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of the Global Fund

Global Fund Board Approves Round 10 Proposals

The Global Fund Board has approved all 79 Round 10 proposals recommended by the Technical Review Panel (TRP), at a cost of \$1.73 billion over the first two years and \$4.72 billion over five years. This makes Round 10 the third largest round ever, after Rounds 8 and 9 respectively.

These decisions were made at the Fund's 22nd board meeting, held on 13-15 December in Sofia, Bulgaria.

Unlike in previous rounds, the Fund did not have to delay approval of certain proposals pending further funding becoming available; sufficient funding will be available to cover all Round 10 proposals that the TRP recommended for approval. Also, the Board has not required that budgets be reduced across all the approved proposals.

The Board's decision as to which proposals to approve was, as always, entirely based on the advice it received from the TRP, an independent and non-political body of 43 experts from around the world who serve in their personal capacities. No Board members or Secretariat employees are members of the TRP. As always, the TRP did not take into consideration the availability or otherwise of funding when determining which proposals to recommend for approval.

Some of the highlights of the Round 10 approvals were as follows:

- The TRP reviewed 150 proposals, of which 78 were for HIV/AIDS, 48 for TB, and 24 for malaria.
- The average Round 10 approved proposal has a two-year cost of \$22 million, down from \$26 million in Round 9 and \$33 million in Round 8, but still double the \$11 million average cost of the prior seven rounds.
- Fifty-three percent of eligible proposals submitted in Round 10 were approved, about the same as in Rounds 8 and 9. Malaria proposals were by far the most successful in Round 10, with 79% approved (as against 54% for TB proposals and 44% for HIV/AIDS). Over the last three rounds, malaria and TB proposal success rates have always been above 50%, but HIV/AIDS proposal success rates have always been below 50%.

- However, HIV/AIDS had more proposals approved (34) than either TB (26) or malaria (19). In dollar terms, approved HIV/AIDS proposals accounted for 47% of the total cost, with malaria at 34% and TB at 20%.
- From Round 8 to Round 9 to Round 10, the percentage of eligible proposals from Africa that was approved steadily fell from 58% to 54% to 45%. In the Middle East and Northern Africa region, the percentage approved dipped and then rebounded dramatically, from 57% to 28% to 64%. In Latin America and the Caribbean, the percentage approved did the opposite, going from 34% to 57% to 38%. Easily the best-performing region each time was East Asia and the Pacific, with approval rates of 75%, 65% and 78% in Rounds 8, 9 and 10, respectively.
- Fifty-six percent of Round 10 proposals from non-Francophone countries were approved, as against only 48% of proposals from Francophone countries. These rates were almost identical to those that applied in Round 9.
- Fifty-five percent of the total two-year cost of approved Round 10 proposals was for proposals from low-income countries, down from 70% in Round 9. The success rate of Round 10 proposals from low-income countries was 52%, about five percent less than the success rate of proposals from lower-middle and upper-middle income countries.
- Twenty-five of the 78 HIV proposals requested funding from the dedicated funding stream for most-at-risk-populations (MARPs), which was newly created for Round 10. The total two-year funding request under this stream was \$99 million. The TRP recommended 12 of these proposals, with a two-year cost of \$47 million. Two of the successful MARPs proposals were from Malaysia and Uruguay; this will be the first time that these countries will receive money from the Global Fund.
- Of the 150 eligible proposals, 52 (35%) planned to implement dual-track financing, with principal recipients from both the governmental and non-governmental sectors.

The following tables summarise the Round 10 results.

Table 1: Global Fund proposals, submitted and approved, by Round

Round	Eligible proposals submitted			Of which, approved by the Board		
	Number	Total Cost *	Aver. cost per proposal	Number (and % of no. submitted)	Total Cost (and % of submitted cost)	Aver. cost per proposal
1	204	\$1.5 b.	\$7 m.	58 (28%)	\$0.6 b. (38%)	\$10 m.
2	229	\$2.1 b.	\$9 m.	98 (43%)	\$0.9 b. (40%)	\$9 m.
3	180	\$1.8 b.	\$10 m.	71 (39%)	\$0.6 b. (33%)	\$9 m.
4	173	\$2.5 b.	\$15 m.	69 (40%)	\$1.0 b. (39%)	\$14 m.

5	202	\$3.3 b.	\$16 m.	63 (31%)	\$0.7 b. (22%)	\$12 m.
6	196	\$2.5 b.	\$13 m.	85 (43%)	\$0.8 b. (34%)	\$10 m.
7	150	\$2.4 b.	\$16 m.	73 (49%)	\$1.1 b. (47%)	\$15 m.
8	174	\$5.8 b.	\$33 m.	94 (54%)	\$3.1 b. (51%)	\$33 m.
9	159	\$4.8 b.	\$31 m.	85 (53%)	\$2.2 b. (46%)	\$26 m.
10	150	\$4.3 b.	\$29 m.	79 (53%)	\$1.73 b (40%)	\$22 m.

* In this and the following tables, "Cost" means the cost for Years 1-2.

Table 2: Number of proposals submitted and approved, by disease, Rounds 8-10

Number of eligible proposals submitted, number approved, and % approved									
Disease	Round 8			Round 9			Round 10		
	Submitted	Approved		Submitted	Approved		Submitted	Approved	
HIV/AIDS	76	37	(49%)	74	35	(47%)	78	34	(44%)
Malaria	41	28	(68%)	31	17	(55%)	24	19	(79%)
TB	57	29	(51%)	54	33	(61%)	48	26	(54%)
Total	174	94	(54%)	159	85	(53%)	150	79	(53%)

Table 3: Costs of approved proposals, by disease, Rounds 8-10

Cost of approved proposals, % split between diseases						
Disease	Round 8		Round 9		Round 10	
	HIV/AIDS	\$1.16 b.	(38%)	\$0.98 b.	(44%)	\$0.81 b.
Malaria	\$1.57 b.	(51%)	\$0.61 b.	(28%)	\$0.58 b.	(34%)
TB	\$0.33 b.	(11%)	\$0.62 b.	(28%)	\$0.34 b.	(20%)
Total	\$3.06 b.	(100%)	\$2.21 b.	(100%)	\$1.73 b.	(100%)

Table 4: Regional breakout, Rounds 9 and 10

Region	Number of eligible proposals submitted, number approved, and % approved						Cost of approved proposals, % split between diseases	
	Round 9			Round 10			Round 9	
	Submitted	Approved	% Approved	Submitted	Approved	% Approved	Cost	%
Africa: Eastern	16	8	(50%)	20	9	(45%)	\$0.38 b.	(17%)
Africa: Southern	13	7	(54%)	20	7	(35%)	\$0.26 b.	(12%)
Africa: West and Central	32	18	(56%)	22	12	(55%)	\$0.59 b.	(27%)
East Asia and the Pacific	17	11	(65%)	18	14	(78%)	\$0.38 b.	(17%)

Eastern Europe and Central Asia	21	12	(57%)	19	10	(53%)	\$0.11 b.	(5%)
Latin America and the Caribbean	30	17	(57%)	21	8	(38%)	\$0.19 b.	(9%)
Middle East and Northern Africa	18	5	(28%)	22	14	(64%)	\$0.09 b.	(4%)
South West Asia	12	7	(58%)	8	5	(63%)	\$0.22 b.	(10%)
Total:	159	85	(53%)	150	79	(53%)	\$2.21 b.	(100%)

Table 5: Francophone/Non-Francophone breakout, Rounds 9 and 10

Language of country	Number of eligible proposals submitted, number approved, and % approved						Cost of approval and % split between	
	Round 9			Round 10			Round 9	
	Submitted	Approved	% Approved	Submitted	Approved	% Approved		
Francophone countries *	35	17	(49%)	23	11	(48%)	\$0.60 b.	(27%)
Non-Francophone countries	112	64	(57%)	112	63	(56%)	\$1.53 b.	(69%)
Regional	12	4	(33%)	15	5	(33%)	\$0.08 b.	(4%)
Total:	159	85	(53%)	150	79	(53%)	\$2.21 b.	(100%)

* From the countries applying under Round 10, the following countries were classified by GFO as Francophone: Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo Rep., Congo DR, Cote d'Ivoire, Djibouti, Guinea, Madagascar, Mali, Niger, Senegal and Togo.

Table 6: Breakout by national income level, Rounds 9 and 10

Income level	Number of eligible proposals submitted, number approved, and % approved						Cost of approved proposals and % split between country types		
	Round 9			Round 10			Round 9	Round 10	Total
	Submitted	Approved	% Approved	Submitted	Approved	% Approved			
Low	83	44	(53%)	67	35	(52%)	\$1.54 b.	(70%)	\$0.96 b.
Lower-middle	57	34	(60%)	56	32	(57%)	\$0.51 b.	(23%)	\$0.55 b.
Upper-middle	9	3	(33%)	12	7	(58%)	\$0.08 b.	(4%)	\$0.21 b.
Regional	12	4	(33%)	15	5	(33%)	\$0.08 b.	(4%)	\$0.02 b.
Total:	159	85	(53%)	150	79	(53%)	\$2.21 b.	(100%)	\$1.73 b.

Further highlights of Round 10 include the following:

- Each member of each CCM that applied in Round 10 will shortly be sent formal notification of the Board's decision, together with a TRP Review Form in which the TRP will provide detailed explanations for the decision, together with a list of any major and minor weaknesses that the TRP found in the proposal. In the case of Category 1, 2 and 2B proposals, weaknesses will include issues that must be addressed during the clarification process. In the case of Category 3 proposals, weaknesses will include issues that would have to be addressed in any re-submission in a future round.
- In Round 10, four approved proposals had five-year requested amounts in excess of \$250 million, up from two in Round 9 and down from seven in Round 8. The four proposals, all for HIV, were from Kenya (\$345 m.), Ukraine (\$306 m.), South Africa (\$303 m.) and Zambia \$259 m.).
- Among non-approved Round 10 proposals, Ghana had a five-year request amounting to \$1.4 billion for an HIV proposal with a cross-cutting health systems strengthening (HSS) request attached (it was rated Category 4 by the TRP). Four other countries had five-year requested amounts in excess of \$250 million: Democratic Republic of Congo, Malawi, Nigeria and Zimbabwe, all for HIV proposals.)
- None of the three eligible proposals submitted by regional coordinating mechanisms (RCMs) were approved. Of the 12 proposals submitted by regional organisations, five were approved.
- There were two eligible proposals from Non-CCMs. Both were from one applicant in Somalia and both were approved. One was for TB, and the other was for malaria, with a cross-cutting HSS

- component attached. Six Non-CCM applicants submitted proposals, but five were deemed ineligible.
- Of the 28 cross-cutting HSS requests that were attached to eligible proposals, 11 were approved, with a two-year cost of \$128 million. This is down considerably from Round 9 (17 proposals approved, with a two-year cost of \$363 million).
- Of the 150 proposals reviewed by the TRP, 12 were consolidated proposals, of which eight were approved for funding.
- Of the 150 proposals reviewed by the TRP, 64 were re-submissions of proposals that were unsuccessful in Round 9. Of these, the success rate for disease proposals was 64% and for cross-cutting HSS requests was 55%. Thus, a significant percentage of re-submissions still did not succeed this second time.
- In five of the six regions that submitted MARPs proposals in Round 10, the average two-year cost of all approved HIV proposals in these regions was down from Round 9 – down significantly in some regions (e.g., Latin America and the Caribbean, from \$14 million to \$4 million; East Asia and Pacific, from \$29 million to \$14 million; and Middle East and Northern Africa, from \$27 million to \$10 million). Round 10 applicants were allowed to submit a regular HIV proposal or a MARPs proposal, but not both. Given that the MARPs proposals were each capped at \$5 million for the first two years, it is reasonable to conclude that the use of MARPs proposals has lowered the average cost of HIV proposals in many regions.
- Interventions to strengthen community systems (CSS) were included in 65 of the 150 eligible disease proposals (43%) and in six of the 28 cross-cutting HSS requests (21%). (The Board approved funding 27 of the 65 disease proposals, and one of the six HSS requests.)

The Phase 1 budget breakout of the Round 10 approved proposals is shown in Table 7.

Table 7: Budget breakdown, Rounds 8, 9 and 10

Category	Round 8	Round 9	Round 10
Health products and health equipment	36%	21%	19%
Medicines and pharmaceutical products	11%	13%	22%
Training	9%	10%	10%
Human resources	8%	14%	13%
Infrastructure and other equipment	8%	10%	6%
Procurement and supply management costs	6%	4%	5%

M&E	5%	7%	6%
Communication materials	4%	4%	3%
Planning and administration	3%	5%	6%
Living support to clients and target populations	3%	4%	3%
Technical and management assistance	3%	3%	3%
Overheads	3%	4%	3%
Other	1%	1%	1%
Total	100%	100%	100%

Note: The Round 10 breakout numbers are based on total costs of \$1.85 billion, whereas only \$1.73 billion was approved. The \$1.85 billion figure includes already approved and committed funds under the eight consolidated disease proposals recommended for funding, as well as, in fourteen instances, elements identified and removed by the TRP from otherwise technically sound proposals recommended for funding by the TRP.

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