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GLOBAL FUND BOARD APPROVES WAVE 5 RCC PROPOSALS

The Global Fund Board has approved six proposals in Wave 5 of the Rolling Continuation Channel (RCC) funding channel, representing costs of up to \$322 million over three years. Of the six proposals, two were for HIV, two for TB and two for malaria.

The RCC is a separate channel of funding set up to allow applicants with strongly performing grants to apply for continuing funding for up to an additional six years beyond the original proposal term. Applications are by invitation only; the invitations are sent out by the Global Fund Secretariat.

In Wave 5, the TRP reviewed ten proposals in all, which means that the success rate was 60 percent, which is about the same as the success rate for the four previous waves. All 10 applications were from CCMS.

Four of the ten proposals were re-submissions of unsuccessful proposals from Wave 3; three of these were approved. The one re-submitted proposal that was not approved was a TB proposal from El Salvador. The TRP rated this proposal Category 3B, which means that the applicant is strongly encouraged to re-submit the proposal through the RCC, but only after major revisions. This is the first time that a re-submitted RCC proposal has not been approved for funding.

Only three of the six new proposals were approved. The three proposals that were not recommended for funding were rated Category 3A by the TRP, meaning that the applicants are strongly encouraged to re-submit these proposals in the next available wave of the RCC, taking into account the issues raised by the TRP.

Table 1 summarises the results for the first five waves of funding. Table 2 provides the results for Wave 5, by country.

Table 1: RCC applications and results – Waves 1-5

Wave	Number of expiring grants eligible for considera- tion	OF WHICH: Number and % invited to apply	OF WHICH: Number of new proposals submitted	Board decision date	Number of proposals approved	Total budget, Years 1-3
1	51	11 (22%)	10	Nov 2007	5: (1 HIV, 3 malaria, 1 TB)	\$130 m.
2	31	11 (36%)	10 ¹	Apr 2008	6: (3 HIV, 2 malaria, 1 TB)	\$365 m.
3	18	8 (45%)	7	July 2008	3+5 ² : (4 HIV, 3 malaria, 1 TB)	\$513 m.
4	22	8 (36%)	8	October 2008	3+2 ³ : (2 HIV, 2 TB, 1 malaria)	\$229 m.
5	17	8 (47%)	6	March 2009	3+3 ⁴ : (2 HIV, 2TB, 2 malaria)	\$322 m.
Total	139	46 (33%)	41		30: (12 HIV, 11 malaria, 7 TB)	\$1,559 m.

¹ This represents nine countries; one applicant submitted a proposal containing two disease elements (which counts as two proposals in the table).

² Three of the new applications and five Wave 1 re-submissions.

³ Three of the new applications and two Wave 2 re-submissions.

⁴ Three of the new applications and three Wave 3 re-submissions.

Table 2: Wave 5 RCC results by country

Country	Board Decision	Component	Upper ceiling budget: First 3 Years	Upper ceiling b Up to 6 Ye
Armenia*	Approved: Cat. 2	HIV	\$11,906,820	\$24

Country	Board Decision	Component	Upper ceiling budget: First 3 Years	Upper ceiling budget: Up to 6 Years
Benin*	Approved: Cat. 2	Malaria	\$60,422,039	\$80,422,039
China	Approved: Cat. 2	HIV	\$205,031,814	\$497,031,814
Dominican Republic	Approved: Cat. 2	TB	\$6,405,790	\$12,405,790
El Salvador**	Not approved: Cat. 3B	TB	\$4,861,181	\$8,861,181
Gambia	Not approved: Cat. 3A	Malaria	\$13,870,569	\$27,870,569
Jamaica	Not approved: Cat. 3A	HIV	\$13,151,677	\$26,151,677
Madagascar	Approved: Cat. 1	Malaria	\$33,798,784	\$77,798,784
Rwanda	Not approved: Cat. 3A	HIV	\$89,338,807	\$188,338,807
Tajikistan*	Approved: Cat. 2	TB	\$4,382,023	\$12,382,023

* Not approved in Wave 3, but approved upon re-submission in Wave 5

** Not approved in Wave 3, and again not approved upon re-submission in Wave 5

The TRP recommended (and the Board accepted) that for three of the six Wave 5 proposals recommended for funding, approval be conditional on the removal of a limited set of specific elements. In terms of the full 6-year budgets, the elements recommended to be removed represented a reduction of 39 percent for the Dominican Republic's TB proposal; 19 percent for Benin's Malaria proposal; and five percent for Tajikistan's HIV proposal. (These reductions are reflected in the amounts shown for these three proposals in Table 2.)

In addition, the TRP said that the budget for the China HIV proposal is expected to be reduced by a portion of the US\$61 million awarded in Round 8 to China for an HIV proposal. In an effort to consolidate existing grants for the same disease, China's Wave 5 RCC proposal incorporated several existing grants. Although the Wave 5 proposal did not specifically incorporate the Round 8 proposal, the TRP believes that there is probably some overlap between the two proposals and that, as a result, some savings in the budget for the Wave 5 proposal are likely. (Since the size of the reduction in the budget for the Wave 5 proposal is not yet known, the reductions are not reflected in the amounts shown for the China proposal in Table 2.)

Finally, the TRP recommended an independent budget review of the other two approved proposals which, it says, may be expected to reduce budgets further.

The TRP recommended that the practice of independent financial reviews of the funding request be extended more widely, not only for large budgets, but also for budgets that the TRP identifies as complicated or where some costs, such as management and overhead costs, are difficult to interpret. The TRP noted that one such review has been completed as part of the Round 8 clarifications process. The TRP also noted that given the current resource-constrained environment, such reviews clearly support the recent Global Fund Board decision requesting that the Secretariat work with CCMs and PRs to find efficiency savings of 10 percent for all approved RCC proposals.

In its report to the Board – entitled “Report of the Technical Review Panel and the Secretariat on Funding Recommendations for Wave 5 Rolling Continuation Channel Proposals” – the TRP reiterated the concerns that it has raised during previous waves (see the article on Wave 4 in GFO Issue #101). The TRP made the following additional observations:

- **Health systems strengthening.**None of the new applicants chose to include the separate section of the proposal form for cross-cutting HSS funding. In fact, proposals including HSS activities as part of the disease component did not always convince TRP reviewers that the activities were truly cross-cutting in nature. Only in a few cases did the TRP review commend applicants on the incorporation of clear HSS activities.
- **Community systems strengthening.**Community organizations and community-level information and delivery systems received support through activities proposed in Wave 5, including one particularly strong example for developing an effective community-based health worker and distribution agent system in one country to ensure universal access to long-lasting insecticide treated bednets.
- **Gender issues.**Overall, the TRP deemed this wave of proposals as gender neutral. The panel did not observe many promising requests to support gender-sensitive interventions, other than standard targeting of pregnant women and sexual minorities as vulnerable populations. One exception to this is a proposal seeking to build capacity among women’s groups as a means to improve referral of severe malaria cases identified in the community.
- **HIV/TB integration.**The TRP was disappointed by the limited amount (or even the complete absence) of clear coordination between TB and HIV interventions in proposals submitted, suggesting perhaps that stronger guidance is required to encourage more synergy between the responses to the two diseases.

The TRP report is available (in English only) at www.theglobalfund.org/en/trp/reports.

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