The Global Fund Round 8 Proposal Development Workshop held in Jakarta, Indonesia, from 11-13 March 2008 was the third in a series of workshops that the World Health Organization’s Regional Office for South-East Asia has organized with support from the Global Fund Secretariat. Similar workshops were held for proposal development for Round 6 and Round 7. WHO considers capacity development in the countries for accessing, implementing and monitoring and evaluation of GF grants as the key to effectively utilize Global Fund resources to improve the outcomes for HIV/AIDS, TB and malaria.

The workshop aimed to enable countries to develop technically sound proposals in compliance with Round 8 proposal guidelines and Global Fund requirements. This workshop brought together 80 participants from 13 countries from the South Asia and Pacific Regions. Participants had the opportunity to listen first-hand to the views of the architects of the Round 8 forms and guidelines, discuss various common issues, reflect on the concepts of their anticipated proposals, and how they could be developed further to meet the Round 8 proposal submission deadline of 1 July 2008.
Global Fund Round 8
Proposal Development
Jakarta, Indonesia, 11-13 March 2008

Report of the workshop
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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ARV</td>
<td>anti-retroviral</td>
</tr>
<tr>
<td>ASEAN</td>
<td>Association of Southeast Asian Nations</td>
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<tr>
<td>CCM</td>
<td>country coordinating mechanism</td>
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<tr>
<td>CPs</td>
<td>condition precedents</td>
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<tr>
<td>DPRK</td>
<td>Democratic People’s Republic of Korea</td>
</tr>
<tr>
<td>DOTS</td>
<td>directly observed treatment-short course</td>
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<tr>
<td>DR</td>
<td>disbursement request</td>
</tr>
<tr>
<td>DQA</td>
<td>data quality assurance</td>
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<tr>
<td>EML</td>
<td>essential medicines list</td>
</tr>
<tr>
<td>GA</td>
<td>grant agreement</td>
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<tr>
<td>GF</td>
<td>Global Fund to fight AIDS, TB and Malaria</td>
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<tr>
<td>GTZ</td>
<td>German Technical Cooperation (Deutsche Gesellschaft fur Technische Zusammenarbeit)</td>
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<tr>
<td>HSS</td>
<td>health systems strengthening</td>
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<tr>
<td>IEC</td>
<td>information, education and communication</td>
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<tr>
<td>IHR</td>
<td>International Health Regulations</td>
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<tr>
<td>ILO</td>
<td>International Labour Organization</td>
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<tr>
<td>IRS</td>
<td>indoor residual spraying</td>
</tr>
<tr>
<td>ITN</td>
<td>insecticide-treated net</td>
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<tr>
<td>LFA</td>
<td>local fund agent</td>
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<tr>
<td>LMIC</td>
<td>lower middle-income countries</td>
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<tr>
<td>MDR-TB</td>
<td>multidrug-resistant tuberculosis</td>
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<tr>
<td>M&amp;E</td>
<td>monitoring and evaluation</td>
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<tr>
<td>PBF</td>
<td>performance-based funding framework</td>
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<td>PMRs</td>
<td>progress monitoring reports</td>
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<td>PR</td>
<td>principal recipient</td>
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<td>PRM</td>
<td>price reporting mechanism</td>
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<td>PSM</td>
<td>procurement and supply management</td>
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<td>PU</td>
<td>progress update</td>
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<tr>
<td>RBM</td>
<td>Roll Back Malaria</td>
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<td>RCC</td>
<td>rolling continuation channel</td>
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<tr>
<td>RCM</td>
<td>regional coordinating mechanism</td>
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<tr>
<td>RO</td>
<td>regional organization</td>
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<tr>
<td>RDQA</td>
<td>revised data quality assurance</td>
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<tr>
<td>SAARC</td>
<td>South Asian Association for Regional Cooperation</td>
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<tr>
<td>SCs</td>
<td>special conditions</td>
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<tr>
<td>SDA</td>
<td>service delivery area</td>
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<tr>
<td>SEARO</td>
<td>WHO Regional Office for South-East Asia</td>
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<tr>
<td>SRs</td>
<td>sub-Recipients</td>
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<tr>
<td>TA</td>
<td>technical assistance</td>
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<tr>
<td>TRP</td>
<td>technical review panel</td>
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<tr>
<td>UMIC</td>
<td>upper middle-income countries</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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Member countries of the WHO South-East Asia Region are becoming increasingly successful in applying for Global Fund grants. The success rates of proposals from the Region increased to 54% and 47% in round 6 and 7 respectively from 16% in round 5. However, capacity needs to be updated with successive GF rounds, as there are changes and revisions in the forms and formats. Further, proposal development needs to be coordinated and well supported.

The WHO Regional Office for South-East Asia (WHO/SEARO) therefore organized a Workshop on Global Fund Round 8 Proposal Development in Jakarta, Indonesia, from 11-13 March 2008. Similar workshops were held for proposal development for Round 6 and Round 7. WHO considers capacity development in the countries for accessing, implementing and monitoring and evaluation of GF grants as the key to effectively utilize GF resources to improve the outcomes for HIV/AIDS, TB and malaria.

The workshop brought together about 80 participants from 13 countries from Asia Pacific. The Global Fund secretariat resourced the relevant proceedings of the workshop.
The general objective was to enable countries to develop technically sound proposals in compliance with new Round 8 proposal guidelines and GF requirements.

The following were the specific objectives:

1. To brief participants on GF new Round 8 proposal guidelines and requirements, including formats and templates.
2. To share lessons learnt in proposal development from previous Round(s).
3. Discuss new developments affecting proposals, including health system strengthening, community systems strengthening, gender-sensitive response and dual track financing.
4. To discuss key issues of cross-border collaboration that need to be incorporated in the proposals.
5. To share innovative and best practice private public partnership (PPP) models and promote private sector partnerships.
3.1 Global Fund key recent developments and strategic directions

Dr Elmar Vinh-Thomas, Team Leader, GF East Asia and Pacific Cluster and Ms Christa Arent, Fund Portfolio Manager, GF South and West Asia Cluster briefed the participants on the recent key developments and strategic directions in the Global Fund. The developments and strategic directions, based on the decisions of the recent Board meeting, were outlined to be in the areas of health systems strengthening, modification of Rolling Continuation Channel (RCC) rules, eligibility of upper middle income countries, hosting of affordable medicines facility for malaria, country coordinating mechanism (CCM) representation and financial support, travel by people living with HIV, gender issues, secretariat budget and transition from administrative service agreement with WHO etc.

As for health systems strengthening (HSS), GF grant can be used for strengthening public, private or community systems, but only if doing so makes it easier for combating the three diseases. CCMs having at least one grant under its oversight can now apply to the Secretariat for upto $43,000 annually to cover administrative costs. By the end of 2008, the Global Fund will terminate its administrative service agreement with WHO. The approved GF Secretariat budget also includes allocation for 426 full-time-equivalent staff to respond to increased grant activity. About 150 new recruitments were underway.
3.2 HIV/AIDS, TB and malaria situation in the South-East Asia Region and priorities for their prevention and control

Dr Sangay Thinley outlined the HIV/AIDS, tuberculosis and malaria prevention and control priorities in the Region based on the burden of the diseases and the existing situation of prevention and control efforts. In the HIV/AIDS area, efforts were required not only in initiating prevention interventions but also in scaling them up. Scaling up voluntary testing and counseling and treatment of opportunistic infections, nutritional care, and anti-retroviral treatment itself are other priorities. HIV/TB co-infection and programmes to address it is another area. Sustaining quality DOTS, addressing newer challenges like MDR-TB, engaging all care providers, empowering patients and communities, ensuring quality assured laboratory networks and addressing difficult areas are priorities in TB. Priorities in malaria prevention and control are to rapidly scale up coverage of insecticide-treated net/indoor residual spraying (ITN/IRS), lay emphasis on ecological and behavioural determinants and garner multi-sectoral involvement.

The common thread in the priorities in the prevention and control of HIV/AIDS, tuberculosis and malaria are strengthening strategic information (surveillance, monitoring, evaluation and operational research), improving planning and management, including logistics, and health systems strengthening including human resources and laboratory networks.

3.3 How to access funding and the importance of past performance, good track record and proven best practice models

Ms Christa Arent, the Fund Portfolio Manager, South and West Asia Cluster, briefed the participants on the overall Global Fund guiding principles, distribution and impact of GF grants so far, key GF global and country governance structures, and proposal making and management processes. It was emphasized that GF is a financial instrument and not an implementing entity and looks at leveraging and making available additional financial resources for programmes reflecting national ownership and partnerships. The process used for grant making, i.e. call for proposals, preparation and submission of proposals by CCMs along with recommendation for principal recipients (PRs), screening of the proposals for eligibility by the Secretariat, and review of the proposals by the technical review panel (TRP) for submission to the Board for approval were outlined. Once a grant is approved, the management process like the appointment of the local fund agent (LFA) by the GF, assessment of the PR by the LFA, negotiation
and signing of the grant with the PR and the disbursement norms were highlighted. The Global Fund’s principle of performance-based funding linking ongoing disbursements to programmatic results and financial expenditures was made clear to the participants. This was explained to be not only applicable for ongoing disbursement but also for Phase 2 renewal and the rolling continuation channel (RCC).

3.4 The TRP review process and lessons learnt from previous Rounds

Ms Karmen Bennett, Manager, GF Proposal Advisory Services, presented an overview of proposal eligibility and screening process, TRP review criteria and lessons learnt from TRP comments during Round 7. It was pointed out that screening by the Secretariat was based on the country income level eligibility and applicant eligibility, i.e. CCM, regional coordinating mechanism (RCM) and regional organization. CCM guidelines need to be adhered to. Only eligible proposals are forwarded to the TRP. Missing information on donors/GF grants, budget calculation mistakes and mis-match of indicators table and service delivery area (SDA) budgets were some common observations. Inclusion of extra supporting documents without clear relevance, some very voluminous, was also noticed.

TRP reviews the proposals based on a) soundness of approach, b) feasibility and c) potential for sustainability. From Round 8 they will also review for impact. Based on Category 3 and 4 Round 7 proposals from countries in the Region, lessons or relatively common weaknesses that were observed were as follows:

- Proposals did not demonstrate complementarity or additionality; unclear how the programme related or added to existing programmes, including prior GF grants.
- Some proposed approaches/activities were inappropriate.
- There were insufficient details on proposed activities.
- The proposal did not contain strong situation/gap analysis.
- Budget information was inaccurate, questionable and/or not sufficiently detailed.
Prior TRP comments were not addressed.

The participants were strongly encouraged to take into account TRP’s Report on Round 7 while preparing Round 8 proposals.

3.5 GF CCM requirements/CCM eligibility criteria, guidelines and tools

Mr David Winters, GF CCM Manager, outlined the principles for CCMs, minimum requirements for CCM, sub-CCM and RCM eligibility and CCM funding policy. The main principles were to promote country partnership-led formulation processes, harmonize with existing national and regional strategies, strengthen community systems and gender participation.

To be eligible to apply for grants, CCM, sub-CCM or RCM must comply with six minimum requirements (Fig 1).

Applicants not recently determined “compliant” should provide a complete set of documentation for all six minimum requirements.

- Impact/outcome indicators were inappropriate or not clearly defined.
- The budget was imbalanced; too much or too little was allocated to one or more sector activities.
- Insufficient focus on vulnerable groups.
- Inadequate or unclear use of partners, and

**Fig. 1: CCM – Six minimum eligibility requirements**

1. Non-government representatives - transparent selection
2. People living with and/or affected by diseases
3. Transparent proposal solicitation and review
4. Transparent PR nomination & programme oversight
5. Stakeholder input
6. Conflict of interest policy
3.6 Introduction to Round 8 revised guidelines, proposal form and tools

Ms Karmen Bennett introduced the Round 8 proposal forms and guidelines including the resource forecast and timeline for Round 8 “Call for Proposals” (Fig.2). Multi-country applicants are to use a different form from single country applicants in Round 8. The multi-country approach addresses common problems specific to regional proposals.

It was said that significant efforts were made to simplify and shorten Round 8 forms. Compared to Round 7 forms, the front section has been shortened by 25 pages, language made less complex and most instructions moved to the Guidelines. However, it was pointed out that new policies of the GF have been incorporated, e.g. dual track financing, community systems strengthening, grant consolidation, scaling up gender sensitive response, alterations to income level eligibility criteria, cost-sharing, HSS, and CCM composition and funding. Annex 3 in the Guidelines lists possible ‘programme areas’ and HSS including TB/HIV co-infection.

Key adjustments from Round 7 were highlighted to be eligibility criteria for upper-middle income applicants (Fig.3), cost sharing principle and HSS and CCM composition/funding. Since it is recognized that strong health systems are essential to improved outcomes for the three diseases, support is
available if a clear link can be shown. Responses to health systems gaps/weaknesses can be incorporated through the disease programme or through a cross-cutting approach but there is no separate health system component (Figs. 4, 5, 6). Construction of large infrastructure projects, e.g. hospitals, and efficacy tests for new vaccines are not supported.

Some factors identified for the success of proposals included cross-disease leadership by all stakeholders, focused pre-planning, drafting and pre-review. Gap analysis and the additionality principle remains a critical part of need-based proposals.

Dual track financing, community systems strengthening, encouraging gender sensitive responses and grant consolidation aspects of the proposal forms and guidelines were covered through an interactive Round 8 Quiz (Annex 3).

### 3.7 Health System Strengthening

After an overview on health systems constraints, priorities, building block and overall opportunities for HSS by Dr Sangay Thinley, Ms Laksami Suebsaeng, Dr Nani Nair, Dr Krongthong Thimasarn and Dr Sombat Thanprasertsuk made presentations on community systems strengthening; human resource, laboratory
**TRP Review approach:**
- E.g., take the “Malaria proposal” which includes the distinct s.4B for only cross-cutting HSS interventions that benefit the diseases.
- TRP will review the “malaria proposal” as two parts – the “malaria specific part” and “the s.4B cross-cutting part.”
- TRP can recommend either:
  - (a) The whole “malaria proposal, including s.4B;” or
  - (b) Only the “malaria specific part”; or
  - (c) Only the s.4B distinct HSS cross-cutting part.

**The workshop in progress**

The importance of an appropriate gap analysis of health systems constraints in improving the output and outcome for the three diseases was highlighted. Further, the need for the proposed activities to be defined in consultation with key stakeholders and to fit within the overall national plans/policies along with selection of a set of credible indicators was emphasized.

Community systems strengthening to achieve improved outcomes for HIV, TB and malaria prevention, treatment, and care and support programmes by development/strengthening community-based organizations through building capacity and partnerships and sustainable financing was stressed.

Human resources, strategic information, procurement and supply management, laboratory infrastructure and kits, blood safety and programme management were outlined to be the health systems priorities faced by countries as reflected in previous applications submitted to the GF. Details of the problems and suggestions as to how they can be further strengthened through GF proposals were presented. Drug quality monitoring and assurance, and pharmacovigilance and its principles were explicitly presented for consideration. As regards strategic information, insufficient collection and reporting, analysis due to lack of systems and skills were identified as major bottlenecks.
3.8 Regional/multicountry proposals and cross-border issues

Multicountry applicants can be either Regional Coordinating Mechanism (RCM) or Regional Organization (RO) applicants. Only one out of seven multi-country RCM/RO proposals was approved during Round 7. Some of the problems with the previous proposals were lack of description as to how it will ensure that there is no duplication of resources in countries that are also recipients of other GF grants; major focus on human resource, training and consultancy; lack of description as to how mobile populations which are targeted can be reached; and unrealistic targets in the complex context.

However, cross-border collaboration for disease control was thought important from the perspective of equitable access to health services as border areas are often remote and inaccessible and there are gaps between national policies and action. Appropriate policies/strategies, dialogue, cooperation, sustained financing and partnerships are required to garner cross-border collaboration. Regional organizations like ASEAN and SAARC in the South-East Asia Region can play an important role in helping countries prioritize and build consensus for cross-border health, including ethical and legal issues, and training health staff on cross-border health issues, information exchange and International Health Regulations (IHR).

At the national level a policy mandating a coordinated joint action, appointment of cross-border coordination committees and building partnerships is necessary. At the local level a rapid assessment and mapping of services, obtaining consensus and coordinating information along with programme implementation through standardized training materials, joint plans and appropriate IEC materials is necessary. There are common as well as specific areas that need to be considered in the areas of HIV, TB and malaria prevention, case management and surveillance.
3.9 Budget and templates

Mr Padraig Power, GF Finance Officer, introduced the budget template for the proposals and discussed issues related to the budget and financial information. The key financial principles outlined included providing a consolidated budget for all activities up to a maximum period of five years either in euros or dollars. There is no upper/lower ceiling to the request and one budget should be made for each disease component. The detailed budget should be along the same lines as the implementation strategy, consistent with the detailed workplan for year 1 and 2, consistent with targets and indicators, and cover the lifetime of the proposal. All assumptions regarding unit quantities and costs, exchange rates etc. should be stated. The detailed budget should also be summarized by service delivery area and cost category in the relevant sections.

The main changes from Round 7 are cost sharing requirements for lower middle-income countries (LMIC) and upper middle-income countries (UMIC), and change in budget presentation of HSS. CCM costs should not be included in the proposal as it comes from a separate budget from the Secretariat. Budget templates are available in automated and partly automated forms the use of which is optional.

Dual track financing, common funding mechanism, grant consolidation, M&E, programme administration etc. will require special attention while preparing budgets though there is nothing new budgeting-wise. HSS budget presentation will depend upon what option, disease programme or cross-cutting approach, the HSS activities are packaged in the proposals. Apart from large infrastructure, research into drugs and vaccine development, applications can be made for all health systems components under the six HSS building blocks (Fig. 7).

The fully automated budget template was demonstrated with emphasis on what requires to be filled in. The template helps to respond to TRP request to have

**Fig. 7: HSS – Round 8 – what can applicants apply for?**

Refer Annex 3 of the proposal guidelines - Applicants may apply for support for HSS interventions which may include:

- Information
- Service delivery
- Health products and technologies
- Financing
- Health workforce
- Leadership and governance

*Only exceptions - large infrastructure and scientific research into drugs + vaccine development*
more consistent financial information supporting a request for funding, provide consistent budget information supported by appropriate level of detail and to provide a tool which can aid grant management and monitoring. The main weaknesses that the TRP pointed out in terms of financial issues were detail, clarity and consistency (Fig. 8).

### 3.10 Monitoring and evaluation and GF’s performance-based funding framework

A performance framework consisting of indicators, baselines and targets is important to measure success towards reducing overall morbidity and mortality as well as to review processes for requests for continued funding, i.e. end of year 2, and end of year 4. GF principles support country-led harmonized performance management (Fig. 9).

**Fig. 9: Global Fund contributions to country-led harmonized performance management**

<table>
<thead>
<tr>
<th>Some of the elements for efficient, effective M&amp;E systems</th>
<th>Global Fund principles supporting this approach</th>
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<tbody>
<tr>
<td>Common processes and systems to collect timely, quality data</td>
<td>Use in-country existing systems whenever these exist</td>
</tr>
<tr>
<td>Data disaggregation to a level possible for epidemiological programming</td>
<td>Disaggregated data whenever that supports gender sensitive background (s.4.3)</td>
</tr>
<tr>
<td>Adequate funding across system needs</td>
<td>Recommended inclusion of 5-10% M&amp;E systems support</td>
</tr>
<tr>
<td>Outcome/impact measurement is timely and transparent</td>
<td>Will produce strategic information to demonstrate achievements and correct interventions</td>
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</table>

Attachment A stating the expected performance and impact over the proposal term is the Round 8 Performance Framework. The attachment should be self explanatory, be completed for each disease and use existing national list of indicators, data collection systems, and planned surveys whenever possible to avoid duplication. What is new in the Round 8 performance framework is updated special instructions related to health systems strengthening, dual track financing and grant consolidation. The programme areas and routine reporting indicators have also been updated in consultation with Stop TB, RBM, UNAIDS, and WHO. A good attachment A should have
both output and process indicators and the targets expressed in absolute numbers where applicable (Fig. 10).

The performance framework should draw upon the multi-agency M&E tool kit to the extent possible. The M&E Systems Strengthening Tool is meant to guide strategic investments in M&E and strengthen systems by avoiding the creation of parallel reporting systems and identifying M&E capacity gaps and corresponding strengthening measures. This will continue to be used for Round 8 grant signing and should be completed on a per disease basis. Therefore, national multi-stakeholder workshops need to considered based on a decision tree for implementation (Fig. 11).

The contents of the M&E strengthening tool are the M&E plan, data management capacity of the PR and the data collection and reporting systems per Programme Area. Typically, a M&E plan is a nationally agreed document that describes the functioning of the national (or GF grant specific) M&E system and the mechanisms to strengthen it during a determined period of time. Normally PRs should use the framework of the national M&E plan, unless it is a multi-country proposal or the national M&E plan does not include details required for GF grant.

**Fig. 10: What makes a good ‘Attachment A’?**

- Ensure output indicators (e.g. ‘people reached with services’) are included for the main target groups
  - e.g.,
    - number of people on continuing on ARVs after 12 months
    - Number of children under 5 routinely sleeping under a bed net
    - Number of MDR-TB cases correctly diagnosed and treated
  - Then, also ensure that some indicators (not the majority) focus on people trained and services that are strengthened i.e., these will be collected on a more regular basis from the very start of implementation
  - Express targets in absolute numbers where applicable; report both numerator & denominator when target is expressed in %, unless the source is a representative survey

  If the epidemiological situation and focus of proposal requires indicators disaggregated by sex – make sure this is so to demonstrate proposal merit

**Fig. 11: Decision tree on implementation**

- National M&E assessment conducted in approx. last 2 years
  - Yes
    - PR is a National Program Coordinating Authority or relevant Ministry
    - PR does not need to implement a new M&E assessment
  - No
    - PR only to complete the M&ESS Tool in a simplified process
    - LFA uses the M&E assessment results as main source document and completes Repeat or New PR Assessment report

- National M&E assessment conducted in approx. last 2 years
  - Yes
    - PR is a National Program Coordinating Authority or relevant Ministry
    - PR does not need to implement a new M&E assessment
  - No
    - PR implements comprehensive/ participatory M&E assessment (ideally using M&ESS Tool)
    - LFA i) verifies/validates results; and ii) completes Repeat or New PR Assessment report using the findings from the assessment

- PR is a National Program Coordinating Authority or relevant Ministry
  - LFA i) participates in the stakeholder workshop as an observer and ii) uses the M&E assessment results as main source document and completes Repeat or New PR assessment report
Common issues in performance frameworks are lack of consistency between goals, objectives, service delivery areas and indicators; poor formulation and selection of indicators; absence of impact indicators; inappropriate frequency of reporting and absence of plans for collecting missing baselines. Insufficient explanation about overlap with existing grants and inadequate budgetary or no budgetary provisions for M&E is another problem.

3.11 Procurement and supply management of health products: GF requirements and templates

About 50% of the Global Fund grants are allocated to supplies and management of products. A weak supply chain or bottleneck is a risk factor for failures or reduced impact. TRP therefore not only reviews just the kind and quantity of purchase but also how product delivery will take place. GF has in place procurement and supply management (PSM) guidelines to be used by PRs. The policies and guidelines highlight the procurement of quality assured products at lowest possible prices in a transparent and competitive manner and in accordance with national laws and international agreements.

The relevant sections of the proposal forms contain areas where pharmaceutical and health products for the initial two years and a detailed budget summary by cost category can be reflected. Attachment B contains a preliminary list of pharmaceutical and health products. For Round 8, the specific policies that are outlined include quality assurance policy, MDR-TB treatment and voluntary pooled procurement. Quality assurance policies are different for multi-source pharmaceutical products and single and limited-source pharmaceutical products (Fig. 12).
Contribution to Green Light Committee support services for MDR-TB treatment per grant per relevant year is US $ 50,000 (preliminary allocation). If the requirements are less it will be adjusted during grant negotiations.

After submission of a grant proposal along with Attachment B, a PSM plan needs to be prepared for grant signing.

3.12 Dual track financing – effective scale-up through public private partnership

Overview on best practices and comparative advantages of public sector, civil society and the private sector

Ms Ntombeckhaya Matsha, Civil Society Officer and Mr Patrick Silborn, Private Sector Partnerships Officer of the Global Fund presented overviews of the best practices and comparative advantages of the public sector, civil society and the private sector.

The added value civil society brings, what works and reflections from the countries were highlighted. Examples involving key affected populations in Thailand, reaching key infected/affected populations in India and improving capacity building opportunities of affected communities was shared. Initiatives for scaling up proven success with treatment literacy programmes, income generation programmes, advocacy at district and regional programmes were made through the Tanzania AMREF. In Bangladesh and Zambia, civil societies were able to roll out services to hard-to-reach communities and build stronger sustainable organizations by attracting more funding from other donors including the government. There has been a paradigm shift to accountability and performance management from mere activism. Civil society engagement works by involving them in CCMs, proposal development and implementation, and clear articulation of comparative advantage of roles. The capacity of national civil societies need to be strengthened through grooming by international NGOs and development as well as technical partners in the areas of proposal development, implementation and overall management.
The potential added value of the private sector is increased resources, increased reach and increased efficiency. The private sector can be a partner in governance, be involved in co-investment or proposal development/implementation and a partner in resource mobilization. An example of direct co-investment partnership is Unilever Tea operating in Mufundi District in Tanzania where the company clinic serves not only the immediate employees and dependents but also the surrounding community through incorporation into the national care and treatment programme supported by GF and others. Examples of the private sector being involved in proposal development (Fig. 13), technical assistance and as grant recipients were shared. There are also examples of a wide range of private sector contributions in the areas of finance, services and products. During Round 7, 36 of the 73 disease components recommended for funding listed private sector contributions.

The private sector needs to be actively engaged in the CCMs, proposal development and other areas.

**Best practice PPP examples including key success factors and lessons learnt**

Dr Edgardo R Venon Cruz shared the Pilipinas Shell Foundation, Inc. involvement in the “Movement against Malaria”. Established as the social arm of the Shell companies in the Philippines, Pilipinas Shell Foundation signed a grant agreement with GF in Round 5, expanding malaria control coverage to the top five endemic provinces in the country. The programme has high-level engagement with government, other private involvement and collaboration with other health programmes (Fig. 14). Furthermore, cost savings and fund management are the strengths of this partnership.

Dr Md Akramul Islam from Bangladesh shared the BRAC experience of partnership in TB and malaria programmes. The partnership collaborated in many areas (Fig. 15) successfully to improve TB treatment success and case
3.13 Technical Assistance: overview and key issues

An overview of key issues regarding technical assistance was highlighted by Dr Sangay Thinley based on the discussions in the previous Global Fund related meetings. Technical assistance (TA) and capacity development needs are a reality in the countries. Technical assistance is required throughout the grant lifecycle, from proposal development to implementation to monitoring and evaluation. It is good that support is available from an increasing number of sources as it is crucial to optimize the GF input to achieve HIV, TB and malaria goals. Many countries lack properly assessed technical support needs in terms of what is required, where to seek the support from and appropriate budgetary provisions. Quality technical assistance is neither free nor cheap. Therefore, countries need to plan and ensure adequate budget for TA in the grants and know where to procure TA from. GF needs to consider options for ensuring adequate and high-quality TA with every grant. Costed technical assistance plans should be made a requirement for all relevant grants. Technical assistance

detection rates. A 15-NGO consortium led by BRAC is the PR-NGO for the US $39.06 million Round 6 malaria grant.
agencies should ensure quality of assistance and focus to develop capacity in the countries.

The overview was followed by a panel discussion comprised of representatives from GTZ Backup Initiative, ILO, UNAIDS, UNFPA, UNICEF and WHO. The panelists highlighted how the respective agencies were involved in providing technical assistance to countries in relation to the Global Fund, the main areas of focus based on the mandate of the agency and needs of the countries, comparative advantages, and the process of seeking technical assistance from respective agencies. A Technical Support Facility has been established to take care of technical support needs in the area of HIV/AIDS. Some agencies (UNICEF, WHO) were also assisting in implementation of grants either as Sub-Recipients or through Memoranda of Understanding. After proposal development, WHO facilitated review of proposals for interested countries through a panel (called mock TRP) before submission of the proposal to GF.

### 3.14 Disease specific programme focus, group work and country action plans

**Disease specific country proposal concepts**

Starting from the first day of the workshop an hour each day was devoted to disease specific group work where country participants were requested to present their concept if they were thinking of applying for the component for Round 8 resourced by experts from WHO, UNAIDS and other agencies. The resource persons outlined the generic strategies, service delivery areas, activities and budgetary issues to help participants draw upon
the various framework, guidance and tools that were available for reference in the development of the proposals. Many countries, e.g. Indonesia, DPR Korea, Thailand etc., were able to improve their concepts through this process.

**Group work and country action plans**

Group work in country teams to discuss the proposals to be developed for Round 8 were organized based on the guidelines (Annex 4). Based on the group work, the importance of identifying priority areas, cross-cutting issues, technical assistance requirements and timelines to develop the proposals were put together and presented in the plenary for discussions. All countries presented their plans, particularly the timeline and technical assistance requirements.

**Regional/cross-border proposals**

A concept for a SAARC TB and HIV/AIDS Centre multi-country proposal and a malaria cross-border proposal were also presented. However, the malaria proposal may only be ready for Round 9.
It was concluded that the main expected outcomes of a) participants having a clear understanding of Round 8 proposal forms and guidelines, b) discussions on private/public partnership and regional proposals, and c) being prepared to develop proposals by preparing concepts, timelines and support needs like technical assistance were most apparently met through the clear-cut presentations and extensive clarifications and discussions. The presentations from people who were responsible for developing the forms and also from those involved with the Global Fund Proposal Development Services, CCM, finance, civil society, private sector partnership and fund portfolio managers were greatly appreciated. Further, the workshop was considered to be an excellent opportunity to discuss important cross-cutting issues like health systems strengthening and cross-border collaboration, facilitated by WHO. Inputs from disease-specific resource persons, civil society and private/public partnerships were invaluable. Countries were encouraged by the technical partners clearly outlining what support may be available, if needed, for proposal development and thereafter.

The support of the host country, the input of the local Secretariat (WHO country office, Indonesia) and the overall support of WHO and technical partners in successfully organizing the workshop were acknowledged.

The participants were urged to continue the work initiated during the workshop on the Round 8 proposals so that they can be submitted to the Global Fund without having to wait for the 1 July 2008 deadline.
### Monday, 10 March 2008

**1700-1900 hrs**  
Introduction to the Global Fund  
[Pre-programme for those new to the Global Fund (optional)]

### Tuesday, 11 March 2008

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>0830-0900 hrs</td>
<td>Registration</td>
</tr>
<tr>
<td>0900-1000 hrs</td>
<td><strong>Opening Session</strong></td>
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<td></td>
<td>- Welcome and briefing on the objectives of the workshop</td>
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<tr>
<td></td>
<td><em>Dr Sangay Thinley, Coordinator, HIV/AIDS, TB and Malaria, WHO/SEARO</em></td>
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<tr>
<td></td>
<td>- Introduction of participants</td>
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<tr>
<td></td>
<td>- <strong>Global Fund key recent developments and strategic directions</strong></td>
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<td></td>
<td><em>Dr Elmar Vinh-Thomas, Team Leader, East-Asia and Pacific Cluster, GF</em></td>
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<td><em>Ms Christa Arent, FPM, South and West Asia Cluster, GF</em></td>
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<tr>
<td></td>
<td>- Announcements and group photograph</td>
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<tr>
<td>1000-1030 hrs</td>
<td><strong>Tea break</strong></td>
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<tr>
<td>1030-1130 hrs</td>
<td><strong>HIV/AIDS, TB and Malaria situation in the SEA Region and priorities for</strong></td>
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<td>their prevention and control - *Dr Sangay Thinley, Coordinator,</td>
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<td></td>
<td>HIV/AIDS, TB &amp; Malaria, WHO/SEARO*</td>
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<tr>
<td></td>
<td>- <strong>How to access funding</strong> and importance of past performance, good</td>
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<td>track record and proven best practice models</td>
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<td></td>
<td><em>Ms Christa Arent, Fund Portfolio Manager, GF</em></td>
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<tr>
<td>1130-1230 hrs</td>
<td><strong>The TRP Review</strong> Process and Lessons learned from previous Rounds</td>
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<td></td>
<td><em>Ms Karmen Bennett, Proposal/TRP Manager, GF</em></td>
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<tr>
<td></td>
<td>- Q&amp;A</td>
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<tr>
<td>1230-1330 hrs</td>
<td><strong>Lunch</strong></td>
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<tr>
<td>1330-1430 hrs</td>
<td><strong>Proposal preparation and submission through CCM</strong></td>
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<td></td>
<td><strong>Global Fund CCM requirements/ CCM eligibility criteria, guidelines and</strong></td>
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<td>tools - <em>Mr David Winters, CCM Manager, GF</em></td>
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<tr>
<td>1430-1530 hrs</td>
<td><strong>Introduction to Round 8 revised guidelines, proposal form and tools</strong></td>
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<tr>
<td></td>
<td><em>Ms Karmen Bennett, Proposal/TRP Manager, GF</em></td>
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<tr>
<td></td>
<td>- Overview and update on key changes</td>
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<td>- Financial eligibility criteria and cost-sharing w/ national programs</td>
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<td>- Dual track financing (including engagement of civil society and</td>
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<td>private sector)</td>
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<td>- Encouraging gender sensitive response to the diseases (including a</td>
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<td>focus on women, girls and sexual minorities)</td>
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<td>- Q&amp;A</td>
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<tr>
<td>1530-1600 hrs</td>
<td><strong>Tea break</strong></td>
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<td>Time</td>
<td>Session</td>
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<tr>
<td>1600-1730 hrs</td>
<td>- <strong>Introduction to Round 8 revised guidelines, proposal form and tools (cont’d)</strong>&lt;br&gt;Ms Karmen Bennett, Manager Proposal Advisory Services, and Ms Ntombekhaya Matsha, Civil Society Officer, GF&lt;br&gt;  - Health System Strengthening: Overview on what can be funded by Global Fund, differentiating:&lt;br&gt;     - disease specific responses to gaps and weaknesses&lt;br&gt;     - cross-cutting responses to gaps and weaknesses&lt;br&gt;  - Community systems strengthening&lt;br&gt;  - Grant consolidation and link to existing grants&lt;br&gt;  - Q&amp;A</td>
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<tr>
<td>1730-1830 hrs</td>
<td>- <strong>Disease specific country proposal concept presentations and discussions (Parallel sessions)</strong> moderated by:&lt;br&gt;     - HIV/AIDS – WHO &amp; UNAIDS&lt;br&gt;     - TB – WHO&lt;br&gt;     - Malaria – WHO</td>
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<td>1900 hrs</td>
<td><strong>Reception</strong></td>
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**Wednesday, 12 March 2008**

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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>0830-1030 hrs</td>
<td>- <strong>Health System Strengthening</strong>&lt;br&gt;(including Community System Strengthening, Human Resource Development and links to other funding sources)&lt;br&gt;  - Overview&lt;br&gt;     <em>Dr Sangay Thinley, HTM, WHO/SEARO</em>&lt;br&gt;  - Community Systems Strengthening&lt;br&gt;     <em>Ms L Suebsaeng, TOA, WHO</em>&lt;br&gt;  - Human resource, laboratory and blood safety&lt;br&gt;     <em>Dr N Nair, RA-TB, WHO/SEARO</em>&lt;br&gt;  - Management, drug quality, pharmacovigilance and logistics&lt;br&gt;     <em>Dr K Thimasarn, RA-MAL, WHO/SEARO</em>&lt;br&gt;  - Strategic Information&lt;br&gt;     <em>Dr Sombat Thanprasertsuk, WHO/Thailand</em>&lt;br&gt;  - Discussions</td>
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<tr>
<td>1030-1100 hrs</td>
<td><strong>Tea break</strong></td>
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<td>1100 -1230 hrs</td>
<td><strong>Regional/multicountry proposals and Cross-border issues:</strong>&lt;br&gt;  - Lessons learnt and essential factors&lt;br&gt;     <em>Ms Karmen Bennett and Mr David Winters, GF</em>&lt;br&gt;  - Cross-border issues/priorities in HIV, TB and Malaria:&lt;br&gt;     <em>Dr Nani Nair &amp; HTM Group, WHO/SEARO</em>&lt;br&gt;  - Q&amp;A and discussions</td>
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<tr>
<td>1230-1330 hrs</td>
<td><strong>Lunch</strong></td>
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<td>Time</td>
<td>Activity</td>
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| 1330-1500 hrs| **Budget** issues and templates  
*Mr Padraig Power, Finance Officer, GF* |
| 1500-1530 hrs| **Tea break**                                                                                                                         |
| 1530-1630 hrs| **M&E** and the GF’s performance based funding framework  
*Ms Karmen Bennet, Proposal/TRP Manager, GF* |
| 1630-1730 hrs| **Procurement and Supply management of health products:**  
GFATM requirements and templates  
*Mr Olivier Cavey, Fund Portfolio Manager, GF* |
| 1730-1900 hrs| **Optional:**  
- Disease specific proposal concept discussions with technical partners (*Parallel sessions*) – moderated by HIV/AIDS, TB, Malaria resource persons as on Day 1  
- Individual meetings with GF resource persons |

**Thursday, 13 March 2008**

**DAY 3 – Public Private Partnerships, TA and Action Planning**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>0830 hrs</td>
<td><strong>Dual track financing</strong> – Effective Scale up through public private partnerships (civil society and private sector as PR/SRs)</td>
</tr>
</tbody>
</table>
| 0830 – 0845 hrs| **Overview on best practices and comparative advantages of public sector, civil society and private sector**  
*Ms Ntombekhaya Matsha, Civil Society Officer, GFATM and  
Mr Patrik Silborn, Private Sector Partnerships Officer, GFATM* |
| 0845 – 0915 hrs| **Best practice PPP examples incl. key success factors and lessons learnt:**  
- Private sector experience – Philippines  
- Civil Society experience – Bangladesh |
| 0915-1030 hrs| **Discussion on key areas to increase outreach, impact and sustainability (per disease):**  
- workplace and community programs  
- supply chain  
- service delivery strengthening  
- migrant and informal sector workers  
- sexual minorities |
| 1030-1100 hrs| **Tea break**                                                                                                                         |
| 1100 -1215 hrs| **Technical Assistance:** Overview and key issues  
*Dr Sangay Thinley, HTM, WHO/SEARO Global Fund*  
- Panel discussion on TA including timeline for proposal review and quality assurance, including Mock TRP  
*GTZ, ILO, UNAIDS, UNFPA, UNICEF, WHO and other agencies*  
- Q&A |
<table>
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<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>1215 –1300 hrs</td>
<td><strong>Disease specific programmatic focus</strong>&lt;br&gt;• Developing the programmatic focus of proposals – Defining the goals, the objectives and the service delivery areas linking to existing national programs (<em>Parallel sessions</em>)&lt;br&gt;  – HIV – WHO &amp; UNAIDS&lt;br&gt;  – TB - WHO&lt;br&gt;  – Malaria - WHO</td>
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<tr>
<td>1300–1400 hrs</td>
<td><strong>Lunch</strong></td>
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<tr>
<td>1400–1600 hrs</td>
<td>• <strong>Group Work</strong> by country teams&lt;br&gt;Round 8 proposals development action plan:&lt;br&gt;  – priority areas including PPP (refine concept note)&lt;br&gt;  – technical assistance required&lt;br&gt;  – identifying a cross-cutting approach to needs and gap analysis&lt;br&gt;  – timeline&lt;br&gt;  <em>Tea will be served during session</em></td>
</tr>
<tr>
<td>1600–1700 hrs</td>
<td>• <strong>Presentation of country action plans</strong> and discussion</td>
</tr>
<tr>
<td>1700–1730 hrs</td>
<td><strong>Wrap-up and closing</strong></td>
</tr>
</tbody>
</table>
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WHO invitees (Experts)
1. If the Global Fund has been heard to say... “read the Guidelines, the Guidelines, the Guidelines”, what were Dr Mehta’s other reminders about Round 8 proposals?
   i. ________________________________________________________________________
   ii. ________________________________________________________________________

2. Check the box(es) below for only those items listed in the Guidelines as minimum requirements of Principal Recipients.
   - Receiving and managing funds, and accounting for funds
   - Reporting on programme performance to the Global Fund and the CCM
   - Being a member of the CCM
   - Requesting additional disbursement of funds based on performance
   - Managing efficient arrangements for disbursement of funds to sub-recipients

2A. Bonus point:
   Which page of the Round 8 Guidelines are the roles and responsibilities of Principal Recipients described?
   Page_______________

Complete the phrase below

3. From section 3.1 of the Guidelines, CCMs should identify a planned grant start date that is _______________ with in-country planning and fiscal reporting whenever possible.

4. What do the following acronyms mean from the Round 8 Guidelines?
   - DTF ________________________________
   - CSS ________________________________
   - HSS ________________________________
   - GC ________________________________
   - TMA ________________________________
5. The **Gender Fact Sheet** includes additional reference sources compared to the Guidelines to support gender sensitive programming.

- [ ] True
- or
- [ ] False

**Bonus point**

5B. What are the four population demographics that should be considered to ensure that a gender sensitive approach to programming?

________________________________________________________________________________

6. Put a number next to each of the following actions, to show the recommended order from the Guidelines:

   Review the proposal for overall soundness and submit a completed proposal ___________

   Share information at an early time and broadly throughout the country ___________

   Invite contributions to ensure a comprehensive response ___________

   Identify disease programme and health system barriers to improved HIV, TB and malaria outcomes ___________

   Broad stakeholder consultation at the earliest time to obtain consensus on gaps, needs and potential priorities ___________

   Consolidate knowledge of existing support and determine priorities for Round 8 ___________

7. What information do the Guidelines suggest is included in a response to s.4.5.2 of Proposal Form?

________________________________________________________________________________

8. What is meant by the phrase “taking a section 4B approach” when responding to system weaknesses and gaps that affect improved HIV, tuberculosis and/or malaria outcomes?

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
HIV, TB and Malaria

- What is the disease burden, pattern of the disease in the country?
- What are the key objectives, strategies of the national programme?

Gap analysis: HIV, TB and Malaria

- Where are the remaining gaps towards meeting these objectives of the national programme?

Stakeholder Consultation

Key Activities covered – (through GF Rounds 1-7 and other development partners/donors)

(Examples)
- Involvement of all health care providers
- Comprehensive advocacy, communication and social mobilization
- Strengthening DOTS services
- Etc.

Key areas identified through gap analysis

(Examples)

Cross-cutting areas
- Expansion of laboratory services to all districts
- Procurement and supply systems
- Expanding involvement of private, academic and corporate sectors
- Human resource, capacity building
- M&E

Disease Specific
- Interventions for smear negative and EP TB
Priority areas: Cross-cutting issues for inclusion in R8 proposals (examples)

- Improving the national laboratory network
- Strengthening Procurement and supply management procedures, systems
- Improving M&E system
- Etc.

Priority areas for inclusion in the R8 proposals: Disease specific areas (Examples)

- Expansion of VCCT services
- Strengthening diagnosis and management of smear negative, extra-pulmonary TB
- Increasing coverage, use of ITNs/LLINs
- Etc.

Areas requiring external technical assistance (examples)

Cross-cutting areas:
- Strengthening the national laboratory network
- Improving the national procurement and supply system
- Developing a human resource development plan
- Enhancing M and E

Disease Specific TA:
- Training of national staff on MDR-TB and TB-HIV management

Global Fund Round 8: HIV, TB & Malaria Tentative road map for proposal development

<table>
<thead>
<tr>
<th>Activity</th>
<th>Proposed Dates</th>
<th>TA requested from/ planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation of concept notes, draft plans of action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broad based stakeholder meeting for gap analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussion on cross-cutting issues (PSM, HRD, M&amp;E, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCM review of concept notes, approval</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advertising, call for submission of expressions of interest and concept notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCM selection of PRs and SRs</td>
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<td></td>
</tr>
<tr>
<td>Establishing proposals drafting teams for the three diseases</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Global Fund Round 8: HIV, TB & Malaria Time Frame, activities for proposal development (2)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Proposed Dates</th>
<th>TA requested from/ planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussions between SRs and PRs on responsibilities, allocations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submission of proposals by SSRs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First draft of proposal prepared</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submission for peer review and “mock” TRP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparation of second draft</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submission of draft to the CCM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review for consistency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enforcement of proposal by CCM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submission of proposal to the GF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Global Fund Round 8: HIV, TB & Malaria Time Frame, activities for proposal development (3)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Proposed Dates</th>
<th>TA requested from/ planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation of second draft</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submission of draft for consideration of the CCM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enforcement of proposal by CCM</td>
<td></td>
<td></td>
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<tr>
<td>Submission of proposal to the GF</td>
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</table>
The Global Fund Round 8 Proposal Development Workshop held in Jakarta, Indonesia, from 11-13 March 2008 was the third in a series of workshops that the World Health Organization’s Regional Office for South-East Asia has organized with support from the Global Fund Secretariat. Similar workshops were held for proposal development for Round 6 and Round 7. WHO considers capacity development in the countries for accessing, implementing and monitoring and evaluation of GF grants as the key to effectively utilize Global Fund resources to improve the outcomes for HIV/AIDS, TB and malaria.

The workshop aimed to enable countries to develop technically sound proposals in compliance with Round 8 proposal guidelines and Global Fund requirements. This workshop brought together 80 participants from 13 countries from the South Asia and Pacific Regions. Participants had the opportunity to listen first-hand to the views of the architects of the Round 8 forms and guidelines, discuss various common issues, reflect on the concepts of their anticipated proposals, and how they could be developed further to meet the Round 8 proposal submission deadline of 1 July 2008.