposal that will continue or advance the work of this programme. In appropriate instances, this may involve scaling up what was initially a pilot project.

You will also need to determine whether your CCM, Sub-CCM or RCM meets all of the mandatory requirements established by the Global Fund. See "[Who Is Eligible to Apply to the Global Fund](#)" in Chapter 2: General Information for more details.

In addition, you will need to determine whether the type of programme you are planning falls within the parameters of what the Global Fund is prepared to support. The Global Fund finances a wide range of activities to fight AIDS, tuberculosis and malaria. For more information, see "[What Initiatives Will the Global Fund Support?](#)" in Chapter 2: General Information.

Furthermore, you will need to decide whether you will be ready in time to submit a solid application (see the next section).

Finally, if you are submitting a regional proposal, you will also need to build in time for consultations with the national CCMs in the region. See "[Deciding Whether to Submit a Regional Proposal](#)" in Chapter 2: General Information.

The Importance of Getting a Head Start

Work on an application for a Global Fund grant should start well in advance of the Fund's call for proposals for any given round of funding.

At its meeting in late November 2006, the Global Fund Board announced that the call for proposals for Round 7 would be issued on 1 March 2007, and that the call for proposals for Round 8 would be issued on 1 March 2008. It appears, therefore, that for the foreseeable future the Board intends to go with one round of funding per year, and intends to provide significant advance notice of the dates when the calls for proposals will be issued. This makes it much easier for potential applicants to make decisions and undertake their planning.

The Round 8 call for proposals will open on 1 March 2008, and close at **12 noon, local Geneva, Switzerland time, on 1 July 2008**. Late proposals will not be accepted by the Global Fund.

Applicants will need the majority of this four-month period to fill out what has always been a rather complicated proposal form, and to obtain the necessary approvals and signatures. For this reason, and because the Global Fund requires that applicants engage in a process of soliciting and reviewing in-country submissions for possible inclusion in the country coordinated proposal, Aidspace recommends that applicants begin working on their proposals at least a few months ahead of the call for proposals.

Ideally, things should happen in the following order:

1. A country determines its national *strategy* for tackling HIV/AIDS, TB, or malaria.
2. The country then designs one or more *programmes* designed to implement that strategy.
3. The country then submits *proposals* (to places such as the Global Fund) seeking financial support for one or more of those projects.

Thus, when CCMs prepare a proposal to the Global Fund, they should, in theory, be in a position to describe a national strategy and a programme, both of which have already been designed. If the main elements of the programme are already developed by the time the application forms become available, writing the proposal becomes much easier.

But all too often, what actually happens is that applicants use the proposal form and the applications process to design their programme – and in some cases to design the national strategy. We think that this is a case of the “tail wagging the dog,” and that it often results in inferior proposals.

CCMs need to have sufficient time for the whole exercise – time enough to ensure that the national strategy and programme design are clear, to solicit and review in-country submissions, to write the proposal, to get the proposal endorsed by the CCM as a whole, and to get it signed by individual CCM members.

Chapter 2: General Information

This chapter describes what kinds of initiatives the Global Fund will support; discusses whether there are restrictions on the size of grants; outlines the criteria concerning who is eligible to apply; briefly reviews the applications process; and lists the criteria used to review proposals. The chapter also includes sections on deciding whether to submit a Non-CCM proposal, a regional proposal, or a Sub-CCM proposal. Finally, the chapter provides information on where applicants can obtain advice concerning the technical content of their proposals.

Special Note:

This chapter refers extensively to documents prepared by the Global Fund for the seventh round of funding, particularly the “Guidelines for Proposals: Round 7,” but also the Round 7 proposal form. The Global Fund is not expected to release similar documents for Round 8 until it formally issues its call for proposals on 1 March 2008. Because Aidspan wanted to release Volume 1 of this guide well in advance of the call for proposals, we have relied on the Round 7 documents. However, with respect to most of the topics covered in this chapter, we do not expect that the Global Fund’s Round 8 documents will differ significantly from its Round 7 documents.

At its meeting in November 2007, the Global Fund Board made some decisions concerning Round 8. Where appropriate, we have incorporated this information into this chapter.

What Initiatives Will the Global Fund Support?

The Global Fund supports a wide range of initiatives in the fight against HIV /AIDS, tuberculosis and malaria. The following is an extract from the Global Fund’s “Guidelines for Proposals: Round 7,” (hereinafter the R7 Guidelines for Proposals):²

Resources from the Global Fund may be used to support activities for the prevention, treatment, care and support of people and communities living with and/or affected by the three diseases. Activities to be funded may scale up proven and effective interventions to attain greater coverage in a country or region and/or may be new and innovative activities, including activities that impact the supportive environment. Activities to be funded may include, but are not limited to, the following:

- Behavior change interventions, such as peer education and community outreach;
- Provision of prevention services and tools and/or interventions targeting populations at high risk;
- Blood safety and safe injection interventions to prevent medical transmission;
- Community-based programs aimed at alleviating the impact of the diseases, including programs directed at orphans, vulnerable children and adolescents;
- Home and palliative care support;
- Interventions related to interactions between the three diseases;
- Providing access to prevention services through integrated health services;

² The full text of the R7 Guidelines for Proposals is available via www.theglobalfund.org/en/apply/call7.

- Provision of critical health products and health equipment to prevent, diagnose, and treat the three diseases, including the introduction of previously unavailable treatments;
- Workplace programs for prevention, and to care for and/or treat employees, including policy development in regard to such programs;
- Co-investment schemes to expand private sector programs to surrounding communities;
- The establishment and ongoing support of interventions managed by people living with and/or affected by HIV/AIDS, tuberculosis and/or malaria, such as support groups, treatment literacy programs, and risk-reduction programs; and
- Operational/implementation research.

However, the Global Fund does not provide funding for:

- Basic science research and clinical research aimed at demonstrating the safety and efficacy of new drugs and vaccines; or
- Large scale capital investments such as building hospitals or clinics.

Resources from the Global Fund can also be used to support the strengthening of health systems linked to reducing the impact and spread of any of the three diseases. In fact, both the Fund and other organisations are strongly encouraging applicants to include health systems strengthening activities in their proposals. .

Are There Any Restrictions on the Amount of Funding Applicants May Apply for?

There are no rules concerning the size of the budgets contained in proposals to the Global Fund. The following is an extract from the R7 Guidelines for Proposals:

There are no fixed upper limits on the size of a proposal, and the size of proposals may vary considerably based on country context and type of proposal. **Applicants are reminded that demonstrated evidence of sufficient absorptive capacity is an important criterion for additional financial support from the Global Fund.** The TRP may view negatively proposals that request large amounts where the ability to absorb such funding has not been demonstrated (for example, annual requests that are disproportionate relative to existing yearly health sector expenditure).

There are also no fixed lower limits on the size of a proposal. However, as the Global Fund promotes comprehensive programs and particularly those aimed at scaling-up proven interventions, the TRP may view negatively requests for small projects (of the order of several hundred thousand US Dollars or below). Smaller requests by individual partners and/or smaller non-governmental organizations should be aggregated into the overall single CCM, Sub-CCM or RCM proposal. In this way, smaller and more innovative approaches can receive funding.

Who is Eligible to Apply to the Global Fund?

In the first seven rounds of funding, the vast majority of proposals screened in by the Global Fund Secretariat and sent to the TRP for review have emanated from CCMs. Nevertheless, a few applications from Sub-CCMs, RCMs, ROs and Non-CCMs have been approved in Rounds 1-7; applications from these other sources are discussed in more detail later in this chapter.

To be eligible for funding, applicants have to meet certain criteria (though not all criteria apply to all applicant types). These criteria are described in detail in the R7 Guidelines for Proposals. In this section, we provide a summary of the criteria.

The eligibility criteria are divided into two categories:

- Technical eligibility
- Functioning of the coordinating mechanism

Technical Eligibility

The Global Fund provides grants to help developing countries tackle HIV/AIDS, TB, and malaria. Organisations from countries classified by the World Bank as “low income,” “lower-middle income,” and “upper-middle income” are eligible to apply.³ Organisations from high-income countries are not eligible to apply.

(Historically, the World Bank publishes its income level classifications annually. Therefore, although the R7 Guidelines for Proposals contained a list of countries broken down by income level, there is no guarantee that the list will remain unchanged for Round 8. Therefore, potential applicants should consult the list of countries in the Round 8 Guidelines for Proposals when they are released on 1 March 2008.)

There are no conditions attached to applications from organisations from low income countries. However, organisations from lower-middle income countries and upper-middle income countries have to meet certain criteria.

The conditions that organisations classified as lower-middle income and upper-middle income have to meet concern cost sharing, a focus on poor or vulnerable communities, and a high-disease burden.

The concept of “cost sharing” is new for Round 8, but not new in the development sphere. The Global Fund Board adopted the concept at its November 2007 meeting to replace the concept of “counterpart financing,” which was in effect up to and including Round 7.

As with counterpart financing, cost sharing involves a calculation of the relative proportion of the overall need that will be funded from (a) national resources and (b) external resources. Proposals from lower-middle income countries must demonstrate that at least 35 percent of the national need for a disease programme over the proposal term will come from national resources. For proposals from upper-middle income countries, the proportion that must come from national resources is at least 65 percent. We anticipate that the Global Fund will provide a more detailed explanation of cost sharing in its Round 8 Guidelines for Proposals. We will include this information in Volume 2 of this guide, to be released as soon as possible after the Global Fund issues its call for proposals on 1 March 2008.

Focus on poor or vulnerable populations

Proposals from lower-middle income and upper-middle income countries must demonstrate a focus on poor or vulnerable populations. The proposals have to specify which poor and

³ The R7 Guidelines for Proposals state in Section 2.1 that proposals from RCMs and ROs that include a majority of countries that are classified as low income or lower-middle-income are eligible to apply to the Global Fund. However, in Section 2.4, the guidelines state that RCM and RO proposals may be submitted if a majority of the countries included in the proposal are listed in Annex 1 of the guidelines as eligible Round 7 countries. The two statements do not quite say the same thing, since Annex 1 includes some upper-middle-income countries. Potential applicants who need more information should contact the Global Fund.

vulnerable populations are being targeted, explain how and why they were identified, and describe how they will be involved in planning and implementing the proposal.

High disease burden

Organisations from upper-middle income countries are eligible to apply only if they can demonstrate that their country faces a high current national disease burden.⁴ The R7 Guidelines for Proposals defined “high national disease burden” as shown in Table 1.

Table 1 – Definitions of High National Disease Burden

Disease	Country disease burden
HIV/AIDS	Ratio of adult HIV seroprevalence (as reported by UNAIDS, multiplied by 1000) to Gross National Income per capita (Atlas method, as reported by the World Bank) exceeds five.
TB	Country is on the WHO list of 22 high burden countries, or on the WHO list of the 41 countries that account for 97% of estimated burden of new TB cases attributable to HIV/AIDS.
Malaria	More than one death per 1000 people per year due to malaria.

Section C of Annex 1 to the R7 Guidelines for Proposals lists the upper-middle-income countries that were eligible to apply for Round 7, as well as the disease components that could be included in their proposals. Potential applicants from upper-middle-income countries should check the R8 Guidelines for proposals (when they are released on 1 March 2008) to determine whether they are eligible to apply for Round 8.

Functioning of the Coordinating Mechanism

There are certain requirements that a CCM must meet in order for its proposal to be eligible for funding.⁵ These requirements relate to having a broad and inclusive membership, documenting procedures for the management of conflict of interest, and developing and documenting transparent processes for certain of the CCM’s responsibilities.

NOTE: THESE REQUIREMENTS ALSO APPLY TO SUB- CCMS AND RCMS.

Broad and inclusive membership

The Global Fund requires that the membership of the CCM include people living with and/or affected by the three

CCM requirements: How much flexibility?

The CCM requirements described in this section were adopted only a few months before the Round 5 Call for Proposals. It is unlikely that many CCMs that did not already meet the new requirements when they were announced would have had enough time to make the necessary changes to their structures and procedures by the time the Round 5 Call for Proposals was issued. We suspect, therefore, that the Global Fund Secretariat, which screens all proposals for eligibility, exercised a certain amount of discretion in the Round 5 screening process.

CCMs had much more time to meet the new requirements by the time the calls for proposals for Rounds 6 and 7 were issued. The vast majority of Round 6 and 7 proposals from CCMs were screened in by the Secretariat. This would seem to indicate that most CCMs met the new requirements. However, it is possible that the Secretariat again exercised a certain amount of discretion

⁴ Some Small Island Developing States are eligible to apply regardless of the disease burden. See Section C of Annex 1 of the R7 Guidelines for Proposals.

⁵ The requirements are described in the Fund’s “Revised Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms and Requirements for Grant Eligibility,” available via www.theglobalfund.org/en/apply/call7/documents/guidelines/.

diseases (HIV/AIDS, TB and malaria). In practice, this has been interpreted to mean that the CCM must include people *living with* HIV/AIDS or TB (or, in the case of malaria, representatives of any community or civil society group working in, or affected by, the disease).

The Global Fund recommends that at least 40 percent of the membership of the CCM be from non-governmental sectors – i.e., the academic or educational sector, NGOs, and religious and faith-based organisations (FBOs) (collectively referred to as civil society) and from the private sector and in-country multi- and bi-lateral development partners. Although the 40 percent threshold is not a requirement per se, the Global Fund nevertheless wants to see evidence of a broad-based CCM that reflects a partnership among all relevant stakeholders.

Managing conflicts of interest

To avoid conflicts of interest, the Global Fund recommends that the Chairs and Vice-Chairs of CCMs not be from the same entity that the CCM nominates to act as the Principal Recipient (PR) for the proposal. If, however, the Chair or Vice-Chair is from the same entity as the nominated PR, then the Fund requires that CCMs have in place a transparent, written plan to mitigate the inherent conflict of interest.

Transparent processes

The Global Fund requires that CCMs develop and document fair and transparent processes to:

- broadly solicit submissions for possible integration into one consolidated country proposal;
- review all qualitatively sound submissions received for integration into the proposal prior to sending the proposal to the Global Fund;
- nominate a technically capable PR;
- oversee programme implementation; and
- ensure the input of a broad range of stakeholders, including CCM members and non-members, in the proposal development and grant-oversight process.

The Global Fund says that the proposal development process should also allow all sectors and constituencies (both CCM members and non-members) enough time to provide input into the drafting of the proposal to be submitted to the Global Fund.

The Global Fund also requires that the CCM share a broad range of information about the proposal process to *all* stakeholders actively involved in the diseases, including nongovernmental stakeholders and constituencies in the community. Information that is expected to be publicly shared by the CCM before the proposal is developed includes:

- the timing relevant to the Global Fund's Call for Proposals;
- how interested stakeholders may provide the CCM with a submission to be considered for inclusion in the CCM's consolidated country proposal to the Global Fund;
- the criteria upon which submissions will be evaluated by the CCM for possible inclusion in the proposal;

- and other guidance believed relevant (e.g., information on items such as national priorities for each of the three diseases, updated disease burden statistics, and perceived gaps in existing services being provided to most at risk groups).

In its proposal, the CCM must provide evidence that it meets all of these requirements.

Description of the Applications Process

For each round of funding, the Global Fund Secretariat announces a call for proposals. For Round 8, the call will be made on 1 March 2008. Applicants will have until 1 July 2008 to submit completed proposals. Proposals may be submitted in any of the six U.N. languages: Arabic, Chinese, English, French, Russian or Spanish. Because the reviews will be conducted in English, the Secretariat encourages applicants who submit proposals in a language other than English to provide an English translation. However, this is not a requirement. If no English translation is provided, the Secretariat will arrange for translation.

The Secretariat will review all proposals for completeness and to ensure that they meet the eligibility criteria. The Secretariat may contact applicants for clarifications. Eligible proposals are passed on to the TRP for consideration. For Round 8, the TRP will review the proposals about two months prior to the Global Fund Board meeting scheduled for 4-5 November 2008, and will make recommendations to the Board.

If an applicant submits a proposal for more than one disease, each disease component will be reviewed separately by the TRP. (In effect, each disease component becomes a separate proposal.) Each disease component will be reviewed and approved or rejected by the TRP as a whole – i.e., the TRP will not seek to evaluate separately elements within a component and approve some and not others.

In addition to reviewing the actual proposal, the TRP also considers a broad range of other information, such as performance of existing Global Fund grants and information provided by technical partners (including, where available, UNAIDS, the World Health Organization [WHO] and the World Bank). It draws on the individual expertise of its

The TRP

The TRP is an independent team of experts appointed by the Global Fund Board to objectively review proposals. The TRP is made up of up to 35 physicians, scientists and public health experts with a mixture of expertise in HIV/AIDS, tuberculosis, malaria and health systems strengthening. Each person is appointed for a period of four rounds of funding. TRP members are selected from hundreds of nominees submitted from around the world. Members are drawn from governmental and non-governmental organisations, from the developed and developing worlds, and from the public and private sectors. When the TRP members review the proposals, they do so in their personal capacities – they do not share the information with, or accept any instructions from, their employers or their national governments.

Membership of the TRP at the time of review of Round 7 proposals in mid-2007 was as follows: Peter Godfrey-Fausset (UK), Chair, Indrani Gupta (India), Vice-Chair, Martin Alilio (Tanzania), Mark Kofi Amexo (Ghana), Shawn Kaye Baker (U.S.), Peter Barron (South Africa), Andrei Beljaev (Russia), Alexey Bobrik (Russia), François Boillot (France), Assia Brandrup-Lukanow (Germany), Thomas Burkot (U.S.), Malcolm Clark (U.K.), Josef Decosas (Germany), Lucicia Ditiu (Romania), Asma El Sony (Sudan), Kaarle Olavi Elo (Finland), Blaise Genton (Switzerland), Delna Ghandi (U.K., India), Antonieta Gladys Rojas de Arias (Venezuela), David Hoos (U.S.), Ruth Kornfield (U.S.), Andrew McKenzie (South Africa), Lillian de Meollo Lauria (Brazil), Peter Metzger (Germany), Yvo Nuyens (Belgium), William Okedi (Kenya), Antonio Pio (Argentina), Stephanie Simmonds (U.K.), Peter Small (U.S.), Papa Salif Sow (Sénégal), Ambrose Talisuna (Uganda), Inayat Thaver (Pakistan), Michael James Toole (Australia), Nêmora Tregnago Barcellos (Brazil),.

own members. Previous TRP comments on weaknesses in proposals submitted in earlier rounds are also taken into consideration.

Once the TRP has assessed each proposal, it will assign it a rating in one of the following categories:

- **Recommended (Category 1):** Proposals recommended by the TRP for approval, for which the TRP seeks no clarifications or only minor ones.
- **Recommended (Category 2):** Proposals recommended by the TRP for approval subject to the applicant satisfactorily responding to a number of requests by the TRP for clarification. Sometimes, Category 2 is divided into Categories 2A and 2B, with “2B” being reserved for weaker proposals. This distinction only comes into play when there are insufficient resources to fund all recommended proposals (see below).
- **Not Recommended (Category 3):** Proposals not recommended by the TRP in their present form, but regarding which applicants are encouraged to submit improved applications in future rounds.
- **Not Recommended (Category 4):** Proposals not recommended by the TRP for funding, and regarding which the TRP provides no encouragement with respect to re-applying in future rounds.

In allocating each proposal to one of the above categories, the TRP takes into consideration only technical factors, such as whether the programme described in the proposal is technically sound, whether it is one that the specified organisation(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. If the TRP recommends more proposals than the Fund has money to finance, it is up to the Board to deal with the problem.

Table 2 shows that in the first seven rounds of funding, 39 percent of eligible proposals were recommended by the TRP for approval (i.e., were classified as Category 1 or 2).

Table 2 – Recommendation Rates for Rounds 1-7

Round		No. of eligible proposals	% Recommended
1	Submitted	204	
	Recommended for approval	58	28%
2	Submitted	229	
	Recommended for approval	98	43%
3	Submitted	180	
	Recommended for approval	71	39%
4	Submitted	173	
	Recommended for approval	69	40%
5	Submitted	202	
	Recommended for approval	63	31%
6	Submitted	196	
	Recommended for approval	85	43%
7	Submitted	150	
	Recommended for approval	73	49%
Total	Submitted	1,334	
	Recommended for approval	517	39%

The Global Fund Board makes the final decision concerning which proposals will be funded. The Board approves grants based on two factors: (a) the technical merits of the proposal, and (b) the availability of funds. For Round 8, the Board will review the TRP recommendations and make decisions at its meeting in November 2008.

In the first seven rounds of funding, the Board established the impressive precedent of approving all Category 1 and 2 proposals without going through them on a proposal-by-proposal basis. Clearly, there were some Category 1 or 2 proposals that some board members did not like, or that came from countries with governments that some board members did not like. But the Board de-politicized the process – and thus avoided potentially endless arguing – by following the advice of the TRP.

In Rounds 1 and 2, this process was rendered easier by the fact that the Fund had plenty of "start-up" funds available. However, in Rounds 3 and 4 there was only just enough money available. In Round 5, it was far from certain that there would be enough money available to pay for all Category 1 and 2 proposals (and, indeed, approval of some proposals was delayed for a short time).

It is always possible that for any new round of funding, there will not be enough money to fund all of the proposals submitted that are worthy of approval. Given the success of recent fundraising efforts, however, it is not likely that Round 8 will encounter any shortfalls.

In 2004, the Global Fund Board adopted a policy concerning how to proceed in a situation where there is not enough money available to cover costs for the first two years of all proposals recommended by the TRP. See the box on the next page for a description of this policy.

There is an Internal Appeal Mechanism that allows applicants whose proposals were rejected in two consecutive rounds to appeal the second decision. Information on the criteria and process for internal appeals can be found at www.theglobalfund.org/en/about/technical/appeals/.

Once a proposal is approved (as Category 1 or 2), the Secretariat enters 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 (this is known as the "TRP clarifications process"); (b) assessing the ability of the proposed PR to perform the role that the proposal assigns to it; and (c) negotiating a grant agreement with the PR.⁶ The process takes many months. Only after it is completed is the first cash disbursement made. Thus, although proposals have to be submitted by 1 July 2008, it is unlikely that funding will be made available for a successful proposal and the programme started before the middle of 2009.

It should be noted that occasionally, proposals have become "un-approved" when the TRP has concluded that its queries were not responded to adequately or in time.

To assess the ability of the PR, the Global Fund contracts with a Local Fund Agent (LFA) in the country in question. The LFA certifies the financial management and administrative capacity of the nominated PR. Based on the LFA assessment, the Fund may decide that the PR requires technical support (TS) to strengthen its capacities.

The Secretariat and the PR then negotiate a grant agreement, which identifies specific measurable results to be tracked using a set of key indicators. (If the LFA assessment identified that capacity building of the PR is required, then the grant agreement may specify that funds will not be disbursed until the capacity building is done.)

Each successful proposal is approved in principle for up to five years, but funding is only committed by the Board for the first two years. Funding for Years 3-5 will be approved – or not – during the second year of programme implementation. (This is known as the "Phase 2 renewal process.") Whether renewed funding is approved will depend on performance in implementing the first two years of the grant.

After the grant agreement is signed, the Secretariat will ask the World Bank (the Global Fund's banker) to make an initial disbursement to the PR. The PR then makes disbursements to Sub-Recipients (SRs), the main implementers of the programme. Once disbursements have commenced, programmes and services can begin.

⁶ The assessment of the PR, and the negotiation of the grant agreement, will be started while the TRP clarifications process is underway.

Global Fund policy on how to proceed when insufficient financing is available

At its meeting on 18-19 March 2004, the Global Fund board adopted a policy that will be applied in situations where the money available is not sufficient to finance the first two years of all grants recommended for approval by the TRP. (Note that paying for Years 3-5 of existing grants – i.e., grant renewals – will take priority over paying for Years 1-2 of new grants. Thus, there is an increased chance of insufficient funds being available to finance new grants given that extensive grant renewals are now taking place.) When insufficient financing is available, the board will proceed as follows:

- If possible, finance all proposals in TRP Category 1, then all proposals in Category 2A, then all proposals in Category 2B.
- If there is not enough money to finance all proposals in a particular category, assign all proposals in that category a score from 1-8 based on the country's disease burden and poverty level. Proposals from countries with a "very high" disease burden (see definition earlier in this chapter) get four points, and those from any other eligible country get one point. And proposals from countries defined as "low income" by the World Bank get four points, proposals from "lower middle income" countries two points, and proposals from "upper middle income" countries zero points. Thus, each proposal gets either four points or one point based on disease burden; plus four, two or zero points based on poverty level. Total possible points are 8, 6, 5, 4, 3, or 1.
- If possible, finance all those proposals that have eight points. Then, if possible, finance all those that have six points. Then, all those that have five points. And so on, until there is a score which cannot be fully financed.
- In Round 5 and later, there may be points awarded for repeated instances in previous rounds of proposals not having been approved, or for not having previously applied.
- Grants recommended by the TRP for which financing is not available may be handled in one of two possible ways. One option is that they are simply not approved – meaning, the only chance for these proposals is if they are resubmitted in future rounds, where they will be competing against proposals newly generated in that round. The other option is that they are held for eventual approval until the start of the following year, when additional money might be available.

Additional Information on the Applications Process

The Global Fund suggests that prior to submitting a proposal, applicants should read the Template Standard Grant Agreement so that they are familiar with the terms and conditions upon which the Global Fund will provide funds if the proposal is approved.⁷ By "applicants," the Fund means both the members of coordinating mechanisms and nominated PRs (or, in the case of RO and Non-CCM applicants, the directors of the organisation).

The Global Fund advises applicants that all information in all proposals submitted to the Global Fund may be publicly disclosed on the Global Fund website or through other means. Prior to Round 7, the Global Fund only posted copies of successful proposals on its website; however, in 2007 the Board decided that, starting with Round 7, both successful and unsuccessful proposals will be posted. .

⁷ A copy of the template can be obtained via www.aidspace.org/index.php?page=implementation&menu=publications.

In addition, the Global fund advises that if a proposal is approved and a grant agreement signed, all grant progress reports will be made public. This applies to both financial and programmatic information, and includes information on the price of drugs and other health products.

What Criteria Are Used To Review Proposals?

The R7 Guidelines for Proposals list the criteria that the TRP used to review proposals submitted for Round 7 and screened in by the Global Fund Secretariat. The criteria are unlikely to change for Round 8. Applicants should familiarize themselves with these criteria before preparing their proposals. According to the criteria, the TRP looks for proposals that demonstrate the following characteristics:

Soundness of approach:

- Use of interventions consistent with international best practices (as outlined in the Stop TB Strategy, the Roll Back Malaria Global Strategic Plan, the WHO Global Health-Sector Strategy for HIV/AIDS and other WHO and UNAIDS strategies and guidance) to increase service coverage for the region in which the interventions are proposed, and demonstrate a potential to achieve impact;
- Give due priority to groups and communities most affected and/or at risk, including by strengthening the participation of communities and people infected and affected by the three diseases in the development and implementation of proposals;
- Demonstrate that interventions chosen are evidence-based and represent good value for money;
- Involve a broad range of stakeholders in implementation, including strengthening partnerships between government, civil society, affected communities, and the private sector;
- Address issues of human rights and gender equality, including contributing to the elimination of stigmatization of and discrimination against those infected and affected by tuberculosis and HIV/AIDS, especially women, children, and other vulnerable groups; and
- Are consistent with national law and applicable international obligations, such as those arising under World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights (the TRIPS Agreement), including the Doha Ministerial Declaration on the TRIPS Agreement and Public Health, and encourage efforts to make quality drugs and products available at the lowest possible prices for those in need while respecting the protection of intellectual property rights.

Feasibility:

- Provide strong evidence of the technical and programmatic feasibility of implementation arrangements relevant in the specific country context, including a detailed Work Plan and Budget;
- Build on, complement, and coordinate with existing programs (including those supported by existing Global Fund grants) in support of national policies, plans, priorities and partnerships, including National Health Sector Development Plans, Poverty Reduction Strategies and sector-wide approaches (where appropriate);
- Demonstrate successful implementation of programs previously funded by international donors (including the Global Fund), and, where relevant, efficient disbursement and use of funds. (For this purpose, the TRP will make use of Grant Score Cards, Grant Performance Reports and other documents related to previous grant(s) in respect of Global Fund supported programs);
- Utilize innovative approaches to scaling up programs, such as through the involvement of the private sector and/or affected communities as caregivers;
- Identify in respect of previous proposals for the same component submitted to the Global Fund but not approved, how this proposal addresses any weaknesses or matters for clarification that were raised by the TRP;

- Focus on performance by linking resources (inputs) to the achievement of **outputs** (people reached with key services) and **outcomes** (longer term changes in the disease), as measured by qualitative and quantitative indicators;
- Demonstrate how the proposed interventions are appropriate to the stage of the epidemic and to the specific epidemiological situation in the country (including issues such as drug resistance); and
- Demonstrate how the procurement of planned technical and management assistance during the proposal term will support the attainment of greater programmatic coverage (whether scaling up effective existing interventions across the country or population groups, or introducing new or innovative interventions).

Potential for sustainability:

- Strengthen and reflect high-level, sustained political involvement and commitment, including through an inclusive and well-governed CCM, Sub-CCM or RCM;
- Demonstrate that Global Fund financing will be additional to existing efforts to combat HIV/AIDS, tuberculosis, and malaria, rather than replacing them;
- Demonstrate the potential for the sustainability of the approach outlined, including addressing the capacity to absorb increased resources and the ability to absorb recurrent expenditures; and
- Coordinate with multilateral and bilateral initiatives and partnerships (such as the WHO/UNAIDS “Universal Access” initiative, the Stop TB Partnership, the Roll Back Malaria Partnership, the “Three Ones” principles¹ and UNICEF’s “Unite for Children. Unite against AIDS” campaign) towards the achievement of outcomes targeted by National Health Sector Development Plans (where they exist).

Deciding Whether to Submit a Non-CCM Proposal

The Global Fund prefers that all applications come from CCMs, Sub-CCMs, RCMs and, to a lesser extent, ROs. The Fund strongly discourages applications from other organisations. The Global Fund refers to applications from other organisations as “Non-CCM” proposals; see the [Note on Terminology](#) in Chapter 1: Introduction for an explanation. Although, in theory, proposals from Non-CCMs can be submitted by organisations from any sector, in practice a large majority of such proposals have emanated from NGOs and FBOs.

The main reason the Global Fund discourages proposals from individual NGOs and FBOs is that the Fund wants to promote partnerships among the stakeholders. Another reason is that the Fund does not want to be swamped with multiple applications from one country, with objectives pointing in different directions. But some proposals from NGOs were funded in the first seven rounds, and there may be circumstances where NGOs or FBOs should consider submitting a proposal in Round 8.

What the Global Fund Guidelines Say

The R7 Guidelines for Proposals state that organisations from countries in which a CCM does not exist may apply directly, but must provide evidence that the proposal is consistent with and complements national policies and strategies.

For countries where there is a CCM, the guidelines state that proposals from Non-CCMs are not eligible unless they satisfactorily explain that they originate from one of the following:

- countries without legitimate governments (such as governments not recognized by the U.N.);
- countries in conflict, facing natural disasters, or in complex emergency situations; or

- countries that suppress or have not established partnerships with civil society and NGOs (including a country in which the CCM has failed or refused to consider a submission from a civil society organisation for inclusion in the CCM's consolidated country proposal).

The guidelines state that a Non-CCM proposal must demonstrate clearly why it could not be considered under the CCM process, and provide documentation of these reasons. The guidelines further state that if a Non-CCM proposal was provided to a CCM for its consideration, but the CCM either did not review it in a timely fashion or refused to endorse it, the steps taken to obtain CCM approval should be described; and arguments in support of the CCM endorsement, as well as documentary evidence of the attempts to obtain CCM approval, should be provided.

For further information, consult Section 3A.6 of the R7 Guidelines for Proposals.

Experience in Previous Rounds of Funding

For the most part, in the first seven rounds of funding, proposals from Non-CCMs have been funded only in very limited circumstances – i.e., either there was no CCM in existence in the country; or the country or region was torn apart by war (or both). (A large number of NGOs and FBOs submit proposals each round, but the vast majority of them are deemed ineligible and are screened out by the Global Fund Secretariat.)

In Round 1, when many CCMs were still being formed, the Global Fund approved four proposals from NGOs. In Round 2, two proposals were approved from NGOs in Madagascar where, at the time, there was no CCM in existence. However, because a CCM was in the process of being formed in Madagascar, the Global Fund stipulated in its grant agreements for these programmes that once the CCM was formed, the CCM must oversee the implementation of the programmes.

In Round 3, the Fund approved a proposal from an NGO in Russia, where, at the time, there was no CCM in existence. In Rounds 3 and 4, the Global Fund approved proposals from NGOs in Somalia and Côte d'Ivoire, two war-torn countries. (The NGO for the Somalia proposal was an International NGO.) In Round 5, the Global Fund approved a proposal from an NGO in Côte d'Ivoire. In each of Rounds 6 and 7, the Fund approved a Non-CCM proposal from Somalia. In Round 7, the Fund approved a Non-CCM proposal covering the West Bank and Gaza.

There have only been two instances of proposals from an NGO being funded outside the circumstances described above. One was a proposal to provide prevention services to injection drug users in Thailand that was funded in Round 3. Several factors made this situation unique:

- The government was not funding prevention activities targeting injection drug users.
- A military and police crackdown on drug traffickers and individual drug users was underway.
- The NGO submitting the proposal said that it had been informed that some members of the CCM would not support any proposal that included prevention programmes for injection drug users.

The second instance was a Round 5 proposal from a group of NGOs in the Russian Federation. Again the target audience was injection drug users. Previous proposals from the CCM in that country had not targeted injection drugs users, and the CCM was not

planning on submitting a proposal for Round 5. The TRP agreed that the proposal from the NGOs addressed clear service gaps and met “a clear and compelling need.”

The Bottom Line

For Round 8, therefore, we suggest that Non-CCMs consider submitting a proposal only:

- if there is no CCM in the country (which now is very rarely the case);
- if they are working in a country or region severely affected by war or natural disasters; or
- if they are working in a country where services are not being provided to a particular vulnerable group, and the existing CCM has indicated that it is not prepared to submit a proposal that addresses this population.

In all other cases, NGOs, FBOs (and other organisations) are best advised to work through the CCM. As indicated in the previous section, exactly how NGOs and FBOs become involved in the applications process will depend on the process that the CCM uses to prepare proposals. It may also depend on the degree of satisfaction that NGOs have with this process. If an NGO or FBO is unhappy with the process, one option it might consider is to prepare a proposal and then attempt to get the CCM to adopt it as its own proposal.

Deciding Whether to Submit a Regional Proposal

In previous rounds of funding, only a handful of regional proposals were approved. Regional proposals can originate from two sources: RCMs and ROs.

RCMs

Section 3A.3 of the R7 Guidelines for Proposals state that multiple countries with existing functional CCMs may form an RCM to submit a coordinated regional proposal to address common issues among countries, including cross-border interventions. The guidelines state that membership of the RCM should be drawn from a broad range of sources, such as the national CCM membership of each of the countries and other stakeholders and sectors.⁸

As indicated earlier, RCMs have to meet the same basic requirements as CCMs (see [“Who Is Eligible to Apply to the Global Fund”](#) in Chapter 2: General Information).

Proposals from RCMs are also required to demonstrate they will be able to achieve outcomes that would not be possible with only national approaches. Furthermore, the proposals must demonstrate how the planned activities complement the national plans of each country involved; and how the activities are coordinated with the planned activities of the respective national CCMs.

Proposals from RCMs must also show that they are based on a natural collection of countries. Finally, proposals from RCMs must be endorsed by the CCMs in each country included in the proposal (except where a country included in a proposal is a Small Island Developing State).

⁸ The R7 Guidelines for Proposals state that partnerships between countries classified by the United Nations as Small Island Developing States are not required to form their own national CCMs before they form a RCM to prepare and submit a proposal; and that in such cases, the RCM should include at least one senior government representative and one member of civil society from each state covered.

ROs

Section 3A.5 of the R7 Guidelines for Proposals explain that ROs (including intergovernmental organisations, international NGOs and international FBOs who work across countries on a regional basis) may submit a coordinated proposal to address cross-border or regional issues.

ROs have to be able to demonstrate that in their existing operations, they give effect to the principles of inclusiveness, multi-sector consultation and partnership which constitute core values of the Global Fund.

As was the case with RCMs, proposals from ROs:

- must demonstrate added value beyond that which could be achieved in individual countries;
- must demonstrate involvement of authorities in each of the countries involved; and
- must be endorsed by the CCMs in each of the countries involved.

Experience of the Early Rounds of Funding

In the last six rounds of funding, 13 regional proposals were approved for funding, six from Regional Organisations and seven from RCMs. Of the 13 proposals, seven covered regions made up of Small Island Developing States; the other six focused on cross-border issues in countries sharing common borders. See Table 3 for a list of the proposals.

Of the proposals listed in Table 3: (a) the ones in Africa and in Central and South America had CCMs in the countries involved; (b) the ones in the Caribbean had CCMs only in some countries; and (c) the ones in the Pacific Islands region had no CCMs.

Table 3 – Regional Proposals Funded in Rounds 2-7

Sponsor	Title	Countries Involved
Caribbean Regional Network of People Living with HIV/AIDS (CRN+)	Strengthening the community of PLWHA and those affected by HIV/AIDS in the Caribbean – a community-based initiative	Antigua and Barbuda; Dominican Republic; Grenada; Guyana; Haiti; Jamaica; St. Kitts and Nevis; St. Lucia; Suriname; Trinidad and Tobago; St. Vincent and the Grenadines
RCM	Mesoamerican Project in integral care for mobile populations: reducing vulnerability of mobile populations in Central America to HIV/AIDS	Costa Rica; Guatemala; Honduras; Nicaragua; Panama; El Salvador
CARICOM	Scaling up the regional response to HIV/AIDS through the Pan Caribbean Partnership Against HIV/AIDS	16 Caribbean nations
Organismo Andino de Salud	Malaria control in the cross-border regions of the Andean: a community-based approach	Columbia, Ecuador, Peru and Venezuela
RCM	Scaling up prevention, care and treatment to combat the HIV/AIDS pandemic in the Organisation of Eastern Caribbean States (OECS) Sub-Region	Nine Eastern Caribbean nations
Regional Malaria Commission	Malaria Control in the Lubombo Spatial Development Initiative Area	South Africa, Mozambique, Swaziland
RCM	Pacific Islands Regional Coordinated Country Project on HIV/AIDS, TB and Malaria (PIRCCP)	Cook Islands, Federated States of Micronesia, Fiji, Kribati, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu, and Vanuatu
RCM	Regional Proposal for the Expansion of Malaria Control to Gaza Province as Part of the Lubombo Spatial Development Initiative	Mozambique, South Africa, Swaziland
RCM	Multi-Country Response to Malaria in the Pacific	Solomon Islands, Vanuatu
Organisation du Corridor Abidjan – Lagos (OCAL)	Consolidation and extension of the common regional project to tackle STI/HIV/AIDS along the Abidjan-Lagos corridor of migration.	Côte d'Ivoire, Ghana, Togo, Benin, Nigeria
RCM	Expanding universal access to HIV treatment, and targeting extreme STI prevalence – a major cause of HIV vulnerability in the Pacific Islands	Cook Islands, Micronesia, Kiribati, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu
RCM	Improving Equitable Access To Quality Dots Services For the Urban Poor, Marginalized Outer Island Populations and Other Identified Vulnerable Groups In the Pacific Islands	Cook Islands, Micronesia, Kiribati, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu
Central American Network of People Living with HIV/AIDS (REDCA+)	<i>[As we went to press, the title of this proposal was not available on the Global Fund website.]</i>	El Salvador, Honduras, Nicaragua and Panama

Strengths and Weaknesses of Past Regional Proposals

An analysis of regional proposals submitted in Rounds 3-7 that were approved for funding reveals that the TRP found that all of them represented significant added value. The following are extracts from the TRP comments on this point:

- The rationale for a regional approach is well articulated and based on a gap analysis of the regional strategy implementation plan.
- Provides real regional value (as it would be difficult and expensive to conduct separate programmes to improve the skills of PLWHA activists in the 11 countries).
- Clear added value of a multi-country proposal, because it may homogenize activities and policies.
- This proposal describes activities that have a clear added value on a regional basis, given the small size of a number of these island states.
- There is strategic justification for the regional approach.
- The regional approach can create a forum and network for exchange of experience and capacity.
- Regional approach is convincing with a history of formal and organised cooperation in a wide range of political, economic, and social areas.

Other strengths identified by the TRP for the approved regional programmes included the following:

- Proposed activities are well supported by the authorities in the five countries.
- Good integration with national HIV/AIDS programs in each of the countries.
- Good representation of the countries involved in the programme's Steering Committee and the Inter-Country Consultative Committee.
- Multi-sectoral programme focused on high-risk or difficult-to-reach mobile populations; builds on previous experiences with mobile populations.
- Builds upon experience to date of the Round 2 Global Fund regional initiative and the effective institutional relationships that have developed.
- Proven involvement and commitment of all countries; backed by bi-national agreements and Memorandum of Understanding signed by Ministers of Health.
- Good regional rationale for training centres, and lab infrastructure and support.
- The border areas that this proposal addresses are under-served by central governments, and armed conflict contributes to poverty and disruption.
- Programme will use existing regional and national institutions.
- Governments will assume full responsibility by the end of Year 5.

With respect to the regional proposals that were rejected by the Global Fund, the most common weakness identified by the TRP in Rounds 3-7 was that the proposal added no value to what could be achieved by national CCMs working independently. Often, the TRP found that the proposals duplicated work that was being done nationally or overlapped with such work. Weaknesses that were identified less frequently included the following:

- Too ambitious for a regional collaborative network.
- Failed to show CCM endorsement or participation.
- Other partner participation not demonstrated.

Note: In Round 6, the TRP was critical of regional proposals whose sponsors failed to consult CCMs (where such CCMs existed) before developing the proposals. The TRP observed that these proposals tended to be developed by external organisations, often outside of the framework of the needs and priorities of recipient countries, and then presented to the relevant CCMs for endorsement. The TRP suggested that a better approach would be for ROs and RCMs to work much more closely with CCMs, and to involve them in all stages of the development of the proposal. Therefore, if you are planning to submit a regional proposal, you will need to build in time to work with the CCMs. You will also need to build in time to obtain formal approval from the CCMs.

The Bottom Line

Past experience shows that the bar is high when it comes to regional proposals. To have a chance of being funded, regional proposals:

- must demonstrate significant added value;
- should demonstrate (whenever possible) that the governments of all of the countries involved are supportive of the proposal;
- should demonstrate that the CCMs of the countries involved were consulted during the development of the proposal; and
- should contain letters of support from as many partners and key stakeholders as possible.

We also suggest that regional proposals be kept simple because it is usually harder to do work at a regional level than at a national level.

Composition of the RCM

The Global Fund has issued only minimal guidance concerning the composition of RCMs. In Section 3A.3 of the R7 Guidelines for Proposals, the Global Fund says that it expects that the membership of the RCM will be drawn from a broad range of sources, such as the membership of CCMs in the region, and other stakeholders and sectors.

The guidelines recommend that RCMs covering a number of Small Island Development States include at least one government representative and one civil society representative from each state covered.

We suggest that if there are few or no CCMs in the area covered by the RCM, the composition of the RCM should be similar to the composition of CCMs. Please consult Aidspace's CCM Guide⁹ for guidance on the composition of CCMs.

If there are CCMs in the area covered by the RCM, then a small RCM will probably suffice. It may be sufficient for the RCM to be composed solely of one person from each of the CCMs. This person could be the chair of the CCM, but it could also be someone else. Whoever represents the CCM on the RCM has to keep in mind the interests and concerns of all constituencies on the CCM, not just his or her own. However, we think that the RCM would be strengthened by the addition of representatives of a few large regional organisations. These representatives could speak for the non-government sector; this would be particularly helpful where all or a majority of the representatives from the CCMs are from

⁹ The full title is "The Aidspace Guide to Building and Running an Effective Country Coordinating Mechanism (CCM)." The guide is available via www.aidspace.org/guides.

the government sector. Alternatively, one or two civil society representatives from the CCMs could be added to the RCM to represent that sector.

Deciding Whether to Submit a Sub-CCM Proposal

For large countries, it may make sense for Sub-CCMs to be established and for the Sub-CCMs to submit proposals directly to the Global Fund.

In Section 3A.2 of the R7 Guidelines for Proposals, the Global Fund says that Sub-CCMs can be formed by a state, province or similar administrative divisions, or by a group of the states, provinces or divisions acting together.

In Round 7, proposals were submitted from two Sub-CCMs, one from the Tomsk Oblast of the Russian Federation, and one from the Southern Sector of Sudan.

A proposal from a Sub-CCMs must explain why it is being submitted through a Sub-CCM rather than the CCM itself; and must either be endorsed by the CCM or must provide evidence demonstrating the independent authority of the Sub-CCM.

If you go this route, you should make sure that the relationship between the Sub-CCM and the CCM is very clearly defined.

Guidance Concerning the Technical Content of Proposals

The Global Fund does not provide guidance on the technical content of proposals. Nor does Aidsplan attempt do so in this guide (except insofar as the analysis of the strengths and weaknesses of proposals from Round 3-7 in Chapter 4: Lessons Learned from Earlier Rounds of Funding constitutes technical advice as provided by the TRP).

General guidance on HIV/AIDS, tuberculosis and malaria is provided by UNAIDS, the Stop TB Partnership and Roll Back Malaria, respectively.¹⁰

The Stop TB Partnership has released a strategy on tuberculosis control. “The Global Plan to Stop TB 2006-2015” is available in English, Spanish, French and Arabic at www.stoptb.org/globalplan. The plan includes a list of SDAs that could potentially be used in Round 8 applications to the Global Fund. A planning framework for preparing TB proposals for the Global Fund is available at www.who.int/tb/dots/planningframeworks/en/.

The Global Fund strongly encourages applicants to include in their proposal activities that are designed to strengthen health systems and are coordinated with national disease control strategies. The Round 7 proposal form requested detailed information on health systems strengthening activities; the Round 8 form will do the same (see box on next page).

The Global Health Workforce Alliance (www.healthworkforce.info/advocacy/) a global partnership launched in May 2006 by WHO to address the worldwide shortage of health care workers, issued a call to action to encourage applicants to include health systems strengthening activities in their Round 7 proposals. In its call, the Alliance said that the Global Fund “can be used to support critical health workforce investments that are needed to

¹⁰ UNAIDS is an agency of the U.N.: www.unaids.org; the STOP TB Partnership is a coalition of several organisations, including WHO, and a number of foundations and NGOs: www.stoptb.org/; the Roll Back Malaria Partnership is a coalition of several organisations, including a number of U.N. agencies, development partners and NGOs: www.rbm.who.int/.

advance efforts to combat [the three] diseases, including by funding a portion of a national health workforce strategy.” The Alliance added that:

For example, in 2005, Malawi used the Fund to support part of its Emergency Human Resource Programme, including expanding health professional pre-service training capacity and recruiting, training, and paying the salaries ... of hundreds of nurses, doctors, clinical officers, and counselors, and even more community-based health workers. Other innovative uses of the Fund for health system strengthening have included support for a community health insurance scheme and electrifying and rehabilitating health facilities. Where the requisite link can be made to the fight against the Fund's target diseases, the Fund can also assist countries in their overall health workforce and health sector planning processes.

Some resources on health systems strengthening are listed below. The Alliance says that as more resources become available, they will be posted on its website.

In addition, the Global Fund's FAQs on the Round 7 applications process stated that the local offices of the following organisations may be able to provide technical or management assistance to complete the proposals process: WHO, UNAIDS, UNICEF, United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), UNAIDS, World Bank, European Union (EU), the [U.K.] Department for International Development (DFID), and other international or donor partners represented in the relevant country.¹¹

The Fund's FAQs also listed a number of sources of information on specific topics. Some of this information is summarized below:

Sexual and reproductive health:

- Global AIDS Alliance www.globalaidsalliance.org
- Interact www.interactworldwide.org
- International HIV/AIDS Alliance www.aidsalliance.org
- International Planned Parenthood Foundation www.ippf.org
- Population Action International

New for Round 8: Measures to promote health systems strengthening

At its meeting in November 2007, the Global Fund Board adopted several measures designed to make it easier to fund health systems strengthening (HSS) activities. The following is a summary of the main points:

- The Fund will continue to encourage applicants to include HSS activities within relevant disease components.
- The Fund will allow applicants to request funding for cross-cutting HSS activities within a single disease component.
- For proposals that contain a cross-cutting HSS section, the TRP will be allowed to recommend funding for the entire disease component, the disease component minus the cross-cutting HSS section, or only the cross-cutting HSS section.
- The Fund will recommend that proposals containing material HSS actions be based on a recent assessment of health systems constraints affecting the ability to reduce the burden of HIV/AIDS, TB or malaria.
- The Fund will recommend that applicants provide evidence of the involvement of relevant HSS stakeholders in the CCM – including at least one non-government in-country representative with a focus on HSS and one government representative with responsibility for HSS planning.

Further details on the Board decision can be obtained via www.theglobalfund.org/en/about/board/documents/. Applicants will need to consult the Round 8 proposal form and Guidelines for Proposals when they are released on 1 March 2008 to see exactly how these new measures have been incorporated.

¹¹ The Global Fund said that in limited situations some of these partners may also be able to provide financial assistance to help applicants complete their proposals, including assistance to help CCMs, Sub-CCM and RCMs document compliance with the critical six minimum eligibility requirements for coordinating mechanisms.

www.populationaction.org

- Roll Back Malaria Partnership www.rbm.who.int/
- WHO, including the Global Malaria Programme www.who.int
- UNAIDS www.unaids.org
- UNFPA www.unfpa.org

A variety of other technical partners may also be able to provide information.

Children and HIV:

- UNICEF's Unite for Children campaign
www.unicef.org/uniteforchildren/makeadifference/makediff_29275.htm
- "The Aidspan Guide to Developing Global Fund Proposals to Benefit Children Affected by HIV/AIDS" www.aidspan.org/guides

Interaction between HIV and Malaria:

- WHO, including the Global Malaria Programme www.who.int
- Roll Back Malaria Partnership www.rbm.who.int/
- Kaisernetwork.org
www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=4&DR_ID=41551

Malaria and Pregnancy:

- "Malaria In Pregnancy (MIP) Toolkit," Roll Back Malaria Partnership
<http://rbm.who.int/mpwg.html#miptk>
- "Integrated Management of Pregnancy and Childbirth (IMPAC) Guide," WHO
www.rollbackmalaria.org/partnership/wg/wg_pregnancy/docs/pcpnc.pdf

Health systems strengthening:

- WHO www.who.int/healthsystems/strategy/en/
- "The World Health Report 2006: Working Together for Health"
www.who.int/whr/2006/en/
- Information prepared by Physicians for Human Rights
<http://physiciansforhumanrights.org/library/report-2007-02-27.html>

Procurement of bednets:

- "Ten Quick Facts on Procuring LLINs"
www.theglobalfund.org/pdf/round6/Pol_R6_10QuickFactsLLINs_Jun06.pdf
- "Procurement and Supply Management Toolkit," World Bank Malaria Control Booster Program
<http://siteresources.worldbank.org/INTPROCUREMENT/Resources/Malaria-Toolkit.pdf>

M&E and health information systems:

- "Health Metric Networks Assessment Tool" www.who.int/healthmetrics/tools/en

Operations and implementation research:

- Stop TB Partnership planning framework materials
www.who.int/tb/dots/planningframeworks/en/index.html
- Special Programme for Research and Training in Tropical Diseases (TDR)
www.who.int/tdr/topics/ir/default.htm
- M&E Toolkit http://www.theglobalfund.org/en/about/policies_guidelines/

Private sector involvement through co-investment:

- Elisabeth Girrbaach, Team Leader of the ACCA Program at the German Technical Cooperation (GTZ) Elisabeth.girrbaach@gtz.de
- Barbara Bulc, Director of the Global Business Coalition on AIDS in Geneva bbulc@businessfightsaids.org
- Maurizio Bussi, ILO/AIDS bussi@ilo.org

Chapter 3: The Proposal Development Process

This chapter explains why it is important to establish a proposal development process, and why the CCM's proposal should be integrated with other national processes. The chapter lists a series of actions that the CCM can include in its proposal development process, and discusses issues that need to be considered for each action. The chapter then provides suggestions concerning how the CCM can manage the proposal development process. Finally, the chapter discusses several ways in which the CCM can coordinate the process of soliciting and reviewing in-country submissions for possible inclusion in the country coordinated proposal.

Special Note: This chapter refers extensively to documents prepared by the Global Fund for the seventh round of funding, particularly the “Guidelines for Proposals: Round 7,” but also the Round 7 proposal form. The Global Fund is not expected to release similar documents for Round 8 until it formally issues its call for proposals on 1 March 2008. Because Aidspan wanted to release Volume 1 of this guide well in advance of 1 March 2008, we have had to rely on the Round 7 documents. However, with respect to the topics covered in this chapter, we do not expect that the Global Fund’s Round 8 documents will differ significantly from its Round 7 documents.

The Importance of Establishing a Proposal Development Process

As we noted in the previous chapters, the development of proposals to the Global Fund is not just about filling in the proposal form. Considerable time and effort are required to ensure that proposals meet the Global Fund’s requirements in terms of technical eligibility and in terms of the functioning of the coordinating mechanism.

In a report on the Round 7 proposal process, the Global Fund Secretariat and the TRP expressed the view that more support is needed “... to strengthen the operation and transparency of coordinating mechanisms in respect of... proposal development processes”¹². In particular, the report recommended that proposal development for Round 8 begin much earlier than the official opening date of 1 March 2008, and noted that much of the work required to ensure eligibility criteria are met can be carried out before the proposal forms are made available.

The Global Fund wants to ensure that the proposal development process is transparent, that there is broad input into the development of proposals, and that proposals fit in with existing priorities. The R7 Guidelines for Proposals contain the following guidance regarding the proposal development process:

Principle of broad dissemination of information relevant to proposal development: To seek as broad input as possible into any proposal submitted to the Global Fund, **Applicants** are required to disseminate widely all information related to the proposal process to **all** stakeholders actively involved in the diseases, including the broad range of non-government stakeholders and constituencies at the community level.

Information that is expected to be publicly shared before the proposal is developed includes: the timing relevant to the Global Fund’s Round 7 call for proposals; **how** interested stakeholders may apply to the CCM/Sub-CCM or RCM for a smaller proposal to be included in the

¹² *Report of the Technical Review Panel and the Secretariat on Round 7 Proposals*, November 2007 (www.theglobalfund.org/en/files/boardmeeting16/GF-BM16-05-TRP_Report_Round7.pdf).

CCM/Sub-CCM or RCM's consolidated proposal to the Global Fund; **the criteria** upon which individual proposals will be evaluated by the CCM/Sub-CCM or RCM for possible inclusion in the consolidated proposal; **and other guidance** believed relevant (e.g., information on items such as national priorities for each of the three diseases, updated disease burden statistics, and perceived gaps in existing services being provided to most at risk groups).

The proposal development process should also allow all sectors and constituencies (both CCM/Sub-CCM and RCM members and non-members) enough time to provide input into the drafting of the proposal to be submitted to the Global Fund. CCMs, Sub-CCMs and RCM must have in place a fair, transparent, documented process for reviewing all qualitatively sound submissions they receive for integration into the proposal prior to final submission.

The nomination of one or more PRs, and the selection of SRs, are also a part of the proposal development process. The Global Fund requires that the nominations and selections happen in a transparent manner and that the processes be documented. Although the Global Fund requirements regarding PR and SR selection are expressed in very similar terms, the requirements concerning PRs are stricter. In recent rounds of funding, applicants had to describe the PR selection process in the section of the application form dealing with the eligibility of the proposal; whereas the description of the process for SR selection was relegated to the section of the proposal form dealing with programme management.

In previous rounds, applicants were asked to describe on the proposal form how they complied with all of the Global Fund's evolving requirements related to the proposal development process. We expect that the proposal form for Round 8 will also ask for this information.

A well-organised proposal development process can help to ensure that the eligibility criteria are met and that good quality proposals are developed on time. However, getting the process right is not just about obtaining a favourable decision from the Global Fund. It is about building the foundations for an initiative that will be implemented over several years and that will constitute a significant contribution to efforts to fight HIV/AIDS, tuberculosis and malaria. These foundations include:

- achieving an appropriate focus for the proposal, one that responds to the country's needs and complements existing efforts;
- developing strategies that are consistent with good practice and with current capacity, but that can be quickly taken to scale;
- developing partnerships across sectors that will be central to the implementation of the initiative; and
- ensuring that all of the components of the project – the focus, the strategies, the workplan, the budget, procurement plans, management and implementation arrangements, M&E plans – are harmonised and consistent.

Integration with Other National Processes

The Global Fund is a major source of support to regional and national efforts to fight HIV/AIDS, tuberculosis and malaria, and Global Fund grants can therefore have a major impact on how these efforts are planned and organised. Conscious of this, the Global Fund aims to fit in with existing coordination, planning and programming processes. In the R7 Guidelines for Proposals, the Global Fund stated that proposals should:

- As far as possible, be developed in the context of the national control program for the disease(s), and refer to national priorities and recent country-specific analysis of the strengths, weaknesses, opportunities and threats relevant to that program.

- Clearly state how the proposed work is linked to existing or planned support funded either by a previous Global Fund grant or through other sources.
- Only request funding that is additional to existing efforts to combat the three diseases, rather than replacing them.

As noted in Chapter 1: Introduction and Background, the context into which Global Fund applications fit should look something like this:

1. A country determines its national *strategy* for tackling HIV/AIDS, TB, or malaria.
2. The country then designs one or more *programmes* designed to implement that strategy.
3. The country then submits *proposals* (to places such as the Global Fund) seeking financial support for one or more of those programmes.

Although the above activities refer to national strategies and country-based projects, they can also be applied to multi-country or regional-level initiatives.

According to this model, the Global Fund's calls for proposals represent opportunities to fund existing strategies, rather than being the impetus for strategy development. It is not always easy to make a distinction between these two, because Global Fund opportunities represent such a major contribution to programme funding and because members of the Global Fund coordinating mechanism are very often the same people as those responsible for developing overall strategies and plans (see box).

Providing that strategic plans have been developed through broad consultations undertaken under the leadership of the relevant authority, they should contain much of the information required to develop a sound funding proposal. However, there are some limitations to this "general rule":

- Strategy development tends to take place in cycles, with plans covering several years. Countries or regions that have recently developed strategies for HIV/AIDS, TB or malaria are obviously in a very good position to develop programmes and Global Fund proposals. On the other hand, countries or regions that are only two or three years away from the end of the current strategic plan for a given disease are on shakier ground.
- Strategic plans are unlikely to contain the most recent data on the "gaps" that the Global Fund will help to fill, for instance in terms of programme coverage or funding commitments from governments or donor institutions. In many cases, it will be possible to obtain recent data through established M&E frameworks and from the main providers of funding.
- The gap analysis should identify gaps that are anticipated in the future rather than focussing on current gaps, as the time-lag between the development of Global Fund proposals and the receipt of funding can be a year or more.

On the other hand, strategic plans that have *not* been developed through a broad consultative process are unlikely to provide an accurate picture of the programming gaps, and also run the risk of ignoring the priorities of marginalised groups.

Membership on CCMs vs integration with existing processes

Those responsible for overall strategy development – such as national AIDS councils – are often represented on CCMs. It is very important that a distinction be made between these functions. For instance, just because a national AIDS council executive is a member of the CCM, this does not mean that the work of the CCM is automatically "integrated" with the national strategic process. Effective integration requires a formal process whereby the roles of different entities are recognised and maintained.

Generally, even where there are recently developed strategies for tackling the diseases, they will need to be supplemented by up-to-date analyses of the current situation related to the issues listed above. These analyses need to be carried out under the leadership of the relevant authorities, although the coordinating mechanism should provide advice on the types of information required. The coordinating mechanism can also provide additional input as necessary. As well, there should be broad representation in the analysis, including having participation from marginalised groups.

Designing the Proposal Development Process

For the purposes of this section, the proposal development process is considered to have begun once the CCM has taken the decision to submit an application to the Global Fund for a given round. It is assumed that the decision to apply has been taken on the basis of the broader strategic analyses and situation assessments described above.

Each proposal to the Global Fund is different, so CCMs need to design a process that fits with their specific requirements. The following is a list of actions that CCMs may want to include in their process:

- Analyse the strengths and weaknesses of previously submitted proposals.
- Define the overall project focus.
- Assign responsibilities for proposal development.
- Identify, assign and manage the resources needed for the proposal development process.
- Implement a process for soliciting and reviewing submissions for possible integration into the proposal.
- Draft the proposal components.
- Identify the PRs and SRs.
- Compile and submit the final proposal.
- Maintain regular communications.

Although there is some logic to the order in which the actions have been presented, this sequence is by no means the only way to organise the process. Indeed, some of the actions (like drafting the proposal components and maintaining regular communications) are likely to take place in a continuous way during the whole process.

CCMs need to decide which actions to include and in what order they should be done. CCMs should also ensure that their process meets all of the Global Fund requirements and is properly documented. Once the main actions have been decided on, the CCM should also develop a feasible timeline, ensuring that adequate time is left at the end of the process to secure the approval of all members of the CCM and to make any final changes.

In the next section, each action is presented and discussed in more detail.

Issues to Consider for Each Action in the Process

Note: For most of the actions discussed in this section, we have provided “key questions” that CCMs may wish to consider in deciding whether they wish to include the action and in planning how to carry it out. These questions are shown in shaded text.

Action: Analyse the Strengths and Weaknesses of Previously Submitted Proposals

CCMs should carefully analyse the feedback received from the TRP on proposals submitted in previous rounds, whatever the TRP’s final recommendation was. Obviously, feedback on proposals that were approved for funding (i.e., Category 1 or 2) will highlight strengths that CCMs should try to replicate in their Round 8 proposals. Feedback on proposals that were rated Category 2 by the TRP contain requests for clarifications that provide valuable insights into what information the Global Fund expects to see included in proposals.

Analysing feedback from the TRP on previous proposals is perhaps most important for CCMs whose proposals were unsuccessful. When the TRP rates a proposal Category 3, it usually means that the concept of the proposal is appropriate, but that the proposal itself is weak. CCMs that have had proposals classified Category 3 should consider resubmitting the proposal, taking care to strengthen it on the basis of the TRP feedback.

A very small number of proposals are rated Category 4 by the TRP. These are proposals that the TRP considers to be inappropriate in the context of the country or region, irrelevant to the Global Fund’s objectives, or in need of complete redevelopment. CCMs that have had proposals classified into Category 4 need to start their entire proposal development process over again, taking care to avoid the problems faced in previous rounds.

Note: The Round 7 proposal form contained a specific section relating to proposals that were not approved in previous rounds and that are being resubmitted, asking applicants to explain the adjustments made in the new proposal to address the weaknesses identified by the TRP. We expect that the Round 8 proposal form will contain a similar provision.

Whatever disease components the CCM is planning to submit for Round 8, the CCM should review the strengths and weaknesses of *all* disease components submitted in previous rounds, because some of the TRP’s comments are general in nature. For instance, feedback on a Round 7 malaria proposal classified as Category 3 may still be useful to that CCM’s HIV/AIDS proposal in Round 8, because it may be, for example, that the TRP was dissatisfied with the level of consultation or stakeholder input into the proposal or with the PR selection process.

Obviously, for an individual CCM, the most valuable information comes from the feedback provided by the TRP on previous proposals submitted by that CCM. However, lessons from other countries can also be helpful. [Chapter 4: Lessons Learned from Earlier Rounds of Funding](#) reviews the main strengths and weaknesses identified by the TRP across all proposals.

Key questions related to this action

- ⇒ Have you previously submitted proposals to the Global Fund?
- ⇒ Which parts of your previous proposals did the TRP consider strong, or weak?

- ⇒ How can you ensure that the strengths of previous proposals are also reflected in your new proposal? Has anything changed in the context that might jeopardise these strengths this time round?
- ⇒ Were the weaknesses related to the process by which the proposal was developed, to the technical content, or to the management arrangement? Which of these are relevant to which components of the new proposal? What do you need to change in order to resolve the weaknesses?

Action: Define the Overall Project Focus

As noted above it is assumed that broad strategic guidelines and an overall understanding of priorities and gaps at country or regional level already exist. This information can be used to establish the overall focus of the project that will be submitted to the Global Fund. Having an overall focus can help to shape the next steps of proposal development, in particular the solicitation of input into different components of the proposal. It can also help to ensure that the content of the proposal is well integrated with existing strategic priorities and that the proposal will not duplicate existing efforts.

Defining the overall focus is typically the role of the CCM. In fulfilling this role, the CCM must pay attention to the need for broad-based participation. In this regard, it may consider asking its members to conduct consultations with their respective sectors. An overall focus should be defined for each separate disease component that is to be included in the proposal. In addition, if more than one component is being applied for, this is an opportunity to establish what the overall focus should be for health systems strengthening efforts and other cross-cutting aspects. CCMs may also wish to establish some core principles that should characterise proposals – for instance, in relation to how the proposal will tackle stigma and discrimination, marginalisation and gender issues.

Some CCMs may prefer not to begin by defining an overall focus, but to work in a more “bottom-up” manner, defining the focus purely on the basis of the multiple inputs received from different stakeholders. Although this approach can work, it is likely to make it harder to describe the “big picture” of the project in terms of epidemiological priorities and funding gaps.

Key questions related to this action

- ⇒ Is the data required to carry out this action already available or easily obtainable from the relevant national or regional authorities, and from the relevant donor agencies? (See the section above entitled “[Integration with other national and regional processes](#)” for more information on the data required).
- ⇒ Were the national or regional strategies on which the project focus is based developed with sufficient stakeholder consultation? If not, how will the CCM remedy this?
- ⇒ Do the identified gaps match the objectives of the Global Fund?
- ⇒ Will the proposal attempt to address all of the identified gaps, or will it just focus on some? If so, on what basis will this focus be defined?
- ⇒ Is the intention to resubmit a previously unsuccessful proposal? If so, does the initial focus need to be revised?

⇒ What strategies will be employed to address “new” issues that the Global Fund is interested in promoting? (For instance, in recent rounds the Global Fund has tried to find ways of ensuring support for health system strengthening initiatives, and it is likely that for Round 8 an additional focus on community systems strengthening will be included).

Action: Assign Responsibilities for Proposal Development

Global Fund proposal development is a lengthy and complex task, and care is needed to ensure that it is managed effectively. The CCM should try to decide on responsibilities for proposal development well in advance of the official call for proposals. This issue is discussed in more detail in the next section of this chapter (“Managing the Proposal Development Process”).

Key questions related to this action

- ⇒ Are any CCM members prepared and available to take on an “executive” role in proposal development?
- ⇒ Which relevant proposal development skills exist among CCM members? More importantly, are any important skills missing?
- ⇒ Will external resource people or consultants be required to help the CCM during the process? How will they be identified? How will they be instructed and managed?
- ⇒ Will it be necessary to create teams to take charge of different aspects of the process?

Action: Identify, Assign and Manage the Resources Needed for the Proposal Development Process

The process often requires a great deal of resources, both financial and material. These need to be paid for or contributed in kind. It is important that the required resources be identified and planned for up front, so that there are no administrative and financial bottlenecks during the process. Possible resources to plan for include the following:

- facilities for meetings
- transport and communication costs (especially when proposals cover large geographic areas or more than one country)
- computing facilities
- printing costs
- resource people (e.g., technical specialists, administrators, translators)

Key questions related to this action

- ⇒ What resources are required for the process?
- ⇒ Which of these resources can be contributed by CCM members or other interested parties?
- ⇒ Which need to be paid for? Where will the funding for this come from? Will the funding be managed centrally? If so, by whom?
- ⇒ Is there a risk that approval procedures for financial expenditure will cause delays to the process? How can this be minimised?

Action: Implement a Process for Soliciting and Reviewing Submissions for Possible Integration into the Proposal

Many CCMs assume that the Global Fund's requirement for an in-country submissions process requires an open call for submissions. CCMs struggle with this requirement because there is very little guidance on how the call should be organised, what kinds of eligibility criteria should apply (if any), and what framework should be provided to applicants.

Because this can be a lengthy process, we have devoted an entire section of the chapter to it (see "[Process for Soliciting and Reviewing Submissions](#)" below).

Action: Draft the Proposal Components

Different sections of the proposal should be drafted at different times and by different teams. It is even possible for the different sections to be approved and finalised at different times. For instance, those parts of the proposal dealing with eligibility and CCM functioning can be drafted early on, but other parts, such as those requiring documentation of the proposal development process, can only be drafted once the process is nearly complete. The parts of the proposal concerning the national programme context can be also drafted early in the process.

The most challenging and complex sections of the proposal are those that relate to the overall needs assessment and gap analysis, the component implementation strategies and the budgets, because these sections will essentially be a compilation of all of the different submissions that have been accepted for inclusion in the proposal.

The scale of this task depends to a large extent on the format in which the submissions have been received. If the submissions follow a project outline similar to that used in the Global Fund proposal form (i.e., with the same hierarchy of objectives, standardised activity types, indicators and budget headings), they will simply need to be assembled and summarised. However if submissions do not follow a standardised format, they will need to be rationalised into the same format before they can be assembled. This is likely to be a considerable task. The format for submissions is discussed further in the section "[Process for Soliciting and Reviewing Submissions](#)" below.

Volume 2 of this guide will include detailed guidance on filling in the Round 8 proposal form, and will highlight any major changes from, or additions to, the Round 7 form. Volume 2 will also provide some additional advice on the order in which different sections of the proposal can be drafted.

Key questions related to this action

- ⇒ Which sections can be drafted early on? Would it be helpful to prepare drafts of the sections relating to national context and needs early on and distribute them to stakeholders as a basis for developing the proposal content?
- ⇒ Although it is usual to fill in the summary sections at the very end of the process, it may be useful to have short drafts of these sections that are regularly updated, in order to keep an eye on the overall "shape" of the proposal.
- ⇒ Do the people responsible for writing the proposal have a solid grasp of the project framework used by the Global Fund (i.e., objectives, targets and indicators, service delivery areas (SDAs), key expenditure items)?

Do those in the CCM responsible for reviewing the proposal understand these concepts, or will it be necessary to brief them beforehand?

Action: Identify the PRs and SRs

CCMs are required to put in place and maintain a transparent, documented process to nominate the PR. This is one of the minimum requirements that CCMs have to meet, and is a part of the proposal development process that requires very particular care.

For each disease component of the proposal it submits, the CCM can nominate one or more PRs. (The CCM can only nominate; the Global Fund must approve the nomination.)

The Global Fund explains that the requirement concerning the nomination of the PR

lays the critical foundation for developing an interactive, workable, and transparent relationship between the grant's administrator/implementer (the Primary [sic] Recipient (PR)) and its custodian/owner (the CCM). Developing a criteria-based, transparent process to select a PR gives credibility and legitimacy to all parties involved. This is important to ensure that solutions to future programmatic challenges - and there will always be challenges - are not compounded by allegations of impropriety. In other words, an open and fair PR nomination process will help ensure that the best possible PR is selected and ... has credibility with all concerned partners.¹³

Nominating the PR is one of the critical functions of the CCM. In many ways, the CCM acts as a board of directors, where the board (i.e., the CCM) can choose the organisation (or organisations) that will implement the projects. And Phase 2 Renewal is when the board (CCM) decides whether it wants to continue with the same PR(s).

More and more, CCMs are nominating more than one PR, with each PR being responsible for a portion of the project covered by the proposal. Frequently, the CCM will nominate one government PR and one PR from another sector, usually the NGO sector or the FBO sector. This is known as "dual-track financing."

Dual-track financing is an approach that the Global Fund favours because (a) it is consistent with the Fund's principles of partnership and multi-sector involvement; (b) it can increase a country's absorption capacity; (c) it can accelerate the implementation of projects; (d) it can improve the performance of grants; and (e) it can help to strengthen weaker sectors. In fact, at its meeting in April 2007, the Global Fund Board decided to recommend to CCMs that starting with Round 8 each proposal should specify a government PR and a non-government PR. Where a proposal does not do so, the Fund will require an explanation.

Additional guidance concerning the role of the PR and the capacities required of a PR can be found in the guidelines for proposals that the Global Fund produces for each round funding.

The Global Fund's CCM Guidelines¹⁴ do not say anything about the selection of SRs. This will likely change in the future. The Round 7 proposal form required applicants who had already identified the SRs to describe the transparent process by which SRs were selected, the rationale for the number of SRs and the criteria that were applied in the selection process. In cases where the SRs were not yet identified at the time the proposal was submitted, the proposal form asked applicants to describe in detail the process that will be used to select SRs. The proposal form added that "only in rare cases should sub-recipients not be identified."

¹³ "Clarifications on CCM Requirements – Round 7" (www.theglobalfund.org/en/apply/mechanisms/guidelines/).

¹⁴ "Revised Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms and Requirements for Grant Eligibility" (www.theglobalfund.org/en/apply/mechanisms/guidelines/).

(In recent rounds of funding, some countries have left SR selection until after the proposal is approved, and have then used a process similar to a request for proposals. Under this sort of arrangement, NGOs and other implementers are selected to contribute to specific targets and objectives that have been fixed during proposal development. If these NGOs and other implementers were not involved in the proposal development process, this approach may be problematic, for several reasons: (a) it is difficult to know whether the objectives are feasible; (b) the start of the project is delayed; (c) this does not create a real partnership process (it is more like a contracting mechanism); and (d) once the implementers are known, it may be necessary to re-do the workplan and budget.)

So, CCMs should assume that they need to have transparent processes in place to both nominate PRs and select SRs, and that these processes should be documented. The CCM will need to develop criteria for the selection of the PRs and SRs.

There are no guidelines in place concerning what selection processes the CCM should use. One possible approach is for the CCM to issue a call for expressions of interest. This call could go out after the in-country submissions have been reviewed, when the CCM already has a good sense of the outline of the proposal it will submit. The call could be issued to a number of organisations identified by the CCM as potential PRs and SRs, or through a public announcement, such as a newspaper advertisement, or both. If this approach is adopted, the process could be managed by the CCM's proposal development team (or a separate committee.)

Another possible approach is for the proposal development team (or separate committee) to (a) draw up a list of potential PRs and SRs; (b) contact the potential PRs and SRs to determine their interest and to obtain information on their qualifications; and (c) make recommendations concerning which PRs should be nominated and which SRs should be selected. Again, this process would likely be initiated only after the CCM had a sense of what its proposal was going to look like.

A third possible approach would be for the CCM to solicit interest from potential PRs and SRs at the same time as it solicits the in-country submissions; and then have the proposal development team make recommendations concerning which PRs should be nominated and which SRs should be selected.

The relationship between proposal development and PR/SR selection is a very tricky one, because the content of proposals is likely to be closely identified with the capacities of actors who can implement them. For example, if a proposal has a considerable social marketing component, and there is an organisation specialising in that area, it is fairly clear that that organisation should implement the social marketing component (the organisation is probably best placed to write that part of the proposal too). Moreover, it may make sense for that organisation to implement as a PR because its management and financial systems and its procurement systems may lend themselves better to that way of working.

Similarly, if an organisation has particular expertise in providing services to one or more vulnerable populations, it would make sense for that organisation to be involved in developing and implementing that part of the project.

A challenge for CCMs is how to harmonise the ambitions of the CCM with those of potential PRs and SRs. For instance, the CCM may decide to develop a proposal covering all 10 provinces of a country, but potential PRs/SRs may only want to work in five of them (e.g., because that is where they have a history of operations, or because they are not prepared to scale up so rapidly). This example is about geographical coverage, but the same problem could arise in terms of different thematic areas: e.g., a social marketing organisation wants

to include a product that the CCM does not want to include; or there is only one agency that is well placed to do AIDS education with good coverage but, because of religious views, it will not agree to include condom distribution. Thus, the CCM will need to spend some time thinking about the best way to come up with a group of PRs and SRs that can collectively do the best job.

Key questions related to this action

- ⇒ How might our processes need to change in order to respond to the changing guidelines on dual-track PRs and SR selection?
- ⇒ What does the CCM need to do to identify new candidates to fulfil PR and SR roles?
- ⇒ Where do PR and SR selection fit in our overall process? Is it important to select them up front, or should they be chosen on the basis of the content of the proposal?

Action: Compile and Submit the Final Proposal

Once all of the components and the generic sections have been drafted to the satisfaction of those responsible, they should be compiled into a single proposal. It may make sense for someone who has not been involved in the detailed writing to check over all of the sections and ensure all information and required attachments are included.

The Global Fund provides detailed guidance on the formats to be used in submitting a final proposal, on language requirements, on the approvals required from CCMs, and on how the proposal should be sent to the secretariat. This will be discussed in more detail in Volume 2 of this guide.

Key questions related to this action

- ⇒ How will you arrange for CCM members to see the final copy of the proposal and have enough time to provide their input?
- ⇒ Do arrangements need to be made for translation of the final proposal? (This may be necessary either to ensure that all CCM members can comment on it or to fit in with Global Fund language requirements.)

Action: Maintain Regular Communications

If – as is most often the case – the day-to-day tasks of proposal development are delegated by the CCM to sub-team(s) or resource people, it is important to ensure that all CCM members stay apprised of the process and of how the proposal content develops. At the same time, the people working on the proposal should not have their hands tied by being required to obtain approval of the full CCM for every single activity or detail of their work.

All CCM members should be well aware of what to expect when they are asked to approve the final proposal. At the same time, it is the responsibility of CCM members to keep on top of the information they receive so that they do not delay the approval process.

It is established good practice – and a Global Fund requirement – to ensure that all relevant stakeholders are kept informed regularly about the process and about how they can participate. Particular efforts may need to be made to communicate with representatives of marginalised groups. CCM members will be expected to communicate information to the constituencies they represent; the CCM should make sure that this is happening.

Key questions related to this action

- ⇒ If proposal development is delegated by the CCM, what level of information does the CCM require and with what regularity? How is the proposal development team kept accountable to the CCM?
- ⇒ What mechanisms will be used to ensure that other stakeholders have ongoing access to information regarding the process?
- ⇒ What steps can be taken to ensure that CCM members and other stakeholders fully understand the information communicated to them?

Managing the Proposal Development Process

CCMs are multi-entity committees, not executive bodies. Although CCMs are responsible for proposal development, trying to have the entire CCM manage the development process can be quite a challenge. During past funding rounds, many CCMs have established smaller proposal development teams (or committees) to do most of the work involved. The roles of these teams can vary and will depend on what is needed in each context. Some suggestions are provided below.

Component-Specific Teams

It is common practice for CCMs to set up a different team to work on each disease component (if they are planning to apply for more than one component). These teams can take on all or several of the following tasks:

- Ensure that a general situation analysis related to the response to the disease is conducted.
- Based on the situational analysis, define the overall focus of the proposal.
- Define the proposal development process that will be followed, complete with timelines.
- Coordinate the process of soliciting and reviewing submissions from a broad range of stakeholders for possible integration into the proposal.
- Write, or oversee the writing of, the final proposal for the component.
- Ensure that the process followed is well documented.
- Present the content of the component-specific proposal to the CCM, and provide clarifications and revisions as required.

The proposal development process may be different for each component.

Proposal Coordination Team

If your CCM does establish a proposal development teams for each component, we suggest that you also consider setting up an additional team to bring the different components together and to coordinate the entire proposal. In order to do this effectively, it may make sense for at least one member of each component-specific team to participate in meetings of the proposal coordination team. The latter can take on all or several of the following tasks:

- Manage the overall process, particularly in relation to timing and setting guidelines for broad-based participation.

- Provide guidance to the component-specific teams on the processes they adopt for developing each component.
- Provide guidance on specific technical issues that need to be addressed by each component, such as procurement, budgeting and M&E.
- Ensure that there is consistency across the different components, particularly in relation to cross-cutting issues such as health systems strengthening and requirements related to counterpart funding.
- Write or oversee the writing of sections of the proposal that are common to all components – for instance those related to CCMs and eligibility.
- Combine the different components into one proposal.
- Present the content of the overall proposal to the CCM, providing clarifications and revisions as requested.
- Ensure that the overall proposal development process is well-documented.
- Obtain the necessary signatures from CCM members.
- Submit the approved proposal to the Global Fund.

Why overall coordination is important

For Round 5, one CCM established technical working groups to develop each component of the proposals (HIV/AIDS, TB, malaria). Each component team organised broader consultations with stakeholders interested in each theme, and this worked well in terms of developing the individual components. However, there was almost no effort to harmonize the three components. As a result, there was lots of overlap, particularly with respect to activities designed to strengthen health systems. Although the individual components had strengths, the overall proposal was not a coherent whole.

(A variation on this approach is to set up additional sub-teams focussing on the technical areas of procurement, budgeting and M&E.)

Membership of Proposal Development Teams

Given the importance of the principle of broad-based representation of all stakeholders, proposal development teams should try to reflect not only technical expertise required but also the perspectives of different sectors and, if possible, different regions. Ensuring that marginalised groups are represented will also help to strengthen the proposal.

Proposal development teams can include non-CCM members, particularly those who have relevant technical expertise and who are available to actively contribute.

The Global Fund encourages applicants to contact the many TS partners that are actively involved in the field of HIV/AIDS, tuberculosis or malaria early in the proposal development process. Early contact with these partners is beneficial to both the applicant and the partners, from a resource planning perspective. (See the list of TS partners in the section [“Guidance Concerning the Technical Content of Proposals”](#) in Chapter 2: General Information.

In addition, the Global Fund encourages applicants that are uncertain as to which organisations provide TS to contact the Global Fund (via proposals@theglobalfund.org) for information on potential technical support partners..

In order to be efficient and well-organised, proposal development teams should be small – certainly no larger than ten people. The more members there are, the harder it is to arrange

the necessary working meetings and to get agreement on the process. It is worth remembering that having a small core team does not preclude the organisation of larger, open consultations in relation to the process and content of the proposal – indeed, such consultations are encouraged by the Global Fund.

Finally, it is worth noting that team members should participate in their individual capacity. Their responsibility is to ensure that a good quality proposal is produced based on a transparent process, not to ensure that their own organisations or affiliates are well positioned in the proposal.

Use of Consultants

Because CCM members do not always have sufficient time to devote to the development of the proposal, many CCMs decide to hire one or more consultants to help manage the proposal development process or to write the actual proposal. In our experience, this can work well providing the consultant plays a supportive role, and the proposal development team plays a central, coordinating role. What should be avoided is having consultants fly in to write entire proposals when they do not really understand the country well.

CCM Oversight of the Process

Establishing proposal development teams does not diminish the responsibility of the entire CCM for the proposal development process and the proposal itself. It is just a way of enabling the CCM to better manage the process. Indeed, there are certain actions related to the proposal development process that should only be carried out by the full CCM, including the following:

- Make the decision at the outset to submit a proposal to the Global Fund.
- Ensure that the CCM meets the Global Fund's six minimum requirements for CCMs.
- Ensure that proposal development is integrated with existing national or regional processes.
- Approve the overall proposal development process.
- Set up proposal development teams and define their mandates.
- Approve the identification of PRs.
- Approve the final proposal to be submitted to the Global Fund.

Process for Soliciting and Reviewing Submissions

As noted above, the Global Fund requires that CCMs provide an opportunity for interested stakeholders to present submissions for possible inclusion in the CCM's consolidated proposal to the Global Fund. This requirement can be interpreted in a number of ways.

Possible Approaches

One possible approach is for the CCM to issue an open call for submissions without establishing any criteria or issuing any guidance. This is what many CCMs have done. The advantages of this approach are that it allows all interested stakeholders to submit their ideas; and it allows them to make suggestions concerning both what thematic areas should be covered in the proposal and what specific services and activities should be included.

The disadvantages of this approach are that the CCM may receive a large number of submissions, which may make the process very unwieldy; that it may be difficult for the CCM

to assemble all the pieces into a coherent whole; and that if only parts of some submissions are eventually incorporated into the proposal, many organisations will have wasted a lot of time and energy and may become disillusioned with the whole process.

Another possible approach is to establish a framework and some criteria prior to issuing the call for submissions. For example, for a Round 6 HIV/AIDS proposal, the CCM in Morocco followed the following process:

1. The CCM developed the broad outline of the proposal – including objectives, SDAs and indicators.
2. The CCM made sure that the outline of the proposal was aligned with the national strategic plan for HIV/AIDS (which had been developed through broad consultations).
3. The CCM put out a call for submissions based on the outline it developed. In their proposals, applicants essentially had to explain how their activities would contribute to the achievement of the overall programme.
4. When it issued the call, the CCM established eligibility criteria covering strategic and programmatic issues, geographic priorities and capacity or experience thresholds for applicants (for example, number of years of experience and levels of donor funds previously managed).

The use of Global Fund SDAs and indicators ensured that it would not be difficult for the CCM to collate accepted submissions into the country coordinated proposal.

While stakeholders were preparing their submissions, the CCM was able to work on elements of the country coordinated proposal (e.g., CCM structure, programmatic and financial gap analysis) that were not dependent on the implementation details.

An interesting point to note is that because the CCM established eligibility criteria for applicants, the call was not “wide-open.” On the other hand, the CCM did specify that applicants should aim to produce “umbrella” submissions that included partnerships with smaller organisations that were not eligible to apply on their own.

(Incidentally, this particular proposal was approved for funding).

A variation on the Moroccan approach would be for the CCM to hold broad consultations in each sector; to develop the broad outlines of a country coordinated proposal; and to then issue a call for submissions. This approach might be particularly appropriate if the country’s national strategy for the disease (or diseases) in question has not been developed through broad consultations, or if it has not been recently updated.

But is it necessary to issue an open call for submissions? The Zanzibar CCM followed a process for the HIV/AIDS component of its successful Round 6 proposal that did not involve a call for submissions. The process was as follows:

1. The CCM identified potential implementing partners and sources of technical support.
2. The implementation partners participated in a five-day “design forum” where, supported by resource persons, they reviewed the CCM’s Round 5 proposal and identified the goals, objectives, strategies and indicators for the Round 6 proposal.
3. A proposal development group was established to coordinate the planning and writing of the proposal. This 15-member group included representatives from some of the implementing partners and some technical support persons.

4. During the planning and writing of the proposal – a process that took five weeks – consultative meetings were held with implementing partners and development partners.
5. A draft proposal was reviewed by the implementing partners.

So, while the principle behind the requirement for an open call – to ensure that all sectors can contribute to the development of the proposal – is obviously important, perhaps this principle can be achieved in other ways. The Zanzibar example suggests that the Global Fund is prepared to accept that there are alternatives to an open call.

One of the challenges faced by CCMs is to come up with a process which allows both large and small organisations to participate in a way that does not make the process unwieldy. Whatever process the CCM adopts, remember that it must be documented and disseminated to interested stakeholders. The description of the process should include the criteria that the CCM will use to review the in-country submissions. If the CCM issues a call for submissions, the review criteria should be included in the call.

Issuing a Call for Submissions

The CCM Guidelines do not provide any guidance concerning how a call for submissions should be made. The Fund's Round 7 CCM clarifications document says that "some options include publicly announcing a call ... via print media, radio, television and website." This appears to assume that the call would be wide open – i.e., that any interested organisation could respond to the call. (This may indeed be the preferred approach. For Round 6, one CCM that we are aware of issued invitations to what it considered to be "established organisations." The danger of that approach is that it leaves it up to the CCM to determine who is eligible, and it risks missing some organisations that may have something useful to contribute.)

The Global Fund has not provided a template for CCMs to use for the in-country submissions. Individual CCMs can always develop their own template, but this is not an easy task. In the absence of any template, some CCMs have asked potential applicants to use the proposal form that the Global Fund has designed for the country coordinated proposals.

This is problematic because the proposal form was not really designed for in-country submissions. For example, there are large sections of the proposal form – relating to the CCM itself and to the national context – that organisations preparing in-country submissions are not in a position to fill out.

In order to help CCMs with this process, Aidspan has prepared a sample template that CCMs can adapt for use in their in-country submissions process. The template has been designed to serve two main functions: (1) to enable the CCM to obtain information that will allow the CCM to make a judgement on the suitability of the proposed project; and (2) to

For Example:

For Round 4, **Sri Lanka** issued a public notice to invite submissions for inclusion in the country proposal. The CCM established a sub-committee to review and select inputs based on predetermined criteria. A series of workshops and disease-specific technical sub-committees were established to draft the proposal. A draft proposal was then reviewed by the entire CCM, finalised and submitted.

For its Round 5 proposal, the CCM in **Zanzibar** instituted a very participative process, involving over 40 organisations. Two design forums were held, one on HIV prevention and treatment and another on issues affecting children.

In Round 6, the CCM in **Uganda** placed two newspaper advertisements, three weeks apart, and gave potential applicants more than two months to respond.

Also in Round 6, the CCM in **Cambodia** placed three separate newspaper advertisements in both Khmer and English, providing a clear description of the call.

enable the CCM obtain the information in a form that makes it easier to collate into the CCM's country consolidated proposal.

The sample template, as well as a draft guidance note that can be used in conjunction with the template for issuing a call for submissions, is available on the Aidspace website: (www.aidspace.org/index.php?page=aidspacepublications&menu=publications). We encourage you to read the accompanying cover note, which discusses various questions to consider when using the template, and which provides advice on how the template can be adapted to different types of call for submissions.

Reviewing Submissions

As noted above, the Global Fund requires that the process for reviewing the in-country submissions must be transparent and documented. The CCM Guidelines also say that "a broad range of stakeholders, including CCM members and non-members" must be involved in the proposal development process; the Global Fund Secretariat has been interpreting this requirement to mean that both CCM members and non-members must also be involved in the proposal review process.

If, as we suggested above, the CCM has established a proposal development team, this team could be responsible for reviewing the submissions and deciding which submissions or which parts of these submissions will be incorporated into the country coordinated proposal.

Criteria for the review of submissions should be developed and disseminated along with the description of the proposal development process. The CCM may also want to develop a rating system to help assess the submissions. The CCM should provide feedback to all organisations that tendered a submission. To those organisations whose proposals were not accepted, or were only partially accepted, the CCM should explain why this occurred.

Other Issues To Consider

Need for all parties to follow the process

As noted above, the Global Fund's requirement that stakeholders be able to contribute submissions to a country coordinated proposal can be interpreted in different ways. It could mean that the proposal should be built up entirely of approved submissions from interested stakeholders. Alternatively it could mean that the CCM develops a core proposal to which the stakeholder submissions are added.

The difference between these two interpretations is often blurred, because many CCM members come from organisations that have an interest in receiving funding through the proposed project. Because they are CCM members, they may be able to circumvent the submissions process and insert their funding requests directly into the proposal.

For example:

In Round 6 proposals submitted to the Global Fund:

- The CCM in **Kenya** included a list of submissions with points awarded to each; and provided detailed reasons for including or excluding ideas from individual proposals.
- The **Rwanda** CCM produced a list of submissions and scored them based on a pre-determined set of criteria.
- The CCM in **Cameroon** provided a list of submissions and gave detailed reasons why they were included or excluded.
- The CCM in **Côte d'Ivoire** provided copies of letters that were sent to various stakeholders inviting them to participate in two workshops focusing on proposal development and the review of in-country submissions. The CCM also submitted a list of participants of the workshops, the workshops' agendas and an action plan for broad stakeholder involvement in the proposal development and submissions review process

Aidspan believes that it is important not only to have a formal, transparent process for receiving submissions, but to ensure that *all* parties follow this process – even government agencies and proposed PRs. Following the process should not be seen as a threat – indeed, it is an opportunity to further improve and validate submissions whether they come from large, established programmes or from small community organisations.

Avoiding conflicts of interest

As noted above, many CCM members represent organisations that are active implementers of HIV, TB and malaria programmes. Their position on the CCM – and their membership of proposal development teams within the CCM – create a risk because, theoretically, they are in a position to ensure that the interests of their organisations are looked after in the proposal that they are helping to develop. This potential conflict of interest can also arise when organisations represented on the CCM make submissions for inclusion in the proposal. Even non-CCM members who are invited to support the proposal development process as resource people can have potential conflicts of interest if they are affiliated with submitting organisations.

The CCM must therefore take care to minimise any potential conflicts of interest, for instance by ensuring that all those managing the process declare any interests and are excluded from taking decisions related to those interests.

Providing support to potential submitting organisations

CCMs should be particularly interested in ensuring that the needs of poor and marginalised people are met in any proposal that is submitted to the Global Fund. Because of the very nature of poverty and marginalisation, it may be difficult for these groups to ensure that their interests are adequately considered in submissions to the CCM. In addition, some organisations, particularly in the community sector, may lack the capacity to develop good quality, acceptable submissions or may not even have access to information about the process.

CCMs should think about these issues and consider taking specific actions to support groups and organisations that are marginalised. Potential actions include the following:

- Ensure that these groups are aware of the opportunities.
- Ensure that the relevant documents and information are available in local languages and that groups are not marginalised because of geographic or language barriers.
- Demystify some of the jargon related to national responses and the Global Fund.
- Provide resource people to support these groups in the process of developing submissions.
- Design criteria for submissions that are “pro-poor” or that require submissions to include strategies to reach marginalised groups
- Design a submissions process whereby larger, established organisations are expected to partner with smaller and marginalised groups, for instance by acting as a conduit for financial and technical support to these groups (see Morocco example above).

Some of these actions require long-term planning and the investment of resources. As a multi-stakeholder entity, CCMs should be well-positioned to obtain such support.

Chapter 4: Lessons Learned from Earlier Rounds of Funding

This chapter contains information on the most common strengths and weaknesses of proposals submitted to the Global Fund for the third, fourth, fifth, sixth and seventh rounds of funding.

The information in this chapter is based on comments made by the TRP. We suggest that CCMs and other organisations planning to submit applications to the Global Fund review the strengths described in this chapter in order to get a sense of what constitutes a solid proposal. And we suggest that they examine the weaknesses to ensure that they know what problems to avoid when preparing their applications.

This chapter is divided into two sections, one on strengths and the other on weaknesses.

The section on strengths starts with a list of the most common strengths that were identified in Rounds 3-7. The rest of the section provides a detailed discussion of each strength. It is divided into three parts – strengths identified most often, other frequently identified strengths, and strengths that started to emerge in Round 7 TRP comments. Many extracts of TRP comments on individual proposals are included. For each extract, the country involved has been identified. (In the case of proposals from sources other than CCMs, the sponsoring organisation has been identified.) The extracts have all been taken from TRP comments on Round 4-7 proposals. The extracts have been paraphrased – i.e., they are not direct quotes. For each extract, hyperlinks are provided to take the reader directly to the full TRP comments from which the extract was taken, and to the proposal that the TRP was commenting on.¹⁵ All documents linked to are in English unless otherwise indicated.

The section on weaknesses is organised in a similar fashion, except that in the TRP comments the countries are not named. Nor are there any links to the full TRP comments or the relevant proposals.

Strengths

The strengths identified most often in the TRP comments on approved proposals submitted during Rounds 3-7 were as follows:

1. The proposal was clear, well organised and well-documented; the strategy was sound.
2. The proposal demonstrated complementarity and additionality – i.e., it built on existing activities, including national strategic plans, and/or it built on earlier programmes financed by the Global Fund.
3. There was good involvement of partners (including NGOs and other sectors) in the implementation plan.
4. The proposal contained a good situational analysis.
5. The proposal reflected comments made by the TRP during earlier rounds of funding.

Other strengths identified fairly frequently were as follows:

6. The programme targeted high-risk groups and vulnerable populations.

¹⁵ The hyperlinks for the TRP comments link to the Aidspace website. The hyperlinks for the proposals link to the Global Fund website.

7. The proposal demonstrated sustainability – i.e., national budgets were identified to help sustain the activities once Global Fund support terminates.
8. The monitoring and evaluation (M&E) plan was solid.
9. The budget was well detailed, well presented and reasonable.
10. There was a strong political commitment to implement the programme.
11. There was good collaboration between HIV and TB.
12. The programme was realistic with respect to what could be accomplished, and/or had a limited and concentrated focus.
13. The proposal demonstrated good co-funding.
14. The PR is a strong organisation, with experience managing similar programmes.
15. The proposal included capacity building measures and identified technical support needs.
16. The proposal contained innovative strategies, some of which could lead to best practices.
17. The proposal built on lessons learned and best practices.
18. The proposal had a strong human rights focus.
19. The proposal contained solid strategies for procurement and supply management (PSM).
20. The CCM was strong and had wide sectoral representation.
21. The proposal was developed through a transparent, participatory process.
22. The proposal acknowledged issues of absorptive capacity.
23. The proposal described solid strategies for managing the programme.
24. The proposal contained solid indicators and targets.
25. The proposal identified the SRs, and/or provided a good description of the process for identifying the SRs.
26. The proposal contained a strong section on health systems strengthening (HSS).

The following strength began to emerge during Round 7:

27. Operational research was built into the proposal.

The observations of the TRP concerning each of these strengths are further described below.

Strengths Identified Most Often

1. Strength: The proposal was clear and well documented; the strategy was sound.

The reviewers commented very favourably on proposals that were well-thought-out and reflected a solid strategic approach; that were well-structured; that were clearly written; and that contained a detailed work plan with clear objectives. They also praised proposals where each section was complete and all necessary documentation was provided.

FOR EXAMPLE:

- ⇒ Benin – TB {[proposal](#), [TRP comments](#)}: Sound proposal, addresses both programme and sector constraints, including migration from neighbouring countries.
- ⇒ Bhutan – HIV {[proposal](#), [TRP comments](#)}: Well-conceived and well-written proposal. Uses sound strategies with a record of effectiveness (e.g., peer education, life skills).
- ⇒ Central African Republic – HIV {[proposal](#), ¹⁶ [TRP comments](#)}: Comprehensive approach, with linkages between prevention and access to care and treatment.
- ⇒ China – TB {[proposal](#), [TRP comments](#)}: Activities are well described and appropriate. Proposal articulates an excellent sequence of planning steps (SDAs, goals, objectives, targets, budget estimates and evaluation indicators are all written in a clear and concise style).
- ⇒ Democratic Republic of Congo – TB {[proposal](#), [TRP comments](#)}: Comprehensive proposal with sound strategy, rational objectives and activities addressing essential components of TB control programme.
- ⇒ Eritrea – HIV {[proposal](#), [TRP comments](#)}: This is a model proposal in terms of its clarity. The activities, delivery areas, objectives and goal are coherent and well linked to the budget and workplan.
- ⇒ Guatemala – TB {[proposal](#), [TRP comments](#)}: Very detailed and excellent description of the activities. Uses a table format which describes indicators, activities and methodology, and indicates who is responsible.
- ⇒ Kosovo – HIV {[proposal](#), [TRP comments](#)}: Clear, focussed proposal with a detailed work plan and budget that matches the goals and objectives described in the proposal.
- ⇒ Lao PDR – Malaria {[proposal](#), [TRP comments](#)}: Compact proposal, well written.
- ⇒ Maldives – HIV {[proposal](#), [TRP comments](#)}: Well written, with clear goals and objectives that take into account political, cultural and religious realities and sensitivities.
- ⇒ Malawi – HIV {[proposal](#), [TRP comments](#)}: The proposal is well-written and focused, with a clear rationale, appropriate objectives, and a feasible action plan; there is clear justification given for strengthening the national system of support services so that the current ad hoc services provided by NGOs can be sustained and coordinated within a technically capable national government programme.
- ⇒ Morocco – TB {[proposal](#), [TRP comments](#)}: Strong evidence of technical and programmatic feasibility of the implementation arrangements, with clear output and impact indicators. Detailed activities, clear information on all objectives.
- ⇒ Mozambique – HIV {[proposal](#), [TRP comments](#)}: Very well-written proposal, deals with one of the largest epidemics in the region and demonstrates a clear need for the resources being requested.
- ⇒ Nigeria – TB {[proposal](#), [TRP comments](#)}: Extensive list of indicators for each objective supported by detailed set of strategies and activities.
- ⇒ Republic of Congo – HIV {[proposal in French](#), [TRP comments](#)}: Well written and conceptually well-thought-out proposal; very consistent line from overall goals to objectives to activities to budget, expected output and responsible party.
- ⇒ Rwanda – Malaria {[proposal](#), [TRP comments](#)}: Very well written, technically sound strategies aimed at a well-described disease burden.

¹⁶ When we went to press, this proposal was not yet posted on the Global Fund website.

- ⇒ Sierra Leone – TB [{proposal, TRP comments}](#): Proposed strategy is technically sound, clearly and logically spelled out, and suitable to the various constraints of the country.
- ⇒ Southern Africa – Malaria [{proposal, TRP comments}](#): Highly relevant, evidence based proposal that has the potential to be effective and cost efficient. (Note: This is a proposal from an RCM.)
- ⇒ Tanzania – Malaria [{proposal, TRP comments}](#): Very strong, evidence-based, well written and focused proposal with clear links between objectives, SDAs and main activities.
- ⇒ Zambia – Malaria [{proposal, TRP comments}](#): Very clear and exemplary proposal with focussed objectives and strategies based on critical areas.
- ⇒ See also Burkina Faso – Malaria [{proposal, TRP comments}](#), Guinea-Bissau – Malaria [{proposal in English, proposal in French, TRP comments}](#), Haiti – HIV [{proposal, TRP comments}](#), Iraq – TB [{proposal, TRP comments}](#), Madagascar – Malaria [{proposal, TRP comments}](#), Moldova – HIV [{proposal, TRP comments}](#), Moldova – TB [{proposal, TRP comments}](#), Montenegro – TB [{proposal, TRP comments}](#), Paraguay – HIV [{proposal, TRP comments}](#), Peru – TB [{proposal, TRP comments}](#), Russian Federation – HIV [{proposal, TRP comments}](#), Sao Tome – HIV [{proposal, TRP comments}](#): Somalia – Malaria [{proposal, TRP comments}](#), Swaziland – HIV [{proposal, TRP comments}](#), Tajikistan – HIV [{proposal, TRP comments}](#), Tanzania/Zanzibar – Malaria [{proposal, TRP comments}](#), Togo – HIV [{proposal, TRP comments}](#), Yemen – TB [{proposal, TRP comments}](#).

Reviewers also reacted positively to proposals where the various components (e.g., goals, objectives, activities, outcomes, indicators and budgets) were well aligned.

FOR EXAMPLE:

- ⇒ Burkina Faso – Malaria [{proposal, TRP comments}](#), Lao – HIV [{proposal, TRP comments}](#), Papua New Guinea – TB [{proposal, TRP comments}](#), Romania – HIV [{proposal, TRP comments}](#), Rwanda – TB [{proposal, TRP comments}](#), Thailand – Malaria [{proposal, ¹⁷ TRP comments}](#).

2. Strength: The proposal demonstrated complementarity and additionality – i.e., it built on existing activities, including national strategic plans, and/or it built on earlier programmes financed by the Global Fund.

The reviewers noted with satisfaction proposals that would scale up already existing programmes; and that would be a good fit with, be integrated with, or link with existing programmes.

FOR EXAMPLE:

- ⇒ Brazil – TB [{proposal, TRP comments}](#): Expands the scope from four to 10 metropolitan areas, including the municipalities with high levels of poverty and the highest levels of TB incidence and TB/HIV co-infection.
- ⇒ Cambodia – Malaria [{proposal, TRP comments}](#): Builds on ongoing projects using community-based approaches.
- ⇒ Democratic Republic of Congo – TB [{proposal, TRP comments}](#): Builds on previous work and adds new dimensions.

The reviewers welcomed proposals that were situated within existing national or governmental plans, policies and programmes.

¹⁷ When we went to press, this proposal was not yet posted on the Global Fund website.

FOR EXAMPLE:

- ⇒ Afghanistan – Malaria {[proposal](#), [TRP comments](#)}: The plan for malaria control is completely consistent with the existing, well worked-out strategies and guidelines established by the Roll Back Malaria partnership In Afghanistan.
- ⇒ Guatemala – Malaria {[proposal in Spanish](#), [proposal in English](#), [TRP comments](#)}: The activities are completely congruent with the national strategic plan for malaria control.
- ⇒ Kosovo – HIV {[proposal](#), [TRP comments](#)}: The proposal is grounded in the national health strategy 2005-2015, development strategy for HIV and AIDS prevention 2004-2008; and aligned with the country development plan framework 2007-2013.
- ⇒ Malawi – HIV {[proposal](#), [TRP comments](#)}: The proposed programme is based directly on the National Plan of Action for Orphans and other Vulnerable Children and is consistent with the National Policy, which seeks to keep affected children within extended families or with foster parents.
- ⇒ Somalia – HIV {[proposal](#), [TRP comments](#)}: Clear presentation of how the proposed activities fit within existing strategic frameworks.
- ⇒ Tanzania – Malaria {[proposal](#), [TRP comments](#)}: Proposal clearly fits within the medium-term strategic plan of Tanzania. The role of malaria in the broader development framework (such as poverty reduction) is clearly articulated.
- ⇒ See also Burundi – TB {[proposal in English](#), [proposal in French](#), [TRP comments](#)}.

The reviewers were impressed by proposals that explained how they would scale up and build on programmes financed by the Global Fund in previous rounds of funding, and/or financed by other donors.

FOR EXAMPLE:

- ⇒ Azerbaijan – TB {[proposal](#), [TRP comments](#)}: There is genuine additionality with activities funded through the Round 5 grant.
- ⇒ China – TB {[proposal](#), [TRP comments](#)}: Proposal builds on previous Global Fund grants. It also demonstrates strong mobilisation of, and coordination with, other donors, with a clear identification of the programme elements funded by each donor.
- ⇒ Peru – HIV {[proposal](#), [TRP comments](#)}: Very good framework, explaining the objectives and activities of different rounds of funding in order to show a logical framework of additionality.
- ⇒ See also Jamaica – HIV {[proposal](#), [TRP comments](#)}, Tajikistan – HIV {[proposal](#), [TRP comments](#)}

The reviewers also welcomed proposals that specifically addressed weaknesses in the implementation of programmes funded by earlier Global Fund grants.

FOR EXAMPLE:

- ⇒ Uganda – TB {[proposal](#), [TRP comments](#)}: Realistic analysis of the adverse circumstances faced by the Round 2 proposal, and the effort made to overcome the challenges.
- ⇒ See also Bhutan – HIV {[proposal](#), [TRP comments](#)}.

3. Strength: There was good involvement of partners (including NGOs) in the implementation plan.

The reviewers were impressed by proposals that involved a wide range of partners and that featured inter-sectoral collaboration in the implementation of the programmes. Some of the specific partners and sectors that were listed in these proposals were: local, national and international NGOs; organisations and networks of persons living with HIV/AIDS; organisations representing vulnerable groups, such as drug users, women, and sex trade workers; religious leaders and institutions, including faith-based groups; trade unions and traditional medicine societies; academia; other government departments; international organisations, such as the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the World Bank, and the Global TB Drug Facility (GDF); development organisations; rural organisations; and the private sector.

FOR EXAMPLE:

- ⇒ Bhutan – HIV {[proposal](#), [TRP comments](#)}: Sound approach to mobilising the private sector and NGOs.
- ⇒ Burkina Faso – Malaria {[proposal](#), [TRP comments](#)}: Good use of private-public mix (PR from government, SRs from NGOs), where each has comparative advantage.
- ⇒ Burundi – HIV {[proposal](#), [TRP comments](#)}: Good partnership between government, national stakeholders and international development partners; recognition of the role of civil society and private sector; funds have been allocated to increase the capacity of these entities.
- ⇒ Haiti – HIV {[proposal](#), [TRP comments](#)}: Involvement of many implementing partners for each activity.
- ⇒ Morocco – TB {[proposal](#), [TRP comments](#)}: Strong partnership with national and international NGOs as well as the academic sector; local NGOs involved in the implementation phase. The proposed PR has no demonstrated experience in managing significant programs and substantial funds directed towards service delivery.
- ⇒ Timor Leste – TB {[proposal](#), [TRP comments](#)}: Innovative approaches in addressing private-public mix initiatives and in ensuring community participation.
- ⇒ See also India – HIV {[proposal](#), [TRP comments](#)}.

The reviewers commented favourably on proposals that talked about collaboration and partnership between government services and NGOs or communities (including people living with HIV/AIDS), or that outlined the prominent role that NGOs and communities would play in the implementation of the programmes.

FOR EXAMPLE:

- ⇒ Azerbaijan – HIV {[proposal](#), [TRP comments](#)}: Strong partnership with key NGOs/CBOs in the design of the proposal, and in the implementation of prevention strategies aimed at high-risk groups.
- ⇒ Democratic Republic of Congo – TB {[proposal](#), [TRP comments](#)}: Strong partnership with a number of well-reputed and credible NGOs.
- ⇒ East Timor – HIV {[proposal](#), [TRP comments](#)}: Good government and civil society collaboration in developing the proposal and in implementing proposed activities.
- ⇒ Guyana – Malaria {[proposal](#), [TRP comments](#)}: In a country with a decentralised system, the strong focus on community involvement is very appropriate.

- ⇒ Kyrgyz Republic – HIV {[proposal](#), [TRP comments](#)}: Prevention among vulnerable groups will be primarily implemented by NGOs.
- ⇒ Lesotho – TB {[proposal](#), [TRP comments](#)}: Good partnership between the ministries of Finance and Health, international and national NGOs, and the community.
- ⇒ Guatemala – TB {[proposal](#), [TRP comments](#)}: Strong community mobilisation component with the participation of a broad range of NGOs.
- ⇒ Lao PDR – TB {[proposal](#), [TRP comments](#)}: Proposed involvement of many community-based organisations, village health committees, and village health volunteers to make TB services accessible to under-served populations in rural areas.
- ⇒ Moldova – HIV {[proposal](#), [TRP comments](#)}: Clearly defined role for civil society in implementation and capacity building.
- ⇒ See also Benin – Malaria {[proposal in English](#), [proposal in French](#), [TRP comments](#)}, China – HIV {[proposal](#), [TRP comments](#)}, Eritrea – HIV {[proposal](#), [TRP comments](#)}, Peru – HIV {[proposal](#), [TRP comments](#)}, Rwanda – HIV {[proposal](#), [TRP comments](#)}, Tanzania/Zanzibar – HIV {[proposal](#), [TRP comments](#)}.

4. Strength: The proposal contained a good situational analysis.

The reviewers were favourably impressed by proposals that contained a solid description the current situation in the country and a sound analysis of the gaps in programme delivery.

FOR EXAMPLE:

- ⇒ Eritrea – Malaria {[proposal](#), [TRP comments](#)}: Excellent situational analysis, including a gap analysis based on the programme review conducted for the development of a new strategic plan. The analysis presents maps, graphs, results of data analysis, climate data, vector and parasitological data, data on the effectiveness of insecticide and drugs, etc.
- ⇒ Gambia – TB {[proposal](#), [TRP comments](#)}: The proposal provides a clear description of the epidemiological situation, the disease burden and the institutional challenges of the TB control programme.
- ⇒ Kenya – HIV {[proposal](#), [TRP comments](#)}: Thorough programmatic gap analysis that includes the rationale behind most of the estimates.
- ⇒ Mozambique – HIV {[proposal](#), [TRP comments](#)}: Excellent description of country situation in terms of health, human resources, infrastructure, and partner organisations and participation.
- ⇒ Nigeria – HIV {[proposal](#), [TRP comments](#)}: The background and gap analysis outline important root causes of the continuing epidemic in Nigeria and the challenges faced in responding to them.
- ⇒ Paraguay – HIV {[proposal](#), [TRP comments](#)}: Outstanding programmatic gap analysis.
- ⇒ Sierra Leone – Malaria {[proposal](#), [TRP comments](#)}: Very good gap analysis which includes descriptive information on the work of other donors.
- ⇒ Zambia – Malaria {[proposal](#), [TRP comments](#)}: An excellent situational analysis, including output and outcome performance analysis of previous grants from the Global Fund and other donors.
- ⇒ See also Burundi – TB {[proposal in English](#), [proposal in French](#), [TRP comments](#)}, Georgia – TB {[proposal](#), [TRP comments](#)}, Iraq – TB {[proposal](#), [TRP comments](#)}, Montenegro – TB {[proposal](#),

[TRP comments](#)}, Romania – HIV {[proposal](#), [TRP comments](#)}, Thailand – TB {[proposal](#), [TRP comments](#)}.

5. Strength: The proposal reflected comments made by the TRP during earlier rounds of funding.

The reviewers noted with satisfaction proposals that responded to comments, clarifications and recommendations made by the TRP in earlier rounds of funding.

FOR EXAMPLE:

- ⇒ Jordan – HIV {[proposal](#), [TRP comments](#)}: The weaknesses in the Round 5 proposal are systematically addressed.
- ⇒ Mozambique – TB {[proposal](#), [TRP comments](#)}: TRP comments on the Round 5 and 6 proposals are thoroughly addressed and incorporated into the new TB strategic plan.

Other Frequently Identified Strengths

6. Strength: The programme targeted high-risk groups and vulnerable populations.

The reviewers commented favourably on all proposals that included a strong focus on vulnerable communities (including the poor) and groups at risk for contracting HIV, TB or malaria.

FOR EXAMPLE:

- ⇒ Afghanistan – HIV {[proposal](#), [TRP comments](#)}: A comprehensive approach is proposed regarding intravenous drug users, including harm reduction strategies and opioid substitution therapy for prisoners.
- ⇒ Albania – HIV {[proposal](#), [TRP comments](#)}: Specifically will support harm reduction programmes for IDUs and substitution therapy.
- ⇒ Bangladesh – Malaria {[proposal](#), [TRP comments](#)}: Explicit strategy on how to reach the very poor target groups.
- ⇒ Cambodia – HIV {[proposal](#), [TRP comments](#)}: Concentrated focus on high-risk groups, especially drug users and men who have sex with men.
- ⇒ Kazakhstan – TB {[proposal](#), [TRP comments](#)}: Clear description of the target groups and how they will benefit.
- ⇒ Macedonia – HIV {[proposal](#), [TRP comments](#)}: Progressive reliance on needle exchange and substitution therapy as part of harm reduction for injecting drug users, with both expansion of targets and numbers of sites.
- ⇒ Moldova – HIV {[proposal](#), [TRP comments](#)}: Proposal focuses on the most vulnerable groups, and proposes appropriate interventions, including condoms, needle exchange and methadone substitution.
- ⇒ Namibia – Malaria {[proposal](#), [TRP comments](#)}: Clear and comprehensive focus on risk groups, including people living with HIV/AIDS.
- ⇒ Pacific Islands Regional – TB {[proposal](#), [TRP comments](#)}: Vulnerable groups are clearly identified and specifically targeted – e.g., all prisoners will be screened by the end of Year 5.

- ⇒ Russian Federation – HIV {[proposal](#), [TRP comments](#)}: The proposal deals with the most vulnerable, underserved population – i.e., injection drug users; special efforts will be made to reach female sex workers who also inject drugs.
- ⇒ Rwanda – HIV {[proposal](#), [TRP comments](#)}: A portion of the country's incarcerated population is included in the proposal.
- ⇒ Sri Lanka – HIV {[proposal](#), [TRP comments](#)}: Part of the proposal focuses on promoting STI treatment and changing sexual behaviour among the most vulnerable demographic group in the country – the Tamils in tea plantations.
- ⇒ Suriname – HIV {[proposal](#), [TRP comments](#)}: Activities focused towards sex workers are based within an NGO that has great experience in serving this population; the same organisation has begun services directed towards men who have sex with men.

7. Strength: The proposal demonstrated sustainability – i.e., national budgets were identified to help sustain the activities once Global Fund support terminates.

Reviewers applauded proposals that demonstrated sustainability – by governments committing to long-term funding for the programme (beyond the end date of the programme); by governments committing to increasing their contributions to the fight against one or more of the three diseases over time; or by governments allocating additional funds immediately to the programme (as a sign of their commitment).

FOR EXAMPLE:

- ⇒ Cuba – HIV {[proposal](#), [TRP comments](#)}: Programme is well integrated into the national health system, which signifies a higher probability of sustainability.
- ⇒ Djibouti – HIV {[proposal](#), [TRP comments](#)}: Sustainability evidenced by the ability of the country to demonstrate co-financing.
- ⇒ South Africa – HIV {[proposal](#), [TRP comments](#)}: Good possibility of long-term sustainability since the government already funds 80 percent of the national response and makes substantial grants to NGOs.
- ⇒ Uganda – HIV {[proposal](#), [TRP comments](#)}: Proposal clearly articulates plans for the government to absorb the positions created and initially funded by this grant.
- ⇒ See also El Salvador – HIV {[proposal in English](#), [proposal in Spanish](#), [TRP comments](#)}, Eritrea – Malaria {[proposal](#), [TRP comments](#)}, Paraguay – TB {[proposal](#), [TRP comments](#)}, Rwanda – HIV {[proposal](#), [TRP comments](#)}.

8. Strength: The monitoring and evaluation (M&E) plan was solid.

The reviewers were pleased with proposals that contained strong M&E plans.

FOR EXAMPLE:

- ⇒ Bhutan – HIV {[proposal](#), [TRP comments](#)}: Clear monitoring plan, with well-defined relevant output indicators coherent with outcomes and goal achievement.
- ⇒ Gambia – TB {[proposal](#), [TRP comments](#)}: The proposal includes appropriate coverage indicators linked to the impact indicators.
- ⇒ Zimbabwe – HIV {[proposals](#), [TRP comments](#)}: Very good list of M&E indicators and a detailed plan of how to implement M&E.
- ⇒ See also Malawi – Malaria {[proposal](#), [TRP comments](#)}, Papua New Guinea – TB {[proposal](#), [TRP comments](#)}, Paraguay – TB {[proposal](#), [TRP comments](#)}.

9. Strength: The budget was detailed, well presented and reasonable.

The reviewers reacted favourably to proposals that contained budgets that were detailed, well-presented and reasonable.

FOR EXAMPLE:

- ⇒ Djibouti – TB {[proposal](#), [TRP comments](#)}: Budget is well-detailed, clearly outlines costs and underlying assumptions, and states the contribution of each donor to each item.
- ⇒ Kazakhstan – TB {[proposal](#), [TRP comments](#)}: Clear budget with sound budget analysis.
- ⇒ Moldova – HIV {[proposal](#), [TRP comments](#)}: Budget is detailed, well-justified and modest.
- ⇒ Papua New Guinea – TB {[proposal](#), [TRP comments](#)}: Excellent and extremely detailed budget.
- ⇒ Paraguay – TB {[proposal](#), [TRP comments](#)}: Budget very well constructed and easy to read; aligns each line item of spending to the corresponding SDA.
- ⇒ See also Iraq – TB {[proposal](#), [TRP comments](#)}, Montenegro – TB {[proposal](#), [TRP comments](#)}, Sudan South – TB {[proposal](#), [TRP comments](#)}, Uganda – HIV {[proposal](#), [TRP comments](#)}.

10. Strength: There was a strong political commitment to implement the programme.

The reviewers considered that strong political commitment was a significant asset to any proposal. This commitment was evidenced in a variety of ways. Including the following: (a) increased government funding or support for the fight against the disease being addressed by the proposal; (b) providing funds to directly subsidize the purchase of antiretroviral therapies; and (c) implementing progressive policy measures.

FOR EXAMPLE:

- ⇒ Armenia – TB {[proposal](#), [TRP comments](#)}: A strong government commitment to control TB is evident through a 63 percent budget increase in 2004, 10 percent in 2005, and a foreseen increase of 35 percent in 2006.
- ⇒ Bhutan – TB {[proposal](#), [TRP comments](#)}: Political commitment demonstrated by increasing the national budget by 20-25 percent over the next five years, and by a commitment to maintain financial support for first line TB drugs.
- ⇒ Bulgaria – TB {[proposal](#), [TRP comments](#)}: Political commitment demonstrated by increased financial commitment during the lifetime of the grant, free treatment and the inclusion of high-risk and stigmatised groups.
- ⇒ Cuba – TB {[proposal in English](#), [proposal in Spanish](#), [TRP comments](#)}: Strong government commitment demonstrated by a sustained high share (over 87 percent) of financing need.
- ⇒ Mozambique – TB {[proposal](#), [TRP comments](#)}: High level of political commitment, as evidenced by TB control objectives being included in the health policy declaration, with budget allocations.
- ⇒ See also Eritrea – Malaria {[proposal](#), [TRP comments](#)}, Georgia – HIV {[proposal](#), [TRP comments](#)}.

11. Strength: There was good collaboration between HIV and TB.

The reviewers commented positively on HIV and TB proposals that demonstrated good collaboration among programmes addressing the two diseases.

FOR EXAMPLE:

⇒ See Ukraine – HIV [{proposal, TRP comments}](#).

12. Strength: The programme was realistic with respect to what could be accomplished, and/or had a limited and concentrated focus.

The reviewers applauded proposals that contained reasonable, realistic and achievable goals, objectives and indicators.

FOR EXAMPLE:

⇒ Montenegro – TB [{proposal, TRP comments}](#) and Romania – TB [{proposal, TRP comments}](#): Phased plan for expansion; targets and indicators are realistic.

13. Strength: The proposal demonstrated good co-funding.

The reviewers welcomed proposals that included major funding contributions from multilateral organisations, foundations and other sources of funding.

FOR EXAMPLE:

⇒ Jordan – HIV [{proposal, TRP comments}](#): The counterpart financing is generous (more than 60 percent) and increases over time.
⇒ See also Montenegro – TB [{proposal, TRP comments}](#).

14. Strength: The PR is a strong organisation, with experience managing similar programmes.

The reviewers were impressed by proposals that demonstrated that the PR had a track record in administering grants and/or had strong financial and organisational management skills.

FOR EXAMPLE:

⇒ Niger – Malaria [{proposal in English, proposal in French, TRP comments}](#): Capable and experienced PR that is well integrated with government and NGOs.
⇒ Romania – HIV [{proposal, TRP comments}](#): Excellent documentation of PR capacities and previous experiences, and of CCM minutes for selection of the PR.
⇒ Ukraine – HIV [{proposal, TRP comments}](#): The PR has significantly improved performance of previously very poorly performing grants, including by sub-contracting to numerous NGOs that provide services to vulnerable populations.

In recent rounds of funding, the TRP has welcomed proposals that include the use of two or more PRs.

FOR EXAMPLE:

⇒ Madagascar – Malaria [{proposal, TRP comments}](#): Strong PRs that have proven capabilities to manage large grants.

- ⇒ Thailand – TB [{proposal, TRP comments}](#): The proposal nominates two PRs with deliberate division of responsibilities based on the comparative advantages of each organisation. The PRs have good experience running ,managing and coordinating programmes supported by Global Fund grants.

15. Strength: The proposal included capacity-building measures and identified technical support needs.

The reviewers welcomed proposals that identified gaps in capacity and that contained measures to address these gaps. In particular, the reviewers applauded proposals that included plans for obtaining technical assistance and that identified who will provide the assistance.

FOR EXAMPLE:

- ⇒ Albania – HIV [{proposal, TRP comments}](#): Supports advocacy and programme development for the Association of PLWHA.
- ⇒ Indonesia – TB [{proposal, TRP comments}](#): Strong emphasis is placed in upgrading the managerial competence of the provincial and district TB teams, with participation of NGO officers in planning, supply management, monitoring and evaluation.
- ⇒ Morocco – HIV [{proposal, TRP comments}](#): The focus on skills building of management units for PRs and SRs constitutes good capacity building activities.
- ⇒ REDCA+ - HIV [{proposal in English, proposal in Spanish, TRP comments}](#): Proposal addresses the need to build management capacity of organisations for people living with HIV.
- ⇒ Sierra Leone – HIV [{proposal, TRP comments}](#): Solid arrangement for the management of technical assistance for PR and implementing partners.
- ⇒ Tunisia – HIV [{proposal, TRP comments}](#): Sustainable approach to capacity development through the use of international consultants to train academics, and academics to then train nationals.
- ⇒ See also Burundi – TB [{proposal, TRP comments}](#), Georgia – TB [{proposal, TRP comments}](#), Jordan – HIV [{proposal, TRP comments}](#), Paraguay – HIV [{proposal, TRP comments}](#).

16. Strength: The proposal contained innovative strategies, some of which could lead to best practices.

The reviewers commented favourably on proposals that incorporated innovative approaches.

FOR EXAMPLE:

- ⇒ Cameroon – HIV [{proposal, TRP comments}](#): Innovations include a “tutor Antenatal Clinic,” which will help roll out PMTCT services, and an STI focus on sex workers, military and police, detainees, and youth, with the involvement of the sectors that intersect with these groups.
- ⇒ Kyrgyz Republic – HIV [{proposal, TRP comments}](#): Innovative approaches to prevention, such as community centres for sex workers and men who have sex with men, and a programme to support gay men “coming out.”
- ⇒ Malawi – HSS [{proposal, TRP comments}](#): This is an exciting proposal whose success will be closely watched by others within the region, because it could make a significant contribution to the underlying structural difficulties preventing an adequate response to AIDS, TB and malaria.

- ⇒ Philippines – Malaria {[proposal](#), [TRP comments](#)}: Innovative expansion of access to diagnostic and treatment services, resulting in the strengthening of the partnership between private sector health facilities and NGOs.
- ⇒ Romania – HIV {[proposal](#), [TRP comments](#)}: Innovative approaches, such as developing drug treatment standards for injection drug users; mobilising resources through local working groups; checking programmatic impact through regular behavioural surveillance surveys; human rights monitoring; positive prevention; and expanding study and employment opportunities for young people living with HIV/AIDS.
- ⇒ Rwanda – HIV {[proposal](#), [TRP comments](#)}: Innovative strategies, including a performance-based contracting initiative, and family-based and provider-initiated HIV testing.
- ⇒ Rwanda – HSS {[proposal](#), [TRP comments](#)}: The proposal is an innovative and creative effort to address an issue that is largely neglected in current international development programmes – i.e., establishing a system of social protection for the very poor, orphans and people living with HIV/AIDS.
- ⇒ Sudan North – Malaria {[proposal](#), [TRP comments](#)}: Innovative strategies to address human resource problems.
- ⇒ See also Romania – TB {[proposal](#), [TRP comments](#)}, Senegal – TB {[proposal in English](#), [proposal in French](#), [TRP comments](#)}.

17. Strength: The proposal built on lessons learned and best practices, and was clearly evidence-based.

The reviewers applauded proposals that demonstrated that the proposed objectives and activities were based on lessons learned and evidence from past experience, whether this experience was from Global Fund-financed programmes or from elsewhere.

FOR EXAMPLE:

- ⇒ Jamaica – HIV {[proposal](#), [TRP comments](#)}: Good use of evidence base, showing that proposed strategies have already led to improvements such as increased condom use among vulnerable populations, STI reduction and PMTCT uptake.
- ⇒ Malawi – HIV {[proposal](#), [TRP comments](#)}: Technical approaches are well described and appear based on best available evidence internationally and within Malawi.

18. Strength: The proposal had a strong human rights focus.

Reviewers commented favourably on proposals where the rights of persons living with HIV/AIDS and vulnerable groups were respected and/or promoted, and where important political and social issues, such as equity, gender equality and stigma and discrimination, were addressed.

FOR EXAMPLE:

- ⇒ Kyrgyz Republic – HIV {[proposal](#), [TRP comments](#)}: Proposal will be implemented in a favourable environment with legal protection against stigma and discrimination, recent decriminalisation of male-male sex, and release of many prisoners.
- ⇒ Moldova – HIV {[proposal](#), [TRP comments](#)}: The gender analysis is excellent and addresses the different roles and needs of women and men.

- ⇒ Paraguay – HIV {[proposal](#), [TRP comments](#)}: Human rights, gender equality, rejection of discrimination and stigma, and respect for sexual diversity are addressed as a cross-cutting component.
- ⇒ Suriname – Malaria {[proposal](#), [TRP comments](#)}: Strong human rights element related to treating gold miners of different nationalities, irrespective of their legal status in Suriname.
- ⇒ Zimbabwe – HIV {[proposal](#), [TRP comments](#)}: There is a good gender analysis acknowledging the reasons why women may not access counselling, testing and treatment.
- ⇒ Zimbabwe – HIV {[proposal](#), [TRP comments](#)}: The community outreach component of advocacy is well described and acknowledges the constraints of stigma; in addition, the campaign will focus on workplaces to reduce stigma, promote counselling and testing as well as treatment literacy.
- ⇒ See also Kazakhstan – TB {[proposal](#), [TRP comments](#)}, Lesotho – TB {[proposal](#), [TRP comments](#)}.

19. Strength: The proposal contained solid strategies for procurement and supply management (PSM).

The reviewers were appreciative of proposals that contained a solid PSM plan.

FOR EXAMPLE:

- ⇒ Niger – Malaria {[proposal in English](#), [proposal in French](#), [TRP comments](#)}, Papua New Guinea – TB {[proposal](#), [TRP comments](#)}.

20. Strength: The CCM was strong and had wide sectoral representation.

In the earlier rounds of funding, the reviewers reacted favourably to proposals that demonstrated that the CCM was functioning effectively and that it included representation from all sectors.

FOR EXAMPLE:

- ⇒ Sao Tome & Principe – Malaria {[proposal](#), [TRP comments](#)}: Broad-based CCM that oversees other funding sources such as the Gates Foundation funding.

There were few such comments in Rounds 5, 6 and 7, perhaps because it is now expected that CCMs will include representation from all sectors; in fact, this has become a requirement, and the Global Fund's guidelines suggest that at least 40 percent of CCM members be from non-government sectors.

(This should *not* be taken to mean, of course, that all CCMs are functioning effectively. Some CCMs are struggling. For suggestions on how to strengthen CCMs, please consult *The Aidspan Guide to Building and Running an Effective Country Coordinating Mechanism (Second Edition)*, available via www.aidspan.org/guides.)

21. Strength: The proposal was developed through a transparent, participatory process.

Although it is now a requirement that all proposals from CCMs, Sub-CCMs and RCMs be developed through a process that is transparent and participatory, and although this has

been a requirement technically from Round 4 onwards, in recent rounds the TRP has nevertheless commented favourably on proposals that meet this requirement.

FOR EXAMPLE:

- ⇒ China – HIV {[proposal](#), [TRP comments](#)}: The proposal was written by NGOs.
- ⇒ Kazakhstan – HIV {[proposal](#), [TRP comments](#)}: Good consultative process with civil society and NGOs in developing the proposal.
- ⇒ Peru – HIV {[proposal](#), [TRP comments](#)}: Strong participation by NGOs in the planning of the proposal.
- ⇒ See also Guinea-Bissau – HIV {[proposal in English](#), [proposal in French](#), [TRP comments](#)}, Sierra Leone – HIV {[proposal](#), [TRP comments](#)}, South Africa – HIV {[proposal](#), [TRP comments](#)}.

22. Strength: The proposal acknowledged issues of absorptive capacity.

The reviewers applauded proposals that recognized that the programme would place an additional burden on existing systems.

FOR EXAMPLE:

- ⇒ Bangladesh – TB {[proposal](#), [TRP comments](#)}: Good anticipation of increased workload that will place added burden on administrative and management systems; the proposal includes plans to strengthen the National TB Programme in anticipation of absorption problems.

23. Strength: The proposal described solid strategies for managing the programme.

The reviewers welcomed proposals that contained a good description of how the programme would be managed and coordinated.

FOR EXAMPLE:

- ⇒ India – TB {[proposal](#), [TRP comments](#)}: After several years of experience with the management of Global Fund programmes, India's proposal foresees an efficient financial management plan.
- ⇒ OCAL (Regional Organisation) – HIV {[proposal](#), [TRP comments](#)}: Management arrangement for proposed project is solid, with good representation of member countries in the Steering Committee and the Consultative Committee.
- ⇒ Paraguay – HIV {[proposal](#), [TRP comments](#)}: Sound organisation of grant management.
- ⇒ See also Bangladesh – Malaria {[proposal](#), [TRP comments](#)}, Togo – Malaria {[proposal](#), [TRP comments](#)}.

24. Strength: The proposal contained solid indicators and targets.

In previous rounds, indicators and targets were sometimes mentioned in TRP comments in the context of a strong, well-rounded proposal (goals, objectives, activities, etc.). However, starting in Round 6, the TRP began to single out proposals that specifically contained strong indicators and targets.

FOR EXAMPLE:

- ⇒ Eritrea – Malaria {[proposal](#), [TRP comments](#)}: The proposal presents simple, achievable indicators and sets realistic targets.
- ⇒ Moldova – HIV {[proposal](#), [TRP comments](#)}: The indicator table is very good.
- ⇒ Paraguay – HIV {[proposal](#), [TRP comments](#)}: Outstanding indicator definition, with numerators and denominators described, and realistic targets.
- ⇒ Rwanda – TB {[proposal](#), [TRP comments](#)}: Indicators excellent; mix of impact and service (output) indicators.
- ⇒ See also Cuba – TB {[proposal in English](#), [proposal in Spanish](#), [TRP comments](#)}, Rwanda – HIV {[proposal](#), [TRP comments](#)}, Senegal – TB {[proposal](#), [TRP comments](#)}.

25. Strength: The proposal identified the SRs, and/or provided a good description of the process for identifying SRs.

Although applicants have been required to provide information on the selection of SRs for the last few rounds of funding, it is only starting in Round 6 that the TRP reviewers began to single out proposals that identified the SRs and provided a good description of the selection process used; or, in cases where the SR had not yet been identified, proposals that provided a good description of the process to be used for selecting SRs.

FOR EXAMPLE:

- ⇒ Kenya – HIV {[proposal](#), [TRP comments](#)}: Process for selecting (PRs and) SRs is detailed and transparent. The SRs are from different provinces of the country, thus facilitating the implementation of interventions in the most remote areas.
- ⇒ Kyrgyz Republic – TB {[proposal](#), [TRP comments](#)}: SRs selected through an open bidding process.
- ⇒ Lao – HIV {[proposal](#), [TRP comments](#)}: Clear explanation of how and why SRs were selected.
- ⇒ Romania – HIV {[proposal](#), [TRP comments](#)}: Potential SRs listed; comprehensive description of how SRs will be selected.
- ⇒ Tajikistan – HIV {[proposal](#), [TRP comments](#)}: SRs are identified, and are described in terms of capacity; their roles are clear.
- ⇒ See also Moldova – TB {[proposal](#), [TRP comments](#)}, Senegal – Malaria {[proposal in English](#), [proposal in French](#), [TRP comments](#)}.

Although it is not a requirement per se, the TRP was obviously most pleased when the SRs were actually identified in the proposal.

The TRP praised proposals that indicated that NGOs would be selected as SRs.

FOR EXAMPLE:

- ⇒ Morocco – TB {[proposal](#), [TRP comments](#)}: The involvement of two NGOs as SRs is very positive.

26. Strength: The proposal contained a strong section on health systems strengthening (HSS).

In Round 5, applicants were able to submit a separate component on HSS. This feature was dropped for subsequent rounds because it was felt that it made more sense to incorporate HSS into the individual disease components. In Round 6 and 7, the reviewers commented favourably on proposals that contained solid strategies for strengthening health systems.

FOR EXAMPLE:

- ⇒ Mozambique – HIV {[proposal](#), [TRP comments](#)}: Recognizes and addresses the main challenges in the health system, including long-term training of personnel.
- ⇒ Rwanda – TB {[proposal](#), [TRP comments](#)}: HSS component solid; goes beyond capacity building to include infrastructure development, decentralisation, holistic care systems, supervisory systems, and evidence-based clinical and general management.
- ⇒ Sierra Leone – TB {[proposal](#), [TRP comments](#)}: Sound description of how this proposal will contribute to HSS through integration and by sharing project assets with other programmes and services.
- ⇒ Tanzania – Malaria {[proposal](#), [TRP comments](#)}: Very clear HSS strategic actions.
- ⇒ See also India – TB {[proposal](#), [TRP comments](#)}, Moldova – TB {[proposal](#), [TRP comments](#)}, Mongolia – HIV {[proposal](#), [TRP comments](#)}, Tajikistan – HIV {[proposal](#), [TRP comments](#)}.

Strength that Started to Emerge in Round 7 TRP Comments

In each round of funding, the TRP identifies some strengths that were not present (or that were not very prominent) in previous rounds. This is due to several factors, including the fact that expectations and priorities change over time, and the fact that the TRP is gaining experience with each new round of funding. The following strength began to emerge during Round 7. It is possible that this strength will feature prominently in the TRP's evaluation of proposals in Round 8.

27. Strength: Operational research was built into the proposal.

Although the Global Fund is prepared to support operational research, only a handful of grants in the first seven rounds of funding contained activities related to operational research. One reason for this may be that the Fund does not support clinical or basic science research, and applicants may have concluded (wrongly) that it would not support operational research either.

In the “Report of the Technical Review Panel and the Secretariat on Round 7 Proposals,” the TRP said that the “operations/implementation” research components within proposals submitted in Round 7 were generally weakly articulated, and that this constitutes “a major missed opportunity ... Within the extraordinary scale-up of the fight against the three diseases, there are many areas where the most effective and efficient methods to overcome bottlenecks are not yet known.”

The TRP said that it believes that operations or implementation research needs to go beyond the monitoring and evaluation of interventions supported by Global Fund financing and should “seek systematic solutions to existing bottlenecks, and contribute to a country’s understanding of the effectiveness of different interventions, including how differing interventions contribute to the attainment of planned outcomes and impact.”

The TRP added that applicants should be encouraged to include realistic proposals that aim to strengthen local institutional capacity to carry out operations, health system and public health research that is closely tied in to the overall objectives of their projects.

In Round 7, the TRP commented favourably on three proposals that included operational research activities.

FOR EXAMPLE:

⇒ See Sudan North – Malaria ([proposal](#), [TRP comments](#)).

Weaknesses

The weaknesses identified most often in the TRP comments on proposals submitted during Rounds 3-7 were as follows:

1. The narrative description of the programme was inadequate. There was insufficient, unclear or questionable information on one or more of the following: the rationale, the strategic approach, the objectives, the activities, the indicators, the targets and the expected outcomes.
2. The budget information was inaccurate, questionable and/or not sufficiently detailed.
3. The proposal did not demonstrate complementarity or additionality; it was not clear how the programme related or added to existing programmes, including programmes funded by the Global Fund through earlier grants.
4. The proposal did not contain a good situational (i.e., gap) analysis.

Other weaknesses identified frequently were as follows:

5. Some of the proposed approaches or activities were inappropriate.
6. There were problems concerning the PR(s) or the SR(s).
7. The various sections of the proposal were not well aligned.
8. The M&E plan was inadequate.
9. The programme was too ambitious; some or all of the goals, objectives and targets were not realistic.
10. The use of partners (including NGOs) in the implementation of the programme was inadequate or unclear.
11. The programme did not focus sufficiently on vulnerable groups.
12. The plan for procurement and supply chain management was inadequate.
13. The proposal failed to adequately address issues of capacity building and technical assistance.
14. The proposal failed to address weaknesses identified by the TRP for proposals submitted in earlier rounds of funding.
15. Insufficient attention was paid to human rights issues.
16. The budget (and therefore the programme) was imbalanced; too much or too little was allocated to one or more sectors or activities.
17. The proposal did not adequately explain the roles and responsibilities of the various players.
18. The proposal development process was not sufficiently transparent or inclusive.

19. In HIV/AIDS and TB proposals, there were either no joint activities or insufficient joint activities involving both diseases; or the information on joint activities was incomplete.
20. The proposal failed to demonstrate absorptive capacity.
21. Information on sustainability was lacking.
22. How health systems will be strengthened was not well explained.
23. The proposal failed to make the case for additional funding over and above that received from earlier grants.
24. The project management structure was not sufficiently explained or justified.

The following weakness started to emerge in Round 7:

25. The operational research part of the proposal was not well developed.

Not surprisingly, some of the weaknesses are the flip side of the strengths identified by the TRP (see above).

The observations of the TRP concerning each of the weaknesses are further described below. The examples cited under each of the weaknesses are paraphrased from comments made by the TRP on proposals submitted in Rounds 3-7.

Weaknesses Identified Most Often

1. **Weakness: The narrative description of the programme was inadequate. There was insufficient, unclear or questionable information on one or more of the following: the rationale, the strategic approach, the objectives, the activities, the indicators, the targets and the expected outcomes.**

Problems with the programme descriptions were identified in about three out every five proposals submitted for Rounds 3-7. Frequently, the reviewers found that the work plan was superficial and contained little detail. In some cases, the reviewers commented that the weak work plan raised questions about whether the programme was ready to be implemented. More specifically, the reviewers identified the following major deficiencies:

- the strategic approach was insufficient or unclear;
- the rationale for some objectives and activities was inconsistent or unclear;
- many objectives and activities were insufficiently described or unclear;
- some key objectives or activities were missing;
- some indicators and targets were inappropriate or poorly defined; and
- there were inconsistencies in the text.

These major deficiencies are discussed below in further detail.

Strategic approach insufficient or unclear

The reviewers found that some proposals contained no overall strategic approach or framework, or contained a strategy that was weak or questionable.

FOR EXAMPLE:

- ⇒ Strategies only vaguely described and justified.

- ⇒ The core activities are largely limited to workshops, meetings, hiring of large groups of consultants and writing guidelines and protocols. Although these activities are important they cannot be the almost exclusive scope of the proposal.
- ⇒ The large number of detailed activities do not fit into an overarching structure, so that the logical framework for the proposal is obscure. It is therefore impossible to judge how likely it is that the objectives will be met.
- ⇒ The strategy does not demonstrate its feasibility due to the lack of detailed activities, the absence of a link between objectives and activities, the lack of information on certain objectives, and doubts about the feasibility of some objectives.
- ⇒ The approach (and the activities) are unlikely to achieve the programme's goal.
- ⇒ No coherence. The proposal is a collection of proposals that were received from provinces, NGOs and the private sector, without an attempt to create a single national proposal.
- ⇒ The proposal is imbalanced: too ambitious in the first two years.
- ⇒ There is major incoherence between the stated goals and objectives, on the one hand, and the SDAs and activities on the other.
- ⇒ The work plan is presented in bits and pieces, rather than as a comprehensive integrated document.

Rationale for objectives and activities inconsistent or unclear

The reviewers observed that some objectives or activities lacked adequate justification.

FOR EXAMPLE:

- ⇒ What is the justification for active case finding and X-ray diagnosis given that these are not key priorities of the DOTS strategy?
- ⇒ Why is a pilot going to be carried out in one district for five years before a decision is made to scale up?
- ⇒ There is no explanation of why a new building and new equipment is required to implement the programme.
- ⇒ No rationale is presented for the quantities of leaflets and posters included in the proposal.
- ⇒ No rationale given for why a regional approach is needed.
- ⇒ No evidence presented that the proposal salary increases would lead to significant improvement in worker retention.
- ⇒ No explanation is given for the substantial increase in training costs in Years 4 and 5.

Common phrases

The reviewers used the following phrases to describe problems with the information provided on objectives and activities:

- activities poorly or vaguely defined;
- activities not clearly articulated;
- no description of how to carry out the activities;
- no time frames;
- activities redundant;
- objectives too broad;
- objectives overlapping;
- objectives not specific, measurable, or time-bound;
- activities need more detailed description, particularly with respect to how they will be carried out;
- not enough information;
- too much information; and
- proposal does not show how the proposed activities will lead to the anticipated results.

Objectives, activities insufficiently described or unclear

The reviewers found that adequate or appropriate information was sometimes lacking.

FOR EXAMPLE:

- ⇒ Proposal does not describe how the activities will be implemented.
- ⇒ The absence of clear workplan for NGOs, although it takes up 55 percent of the budget, hinders proper assessment of the overall proposal
- ⇒ No description of the key messages to be used for the multi-media health education campaign.
- ⇒ Although TB control in prisons is included in the proposal, no information is given on the number of prisons, number of inmates, expected TB prevalence, and the basis for training 300 persons in Year 1 and 700 persons in Year 2.
- ⇒ What systems will be put in place to use the large numbers of people trained?
- ⇒ No details on the DOTS expansion plan even though this is the core of the proposal.
- ⇒ No information on how the micro-financing scheme would work.
- ⇒ No activities included concerning how to manage detected TB cases.
- ⇒ The criteria for the selection of who will receive ARV is not described.
- ⇒ All activities aimed at youth are to be carried out by one NGO, but there is no information on this NGO.

The reviewers frequently focused on weaknesses in the description of activities for interventions designed to reach specific populations.

FOR EXAMPLE:

- ⇒ Not clear how the interventions will access the targeted populations.
- ⇒ No information on how the outreach activities will be carried out. Who will conduct these activities?
- ⇒ No information on what services will be provided to the sex workers.
- ⇒ No indication of the number of patients who will benefit.
- ⇒ No information on how the needs of the orphaned children will be met.
- ⇒ Not clear how the illegal immigrants will be reached.

Missing key objectives and activities

The reviewers sometimes identified key objectives or activities that were not included in the proposals and that the reviewers believed should logically have been included.

FOR EXAMPLE:

- ⇒ The proposal does not contain any harm reduction activities to address the needs of drug users.
- ⇒ The proposal fails to include activities concerning the upgrading of facilities.
- ⇒ The proposal is missing a component concerning how to reach illegal immigrants.
- ⇒ The proposal does not address how adherence among drug users will be supported.

- ⇒ Is there any justification for not making condoms available in prisons?
- ⇒ The proposal does not include a distribution plan for the malaria nets.
- ⇒ There are no activities included to ensure that people in peripheral areas of the countries will access services.

Indicators and targets that were inappropriate or poorly defined

The reviewers found that in a number of proposals the indicators were not appropriate.

FOR EXAMPLE:

- ⇒ The indicator for delaying sexual initiation to 22 years for men and 19 years for women is not realistic and needs further analysis.
- ⇒ Some indicators are not relevant.
- ⇒ The proposal focuses on process indicators rather than outcome, output and/or impact indicators.
- ⇒ Indicators were far too numerous and often inappropriate. Expert advice should be sought to ensure that the indicators are consistent with global standards, and to match indicators to specific activities in the proposal.
- ⇒ There are too many programme indicators and some of them are not useful or not measurable.
- ⇒ It is unlikely that the percentage of commercial sex workers using condoms will be measurable through outreach services.
- ⇒ The indicators are focused on inputs rather than public health outcomes (e.g., training is used as a coverage indicator).
- ⇒ A number of the proposed coverage indicators are not directly measurable.

In some instances, the reviewers found that there was insufficient or confusing information on the indicators or targets.

FOR EXAMPLE:

- ⇒ Poor identification of the indicators.
- ⇒ Many indicators have no actual targets.
- ⇒ The indicators are unclear.
- ⇒ Targets often inappropriate or missing;
- ⇒ Targets and indicators are not presented for the entire project; they are only available for some SRs, so it is difficult to assess the intended outcomes.
- ⇒ Information for many of the indicators is missing.
- ⇒ The indicators for ARV access are confused: 500 patients in Year 5 does not translate into 90 percent coverage.
- ⇒ It is difficult to know if the targets are possible because only percentages are given, without information on the denominators.
- ⇒ (From a TB proposal) There is no mention of the key outcome indicators: cure, completion, failure, default and transfer rates.

The reviewers found that many proposals contained either no baseline data or incomplete data.

FOR EXAMPLE:

- ⇒ The baseline data provided do not help to understand how the defined targets will be reached.
- ⇒ Baseline data for many indicators not provided.
- ⇒ It is not clear whether the baseline figures are actuals or estimates.

The reviewers noted instances where the indicators did not adequately support the objectives or activities.

FOR EXAMPLE:

- ⇒ The impact indicators do not fully reflect the stated objectives.
- ⇒ No indicators are spelled out for the objectives and activities.
- ⇒ Indicators to measure key activities were missing.

Inconsistencies in the text

Finally, the reviewers pointed out instances where a table said one thing and the accompanying text something different; or where statements in the programme summary contradicted the information in later sections.

2. Weakness: The budget information was inaccurate, questionable and/or not sufficiently detailed.

Note: Budget issues concerning the cost of drugs and other commodities are covered in [weakness #12](#) (on procurement) below.

Over half of the proposals submitted in Rounds 3-7 contained problems with the budget. The following is a summary of the major deficiencies:

- the budget was incomplete or not detailed enough;
- there were inconsistencies or errors within the budget; and
- specific budget items were unclear, questionable or not adequately justified.

These deficiencies are discussed below in further detail.

Budget incomplete or not detailed enough

The reviewers found that some proposals did not contain a detailed budget or were missing some information; and that some proposals provided insufficient details on major budget items.

FOR EXAMPLE:

- ⇒ The budget provides very limited, high-level information, making it impossible to assess the proposal properly.
- ⇒ No detailed breakdown of unit costs or quantities.

- ⇒ The budget fails to show unit costs, or how many people will be trained, for how many days, at what cost per day, etc.
- ⇒ Budget poorly elaborated and weakly linked to planned activities.
- ⇒ The budget lacked sufficient detail to be able to justify it.
- ⇒ Administrative costs were expressed only as a percentage.
- ⇒ The budget breakdown over five years was not shown.
- ⇒ Large lump sums shown with no breakdown.
- ⇒ There was nothing in the budget to cover the costs of many of the M&E activities.

Inconsistencies or errors within the budget

The reviewers found that many budgets were incorrectly filled out. Some of the problems they identified were: errors in addition and multiplication; costs wrongly categorized; and inconsistencies between one part of the budget and another.

FOR EXAMPLE:

- ⇒ The proposal contained inconsistencies between the annual budget and the quarterly budget.
- ⇒ The budget was not internally consistent.
- ⇒ The total cost for one service delivery area (SDA) is shown as €64,404, but the training costs alone within the same SDA are €1.68 million.
- ⇒ Either the unit costs or the volumes are incorrect because the figures do not add up.

Items unclear, questionable or inadequately justified

The reviewers identified a number of individual budget items that, in their view, were unclear, unjustified or at least questionable.

FOR EXAMPLE:

- ⇒ The budget provides many details, but is difficult to analyse. For example: different categories are used for the budget and the work plan, making it impossible to link or compare these sections; also, three different currencies are used.
- ⇒ The costs of one malaria drug were budgeted at 10 times its actual price.
- ⇒ A large amount was allocated to "Other" with no explanation of what that included.
- ⇒ The per-diem shown for meetings were very high.
- ⇒ \$45 million was allocated for an unproven technology.
- ⇒ It is not appropriate to allocate 10 percent for overhead for the PR, over and above the administrative costs already included in the budget.
- ⇒ The costs shown for insecticides seem low.
- ⇒ Contingency costs of \$300,000 are not justified.

For a number of proposals, the reviewers found that the assumptions used to create the budget were not adequately justified.

3. Weakness: The proposal did not demonstrate complementarity or additionality; it was not clear how the programme related or added to existing programmes, including programmes funded by the Global Fund through earlier grants.

The reviewers found that in a number of instances the proposals did not adequately explain how the proposed objectives and activities would materially add to or complement existing programmes.

FOR EXAMPLE:

- ⇒ The proposal fails to describe how the programme would relate to other activities in this area.
- ⇒ Poor description of how the proposal would complement existing activities.
- ⇒ The proposal overlaps with other processes to expand voluntary counselling and testing (VCT) (e.g., WHO).
- ⇒ The proposal makes no reference to existing TB services.
- ⇒ No clear value added to national or regional programmes.
- ⇒ The role of the VCT component of the proposal is not clearly delineated from existing centres delivering care to pregnant women, providing mother-to-child prevention and providing STI care.
- ⇒ it is not clear how this proposal builds on the current programme supported by the Global Fund, or how the implementation and resource needs, targets and M&E plans from the two proposals relate to each other.
- ⇒ The proposal does not explain how the proposed activities would interact with existing national prevention activities.
- ⇒ No information on how the proposal would add to existing condom distribution programmes.
- ⇒ The proposal is not consistent with the existing national strategy.
- ⇒ The proposal says nothing about scaling up the experience of already existing NGOs.

In some cases, the reviewers raised questions about the links between the Global Fund proposal and activities being funded from other sources.

FOR EXAMPLE:

- ⇒ The proposal does not explain how the proposed activities would complement the World Bank loan.
- ⇒ More details are required concerning the complementary role of the Global Fund monies with other sources of funding, especially concerning M&E.
- ⇒ The complementarity of these activities with those supported by recently increased donor resources for malaria is not clear.
- ⇒ The analysis of how different funding streams and programmes will be coordinated is not clear.
- ⇒ It is not clear what is coming from other grants and what is being requested from the Global Fund

The reviewers criticised regional proposals that did not adequately complement national activities.

FOR EXAMPLE:

- ⇒ There are no links with existing national TB control programmes.
- ⇒ It is not clear how the proposed services will add to existing national services.

Finally, the reviewers pointed out that in some proposals, there was insufficient information on the links to other proposals that (a) were approved by the Global Fund or (b) were being submitted to the Fund. This deficiency was noted most often in the reviewers' comments on Rounds 5-7 proposals, by which time, of course, a number of programmes approved in earlier rounds were being implemented or were about to be implemented. (Note that on the Round 7 Proposal Form, the Global Fund asked specific questions about earlier proposals approved by the Fund. The Fund will likely do the same on the Round 8 proposal form.)

FOR EXAMPLE:

- ⇒ Some of the impact indicators proposed are identical to impact indicators included in a programme funded through an earlier Global Fund grant.
- ⇒ The link with previous Global Fund grants is not addressed.
- ⇒ It is not clear why this grant is necessary, given that there are still quite substantial funds available from the previous grant. This proposal fails to make the case for additional funding.
- ⇒ The proposal said that it will complement the activities of the Round 4 Global Fund programme, as well as of several other programmes funded by different donors, but there is no clear description of how this will be achieved
- ⇒ The proposal should clearly state how lessons learned from earlier grants are used, and how proposed activities are built on or linked to activities funded by earlier grants.
- ⇒ A possible overlap with the existing Round 2 grant is not discussed.

The reviewers expressed concern about proposals that did not acknowledge problems in previous Global Fund grants or that did not state how these problems would be addressed.

FOR EXAMPLE:

- ⇒ No explanation is provided as to why the implementation of the previous grants has been slow. The proposal provides no reassurance that these problems have been or will be effectively addressed.
- ⇒ Performance delays with the Round 4 grant are of concern; the proposal does not adequately address how these will be overcome in the context of the current proposal.

See also [Weakness # 23](#) below.

4. Weakness: The proposal did not contain a good situational (i.e., gap) analysis.

The reviewers found that the situational analysis in a number of the proposals was less than adequate. The situational analysis includes both the financial gap analysis and the narrative programmatic gap analysis.

FOR EXAMPLE:

- ⇒ No situational analysis was included.
- ⇒ The situational analysis was very weak.
- ⇒ The situational analysis lacked a gap analysis.
- ⇒ Since there is no description of health systems (HS) strengths and weaknesses, it is difficult to understand and assess the proposed HS strategic actions.
- ⇒ The situational analysis does not indicate what is currently happening for each of the objectives, and what the gap is that needs to be funded.
- ⇒ The financial gap analysis is not comprehensive because it does not show all of the available resources in the country for the National Strategic Plan for this disease.
- ⇒ The situational analysis is not based on available epidemiological evidence.
- ⇒ The proposal demonstrates no understanding of the nature and causes of the HIV/AIDS epidemic in the region, or of the accepted approaches to prevention, treatment and care.
- ⇒ The proposal lacks information and context regarding the post-conflict situation, and how this will impact on implementation.
- ⇒ Situation analysis is very broad and not focussed on what they are attempting to achieve.

Other Frequently Identified Weaknesses

5. Weakness: Some of the proposed approaches or activities were inappropriate.

Particularly in Rounds 5-7, the reviewers were critical of approaches or activities that they thought were not appropriate with respect to how best to respond to the three diseases.

Some of the terminology used by reviewers was:

- not state of the art;
- not the accepted approach;
- not the right approach in low-prevalence countries;
- the approach is untested;
- not the most effective way of doing things; and
- does not follow existing guidelines (such as WHO treatment guidelines).

FOR EXAMPLE:

- ⇒ The activities in the work plan are mostly trainings, seminars, development of guidelines and manuals, while actual service provision is poorly presented.
- ⇒ Inappropriate activities for reaching drug users: no plan for effective HIV prevention methods apart from outreach and condom distribution; no needle exchange or substitution programme.
- ⇒ ARV treatment is not provided free of charge.
- ⇒ The description of proposed PMTCT services is not consistent with current international guidelines.

- ⇒ The interventions aimed at migrants use new, untested approaches, not justifying the significant scale of these interventions. A more modest pilot can instead be planned and scaled up subsequently.
- ⇒ The plan to advertise and award contracts for production before a communication strategy is developed is contrary to logical programme design and implementation.
- ⇒ Experience from many countries has shown that in a low-prevalence situation, communicating HIV prevention messages to the entire population is not an effective strategy.
- ⇒ Use of primaquine for mass treatment (of malaria) is inappropriate for a country with very limited transmission.
- ⇒ The plan calls for developing textbooks (and a large part of the budget is devoted to this). Experience from programmes targeting youth in other countries indicates that this is not a good strategy.
- ⇒ The provision of food rations for two members of the household of eligible recipients of food supplements is not consistent with current approaches to improving household food security.
- ⇒ The use of mental hospitals to reach drug users is not an appropriate strategy to reach this at risk group, and should not be pursued.
- ⇒ Using biochemical examinations in multi-drug resistant TB patients is not appropriate.
- ⇒ The proposed level of effort in training, laboratory development, building up emergency stocks of insecticides and larvicides, etc. is not appropriate in a country that is at risk for malaria, but that currently has practically no indigenous malaria transmission.
- ⇒ The proposed strategy is not convincing. There is inadequate attention paid to primary prevention activities among drug users and other vulnerable groups. As a result it is unlikely that the proposed activities will achieve the impact laid out in the goals (to limit the spread of HIV/AIDS within and beyond the penitentiary system).
- ⇒ The proposed level of investment in health care personnel and infrastructure for the treatment of AIDS, and the proposed investment in social support for people living with HIV, are disproportionate to the epidemiological situation.

Reviewers also commented unfavourably on proposals from large countries that they thought were overly centralized.

FOR EXAMPLE:

- ⇒ The feasibility of supervising the programme from the capital, even with help from international agencies, appears highly dubious – a more realistic plan that empowers states and districts would be more reasonable.

In Rounds 6 and 7, the reviewers indicated that they were prepared to recommend against funding proposals that, in their opinion, would negatively impact on health care systems.

FOR EXAMPLE:

- ⇒ The proposal calls for the creation of a highly vertical HIV treatment system. This could have a potentially serious negative impact on overall health sector performance. There is nothing in the proposal that addresses this issue.

6. Weakness: There were problems concerning the PR(s) or the SR(s).

The reviewers identified several problems with respect to PRs. In some instances, the PR was not identified or was not located in the country. In other cases, the PR lacked the necessary capacity, or there was no information about capacity, or the responsibilities of the PR were not clearly described.

FOR EXAMPLE:

- ⇒ The proposal mentions three PRs, but there is no information on their respective capacities.
- ⇒ The rationale for the selection of the PR is weak.
- ⇒ The PR is a small organisation (the proposed budget is four times current annual turnover) and it is not clear that it has the capacity to manage such a large programme.
- ⇒ Most of the activities will be carried out by NGO partners. The PR has not proved itself to be responsive to the needs of civil society partners in the previous Global Fund grant.
- ⇒ The change of PR is not justified in the proposal.
- ⇒ It is unclear how the PR will interact with the TB programme and SRs.
- ⇒ There are two nominated PRs; however, the area of responsibility for each PR is stated as "All." The relevant technical, managerial, and financial capabilities are given only for only one of the PRs.
- ⇒ Same PR as for a previous grant; but not clear if all of the problems have been resolved. This proposal should have explicitly stated how these problems will be addressed.
- ⇒ Four PRs for a relatively small amount of money, and no indication of how much will go to whom.

Also, in Rounds 5-7, the reviewers were critical of proposals whose nominated PRs had no experience with the Global Fund or other donor fund management.

FOR EXAMPLE:

- ⇒ The main weakness of this proposal, and the reason why the TRP does not recommend approval, is the lack of evidence that the PR is able to efficiently programme Global Fund grants.
- ⇒ The proposed PR has no demonstrated experience in managing significant programmes and substantial funds directed towards service delivery.

Starting in Round 5, the reviewers began to comment unfavourably on proposals that did not identify the SRs, or at least include the selection criteria for SRs; and proposals that provided inadequate or confusing information concerning SRs.

FOR EXAMPLE:

- ⇒ SRs not yet identified and selection criteria not yet developed.
- ⇒ Although the proposal states that SRs have already been identified, they are not named. Therefore, it is difficult to assess the capacity of the SRs to provide the challenging prevention services that are proposed.
- ⇒ The process for selecting SRs is unclear; this is of concern since they are the main implementing agents.
- ⇒ There are more than 50 SRs, which are not identified despite being allocated 80-90 percent of the budget.
- ⇒ The identify and the responsibilities of the SRs are to be provided only after funding is approved; this makes it difficult to evaluate the activities and the budget.

It seems clear from these comments that Round 8 applicants will be further ahead if they identify the SRs in their proposals.

7. Weakness: The various sections of the proposal were not well aligned.

The reviewers found numerous instances where items described in one area of the proposal were not reflected in another area, or where information in one area was inconsistent with information in another area. The most common problem was discrepancies between what was in the budget and what was in the description of the activities.

FOR EXAMPLE:

- ⇒ The detailed budget says that no funds are required for 2005, but the activities mention costs for that year.
- ⇒ Expansion from nine to 15 facilitators, as spelled out in the description of the activities, is not consistent with what the budget says.
- ⇒ The M&E budget does not match the evaluation activities that are planned.
- ⇒ The information presented in the budget tables is not substantiated by the description of the activities.
- ⇒ The work plan and budget for Year 1 show different numbers of targeted trainees.
- ⇒ There is a disconnect between what is described in the narrative and how resources are allocated in the budget.

Another problem was the lack of consistency between the objectives and the activities.

FOR EXAMPLE:

- ⇒ The activities do not really relate to the objectives to which they are linked in the proposal.
- ⇒ The proposal fails to indicate which activities go with which objectives.
- ⇒ The objectives say that the malaria nets will be used one way, while the activities say that they will be used in a quite different way.

- ⇒ The objective for HIV treatment is to offer care to 95 percent of those who need it; but the actual numbers shown in the activities do not translate into 95 percent coverage.

The reviewers spotted other discrepancies between the different sections of the proposal.

FOR EXAMPLE:

- ⇒ No clear link between objectives, SDAs, activities, indicators and budgets.
- ⇒ The activities do not flow logically from the situational analysis.
- ⇒ The description of the activities does not mention condoms, but condom distribution is included as an indicator.
- ⇒ The requested budget is too high for the objectives and activities as described.
- ⇒ It is difficult to link the indicators of activities to the outcomes shown for the objectives.
- ⇒ The indicators are often not appropriate to the activities.
- ⇒ There are several major inconsistencies between the targets for indicators and the budget allocations.
- ⇒ The objectives as stated do not relate to the goal.
- ⇒ The budget allocations for activities among vulnerable populations seems low when compared against the indicators.

8. Weakness: The M&E plan was inadequate.

In some proposals, the reviewers found that the M&E plan was very weak and/or lacking in detail.

FOR EXAMPLE:

- ⇒ Vague description of what will be measured and how it will be done.
- ⇒ The plan is not convincingly defined.
- ⇒ The plan is insufficiently detailed to be workable.
- ⇒ The methodology is flawed.
- ⇒ No M&E costs are provided beyond Year 2.
- ⇒ It is not clear whether sufficient funds have been allocated to undertake the data collection.
- ⇒ The plan as presented does not adequately measure the process and outcome indicators.

The reviewers also identified problems with the information systems in existence or being proposed.

FOR EXAMPLE:

- ⇒ The information system portion of the plan is not well formulated.
- ⇒ The existing information systems capabilities in the country do not give confidence that the M&E plan can be carried out effectively.
- ⇒ The sources of information are too vaguely described.

9. Weakness: The programme was too ambitious; some or all of the goals, objectives and targets were not realistic.

In the opinion of the reviewers, some proposals were simply too ambitious. The reviewers identified targets, objectives, activities, timelines and indicators that they thought were unrealistic.

FOR EXAMPLE:

- ⇒ Year 1 and 2 targets for nets and net treatments are completely unrealistic.
- ⇒ The work plan is extremely optimistic raising questions about feasibility, particularly given the experience of implementation in the previous round.
- ⇒ It is not realistic to go from an unknown success rate to 85 percent in two years.
- ⇒ The proposal is too ambitious concerning timelines and short-term goals.
- ⇒ Targets for impact indicators are extremely optimistic.
- ⇒ Some of the targets are not achievable.
- ⇒ The proposal is part of a substantial projected expansion of malaria control, by a factor of 20 over two years. This is not a feasible growth rate. There is no explanation in the proposal for how such a large scale up can be effectively implemented in such a short time frame.
- ⇒ The targets set are too ambitious, considering the slow pace at which the PR is proceeding with respect to service delivery for an earlier grant.
- ⇒ Attempting full coverage of ARVs in two years is too ambitious.
- ⇒ Some objectives are not achievable or measurable in the short term.
- ⇒ These are ambitious objectives for a country with a poor infrastructure.
- ⇒ Highly ambitious impact indicators at this stage of the HIV and TB epidemics.
- ⇒ Increase of 70 percent in one year for the number of women receiving drugs for the prevention of mother-to-child transmission of HIV is unrealistic.
- ⇒ Highly ambitious expansion of the training plan.
- ⇒ This proposal should be reconsidered in the light of what is feasible to implement in the current national context.
- ⇒ Scale up of parts of the proposal are too rapid.
- ⇒ Coverage targets for the objectives are too ambitious, and should be modified and spread more gradually over the life of the programme.

10. Weakness: The use of partners (including NGOs) in the implementation of the programme was inadequate or unclear.

The reviewers identified a number of problems with respect to the involvement of partners.

FOR EXAMPLE:

- ⇒ There are no credible implementation partners, and no evidence that the government can go it alone.
- ⇒ The partners seem to be mainly academics and researchers rather than community mobilisers.

- ⇒ Significant lack of involvement of partnerships, especially at the implementation level.
- ⇒ Top-down and superficial approach to having communities meaningfully participate in their health systems.
- ⇒ Lack of engagement of partners in implementation of the plan: 100 percent of the budget goes to the Ministry of Health.
- ⇒ The proposal does not mention how external partners, such as the World Bank and AusAID, are being utilized.
- ⇒ Although academic institutions have 75 percent of the budget, there is no explanation of their roles and responsibilities.
- ⇒ The multi-sectoral approach is not clearly described (beyond meetings).
- ⇒ Ninety percent of the first year budget is spent through government structures

The reviewers commented fairly frequently on the absence of evidence that NGOs will be used as implementing partners; or on the lack of information on NGO involvement.

FOR EXAMPLE:

- ⇒ Although the proposal has a very broad partnership structure, budget allocation to UN Agencies ranged from 69 percent in Year 1 to 96 percent in Year 5, while the allocation to NGOs and CBOs went from 3.2 percent in Year 2 to 0.5 percent in Year 5.
- ⇒ Given that there have been three previous submissions to the Global Fund, the lack of committed collaboration with NGOs is of concern; this is particularly reflected in NGOs sub-recipients not yet having been selected and the budget not detailing which, if any, funds are for NGOs.
- ⇒ The involvement of NGOs not well described.
- ⇒ Given the importance of the role of civil society organisations in the programme, a more detailed description of their roles and responsibilities is required.
- ⇒ Over 13 percent of the budget is for NGOs, but there is no explanation of who these partners are or what they will be doing.
- ⇒ Civil society implementers not yet selected.
- ⇒ There is no information on how the NGOs will be selected.
- ⇒ The ability of local NGOs to deliver the technical aspects of the plan is not described.
- ⇒ The allocation of resources to NGOs is insufficient in light of the activities that are planned for them.

The reviewers also frequently noted a lack of details on the involvement of the private sector.

FOR EXAMPLE:

- ⇒ The private sector is not mentioned in the information, education and counselling activities even though 90 percent of malaria cases are treated in the private sector.
- ⇒ The role of the private health sector is unclear.
- ⇒ The proposal does not include any discussion of a strategy for engaging the private sector.

- ⇒ The role of the private sector in procurement, distribution and implementation is very unclear.

11. Weakness: The programme did not focus sufficiently on vulnerable groups.

The reviewers found that in a number of proposals, vulnerable groups were either not addressed or were addressed inadequately.

FOR EXAMPLE:

- ⇒ The vulnerable groups are not well articulated. The proposal needs to focus more on women, returnees, the military, traders and other mobile populations.
- ⇒ No services have been designed for women even though women represent 60 percent of the infections.
- ⇒ No details given on how the interventions will be implemented, with a simple statement about what will be done – e.g., nothing on how to reach target groups: injecting drug users, female sex-workers and their clients, street children, uniformed personnel, etc.
- ⇒ The proposal mentions sex workers as the most vulnerable population, but fails to include activities addressing sex workers.
- ⇒ The services for orphans are not defined.
- ⇒ Men who have sex with men and injection drug users should have been included among the vulnerable groups listed.
- ⇒ There is no mention in the proposal of existing or planned prevention programmes for people who inject drugs intravenously even though they have a HIV prevalence rate higher than prisoners and pregnant women, and comparable with sex workers.
- ⇒ Seafarers, mobile populations and members of international peacekeeping forces are all identified as being at higher risk of HIV, yet there appear to be few resources devoted to prevention among these groups.
- ⇒ The proposal repeatedly states that injecting drug use is a rapidly increasing problem in the country and that many are in prisons. No discussion of illicit drug policy or alternatives to incarceration is offered.
- ⇒ Much of the budget is for equipment and the development of guidelines, rather than for activities targeting the vulnerable groups.
- ⇒ The proposal fails to address prisoners.
- ⇒ There is no mention of any existing or planned programme for PMTCT among vulnerable groups.

In some cases, the reviewers found that the information on how vulnerable groups would be addressed was insufficient.

FOR EXAMPLE:

- ⇒ The section on injection drug users is weak. More activities needed.
- ⇒ No mention of how contacts with some risk groups are to be achieved.
- ⇒ There is no information in the proposal on how the vulnerable population will be recruited into the youth centre.
- ⇒ Returnees need specific programmatic approaches.

⇒ There is no description of how the outreach to the vulnerable groups will be done.

12. Weakness: The plan for procurement and supply chain management was inadequate.

The reviewers found that some proposals contained no plan for procurement and supply chain management. In other cases, the reviewers said that the plan was too vague.

FOR EXAMPLE:

- ⇒ The arrangements for procurement are weak.
- ⇒ The vagueness of the procurement plan does not inspire confidence in existing systems and infrastructures.
- ⇒ It is not clear whether the drugs purchased will be consistent with the GDF.
- ⇒ No details are provided with respect to procurement and supply chain management. This is problematic, given the country's lack of experience procuring ARVs, and given the supply chain issues in a country that is particularly geographically dispersed.
- ⇒ There is no centralized processing to reduce the price of commodities.
- ⇒ The proposed procurement system is weak; the proposal vaguely implies that the WHO will do it.
- ⇒ The procurement and supply management section has information taken from existing documents that do not specifically address the mechanisms for procuring TB drugs.
- ⇒ The country should be applying to the GDF for drugs.
- ⇒ There is no centralised drug supply procurement and management system that could reliably provide ARVs in a timely manner.

The reviewers also identified problems concerning the funding, pricing and costs of drugs and other products.

FOR EXAMPLE:

- ⇒ Where will the funding come from for the nets purchased in Year 3?
- ⇒ The cost shown for individual drugs are not accurate.
- ⇒ Only a list of ARVs is provided; no costing for specific ARVs.
- ⇒ The ARV prices should be lower.
- ⇒ The unit costs shown for the TB medications are extremely high.
- ⇒ The unit costs for the first line ARVs vary within the proposal.

13. Weakness: The proposal failed to adequately address issues of capacity building and technical assistance.

The reviewers commented unfavourably on proposals that did not include (a) an assessment of capacity building needs, (b) activities concerning the provision of technical assistance, and (c) amounts in the budget to cover the costs of the technical assistance. These comments were more frequent in Rounds 5-7 because by then the Global Fund was actively encouraging applicants to include capacity building in their proposals.

FOR EXAMPLE:

- ⇒ Capacity constraints, and technical assistance needs have not been adequately described.
- ⇒ The description of technical assistance and budgets provided for it are limited and may be significantly underestimated.

Reviewers were particularly critical of proposals that did not include capacity building specifically for civil society.

FOR EXAMPLE:

- ⇒ There is no budget allocated to the objective of capacity strengthening of non-governmental and community-based organisations.
- ⇒ No funds allocated to strengthen the capacity of civil society organisations.

Finally, the reviewers commented unfavourably on proposals where all of the technical assistance was being provided by international consultants or organisations with no evidence of how local capacity will be developed.

FOR EXAMPLE:

- ⇒ Capacity development will be done primarily by international consultants. Local capacity development is not articulated in a systemic way. All activities managed by international organisations should identify how local capacity development will be supported.

14. Weakness: The proposal failed to address weaknesses identified by the TRP for proposals submitted in earlier rounds of funding.

With each new round of funding, the reviewers are growing more and more critical of proposals that fail to address weaknesses that the TRP identified in earlier rounds of funding. (This refers to proposals that were rejected in earlier rounds, and that have been revised and re-submitted.)

FOR EXAMPLE:

- ⇒ Given the extensive critique of the food support proposal submitted in the last round, the food support component of this proposal should have been corrected; or, at least the proposal should have commented on the weaknesses.

15. Weakness: Insufficient attention was paid to human rights issues.

Reviewers commented unfavourably on proposals that did not address the human rights of vulnerable groups, did not explain how equity would be achieved in the delivery of services, or did not address gender issues.

FOR EXAMPLE:

- ⇒ There was no mention of anti-discrimination legislation and policies.
- ⇒ There was no reference to how confidentiality will be assured and how discrimination will be prevented.
- ⇒ Significant numbers of new policies, plans, and laws need to be reviewed, revised or developed to create an enabling policy and legal environment for appropriate and ethical HIV testing.
- ⇒ The proposed introduction of provider-initiated HIV testing is not accompanied by a description of legal guarantees of confidentiality, privacy and informed consent.
- ⇒ There is no explanation of how sex workers, injecting drug users, men who have sex with men, and prisoners will be protected from discrimination, legal action and coercive HIV testing.

16. Weakness: The budget (and therefore the programme) was imbalanced; too much or too little was allocated to one or more sectors or activities.

The reviewers found that in some cases the budget amounts allocated to one or more sectors or activities were either inappropriate or not adequately justified.

FOR EXAMPLE:

- ⇒ The costs shown for training and administration are too high in relation to the overall budget.
- ⇒ Almost half of the funds are earmarked for the private sector, but there is insufficient information to justify this.
- ⇒ The allocation of funding to NGOs at 10 percent is low compared to the government at 80%, given that many of the community initiatives described in the proposal will require NGOs to succeed.
- ⇒ The private sector and academic organisations receive a significant share of the budget, yet they were not mentioned in the proposal.
- ⇒ Considerable resources are allocated to laboratory upgrading and patient subsidies for viral load testing and drug resistance; most of these resources would be better spent to provide free ARVs.
- ⇒ Although the proposal says that public-private partnerships will be used, 85 percent of the funds are allocated to the government.
- ⇒ One-third of the budget is for information, education, and counselling (IEC) materials, but the proposal does not contain a clear IEC plan.
- ⇒ Fifty percent of the funds are being used for training.
- ⇒ Most of the funds are for staff salaries and travel.
- ⇒ Forty percent of the total request is for repairing the heating system of the main TB hospital and for three X-ray machines.

⇒ Almost half of the budget is for planning and administration.

17. Weakness: The proposal did not adequately explain the roles and responsibilities of the various players.

The reviewers criticized proposals that did not provide a description of the responsibilities of the organisations that would be involved in the implementation of the programme, or that provided a description that was not clear.

FOR EXAMPLE:

⇒ In the description of activities under SDAs; 5-15 different partners are listed for each activity, but it is not clear which is the lead partner, or what each does.

18. Weakness: The proposal development process was not sufficiently transparent or inclusive.

Reviewers reacted unfavourably to proposals that were not developed using a transparent and inclusive process.

FOR EXAMPLE:

⇒ There was no clear evidence of the participation of target groups and other representatives of civil society in the proposal.

Since just prior to Round 5, an inclusive and transparent process for developing proposals has become a requirement.

19. Weakness: In HIV/AIDS and TB proposals, there were either no joint activities or insufficient joint activities involving both diseases; or the information on joint activities was incomplete.

Because of the obvious links between HIV/AIDS and TB, the reviewers were critical of HIV/AIDS and TB proposals that did not make those links. The reviewers wanted to see joint activities between programmes, or at least activities to address TB in HIV/AIDS programmes and vice-versa.

FOR EXAMPLE:

- ⇒ The opportunity to integrate HIV services, such as VCT, with TB services was missed.
- ⇒ This HIV/AIDS proposal fails to include any interaction with the TB programme that is already seeing many people who would benefit from ARVs.
- ⇒ There is no mention of the linkages between HIV infection and TB (this is mandatory under Global Fund proposal requirements).
- ⇒ None of the objectives or indicators address the key links between HIV and TB.
- ⇒ TB-HIV coordination not discussed.

TB management should be integrated into HIV/AIDS care and support.

20. Weakness: The proposal failed to demonstrate absorptive capacity.

The reviewers were concerned about proposals that, in their view, failed to demonstrate that the country has the capacity to absorb the funds being requested.

FOR EXAMPLE:

- ⇒ The proposal lacks a convincing strategy to address the challenge of national capacity to implement two large grants simultaneously, especially as the Round 5 project commenced only eight months ago.

21. Weakness: Information on sustainability was lacking.

The TRP was critical of proposals where information on sustainability was missing or inadequate.

FOR EXAMPLE:

- ⇒ The proposal fails to describe an exit strategy, and how it is building national capacities in order to ensure sustainability.
- ⇒ The proposal requests that the Global Fund fully finance the salaries of the whole staff of 13 persons of the Central TB Unit for the five-year period. The sustainability of the programme after the termination of the Global Fund grant will be more credible if the Government is gradually taking over the salaries of the Central Unit staff during the life of the programme.
- ⇒ Section on sustainability is very general and unconvincing.

22. Weakness: How health systems will be strengthened was not well explained.

Reviewers were concerned about proposals that demonstrated a weak understanding of health systems strengthening, or that failed to explain how such systems would be improved.

FOR EXAMPLE:

- ⇒ Weak understanding of health systems strengthening and the need to strengthen such systems as part of the delivery of a malaria programme.

23. Weakness: The proposal failed to make the case for additional funding over and above that received from earlier grants.

The reviewers were concerned about proposals from countries that received funding from the Global Fund in previous rounds, and that failed to justify additional funding in Round 6 for similar activities.

FOR EXAMPLE:

- ⇒ It is not acceptable to expect the Global Fund to analyse programmatic needs based on activities that will be started with funds from Round 5 and that will be supplemented by funds from Round 6, when an evaluation of the Round 5 grant had not started yet.
- ⇒ The proposal requests increased funding, when only about half of the first-two-year costs of the Round 4 grant has already been spent, and there is still a substantial amount available for Phase 2 of the Round 4 grant. The proposal fails to provide evidence that new funding is required.

24. Weakness: The project management structure was not sufficiently explained or justified.

The reviewers were critical of proposals that did not explain how the projects would be managed or coordinated, or that did not adequately justify the proposed management arrangements.

FOR EXAMPLE:

- ⇒ The coordination mechanism and grant management strategies are not sufficiently detailed – it is difficult to know how the applicants are going to manage implementation.
- ⇒ It is not clear how two PRs will adequately manage such a strongly decentralized project with more than 103 SSRs managed by nine SRs.

Weakness that Started to Emerge in Round 7 TRP Comments

In Round 7, the TRP identified a weaknesses that was not present (or that the TRP did not bother to mention) in previous rounds. .

25. Weakness: The operational research part of the proposal was not well developed.

In Round 7, the TRP was critical of proposals with a weak operational research component.

FOR EXAMPLE:

- ⇒ Proposed operational research is not adequately prioritised and lacks relevance for policy decisions and programme management.

See also [Strength #27](#).