



Independent observer
of the Global Fund

Global Fund Announces Round 3

On March 13, the Global Fund issued its third “call for proposals”. Proposals must be submitted to the Fund by 31 May 2003. The Technical Review Panel (TRP) will review proposals in late July and will then submit its recommendations to the board, which will consider them in September. (In the first two rounds, the board approved all proposals recommended by the TRP.)

The Fund has developed three key documents: the “Call for Proposals”, the “Guidelines for Proposals”, and the “Proposal Form”. These are available in the six UN languages at www.globalfundatm.org/proposals.html. Applicants need to carefully study all three documents, which have been revised since Round 2.

The Fund says that it “gives priority to effective proposals from countries and regions with the greatest need, based on highest burden of disease and the least ability to bring financial resources to address the problems of AIDS, tuberculosis and malaria. Proposals from countries and regions with a high potential for risk will also be considered.” The Fund adds, “If there is a Country Coordinating Mechanism (CCM) in your country, you should try to submit your plan through it.”

The Fund’s financial projections assume that in Round 3, proposals worthy of approval will cost \$1,600 m. over the first two years, nearly double the \$883 m. for Round 2.

In an interview reported elsewhere in this issue, Richard Feachem, Executive Director of the Fund, has made it clear that a country that has already had a proposal approved by the Fund for one of the three diseases is still free to submit a new proposal regarding that same disease. This new proposal “could be a massive scale-up, it could be a different dimension of the epidemic tht’s being tackled, it could be more treatment whereas the first proposal was more prevention. Or it could be simply different actors. Imagine the CCM had come in in Round 1 or 2 with a mainly government-led proposal, it could come back in

Round 3 with a more NGO- and civil society-led proposal.”

Dr. Feachem added that the Fund very much welcomes bold proposals. “If we don’t go to scale in all three of the diseases quickly, we’re not going to make the impact we need to make.” He also encouraged CCMs to invite NGOs within their country to submit proposals to the CCM that could, in turn, be bundled by the CCM and submitted to the Global Fund. “The prospects for such a group of applications [being approved by the Fund] would be enhanced if it were accompanied by a covering explanation from the CCM that set these several strong proposals into a national context.”

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