ABSORPTIVE CAPACITY FOR GLOBAL FUND GRANTS: LESSONS FOR THE INTERNATIONAL COMMUNITY

Lilian Pedrosa Heffernan

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Approved by:

Bryan J. Weiner

Edward F. Brooks

John E. Paul

Kristin L. Keiter

Marci Thomas

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ABSTRACT

LILIAN PEDROSA HEFFERNAN: Absorptive capacity for Global Fund grants: Lessons to the International Community
(Under the direction of Dr. Bryan Weinner)

This study explores the concept of absorptive capacity of aid programs in health by focusing specifically on Global Fund grants. Based on the findings of the literature review, the main hypothesis of this study is that the absorptive capacity for Global Fund grants (dependent variable) is influenced by the level of governance, the overall level of funding for health, the level of development, the type of implementer, the disease component of grant, the number of grants managed by the recipient, the round of funding (year when grant was awarded) and the burden of disease in the recipient country (independent variables).

This study also aims to investigate the effect of each of the independent variables on the level of funding absorption. These factors are analyzed individually and in various combinations, for example disease component (HIV/AIDS, Tuberculosis or Malaria). This study use a novel analytic method—qualitative comparative analysis—to analyze if, and to what degree, the absorptive capacity for Global Fund grants are influenced by the following factors: the level of governance, the overall level of funding for health, the level of development, the type of implementer and the burden of disease in the recipient country.

The results of this study confirmed the complexity of absorptive capacity by demonstrating that there are multiple pathways to high and low absorptive capacity. The results are also surprising as it challenges the findings of the Literature Review related to factors associated with high and low absorptive capacity.

To my two children, José Patrick and Sabrina,

who were born during this doctoral program.

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CHAPTER 1: INTRODUCTION

The history of development has been defined by the transfer of resources from developed countries and multilateral organizations to developing countries with the noble objective of reducing poverty, expanding infrastructure, improving health, education and social systems and fostering social justice. It is estimated that over $ 2.2 trillion has been invested in development since 1960 (Organization for Economic Co-operation and Development).

Despite important and undeniable achievements, there is a growing criticism of the impact and success rates of development aid. More and more authors and critics point out disappointing results and argue that the failures of development aid outweigh its successes. There is a group of researchers and authors that continue to defend the success of aid and advocate for its increase. As a result, a contentious debate is now taking place: one side argues that only a massive increase in funding would be able push developing countries out of poverty while the other side argues that additional funding not only will not bring significant improvement but might even have detrimental effects to the economies and development of countries.

Of course the fight to reduce poverty and improve the lives of millions in the developing world must continue. The debate is not about the need for aid but rather how to transfer and to implement aid in the most effective way. The outcome of the current debate will shape the future of aid as it seeks to answer fundamental questions: Should the donor community continue to provide funding in the face of the severe difficulties to deliver expected results? Should the organizations continue to manage and disburse funding despite the evidence of bottlenecks and

absorptive capacity issues? How can we better evaluate the impact of aid? How can we ensure that aid contributions are reaching people who need it most?

The international community's commitment to reduce poverty and achieve the Millennium Development Goals (MDGs), combined with the increasing and persistent burden of diseases in the developing world, have put Global Health at the forefront of the international policy agenda. The aid allocation for health has dramatically increased in the last decade and many new organizations are providing additional funding for health. Recipient countries have also made commitments to increase their state budget allocation for health. This represents a great opportunity and a major challenge for all stakeholders involved in Global Health.

It is clear that resources alone will not lead to better results unless the challenges faced by aid effectiveness in general and by internationally funded health programs in particular are addressed. Despite recent improvements in access to health care services resulting from global programs, recent experience in scaling-up programs revealed many bottlenecks that hindered the effectiveness of these efforts.

Since 2000, the emergence of new partnerships has changed the landscape of international public health methods by which donors provide assistance. These partnerships provide funding to combat a small number of diseases that disproportionally affect low and middle income countries. More importantly, these new partnerships represent a concerted response from the international community that has leveraged additional funding and technical resources.

From the 1990s until 2009, funding for the fight against HIV/AIDS dramatically increased. In 2008, an estimated $15.6 billion was spent on HIV/AIDS compared to $300 million in 1996. In 2007 alone, the Global Fund and GAVI Alliance donated USD 2.16 billion and The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) donated USD 5.4 billion. According to the Global Fund and Partner's report, Global Fund, PEPFAR and World Bank's Multi-Country HIV/AIDS Program (MAP)

contribute more than two-thirds of all external funding to fight HIV/AIDS and Malaria in developing countries.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (referred to hereafter as The Global Fund) was created in 2002 as a public-private partnership that would attract and disburse additional resources to prevent and treat HIV/AIDs, Tuberculosis and Malaria. This partnership between governments, civil society, the private sector and affected communities represents a new approach to international health financing. It has since become the main source of finance for programs to fight AIDS, Tuberculosis and Malaria, with approved funding of US$ 19.3 billion for more than 572 programs in 144 countries. It provides a quarter of all international financing for AIDS globally, two-thirds for Tuberculosis and three quarters for Malaria.

The creation of the Global Fund sparked considerable debate regarding the capacity of developing countries to spend substantial additional resources for health effectively. This debate has not subsided with the rapid growth of the Global Fund. On the contrary, the creation of new partnerships and global health initiatives has continued to fuel this debate. The recent findings of corruption and misuse of funding have contributed to the doubts about the efficiency of this model.

On one side there is the argument that countries can absorb a substantial increase of funding in health, given the massive needs to improve health systems, retain human resources and scale-up the fight against the three diseases (HIV, TB and Malaria) and other diseases related to low health and economic status. On the other side, there is the argument that countries cannot absorb additional resources due to the weaknesses in the systems (i.e. weak distribution chain, insufficient number of health workers, lack of qualified expertise, lack of necessary laboratories etc). Critics point out that increased resources for health would not translate into increased delivery of health programs and ultimately would not translate into increased health for beneficiaries.

This study aims at contributing to the current debate by studying the factors associated with absorptive capacity. The literature review explores the definitions of the absorptive capacity and the main factors associated with high and low absorptive capacity. Based on the literature review, this study hypothesizes that the absorptive capacity for Global Fund grants (dependent variable) is influenced by the level of governance, the overall level of funding for health, the level of development, type of implementer, disease component of the grant (HIV/AIDS, Tuberculosis or Malaria), number of grants managed by implementer, round of funding and the development and burden of disease in the recipient country (independent variables).

This study uses a novel analytic method—qualitative comparative analysis—to analyze if, and to what degree, the absorptive capacity for Global Fund grants are influenced by the independent variables. The method analyzes how the independent variables contribute, individually and in combination, to the outcome of high and low absorptive capacity.

By analyzing the specific data on Global Fund grants, this study contributes to a broader discussion on (1) criteria for allocation of additional resources for health and (2) potential strategies and policies that could improve the absorption capacity of aid funding.

CHAPTER 2: LITERATURE REVIEW

Chapter II provides an overview of the literature review. It is organized into seven major sections. The first section focuses on the concept of development and how it evolved over time. It explores the different discourses, theories and applications of development aid from the 1950s to the present. The second section focuses on the current debate around the barriers to the effective utilization of aid, common bottlenecks faced by countries and the degree of impact that results from increasing aid to health. The third section focuses on the concept of absorptive capacity and how it figures in the current debate as a central argument.

The fourth section explores the link between development and public health in the context of globalization. It focuses on the emergence of the Global Fund and its institutional design. The fifth section explores the concept of Performance-Based Funding (PBF) and how it is applied as a decision-making tool for funding for Global Fund grants. The sixth section provides an overview of the changes and challenges faced by the Global Fund over the last decade and how it affected its operational model and application of PBF

The last section explores the links between factors associated with absorptive capacity identified in the Literature Review and elements of the Global Fund grants. It depicts the process applied to select the dependent and indepent variables for this study.

THE CONCEPT AND HISTORY OF DEVELOPMENT

There is an abundance of definitions of the concept of development and interminable discussions and contradictory opinions on each definition. As a complex concept that encompasses

ideas associated with progress, well-being, social justice, human rights and economic growth, the definition of development has been modified and colored with different political and ideological theories. This study adopts the definition crafted by Rist (1997) in an attempt to remove political and ideological views: “Development consists of a set of practices, sometimes appearing in conflict with one another, which require—for the reproduction of society—the general transformation and destruction of the natural environment and of social relations. Its aim is to increase the production of commodities (goods and services) geared, by way of exchange, to effective demand” (Rist, 1997, p.13).

The definition of development aid or development cooperation is much less controversial and it can be easily defined as aid (monetary transfer and in-kind) given by governments and agencies to support the economic, environmental, social and political development of a society. It is distinguished from humanitarian aid by focusing on alleviating poverty in the long term, rather than a short term response to an emergency situation caused by war, internal conflict or natural disaster. The term development cooperation is also widely used by multilateral organizations to express the idea that a partnership should exist between donor and recipient. Most development aid comes from the Western industrialized countries but some poorer countries also contribute aid to neighboring countries. Aid may be bilateral or multilateral. Bilateral aid is given from one country directly to another while multilateral aid is given by the donor country to an international organization such as the World Bank or the United Nations Agencies which then distributes it among the developing countries.

In general, there are two types of aid: the Official Development Finance (ODF) and the Official Development Assistance (ODA). The ODA is targeted at the poorest countries and consists of grants and concessional loans containing at least a 25 percent grant component. The ODF covers all inflows of finance to developing countries disbursed by donor countries and multilateral agencies.

Although always present in the history of humankind, the modern concept of development dates to the colonial era, when philanthropic and humanitarian ideals were marshaled to support invasions, exploitations and colonization. However, the origin of development as we now know it dates from the end of World War I, when the Covenant of the League of Nations created the first permanent international political institution with the objective of promoting development.

The end of World War II marks a pivotal moment in the history of international development. Many authors point to the Bretton Woods conference as the birth of modern development. During the first three weeks of July in 1947, 700 delegates from 44 countries met to discuss a new framework for a global system of financial and monetary management (Moyo, 2010). It is from these discussions that a plan to rebuild post war Europe emerged and defined the future of development. It was also during the Bretton Woods conference that the foundations of three key world institutions were laid: The International Bank for Reconstruction and Development (World Bank), The International Monetary Fund (IMF) and The International Trade Organization.

In June 1947, George C. Marshall, the U.S.'s foreign minister at the time, proposed a bold plan to reconstruct Europe. The U.S. offered $20 billion (equivalent to over $100 billion today) in what was eventually known as the Marshall Plan. The plan was later formalized by President Truman in the Act for International Development (1950).

The Marshall Plan is considered a success. The large amounts of funding, coordinated by key institutions, succeeded in restoring infrastructure and bringing political and economic stability. It soon became the standard emulated in many parts of the world. The success of the Marshall Plan is evidence that financial capital and investment are critical for economic growth (Rist 1997; Moyo, 2010).

The pioneers of international development in the 1950s, Regnar Nurkse, Paul Rosenstein-Rodan, Albert Hirschman, Sir Arthur Lewis and Walt Whitman Rostow, were all influenced by the

works of the English economist John Maynard Keynes and agree with the assumption that poor economic performance reflects a lack of aggregate demand of resources. Keynesian theory postulates that un unregulated capitalist economy is susceptible to depression and that government spending on welfare works as a safety net to save economies from collapsing due to unpredictable market forces. His theory subverted the neoclassical theories and developed a twofold strategy for active government intervention: (1) macro-management of economy to ensure growth, and; (2) implementation of a range of social policies to ensure that the fruits of economic growth can reach the entire population.

An economist working in development, inspired by Keynes, would consider capital accumulation as the motor of economic growth and the assistance during this period took the form of large infrastructure projects (roads, dams, ports etc). In the 1960s, however, the dissatisfaction with development strategy grew as there were few signs of trickle down effects coming from modern technology. Large infrastructure projects did not yield the expected results as they were not adaptable to local cultures and there were no local maintenance and management capacities. As a result, knowledge and skill transfer were also recognized as growth engines and development programs started to include social infrastructure (schools and universities) and technical assistance (Cypher and Deitz, 1997).

The aid strategy adopted in the 1970s was shaped by the rapidly widening gap between poor and rich countries and had poverty reduction as the key goal. Development programs aimed to fulfill the basic needs of a country's population and focused mainly on rural development and involved local administrations to ensure that the capacity to manage programs is installed. Unfortunately, the result of this aid strategy was a large amount of aid funding being siphoned off by local authorities and ruling elites (Easterly 2007).

In the early-1980s, a severe world wide debt crisis pushed countries to increase foreign aid and debt relief. Inspired by the success of the 'Asian Tigers' countries, the IMF and WB launched the economic restructuring programs that targeted developing countries. These programs aimed at reducing inflation, correcting government deficits and removing trade barriers. As a result of this strategy, the dominant paradigm was top-down planning. The structural adjustments and stabilization policies did not yield the expected results and by the early 1990s, the field started recognizing the need for sound institutions, good governance and democratic accountability as keys for positive aid results (Pitman and al 2005).

The discourse of development is greatly influenced by economic political ideology. As one can note from the difference in aid strategy from the 1960s and 1970s to the1980s, the Keynesian school was challenged by the Chicago school, founded by Milton Friedman. This shift towards neoliberalism was anchored in the assumption that the scope of government should be limited and its functions should be restricted to preserve law and order, to enforce private contracts and to foster competitive markets (Ellerman 2005)

The critiques of0 the neoliberalism approach to development grew louder and louder in the 1990s, influencing a shift to greater development aid and more integration of recipient countries in the planning and implementation process. Additionally, the flourishing of civil society and new large public-private partnerships brought new actors, and more funding, to the field of development (Dichter 2003).

Development is now accepted to be a complex phenomenon that occurs as a result of complicated interactions between several factors over a period of time. This includes 'public capital' (political, legal and economic institutions), infrastructure, physical and human capital, and 'cultural and social capital' (beliefs, values and social institutions) (Dichter, 2003). Consequently, different combinations of these factors in recipient countries will result in different results of aid across

countries and over time. This understanding translates into both a call for additional aid and a call for additional selectivity in allocating aid as both sides of the debate apply different combinations of factors in recipient countries to advocate for an increase of aid and stricter rules for aid transfer.

CURRENT DEBATE ON AID

After 60 years, development continues to be a part of today's agenda. Governments continue to set bilateral agencies to channel funding and in-kind, multilateral organizations continue to grow as new actors join the field. After more than 60 years, we are still confronted with shocking poverty, dismal inequality in access to health and education, and a lack of basic infrastructure in many parts of the world. It is understandable that so many scholars are pondering the question "Where did all the aid go?" A fair question considering it is estimated that from 1960 to the present, over $ 2.2 trillion of official development aid has been transferred to developing countries (Easterly, 1997). Over $ 1 trillion was transferred to Africa alone (Hebert, 2004; Erixon, 2005) and some African countries are poorer today than they were fifty years ago (Moyo, 201).

Since the 1960s, the volume of aid has increased in real terms, excluding a period of decline in 1990s, and the plan is to reach a massive increase by 2015. Jeffrey Sachs, professor at Columbia University and chief advisor of the United Nations Millennium Development Project called for a 'Big Push' doubling the amount of aid immediately (in 2005) and then doubling it again by 2015, in order for countries to meet the MDGs. The view that countries need a massive increase in aid to escape poverty is supported by many multilateral agencies, Governments and influential pop culture personalities like singer Bono, Brad Pitt, Angelina Jolie and Penelope Cruz to name a few.

Comparing the amount of financial investment and the results obtained, many authors and scholars view the results of aid in the last fifty years as disappointing. Of course there have been great successes: the eradication of smallpox and the dramatic decrease of blindness cases due to the

Onchocerciasis Control Program (both WHO led initiatives). Severe and moderate malnutrition has been greatly reduced in parts of Africa and there is no doubt that development assistance can play a significant role in improving water, sanitation, school enrolment and child mortality rates.

Some countries are hailed as proof that development aid can lift countries out of poverty. There are many articles on the development successes of Korea, Taiwan, Uganda, Tanzania and Vietnam (World Bank 1998, Devarajan et al. 2001, Bourguignon and Leipziger, 2006).

Despite the success cases, there are a growing number of authors that focus on aid ineffectiveness. They examine the reasons for 'disappointing' results and question the way aid is distributed and managed. Aid ineffectiveness can be defined as the low performance of aid in promoting economic growth, reducing poverty and improving health and education systems. The debate on aid ineffectiveness has been going on for decades and has generated a vast and many times controversial body of literature. The literature review showed many attempts to understand the reasons for the apparent lack of results in foreign aid assistance. Overall, the explanations can be divided in three categories: shortcomings of recipient country, shortcomings of donor agencies and shortcomings of the way aid is managed and delivered (shortcoming of agencies and organization that deliver aid).

The first explanation holds that issues like corruption, bad governance, political instability and weak institutions often explain the low performance of aid (World Bank 1998, Lancaster 1999, Easterly 2006 b). The literature in this first category is by far the largest and it examines in detail the characteristics of the recipient countries that are associated with successes and failures related to aid.

Zambia is often cited as a country that did not fully benefit from aid when compared to other countries in the region. From 1980 to 1994, Zambia experienced inflation above 40 per cent every year except two from 1985 to 1996, despite 12 adjustment loans. Similarly, Pakistan had a

budget deficit of 7 per cent of GDP between 1970 and 1997 in spite of 22 adjustment loans throughout this period.

A number of empirical studies have supported the argument that causes of aid ineffectiveness lie in the country. In 1996, Boone published a controversial paper that showed the majority of aid was used for wasteful public consumption instead of financing investment and growth, regardless of political regime. Subsequently, Burnside and Dollar (2000) expanded on Boone's paper and found that aid has a positive impact on growth in a good policy environment (good fiscal, monetary and trade policies). This was the beginning of numerous contradictions in the empirical literature on aid performance. Collier and Dollar (2002), using a broader measure of policy environment (World Bank's Country Policy and Institutional Assessment) and a larger sample of countries, confirmed Burnside and Dollar's results. Svensson (1999) showed that foreign aid positively affects long-run growth in democratic countries.

These studies fall in the camp that defend the idea that aid does spur economic growth but only under specific conditions (Burnside and Dollar 2000; Hansen and Tarp 2000, 2001; Collier and Dollar 2002; Clemens et al. 2004; Moreira 2005).

The issue of absorptive capacity has been frequently raised in the aid development literature, illustrating that there might be diminishing returns to aid in certain countries. In other words, because of developing countries' characteristics mentioned above, there might be a certain level of aid inflows after which poor countries would have some difficulty to effectively absorb additional amounts of aid (Burnside and Dollar 2000; Collier and Dollar 2002; Clemens and Radelet 2003). It is an undeniable truth that over the years, a certain amount of official development assistance has been wasted by the ill-managed machinery of recipient countries. Despite the strong arguments that the characteristics of the recipient countries play a role in aid effectiveness, it is also

clear that there are numerous factors in the aid delivery network with multifaceted interactions and relationships among them.

Another important approach to improving the absorptive capacity of health areas is adopted by Mooney and Houston (2004). They incorporate the concept of 'capacity to benefit' to understand the potential for absorption at the recipient level. The 'capacity to benefit' is defined as the extent to which heath areas can take full advantage of resources allocated to them. This concept is linked to what the authors define as 'Management Economic Social and Human (MESH) Infrastructure'. The authors explain that health service jurisdictions differ in terms of their capacities to produce results for three main reasons: (i) the health level of the population, (ii) the type of typical health problems; and (iii) the capacity of local health system. In situations where both the health levels and the health problems are similar, one health service may be better placed or better equipped to benefit its population than the other. In this case, the capacity to benefit is inhibited because it lacks the necessary MESH infrastructure to deliver health benefits to its population. This approach differs from traditional approach that measures the health needs and focuses on the benefits sought in allocating resources.

The second, and much smaller, category of explanations found in the literature emphasizes issues related to the donors' side. This category includes studies that point out these donor countries strategic interests and the aid allocation criteria used by aid agencies are often not what it is necessary for the development of a recipient country. This seems to be more prominent in bilateral agreements as donor countries favour former colonies and political allies. An exception seems to be small countries, such as the Netherlands and the Scandinavian countries that provide aid according to economic necessity and sound management criteria (Maizels and Nissanke, 1984; Fleck and Kilby 2005 b, Allen 2006).

Ostrom et al (2001) points out that the holding this many actors accountable for the results is the main reason for aid ineffectiveness. For instance, the richest countries in the world (such as the U.S., France, Germany, United Kingdom and Japan) with the largest decision-making power in international organizations are also the ones influencing and formulating aid policies. They also have influence over the selection of recipient countries (Clements 2005) and in the design and implementation of projects (Tendler 1975; Dichter 2003). For instance, Lancaster (1999) depicts the appearance of 'donor-driven' countries and links it to the weakness of national institutions. The former President of Nigeria, Mr. Olusegun Obasanjo made a declaration that illustrates this point well: "In education and in industrialization, we have used borrowed ideas, utilized borrowed experiences and funds and engaged borrowed hands. In our development programmes and strategies, not much, if anything, is ours." (Lancaster 1999).

The third set of explanations, also related to the donors' side of the equation, postulates that international institutions involved in providing aid and implementing development programs are also a source of aid ineffectiveness. For example, part of the problem of aid ineffectiveness can be due to the fact that the largest part of aid transferred may not reach the beneficiaries. Cudjoe (2006) estimates that out of every dollar given to Africa, 16% goes into consultant fees, 26% in emergency aid and relief and 14% in debt servicing, leaving less than 50% for program implementation.

A potential cause for aid ineffectiveness from the donor side is the 'Money-Moving Syndrome', a term coined by Monkam (1998) to explain the pressure on donor agencies to disburse money. This syndrome is observed when the quantity of aid committed or disbursed becomes, in itself, a key objective like effectiveness of aid. It can be a major handicap for aid effectiveness as it shapes other incentives at macro and micro levels of the aid delivery chain. This idea is based on the

principal-agent theory and explores the institutional incentives that affect the characteristics of an optimal and efficient contract.

The explanations and insight found in the literature review point to a complex phenomenon where different factors are influencing the effectiveness of aid. Apart from ocassional success stories, the overall impact of aid on macroeconomic variables evidenced in the literature remains weak and ambiguous (Gibson et al. 2005; Bourguignon and Sundberg 2007). Mosley (1986) calls the co-existence of ambiguous macro-economic outcomes with successful projects the “micro-macro” paradox.

Doucouliagos and Paldam (2005) report that until 01 January 2005, the aid effectiveness literature consisted of 97 studies, using one of the three aforementioned approaches. The authors applied meta-analysis techniques and found that despite a great variation in the findings, aggregated results showed that the average effect of aid is positive, but small and statistically non significant.

Aid has also been negatively associated with growth in developing countries; however, this association does not prove that aid caused the decrease in growth. Easterly (2003) points out that in many cases aid has not been able to halt the deterioration of growth or that success could occur without foreign assistance.

Although it is not possible to assess the change of aid effectiveness across agencies and over time, changes in the development discourses and in recipient countries can shed some light on the analysis of aid. Recent studies based on new approaches to selectivity shows that aid’s impact on growth is dependent on the quality of recipient countries’ institutions and policies (Burnside and Dollar 2004). Clemens and Radelet (2004) have also found that a particular type of aid, ‘short-impact aid’ which includes budget support, investments in infrastructure and aid to productive sectors have

a much stronger impact than aid as a whole. This result does not depend on levels of income, strength of institutions or quality of its policies.

Despite controversial results in aid literature, there are clear indications that aid has diminishing returns. Most studies reviewed in the literature point out that an 'aid saturation point' could be reached anywhere between 15% to 45% of Gross Domestic Product (GDP), beyond which the benefits of additional aid inflows become negative (De Rezio 2005). This finding poses important questions to the development community as a bigger and faster increase in funding could potentially lead to faster diminishing returns.

What are the possible factors that cause the diminishing return? A small but growing literature identifies absorptive capacity as the main obstacle and key factor responsible for limited aid effectiveness and decline in marginal returns.

THE CONCEPT OF ABSORPTIVE CAPACITY

The concept of absorptive capacity is receiving increasing attention in the past few years. The on-going debate on a potential increase in aid and the bottlenecks to the scaling up of development and health programs have brought the concept of absorptive capacity to the center stage of several theories and arguments.

Despite its aura of novelty, the concept of absorptive capacity in development has been used for over 50 years. The literature review traces the origin of this concept to a proposal made by Millikan and Rostow in 1957 to allocate aid according to the absorptive capacity of the recipient country. Rosenstein-Rodan presented in 1961 a very comprehensive use of the concept to measure the capital needs in a country.

Nurkse (1953), together with Rosenstein-Rodan, were the first advocates for the 'Big Push' and they referred to the limitations of absorptive capacity of aid for investments. It might seem

contradictory that these authors were referring to absorptive capacity while advocating for the 'Big Push'. However, as pointed out by Guillaumont and Jeanneney (2007), both concepts rely on the idea that low income countries face structural obstacles for growth, which are reflected in the absorptive capacity, and increasing aid is a way to overcome this. It is, however, important to put this discussion in a historical context. The concept of absorptive capacity was used 50 years ago as a way to mobilize aid rather than criteria to limit aid, as it is discussed presently.

Nevertheless, absorptive capacity remains an ambiguous concept that is applied by different schools in the development community and it continues to be used to advocate for both more and less funding for aid.

Gottret and Schieber (2006) discuss absorptive capacity in relation to whether countries are able to spend effectively those new resources for health made available by donors. However, the authors point out that absorptive capacity is not exclusively a problem of donor aid but also affects domestic expenditure. Absorptive capacity is defined as follows: "Absorptive capacity includes the ability of the public sector to design, disburse, coordinate, control, and monitor public spending. This coordination is both vertical (between central and local governments) and horizontal (between line ministries at any given level). The question is whether governments or even institutions such as health ministries have the capacity to manage a large increase in real expenditures beyond a usual trend" (Gottret and Schieber 2006, p. 239).

Absorptive Capacity is now mostly being considered in heath areas to express concerns that massive increases in funding will not lead to improved results in health indicators. Clements and Redelet (2003) observe that both large amounts of funds and demand for quick results can create bottlenecks by placing increased demands on weak systems. Bhagwati (2005) goes even further and warns that a significant increase in aid can become problematic as countries will spent it counterproductively.

These concerns contrast greatly with the international efforts and advocacy campaigns to mobilize funding to meet the MDGs. However, quick and substantial increase in aid funding does not necessarily mean that funds will be wasted or misused. Some authors suggest that countries in a post-conflict phase are more able to utilise large amount of funds effectively (Clemens and Radelet 2003, Mackinnon et al. 2003).

The findings of the literature review on absorptive capacity can be summarized in four main categories of constraints:

- Macroeconomic
- Institutional and Policy
- Technical and Managerial
- Donors' Practices

Macroeconomic Constraints

A large and sudden increase in aid inflows in the form of foreign currency provokes a 'Dutch Disease' effect, causing an appreciation of the exchange rate and therefore harming the export sector. When aid flows in the form of loans, it can raise concerns about debt sustainability. Aid flows can also be unpredictable and volatile, which can negatively influence the macro-economic stability by causing inflation and interest-rate and exchange-rate volatility. This is often the case when aid comes in the form of budget support. Additionally, aid increases can cause labour market pressure for skilled workers.

IMF and WB authors produced many articles on the risk of a real exchange rate appreciation following a scaling up of aid flow (Arelano et al. 2005, Heller 2005, Gupta et al. 2006, Rajan and Subramaniam 2005, WB and IMF 2005 and 2006). On the other hand, there are authors that argue that in the long term, an increase in productivity is likely to compensate for the effect of a possible rise of non-tradable prices on competitiveness. These authors refer to the Balassa-Samuelson

theorem to postulate that there cannot be a 'Big Push' without real appreciation: if aid succeeds to support a big push, it should make the real value of the currency appreciate.

Institutional and Policy Constraints

Recent research has confirmed the importance of strong institutions for development. The capacity to generate sound policies, the transparency and efficiency of budget systems, and the degree of decentralization are some key institutional issues that can have an impact on absorption capacity. In many countries, the existing systems cannot absorb large increases of resources without increasing waste and fuelling corruption (De Rezio, 2005). High dependency on aid, in turn, can have negative incentives for reforms and a negative impact on accountability.

Technical and Managerial Constraints

Lack of qualified human resources remains a serious problem in many developing countries with serious consequences for the health sector. In some countries this is compounded by the effects of the HIV/AIDS pandemic. Moreover, the lack of adequate infrastructure and equipment prevents access to goods and services.

Although an increase in aid can address some of these constraints, like hiring additional staff and providing training, the lack of qualified human resources in key technical and managerial areas of the sector is a significant challenge for the efficient implementation and scale up of health projects (De Rezio 2005).

Constraints generated by donor practices

The organization of the aid system can also be a source of absorptive capacity constraints. In general, aid is delivered in a fragmented manner which forces recipient countries to deal with a plethora of donors and their individual set of requirements. There is no doubt that such fragmentation imposes heavy transaction costs on scarce government capacity. Recent shifts

towards sector and general supports are trying to address this issue but the results so far are not clear. (De Rezio 2005).

Finally, the lack of certainty and predictability of aid flows can seriously hamper a government's efforts to plan and implement programs. The Paris Declaration on Aid Effectiveness (2005) aims at improving donor coordination and predictability of funding to recipient countries by the harmonization and alignment of donors practices, requirements and performance indicators.

Absorptive capacity constraints can take many forms and have different impacts on the short and long-term. The table below, adapted from De Renzio 2005, depicts its main constraints.

Table 2.1 Absorptive Capacity Constraints

Category of Constraints	Short-Term Constraints	Long-Term Constraints
Macro-economic	'Dutch Disease' effects	Level of aid-dependency on aid debt sustainability
Institutional and Policy	-Inadequate public expenditure management systems; -Perverse incentives in public officials' performance	-Major deficiencies in institutions and policy process; -Social/Cultural factors determining the demand for services
Technical and Managerial	Lack of adequate infrastructure and equipment	Technical and managerial skills of public officials
Donor Behaviour	Uncoordinated donor interventions	Difficulties in full donor shift to improved practices

Diarra (2010) combines the constraints at recipient and donor sides and examines absorptive capacity from a 'pipeline approach'. The aid pipeline represents the amount of aid pledged by donors but not yet disbursed. This waiting stock can be cancelled or postponed depending on the country situation and the policy of the donor agency. The main assumption is that

the pipeline level is influenced by the magnitude of bottlenecks and constraints. Also, it can provide a good indication of the recipient country's capacity to manage and report on aid programs.

The limited literature on disbursement delays shows conflicting results. Some authors (Svensson, 2000, 2006; Kanbur 2000) state that there are inadequate quick disbursements because donors are caught in moral dilemmas or because donors fall victim to the 'Money-Moving Syndrome'. Both are classic problems of agency theory where the existence of many principals and the asymmetric information contribute to large and inefficient disbursements. (Easterly 2000, Leandro et al. 1999, Hagen 2006, Pedersen 2001).

Other authors (Odedokun 2003; Leurs 2005; Deutscher and Fyson 2008; Celasun and WAlliser 2008; OECD-DAC 2008; Bulir Hamman 2006, Bluir Lane 2002 and Roodman, 2006) affirm that the slow rhythm and long delays in aid disbursement are negatively impacting the recipient countries.

Despite being used by both sides of the debate, the issue of absorptive capacity is not receiving concerted attention. The UN Millennium Project simply states that "scaling up needs to be carefully planned and overseen to ensure successful and sustainable implementation" (2005: 31). The Commission for Africa also underplays the importance of absorptive capacity as it argues that it is not a stringent obstacle to delivering development benefits, provided that there are (a) continuing policy and governance improvements within Africa, (b) better allocation of aid resources, and (c) better quality of assistance.

The rich literature on absorptive capacity shows that it is a key concept essential in understanding the effectiveness of development projects and aid funding. Unfortunate, as shown in the literature review, there is a lack of empirical studies that focus on absorptive capacity.

PUBLIC HEALTH ON A GLOBALIZED WORLD

Public Health is a field of political struggle, historically cantered on the tensions between individual liberties and government's rights and obligations to protect the health of the community (Turnock, 2008). When there is an occurrence of a disease, Public Health address three fundamental issues: First, whose problem is it? Second, how should the problems be brought under control? And, whose responsibility is it to do so? Szlezák (2008) observes that while addressing these issues, the disease is circumscribed and the boundary is created between those affected by the disease and those who are not. This boundary, however, is created as a result of the discourses of Public Health officials and has significantly changed over time.

The second half of the 20th century brought rapid development to the field of Public Health and many changes to the way diseases are understood and perceived (Rosen, 1993). In general, the literature agrees that the representations of health and diseases changed in four major ways. First, the biomedical view was increasingly challenged and the concepts of diseases and health expanded to include cross-cutting economic, social, behavioural and political issues.

Second, there was a shift in the way health and diseases are distributed in the world. The concept of epidemiological transition shows that with rising standards of living, developing countries will no longer be seriously affected by infectious disease but will face increasing rates of non-communicable diseases.

Third, development theorists and economist began to realize that health is a means to increase the economic production of society rather than purely a consequence of it. As a result, health was brought to the forefront of the development discourse and resulting programs. In 1993, the World Bank launched the 'Investing in Health' report that called developing governments to invest in health as a way to increase their economic development. In 2001, WHO launched the

Commission on Macroeconomics and Health, which was responsible for producing research and studies on this new perspective.

Fourth, the relationship between health and state has also recently transformed as health and diseases are understood to be transnational. The rapid spread of infectious diseases, like HIV/AIDS, bird flu, Sever Acute Respiratory Syndrome (SARS) etc, collectively confirmed that the transmission of diseases does not stop at country borders.

The changes in the health and disease concepts were accompanied by changes in the Public Health landscape. The field that was until then dominated by state and the World Health Organization (WHO) increased to include the participation of multiple actors, including non-governmental organizations, private-public partnership, community-based organizations and new multidisciplinary initiatives (Widdus, 2001). Reinicke (1997) captures the essence of these changes by stating that health became a global public good.

This shift towards partnership marks the underlying reassignment of responsibilities away from nation state onto multiple actors (Buse and Walt, 2000a, 2000b). Szlezák (2008) explains that if disease is no longer a simple biomedical issue but rather a matter of economics, politics, society and culture, and now has the potential to affect the entire globe, then governments and multilateral organizations can no longer be the only ones to provide solutions.

The launch of The Global Fund to Fight AIDS, Tuberculosis and Malaria (hereafter referred as The Global Fund) marked an important moment in the history of global health, not only for the enormous increase in funding for the three diseases but also for its innovative institutional design. The emergence of The Global Fund is the result of intense political struggles over the responsibility for the provision of antiretroviral therapy (ARVs) for patients in developing countries. It reflects the shift in the focus of responsibility away from state and multilateral organization towards partnerships and diverse actors. The Global Fund was created to address the plight of HIV/AIDS and

it was after being launched that Tuberculosis and Malaria were integrated as part of the mission (Macro International Inc., 2008).

Despite the alarming increase in number of people living with HIV and AIDS in the 1990s, and the certainty that many countries would be severely affected by the disease, the provision of ARVs for developing countries was not considered feasible for three main reasons. First, the ARVs were very expensive, reaching more than USD 10,000 per year per patient (Gellman, 2000d) and they were not considered to be as cost-efficient as prevention campaigns. Second, the international donors believed that the provision of ARVs in developing countries was technically not possible as it required sophisticated machinery in health care facilities, highly trained doctors, and patients able to follow complicated drug intake schedules (Gellman, 2000d). Lastly, many governments continued to deny the existence of HIV and the presence of AIDS in their countries, which would impede any program implementation.

The discovery of triple therapy in 1995-1996 brought new hopes that it would be possible to control the disease, that it may no longer be viewed as a 'death sentence'. This contributed to the further widening of the gap between patients in the developed and developing world, making it more difficult for donors to legitimize on-going HIV/AIDS prevention campaigns but no treatment. "Access to Treatment" became the new motto to many NGOs and activists and soon their attention turned to the pharmaceutical industry and the high prices of ARVs treatment (Macro International Inc., 2009 a)

The South African Medicines Act approved in 1998 allowed for compulsory licensing and parallel importing of a variety of patent protected medicines, including ARVs. This augmented the pressure on the pharmaceutical industry. The negotiations between UNAIDS and the pharmaceutical industry resumed with the objective being a workable solution for both parties. In May 2000, backed

by President Clinton, a price reduction of 85% to 90% of ARV drugs for the developing world was announced (Szlezák, 2008). This is known as the Accelerating Access Initiative.

The drop in prices of ARV treatment and the rising global concerns with HIV/AIDS brought the question of providing ARVs drugs to the developing world back to the discussion. However, donors continue to have concerns that the lack of personnel and technology needed to roll out an AIDS treatment would make the endeavour impossible. Additionally, donors were also concerned that the low level of education would prevent patients from correctly following treatment instructions.

In an attempt to counter these arguments, some NGOs and academic professors started running ARV treatment in Cape Town shanty towns (Levy, Miksad et al. 2005) and in rural Haiti (Farmer, L. et al. 2001a, 2001b; Behforouz, Farmer et al. 2004). Paul Farmer, as the head of Partners in Health, demonstrated that administrating and adherence to the triple therapy could be achieved by training local lay people to accompany patients and supervise the intake of ARV drugs. They also succeed in showing that 'low-tech' parameters could be used in place of sophisticated machines to monitor treatment success (Koening, Leandre et al 2004).

Paul Farmer's findings were further substantiated by many other studies and in 2001 professor Jeffrey Sachs put forward a proposal for the international donors to finance treatment in developing countries. The proposal stated that $4.2 billion would be needed for the first 5 years and it called for the setup of a new independent mechanism to raise and distribute resources. In April 2001, Kofi Annan proposed the creation of a Global Fund dedicated to HIV/AIDS and other infectious diseases (Crossette 2001; Copson and Salaam 2005). Annan estimated that between $ 7 to 10 billion would be needed annually and in June 2001, the United Nations endorsed the creation of The Global Fund.

In a G-8 summit in Genoa, it was decided that The Global Fund would be created as a public-private partnership. A Transitional Working Group (TWG) was charged with the operationalization of the Global Fund (Copson and Salaam 2005) and in March 2002, the first round of funding was announced (Ramsay 2002).

The creation of the Global Fund introduced innovations that increased expectations that a donor organization could be faster, more transparent and less bureaucratic. The founding principles reflected the urgency of the mission and hopes for effective management of grants.

Table 2.2 The Founding Principles of the Global Fund

Founding Principles of the Global Fund	**Operationalization of Principles**
I. Operateas a financial instrument, not an implementing entity	The Global Fund's purpose is to attract, manage and disburse resources to fight AIDS, TB and Malaria. It does not implement programs directly, relying instead on a broad network of partnerships with other development organizations on the ground to supply local knowledge and technical assistance where required.
II. Make available and leverage additional financial resources	The Global Fund is charged with raising large sums of money which neither replace nor reduce other resources to fight AIDS, TB and Malaria. It addresses gaps in country efforts to fight the three diseases and strengthen underlying health systems by financing programs that complement those of other donors, and seeks to use its own grants to stimulate further investment by both donors and recipients.
III. Support programs that evolve from national plans and priorities	The innovative Global Fund model finances programs developed by the recipient countries themselves in line with national strategic health plans and priorities. The

	requirement that all areas of society with a stake in public health be involved in the development process, including civil society and private sector, ensures strong and comprehensive programs.
IV. Operate in a balanced manner in terms of different regions, diseases and interventions	The Global Fund gives priority to financing programs from countries with low income and high disease burden, though it will also consider programs from countries in the higher World Bank income brackets. While it finances the fight against AIDS, TB and Malaria worldwide, the Global Fund's demand-driven approach ensures that the money is going where it is most needed.
V. Pursue an integrated and balanced approach to prevention and treatment.	The Global Fund takes a comprehensive approach to AIDS, TB and Malaria, funding both prevention and treatment based on locally determined needs.
VI. Evaluate proposals through independent review processes.	The Global Fund's use of an independent Technical Review Panel ensures that limited resources are invested in technically sound programs with the greatest chances of success. The panel includes disease experts, as well as experts in the field of development who are able to assess how proposed programs complement ongoing health and poverty reduction efforts at the country level
VII. Operate with transparency and accountability.	The Global Fund holds its recipients accountable to strict standards that require programs to reach specific targets throughout the life of the grant. The public can track the progress of all grants via this website, which also publishes independent evaluations of the organization's own performance and shares the documents discussed at Board meetings.

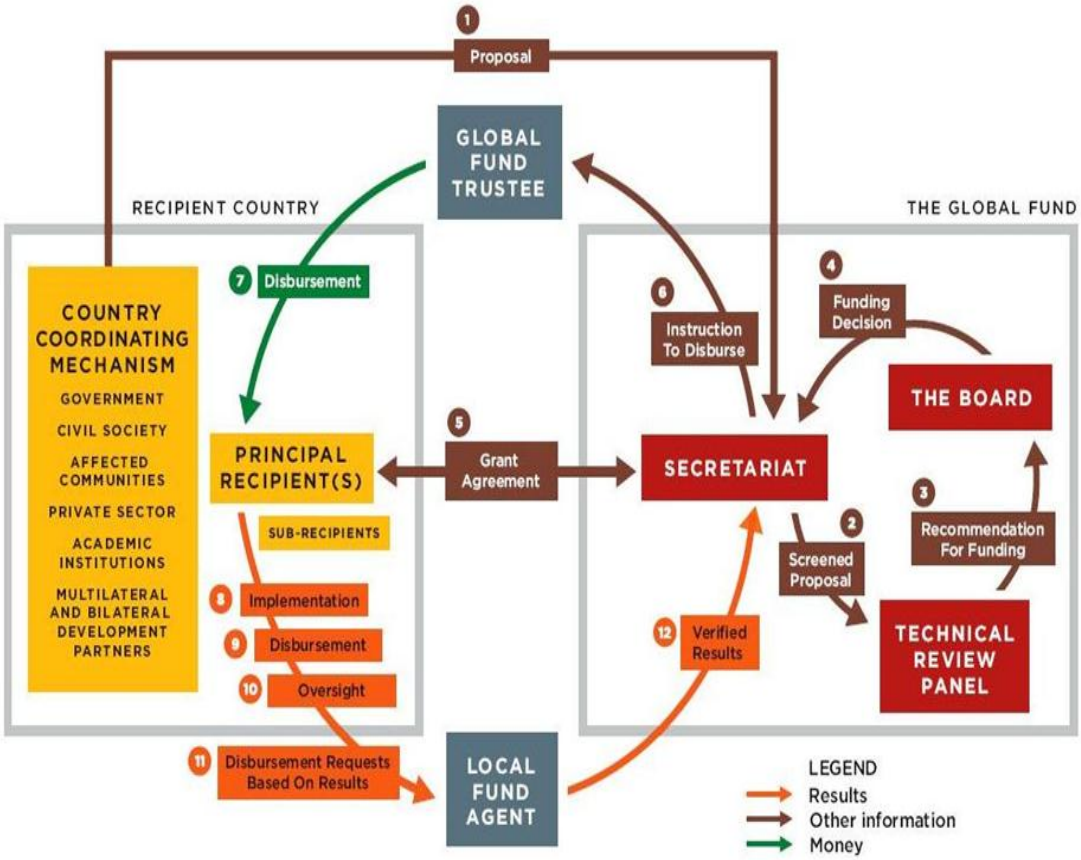
The significant amount of funding created expectations that a measurable impact in the fight against the three diseases would be attained in a short time. Additionally, there was strong political commitment to increase the participation of NGOs and the private sector and to address gender inequalities in access to treatment of the three diseases.

The design of The Global Fund was formulated to catalyse additional funding and disburse it more rapidly and effectively than existing organizations (Brugha and Walt 2001). During the consultation process led by the TWG with representatives from 38 countries (developed and developing) and organizations, it was decided that the organization should be vertical and it should focuses on the three biggest fatal infectious diseases in the developing world: HIV/AIDS, Tuberculosis and Malaria.

It was also decided that priority should be given to countries with the greatest diseases burden (The Global Fund 2002a). The institutional framework then detailed a combination of economic, epidemiological and political criteria for eligibility. The Global Fund envisions a new way of conducting development aid (Richards 2001) and it broke away from 'business as usual' by rearranging the relationships between actors in the field: states, multilateral organizations, donors and recipient countries and civil society (Mallipeddi 2007). Therefore, its governance model aims at crafting an organization that can respond efficiently to countries needs and produces observable results that satisfy donors (Poku 2002).

The figure below depicts the organizational structure of the Global Fund.

Figure 2.1. The Global Fund Core Structure[1]



[1] Figure retrieved from The Global Fund website (htpp://www.theglobalfund.org)

The innovations of The Global Fund's institutional design are based on 4 main pillars. The first pillar is Science. It emphasizes that scientific approaches and expertise are central to effective public health actions. The Technical Review Panel embodies this pillar as they are responsible for evaluating all funding proposals received on their technical merits.

The second pillar of innovation is based on local ownership. In contrast to other large donors and multilateral organizations, all grants are locally initiated, designed and implemented. As an institution, the Global Fund does not dictate scope of projects, key interventions or how grants should be implemented. All decisions are agreed in country.

A third pillar in the institutional design is The Country Coordinating Mechanism (CCM), which is an obligatory stakeholder that serves to ensure that multiple local actors, including civil society and organizations representing patients, actively take part in the design of the proposal and the oversight of grant implementation. The operational guidelines stipulate that the CCM must be composed of no more than 50 per cent of its members from the Government. There are 6 minimum requirements that the CCM must adopt in order to be eligible for funding.

The CCM is a fundamental piece of The Global Fund architecture as it is also responsible for nominating the Principal Recipient (PR), the organization or government institution that is responsible for the implementation of the grants. The CCM embodies both local ownership and participatory decision-making, both key values of the organization.

The forth pillar of the institutional design is the Technical Review Panel (TRP), an independent body responsible for the technical review of proposals received from CCMs and resource allocation procedures. The TRP is made up of 26 health and development specialists appointed by the Global Fund's board.

The Global Fund Board consists of 20 voting members, representing developing countries, donors, civil society, private sector and people living or affected by the three diseases. The Board

can only approve or reject categories of proposal, not individual proposals. This is a mechanism to ensure that technical merit is the only criteria for approval and to 'depoliticizing' the funding decisions. The fact that Iran, North Korea and Myanmar are recipients of Global Fund grants show that The Global Fund have succeeded in keeping politics out of funding decisions.

The Global Fund relies on technical agencies (i.e. WHO, UNAIDS, USAID, DFID etc) at the global and local level. At the global level, the technical agencies provide the standards and best practices in public health; and at the local level, they provide support for proposal development and grant implementation.

The Global Fund design represents a bold move to change the way development aid works. It proposes to move away from donor-driven to locally designed and implemented programs while redistributing the responsibilities for global health among governments, multilateral agencies, private sector, civil society and people living or affected by the diseases. A new dynamic between these actors is created and reinforced by a new financing mechanism.

The institutional design of The Global Fund was created to balance the principle of accountability at two levels. On one hand The Global Fund must be accountable to its donors and on the other hand, it must empower local actors. Slezak (2008) argues that The Global Fund reached this balance by combining the inclusion of stakeholders at the local level and a scientific institution at the global level.

The Global Fund's innovations in its institutional design were translated into operating principles, policies and grant cycles. As discussed in the previous section, The Global Fund operates with 6 key structures: The Board, the Global Fund Secretariat, the Technical Review Panel, the Country Coordinating Mechanism, the Principal Recipient (grantee) and the Local Fund Agent.

The Global Fund Secretariat, based in Geneva, manages the grant portfolio, including screening submitted proposals, issuing instructions to disburse money to grant recipients and implementing performance-based funding of grants.

The Global Fund signs a legal grant agreement with a Principal Recipient (PR), which is designated by the CCM. The PR receives Global Fund financing directly, and then uses it to implement prevention, care and treatment programs or passes it on to other organizations (sub-recipients) who provide those services. The PR also makes regular requests for additional disbursements from the Global Fund based on demonstrated progress towards defined goals and objectives.

Since the Global Fund does not have staff at country level, it contracts firms to act as "Local Fund Agents" (LFAs) to monitor implementation. LFAs are responsible for providing recommendations to the Secretariat on the capacity of the PRs and on the soundness of regular requests for the disbursement of funds and reports submitted by PRs.

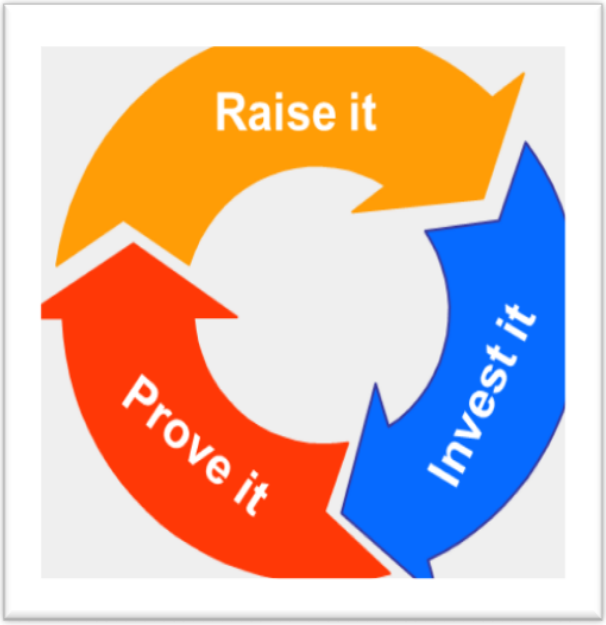
PERFORMANCE-BASED FUNDING (PBF) AND DECISION-MAKING AT THE GLOBAL FUND

PBF is at the heart of The Global Fund's operating model. The application of PBF to grant management is the most praised contribution of The Global Fund to the field. Many organizations have now adopted this approach as part of their operating model.

PBF is not a new concept; it was developed in the 1970s in the education sector. It has gained a lot of popularity recently and it is now being employed by several aid and grant organizations as a way to increase the accountability, efficiency and effectiveness of funded programs and services. At The Global Fund, PBF is used as a decision-making tool for disbursement. As a result, funds are released incrementally based on demonstrated results measured against targets. The grants receive a rating at each disbursement period.

Figure 2 depicts the Global Fund operating model. It makes an explicit link between PBF and funding, both for grantees and The Global Fund.

Figure 2.2. The Global Fund operating model



Raise it: The first past of the Global Fun mission is to raise funds to maintain the high levels of funding for the three diseases.

Invest it: The funding raised is channelled through grants to 144 countries.

Prove it: The achievements of grant activities are measured against performance indicators and the results are used for on-going funding decisions. The proven performance of Global Fund grants is critical to rising additional funding from donors.

The concept of PBF is present in every process of the Global Fund Secretariat. First, the grants are provided with initial funding recommendations based on the quality of their applications. The Technical Review Panel (TRP) assesses each application and makes funding recommendations based on the technical quality of the proposals. In order to receive the tranches of funding every

semester or quarter, the grant needs to demonstrate results against defined performance targets. Subsequent financing (for the last 3 years of the grant) can be attained by undergoing an in-depth review of the performance of the grant in terms of results achieved, value-for-money and efficient management.

Targets proposed by grantees are negotiated with the Global Fund, thereby ensuring they are appropriate to the national context and local program realities. Performance-based funding at the Global Fund provides a platform for grants to demonstrate that they can convert financing into results, enabling further funds to be committed to the programs fighting AIDS, Tuberculosis and Malaria.

The goal of the PBF framework at the Global Fund is to link funding to the achievement of objectives and targets; to ensure that money is spent on delivering services for people in need; and, to provide a tool for grant oversight and monitoring by the Global Fund Secretariat.

Although the PBF model is being implemented by several international health and development organizations, it continues to raise concerns that it may penalize poorer countries and may not be flexible enough to strengthen health systems. Data from several articles on PBF implementation in countries show that it can be a powerful incentive to scale up implementation of programs. However, caution is required to ensure that indicators and targets set are controlled by countries[2].

In the Global Fund's performance-based funding model, financing is therefore not only linked to the achievement of indicator results but also the overall management of grants. Performance-based funding supports decisions based on a comprehensive and transparent assessment of program performance which also includes grant management, contextual challenges

[2] The Global Fund to Fight AIDS, Tuberculosis and Malaria (2009). *www.theglobalfund.org/documents/performance/Performance_PerformanceBasedFunding_Brochure_en/* - Text Version

and, ultimately, impact on the fight against the three diseases. The guiding principle of the PBF framework is to promote results-based decisions at all levels (Global Fund Secretariat, Country Coordinating Mechanism, program implementers) that will allow for acceleration of implementation, investment in capacity strengthening, identification of efficiencies/savings and reallocation of funds not used to other grants.

PBF guides the decision for the amount of funding at every period of a grant. Most grants receive funding every quarter. High performing grants tend to receive funding every 6 months. The PBF funding decisions are based on increasingly comprehensive information on the grant achievement against set targets and higher-level evidence of the success of the programs and their impact on the three diseases. The new methodology adopted in 2008 links overall achievement against set targets as well as management issues with an indicative disbursement range. It impacts not only every disbursement of a grant but the amount of funding committed for Phase 2 (last three years of the grant)

The new Global Fund's evaluation of program performance is based primarily on results and outcomes and is summarize in the table below.

Table 2.3. The Global Fund Evaluation of Performance

Elements of Performance Evaluation	Examples
Programmatic results	The achievement of output indicator results vs. targets (for example, the number of people on antiretroviral treatment, the number of people on DOTS (the internationally recognized standard of treatment for Tuberculosis), te number of insecticide-treated bed nets (ITNs) distributed).
Achievement of Outcomes/impact	The achievement of long-term outcome and impact results related to the Millennium Development Goals (for example,

indicators	percentage of people infected with HIV, TB case detection and treatment success rates, mortality rates among children younger than five years, etc).
Program Management	The overall management of the grant, including challenges, if any, in the areas of: (1) monitoring and evaluation, (2) procurement of health commodities, (3) financial management, and (4) governance (for example, poor data quality, procurement delays, ineligible expenditures, etc).
Financial Performance	Analysis of the program expenditures vs. budgets, including breakdowns per program area in order to link financial performance with programmatic results.
External Factors	Only considered in exceptional cases when severe and unexpected changes in the external environment (e.g. natural disaster, civil unrest, etc.) have had a material negative impact on program implementation.

In 2008 the Global Fund rolled out a new methodology to ensure that the PB funding decisions are consistent across the regions of the world and are more objective. This new methodology comprises two major steps:

1st Step - Assigning a performance rating

The performance rating of a grant is based on 1) the overall progress achieved against time-bound targets for key output indicators; and 2) an assessment of management performance (notably in the areas of M&E, financial management and systems, pharmaceutical and health products management, and program management). The programmatic achievements are the primary factor in determining the grant performance rating; however this initial rating based on

programmatic performance may be downgraded due to critical management issues (e.g. poor data quality, procurement delays and ineligible expenditures).

Table 2.4. Assigment of Performance Rating for Global Fund grants

Grant rating	**Performance Category**	**Progress against targets**
A1	Exceeds expectations	>100%
A2	Meets expectations	100-90%
B1	Adequate	60-89%
B2	Inadequate but potential demonstrated	30-59%
C	Unacceptable	<30%

At the time of grant renewals, the performance rating of a grant may be upgraded if there is documented evidence of impact towards the goals of the program. Impact is defined strictly by changes in incidence, prevalence and mortality.

2nd Step - Deciding on a disbursement amount

Each performance rating category (A1, A2, B1, B2, C) has an indicative disbursement range, calculated in order to ensure the relationship between results achieved and funds disbursed by the Global Fund. These disbursement ranges are, nevertheless, only indicative and serve as a starting point for the disbursement decision. Ultimately, the final disbursement amount is based on: 1) overall grant performance; 2) contextual factors (force majeure, political and civil issues, etc.); 3) real budget needs in the context of spending ability and (4) actions needed to address identified weaknesses in management capacity.

TRANSFORMATIONS AT THE GLOBAL FUND

The Global Fund was set up as a unique global public/private partnership, often referred to as the 'new multilaterals', dedicated to attracting and disbursing additional resources to prevent and treat HIV/AIDS, Tuberculosis and Malaria. This partnership between governments, civil society, the private sector and affected communities represents a new approach to international health financing. Since its creation in 2002, The Global Fund has become the dominant financier of programs to fight AIDS, Tuberculosis and Malaria, contributing to improved impact and cost-effectiveness of interventions in the three diseases and mobilizing additional financial support to the health sector in general.

Despite its achievements and relevance for international health, the Global Fund's model and achievements were called into question in 2011 when an article on corruption and misuse of funds disbursed by the Global Fund to countries was picked up by several newspapers[3]. Although the article was written as a "revelation" of the results of the Global Fund Inspector General's work, all the reports and findings had been previously published on the Global Fund website.

The publication of this article was the spark that ignited a crisis that culminated with a loss of confidence by donors and the international community and resulted in the withdraw of pledges for funding from the Scandinavian countries, Germany, Netherlands, Japan and some private organizations. The reputational damage seemed very severe at the time and the entire operational model of the Global Fund was being called into question.

In order to address the crisis and restore donors' confidence, The Board of the Global Fund appointed a High-Level Independent Panel (hereafter referred to as the High-Level Panel) with the mandate to assess the organization's fiduciary controls, to offer recommendations to solve systematic problems in grant selection and oversight, to advise on risk mitigation and to contribute

[3] Heilpein, J. (2011). Fraud plagues Global Fund for Health. *Associated Press, 23 January 2011.*

to the development of a new strategy for the Global Fund. The High-Level Panel was chaired by the Honarable Michael O. Lewis (former Governor and Secretary of Health and Human Serives) and His Excellency Festus Mogae (former President of the Republic of Botswana)[4].

The High-Level Panel conducted an extensive review of published and unpublished documentation of the Global Fund as well as interviews and field missions to follow the financing from the Secretariat down to the country level and to beneficiaries. The High-Panel acknowledges that the crisis was fuelled by a combination of economic distress among donors and the reports from the Office of the Inspector General.

Overall, the High-Level Panel's recommendations urged the Board and Secretariat to adjust to the new economic, technological and epidemiologic realities in order to transition from an organization responding to an emergency to a financing institution that is geared towards a sustainable response. The transition was envisioned to position the organization to provide maximum accountability, comprehensive risk management, efficiency and value for money. The High-Level Panel pointed out that three new trends are forcing the Global Fund to change: a new austerity environment, demand for accountability from donors and the international community and innovations in Medicine, Public Health and technologies.

The Global Fund was created to respond to the emergency posed by the three diseases with the mandate to leverage and disburse large amounts of funding to countries to significantly impact the fight against the diseases. The sense of emergency and drive to provide treatment 'at any cost' formed the culture and *modus-operandis* of the organization. The rapid growth of the organization

[4] The High-Level Panel was also composed by the following members:
Ms. Zeinab Bashir El Bakri (Director of the Delivery Unit in the Office of His Highness The Prime Minister of Kuwait and Vice President for Sector Operations at the African Development Bank); Mr. Gabriel Jaramillo (Chairman Emeritus of the Board of Sovereign Bank in the United States and Special Advisor to the Office of the Special Envoy for Malaria of the United Nations Secretry-General); The Honorable Norbert Hauser (Vice President of Federal Court of Auditors in Germany and Chairman of the Panel of External Auditors of the United Nations; The Honorable Barry O'Keefe (Justice for the Supreme Court of New South Wales, Australia);Mr. Claude Rubinowicz (Chief Executive of Agency for Public Intangibles of France and Inspector General of Finance in the French Ministry Economy, Finance and Industry).

and the results achieved require the organization to shift from emergency response to sustainability and fiduciary responsibility.

In addition, the economic crisis that still grips major industrial economies has significantly reduced the unprecedented outpouring of financial resources to international health. As a result, the Global Fund is transitioning from an era of expansion to consolidation. During 2011, the financial outlook of the organization raised serious concerns to future and on-going grants.

The reports from the Office of Inspector General on fraud and misuse of grant funding combined with the new economic scenario contributed to the decline of donors' confidence. More than ever, international organizations are required to present accurate data on their programs and results while ensuring cost-effectiveness and safeguarding of investments. Consequently, the Global Fund must review its fiduciary controls and accountability mechanisms to anchor the transition from emergency,

By assessing the factors that led The Global Fund to a crisis and the way the organization responded to it provided invaluable insights into limitations of the Global Fund model and how it should be adapted to face the new realities aforementioned. The final report highlights that the organization made very few strategic and operational decisions based on risk and that its bureaucracy provided a false sense of security while oversight was actually inadequate in detecting and preventing fraud and misuse of grant money.

The recommendations of the final report released in September 2011 and adopted by the Board require major changes in the way the Global Fund conducts its business and manages its grants. The High-Level Panel found that the Global Fund needs to focus much more on its core business of managing grants to save and protect lives. It recommends improving financial and Board oversight, simplifying grant application processes, and putting in place a robust risk management framework.

In order to preserve the efficiency of the Global Fund model, the High-Level Panel argues that the organization must become more targeted and move away from a one-model fits-all approach. For example, they suggest the Global Fund should assess disease burden and implementation risks, prioritizing funding and channelling it to countries and programs that show the most need and will therefore have the greatest impact.

In contrast to an investment bank, the Global Fund cannot deny funding countries that present a high risk for corruption. However, the organization cannot accept any degree of misuse of funding in any of its programs and it requires that robust system of accountability and fiduciary control is implemented in all recipients' countries. In addition, it is important that the responsibility for the effective use of grant money does not lie only with the Global Fund but also with national governments and local actors (i.e. civil society and private sector organizations).

The recommendations from the High-Level Panel were adopted by the Board and the Secretariat started making them operational. In addition to requiring extensive changes in how the Global Fund operates, the recommendation also calls for a change in the mentality of the organization as well as the implementers and partners.

Table 2.5. Recommendations from the High Level Independent Panel

Recommendations	Follow-Up Actions
I. Turn the page from emergency to sustainable response	- No Amnesty for fraud but focus oversight on more recent rounds of grants - Strengthen the relationship between the Secretariat and the Inspector General
II. Declare a doctrine of risk and manage to it	- Adopt a new risk management framework - Redefine "country ownership" -Apply the risk-management framework to the existing portfolio

III. Strengthen internal governance	- Focus the Global Fund's Board on management, strategy and risk-management - Re-purpose the committees: investment, audit and finance committees - Create an executive staff to support the Global Fund Board
IV. Streamline the grant approval process	- Institute a two-stage grant process - Apply risk-differentiated grant processes and requirements
V. Empower middle-management's decision-making	- Establish a Chief Risk officer - Align the staffing pattern to bolster grant-management - Empower the Fund Portfolio Managers - Streamline and expand the country teams - Reinforce the executive management team - Leverage the investments in the Local Fund Agents - Define and clarify the role and responsibilities of external auditors
VI.Get serious about results	- Measure outcomes, not inputs - Focus on quality and value, rather than quantity - Consolidate the reform agenda

The immediate endorsement and operationalization of the High-Level Panel's recommendations in September 2011 has had a positive impact in restoring donors' confidence in the Global Fund and improving the financial outlook of the organization. As early as May 2012, the Global Fund estimated to have secured more than $1.6 billion in additional funding for 2012-14

period. This was a result of commitments from several donors that had withheld or cancelled their contributions in 2011 as well as strategic decisions made by the Board that freed up funds to be invested in countries where there is the most pressing demand.

The recommendation from the High Level Panel and the key decisions at the 2011 Board Meeting led to an extensive restructuring of the organization in 2012. The restructuring affected all levels of the organizations: from policies to operational procedures to managerial structure and even the number of staff. The Board appoint Mr. Gabriel Jaramillo, a former banker specializing in the merger of institutions, who was part of the High Level Panel, to implement the restructuring rapidly.

Despite a turbulent 2012, punctuated by lay-offs, a suspension of round of funding and a revision of policies and procedures, The Global Fund finds itself now in a stronger position under the leadership of Mr. Mark Dybul, former Executive Director of PEPFAR. The early announcements on funding pledges indicate that the donors' confidence in the organization has been restored.

The recommendations from the High Level Panel and the results of several assessments and discussions with partners, led to the reformulation of the funding model. At the time of finalization of this study, the Global Fund is testing and making final adjustments in order to launch it in 2014.

ABSORPTIVE CAPACITY OF GLOBAL FUND GRANTS

The findings of the Literature Review identified several factors that are associated (both positively and negatively) with absorptive capacity. These factors can be divided into four main categories:

- Macro-economic and social
- Institutional and Policy
- Technical and Managerial

- Operational (related to donors' practices)

The table below details the factors identified in each category and summarizes the Literature Review findings related to the effect onto absorptive capacity.

Table 2.6. Factors Associated with Absorptive Capacity as per Literature Review

Category of Factors Associated with Absorptive Capavity	Examples of Factors	Impact on Absorptive Capacity
Macro-Economic and Social	Level of Development	The majority of authors[5] agree that low and lower middle income countries exbiht a higher absorption capacity. Exceptions are noted for countries that are not politically stable.
	External finanacing	
	External and internal funding for health	
	Political Stability	Political stability and democracy are highlighthed as contributing factors for high absorptive capacity.
	Diseases Burden	Authors point[6] out that high diseases burden have a spill-over effect that reduces the capacity of systems (infrastructure, managerial, technical) and the availability of Human Resources to cope with implementation of grant.
Institutional and Policy	Governance	The findings of the Literature Review[7] are consistent in pointing out good governanace, respect for
	Rule of Law	
	Human Rights and Rights of	

[5] Cypher and Deitz (1997); Easterly (1997); Moreira (2005);Moyo (2010); Rist (1997)
[6] Burnside and Dollar (2000); Clems et at (2004); Collier and Dollar (2003); Hansen and Tarp (2000, 2001);
[7] Lancaster (1999); Monkam (1998); Mooney and Houston (2004); Ostrom et al (2001)

	Minorities	rule of Law, Human Rights and Rights of Minority as contributing factors for higher absorptive capacity. Strong bureaucracy and systems are also key for optimizing absorptive capacity.
	Level of Bureacracy	
Technical and Managerial	Human resources capacity	Although the number of studies on this category is reduced, authors[8] tend to agree on the importance of componenet Human Resources and adequadate systems to cope with technical and managerial requirements for implementing grants and external funding.
	Type of grant/program	
	Number of grants/programs	
Operational	Number of donor organizations	Authors[9] agree that some level of external funding and presence of some of donors have a positive impact on absorptive capacity. However, if the external fubnding becomes too high, it poses threaths to local economy and bring new challenges. Additionally, the lack of coordination among donors can have a detrimental effect on absorptive capacity.
	Level of coordination among donors	
	Number of separate reporting requirement	

[8] Monkam (1998); Ostrom et al (2001)
[9] De Rezio (2005); Diarra (2010) ; Leandro et al (2010), Pederson (2001).

The factors listed in the table above are not exhaustive and represent the most common factors identified in the Literature Review. Based on these factors, the indepedent variables for this study were selected:

Table 2.7. Factors Associated with Absorptive Capacity and Selection of Independent Variables

Category of Factors Associated with Absorptive Capavity	**Examples of Factors**	**Independent Variables**
Macro-Economic and Social	Level of Development	Human Development Index
	External finanacing	Direct Health Assistance
	External and internal funding for health	Direct Heath Asssitance per Disability-Adjusted Year
	Political Stability	Governanace and Risk Index
	Diseases Burden	Diseases Burden
Institutional and Policy	Governance	Governanace and Risk Index
	Rule of Law	
	Human Rights and Rights of Minorities	
	Level of Bureacracy	
Technical and Managerial	Human resources capacity	Number of grants managed by Principal RecipientType of grant componenet (HIV/AIDS, Tuberculosis and Malaria
	Type of grant/program	
	Number of grants/programs	
Operational	Number of donor organizations	Direct Heath Asssitance per Disability-Adjusted Year
	Level of coordination among donors	
	Number of separate reporting requirement	

CHAPTER 3: METHODOLOGY

THEORETICAL AND CONCEPTUAL FRAMEWORK

The literature review of absorptive capacity in development assistance programs and health related programs demonstrate the complexity of this concept and its many interconnections. The literature points out that absorptive capacity of aid is influenced, in different degrees, by several factors but mainly by the level of governance, degree of corruption, amount of aid received, number of donors in vertical projects, the strength of implementing institution and the development rate of the recipient country.

The goal of this study is to explore the concept of absorptive capacity of health programs by focusing on the absorptive capacity for Global Fund grants. It examines to which degree the factors found to be associated with absorptive capacity in the literature review influence the absorptive capacity of The Global Fund grants. Based on the findings of the Literature Review, representative factors from the four main categories were selected to be used in this study.

This study proposes to use qualitative comparative analysis (QCA), a comparative case-oriented research approach and technique developed by Charles Ragin in the 1980's and 1990's. At the general level, it is an approach that allows for a "dialogue between ideas and evidence" (Ragin, 1987, p. 164) and aims at developing a "synthetic strategy that integrates the best features on the case-oriented approach with the best features of the variable-oriented approach (Ragin, 1987, p. 84).

QCA is often referred to as a method that is half-way between the quantitative and qualitative approach. Rihoux (2003) points out that QCA has the key strengths of a qualitative

method as it is case-sensitive and it adopts a concept of causality that leaves room for complexity. These are very important as QCA is mostly used to study macrosocial or mesosocial phenomena such as revolutions, policy processes and social change.

QCA strategy focuses on 'multiple conjunctural causation', in other words on observed phenomenon caused by a combination of factors. Moreover, several different combinations can produce the same outcome and, depending on the context, a given condition may have a different impact on the outcome. In conclusion, QCA assumes that there are different casual paths to the same outcome, which makes it an increasingly popular choice for research in social and political sciences.

QCA also includes some key qualities of the quantitative approach (De Meur and Rihoux 2002). As a technique, QCA is based on the formal logic of Boolean algebra which allows researchers to study a small to medium number of cases and to subsequently derive generalizations. As each case is reduced to a set of variables, the research can be replicated, which is an advantage not found in the case studies approach often used in Social and Political Sciences. Another key quality of the quantitative approach is the ability to identify causal regularities that can be expressed with the fewest possible conditions.

As a result, QCA techniques allow for the development of explanatory models on the basis of a systematic comparisons between variables. In summary, QCA interprets cases as a combination of attributes and each case is coded for having membership in a set of causal conditions. The information is summarized in a truth table that is then reduced, by application of Boolean logic, to necessary and sufficient conditions and their possible combinations.

In 2000 Ragin extended the QCA methodology to a larger number of cases and to values as well as dichotomous variables. This became known as the 'fuzzy-set' approach (hereafter referred as fQCA). It is a method to analyse how casual conditions can combine to produce outcomes of

interests. In this method, causality is assumed to be complex as it is rarely the result of one cause but rather a result of the interaction of several causes. Moreover, there are several possible combinations of the causes which result in an outcome of interest (Weiner 2011). Ragin (2000) refers to 'multiple pathways' that can achieve the same outcome.

fQCA analyzes the relationships between the causes and explores the complexity of phenomenon by applying Boolean algebra and algorithms, which allows for the logical reduction to the minimum interaction of causes that achieve the outcome.

This analysis is possible because in fQCA the set membership of causes is no longer restricted to binary values (as it is in the original QCA) but can be refined and calibrated. For example, in the original QCA a variable could only be assigned two values to membership of set: 0= out, 1= in. The application of fuzzy-set allows the researcher to apply different thresholds: 0=out, 0.50=cross-over point and 1=in.

Although the application of fuzzy sets brought additional flexibility and sophistication to the method, the use of the inclusion algorithm (Ragin,C. et al. 2003) circumvents the creation of a truth table and forfeits some analytical properties. In order to address this, Ragin (2005) introduced a new Truth Table algorithm that was implemented in fs/QCA software, which is used to analyse the data of this study. Additionally, the latest version of this software allows the additional calculation of consistency and coverage scores.

Fuzzy-set can also be regarded as a response to critiques of the limitations of crisp set analysis. Rhioux (2006) points out that although fuzzy set is usually seen as an expansion of the original QCA, they are quite different methods. Fuzzy-set is suited for large numbers of cases and geared more towards the quantitative approach, as the starting point is no longer in the individual case but in the variables and generalizations.

The use of fQCA is a relevant approach for this study as it holds the potential to provide a unique set of tools to compare similarities and differences among cases and identify structural conditions which precede the outcome of grant absorptivity. fQCA is also the appropriate choice of method as it allows for the identification of different paths to the selected outcomes.

The fQCA techniques of Boolean algebra allowed this study to present comparisons of variables separately and jointly. Based on the results, this study aims to contribute to the debate on absorptive capacity within a framework that builds on a review of the literature, discussion of concept and evidence from Global Fund grant implementation.

OBJECTIVES, HYPOTHESIS AND OUTCOMES OF INTEREST

This study explores the concept of absorptive capacity of programs in health by focusing specifically on the absorptive capacity for Global Fund grants. Based on the findings of the literature review, the main hypothesis of this study is that absorptive capacity for Global Fund grants (dependent variable) is influenced by the level of governance and risk, the overall level of funding for health, the type of implementer, grant disease type, round of funding, the number of grants managed and the development and burden of diseases in the recipient country (independent variables).

This study also investigates the effect of each of the factors mentioned above to the level of funding absorption. These factors are analysed individually and in different combinations.

In order to examine the data, this study has selected two outcomes of interest: low and high absorptive capacity. The main outcome of interest is low absorptive capacity for Global Fund grants. The hyphothesis associated with this outcome is that low absorptive capacity is influenced by high risk, low governance, low development and high disease burden, low assistance to health and high number of grants managed by implementer.

The alternative outcome is associated with the hypothesis that high absorptive capacity is influenced by low risk, high governanace, high development and low disease burden, high assistance to health and low number of grants managed by implementer.

The table below summarized the key information on this study's hypothesis and outcomes of interests.

Table 3.1. Study's Hypothesis and Outcomes of Interest

Summary of Study's Hypothesis and Outcomes of Interest	
Hypothesis	Absorptive Capacity for Global Fund grants (dependent variable) is influenced by the level of governance and risk, the overall level of funding for health, the type of implementer, grant disease type, round of funding, the number of grants managed and the development and burden of diseases in the recipient country (independent variables)
Main Outcome of Interest	Low absorptive capacity is influenced by high risk, low governance, low development and high disease burden, low assistance to health and high number of grants managed by implementer
Alternative Outcome of Interest	High absorptive capacity is influenced by low risk, high governanace, high development and low disease burden, high assistance to health and low number of grants managed by implementer

STUDY DATA

Criteria for inclusion in study

As of December 2012, The Global Fund has approved 10 Rounds of Funding for grants for HIV/AIDS, Tuberculosis and Malaria. In Round 8 and 10, grants in Health System Strengthening were

also recommended for funding. At each Round, the Board approves grants based on the TRP review of its technical matters and the Secretariat negotiates each grant before signing with the principal recipient. Grants are, in principle, for 5 years, with an initial commitment of 2 years, known as Phase 1. At the end of year 2, grants undergo an evaluation process at the Secretariat to assess the funding for the remaining 3 years, a period known as Phase 2.

At the start of Phase 1 and Phase 2, The Global Fund commits a certain amount of funding that corresponds to the grant budget. This amount is then disbursed in quarterly or biannual tranches. At the time of each disbursement, the Secretariat evaluates the programmatic results and the financial performance and makes adjustments to the amount to be disbursed based on performance. This contributes to a flexible implementation of activities, as the expenditure of budget can be accelerated or reduced to better suit the implementation capacity of the Principal Recipient and the context of country. However, the time for implementation is set to a maximum of 5 years; therefore, the recipient can only access the funding during the grant period. A maximum six month extension is provided in exceptional circumstances (i.e civil war, natural disasters etc).

This study examines a set of data that consists of all Global Fund grants that completed the Phase 1 (first 2 years of funding) and Phase 2 (total of 5 years of funding) by 31 December 2011. For this study, only grants for HIV/AIDS, Tuberculosis and Malaria will be considered. The number of Health System Strengthening (HSS) grants is very small. The majority of grants have not yet completed Phase 1 of funding (only Round 8 and Round 10 offered the opportunity for HSS grants).

As of 31 December 2011, the total number of grants to be included in this study is 664 Phase 1 grants and 321 Phase 2 grants. The complete file on The Global Fund grants, even the ones that have come to an end, with information on the recipient country, round of funding, component (disease), total amount approved, total lifetime budget, Principal Recipient, date of grant agreement

signature, program start date, date of Phase 2 agreement, Phase 2 start date and program end date is available at the organization's website[10].

The information on program start date and program end date were used as the criteria for selection of grants to be included in the first data set (grants that completed Phase 1) and grants for the second data set (grants that completed Phase 1 and Phase 2). The Appendix 1 depicts the table with the all the grants to be included in this study with key information on country, round, type of implementer, amount budgeted and amount disbursed.

Operationalization of terms: Dependent Variable

The main hypothesis of this study is that absorptive capacity for Global Fund grants (dependent variable) is influenced by the level of governance and risk, the overall level of funding for health, the type of implementer, grant component, round of funding, the number of grants managed and the burden of diseases in the recipient country (independent variables). This study investigates the effect of the independent variables on the outcome (dependent variable) individually and in combination.

As reviewed in the literature, absorptive capacity can be defined as "the ability of the public sector to design, disburse, coordinate, control, and monitor public spending". This coordination is both vertical (between central and local governments) and horizontal (between line ministries at any given level). The question is whether governments or even institutions such as health ministries have the capacity to manage a large increase in real expenditures beyond usual trend" (Gottret, P; Schieber, G.; 2006 p. 239). Therefore, the definition of the concept can be understood in terms of the capacity of recipient to benefit from aid funding and operationalized in terms of how much of

[10] File entitled ' Grants in detail' can be downloaded from http://portfolio.theglobalfund.org/en/Downloads/Index

committed funding the recipient was able to spend. The Global Fund grants each have its own budget that is approved by the Secretariat to ensure that goals and objectives can be met.

The variable absorptive capacity is calculated for each grant included in the study data using the following formula:

Absortive Capacity Rate equals:

Cumulative amount spent at the end of period (Phase 1 or Phase 2 of funding) x 100/ Total amount approved for the period (Phase 1 or Phase 2 of funding).

The Appendix 2 and 3 depict the absorption capacity rate for all countries that received Global Fund grants and are included in the data set for this study.

Operationalization of terms: Independent Variable

This study has 7 independent variables:

(I) Level of Governance and Risk;

(II) Level of disease burden;

(III) Development assistance for health (DAH) per disability-adjusted life year (DALY);

(IV) Number of grants managed by implementer (Principal Recipient);

(V) Round of funding;

(VI) Type of implementer (Principal Recipient); and,

(VII) Component of grant

The underlying hypothesis is that absorption capacity of Global Fund grants is influenced, in different degrees, by the independent variables: overall governance, the overall level of funding for health, the level of development, the type of implementer, grant component, round of funding (year

that grant was awarded) and the burden of disease in the recipient country. Four of these broad categories (governance and risk, funding for health, burden of disease and number of grants) are measured by a number of separate indicators that refine the measurement and potentially identify a pattern of relation in the data set. The remaining variables (grant component, round of funding and type of implementer) are measured in separate data sets and are compared with the main overall data.

Independent Variable 1: Governance and Risk

The definition and operationalization of the independent variables uses the same criteria as identified in articles in the literature review. In order to measure the level of governance in the recipient country, this study adopts the same formula used by the High-Level Independent Review Panel[11] to assess the risk of The Global Fund's portfolio. The formula adopted is composed of 6 indicators:

- (i) Total financing received from the Global Fund,
- (ii) Aggregated transparency rating,
- (iii) Recent national elections,
- (iv) Additional safeguards policy,
- (v) Evidence of misappropriation,
- (vi) Previous suspension or termination of grant.

(i) **Total financing received from The Global Fund:** This is measured as the ceiling of the Board approved grants for each country. This study also adopts the division into quartiles used by the High-Level Panel:

[11] The High-Level Independent Review Panel was created by The Global Fund Executive Director in March 2011 after the reports of misappropriation of grant funding. The Panel was chaired by President of Botswana Festus Mogae and former U.S. Health and Human Services Secretary Michael O. Leavitt. The panel assessed the Global Fund's current practices in financial oversight and implementation and published on 19 September 2011 its report. The report can be accessed at http://www.theglobalfund.org/en/highlevelpanel/

Category 1: US$ 0-40 million;

Category 2: US$ 41-100 million;

Category 3: 101-400 million, and;

Category 4: over US$ 400 million

(ii) Aggregated Transparency Rating: This measure is a combination of the rating system of Transparency International and, when applicable, the Ibrahim Index score for African countries. The Corruption Perceptions Index (CPI) ranks countries according to the perception of corruption in the public sector. The CPI is an aggregate indicator that combines different sources of information about corruption based on different assessments and business opinion surveys carried out by independent institutions. It captures information about the administrative and political aspects of corruption, such as bribery of public officials, kickbacks in public procurement, embezzlement of public funds, and information on the strength and effectiveness of public sector anti-corruption efforts.

According to Transparency International, perceptions of corruption have proven to be a reliable estimate of existing corruption.

For African countries, the governance measure also includes the Ibrahim Foundation Index that aims to estimate a broad measure of governance. In addition to public perception of corruption, this index also measures investments in social sectors like education and health.

For the 52 countries where the Ibrahim Foundation Index is available, the aggregated transparency rating is calculated using the following formula:

(2010 Transparency International ranking) X 5+ (2010 Ibrahim Index score)/6

For all the other countries, the following formula is applied:

(2010 Transparency International ranking) X 5/6

(iii) Recent National Elections: The Independent High Level Panel states that national elections can serve as occasions for misappropriation of money for partisan or wrongful purposes. In order to take this factor in to account, the event of national elections in 2010 or 2011, is added to the overall rating on governance.

(iv) Additional Safeguards Policy (ASP): This is a Global Fund policy in place since the first Round of funding that reserves the right for the organization to acknowledge serious risks to grants. After a detailed review, the Secretariat can decide to apply ASP to a country to safeguard its investments as it allows the Global Fund to decide on the institution to manage the funding (Principal Recipient). Countries where political instability is rampant or Governments do not abide to internationally recognized rules of law are put under ASP policy. Examples of countries currently under ASP policy are North Korea, Burma, Haiti and Iran.

(v) Evidence of Misappropriation of Global Fund grant funding: In cases of evidence of misappropriation of grant funding identified by the Office of the Inspector General, countries receive a score for this indicator. This will increase the risk (and lower the governance) rating.

(vi) Previous Suspensions and Termination of Grants, or Change in PR: In cases of gross mismanagement of a grant and failure in implementation activities as approved in the grant proposal, the Secretariat can suspend the funding. This is a temporary freeze of additional funding and it allows the Country Coordinating Mechanism (CCM) and the Principal Recipient to take corrective measures and respond to the Secretariat concerns. The decision to suspend funding is reviewed after an agreed period of time and it can be reversed if the Secretariat has evidence that corrective measures have been properly implemented. In cases when the measures are not correctly implemented, the solutions offered do not ease the Secretariat's concerns or there is gross misappropriation and misuse of funding, the Global Fund can terminate a grant (i.e. cease all funding with no possibility to reverse the decision).

In specific conditions, as identified in the Global Fund's policies, the Secretariat can request the CCM to change the Principal Recipient. In this case, the funding is resumed once a new entity is put in place to manage grant funding.

These measures are applied only in extreme situations and after wide consultation; therefore, it serves as an indication of governance level in the country. If a country has had any of these measures applied to their grants, the measure for this indicator is included in the overall rating.

The total risk adjusted score, as used by the Independent High Level Panel, to determine the level of governance and risk in a country is as follows:

Total Governanace and Risk score equals:

(Global Fund financing) x (Aggregated Transparency Rating) x (1.25 of national elections were held in 2010 or 2011) X (3 if Additional Safeguards Policy is in place) X (3 if there is evidence of misappropriation of funds) X (1.5, 2, 2.5, 3 or 3.5 depending on number of incidents related to previous grants)

The Appendix 4 depicts the overall governance and risk score for every country that received Global Fund funding and is included in the data set for this study.

Independent Variable 2: Burden of Diseases and Development process

In order to capture the information on how much a country is affected by the three diseases and by its development process, the Independent High Level Panel created a burden formula that combines 2 measures: (i) the Human Development Index as a measure of the development and (ii) measure used by the Global Fund Board to assess the burden of the 3 diseases on countries.

(i) Human Development Index (HDI): HDI is a composite statistic that provides a ranking for countries based on the level of human development. It measures development through an array of

indicators on health, education, literacy and economy. In order to calculate these dimensions of HDI, a separate index is calculated for each based on the raw data. This is then put into a formula with minimum and maximum values to create an index. The HDI for each country is then calculated as an average of different measures.

The HDI measures are broken into quartiles: very high human development, high human development, medium human development and low human development. This study adopts the same methodology as the Independent High Level Panel and assigns the quartiles the ratings of 2, 4, 6 and 8.

(ii) Burden of Diseases: On its Twenty-Third Meeting, The Global Fund Board endorsed a new methodology for quantifying the burden of the three diseases that is now used as the basis of the eligibility and prioritization criteria for funding.

The burden of HIV is measured by HIV prevalence in general and at-risk populations. The burden of TB is measured by a combination of the TB notification rate per 100,000 people and countries listed by WHO as high-burden countries. The burden of Malaria is calculated as a combination of mortality per 1000 at risk of Malaria, the morbidity rate and the contribution to global deaths attributable to Malaria. The Appendix 5 lists the indicators and threshold values for the classification.

The Independent High Level Panel used the same calculations as the Global Fund Board and assigned the ratings of 2, 4, 6 and 8 for the quartiles.

The formula used to assess the burden of a country is as follows:

Total Development and Disease Burden score equals:

(2010 Human Development Index ranking) + (Global Fund Malaria score) + (Global Fund AIDS score) + (Global Fund Tuberculosis score)

The Appendix 5 contains the development and disease burden score for countries that are included in the data set of this study.

Independent Variable 3: Development assistance for health (DAH) per disability-adjusted life year (DALY)

Considering the current debate in the literature on the merits and potential benefits of external funding, this study includes a comparative measure of development assistance for health (DAH). The Institute for Health Metrics and Evaluation of the University of Washington compiled data on donation and spending on health across the world and publish an annual report that shows intricate relationships between assistance to health and health spending.

DAH comes from many different sources, like national treasuries, private donors, loan repayment, etc. These funds then flow through several channels, like United Nations agencies, bilateral government agencies, non-governmental organizations, development banks and a myriad of foundations. The measurement of DAH is further complicated by the fact that channels of assistance often transfer funding to each other and sometimes, implement programs directly.

Although DAH generally goes to impoverished areas and countries with the largest disease burden, the literature shows that a growing number of countries receive DAH for political, economic and security interests. There are also cases of a few countries that receive a disproportionally high amount of DAH and are nicknamed “donor darling”. In order to contextualize the financial amounts of DAH, this study uses the measurement of DAH per disability-adjusted year (DALY), a measure of years lost to premature death and disability. This recent measurement is used by the Institute for Health Metrics and Evaluation to assess how much DAH a country is getting relative to its health needs.

The latest data on DAH per disability-adjusted year (DALY) for countries around the world is available in Appendix 6.

While the first three independent variables are given for a country, the following fours variables are grant-specific. In cases where the same country has more than one grant, each grant will have its own set of data. The use of this set of variables is designed to add complexity to the data set which might contribute for the emergence of connections between variables.

Independent Variable 4: Round of Funding

The Global Fund offers funding in Rounds. Until the last Round (10), these were offered annually. This year (2011) is the first time that a Round for funding is not being offered on an annual basis. The grants included in this study are from Round 1 to Round 8 of funding. This variable of the timing of grants is important as the countries, the Secretariat, other organizations and even the international market for medicines and health products has changed over the years.

The data will be analysed for each Phase (Phase 1 and 2) and for each round of funding separately. Appendix 7 shows the data on this variable for all grants included in this study.

Independent Variable 5: Type of Principal Recipient (PR)

The Global Fund grants can be managed by a different number of institutions. This study classifies the PRs as Government (i.e. Ministry of Health or any Governmental institution), International Organizations (i.e. UNDP, UNICEF) and Non-Governmental Organization, which also includes private sector organizations.

As all categorical independent variables in this study, Phase 1 and Phase 2 data will be analysed per type of PR separately. Appendix 7 shows the data on this variable for all grants included in this study.

Independent Variable 6: Grant component (type of disease)

The Global Fund grants to fight against HIV/AIDS, Tuberculosis and Malaria constitute the data of this study and these three diseases are key variables to understand if and to what extent they influence the absorption capacity. The assumption is that the implementations of programs for

each of these diseases face challenges that are specific to the resources, facilities and support dedicated to each disease.

As all categorical independent variables in this study, Phase 1 and Phase 2 data will be analysed per type of disease separately. Appendix 7 shows the data on this variable for all grants included in this study.

Independent Variable 7: Number of Grants managed by PR

The Global Fund grants are complex and require specific management and technical skills in several areas, like Finance, Monitoring and Evaluation, and Procurement. It is assumed that a higher number of grants to be managed by the same PR will bring additional complexities; therefore the number of grants managed by the PR is considered a variable that might influence absorption capacity.

For this study the PRs will be divided into the following categories:

PRs that manage 1 or 2 grants;

PRs that manage 3 grants;

PRs that manage 4 or more grants;

Appendix 7 shows the data on this variable for all grants included in this study. The table below summarizes the definitions of variables included in this study.

Table 3.2. Variables: Definition and Formulas

Depent Variable	Definition and Composition	Formula Applied
Absorptive Capacity	"The ability of the public sector to design, disburse, coordinate, control and monitor public spending" (Gottret and Schieber, 2006).	Cumulative amount spent at the end of period (Phase 1 or Phase 2 of funding) x 100/ Total amount approved for the period (Phase 1 or Phase 2 of funding).

Independent Variables	Definitions and Compositions	Formulas Applied (if applicable)
Governance and Risk	- Total financing received from the Global Fund - Aggregated transparency rating - Recent national elections - Additional safeguards policy -Evidence of misappropriation -Previous suspension or termination	(Global Fund financing) x (Aggregated Transparency Rating) x (1.25 of national elections were held in 2010 or 2011) X (3 if Additional Safeguards Policy is in place) X (3 if there is evidence of misappropriation of funds) X (1.5, 2, 2.5, 3 or 3.5 depending on number of incidents related to previous grants)
Burden of Disseases and Development Process	- Human Development Index - Measure of prevalence in general and at-risk populations for HIV/AIDS, Tuberculosis and Malaria	(2010 Human Development Index ranking) + (Global Fund Malaria score) + (Global Fund AIDS score) + (Global Fund Tuberculosis score)
Overall Funding for Health	- Development Assistance for Health (DAH) - Disability-Adjusted Life Year (DAH)	DAH/DALY
Round of Funding	- Round of Funding measures goes from 1 to 10 and refers to year that grant was awarded	
Type of Principal Recipient (PR)	- Governement - Civil Society	

	- International Organizations
Grant Component	- HIV/AIDS - Tuberculosis - Malaria
Number of Grants managed by Principal Recipient (PR)	Categories: -1 or 2 grants - 3 grants - 4 or more grants

DATA ANALYSIS

This study uses secondary data available at public websites. The analysis of the data using fQCA will first involve six broad steps as described by Ragin (2006):

(i) Identification of outcomes of interest;

(ii) Identification of set of causal conditions;

(iii) Calibration of measures of outcome and causal conditions;

(iv) Construction of data matrix;

(v) Logical Reduction, and;

(vi) Application of Algorithm based on Boolean algebra

Step 1: Identification of outcomes of interest

This study explores the concept of absorptive capacity of aid programs in health by focusing on the absorptive capacity for Global Fund grants. Based on the findings of the literature review, the main hypothesis of this study is that the absorptive capacity for Global Fund grants (dependent variable) is influenced by the level of governance, the overall level of funding for health, the level of development, the type of implementer, round of funding, grant disease and the development and disease burden in the recipient country (independent variables).

The budgets proposed by the countries are reviewed by the Local Fund Agent and The Global Fund Secretariat with the objective of identifying the maximum number of efficiency savings. At the Phase 2 review, the budget is also adjusted according to the Phase 1 programmatic and financial performance. It is clear that the approved budget will undergo reviews at several levels to insure that it is streamlined and cost-effective as possible.

The hypothesis for the main outcome of interest is that low absorptive capacity of grants is influenced by high risk, low governance, high disease burden, low assistance to health and high number of grants managed by the same Principal Recipient.

This study has an alternative outcome of interest, high absorptive capacity of grants. The data collected was also reviewed to check how high absorptive capacity is influenced by low risk, high governance, low disease burden, high assistance to health and low number of grants managed by the same Principal.

Step 2: Identification of set of causal conditions

Causal conditions are defined as the factors that are expected to contribute to the outcome. The causal conditions for this study were selected based on the literature review and they are the independent variables described in the previous section:

(i) Level of Governance and Risk;

(ii) Level of disease burden and development;

(iii) Government contribution to health;

(iv) Round of funding;

(v) Type of implementer (Principal Recipient);

(vi) Component of grant (grant disease), and;

(vii) Number of grants managed by implementer

Step 3: Calibration of measures of outcome and causal conditions

Based on the findings of the literature review, the values of the outcome and causal conditions were transformed from continuous variables into set membership scores. This process was not applied to categorical variables of grant component (type of disease), round of funding and type of implementer.

This study adopted the direct assignment process, which is by far the most common method used in fQCA, and it uses a judge to provide numerical membership value based on expertise (Verkuile, J. 2005). For this study, the researcher provided the membership values based on her knowledge of literature on aid and expertise on Global Fund grants. The data included in this study was analysed for each variable and disaggregated to allow the researcher to observe trends as well as finer details. Key measurements like average, maximum and minimum values, mode and standard variation were applied to the entire data set as well as disaggregated data for each variable.

Based on this analysis, the researcher proposed calibration values for the membership scores that were then discussed informally with Fund Portfolio Managers covering different regional portfolios at the Grant Management Division of the Global Fund.

The membership scores have 3 values: full membership (1), full non-membership (0) and the cross-over point (0.5). As part of the software program, the data analysis uses the cross-over point as an anchor and, based on interval given by upper and lower limits set by the full membership and full non-membership, the values are then re-scaled. The scores were then assigned the corresponding algorithms from 0 to 1.

The data set of this study encompasses data on 664 Phase 1 grants and 321 Phase 2 grants. It also includes data on 125 countries that are recipients of Global Fund grants. The data on absorptive capacity was first reviewed separately for each Phase of grant implementation and then it was disaggregated per Round (1 to 8), grant component (HIV/AIDS, Tuberculosis or Malaria) and

type of Principal Recipient (Government, Civil Society, Private Sector and International Organizations).

Dependent Variable: Absorptive Capacity

The key measurements (i.e. average, maximum and minimum values, mode and standard deviation) for this variable was obtained for the full data set for Phase 1 and Phase 2, as well as a subset of data for grant component, type of PR and round of funding. The following table (table 3.1) depicts the key findings of the preliminary analysis that guided the calibration of membership scores to Absorptive Capacity. The measurements were shared with the group of Fund Portfolio Managers that collaborated with the researcher.

Table 3.3. Key measurements of Dependent Variable (Absorptive Capacity)

Absorptive Capacity per data set		Average	Maximum Value	Minimum Value	Standard Deviation	Mode
Phase	Phase 1	96.23	100	20.97	11.28	100
	Phase 2	90.83	100	0	20.76	100
Grant Component	Phase 1 HIV	95.78	100	21.40	12.44	100
	Phase 2 HIV	91.51	100	0	21.67	100
	Phase 1 TB	96.48	100	31.70	10.42	100
	Phase 2 TB	89.67	100	0	21.91	100
	Phase 1 Malaria	96.19	100	20.97	10.18	100
	Phase 2 Malaria	91.63	100	0	17.86	100
Type of PR	Phase 1 Gov. PR	96.27	100	21.40	11.25	100
	Phase 2 Gov. PR	88.91	100	0	24.07	100
	Phase 1 C.S. PR	96.06	100	20.97	11.51	100
	Phase 2 C.S. PR	95.94	100	57.44	8.79	100
	Phase 1 I.O. PR	95.98	100	54.48	11.66	100
	Phase 2 I.O. PR	90.41	100	0	19.43	100
Round of	Phase 1 Round 1	99.24	100	56.46	5.44	100
	Phase 2 Round 1	95.91	100	0	17.37	100

	Phase 1 Round 2	99.18	100	48.54	5.64	100
	Phase 2 Round 2	93.42	100	0	18.03	100
	Phase 1 Round 3	100	100	100	0	100
	Phase 2 Round 3	94.65	100	0	15.78	100
	Phase 1 Round 4	100	100	100	0	100
	Phase 2 Round 4	91.44	100	37.17	14.95	100
	Phase 1 Round 5	97.80	100	40.63	10.86	00
	Phase 2 Round 5	84	100	0	24.24	100
	Phase 1 Round 6	98.63	100	67.47	6.05	100
	Phase 2 Round 6	62.76	100	0	24.24	100
	Phase 1 Round 7	96.02	100	56.51	10.47	100
	Phase 1 Round 8	80.03	100	21.40	21.32	100

The preliminary analysis of data on absorptive capacity for Global Fund grants revealed a very high absorptive capacity. The disaggregated data per disease component, type of implementer, and per Round also revealed a consistent high absorption capacity with very little variation. The Round 8 data shows a decrease in the absorptive capacity, which is possibly linked to the streamlining process for disbursements based on performance undertaken by the Global Fund Secretariat in 2008/2009.

Based on the results of this analysis, the researcher proposed cut-off values for the 3 membership scores (totally in, totally out and cross-over point) to a group of Fund Portfolio Manager peers working in different regions across the Grant Management Division of the Global Fund Secretariat. This group commented on the proposed values and shared their perspectives on the variables of the study, which contributed to the researcher's final decision on the calibration process.

The Appendix 2 and 3 present the absorptive capacity values for all grants included in this study. Based on the review process, the membership values adopted for this study are displayed in the table below.

Table 3.4. Membership Values adoped for the Outcomes of Interest

Main outcome of interest: Low absorptive capacity for Global Fund grants			
Membership Values	1	0.5	0
Absorptive Capacity	90% and below	91% to 97%	98% and above
Alternative outcome of interest: High absorptive capacity for Global Fund grants			
Membership Values	1	0.5	0
Absorptive Capacity	98% and above	91% to 97%	90% and below

Independent Variable: Level of Governance and Risk

The measurements for governance and risk are part of a risk index formulated by the High-Level Independent Review Panel on Fiduciary Controls and Oversight Mechanisms on the Global Fund. This study uses both measures combined in a matrix.

The calibration of this variable followed the same procedure: analysis of key indicators (i.e. average, maximum and minimum values, mode and standard deviation) and discussion with Fund Portfolio Managers at the Global Fund.

As expected, the level of governance and risk shows a great variation among recipient countries of Global Fund grants. The values go from 4 to 100, which an average of 42.62 and a mode of 8. The standard variation reflects the diversity of recipient countries with a value of 29.79. The Appendix 4 contains the values of Governance and Risk for all recipient countries and the table 3.5 depicts the key measurements for this variable.

Table 3.5. Key measurements for Governance and Risk (independent variable)

Variable	Average	Maximum Value	Minimum Value	Standard Deviation	Mode
Governance and Risk	42.62	100	4	29.79	8

The calibration process allowed the research to decide on membership scores for the main and alternative outcomes of interest. The table below shows membership values adopted for the variable on Governance and Risk.

Table 3.6. Membership Values adoped for Variable on Governanace and Risk

Main outcome of interest: Low absorptive capacity for Global Fund grants			
Membership Values	1	0.5	0
Governance and Risk	50 and above	21 to 49	20 and below
Alternative outcome of interest: High absorptive capacity for Global Fund grants			
Membership Values	1	0.5	0
Governance and Risk	20 and below	21 to 49	50 and above

Independent Variable: Development and Disease Burden

The measurements for the development and disease burden in recipient countries used in this study are part of an index formulated by the High-Level Independent Review Panel on Fiduciary Controls and Oversight Mechanisms on the Global Fund. The index combines the Human Development Index with measures of burden of the three diseases (HIV/AIDS, Tuberculosis and Malaria) in each country. The measurements of disease burden for recipient countries are available in Appendix 5.

Similarly to the measurements of Governance and Risk, these measurements reflect the diversity of countries that are recipients of Global Fund grants. Due to the nature of the grants, the

mode of disease burden presents a high value. The table below presents the key measurements used in the initial analysis for the calibration of this variable.

Table 3.7. Key measurements for Development and Disease Burden (independent variable)

Variable	Average	Maximum Value	Minimum Value	Standard Deviation	Mode
Development and Diseases Burden	20.08	28	10	4.65	26

The calibration process allowed the researcher to decide on membership scores for the main and alternative outcomes of interest. The table below shows membership values adopted for variable on Development level and Diseases Burden.

Table 3.8. Membership Values adoped for Development and Disease Burden (independent variable)

Main outcome of interest: Low absorptive capacity for Global Fund grants			
Membership Values	1	0.5	0
Development and Diseases Burden	25 and above	15 to 24	14 and below
Alternative outcome of interest: High absorptive capacity for Global Fund grants			
Membership Values	1	0.5	0
Development and Diseases Burden	14 and below	15 to 24	25 and above

Independent Variable: Development assistance for health (DAH) per disability-adjusted life year (DALY)

This variable is collected and reported by the Institute for Health Metrics and Evaluation with the goal to capture the nuances of assistance for health received by countries in relation to their relative needs. The key measurements for this variable were expected to have a variation similar to the variable development and disease burden; however, as highlighted in the Literature

Review, the distribution of aid is not only based on needs and burden identified. In general terms, the variation for this variable is higher and does not follow the same distribution as disease burden. The Appendix 6 presents the values for each recipient country and the table 3.9 presents the key measurements used in the initial analysis for the calibration of this variable (table 3.10).

Table 3.9. Key measurements for DAH per DALY(independent variable)

Variable	Average	Maximum Value	Minimum Value	Standard Deviation	Mode
DAH per DALY	18.714	128.293	0.223	23.12	12.95

The amounts reported by the Institute for Heath Metrics and Evaluation depict the variety of relative assistance for health received by countries. The calibration process allowed the researcher to decide on membership scores as follow:

Table 3.10. Membership Values adoped for the DAH per DALY (Independent Variable)

Main outcome of interest: Low absorptive capacity for Global Fund grants			
Membership Values	1	0.5	0
DAH per DALY	$ 15 and below	$16 to $24	$25 and above
Alternative outcome of interest: High absorptive capacity for Global Fund grants			
Membership Values	1	0.5	0
DAH per DALY	$25 and above	$16 to $24	$ 15 and below

Independent Variable: Number of grants managed by the Principal Recipient

The result for this variable was capped at 5 grants being simultaneously managed by the same PR, as a very small number of PR managed over 5 grants at the same time. The initial review pointed out an average of 3 grants per PR but interestingly, the mode is 1, which depicts the great variation of institutes and organizations that operate as a PR, especially in later rounds of funding.

The table 3.11 presents the key measurements used in the initial analysis for the calibration of this variable.

Table 3.11. Key measurements for Number of grants managed by the Principal Recipient (independent variable)

Variable	Average	Standard Deviation	Mode
Number of grants managed by Principal Recipient	3	1.51	1

The calibration process allowed the researcher to decide on membership scores as follows:

Table 3.12. Membership Values adoped for Number of grants managed by the Principal Recipient (independent variable)

Main outcome of interest: Low absorptive capacity for Global Fund grants			
Membership Values	1	0.5	0
Number of grants managed by PR	More than 04	3	1 and 2
Alternative outcome of interest: High absorptive capacity for Global Fund grants			
Membership Values	1	0.5	0
Number of grants managed by PR	1 and 2	3	More than 04

Step 4: Construction of data matrix

The data matrix is a table known in the QCA field as a truth table and it is composed by 2^k rows. K corresponds to the number of causal conditions in the study. This table list all logically possible combinations of all causal conditions examined. In order to analyse the data for both Phase 1 and Phase 2, as well as data per PR, per grant component and round of funding, a total of 28 truth tables were created. These tables can be viewed in Appendix 12.

Step 5: Logical Reduction

Logical reduction consists of reducing the number of rows in the data matrix based on the minimum number of cases required to achieve the outcome and the minimum consistency level. In fQCA, consistency refers to the degree to which cases displaying a given combination of causal conditions also display the same outcome.

At this step, the researcher also performed several sensitivity tests with the membership scores to assess how it affects the outcomes. By changing the values for membership set by 5% in both directions (i.e. 5% higher and 5% lower than the original value), the researcher was able to check for changes in combinations which strengthens the validity of the study.

Step 6: Application of Algorithm based on Boolean algebra

This last step allowed for further reduction of rows in the data matrix by eliminating logically or arithmetically redundant causal combinations. The analysis to specify the different combinations of conditions linked to the outcome was done using the fsQCA software. This software (available for free download from http://www.fsqca.com) produces a bottom-up paired comparison. This aims to simplify the data that will result in a list of causal combinations linked to the outcome. The software identifies the smallest number of combinations that will cover all positive instances of the outcome.

Considering the large number of cases, this study will consider valid a combination present in at least 5 cases.

Step 7: Counterfactual Analysis

This step will be performed on combinations that lacked empirical cases. The objective of this analysis is to check for redundant conditions and it will only be applied if the steps described above do not produce a result that is significant (i.e. same combination for at least 5 cases) or clear (if the analysis cannot identify any combinations linked to outcome).

Step 8: Alternative Outcome

This study also investigates the hypothesis that high absorptive capacity is influenced by low risk, high governance, low disease burden, high assistance to health and low number of grants managed by the same Principal.

The data was coded and analysed (steps 3 to 7) considering high absorptive capacity hypothesis.

CHAPTER 4: ANALYSIS AND DISCUSSION

This study examines the concept of absorptive capacity of programs in health by focusing on the absorptive capacity for Global Fund grants. It explores to which degree the factors found to be associated with absorptive capacity in the literature review influence the absorptive capacity of The Global Fund grants. As detailed in the previous chapter, this study has two outcome of interest: low absorptive capacity (main outcome) and high absorptive capacity (alternative outcome).

This chapter first presents the descriptive analysis results for grants that completed Phase 1 and grants that completed Phase 1 and Phase 2. It then presents the results of the fuzzy-set analysis for the main and alternative outcomes. A discussion presents the key findings, the limitations of this research, and recommendations for future research.

DESCRIPTIVE ANALYSIS OF PHASE 1 GRANTS

A total of 664 Phase 1 grants were included in this study. Forty-four percent of these grants were in HIV, 28% were in TB and another 28% were in Malaria. Regarding the implementer, 56% of all Phase 1 grants were awarded to Government institutions, while 25% were awarded principally to civil societies, and 18% were awarded principally to international organizations.

Out of the 664 grants, 77 or 11.5% of them exhibited low absorption, meaning less than 90% of the funds were absorbed. Of the 291 HIV grants made in Phase 1, about 13% exhibited low absorption. About the same percentage of Malaria grants made in Phase 1 exhibited low absorption (13%); however, a lower percentage of TB grants in Phase 1 exhibited low absorption (9%). In Phase 1, grants awarded to governments or international organizations exhibited comparable low-

absorption rates (9% and 7% respectively). By contrast, 17% of Phase 1 grants awarded to civil societies exhibited low absorption.

Regarding Round of Funding, the grants awarded from Round 1 to 5 exhibited very low percentages of low absorption that ranges from zero to 2.5%. However, from Round 6 onwards, the percentage of low absorptive capacity grants grew significantly: 11.6% in Round 6, 16.8 % in Round 7 and 63.6% in Round 8.

DESCRIPTIVE ANALYSIS OF PHASE 2 GRANTS

The Global Fund approves grants for five (5) years of funding, in principle, with an initial commitment of two (2) years. The first two years of the grant are referred to as Phase 1. At the end of year 2, grants undergo an in-depth evaluation process at the Secretariat to assess its programmatic, financial and managerial performance. Based on this internal assessment, the Global Fund can make adjustments to implementation structure, the program scope, as well as the financial commitment for the next period, refered to as Phase 2. Based on the Phase 1 programmatic and financial performance, which considers the absorption capacity, the Global Fund can reduce the initial approved investment for Phase 2 or recommend strategic changes to the program.

The Phase 2 grants correspond to the grants that completed the 5 year implementation period (Phase 1 and Phase 2). It provides a full picture of the absorptive capacity throughout the grant life-cycle. However, these are the grants that might have been adjusted for Phase 2, which is expected to result in a more uniform outcome of absorptive capacity. The hypothesis is also that the absorptive capacity of grants that completed Phase 2 will be less influenced by the variables than grants in the Phase 1 data set.

A total of 321 Phase 2 grants were included in this study. Forty-five percent of these grants were in HIV, 29% were in TB, and 26% were in Malaria. Regarding the implementer, 57% percent were awarded principally to governments, 22% were awarded principally to civil societies, and 20% were awarded principally to international organizations. Thirteen percent of Phase 2 grants exhibited low absorption, meaning that less than 90% of the funds were absorbed.

Of the 144 HIV grants made in Phase 2, about 12% exhibited low absorption. About the same percentage of TB grants and Malaria grants that completed Phase 2 also exhibited low absorption (15% and 12% respectively). In Phase 2, grants awarded principally to governments and those awarded to international organizations exhibited comparable low-absorption rates (15% and 17% respectively). By contrast, only 4% of Phase 2 grants awarded to civil societies exhibited low absorption. Regarding the Round of Funding, grants from Round 5 onwards exhibited a much higher percentage of low absorptive capacity (from 21% to 50%) than grants from previous Rounds (from 2.8% to 12%).

DESCRIPTIVE COMPARISON OF PHASE 1 AND PHASE 2 GRANTS

Although there are fewer grants that completed Phase 2 (321) than only Phase 1 (664) that were included in this study, the percentages of grants made in HIV, TB, and Malaria were comparable in the two Phases. Slightly fewer grants were awarded principally to civil societies in Phase 2 compared to Phase 1 (22% versus 25%). Conversely, slightly more grants were awarded principally to international organizations (20% versus 18%). In general, though, the percentages of grants awarded principally to government, civil society, and international organizations were largely comparable across in both phases. This is an expected result as most of the grants transition from Phase 1 to Phase 2 without changing the PR.

The percentages of HIV grants and Malaria grants that exhibited low absorption were comparable across phases (12-13%). A higher percentage of TB grants exhibited low absorption in Phase 2 than in Phase 1 (15% versus 9%). Likewise, a higher percentage of grants awarded principally to governments exhibited low absorption in Phase 2 than in Phase 1 (15% versus 9%). The same pattern held for grants awarded principally to international organizations (17% versus 7%). By contrast, a lower percentage of grants awarded principally to civil society exhibited low absorption in Phase 2 than in Phase 1 (4% versus 17%).

In summary, low absorption rates increased across phases for grants awarded principally to governments and international organizations, where low absorption rates decreased across phases for grants awarded to civil society. Regarding the Round of Funding, the Phase 2 exhibited significant higher percentage of low absorptive capacity from Round 4 onwards.

FUZZY-SET ANALYSIS OF MAIN OUTCOME: LOW ABSORPTIVE CAPACITY

The main hypothesis of this study is that low absorptive capacity is a function of four causal conditions: high risk/low governance, low Development and high disease burden, low assistance to health, and high number of grants managed by the same Principal Recipient (PR). Using fuzzy-set qualitative comparative analysis (fsQCA), I sought to determine whether these causal conditions individually or in combination with each other result in low absorptive capacity. I performed this analysis separately by phase of grant funding (Phase 1 and Phase 2) and, within each phase, by grant component (HIV, TB, and Malaria), PR type (Government, Civil Society, and International Organization), and funding round (Rounds 1 through 8 for grants that completed Phase 1 and Rounds 1 through 7). In total, I performed 28 analyses in which I tested the main hypothesis of this study.

For each analysis, I constructed a data matrix, known as a truth table, in which each row represented one of the 16 logically possible combinations of the four causal conditions examined in this study[12].

I reviewed each truth table and reduced the number of rows based on two criteria. First, I reduced the rows to cover 90% of the cases (frequency) as recommended by Ragin (2008). Second, I eliminated those rows that did not meet the minimum consistency threshold of .75 by an amount greater than could occur by chance alone (Ragin 2008).

In fsQCA, the term consistency refers to the degree to which cases exhibiting a given combination of causal conditions also display the outcome of interest (i.e., low absorptive capacity). A row (or combination of causal conditions) had to meet both the minimum frequency and minimum consistency criteria in order to be considered for further analysis. In the 28 analyses performed, none of the combinations of causal conditions that met the minimum frequency threshold was consistently associated with low absorptive capacity. Stated in the language of fsQCA, no combination of causal conditions was sufficient to produce low absorptive capacity.

To check the robustness of these results, I performed two sensitivity tests. In the first test, I increased the full-membership, cross-over membership, and full non-membership values for all study measures by 5 (5% or 5 units). In the second, I decreased the full-membership, cross-over membership, and full non-membership values for all study measures by 5 (5% or 5 units). The values adopted for full-membership, cross-over membership, and full non-membership for all variables for the original analysis and these 2 sensitivity tests can be viewed in Appendix 10 and Chapter 3.

These sensitivity analyses did not yield different results than my original analysis, suggesting that the results of my original analysis are robust regarding minor uncertainties in what constitutes

[12] Appendix 11 has an example of a truth table constructed for this study. All truth tables are available upon request.

low absorptive capacity, high risk/low governance, low development and high disease burden, low assistance to health, and high number of grants.

Although no combination of causal conditions was sufficient to produce low absorptive capacity, two causal conditions appeared to be necessary to produce low absorptive capacity. A sufficient relationship exists when an outcome is always or almost always present when a causal condition is present (i.e., when X always or almost always results in Y). A necessary relationship exists when a causal condition is always or almost always present when an outcome is present (i.e., when Y always or almost always occurs when X occurs). Note that a causal condition can be necessary but not sufficient. In other words, X might be necessary for Y but does not guarantee Y. When a condition necessary but not sufficient relationship, one can observe the condition without the outcome (X can occur without Y), but one never or rarely observes the outcome without the condition (Y does not occur without X).

Inspection of the sufficiency-necessity matrix (a table produced in fsQCA that indicates the degree of overlapping membership in the set representing the outcome and the individual sets representing each of the four causal conditions) suggested that high risk/low governance and low development and high disease burden might demonstrate a necessary relationship with low absorptive capacity. In a statistical test for necessity, both conditions were highly consistent with the outcome of low absorptive capacity, with each exceeding the .75 consistency threshold by an amount greater than could be expected by chance alone (.94 and .98 respectively, $p < .001$).

In sum, no causal conditions, alone or in combination, were sufficient to produce low absorptive capacity for grants. However, two conditions were necessary but not sufficient to produce low absorptive capacity. Neither high risk/low governance nor low development and high disease burden guarantees a grant will exhibit low absorptive capacity. Nevertheless, almost every instance of low absorptive capacity exhibited either or both these conditions.

FUZZY-SET ANALYSIS OF ALTERNATIVE OUTCOME: HIGH ABSORPTIVE CAPACITY

The hypothesis for the alternative outcome of this study is that high absorptive capacity is a function of four causal conditions: low risk/high governance, high development and low disease burden, high assistance to health, and low number of grants managed by the same Principal Recipient (PR). Using fuzzy-set qualitative comparative analysis (fsQCA), I sought to determine whether these causal conditions individually or in combination with each other result in high absorptive capacity. I performed this analysis separately by phase of grant funding (Phase 1 and Phase 2) and, within each phase, by grant component (HIV, TB, and Malaria), PR type (government, civil society, and international organization), and funding round (Rounds 1 through 8 for grants that completed Phase 1 and Rounds 1 through 6 for grants that completed Phase 2). In sum, I performed 28 analyses in which I tested the alternative hypothesis of this study.

The same methodological steps were applied to determine the relation among the independent variables and the alternative outcome. Similarly, I constructed the truth tables for each of the 28 analysis and then reduced the number of rows to cover 90% of the cases (frequency). The threshold of 0.75 was first applied to the data but as it yielded a very high number of combinations, I adjusted to 0.80 as recommended by Ragin (2008). The table 4.1 depicts the frequency threshold and number of cases retained for each data set of Phase 1 and Phase 2.

Table 4.1 Truth Table Analysis: frequency threshold and number of cases retained per data set

Data Set	Truth Table Threshold	
	Frequency cut-off	**Number of cases retained**
All Phase 1 Grants	91%	465
Phase 1 HIV Grants	91%	227
Phase 1 TB Grants	91%	132
Phase 1 Malaria Grants	91%	131

Phase 1 Gov PR	92%	304
Phase 1 CS PR	89%	112
Phase 1 IO PR	90%	67
Phase 1 Round 1	96%	48
Phase 1 Round 2	91%	68
Phase 1 Round 3	92%	50
Phase 1 Round 4	96%	55
Phase 1 Round 5	94%	54
Phase 1 Round 6	91%	76
Phase 1 Round 7	90%	65
Phase 1 Round 8	90%	75
All Phase 2 Grants	89%	222
Phase 2 HIV Grants	90%	105
Phase 2 TB Grants	91%	64
Phase 2 Malaria Grants	91%	57
Phase 2 Gov PR	89%	137
Phase 2 CS PR	90%	37
Phase 2 IO PR	90%	40
Phase 2 Round 1	93%	30
Phase 2 Round 2	92%	50
Phase 2 Round 3	92%	37
Phase 2 Round 4	92%	51
Phase 2 Round 5	90%	39
Phase 2 Round 6	93%	16

The fsQCA analysis resulted in a series of combinations or causal pathways to the high absorption capacity. The combinations are expressed using specific symbols and abbreviations. The Table 4.2 depicts such symbols and abbreviations used to present such combinations for both Phase 1 and Phase 2 results.

Table 4.2 Notation used for fQCA results[13]

Symbol and Abbreviations	Meaning
~	***Negation*** Symbol used to express that not being part of certain group is an element in combination to achieve outcome. Example: ~burden – Not having high development and low diseases burden has a causal pathway to outcome (high absorption capacity). Not being part of category of low disease burden does not equal to having high disease burden. For additional details, please refer to section 3.4 on calibration of variables.
*	***Union, and*** Symbol used to connect 2 or more elements of a combination that lead to outcome. Example: assistance to health * number of grants – both elements (high assistance to health and small number of grants) are part of a pathway to outcome
Governance/Risk (Gov/risk)	This variable is an index that measures several aspects of country governance and risks for grant implementation. In the context of alternative outcome, this variable refers to high governance and low risk.
Burden of 3 Diseases (Burden)	This variable is also an index that combines measures of the burden of the three diseases in a country with the Human Development Index (HDI). For the combinations presented in this study, this notation refers to low burden of the three diseases. For more details on the composition of this index and calibration of variable, please refer to chapter 3.
Assistance to Health (Assist. Health)	This variable measures development assistance to health per disability-adjusted life year. Regarding the alternative

[13] Appendix 12 contains an example of a FsQCA software solution. All solutions are available upon request.

	outcome, it refers to high development assistance to health per disability-adjusted life year.
Number of Grants (No. Grants)	This variable refers to the number of grants managed by the same Principal Recipient. In the context of alternative outcome, it refers to low number of grants managed by the same PR.

Phase 1 Result

The 28 analyses performed on all Phase 1 grants yielded a total of 10 different combinations that were sufficient to produce high absorptive capacity. As shown in the table below, many of these combinations were found in several of the 28 analyses. The notation for these combinations as well as number of times each of them was observed in the results can be viewed in the table below.

Table 4.3 Phase 1 combinations

Phase 1 Combinations	Number of times observed in the Phase 1 results
~Burden*~Gov/Risk	11 times out of 29 (37.9%)
~Assist. Health*Gov/Risk*No. Grants	4 times out of 29 (13.7%)
Assist. Health*~Burden* ~Gov/Risk	3 times out of 29 (10.3%)
Assist. Health*~Burden*No. Grants	3 times out of 29 (10.3%)
~Burden*No. Grants	2 times out of 29 (6.8%)
~Burden*~Gov/Risk*~No. Grants	2 times out of 29 (6.8%)
Assist. Health*~Burden*No. Grants	1 time out of 29 (3.4%)
Assist. Health*Burden*Gov/Risk*No. Grants	1 time out of 29 (3.4%)
~Burden*Gov/Risk* No. Grants	1 time out of 29 (3.4%)
~Assist. Health*Burden*No. Grants	1 time out of 29 (3.4%)

All of the 10 combinations identified are sufficient for the outcome of high absorptive capacity. The most frequent combination (present in 37.9% of the analysis) includes the negation of

two conditions that I thought would be consistently associated with high absorptive capacity based on the literature review. Contrary to expectations, NOT low disease burden and NOT low risk/high governance were consistently associated with high absorptive capacity in the analysis of all Phase 1 grants together. This combination exhibited high consistency (.92), indicating that nearly all of the grants made in Phase 1 that exhibited this combination also exhibited high absorptive capacity. This combination also exhibited high coverage, indicating that this combination was a common "pathway" for high absorption of Phase 1 grants.

It is important to note that "NOT low disease burden" does not mean "high disease burden" because I defined low disease burden as a score of 14 or less on the index used in this study whereas I defined high disease burden in my analysis of the main outcome (above) as a score of 25 or more. The same is true for the negation of other conditions examined in the study, such as low risk/high governance. "NOT low risk/high governance" does not mean "high risk/low governance." In set relations, the negation or absence of a condition does not imply the affirmation or presence of its opposite.

The combination of NOT low disease burden and NOT low risk/high governance observed in the analysis of all Phase 1 grants together was also observed in the sub-analysis of Phase 1 HIV grants, Phase 1 TB grants, and Phase 1 Malaria grants. This combination was also observed for grants awarded principally to governments. A variation of this combination was observed for grants awarded principally to civil society and international organizations. For these two types of principal recipients, an additional condition was observed in the combination: high assistance for health.

The second most frequent combination represents 13.7% of the results yields NOT high assistance for health per disability-adjusted year and high governance and low risk and low number of grants gives rise to high absorptive capacity. This result is also very interesting as it shows that recipients with not high assistance for health (meaning not many partners and donors supporting

the country) but with good governance, few risks and few numbers of grants to manage can attain high absorptive capacity. This combination draws attention to the role of assistance to health, which not only captures the relative investment in health but also encompasses the gains of the partnership between implementers/countries with international donors (i.e. training, job coaching, supervision, etc).

The next two combinations are both ranked third in terms of frequency representing 10.3% each of all combinations. The combination high Assistance to Health and NOT low burden and high HDI and NOT high governance and low risk is a pathway to high absorptive capacity. This is a very interesting result as it combines the variable Assistance to Health (DAH per DALY) with the most frequent combination (NOT high disease burden and NOT low risk/high governance). As discussed, this dyad alone accounts for 37.5% of the results and it highlights that not low burden and not high governance and not low risk not only are not a hindrance to the outcome, but a key element in the most frequent recipe for high absorptive capacity.

The third combination adds the variable of Assistance to Health, which similarly to the second combination, stresses the benefits from high level of investment in health as well as the resulting partnership fostered between donors and implementers. By joining the third combination high Assistance to Health and NOT low disease burden and Not low risk/high governance with the most frequent combination (NOT low disease burden and Not low risk/high governance), one can group 48.2% of combinations identified in the results.

The fourth combination (High Assistance to Health and NOT low disease burden and NOT few number of grants) comprises 10.3% of all combinations yielded and can be understood as not high Assistance to Health with no low burden and not high HDI with a few number of grants to be managed by the same implementer is a recipe for high absorptive capacity. This combination puts in

evidence that in a context of not high support to health sector and some burden from the 3 diseases and lower HDI, having few grants to manage contributes to a high absorptive capacity.

This fourth combination (High Assistance to health and NOT low disease burden and few grants managed by the same PR) is similar to the second most frequent combination: High Assistance to Health and low risk/high governance and few grants managed by the same PR. This finding highlights that in countries that have not low burden, not high governance and not low risk level, the Assistance to Health (DAH per DALY) plays a crucial role in attaining high absorptive capacity.

Part of the fourth combination forms the fifth combination: NOT low disease burden and few numbers of grants managed by the same PR. This combination was noted twice in the results and it accounts for 6.8% of all combination identified. This combination can be read as not low burden in combination with few grants to manage and it is a pathway to high absorptive capacity.

The sixth combination (NOT low disease burden and NOT low risk/high governance and NOT few numbers of grants managed by the same PR) also accounts for 6.8% of all combinations identified and it can be interpreted as not low burden in combination with not high governance and not low risk and not few grants to manage. Although this combination is not as significant as it was not observed in many cases, it is relevant to note that high absorptive capacity can be and is achieved under such circumstances.

There are 4 combinations that were noted once in the results and they each account for 3.4% of the results:

- High Assistance to Health and NOT low disease burden and few grants managed by the same PR;
- NOT low disease burden and Low risk/high governance and few grants managed by the same PR;

-NOT High Assistance to Health and low disease burden and few grants managed by the same PR;

-High Assistance to Health and low disease burden and low risk/high governance and few grants managed by the same PR

Although these combinations were noted only once, they emphasize the complex nature of high absorptive capacity and they show additional scenarios and different combinations of the variables that can achieve the outcome.

Phase 2 Results

The analysis of all Phase 2 grants yielded a total of 9 combinations that were sufficient to produce high absorptive capacity. These 9 combinations appear in a total of 20 analyses as each analysis yielded a different number of combinations, sometimes repeated. The notation for these combinations as well as number of times each of them was observed in the results can be viewed in the table below.

Table 4.4 Phase 2 combinations

Phase 2 Combinations	Number of times observed in the Phase 2 results
Assist.Health*~Burden*~Gov/Risk*~No.Grants	6 times out of 20 (30%)
~Assist.Health*~Burden*~Gov/Risk*No.Grants	5 times out of 20 (25%)
~Burden*~Gov/Risk	2 times out of 20 (10%)
~Assist. Health*~Burden *No.Grants	2 times out of 20 (10%)
Assist. Health*~Burden*No.Grants	1 time out of 20 (5%)
Assist. Health*~Burden*~Gov/Risk	1 time out of 20 (5%)
~Burden~Gov/Risk*~No.Grants	1 time out of 20 (5%)
~Assist.Health*~Burden*Gov/Risk*~No.Grants	1 time out of 20 (5%)
~Burden*~Gov/Risk*No.Grants	1 time out of 20 (5%)

Similar to Phase 1, the 20 analysis performed on all Phase 2 grants yielded a total of 9 causal combinations that are sufficient for high absorptive capacity. The most frequent causal combination, observed in 30% of the combinations, includes one of the Phase 1 causal conditions (NOT low disease burden and NOT low risk/high governance) combined with high assistance to health and NOT few number of grants managed by the same PR. This combination exhibited high consistency (.89), indicating that nearly all of the grants that completed Phase 2 that exhibited this combination also exhibited high absorptive capacity. This combination also exhibited high coverage, indicating that this combination was a common "pathway" for high absorption of Phase 2 grants

The combination of high Assistance to Health, NOT low disease burden, NOT low risk/high governance and NOT few number of grants managed by the same PR observed in the analysis of all Phase 2 grants was also observed in the sub-analysis of Phase 2 HIV grants, Phase 2 TB grants, and Phase 2 Malaria grants.

The second most frequent combination, observed in 20% of combinations, yields that NOT high assistance to health (DAH per DALY), NOT low disease burden and not low HDI together with not high governance and low risk and few number of grants result in high absorptive capacity. This combination maintains the very frequent dyad, NOT low disease burden and NOT low risk/high governance, and confirms the relation between assistance to health and number of grants. On the previous combination, high assistance to health combined with not few number of grants managed by the same PR were part of the combination to high absorptive capacity; this solution shows that the flip side of this relation is also a pathway to the outcome: not high Assistance to health combined with few grants to manage.

These two combinations account for 55% of the results and complement each other and while keeping the dyad NOT low disease burden and NOT low risk/high governance constant. They also contribute to strengthen the relationship between assistance to health and number of grants.

The third and fourth combinations were each observed twice in the results and they maintain many of the combinations observed in the previous combinations. The third combination is the dyad NOT low disease burden and NOT low risk/high governance that was observed as part of the combinations in Phase 2 and was the most frequent combination in Phase 1. The fourth combination (High assistance to health and NOT low disease burden and few numbers of grants managed by the same PR) contributes to strengthen the relationship between assistance to Health and number of grants demonstrated in the paragraphs above.

The Phase 2 results also yielded 4 more combinations that were each observed once in the results:

- High assistance to health and NOT low disease burden and few numbers of grants managed by the same PR;
- NOT low burden and NOT low risk/high governance and NOT few numbers of grants managed by the same PR;
-NOT High assistance to health and NOT low disease burden and low risk/high governance and NOT few numbers of grants managed by the same PR;
-NOT low disease burden and NOT low risk/high governance and few numbers of grants managed by the same PR

These combinations maintain some of the patterns previously discussed but also present some new combinations, which confirm that more than the absence or presence of one or several factors, it is the pattern of combinations that yield high absorptive capacity.

The fuzzy-set analysis for main outcome (low absorptive capacity) revealed that no causal combination was sufficient to produce the outcome but 2 factors (High risk/Low governance and High disease burden) were necessary conditions for the outcome. Surprisingly, the fuzzy set analysis for the alternative outcome (high absorption capacity) revealed a high number of causal

combinations sufficient to produce the outcome (10 for Phase 1 grants and 9 for Phase1 and Phase 2 grants) but no factor was singled out as a necessary condition for the outcome. As discussed, a sufficient relationship exists when an outcome is always or almost always present when a causal condition is present (i.e., when X always or almost always results in Y). A necessary relationship exists when a causal condition is always or almost always present when an outcome is present (i.e., when Y always or almost always occurs when X occurs). The results for the main outcome (low absorptive capacity) show that a causal condition can be necessary but not sufficient. In other words, X might be necessary for Y but does not guarantee Y. When a condition is necessary but not sufficient, one can observe the condition without the outcome (X can occur without Y), but one never or rarely observes the outcome without the condition (Y does not occur without X).

DISCUSSION

The results of the Comparative Analysis and fQCA identified in this study are powerful and surprising. First of all, the results obtained confirm the complex nature of absorptive capacity by demonstrating that there are multiple pathways to low and high absorptive capacity. Secondly, the results challenge the findings of the Literature Review and this study's hypothesis for low and high absorptive capacity.

The analysis of Global Fund grants by Phase of implementation (Phase 1 and Phase 2), component (HIV/AIDS, TB and Malaria), implementer (Government, Civil Society and International Organization) and round of funding (rounds 1 to 8 for grants that completed Phase 1 and rounds 1 to 6 for grants that completed Phase 2) revealed that there is not a single causal combination that is sufficient to yield the outcome of low absorptive capacity. This finding is very important to The Global Fund as it shows that there is no single factor or combination of factors that a country or a grant recipient might have that will be sufficient to result in low absorption capacity. In other words,

even if a country or recipient exhibit what is usually considered in aid literature as very difficult conditions for implementation programs and absorption of funds, it does not guarantee it will exhibit low absorption capacity. Countries and recipients considered as challenges to the aid community have demonstrated that they can have high absorptive capacity for Global Fund grants. For the Global Fund, this finding shows that investments can be successful, even in the most difficult situations and that there is not fixed set of conditions that guarantee low absorption of investments.

Another finding that challenges the Literature Review is the 2 causal conditions that are necessary (but not sufficient) to yield the outcome of low absorptive capacity: high risk/low governance and high disease burden. One can consider these 2 conditions as warning signals but they do not guarantee low absorptive capacity. These 2 necessary conditions are actually the flip-side of this study's hypothesis and it brings a new dimension to the current discussions on absorption of aid.

These 2 necessary conditions can be understood if we consider that the goal of The Global Fund (for the period covered by this study) was to capture and disburse large amounts of financing to quickly respond to the growing spread of HIV/AIDS, Tuberculosis and Malaria. At the time of its creation, there were large gaps in funding for countries that were severely affected by these diseases and countries that faced serious challenges in terms of governance. Operating differently than traditional financial institutions (like International Monetary Fund), the Global Fund allowed countries to design their own proposals and as long as the proposal were technically sound and key management structures were put in place, their demand could be met. As a result, countries had unprecedented access to large amounts of financing for these diseases.

This study shows that having funding approved does not equal implementation. High risk/low governance translates into deficiencies in the macro socio-economic structure as well as lack of managerial systems, especially in the public sector, which leads to severe difficulties to

implement and report the expenditure of a grant. As any donor, The Global Fund has its reporting requirements to ensure that funding is spent according to an agreed work plan and budget.

Although one would expect high disease burden to be linked to high absorptive capacity, this study shows the opposite: high disease burden is a necessary condition to low absorption capacity. This finding points out that having a demand for funding does not equal implementation and absorption of funding. The association of high risk/low governance and high disease burden with low absorptive capacity highlights the importance of systems to roll out programs, manage grants and track and report programmatic and financial information.

The strong association of high disease burden with low absorption capacity led me to reflect on countries that are so heavily affected by HIV/AIDS that its systems (health, financial, managerial) collapse. An investigation of this hypothesis would require a follow-up study on a few selected countries to understand to what extent HIV/AIDS, as well as Tuberculosis and Malaria, can affect the structural systems of a country.

This study also explored the causal combinations associated with high absorptive capacity for Global Fund grants. The findings identified in the analysis of high absorptive capacity also confirm the complex nature of this concept and challenge the findings of the Literature Review. The application of algorithms based on Boolean algebra on Phase 1 and Phase 2 data sets respectively yielded 10 and 09 (respectively) different combinations or causal pathways to high absorptive capacity. These results confirm the assumption that high absorptive capacity is a complex phenomenon to which there are multiple pathways. This result challenges the rather simplistic view that high absorption is linked to a specific factor or a specific combination of factors.

Although this result does not confirm this study's hypothesis, it confirms the role of the independent variables (governance, risk level, disease burden, assistance to health per disability-adjusted year and number of grants) in achieving the outcome. It is important to note that the roles

these independent variables play are not constant and they change according to the situation. For example, in one combination NOT low disease burden might be linked to the outcome but in another, it might be low disease burden that is linked to high absorptive capacity.

Surprisingly, the association of NOT low disease burden and NOT low risk/high governance was the most frequent pathway to high absorption capacity for both Phase 1 and Phase 2. These 2 causal conditions were also observed as part of other combinations with different variables in the results for Phase 1 and Phase 2 grants.

This finding challenges the literature view that countries need to meet a rigid set of criteria to have high absorptive capacity. It shows that some degree of disease burden and some degree of systems in place can be a winning combination for high absorptive capacity. We can hypothesis that NOT low disease burden would mean that the impact of the diseases make it important for the country to receive technical assistance and funding from different partners but not so severe that it can cripple the existing systems.

The combination with NOT low risk/high governance also indicates the need to have some degree of systems in place to implement the grants. The combination of these 2 variables seems to indicate that high absorption is reached when there is an emergency to address these 3 diseases and some systems to ensure the implementation and reporting. Countries in these situations are in the best position to receive (and benefit from) technical assistance and funding for specific projects.

In addition to confirming that all variables are part of causal pathways to the outcome, the results also show that the variables acted in different ways. For example, the low burden and not low burden were part of pathways to high absorptive capacity. This finding is important as it demonstrates that it is the combination of factors that can lead high absorptive capacity and not the presence or absence of a single factor. This finding challenges the literature of development

assistance by showing that the effect of disease burden on absorptive capacity depends on the presence or absence of other conditions.

It is worth noting that two of the variables, disease burden and number of grants, appear more in a certain form. The burden variable appears more frequently as NOT low disease burden while the variable number of grants is much more frequent as few number of grants managed by the same PR. These findings highlight that being a country with low burden of the three diseases and high HDI is not a very common ingredient in the recipe for high absorptive capacity, which is encouraging to the majority of grant recipients. Another popular ingredient for high absorptive capacity is having few Global Fund grants to manage, especially when there isn't a high level of national and international investment in health.

In summary, the results show that there are several pathways to high absorptive capacity, which confirms the complex nature of this concept and challenges the literature review by demonstrating that high absorptive capacity can be achieved by a multiple of causal combinations. Many of these are counter-intuitive (for example NOT low disease burden and NOT low risk/high governance) and show that countries and recipients of aid, in the most diverse and difficult situations, can benefit from investments and achieve a high absorptive capacity. The fact that several combinations were identified was sufficient but not a single variable was identified as a necessary condition confirms thete are no 'fixed-ingredients' for the recipe of high absorptive capacity.

The supporters of the 'Big Push' in the on-going debate around aid would see the results of this study as another argument that countries can absorb large amounts of funding, even under difficult circumstance and that there is no single factor can ultimately prevent absorption of funds. However, the most important finding relates to the complexity of absorptive capacity. The factors

associated with low and high absorptive capacity are not symmetrical and they do not affect absorptive capacity in a linear manner.

The most important outcome of this study is to contribute to move the on-going debate beyond a simplistic understanding of absorptive capacity of aid recipients.

IMPORTANCE OF FINDINGS AND FUTURE RESEARCH

The literature of development aid is vast and it encompasses a multitude of themes and issues related to recipient country, donors and the dynamics that arise from this relationship. The literature is also complex and it is intertwined with politics abd different economic approaches. Despite the large number of articles, there are few empirical studies on development in general and even fewer on aid and assistance for health.

This study contributes to the literature with an empirical study that investigates a large quantity of data from hundreds of grants implemented in the last ten years. The importance of this study is also related to the on-going debate on the effectiveness of assistance to health and development in general. In one side there is a growing number of critics that argue that the failures of development aid outweighs its successes; and on the other side, there is a group of authors that calls for an increase in aid in order to achieve meaningful and lasting results.

Absorptive capacity has recently become a very popular term in the literature but many articles and studies apply it haphazardly, without clear definitions. This study looks into the definition and construction of the concept of absorptive capacity and its operationalization in order to measure it and understand how it relates to key variables.

The findings of this study reveal a new perspective for grant recipients and the Global Fund Secretariat on the factors associated with high and low absorptive capacity. Some of these findings, as discussed above, are quite surprising and bring some new elements to the field.

Additional research is necessary to fully investigate the implication of the findings. New studies could focus on each variable and investigate in detail how it affects the absorptive capacity of grants. For example, a study on how managerial aspects of PRs or leadership style affect absorptive capacity would complement the findings of this study.

STUDY LIMITATIONS

Although the findings of this study contribute to the literature and bring some new interesting perspectives, it has several limitations. First of all, this is a study only on Global Fund grants. Although one can use the findings to enlighten a discussion of absorptive capacity in general, the results obtained with fQCA are specific to the Global Fund and considering its Performance-Based Funding model, it might not be easily transferred to programs funded by organizations with a different operating model.

It is important to note that the majority of grants included in this study (88%) exbhited high absorptive capacity, which is a reflection of the performance-based funding methodology applied by the Global Fund. Another limitation of this study is that it did not consider how cultural differences across regions might affect absorptive capacity. The practices and values of a culture can have a significant impact on management style and level of engagement with in-country stakeholders (CCMs, PRs, NGOs, donor's organizations) and staff at the Global Fund.

Another limitation is due to the methodology used. fQCA brought many advantages to this study and it allowed the researcher to analyze a large amount of data and maintain some interesting aspects of qualitative research. However, the significance of the findings must be investigated in case study methodology to be fully understood.

The third limitation of this study arises from the variables selected and the measurements used. Although this study had a large number of variables, with several measurements, it cannot be considered exhaustive.

CHAPTER 5: IMPLICATIONS AND PLAN FOR CHANGE

The results from this study contribute to the current discussions on countries absorptive capacity of additional aid. By analysing the specific data from The Global Fund grants, this study aims at contributing to a broader discussion on (1) allocation of additional resources for health and development and (2) potential strategies and policies that could improve the absorption capacity of recipient countries.

The findings on the causal conditions that lead to low and high absorptive capacity are specific to the Global Fund grants but can be extrapolated to other programs in international health and development in general. This section will discuss potential implications of the findings and translate it in to concrete recommendations for implementers and the Global Fund Secretariat.

This study confirms the complex nature of absorptive capacity and it demonstrates that there are multiple pathways to low and high absorptive capacity. The findings also confirm that the selected variables of governance, risk level, disease burden, assistance to health per disability-adjusted year and number of grants all have an impact on the outcome of absorptive capacity.

My plan for change is based on my reflections on the literature review, the result of this study and my experience with donor institutions and grant-making in health. The goal is to outline the key changes necessary to improve the grant-making process for the Global Fund and to improve the absorptive capacity of recipients of grants. In this plan I describe actions I have already taken as a Fund Portfolio Manager, actions I plan to take, and actions I hope to influence others to take. Those actions make use of my legitimate, referent power and expert power and they aim to create changes in the

grant processes and management for the Global Fund. This plan also includes the changes I would like to influence in the countries requesting and receiving grants from the Global Fund.

LEADERSHIP MODEL

The development of the Plan for Change was challenging as I had to reflect on how to introduce changes to an organization and to processes that are undergoing major transformational and operational changes. From early 2012 until now, The Global Fund has initiated the reorganization of the Secretariat, changed its funding model and made reforms in the governance, risk management and financial systems. As a result, my Plan for Change does not seek to promote new large changes in the organization and its processes but rather aims to spot key opportunities for small changes in processes that can have a positive impact in grant management.

This Plan for Change is also challenging as it needs to address the general sense of 'fatigue' from change in the staff and in grant recipients.

Based on these considerations, my Plan is based on both Kotter's and Lewin's models of change. Both these models focus on change and complement each other. While Lewin's model focuses on main phases of change, Kotter's model shows the necessary steps to navigate from one phase to the next. In addition, the combination of these models helped me focused on how to introduce change to an organization and to processes that are already undergoing change.

Lewin's model

Lewin (1947) provided a linear model for a change process. In his model, Lewin observed that any living system is always in a state of change, but that the system will tend toward some kind of 'quasi-stationary equilibrium'. A balance of forces pushing in different directions achieves the

equilibrium. The behavior of the system, according to Lewin, can be understood as the combination of forces trying to maintain the status quo and forces pushing for change.

Lewin suggested that weakening the forces that are maintaining the status quo produces less tension and resistance than increasing forces for change and that the former is a more effective change strategy. Lewin conceived change as a modification of those forces keeping a system's behaviour stable. He designed a three-stage model of change that is known as 'unfreezing-change-refreeze'.

Table 5.1. Lewin's 3-stage Change Model

Lewin's 3-Stage Change Model	
Stage 1 **Build motivation to change ('unfreezing')**	This stage requires adding new forces for change or removing of some of the existing factors that perpetuate the situation. This unfreezing process involves a cognitive redefinition of the situation, in which one realizes that previous beliefs are no longer valid and that there is an urgent need for change. This stage tends to be the most difficult and stressful as people are questioning their ways of operating.
Stage 2 **Implementing changes ('change')**	Lewin described the change as a process that happens when there is sufficient dissatisfaction with current conditions and a real desire to implement change. In this stage, the anxieties from Stage 1 dissolve and people resolve their uncertainties and start acting in a new way. The transition between unfreeze to change takes time as people need to internalize the need for change and change their beliefs and assumptions.
Stage 3 **Making the change permanent ('refreeezing')**	This is the last stage where the new behaviour and culture becomes habitual, which includes developing a new self-concepts and beliefs about the processes. During this stage the changes are internalized or institutionalized, meaning they are incorporated to an everyday way of operating. This stage brings a new sense of stability that

makes people comfortable with the new ways of working

Kotter's model

Kotter's model focuses on how to implement transformational change. Kotter (1995) reflected on failed efforts to change organizations and on most common mistakes made by leaders. Based on these reflections, he devised a model of 8 key sequential steps for successful implementation of change:

(i) Establish a sense of urgency

(ii) Create a guiding coalition

(iii) Develop a vision and strategy

(iv) Communicate the change vision

(v) Empower broad-based action

(vi) Generate short-term wins

(vii) Consolidate gains and expand the change

(viii) Anchor the new approaches in the culture

Kotter's model is compatible with Lewin's model and it seems like an extension of it. Kotter's 8 steps for change are well aligned with Lewin's model:

Table 5.2 Alignment of Kotter's and Lewin's models for change

Lewin's 3-stage Model	Kotter's 8-step Model
Unfreeze	1. Establish a sense of urgency 2. Create a guiding coalition 3. Develop a vision and strategy 4. Communicate the change vision
Change	5. Empower broad-based action 6. Generate short-term wins 7. Consolidate gains and expand the change

Refreeze	8. Anchor the new approaches in the culture

THE GLOBAL FUND: APPLICATION OF THE MODELS

The combination of the two models has the advantage to understand that change in a complex organization can consist of several processes taking place at the same time. Change can also happen at different speed within the organization, creating additional tension and imbalance between departments. In the case of The Global Fund, the profound changes started with a crisis at the end of 2011, a restructuring process in 2012, and changes of values, cultures and operating models in 2013. As the organization prepares to launch its new funding model and its new internal process in early 2014, important changes in culture continue to take place. During the same period of time, the financial crisis has deeply affected donors, recipient countries, and organizations, compounding an already complex situation.

From the perspective of the Grant Management Division, the change is experienced both at the Secretariat level as well as at the recipient level, where the countries, implementers and partners are also suffering the effect of the changes.

By applying the models to the current situation of The Global Fund, I identify that the organization is still 'in the change' phase, as defined by Lewin but on step number 7 'consolidate gains and expand change', as defined by Kotter. The table 5.1 shows that this step is the last one in the 'change' phase before the organization can 'refreeze' and achieve its new equilibrium. At this moment, the organization is testing and starting to apply the new procedures and ways of working internally and with recipients and countries. The players (i.e. staff, implementers and partners) have accepted the need for change and are moving towards acceptance. At the same time, additional changes remain to be

concluded as the implementation processes have brought new issues and questions that were not anticipated.

Overall, this current moment at the end of the 'change' phase is very favourable for the implementation of my Plan for Change. The players are more receptive for exploring different ways of working and further expanding the change. The most important consideration is to propose specific changes that bring a rapid benefit, so the players can perceive it as an extension of the on-going process and not a new transformation of the systems. As a result, my Plan for Change is based on a few recommendations that can be easily implemented in the current scenario and have the advantage of promoting changes that will help to consolidate the organization.

THE PLAYERS, RESOURCES AND PARAMETERS

The players in this plan are people and organizations across the several regions and countries that are involved in managing and implementing The Global Fund grants. Among the stakeholders are the people that work with the managing and implementation of the grants, as well as the people charged with the evaluation and review of key programmatic and financial data. In a broader context, the stakeholders involve other organizations that support the health sector and the overall development of countries.

The resources I rely on are already in the systems, both at the level of donor organizations and implementers. I also rely on my own power to change and affect the processes in my capacity as a Fund Portfolio Manager at The Global Fund.

The policy parameters include the legal agreements in place between The Global Fund and the recipients of funding, the policies and operational procedures that regulate the management of grants, and the operational manuals and policies used for the management of health programs in recipient

countries. The policy parameters take into account the changes currently being implemented and planned for the new funding model. It also includes the broad international and regional commitments of donors and recipient countries and organizations to combat specific diseases, improve the health sector and increase spending in health.

This plan is based on 3 recommendations that have the objective to bring together the players, the resources, and parameters to create actions that will catalyze efforts and improve efficacy of aid. The on-going changes are likely to foster openness toward my recommendations and will help these very timely actions evolve into a large transformation of existing systems into a more efficient and responsive one.

KEY RECOMMENDATIONS

The recommendations presented below are based on my reflections on the results of this study. Working in an international organization and reviewing the literature on aid, I was very much surprised by the results. It forced me to ponder the changes taking place in the last few years and the lively debate over aid. During this process, I had to examine my understanding of risks associated with programs, financing of grants as well as my tools for assessment and evaluation of successful implementation.

My Plan for Change contains 3 key recommendations that summarize the main direction of the changes proposed. Each recommendation contains several actions that I plan to implement as a Fund Portfolio Manager, as a staff member and part of the development community.

Recommendation 1: Redefine your risks

This study confirms the complex nature of absorptive capacity and it demonstrates that there are multiple pathways to low and high absorptive capacity. The findings also confirm that the selected

variables of governance, risk level, disease burden, assistance to health per disability-adjusted year and number of grants all have an impact on the outcome of absorptive capacity.

The analysis of Global Fund grants by Phase of implementation (Phase 1 and Phase 2), component (HIV/AIDS, TB and Malaria), implementer (Government, Civil Society and International Organization) and round of funding (rounds 1 to 8 for grants that completed Phase 1 and rounds 1 to 6 for grants that completed Phase 2) revealed that there is not a single causal combination or single variable that is sufficient to yield the outcome of low absorptive capacity.

This finding challenges part of the Literature Review that establishes key factors that are strongly associated with low absorptive capacity of aid investments. It is widely accepted that macro-economic issues and level of development significantly influence the capacity of a country to absorb funding. This study shows that, at least for Global Fund grants, there are 2 causal conditions that are necessary (but not sufficient) to yield the outcome of low absorptive capacity: high risk/low governance and high disease burden. These 2 necessary conditions are actually the flip-side of the study's hypothesis and the findings of the Literature Review.

This result led to the recommendation to redefine the risks associated with absorptive capacity. This recommendation can be broken down into 3 major goals and several actions that are part of the Plan for Change:

i. Goal: To ensure that the revised concept of risk is based on a combination model

The revision of the concept and understanding of risks is a key part of the transformation of The Global Fund as an organization. As the new framework is currently being drafted, I will strive to disseminate the findings of this study and organize a working group to review and assess the current riskframework. The table below details the key actions required to fulfill this goal.

Table 5.3 Key activities planned to review concept of risk.

Goal (i) : To ensure that the revised concept of risk is based on a combination model	
Key Actions	**Timelines**
To schedule brown-bag lunches to disseminate study's results	First Quarter 2014
To draft summary of study's results to publish in internal newsletter	First Quarter 2014
To participate in the 'Risk Framework' working group and contribute to discussions on the model of risk and factors taken into account in the Global Fund's risk model.	On-going
To organize one session about the Global Fund risk framework at the Regional Meeting for Latin America and Caribbean (LAC) Region (8-10 April 2014). This session will last around 4 to 6 hours will allow representatives from Ministries of Health, Ministries of Finance, CCMs and Principal Recipients to discuss how the Risk Framework can be adapted to the LAC Region.	8-10 April 2014
To draft and disseminate the report from the Regional Meeting and request feedback on proposed actions and risk model. The feedback will be requested from different groups: NGOs, partners organizations, implementers and CCMs.	April and May 2014
Based on inputs from the region, to create a pilot risk framework for my portfolio. I will implement the revised risk framework for 1 year and compare changes in management, especially regarding disbursement decisions and management actions to be implemented.	From June 2014 to May 2015
To share the results from the pilot risk framework with Senior Management at the Global Fund (Regional Manager and Division Head)	June and July 2015

ii. Goal: To ensure that the new risk framework is communicated and implemented by countries

The results show that there is no single factor, no fixed recipe that leads to low absorptive capacity. It is rather a combination of factors that plays out differently in each situation. As a Fund

Portfolio Manager, I will ensure that the results of this study and the new framework on risks are shared with the countries where I work, as well as the region that I support. The actions described in the table below have the potential to ignite important discussions at country-level with Government, Civil Society organizations and partners about risk of low absorptive capacity.

Table 5.4 Key activities planned to ensure communication of new risk framework

Goal (ii): To ensure that the new risk framework is communicated and implemented by countries	
Key Actions	**Timelines**
To share the report from LAC Regional Meeting with working group and senior management at the Global Fund	June 2014
To share the report from LAC Regional Meeting with countries' stakeholders, including Civil Society Organizations and parterns' organizations	June 2014
To develop simple tool for country stakeholders to implement and monitor new risk framework	May and June 2014
To pilot new risk framework in my portfolio during 6 months	July to December 2014
To produce a joint report on the pilot with inputs from country stakeholdres and share it with Regional Manager and Division Head at the Global Fund	January and February 2015

iii. Goal: To promote frequent assessments and discussions of findings

The results show that low absorptive capacity cannot be predicted by a fixed recipe, that it arises from a combination of factors that is specific to the grant. In order to address the issue of low absorptive capacity, I will promote within The Global Fund and with my counter-parts in countries (Government, Civil Society Organizations, Technical Partners and CCMs) the use of frequent assessments of bottlenecks and structural issues that is or might be a cause for lower absorption of funding. The

actions planned call for a development of a quick assessment tool of bottlenecks associated with absorption of funding and engagement with partners in country.

Table 5.5 Key activities planned to promote frequent assessment of bottlenecks associated with absorptive capacity

Goal (iii): To promote frequent assessments and discussions of findings	
Key Actions	**Timelines**
To develop, together with my peers and with contribution from partners' organizations, a simple tool to guide the CCMs and PRs to implement quarterly assessment of factors associated with absorptive capacity.	January to March 2014
To pilot the quarterly assessment in countries of my portfolio for 1 year. I will participate via teleconference in the quarterly discussions around the assessment.	April 2014 to March 2015
To evaluate (1) if regular assessment of bottleneck led to early identification of issues affecting absorptive capacity and (2) if issues could be resolved in a timely manner	May and June 2015
To share the results from the pilot with Senior Management at the Global Fund (Regional Manager and Division Head)	July 2015
To share the pilot results with peers at different teams at the Global Fund.	August to December 2015

iv. Goal: To support a joint tailored approach

The practice of frequent assessment and discussions on bottlenecks with all stakeholders will contribute to advance the understanding of the combination of factors that have the potential to lower absorption of funding. Based on this understanding, I will work with CCM, Government, Civil Society Organizations and Technical Partners to coordinate a plan to address and respond to factors identified.

I will also discuss with countries planning to apply for additional funding through the new funding model how to incorporate such a plan into their request.

The 2 necessary conditions identified in this study (high risk/low governance and high disease burden) are related to the macro issues of a country. The support to build structures, to improve governance and to fund the burden caused by diseases are extremely important and these are long-term strategies and investments. This goal calls for a concentrated effort to address bottlenecks associated with low absorptive rate in the context of a grant.

Table 5.6 Key activities planned to develop joint tailor approach

Goal (iv): To support a joint tailored approach	
Key Actions	**Timeline**
To convene a working group with LAC team to discuss the results of the pilots on new risk framework and regular assessment of bottlenecks implemented in my portfolio. This meeting will guide the discussion of the lessons-learned from these 2 projects and examine how these could be applied to the LAC regional team.	August 2015
To discuss the results with counterparts at Regional Organizations (i.e. PAHO, UNAIDS etc) and request their inputs.	September 2015
To develop with countries stakeholders of my portfolio a tailored approach to guide strategic investments, technical assistance, level of Human Resources and training needs.	October to December 2015
To share the pilots' results and the joint tailored approach with CCMs and PRs from different regions at their Regional Meetings	July to December 2015

Recommendation 02: Explore the pathways to high Absorptive Capacity

The results of this study confirm that high absorptive capacity is a complex phenomenon that can be achieved by several combinations of different factors. Equally important, the results show that the independent variables selected for this study (governance and risk, burden of diseases and HDI,

development assistance to health per disability-adjust year and number of grants) have a direct impact on the absorptive capacity. CCMs, PRs and The Global Fund Secretariat should reflect on these variables, their combinations and how they might be affecting the absorptive capacity of their grants.

Although this study's hypothesis for the outcome of high absorptive capacity was not validated, the results show that the independent variables have, in different combinations, a causal relationship to high absorptive capacity. For the CCMs, PRs and Secretariat it is key to understand that the most frequent combinations associated with high absorptive capacity are surprisingly different and contradictory to the literature, which opens up the discussion on strategies to attain high absorptive capacity.

The most frequent combination identified in the data shows that NOT high disease burden and NOT low risk/high governance have a causal relationship with high absorptive capacity. Besides being surprising, this finding is very good news to the majority of countries implementing Global Fund grants, as it shows that the factor usually associated with low absorptive capacity have in fact, a causal relationship with high absorptive capacity.

The second most frequent combination yields that NOT high assistance for health, low risk/high governance and low number of grants give rise to high absorptive capacity. This is also very good news for all stakeholders as it shows that recipient countries with not many donors but with good governance and few numbers of grants to manage can attain high absorptive capacity.

The most important finding for CCMs and PRs is that all variables have a causal relation to high absorptive capacity but they can combine in different ways to reach the outcome. The results show that the variables have an impact on the outcome and that the same variable can have a different impact depending on the combination. For example, the low burden and not low burden were part of pathways to high absorptive capacity. This finding is important as it puts in evidence that it is the combinations of

factors can lead high absorptive capacity and not the presence or absence of a single factor. In summary, these findings show that high absorptive capacity is possible to be achieved by CCMs and PRs in different combinations, and even in the most challenging environments.

The results of this study led to the recommendation to explore the multiple pathways to high absorptive capacity. This recommendation can be broken down into four goals and several actions that are part of the Plan for Change:

i. Goal: To map-out examples and best-practices

Considering the many combinations identified as sufficient for high absorptive capacity, this goal calls for more understanding of the combinations observed in current grants. I will work first with my counter-parts in countries (i.e. Government, Civil Society Organizations, Technical Partners, CCMs etc) to map out the examples of high absorption capacity observed in grants. I will use the same tool described in Recommendation 1 Goal (iii) but I will look at the period of highest absorption rate. Similar to the process described in the Recommendation 1, I will adopt a participatory approach with contributions from different stakeholders. The specific actions planned for this goal as described in the table below.

Table 5.7 Key activities planned to map out best-practices related to high absorptive capacity

Goal (i): To map-out examples and best-practices	
Key Actions	**Timelines**
The tool described in the First Recommendation 1 Goal (iii) will also include elements to guide the identification and discussion of factors associated with absorptive capacity.	January to March 2014
To pilot the quarterly assessment in countries of my portfolio for 1 year. I will participate via teleconference in the quarterly discussions around the assessment.	April 2014 to March 2015
To evaluate (1) if regular assessment of factors associated with situational high absorptive capacity led to an overall	May and June 2015

improvement of grant absorptive capacity. I will also map out the factors and combination of factors associated with high absorptive capacity in my portfolio.	
To share the pilot results with Senior Management at the Global Fund (Regional Manager and Division Head).	July 2015
To share the pilot results with peers at different teams at the Global Fund.	August to December 2015

ii. To promote frequent assessments and discussions of findings

While the mapping exercise described above focuses on the period with the highest absorption rate, this action is to be implemented throughout the entire grant life-cycle. I will promote the frequent assessment and discussions (preferably at the CCM level) about absorptive capacity with Government, Civil Society Organization and technical partners to refine the understanding of how each factor acts and combines with other factors to improve the absorption rate.

This goal contributes to deepen the understanding of the combinations specific to the realities of each country. The actions planned to achieve this goal are drscribed in the table below.

Table 5.8 Key activities planned to promote frequent assessment of high absorptive capacity examples

Goal (ii): To promote frequent assessments and discussions of findings	
Key Actions	**Timeline**
To convene a working group with LAC team to discuss the results of the regular assessment of factors associated with high absorptive capacity in my portfolio.This meeting will guide the discussion of the lessons-learned from this project and examine how it can be applied to other portfolios.	August 2015
To develop with countries stakeholders of my portfolio a tailored tool for regular assessment of absorptive capacity. This tool will benefit from the feedback and pilot experience and it would be	October to December 2015

available for other teams at the Global Fund and partners' organization to use it.	
To share the pilots' results and the revised tool with CCMs and PRs from different regions at their Regional Meetings	July to December 2015

iii. To explore combinations to overcome 'risk factors'

This study shows that countries with the 2 necessary conditions for low absorptive capacity as well as countries exhibiting factors traditionally associated with low absorptive capacity can achieve high absorption rate. In addition to exploring how the combinations of factors leading to high absorptive capacity operate, it is important to understand factors and combinations that can overcome the so-called 'risk factors'.

The actions described below will be implemented in countries in the LAC region that have high risk/low governance and high disease burden. These actions aim (1) to promote a discussion with Country Teams, CCMs and Technical Partners on combinations leading to high absorptive capacity and (2) to identify the combinations most frequently present in the regional portfolio.

Table 5.9 Key activities planned to explore combinations to overcome 'risk factors'

Goal (iii): To explore combinations to overcome 'risk factors'	
Key Actions	**Timeline**
To select countries in LAC region that exbhit high risk/low governance and high disease burden and to review historical data (1) map out absorptive capacity and (2) to identify potential factors and/or combination of factors that could contribute to overcome 'risk factors'.	August to September 2014
To convene a meeting with LAC tema to discuss my findings and exchange experience on selected grants. The goal of this review is to include quanlitative elements.	October 2014

To finalize analysis of factors associated with overcoming 'risk factors' and to discuss report with Senior Management. If approved, to share results with other teams at the Global Fund to explore factors and combination of factors in other regions. This approach will allow considering potential effect of cultural differences across the regions.	November to December 2014

iv. To promote sharing of experiences within Latin America and Caribbean region and between different regions

Although this study revealed the importance of the specific context of a country and even of a grant in understanding the absorptive capacity, I think that countries, implementers and technical partners can learn a lot by sharing their own experience on bottlenecks and contributing factors to high absorptive capacity. I will first promote the exchange of experience among the countries that I managed within one region by (a) organizing joint meetings, (b) developing exchange programs and (c) identifying common challenges.

I will also use the next Regional Meeting for Global Fund grantees to have a session on absorptive capacity. In this session I will present the finding of these studies and have a few countries present their best practice and challenges. The goal is to start a broad exchange of experiences, practices and tools to understand absorptive capacity across different regions.

In order to broaden the discussion, I am planning to apply for a poster presentation in the next International HIV/AIDS Conference.

Table 5.10 Key activities planned to promote exchange of experience among Global Fund implementers

Goal (iv): To promote sharing of experiences within LAC region and between different regions	
Key Actions	**Timeline**
To organize and lead a session on absorptive capacity at the LAC	April 2014

Regional Meeting in Kingston, Jamaica. This session aims to share this study's results and to engage stakeholders to share their views and experiences.	
To organize and lead a session on absorptive capacity at the Annual Review of PANCAP (Pan-Caribbean Partnership against HIV/AIDS). This partnership is led by the Regional Organization of Caribbean States and I currently manage their Global Fund grant. The goal of this session is to exchange experiences and best practices regarding high absorptive capacity among the Caribbean States.	July 2014
To organize an exchange visit between PRs in Guyana and Suriname. The goal of this exvhange visit is to promote exchange of best practices and promote partnership.	October 2014

Recommendation 3: Build-up the connections

The combinations identified as sufficient for high absorptive capacity highlight the impact of the variable development assistance to health per disability-adjusted life year. This variable captures the relative investment in health by different donors adjusted to the needs of the country and it was part of 60% of Phase 1 combinations and 66% of Phase 2 combinations associated with high absorptive capacity.

The most frequent combination features high assistance for health associated with NOT low disease burden and NOT low risk/high governance as a pathway to high absorptive capacity. This combination brings assistance to health with the most frequent combination (NOT low disease burden and NOT low risk/high governance), which strengthen the role of partnership and its positive effect on health and social sectors.

The results also show that number of grants managed by the same PR has an impact in the overall absorptive capacity of the grant, especially in the long term. This variable is very often combined

with assistance to health (DAH per DALY) in the solutions and one can clearly see that the presence of partners can counterbalance the “negative” effect that a large number of grants to manage has on absorptive capacity.

This study shows that absorptive capacity is not only a reflection of effective management of grants; it is a complex phenomenon that has no simple recipe. In addition, the specificities of each country and grant can explain high absorptive capacity in difficult countries and risky scenarios.

This recommendation is about the important role that local stakeholders can play in improving the absorptive capacity of grants. This recommendation can be broken down into two goals and several actions that are part of the Plan for Change.

i. To build and foster partnerships

The results from this study demonstrate the important role of partners in supporting and helping implementers (in the majority Governments and Civil Society Organizations) to achieve good implementation of activities, which translates into high absorptive capacity. In the past, The Global Fund has positioned itself as a financial organization that should not be involved in the strategic and programmatic decisions at the country level. As a result, there was a limited engagement with partners. However, this has now changed. In the recent transformation, the importance of the relationship with partners has come into focus and the Secretariat is more and more engaged with strategic and programmatic decisions at the country level, together with partners.

As part of my Plan of Change, I have reviewed my strategies to work with partners in countries and I have decided on key activities to help me to establish a new model of working with partners. This foundation will be crucial for 2014, when the new funding model is launched and partners will play a participatory role in the development of requests for funding. The table below describes the activities planned for this goal.

Table 5.11 Key activities planned to build and foster partnerships

Goal (i): To build and foster partnerships	
Key actions	**Timeline**
To map out the existing partners in the three diseases in each of the countries where I work and to establish relationships.	January to June 2014
To have at least 2 joint-missions with partners. Joint missions are unique opportunities to develop commom approaches to address implementation and reporting issues.	January to December 2014
To have monthly teleconferences with partners in each of the countries in my portfolio.	Every month
To support and participate in Joint Annual Reviews with the national programs and partners	July to December 2014
To submit an abstract to the International HIV/AIDS Conference. If accepted, an oral or poster presentation would be an excellent opportunity to expand my network with partners and engage them in discussions around absorptive capacity.	January 2014 for submission; July 2014 for conference

ii. To support the development of strong CCMs

Similar to partners, the importance of well-functioning strong CCMs became evident in the evaluation of the High Level Panel. CCMs can be a powerful body that represent different areas of society, including organizations representing key-affected populations, faith-based organizations, community organizations, Government, private sector, NGOs and international partners. Although the CCM is a requirement for accessing funding from The Global Fund, it has become a forum for the health sector in a few countries, which demonstrates the potential of such an organization.

As such, the CCM can play an important role in mitigating the 'risk factors' for low absorptive capacity by boosting the coordination among stakeholders and advocating for technical assistance and

support when needed. In order to be effective, the CCM must be governed by clear guidelines and have strong oversight and governance committees.

The table below describes the activities included in my Plan for Change to achieve the goal of supporting the development of CCMs.

Table 5.12 Key activities planned to support the development of CCMs

Goal (ii): To support the development of CCMs	
Key actions	**Timeline**
To guide CCMs in the countries I work to implement the new self-assessment tool. This tool will be launched by the Global Fund in January 2014.	February and March 2014
To discuss the results of the self-assessment with partners organizations to obtain additional feedback to inform discussion on findings with CCMs	April and May 2014
To develop a workplan with each CCM with technical assistance to improve its efficacy as a coordinating mechanism	June and July 2014
To support and guide the CCMs through the application for Secretariat funding so it can be fully functional.	August to December 2014

The table below summarizes the proposed Recommendations, Goals and activities of my Plan for Change.

Table 5.13. Recommendations and Actions proposed for Plan for Change

Recommendations	**Goals**
Redefine your risks	To ensure that the revised concept of risk is based on a combination model
	To ensure that the new framework of risk is communicated and implemented by countries
	To promote frequent assessments and discussions of

	findings
	To support a joint tailored approach
Explore the pathways to high Absorptive Capacity	To map-out examples and best-practices
	To promote frequent assessments and discussions of findings
	To explore combinations to overcome 'risk factors'
	To promote sharing of experiences within regions and between different regions
Build-up the connections	To build and foster partnerships
	To support the development of strong CCMs

APPENDIX 1: KEY INFORMATION ON GLOBAL FUND GRANTS INCLUDED IN THIS STUDY

Country	Round	Comp.	PR Name	PR Type	Grant Number	Grant Start Date	Phase 1 Amount	Phase 2 Amount	Total Amount	Disbursed Amt. (P1)	Disbursed Amt. (P2)	Disbursed Amount	Grant End Date
Cambodia	1	HIV/AIDS	The Ministry of Health of the Government of Cambodia	Gov: MOH	CAM-102-G01-H-00	01/09/2003	11242538	3458960.26	14701498.26	11242538	3458959.93	14701498	31/08/2006
Cambodia	2	HIV/AIDS	The Ministry of Health of the Government of Cambodia	Gov: MOH	CAM-202-G02-H-00	01/01/2004	5370564	9395061	14765625	5370564	9212793.14	14583357	31/12/2008
Cambodia	2	Malaria	The Ministry of Health of the Government of Cambodia	Gov: MOH	CAM-202-G03-M-00	01/01/2004	5013262	4717083	9730345	5013262	4670610.38	9683872.4	31/12/2008
Cambodia	2	TB	The Ministry of Health of the Government of Cambodia	Gov: MOH	CAM-202-G04-T-00	01/01/2004	2505255	3664478	6169733	2505255	3664478	6169733	31/12/2008
Camb	4	HIV/AI	The Ministry	Gov:	CAM-405-	01/09/	879498	277511	365461	879498	269980	357929	31/08/

odia		DS	of Health of the Government of Cambodia	MOH	G05-H	2005	2	52	34	2	10.69	93	2010
Cambodia	4	Malaria	The Ministry of Health of the Government of Cambodia	Gov: MOH	CAM-405-G06-M	01/09/2005	5221242	4636649	9857891	5221242	4147518.67	9368760.7	31/08/2010
Cambodia	5	HIV/AIDS	The Ministry of Health of the Government of Cambodia	Gov: MOH	CAM-506-G07-H	01/10/2006	16292779	16866914	33159693	16292779	15208929.1	31501708	30/09/2011
Cambodia	5	TB	The Ministry of Health of the Government of Cambodia	Gov: MOH	CAM-506-G09-T	01/11/2006	3683341.84	5339354.16	9022696	3683341.84	4794798.18	8478140	31/10/2011
Cambodia	6	Malaria	The Ministry of Health of the Government of Cambodia	Gov: MOH	CAM-607-G10-M	01/01/2008	14013830	8894314	22908144	14013830	7271131.35	21284961	31/12/2012
Cambodia	7	HIV/AIDS	National Center for	Gov: Oth	CAM-708-G11-H	01/12/200	22515842.5	0	22515842.5	22515842.5	0	22515843	31/12/201

			HIV/AIDS, Dermatology and STI (NCHADS)			8	9		9	9			0
Cambodia	7	TB	National Center for Tuberculosis and Leprosy Control (CENAT)	Gov: Oth	CAM-708-G12-T	01/04/2009	8294808	6910086	15204894	8294808	799366.61	9094174.6	31/03/2014
China	1	TB	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-102-G01-T-00	01/04/2003	25370000	28374995.02	73435943.85	25370000	28374995.02	73435944	31/12/2011
China	1	Malaria	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-102-G02-M-00	01/04/2003	3523662	2719035.75	6242697.75	3523662	2719035.75	6242697.8	31/03/2008

China	3	HIV/AIDS	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-304-G03-H	01/09/2004	52806440	79104372.41	283911005.4	52806440	79104372.41	182338562	31/12/2012
China	4	HIV/AIDS	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-405-G05-H	01/07/2005	23936918	33916689.62	57853607.62	23936918	33916689.62	57853608	30/06/2010
China	4	TB	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-405-G04-T	01/07/2005	27890000	28249999.88	56139999.88	27890000	28249999.88	56140000	30/06/2010

China	5	TB	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-506-G08-T	01/11/2006	17814000	1286893.56	19100893.56	17814000	1286893.56	19100894	30/09/2008
China	5	TB	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-506-G08-T-e	01/11/2006	0	18382301.69	18382301.69	0	18382301.69	18382302	30/09/2011
China	5	Malaria	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-506-G07-M	01/10/2006	20096149	11065170	31161319	20096149	10902149.61	30998299	30/09/2011

China	5	HIV/AIDS	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-506-G06-H	01/07/2006	12544128	8907862	21451990	12544128	8907862	21451990	30/06/2011
China	6	Malaria	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-607-G09-M	01/07/2007	7047932	5264274	12312206	7047932	4534750.21	11582682	30/06/2012
China	6	HIV/AIDS	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-607-G10-H	01/01/2008	5806623	0	5806623	5806623	0	5806623	31/12/2009

China	7	TB	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-708-G11-T	01/10/2008	2825008.54	0	2825008.54	2825008.54	0	2825008.5	30/09/2010
China	8	TB	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-809-G12-T	01/10/2009	6723376.12	0	6723376.12	6723376.12	0	6723376.1	30/09/2011
Indonesia	1	TB	Directorate General of Disease Control and Environmental Health of The Ministry of Health of The Republic	Gov: MOH	IND-102-G01-T-00	01/08/2003	21612265	30153737.81	51766002.81	21612265	30153737.77	51766003	31/05/2009

			of Indonesia										
Indonesia	1	HIV/AIDS	Directorate General of Disease Control and Environmental Health of The Ministry of Health of The Republic of Indonesia	Gov: MOH	IND-102-G03-H-00	01/07/2003	5400173.72	0.02	5400173.74	5400173.72	9.31323E-10	5400173.7	31/12/2007
Indonesia	1	Malaria	Directorate of Vector Borne Disease Control of the Ministry of Health of the Republic of Indonesia	Gov: MOH	IND-102-G02-M-00	01/07/2003	11754947	7968924.42	19723871.42	11754947	7968924.4	19723871	30/06/2008
Indonesia	4	HIV/AIDS	Directorate General of Disease Control and Environ	Gov: MOH	IND-405-G04-H	01/04/2005	31129618	12317163.19	43446781.19	31129618	10721000.19	41850618	31/03/2010

			mental Health of The Ministry of Health of The Republic of Indonesia										
Indonesia	5	TB	Directorate General of Disease Control and Environmental Health of The Ministry of Health of The Republic of Indonesia	Gov: MOH	IND-506-G05-T	01/01/2007	18314685	31663748.01	49978433.01	18314685	23391774.92	41706460	31/12/2011
Indonesia	6	Malaria	Directorate General of Disease Control and Environmental Health of The Ministry of Health of The Republic	Gov: MOH	IND-607-G06-M	01/03/2008	27683015	19333015.01	47016030.01	27683015	18946171.34	46629186	28/02/2013

			of Indonesia										
Indonesia	8	TB	Central Board of Aisyiyah	CS/PS: NGO	IND-809-G10-T	01/07/2009	5816935	6662711	12479646	5816935	2216227	8033162	30/06/2014
Indonesia	8	HIV/AIDS	Directorate General of Disease Control and Environmental Health of The Ministry of Health of The Republic of Indonesia	Gov: MOH	IND-809-G08-H	01/07/2009	13942038.18	0	13942038.18	13942038.18	0	13942038	30/06/2011
Indonesia	8	HIV/AIDS	Indonesia Planned Parenthood Association (IPPA)	CS/PS: NGO	IND-809-G09-H	01/07/2009	4970867	6908510	11879377	4970867	2617451.67	7588318.7	30/06/2014
Indonesia	8	TB	Directorate General of Disease Control and Environmental Health of The	Gov: MOH	IND-809-G11-T	01/07/2009	12113706	0	12113706	12113706	0	12113706	30/06/2011

			Ministry of Health of The Republic of Indonesia										
Indonesia	8	Malaria	Directorate of Vector Borne Disease Control of the Ministry of Health of the Republic of Indonesia	Gov: MOH	IND-809-G14-M	01/01/2010	54226746	0	54226746	53412219.41	0	53412219	31/12/2011
Indonesia	8	Malaria	PERDHAKI (Association of Voluntary Health Services of Indonesia)	CS/PS: NGO	IND-809-G13-M	01/01/2010	9259404	842298	10101702	8429028.45	0	8429028.5	31/12/2014
Indonesia	8	TB	Faculty of Public Health, University of Indonesia	CS/PS: NGO	IND-809-G12-T	01/07/2009	6200769	6010654	12211423	6200769	2041750.89	8242519.9	30/06/2014
Indonesia	8	HIV/AIDS	National AIDS Commission of Indonesia	Gov: Oth	IND-809-G07-H	01/07/2009	4149747.26	0	4149747.26	4149747.26	0	4149747.3	30/06/2011

Lao (People's Democratic Republic)	1	HIV/AIDS	The Ministry of Health of the Government of the Lao People's Democratic Republic	Gov: MOH	LAO-102-G01-H-00	01/05/2003	1307664	2067942.75	3375606.75	1307664	2067942.73	3375606.7	31/05/2008
Lao (People's Democratic Republic)	1	Malaria	The Ministry of Health of the Government of the Lao People's Democratic Republic	Gov: MOH	LAO-102-G02-M-00	01/05/2003	3155152	9553935.01	12709087.01	3155152	9553935	12709087	31/05/2008
Lao (People's Democratic Republic)	2	TB	The Ministry of Health of the Government of the Lao People's Democratic Republic	Gov: MOH	LAO-202-G03-T-00	01/10/2003	1524338	1915057.06	3439395.06	1524338	1915057.04	3439395	30/09/2008
Lao (People's Democratic Republi	4	HIV/AIDS	The Ministry of Health of the Government of the Lao People's Democra	Gov: MOH	LAO-405-G04-H	01/07/2005	3014946	4150245.39	7165191.39	3014946	4150245.37	7165191.4	31/10/2010

c)			tic Republic										
Lao (People's Democratic Republic)	4	Malaria	The Ministry of Health of the Government of the Lao People's Democratic Republic	Gov: MOH	LAO-405-G05-M	01/07/2005	3289689	11212533.01	14502222.01	3289689	10791652.96	14081342	30/06/2010
Lao (People's Democratic Republic)	4	TB	The Ministry of Health of the Government of the Lao People's Democratic Republic	Gov: MOH	LAO-405-G06-T	01/09/2005	1175826	2441955.01	3617781.01	1175826	2381549.39	3557375.4	31/08/2010
Lao (People's Democratic Republic)	6	Malaria	The Ministry of Health of the Government of the Lao People's Democratic Republic	Gov: MOH	LAO-607-G07-M	01/09/2007	1894967	1738072.01	3633039.01	1894967	1127367.22	3022334.2	31/08/2012
Lao (People's De	6	HIV/AIDS	The Ministry of Health of the	Gov: MOH	LAO-607-G08-H	01/11/2007	3243046.2	0	3243046.2	3243046.2	0	3243046.2	31/10/2009

mocratic Republic)			Government of the Lao People's Democratic Republic										
Lao (People's Democratic Republic)	7	TB	The Ministry of Health of the Government of the Lao People's Democratic Republic	Gov: MOH	LAO-708-G10-T	01/10/2008	4368246	1390564.61	5758810.61	4368246	1390564.61	5758810.6	30/09/2013
Lao (People's Democratic Republic)	7	Malaria	The Ministry of Health of the Government of the Lao People's Democratic Republic	Gov: MOH	LAO-708-G09-M	01/07/2008	7877742	8095798.01	1597354 0.01	7877742	5085800.22	12963542	30/06/2013
Lao (People's Democratic Republic)	8	HIV/AIDS	The Ministry of Health of the Government of the Lao People's Democratic Republic	Gov: MOH	LAO-809-G11-H	01/11/2009	7213312.65	0.029999999	7213312.68	7213312.65	0	7213312.7	31/07/2012
Mongolia	1	TB	The Ministry of	Gov: MO	MON-102-G01-T-	01/05/200	629763.8	1086000.01	5219493.83	629763.8	1086000.01	5219493.8	30/04/201

			Health of the Government of Mongolia	H	00	3							1
Mongolia	2	HIV/AIDS	The Ministry of Health of the Government of Mongolia	Gov: MOH	MON-202-G02-H-00	01/08/2003	1200696.87	4062345.02	8739422.91	1200696.87	4062345.02	8739422.9	30/06/2011
Mongolia	4	TB	The Ministry of Health of the Government of Mongolia	Gov: MOH	MON-405-G03-T	01/04/2005	1648258.06	2125505.01	5676664.11	1648258.06	2125505.01	5676664.1	31/03/2013
Mongolia	5	HIV/AIDS	The Ministry of Health of the Government of Mongolia	Gov: MOH	MON-506-G04-H	01/07/2006	1898775	0	1898775	1898775	0	1898775	30/06/2008
Mongolia	7	HIV/AIDS	The Ministry of Health of the Government of Mongolia	Gov: MOH	MON-708-G05-H	01/07/2008	1440102	653150.91	2093252.91	1440102	653150.9	2093252.9	30/06/2013
Myanmar	2	TB	United Nations Development	MO: UNDP	MYN-202-G01-T-00	01/01/2005	2642166.55	0	2642166.55	2642166.55	0	2642166.6	31/12/2006

			Programme										
Myanmar	3	Malaria	United Nations Development Programme	MO: UNDP	MYN-305-G03-M	01/04/2005	2169078.93	0	2169078.93	2169078.93	0	2169078.9	31/03/2007
Myanmar	3	HIV/AIDS	United Nations Development Programme	MO: UNDP	MYN-305-G02-H	01/04/2005	5837009.41	0	5837009.41	5837009.41	0	5837009.4	31/03/2007
Papua New Guinea	3	Malaria	The Department of Health of the Government of Papua New Guinea	Gov: MOH	PNG-304-G01-M	01/08/2004	6106557	10110793.82	16217350.82	6106557	10110793.81	16217351	31/07/2009
Papua New Guinea	4	HIV/AIDS	The Department of Health of the Government of Papua New Guinea	Gov: MOH	PNG-405-G02-H	01/09/2005	8492240	9059910.01	17552150.01	8492240	5665339.34	14157579	31/08/2010
Papua New Guinea	6	TB	The Department of Health of the Government of Papua New Guinea	Gov: MOH	PNG-607-G03-T	01/10/2007	5007911	6748789.01	11756700.01	5007911	6748789	11756700	30/09/2012

Papua New Guinea	8	Malaria	POPULATION SERVICES INTERNATIONAL	CS/PS: NGO	PNG-809-G05-M	01/11/2009	6373170	0	6373170	5621695.01	0	5621695	31/12/2011
Papua New Guinea	8	Malaria	The Department of Health of the Government of Papua New Guinea	Gov: MOH	PNG-809-G04-M	01/11/2009	14043433.77	0	14043433.77	14043433.77	0	14043434	31/12/2011
Papua New Guinea	8	Malaria	The Rotary Club of Port Moresby Inc.	CS/PS: PS	PNG-809-G06-M	01/11/2009	23112615	0	23112615	18834093.22	0	18834093	31/10/2014
Philippines	2	TB	Tropical Disease Foundation, Inc.	CS/PS: PS	PHL-202-G02-T-e	01/08/2003	0	7279600.91	7279600.91	0	7279600.91	7279600.9	31/12/2011
Philippines	2	TB	Tropical Disease Foundation, Inc.	CS/PS: PS	PHL-202-G02-T-00	01/08/2003	3434487	4866772.46	8301259.46	3434487	4866772.46	8301259.5	31/07/2008
Philippines	2	Malaria	Pilipinas Shell Foundation	CS/PS: PS	PHL-202-G09-M	01/01/2010	3285104	0	31438964.01	3285104	0	25300816	31/03/2012
Philippines	2	Malaria	Tropical Disease Foundation, Inc.	CS/PS: PS	PHL-202-G01-M-00	01/08/2003	7244762	4583395.23	11828157.23	7244762	4583395.23	11828157	31/07/2008
Philippines	3	HIV/AIDS	Tropical Disease Foundation, Inc.	CS/PS: PS	PHL-304-G03-H	01/08/2004	3496865	1765314.33	5262179.33	3496865	1765314.29	5262179.3	31/07/2009
Philippines	5	HIV/AIDS	Tropical Disease Foundation, Inc.	CS/PS: PS	PHL-506-G04-H	01/10/2006	3011919	1267679.34	4279598.34	3011919	1267679.3	4279598.3	30/09/2008

Philippines	5	TB	Tropical Disease Foundation, Inc.	CS/PS: PS	PHL-506-G06-T	01/10/2006	16608618.97	0	16608618.97	16608617.43	0	16608617	30/09/2008
Philippines	5	HIV/AIDS	Department of Health	Gov: MOH	PHL-509-G10-H	01/10/2006	0	1905260	1905260	0	1905260	1905260	30/09/2010
Philippines	5	Malaria	Pilipinas Shell Foundation	CS/PS: PS	PHL-506-G05-M	01/06/2006	11097529	1870518.14	12968047.14	11097529	1520499.52	12618029	31/05/2011
Philippines	6	HIV/AIDS	Department of Health	Gov: MOH	PHL-607-G08-H	01/12/2007	7294891	5215979.01	12510870.01	7294891	2924227	10219118	30/11/2012
Thailand	1	HIV/AIDS	The Department of Disease Control, Ministry of Public Health of the Royal Government of Thailand	Gov: MOH	THA-102-G01-H-00	01/10/2003	30933204	7842049 6.01	140194721	30933204	7842049 6.01	140194721	30/09/2011
Thailand	1	TB	The Department of Disease Control, Ministry of Public Health of the Royal Government of Thailand	Gov: MOH	THA-102-G02-T-00	01/10/2003	6999350	3834652.74	10834002.74	6999350	3267500.72	10266851	31/05/2009
Thailand	2	Malaria	The Ministry of Public Health	Gov: MOH	THA-202-G05-M-00	01/03/2004	2280000	3002000.01	5282000.01	2280000	2984161.77	5264161.8	28/02/2009

			of the Government of Thailand										
Thailand	2	HIV/AIDS	RAKS THAI FOUNDATION	CS/PS: NGO	THA-202-G03-H-00	01/10/2003	5993913	9461310.02	15455223.02	5993913	8780633.6	14774547	31/05/2009
Thailand	2	HIV/AIDS	The Ministry of Public Health of the Government of Thailand	Gov: MOH	THA-202-G04-H-00	01/11/2003	12783632.96	0.02	12783632.98	12206743.75	0	12206744	30/04/2009
Thailand	3	HIV/AIDS	RAKS THAI FOUNDATION	CS/PS: NGO	THA-304-G06-H	01/10/2004	911542	324566.4	1236108.4	911542	324566.38	1236108.4	30/09/2007
Thailand	6	TB	World Vision International	CS/PS: NGO	THA-607-G08-T	01/10/2007	3707456	4486986.01	8194442.01	3707456	3771883.31	7479339.3	30/09/2012
Thailand	6	TB	The Department of Disease Control, Ministry of Public Health of the Royal Government of Thailand	Gov: MOH	THA-607-G07-T	01/10/2007	4440354	4298610.01	8738964.01	4440354	3542779.94	7983133.9	30/09/2012
Thailand	7	Malaria	The Department of Disease Control, Ministry of Public Health of the	Gov: MOH	THA-708-G09-M	01/07/2008	11939346	3587459	15526805	11939346	3587458.82	15526805	30/06/2013

			Royal Government of Thailand										
Thailand	8	TB	The Department of Disease Control, Ministry of Public Health of the Royal Government of Thailand	Gov: MOH	THA-809-G13-T	01/07/2009	9022670.54	0	9022670.54	9022670.54	0	9022670.5	30/06/2011
Thailand	8	HIV/AIDS	RAKS THAI FOUNDATION	CS/PS: NGO	THA-809-G12-H	01/06/2009	8580552.3	0	8580552.3	8580552.3	0	8580552.4	30/09/2011
Thailand	8	HIV/AIDS	The Department of Disease Control, Ministry of Public Health of the Royal Government of Thailand	Gov: MOH	THA-809-G10-H	01/07/2009	15071273.31	0	15071273.31	15071273.31	0	15071273	30/09/2011
Thailand	8	HIV/AIDS	POPULATION SERVICES INTERNATIONAL	CS/PS: NGO	THA-809-G11-H	01/07/2009	6045042.48	0	6045042.48	6045042.48	0	6045042.5	30/09/2011
Timor-Leste	2	Malaria	The Ministry of Health of the Govern	Gov: MOH	TMP-202-G01-M-00	01/09/2003	2300744	434030.25	2734774.25	2300744	434030.23	2734774.2	31/08/2006

			ment of the Democratic Republic of Timor-Leste										
Timor-Leste	3	TB	The Ministry of Health of the Government of the Democratic Republic of Timor-Leste	Gov: MOH	TMP-304-G02-T	01/03/2005	604411.3	0	604411.3	604411.3	0	604411.3	28/02/2007
Timor-Leste	5	HIV/AIDS	The Ministry of Health of the Government of the Democratic Republic of Timor-Leste	Gov: MOH	TMP-506-G03-H	01/06/2007	3818110	4543284.01	8361394.01	3818110	4320216.5	8138326.5	31/12/2011
Timor-Leste	7	Malaria	The Ministry of Health of the Government of the Democratic	Gov: MOH	TMP-709-G05-M	01/04/2009	6168687	302782.16	6471469.16	6168687	302782.16	6471469.2	31/03/2014

			Republic of Timor-Leste										
Timor-Leste	7	TB	The Ministry of Health of the Government of the Democratic Republic of Timor-Leste	Gov: MOH	TMP-708-G04-T	01/01/2009	2894205	2253525.01	5147730.01	2894205	1091101	3985306	31/12/2013
Viet Nam	1	HIV/AIDS	The Ministry of Health of the Government of Viet Nam	Gov: MOH	VTN-102-G01-H-00	01/02/2004	7500000	4418789.33	1191878 9.33	7500000	4418789.32	1191878 9	31/03/2008
Viet Nam	1	TB	The Ministry of Health of the Government of Viet Nam	Gov: MOH	VTN-102-G02-T-00	01/06/2004	2500000	2904712.52	5404712.52	2500000	2904712.5	5404712.5	31/12/2007
Viet Nam	3	Malaria	The National Institute of Malariology, Parasitology and Entomology /	Gov: MOH	VTN-304-G03-M	01/01/2005	13388402	7789553.52	2117795 5.52	13388402	7789553.5	2117795 6	31/12/2008

			Ministry of Health of the Government of the Socialist Republic of Viet Nam										
Viet Nam	6	TB	The Ministry of Health of the Government of Viet Nam	Gov: MOH	VTN-607-G05-T	01/01/2008	6209622	7336158.01	13545780.01	6209622	5617505.73	11827128	31/12/2011
Viet Nam	6	HIV/AIDS	Administration of HIV/AIDS and Control (VAAC), Ministry of Health in Viet Nam	Gov: MOH	VTN-607-G04-H	01/01/2008	10695906.05	0	10695906.05	10695906.05	0	10695906	31/03/2010
Viet Nam	7	Malaria	The National Institute of Malariology, Parasitology and Entomology / Ministry of Health of the Govern	Gov: MOH	VTN-708-G06-M	01/01/2009	11926329	8218466.02	20138175.02	11926329	4243580.19	16169909	31/12/2013

			ment of the Socialist Republic of Viet Nam										
Albania	5	TB	Ministry of Health, Institute of Public Health	Gov: MOH	ALB-506-G02-T	01/04/2007	776298	487192	1263490	776298	472158.64	1248456.6	31/03/2012
Albania	5	HIV/AIDS	Ministry of Health, Institute of Public Health	Gov: MOH	ALB-506-G01-H	01/04/2007	2502858	2433371	4936229	2502858	2422227	4925085	31/03/2012
Armenia	10	TB											
Armenia	2	HIV/AIDS	World Vision International	CS/PS: NGO	ARM-202-G01-H-00	01/11/2003	3166641	5938348	9104989	3166641	5938348	9104989	30/09/2009
Armenia	5	TB	The Ministry of Health of the Republic of Armenia	Gov: MOH	ARM-506-G02-T	01/01/2007	3625140	0		3434508	0	3434508	31/12/2011
Armenia	8	TB	The Ministry of Health of the Republic of Armenia	Gov: MOH	ARM-809-G03-T	01/09/2009	1979560.04	0	1979560.04	1979560.04	0	1979560	30/11/2011
Azerbaijan	4	HIV/AIDS	The Ministry of Health of the Govern	Gov: MOH	AZE-405-G01-H	01/06/2005	6098600	4242950	10341550	6098600	4231448.7	10330049	30/06/2010

			ment of the Republic of Azerbaijan										
Azerbaijan	5	TB	The Ministry of Health of the Government of the Republic of Azerbaijan	Gov: MOH	AZE-506-G02-T	01/10/2006	4345006.15	0	4345006.15	4345006.15	0	4345006.2	30/09/2008
Azerbaijan	7	Malaria	The Ministry of Health of the Government of the Republic of Azerbaijan	Gov: MOH	AZE-708-G04-M	01/10/2008	3385364.329	1429537.633	4814901.961	3385364.329	1202682.301	4588046.6	30/09/2013
Azerbaijan	7	TB	The Ministry of Health of the Government of the Republic of Azerbaijan	Gov: MOH	AZE-708-G03-T	01/10/2008	1035639.24	7114842.023	1747128.27	1035639.24	6909086.017	1726552.5	30/09/2013
Belarus	3	HIV/AIDS	United Nations Development	MO: UNDP	BLR-304-G01-H	01/12/2004	6818796	9945034.01	2433695.8	6818796	9945034.01	2283693.7	30/11/2012

			Programme										
Belarus	6	TB	United Nations Development Programme	MO: UNDP	BLR-607-G02-T	01/10/2007	6354340	2889772	9244112	6354340	2889772	9244112	31/12/2010
Belarus	8	HIV/AIDS	United Nations Development Programme	MO: UNDP	BLR-809-G03-H	01/01/2010	13481021.29	0	13481021.29	13481021.29	0	13481021	31/12/2014
Bosnia and Herzegovina	5	HIV/AIDS	United Nations Development Programme	MO: UNDP	BIH-506-G01-H	01/11/2006	4832385	6209872	11042257	4832385	6159776.41	10992161	31/10/2011
Bosnia and Herzegovina	6	TB	United Nations Development Programme	MO: UNDP	BIH-607-G02-T	01/10/2007	3025513	713710	3739223	3025513	713710	3739223	30/09/2012
Bulgaria	2	HIV/AIDS	The Ministry of Health of the Republic of Bulgaria	Gov: MOH	BUL-202-G01-H-00	01/01/2004	6894270	8817612	15711882	6894270	8817612	15711882	31/12/2008
Bulgaria	6	TB	The Ministry of Health of the Republic of Bulgaria	Gov: MOH	BUL-607-G02-T	01/11/2007	9600721.08	9773418.246	19374139.33	9600721.08	6660106.24	16260827	31/10/2012
Georgia	2	HIV/AI	The Georgia	Gov:	GEO-202-	01/03/	401833	103449	143632	401833	103449	143632	31/12/

		DS	Health and Social Projects Implementation Center	Oth	G01-H-00	2004	2	22.02	54.02	2	21.8	54	2009
Georgia	3	Malaria	The Georgia Health and Social Projects Implementation Center	Gov: Oth	GEO-304-G02-M	01/07/2004	645700	160600.01	806300.01	645700	160600	806300	30/06/2007
Georgia	4	TB	The Georgia Health and Social Projects Implementation Center	Gov: Oth	GEO-405-G03-T	01/04/2005	1829218	3707747	5536965	1829218	3707746.95	5536965	31/03/2010
Georgia	6	TB	The Georgia Health and Social Projects Implementation Center	Gov: Oth	GEO-607-G05-T	01/07/2007	9192634.23	0.03	9192634.26	9192634.23	0	9192634.2	31/03/2011
Georgia	6	HIV/AIDS	The Georgia Health and Social Projects Implementation Center	Gov: Oth	GEO-607-G06-H	01/01/2008	6130724	1916376.69	8047100.69	6130724	1916376.67	8047100.7	31/12/2010
Georgia	6	Malaria	The Georgia Health	Gov: Oth	GEO-607-G04-	01/07/200	1587960	587254.49	2175214.49	1587960	587254.46	2175214.5	31/03/201

			and Social Projects Implementation Center		M	7							1
Georgia	S	HIV/AIDS	The Georgia Health and Social Projects Implementation Center	Gov: Oth	GEO-S10-G07-H	01/01/2010	3344955.281	0	3344955.281	3344954.7	0	3344954.7	31/03/2011
Kazakhstan	2	HIV/AIDS	The Republican Center for Prophylactics and Control of AIDS of the Government of the Republic of Kazakhstan	Gov: Oth	KAZ-202-G01-H-00	01/12/2003	6502000	13786667.09	20288667.09	6502000	13786667.07	20288667	30/11/2008
Kazakhstan	6	TB	National Center of TB Problems of the Ministry of Health of the Republic of Kazakhstan	Gov: MOH	KAZ-607-G02-T	01/09/2007	5442598	3672383.01	9114981.01	5442598	2922738	8365336	31/08/2012

Kazakhstan	7	HIV/AIDS	The Republican Center for Prophylactics and Control of AIDS of the Government of the Republic of Kazakhstan	Gov: Oth	KAZ-708-G03-H	01/01/2009	14653508	3061455.01	17714963.01	14653508	3061455	17714963	31/12/2013
Kazakhstan	8	TB	National Center of TB Problems of the Ministry of Health of the Republic of Kazakhstan	Gov: MOH	KAZ-809-G04-T	01/01/2010	35583755	0	35583755	35483523	0	35483523	31/03/2012
Kosovo	4	TB	Ministry of Health of the Government of the Republic of Kosovo	Gov: MOH	KOS-405-G01-T	01/04/2006	2122401	0		2122400.53	0	2122400.5	31/03/2011
Kosovo	7	HIV/AIDS	Ministry of Health of the Government of	Gov: MOH	KOS-708-G02-H	01/10/2008	2887413.16	-0.716070346	2887412.444	2887413.16	-0.716070346	2887413.2	31/12/2010

			the Republic of Kosovo										
Kyrgyzstan	2	TB	National Center of Phthisiology under the Ministry of Health of the Republic of Kyrgyzstan	Gov: MOH	KGZ-202-G02-T-00	01/03/2004	1212835	1558235.01	2771070.01	1212835	1558235	2771070	28/02/2009
Kyrgyzstan	2	HIV/AIDS	National AIDS Centre of the Ministry of Health of the Government of the Republic of Kyrgyzstan	Gov: Oth	KGZ-202-G01-H-00	01/03/2004	4958038	12115268.01	17073306.01	4958038	12115267.53	17073306	28/02/2009
Kyrgyzstan	5	Malaria	State Sanitary Epidemiological Department	Gov: Oth	KGZ-506-G03-M	01/04/2006	2103065	1323060.01	3426125.01	2103065	1126111.37	3229176.4	31/03/2011
Kyrgyzstan	6	TB	National Center of Phthisiology under	Gov: MOH	KGZ-607-G04-T	01/07/2007	4244578	1992314.69	6236892.69	4244578	1992314.67	6236892.7	30/06/2012

			the Ministry of Health of the Republic of Kyrgyzstan										
Kyrgyzstan	7	HIV/AIDS	National AIDS Centre of the Ministry of Health of the Government of the Republic of Kyrgyzstan	Gov: MOH	KGZ-708-G05-H	01/01/2009	11035560.89	0	11035560.89	11035560.89	0	11035561	30/06/2011
Kyrgyzstan	8	Malaria	State Sanitary Epidemiological Department	Gov: Oth	KGZ-809-G06-M	01/01/2010	750996	0	750996	633876.98	0	633876.98	31/12/2011
Macedonia (Former Yugoslav Republic)	3	HIV/AIDS	The Ministry of Health of the Government of the Former Yugoslav Republic of Macedonia	Gov: MOH	MKD-304-G01-H	01/11/2004	4348599	1555768.01	5904367.01	4348599	1453863.38	5802462.4	31/03/2008

Macedonia (Former Yugoslav Republic)	5	TB	The Ministry of Health of the Government of the Former Yugoslav Republic of Macedonia	Gov: MOH	MKD-506-G02-T	01/04/2006	1442489	0		1442489	0	1442489	31/03/2011
Macedonia (Former Yugoslav Republic)	7	HIV/AIDS	The Ministry of Health of the Government of the Former Yugoslav Republic of Macedonia	Gov: MOH	MKD-708-G03-H	01/04/2008	4109827.207	2735064.754	6844891.962	4109827.207	2735064.754	6844892.4	31/03/2013
Moldova	1	HIV/TB	The Project Coordination, Implementation and Monitoring Unit of the Ministry of Health of the Republic of Moldova	Gov: MOH	MOL-102-G01-C-00	01/05/2003	5257941	6447083.51	1170502 4.51	5257941	6447083.49	1170502 4	30/04/2008

Moldova	6	TB	The Project Coordination, Implementation and Monitoring Unit of the Ministry of Health of the Republic of Moldova	Gov: MOH	MOL-607-G02-T	01/10/2007	5675507	1773144.02	7448651.02	5675507	1773144	7448651	30/09/2012
Moldova	6	HIV/AIDS	The Project Coordination, Implementation and Monitoring Unit of the Ministry of Health of the Republic of Moldova	Gov: MOH	MOL-607-G03-H	01/01/2008	6734272	0	6734272	6734272	0	6734272	31/03/2010
Moldova	8	HIV/AIDS	Center for Health Policies and Studies (PAS Center)	CS/PS: NGO	MOL-809-G06-H	01/01/2010	11459655.78	0	11459655.78	9381407.5	0	9381407.5	31/12/2012
Moldova	8	TB	The Project Coordination,	Gov: MOH	MOL-809-G04-T	01/10/2009	3127206.43	0	3127206.43	3127206.43	0	3127206.4	30/09/2011

			Implementation and Monitoring Unit of the Ministry of Health of the Republic of Moldova										
Montenegro	5	HIV/AIDS	United Nations Development Programme	MO: UNDP	MNT-506-G01-H	01/08/2006	1784554.932	1468130.831	3252685.763	1784554.932	1468130.818	3252685.8	31/07/2010
Montenegro	6	TB	United Nations Development Programme	MO: UNDP	MNT-607-G02-T	01/07/2007	1183812.405	630685.2792	1814497.684	1183812.405	630685.2651	1814497.7	30/06/2012
Romania	2	HIV/AIDS	The Ministry of Health and Family of the Government of Romania	Gov: MOH	ROM-202-G01-H-00	01/01/2004	21801000	4681189.02	26482189.02	21801000	4681189	26482189	31/12/2008
Romania	2	TB	The Ministry of Health and Family of the Government of Romania	Gov: MOH	ROM-202-G02-T-00	01/02/2004	16684709	0	16684709	16684709	0	16684709	31/07/2008

Romania	6	HIV/AIDS	Romanian Angel Appeal Foundation	CS/PS: NGO	ROM-607-G03-H	01/07/2007	922867 5.498	219630 1.514	114249 77.01	922867 5.498	219630 1.122	114249 77	30/06/2010
Romania	6	TB	Romanian Angel Appeal Foundation	CS/PS: NGO	ROM-607-G04-T	01/10/2007	514530 0.761	505320 2.227	101985 02.99	514530 0.761	433381 3.409	947911 4.2	30/09/2012
Russian Federation	3	TB	Partners In Health	CS/PS: NGO	RUS-304-G02-T	01/12/2004	630686 9	445961 7	107664 86	630686 9	445961 7	107664 86	30/11/2009
Russian Federation	3	HIV/AIDS	The Open Health Institute	CS/PS: NGO	RUS-304-G01-H	15/08/2004	315963 07	799460 47.04	111542 354	315963 07	794098 99	111006 206	31/12/2011
Russian Federation	4	TB	The Russian Health Care Foundation	CS/PS: NGO	RUS-405-G04-T	01/12/2005	494360 16	387294 32.01	881654 48.01	494360 16	384211 35.4	878571 51	30/11/2010
Russian Federation	4	HIV/AIDS	The Russian Health Care Foundation	CS/PS: NGO	RUS-405-G03-H	01/09/2005	341769 31	102320 879	136497 810	341769 31	102320 878.1	136497 809	31/08/2011
Russian Federation	5	HIV/AIDS	Non-profit Partnership to Support Social Prevention Programs in Public Health "ESVERO"	CS/PS: NGO	RUS-506-G05-H	01/09/2006	428130 8.401	954507 7.233	138263 85.63	428130 8.401	949877 2.649	137800 81	31/08/2011

Serbia	1	HIV/AIDS	The Economics Institute in Belgrade	CS/PS: PS	SER-102-G01-H-00	01/11/2003	2718714	856496.02	3575210.02	2718714	856496	3575210	31/01/2007
Serbia	3	TB	Ministry of Health of the Government of the Republic of Serbia	Gov: MOH	SER-304-G02-T	01/12/2004	2428986	1658993.01	4087979.01	2428986	1658993	4087979	31/03/2010
Serbia	6	HIV/AIDS	Ministry of Health of the Government of the Republic of Serbia	Gov: MOH	SER-607-G03-H	01/06/2007	6522164.928	6349644.784	1287189.71	6522164.928	5957810.942	1247976	31/05/2012
Serbia	8	HIV/AIDS	Ministry of Health of the Government of the Republic of Serbia	Gov: MOH	SER-809-G04-H	01/07/2009	2282323.932	2846814.535	5129138.466	2282323.932	2926430.6485	2574967.6	30/06/2014
Serbia	8	HIV/AIDS	Youth of JAZAS	CS/PS: NGO	SER-809-G05-H	01/07/2009	3307496.725	1875986.866	5183483.591	3307496.725	1668820.195	3474378.9	30/06/2014
Tajikistan	1	HIV/AIDS	United Nations Development Programme	MO: UNDP	TAJ-102-G01-H-00	01/05/2003	1474520	950725.01	2425245.01	1474520	950725	2425245	30/04/2006
Tajikistan	3	TB	Project HOPE	CS/PS: NG	TAJ-304-G02-T	01/11/200	1193855	1568022.02	6609497.04	1193855	1568022.02	6095591.3	30/09/201

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Tajikistan	4	HIV/AIDS	United Nations Development Programme	MO: UNDP	TAJ-404-G03-H	01/01/2005	2508720	5567947.01	8076667.01	2508720	5553532.06	8062252.1	31/12/2009
Tajikistan	5	Malaria	United Nations Development Programme	MO: UNDP	TAJ-506-G04-M	01/04/2006	3143632	2239878.01	5383510.01	3143632	2214781.14	5358413.1	31/03/2010
Tajikistan	6	TB	United Nations Development Programme	MO: UNDP	TAJ-607-G06-T	01/08/2007	6527347	0	6527347	6527347	0	6527347	30/09/2009
Tajikistan	6	HIV/AIDS	United Nations Development Programme	MO: UNDP	TAJ-607-G05-H	01/05/2007	5190294	1137135.02	6327429.02	5190294	1132375.59	6322669.6	30/04/2012
Tajikistan	8	TB	United Nations Development Programme	MO: UNDP	TAJ-809-G09-T	01/10/2009	22993779.01	0		22993779	0	22993779	30/09/2013
Tajikistan	8	Malaria	United Nations Development Programme	MO: UNDP	TAJ-809-G08-M	01/10/2009	6859916.652	4743384.772	11603301.42	6859916.652	1381794.968	8241711.6	30/09/2013
Tajikistan	8	HIV/AIDS	United Nations Development Programme	MO: UNDP	TAJ-809-G07-H	01/10/2009	20028140.01	0		20028138	0	20028138	30/09/2014
Turkey	4	HIV/AIDS	The Ministry of	Gov: MO	TUR-405-G01-H	01/08/200	3272762.62	0	3272762.62	3272762.62	0	3272762.6	31/01/200

			Health of the Government of the Republic of Turkey	H		5							8
Ukraine	1	HIV/AIDS	The International HIV/AIDS Alliance	CS/PS: NGO	UKR-102-G04-H-00	15/03/2004	23354116	0		23354116	0	23354116	31/03/2009
Ukraine	1	HIV/AIDS	The Ministry of Health of the Government of Ukraine	Gov: MOH	UKR-102-G02-H-00	28/01/2003	541681.93	0	541681.93	541681.93	0	541681.93	27/01/2005
Ukraine	1	HIV/AIDS	United Nations Development Programme	MO: UNDP	UKR-102-G03-H-00	17/02/2003	452948.27	0	452948.27	452948.27	0	452948.27	16/02/2005
Ukraine	1	HIV/AIDS	The Ukrainian Fund to Fight HIV Infection and AIDS	Gov: Oth	UKR-102-G01-H-00	18/03/2003	311888.55	0	311888.55	311888.55	0	311888.55	17/03/2005
Ukraine	1	HIV/AIDS	The International HIV/AIDS Alliance	CS/PS: NGO	UKR-102-A04-H-00	09/03/2004	300000	0	300000	300000	0	300000	09/03/2015
Ukraine	6	HIV/AIDS	All-Ukrainian Network of	CS/PS: NGO	UKR-607-G06-H	01/08/2007	13983021	38331193.01	52314214.01	13983021	34391218.85	48374240	31/07/2012

			People Living with HIV/AIDS										
Ukraine	6	HIV/AIDS	International HIV/AIDS Alliance in Ukraine	CS/PS: NGO	UKR-607-G05-H	01/08/2007	15666166	63556655.01	79222821.01	15666166	58235349.46	73901515	31/07/2012
Uzbekistan	3	HIV/AIDS	The National AIDS Center of the Ministry of Health of the Government of the Republic of Uzbekistan	Gov: MOH	UZB-304-G01-H	01/12/2004	4760755	15785454.25	20546209.25	4760755	15785454.23	20546209	31/12/2010
Uzbekistan	4	Malaria	The Republican Center of State Sanitary-Epidemiological Surveillance	Gov: Oth	UZB-405-G02-M	01/04/2005	1343466	959009.9	2302475.9	1343466	959009.9	2302475.9	31/03/2010
Uzbekistan	4	TB	The Republican DOTS Center of the Government of the	Gov: MOH	UZB-405-G03-T	01/04/2005	6056522	4437588.91	10494110.91	6056522	4437588.91	10494111	31/03/2010

			Republic of Uzbekistan										
Uzbekistan	8	TB	The Republican DOTS Center of the Government of the Republic of Uzbekistan	Gov: MOH	UZB-809-G05-T	01/12/2009	12098445	0	12098445	11172351.34	0	11172351	31/03/2012
Uzbekistan	8	Malaria	The Republican Center of State Sanitary-Epidemiological Surveillance	Gov: Oth	UZB-809-G04-M	01/01/2010	2118038	0	2118038	1326302	0	1326302	31/03/2012
Argentina	1	HIV/AIDS	United Nations Development Programme	MO: UNDP	ARG-102-G01-H-00	01/07/2003	8865769.71	0	8865769.71	8865769.71	0	8865769.7	30/09/2005
Argentina	1	HIV/AIDS	UBATEC S.A.	CS/PS: PS	ARG-102-G02-H-00	01/01/2006	2783081	13323347.2	16106428.2	2783081	13323347.2	16106429	31/12/2008
Belize	3	HIV/AIDS	Belize Enterprise for Sustainable Technology	CS/PS: NGO	BEL-304-G01-H	01/11/2004	1298884	1104793	2403677	1298884	799092	2097976	31/10/2009
Bolivia (Plu	3	HIV/AIDS	United Nations Develop	MO: UN	BOL-306-G04-H	01/05/200	1950411.52	0	1950411.52	1950411.52	0	1950411.5	31/01/200

rinational State)			ment Programme	DP		6							7
Bolivia (Plurinational State)	3	HIV/AIDS	Centro de Investigación, Educación y Servicios (CIES)	CS/PS: NGO	BOL-304-G01-H	26/07/2004	2641751.45	0	2641751.45	2641751.45	0	2641751.5	25/07/2006
Bolivia (Plurinational State)	3	TB	Centro de Investigación, Educación y Servicios (CIES)	CS/PS: NGO	BOL-304-G03-T	26/07/2004	1084486.16	0	1084486.16	1084486.16	0	1084486.2	25/07/2006
Bolivia (Plurinational State)	3	HIV/AIDS	Asociación Ibis - Hivos	CS/PS: NGO	BOL-307-G07-H	01/02/2007	691702.55	10050847.49	10742550.04	691702.55	10050847.45	10742550	31/01/2010
Bolivia (Plurinational State)	3	TB	United Nations Development Programme	MO: UNDP	BOL-306-G06-T	01/05/2006	1204977	3009611.01	4214588.01	1204977	3009611	4214588	31/10/2009
Bolivia (Plurinational State)	3	Malaria	Centro de Investigación, Educación y Servicios (CIES)	CS/PS: NGO	BOL-304-G02-M	26/07/2004	3025736.12	0	3025736.12	3025736.12	0	3025736.1	25/07/2006

Bolivia (Plurinational State)	3	Malaria	United Nations Development Programme	MO: UNDP	BOL-306-G05-M	01/05/2006	2085355.54	0	2085355.54	2085355.54	0	2085355.5	31/07/2007
Bolivia (Plurinational State)	8	Malaria	United Nations Development Programme	MO: UNDP	BOL-809-G08-M	01/10/2009	6060293	1877652	7937945	6060293	981941.29	7042234.3	30/09/2014
Brazil	5	TB	Fundação Para O Desenvolvimento Científico E Tecnológico Em Saúde (FIOTEC)	CS/PS: Oth	BRA-506-G02-T	01/05/2007	8784427	9664550	18448977	8784427	8604013	17388440	30/04/2012
Brazil	5	TB	Fundação Ataulpho de Paiva	CS/PS: Oth	BRA-506-G01-T	01/05/2007	2818000	1754028	4572028	2818000	1261488.25	4079488.3	30/04/2012
Brazil	8	Malaria	Fundação de Medicina Tropical do Amazonas (FMT-AM)	CS/PS: NGO	BRA-809-G04-M	01/12/2009	15846171.16	0	15846171.16	12389397.77	0	12389398	30/11/2011
Brazil	8	Malaria	Fundação Faculdade de Medicina (FFM)	CS/PS: NGO	BRA-809-G03-M	01/12/2009	7710325.305	0	7710325.305	5619756.92	0	5619756.9	30/11/2011

Chile	1	HIV/AIDS	Consejo de las Américas	CS/PS: PS	CHL-102-G01-H-00	01/08/2003	13574098	15261209	28835307	13574098	15261209	28835307	31/07/2008
Colombia	2	HIV/AIDS	The International Organization for Migration (IOM)	MO: Oth	COL-202-G01-H-00	01/07/2004	3482636	5027432.86	8510068.86	3482636	5027432.83	8510068.8	30/06/2008
Costa Rica	2	HIV/AIDS	The Consejo Técnico de Asistencia Médico Social (CTAMS) of the Government of the Republic of Costa Rica	Gov: Oth	COR-202-G01-H-00	01/10/2003	1767359.12	0	1767359.12	1767359.12	0	1767359.1	30/09/2005
Costa Rica	2	HIV/AIDS	HIVOS (Humanistic Institute for Cooperation with Developing Countries)	CS/PS: NGO	COR-202-G02-H-00	01/01/2006	495219.88	1304370.01	1799589.89	495219.88	1304370	1799589.9	30/09/2008
Cuba	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	CUB-202-G01-H-00	01/07/2003	11465129	15252732.02	37300629.04	11465129	15252732.02	35626300	31/12/2014
Cuba	6	HIV/AI	United Nations	MO:	CUB-607-	01/10/	143697	182913	326611	143697	119202	262899	31/12/

		DS	Development Programme	UNDP	G02-H	2007	43	96.01	39.01	43	01	44	2012
Cuba	7	TB	United Nations Development Programme	MO: UNDP	CUB-708-G03-T	01/01/2009	5455745	1427467.01	6883212.01	5455745	904554	6360299	31/12/2013
Dominican Republic	2	HIV/AIDS	Consejo Presidencial del SIDA (COPRESIDA) of the Government of the Dominican Republic	Gov: Oth	DMR-202-G01-H-00	01/06/2004	14698774	33785708.01	79789496.03	14698774	33785708.01	76765369	31/05/2012
Dominican Republic	3	TB	Asociación Dominicana Pro-Bienestar de la Familia (PROFAMILIA)	CS/PS: NGO	DMR-304-G02-T	01/10/2004	2636816	1966582.01	4603398.01	2636816	1966581.74	4603397.7	30/09/2009
Dominican Republic	7	TB	Asociación Dominicana Pro-Bienestar de la Familia (PROFAMILIA)	CS/PS: NGO	DMR-708-G03-T	01/10/2008	2975176	0	2975176	2975176	0	2975176	30/09/2010
Dominican Republi	7	TB	Subsecretaria de Estado de Salud Colectiva	Gov: MOH	DMR-708-G08-T	01/10/2008	2674846	2138926.01	4813772.01	1801634.26	0	1801634.3	30/04/2013

c			at the Ministry of Public Health and Welfare										
Dominican Republic	8	Malaria	Centro Nacional de Control de Enfermedades Tropicales/Servicio Nacional de Erradicacion de la Malaria (CENCET)	Gov: MOH	DMR-809-G06-M	01/10/2009	2461316	726979	3188295	2461316	54605.48	2515921.5	30/09/2014
Dominican Republic	8	Malaria	Instituto Dermatologico y Cirugia de Piel	CS/PS: NGO	DMR-809-G05-M	01/10/2009	1494190	841378	2335568	1494190	146052.11	1640242.1	30/09/2014
Ecuador	2	HIV/AIDS	The Ministry of Public Health of the Republic of Ecuador	Gov: MOH	ECU-202-G01-H-00	01/03/2005	5557665	3816033.36	9373698.36	5557665	3816033.35	9373698.4	28/02/2011
Ecuador	2	HIV/AIDS	CARE International	CS/PS: NGO	ECU-202-G03-H-00	01/06/2006	1891560	2464385.01	4355945.01	1891560	2401781.33	4293341.3	28/02/2010
Ecuador	4	TB	CARE International	CS/PS: NGO	ECU-405-G02-T	01/11/2005	8901456	6755366.02	15656822.02	8901456	6755366	15656822	31/10/2010

El Salvador	2	HIV/AIDS	Ministry of Health El Salvador	Gov: MOH	SLV-202-G03-H-00	01/11/2006	0	2180116.02	4379774.06	0	2180116.02	4379774.1	30/09/2011
El Salvador	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	SLV-202-G01-H-00	01/08/2003	12856729	5176615.04	24912230.94	12856729	5176615.04	24912231	30/09/2011
El Salvador	2	TB	United Nations Development Programme	MO: UNDP	SLV-202-G02-T-00	01/12/2003	1918344	317044.87	2235388.87	1918344	317044.85	2235388.9	31/03/2007
El Salvador	2	TB	Ministry of Health El Salvador	Gov: MOH	SLV-202-G04-T-00	01/11/2006	0	1542836.03	1542836.03	0	1542015	1542015	30/09/2009
El Salvador	7	HIV/AIDS	Ministry of Health El Salvador	Gov: MOH	SLV-708-G05-H	01/10/2008	5629906	0	5629906	5629905.4	0	5629905.4	30/09/2011
El Salvador	7	HIV/AIDS	United Nations Development Programme	MO: UNDP	SLV-708-G06-H	01/10/2008	8013606.44	0	8013606.44	8013606.44	0	8013606.4	30/09/2011
Guatemala	3	HIV/AIDS	World Vision International	CS/PS: NGO	GUA-304-G01-H	01/12/2004	8423807	32671218.4	41095025.4	8423807	32671218.38	41095025	30/09/2010
Guatemala	4	Malaria	World Vision International	CS/PS: NGO	GUA-405-G02-M	01/09/2005	9246975	3623977.22	12870952.22	9246975	3506625.47	12753600	31/08/2010
Guatemala	6	TB	World Vision International	CS/PS: NGO	GUA-607-G03-T	01/08/2007	3469308.05	0	3469308.05	3469308.05	0	3469308.1	31/01/2010
Guyana	3	Malaria	The Ministry of Health	Gov: MOH	GYA-304-G02-M	01/01/2005	2055675	74044.02	2473301.04	2055675	74044.02	2473300.8	31/08/2013

			of Guyana										
Guyana	3	HIV/AIDS	The Ministry of Health of Guyana	Gov: MOH	GYA-304-G01-H	01/01/2005	8881686	11269186.01	34109447.03	8881686	11269186.01	26529885	31/03/2013
Guyana	4	TB	The Ministry of Health of Guyana	Gov: MOH	GYA-405-G03-T	01/10/2005	701125	406616.01	1107741.01	701125	403355.08	1104480.1	30/09/2010
Guyana	7	Malaria	The Ministry of Health of Guyana	Gov: MOH	GYA-708-G04-M	01/05/2009	1207916.46	0	1207916.46	1207916.46	0	1207916.5	31/08/2011
Haiti	1	HIV/AIDS	Fondation SOGEBANK	CS/PS: PS	HTI-102-G01-H-00	01/01/2003	25601803.94	83192711.03	123597042.1	25601803.94	83192711.03	114761089	31/12/2010
Haiti	1	HIV/AIDS	United Nations Development Programme	MO: UNDP	HTI-102-G02-H-00	01/01/2003	6140386	0	6140386	6140386	0	6140386	31/10/2005
Haiti	3	Malaria	Fondation SOGEBANK	CS/PS: PS	HTI-304-G03-M	01/08/2004	7390556	6241952.02	13632508.02	7390556	5454984	12845540	30/09/2009
Haiti	3	TB	Fondation SOGEBANK	CS/PS: PS	HTI-304-G04-T	01/08/2004	8131836	5902829.02	14034665.02	8131836	5551065.17	13682901	16/05/2011
Haiti	5	HIV/AIDS	Fondation SOGEBANK	CS/PS: PS	HTI-506-G05-H	01/01/2007	18821754.06	0	18821754.06	18821754.06	0	18821754	31/12/2008
Haiti	7	HIV/AIDS	Fondation SOGEBANK	CS/PS: PS	HTI-708-G06-H	01/11/2008	6199554	0	6199554	3503321	0	3503321	31/10/2010

Honduras	1	Malaria	United Nations Development Programme	MO: UNDP	HND-102-G03-M-00	01/05/2003	4096050	3031573.18	7127623.18	4096050	3031573.18	7127623.3	30/04/2008
Honduras	1	Malaria	Cooperative Housing Foundation, (d/b/a CHF International)	CS/PS: Oth	HND-102-G05-M-00	01/05/2008	0	726096.01	4849975.03	0	726096.01	3753682.1	31/12/2014
Honduras	1	TB	United Nations Development Programme	MO: UNDP	HND-102-G02-T-00	01/05/2003	3790500	2319173.02	6109673.02	3790500	2304400.09	6094900.1	30/04/2008
Honduras	1	HIV/AIDS	United Nations Development Programme	MO: UNDP	HND-102-G01-H-00	01/05/2003	13044967	13482925.31	26527892.31	13044967	13482925.26	26527892	30/04/2008
Jamaica	3	HIV/AIDS	The Ministry of Health of the Government of Jamaica	Gov: MOH	JAM-304-G01-H	01/06/2004	7560365	15294694.01	22855059.01	7560365	15294694	22855059	31/05/2009
Jamaica	7	HIV/AIDS	The Ministry of Health of the Government of Jamaica	Gov: MOH	JAM-708-G02-H	01/08/2008	15809330	15633530.01	31442860.01	15809330	15633530.01	31442860	31/07/2013
Nicaragua	2	HIV/AIDS	Federación Red NICASAL	CS/PS: NG	NIC-202-G03-	01/03/200	4025689	5799593.86	9825282.86	4025689	5799593.81	9825282.8	28/02/201

			UD	O	H-00	4							0
Nicaragua	2	Malaria	Federación Red NICASALUD	CS/PS: NGO	NIC-202-G01-M-00	01/03/2004	3404671	2171416.42	5576087.42	3404671	2171416.38	5576087.4	28/02/2009
Nicaragua	2	TB	Federación Red NICASALUD	CS/PS: NGO	NIC-202-G02-T-00	01/03/2004	1271820	1350881.14	2622701.14	1271820	1350881.1	2627011.1	28/02/2009
Nicaragua	7	Malaria	Federación Red NICASALUD	CS/PS: NGO	NIC-708-G04-M	01/04/2009	2868542	1587994	4456536	2868542	832018	3700560	31/03/2014
Nicaragua	8	HIV/AIDS	Instituto Nicaraguense de Seguridad Social (INSS)	CS/PS: NGO	NIC-809-G06-H	01/01/2010	23359081	0	23359081	19611071	0	19611071	31/03/2012
Panama	1	TB	United Nations Development Programme	MO: UNDP	PAN-102-G01-T-00	01/04/2003	440000	113816.56	553816.56	440000	113816.54	553816.54	31/03/2005
Paraguay	3	TB	Alter Vida - Centro de Estudios y Formación para el Ecodesarrollo	CS/PS: NGO	PRY-304-G01-T	01/12/2004	1194902.04	1604643.01	3329200.09	1194902.04	1604643.01	3329200	30/11/2012
Paraguay	6	HIV/AIDS	FUNDACION COMUNITARIA CENTRO DE INFORMACION Y RECURSOS PARA	CS/PS: NGO	PRY-607-G02-H	01/06/2007	3471892	5360225.01	8832117.01	3471892	4778817	8250709	31/05/2012

			EL DESARROLLO (CIRD)										
Paraguay	7	TB	Alter Vida - Centro de Estudios y Formación para el Ecodesarrollo	CS/PS: NGO	PRY-708-G03-T	01/07/2008	2149206	0	2149206	2149206	0	2149206	30/06/2010
Paraguay	8	HIV/AIDS	FUNDACION COMUNITARIA CENTRO DE INFORMACION Y RECURSOS PARA EL DESARROLLO (CIRD)	CS/PS: NGO	PRY-809-G04-H	01/09/2009	4735223.908	1784593.586	6519817.494	4735223.908	583736.472	5318960.4	31/08/2014
Peru	2	HIV/AIDS	CARE International	CS/PS: NGO	PER-202-G01-H-00	04/11/2003	15718354	5628779.77	21347133.77	15718354	5628779.74	21347134	31/12/2008
Peru	2	TB	CARE International	CS/PS: NGO	PER-202-G02-T-00	01/12/2003	20153818	4873364.26	25027182.26	20153818	4873364.22	25027182	31/12/2008
Peru	5	TB	CARE International	CS/PS: NGO	PER-506-G04-T	01/09/2006	13603065	16068299.01	29671364.01	13603065	14325748.52	27928814	30/09/2011
Peru	5	HIV/AIDS	CARE International	CS/PS: NGO	PER-506-G03-H	01/09/2006	8061442	4806023.01	12867465.01	8061442	3941268.84	12002711	30/09/2011
Per	6	HIV	CARE	CS/	PER-	01/	241	851	326	241	590	300	30/

u		/AIDS	International	PS: NGO	607-G05-H	10/2007	53662	6147.01	69809.01	53662	7930.94	61593	09/2012
Suriname	3	HIV/AIDS	The Ministry of Health of the Government of the Republic of Suriname	Gov: MOH	SUR-305-G01-H	01/02/2005	2188432	3082961.02	5271393.02	2188432	3018565.84	5206997.8	31/01/2012
Suriname	4	Malaria	Medische Zending - Primary Health Care Suriname	CS/PS: NGO	SUR-404-G02-M	01/02/2005	2963950	1698223.88	4662173.88	2963950	1698223.86	4662173.9	31/10/2010
Suriname	5	HIV/AIDS	The Ministry of Health of the Government of the Republic of Suriname	Gov: MOH	SUR-506-G03-H	01/02/2007	2395000	1443706.01	3838706.01	2395000	1147478.17	3542478.2	31/01/2012
Suriname	7	Malaria	The Ministry of Health of the Government of the Republic of Surinam	Gov: MOH	SUR-708-G04-M	01/04/2009	2621747	779661	3401408	2621747	271118	2892865	31/03/2014

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Algeria	3	HIV/AIDS	The Ministry of Health, Population and Hospital Reform of the Government of the People's Democratic Republic of Algeria	Gov: MOH	DZA-304-G01-H	01/01/2005	6185000	760288.95	6945288.95	6185000	760288.93	6945288.9	30/06/2008
Chad	2	TB	The Fonds de Soutien aux Activités en matière de Population(FOSAP)	Gov: Oth	TCD-202-G01-T-00	01/05/2004	1263963	1775358.01	3039321.01	1263963	1116522.26	2380485.3	30/04/2010
Chad	3	HIV/AIDS	The Fonds de Soutien aux Activités en matière de Population(FOSAP)	Gov: Oth	TCD-304-G02-H	01/08/2004	7380156	10403188.01	17783344.01	7380156	6005327.03	13385483	31/07/2010
Chad	7	Malaria	United Nations Develop	MO: UN	TCD-708-G03-	01/03/200	10477631	0	10477631	9110472.11	0	9110472.1	30/06/201

			ment Programme	DP	M	9							1
Chad	8	HIV/AIDS	National Union of Diocesan Associations (UNAD)	CS/PS: NGO	TCD-810-G06-H	01/01/2010	697609 4.429	0	697609 4.429	331215 2.61	0	331215 2.6	31/12/2011
Chad	8	HIV/AIDS	Association of Social Marketing in Chad (AMASOT)	CS/PS: NGO	TCD-810-G04-H	01/01/2010	598943 1.712	0	598943 1.712	326729 8.13	0	326729 8.1	31/12/2011
Chad	8	HIV/AIDS	The Fonds de Soutien aux Activités en matière de Population(FOSAP)	Gov: Oth	TCD-810-G05-H	01/01/2010	210132 57.28	0	210132 57.28	126687 00.82	0	126687 01	31/12/2011
Djibouti	4	HIV/AIDS	Executive secretariat for the fight against AIDS, Malaria and Tuberculosis	Gov: MOH	DJB-404-G01-H	01/03/2005	727140 0	434690 1.01	116183 01.01	727140 0	434690 1.01	116183 01	30/04/2008
Djibouti	6	TB	Executive secretariat for the fight against AIDS,	Gov: MOH	DJB-607-G03-T	01/06/2007	226909 8	0	226909 8	178497 3.29	0	178497 3.3	31/05/2009

			Malaria and Tuberculosis										
Djibouti	6	Malaria	Executive secretariat for the fight against AIDS, Malaria and Tuberculosis	Gov: MOH	DJB-607-G02-M	01/06/2007	3007388	0	3007388	2871164	0	2871164	31/05/2009
Djibouti	6	HIV/AIDS	Executive secretariat for the fight against AIDS, Malaria and Tuberculosis	Gov: MOH	DJB-607-G04-H	01/06/2007	7886671.77	0	7886671.77	6453504.34	0	6453504.3	31/05/2009
Egypt	2	TB	National Tuberculosis Control Program, The Ministry of Health and Population of the Government of Egypt	Gov: MOH	EGY-202-G01-T-00	01/07/2004	2480219	1551795.01	4032014.01	2480219	1485130.24	3965349.2	30/06/2009
Egypt	6	HIV/AIDS	National AIDS Programme, Ministry	Gov: MOH	EGY-608-G03-H	01/04/2008	5320880	3222526.01	8543406.01	5320880	1965910	7286790	31/03/2013

			of Health and Population										
Egypt	6	TB	National Tuberculosis Control Program, The Ministry of Health and Population of the Government of Egypt	Gov: MOH	EGY-607-G02-T	01/09/2007	5375548	4124080.01	9499628.01	5375548	1870644.8	7246192.8	31/08/2012
Iraq	6	TB	United Nations Development Programme	MO: UNDP	IRQ-607-G01-T	01/01/2008	6443900	5001595.02	1144549 5.02	6443900	5001595	1144549 5	30/09/2010
Jordan	2	HIV/AIDS	The Ministry of Health of the Government of the Hashemite Kingdom of Jordan	Gov: MOH	JOR-202-G01-H-00	01/11/2003	1778600	648808.26	2427408.26	1778600	648808.24	2427408.2	31/10/2006
Jordan	5	TB	Ministry of Health / National Tuberculosis Program	Gov: MOH	JOR-506-G02-T	01/07/2006	1072864	1710000.01	2782864.01	1072864	1710000	2782864	30/06/2011

Jordan	6	HIV/AIDS	The Ministry of Health of the Government of the Hashemite Kingdom of Jordan	Gov: MOH	JOR-607-G03-H	01/07/2007	3069508	2927150.01	5996658.01	3069508	1989596.23	5059104.2	30/06/2012
Mali	1	Malaria	The Ministry of Health of the Government of the Republic of Mali	Gov: MOH	MAL-102-G01-M-00	01/12/2003	2023424	568892.01	2592316.01	2023424	568892	2592316	30/04/2007
Mali	4	TB	The Ministry of Health of the Government of the Republic of Mali	Gov: MOH	MAL-405-G03-T	01/08/2005	2563768	4183842.01	6747610.01	2563768	2509531.97	5073300	31/01/2011
Mali	4	HIV/AIDS	The National High Council for HIV/AIDS control of the government of the Republic of Mali	Gov: Oth	MAL-405-G02-H	01/07/2005	23483234	28857202.01	52340436.01	23483234	21705417.61	45188652	30/06/2010

Mali	6	Malaria	Groupe Pivot Santé Population	CS/PS: NGO	MAL-607-G05-M	01/09/2007	5886190	8965242.01	14851432.01	5886190	4241040	10127230	31/08/2012
Mali	6	Malaria	The Ministry of Health of the Government of the Republic of Mali	Gov: MOH	MAL-607-G04-M	01/11/2007	3336382	0	3336382	2555988.99	0	2555989	30/04/2010
Mali	7	TB	The Ministry of Health of the Government of the Republic of Mali	Gov: MOH	MAL-708-G06-T	01/08/2008	4248908.316	0	4248908.316	2880416.72	0	2880416.7	31/07/2010
Mali	8	HIV/AIDS	The National High Council for HIV/AIDS control of the government of the Republic of Mali	Gov: Oth	MAL-809-G08-H	01/01/2010	27120867.45	0	27120867.45	17148282.6	0	17148283	31/03/2012
Mali	8	HIV/AIDS	Groupe Pivot Santé Population	CS/PS: NGO	MAL-809-G07-H	01/01/2010	12931714.86	0	12931714.86	4378330.49	0	4378330.5	31/12/2011
Mauritania	2	Malaria	United Nations Develop	MO: UN	MRT-202-G02-	01/04/200	824044	2074949.01	2898993.01	824044	1227117.31	2051161.3	31/03/200

			ment Programme	DP	M-00	4							9
Mauritania	2	TB	United Nations Development Programme	MO: UNDP	MRT-202-G01-T-00	01/05/2004	1104742	1623147.01	2727889.01	1104742	1301483.37	2406225.4	31/03/2009
Mauritania	5	HIV/AIDS	Sécretariat Exécutif, Comité National de Lutte Contre le SIDA	Gov: Oth	MRT-506-G03-H	01/09/2006	6573416	8537857.01	15111273.01	2671052.12	0	2671052.1	30/08/2011
Mauritania	6	TB	United Nations Development Programme	MO: UNDP	MRT-607-G05-T	01/12/2007	4441686	0	4441686	3603328.01	0	3603328	30/11/2010
Mauritania	6	Malaria	United Nations Development Programme	MO: UNDP	MRT-607-G04-M	01/12/2007	4315126	0	4315126	2960426.36	0	2960426.4	30/11/2010
Morocco	1	HIV/AIDS	The Ministry of Health of the Government of the Kingdom of Morocco	Gov: MOH	MOR-102-G01-H-00	01/03/2003	4738806	4491855.61	9230661.61	4738806	4491855.59	9230661.6	28/02/2007
Morocco	6	TB	The Ministry of Health of the Govern	Gov: MOH	MOR-607-G03-T	01/07/2007	2221975	1935825.01	4157800.01	2221975	1080369.34	3302344.3	30/06/2012

			ment of the Kingdom of Morocco										
Morocco	6	HIV/AIDS	The Ministry of Health of the Government of the Kingdom of Morocco	Gov: MOH	MOR-607-G02-H	01/07/2007	10680798	14195801.01	24876599.01	10680798	11892138.26	22572936	30/06/2012
Niger	3	Malaria	United Nations Development Programme	MO: UNDP	NGR-306-G06-M	01/12/2006	391956	896675.15	1288631.15	391956	896675.15	1288631.5	30/11/2007
Niger	3	Malaria	Centre of International Cooperation in Health and Development (CCISD)	CS/PS: NGO	NGR-304-G02-M	01/09/2004	4317190.43	0	4317190.43	4317190.03	0	4317190	30/09/2006
Niger	3	HIV/AIDS	The National Multi-sectorial Coordination Unit for the Fight Against HIV/AIDS/STI of the Govern	Gov: Oth	NGR-304-G01-H	01/09/2004	8475297	1944565.73	1041986 2.73	8475297	1944565.72	1041986 3	28/02/2008

			ment of the Republic of Niger										
Niger	4	Malaria	The International Federation of Red Cross and Red Crescent Societies	MO: Oth	NGR-405-G03-M	01/07/2005	11189739	0	11189739	11189739	0	11189739	30/06/2007
Niger	5	TB	United Nations Development Programme	MO: UNDP	NGR-506-G05-T	01/07/2006	7167598.404	6047822.686	13215421.09	7167598.404	3670166.556	10837765	30/06/2011
Niger	5	Malaria	United Nations Development Programme	MO: UNDP	NGR-506-G04-M	01/07/2006	4627434	6665075.02	11292509.02	4627434	4323449.38	8950883.4	30/06/2011
Niger	7	HIV/AIDS	The National Multi-sectorial Coordination Unit for the Fight Against HIV/AIDS/STI of the Government of the Republic of Niger	Gov: Oth	NGR-708-G08-H	01/07/2008	14094547.93	15277842.34	29372390.27	14094547.93	3652245.317	17746793	30/06/2013
Niger	7	Malari	Catholic Relief	CS/PS:	NGR-708-	01/07/	312452	417577	354209	309677	0	309677	30/06/

		a	Services	FBO	G07-M	2008	16.73	3.187	89.91	53		53	2013
Somalia	2	Malaria	United Nations Children's Fund	MO: Oth	SOM-202-G01-M-00	01/07/2004	8890497	3995916.01	12886413.01	8890497	3995916	12886413	31/08/2007
Somalia	3	TB	World Vision International	CS/PS: NGO	SOM-304-G02-T	16/08/2004	5601215	8224136.01	13825351.01	5601215	8060228.49	13661443	31/01/2010
Somalia	4	HIV/AIDS	United Nations Children's Fund	MO: Oth	SOM-405-G03-H	01/06/2005	10004644	14917363.01	24922007.01	10004644	14093096.68	24097741	31/08/2010
Somalia	6	Malaria	United Nations Children's Fund	MO: Oth	SOM-607-G04-M	01/11/2007	15735867	9260166.01	24996033.01	15735867	6968649.61	22704517	31/10/2012
Somalia	7	TB	World Vision International	CS/PS: NGO	SOM-708-G05-T	01/10/2008	8732844	8958723.01	17691567.01	8732844	8958722.06	17691566	31/12/2012
Somalia	8	HIV/AIDS	United Nations Children's Fund	MO: Oth	SOM-809-G06-H	01/01/2010	26316753	0	26316753	22532829.52	0	22532830	31/03/2012
South Sudan	2	TB	United Nations Development Programme	MO: UNDP	SSD-202-G02-T-00	01/10/2004	5842932	8655155.01	14498087.01	5842932	8655155	14498087	31/03/2010
South Sudan	2	Malaria	United Nations Development Programme	MO: UNDP	SSD-202-G01-M-00	01/10/2004	12855490	12212170.01	25067660.01	12855490	12212170	25067660	30/09/2010
South Sudan	4	HIV/AIDS	United Nations Development Programme	MO: UNDP	SSD-405-G05-H	01/08/2006	8817170	18118195.01	26935365.01	8817170	17962443.86	26779614	30/11/2011
South	5	TB	United Nations	MO:	SSD-506-	01/10/	857245	130412	216137	857245	114187	199912	31/03/

Sudan			Development Programme	UNDP	G06-T	2006	7	97.01	54.01	7	76	33	2012
South Sudan	7	TB	United Nations Development Programme	MO: UNDP	SSD-708-G11-T	01/01/2009	6172805	5000208.01	11173013.01	6172805	2606312.99	8779118	31/12/2013
South Sudan	7	Malaria	POPULATION SERVICES INTERNATIONAL	CS/PS: NGO	SSD-708-G09-M	01/12/2008	33512896	21820238	55333134	33512896	21820238	55333134	30/11/2013
Sudan	2	Malaria	United Nations Development Programme	MO: UNDP	SUD-202-G03-M-00	01/04/2005	14237853	18840189.33	33078042.33	14237853	18840189.32	33078042	30/09/2009
Sudan	3	HIV/AIDS	United Nations Development Programme	MO: UNDP	SUD-305-G04-H	01/04/2005	7842140	12185909.71	20028049.71	7842140	12185909.7	20028050	30/09/2010
Sudan	5	HIV/AIDS	United Nations Development Programme	MO: UNDP	SUD-506-G08-H	01/01/2007	29421145	55554890.01	84976035.01	29421145	38698765	68119910	30/06/2012
Sudan	5	TB	United Nations Development Programme	MO: UNDP	SUD-506-G07-T	01/01/2007	6830013	4854904.02	11684917.02	6830013	4854904	11684917	31/12/2011
Sudan	7	Malaria	United Nations Development Programme	MO: UNDP	SUD-708-G10-M	01/04/2009	38296873	26640257	64937130	38296873	11996251	50293124	31/03/2014

Sudan	8	TB	United Nations Development Programme	MO: UNDP	SUD-809-G12-T	01/01/2010	3886314	0	3886314	3886314	0	3886314	31/12/2011
Syrian Arab Republic	6	TB	United Nations Development Programme	MO: UNDP	SYR-607-G01-T	01/12/2007	4578047	2799078.01	7377125.01	4578047	1338510.47	5916557.5	30/11/2012
Tunisia	6	HIV/AIDS	National Office for Family and Population (Office National de la famille et de la population) - ONFP	Gov: MOH	TUN-607-G01-H	01/09/2007	9565500	6614846.01	16180346.01	9565500	4771013.08	14336513	31/08/2012
West Bank and Gaza	7	HIV/AIDS	United Nations Development Programme	MO: UNDP	PSE-708-G01-H	01/12/2008	5014330	3305815	8320145	4911687.26	0	4911687.3	30/11/2013
West Bank and Gaza	8	TB	United Nations Development Programme	MO: UNDP	PSE-809-G02-T	01/12/2009	1250000.77	0	1250000.77	1075137.64	0	1075137.6	29/02/2012
Yemen	2	Malaria	The National Malaria Program	Gov: MOH	YEM-202-G01-M-00	01/03/2004	4159632	7718574.01	11878206.01	4159632	7718573.67	11878206	30/04/2009

			me at the Ministry of Public Health and Population of the Republic of Yemen										
Yemen	3	HIV/AIDS	National Population Council - Technical Secretariat	Gov: MOH	YEM-305-G03-H	01/07/2005	1645056	0	1645056	1645056	0	1645056	30/06/2007
Yemen	3	HIV/AIDS	The National AIDS Program	Gov: MOH	YEM-305-G02-H	01/07/2005	2247002	0	2247002	2247002	0	2247002	30/06/2007
Yemen	3	HIV/AIDS	United Nations Development Programme	MO: UNDP	YEM-307-G05-H	01/01/2008	1608346	9360685.01	10969031.01	1608346	8960113	10568459	31/12/2012
Yemen	4	TB	The National Tuberculosis Control Program	Gov: MOH	YEM-405-G04-T	01/07/2005	2579174	3550686.83	6129860.83	2579174	3550686.82	6129860.8	31/12/2010
Yemen	7	Malaria	The National Malaria Programme at the Ministry of Public Health and Populati	Gov: MOH	YEM-708-G06-M	01/12/2008	8013694	14515751	22529445	7561412.8	0	7561412.8	30/11/2013

			on of the Republic of Yemen										
Afghanistan	2	HIV/TB	The Ministry of Public Health of the Islamic Republic of Afghanistan	Gov: MOH	AFG-202-G01-I-00	01/12/2004	3125605	0	3125605	3125605	0	3125605	30/11/2006
Afghanistan	4	TB	The Ministry of Public Health of the Islamic Republic of Afghanistan	Gov: MOH	AFG-405-G02-T	01/09/2005	0	2678960.64	2678960.64	0	2678960.64	2678960.6	28/02/2009
Afghanistan	5	Malaria	HealthNet TPO	CS/PS: NGO	AFG-509-G06-M	01/02/2009	0	7171871.31	7171871.31	0	7171871.31	7171871.3	04/01/2010
Afghanistan	5	Malaria	The Ministry of Public Health of the Islamic Republic of Afghanistan	Gov: MOH	AFG-506-G03-M	01/11/2006	14565256	3462883	18028139	14565256	2226247.32	16791503	31/10/2011
Afghanistan	7	HIV/AIDS	GTZ-IS (Gesellchaft fur Technische Zusammenarbeit -	Gov: Oth	AFG-708-G05-H	01/10/2008	4131167	1655856	5787023	4131167	314862.94	4446029.9	30/09/2013

			German Technical Cooperation - International Services)										
Afghanistan	7	HIV/AIDS	The Ministry of Public Health of the Islamic Republic of Afghanistan	Gov: MOH	AFG-708-G04-H	01/10/2008	1007114	205796	1212910	766097.4	0	766097.4	30/09/2013
Afghanistan	8	TB	BRAC AFGHANISTAN	CS/PS: NGO	AFG-809-G07-T	01/10/2009	10062775.38	0	10062775.38	6898130.56	0	6898130.6	30/09/2011
Bangladesh	2	HIV/AIDS	Save the Children USA	CS/PS: NGO	BAN-202-G12-H-00	01/12/2009	0	15189802.5	26759600.78	0	15189802.5	17954240	30/11/2012
Bangladesh	2	HIV/AIDS	The Economic Relations Division, Ministry of Finance, The Government of the People's Republic of Bangladesh	Gov: MOF	BAN-202-G01-H-00	01/03/2004	6010140	13621499	19631639	6010140	13621499	19631639	31/10/2009
Bangladesh	3	TB	BRAC (Banglad	CS/PS:	BAN-304-	01/08/	111728	155703	267431	111728	155703	267431	31/07/

esh			esh Rural Advancement Committee)	NGO	G02-T	2004	46	00	46	46	00	46	2009
Bangladesh	3	TB	The Economic Relations Division, Ministry of Finance, The Government of the People's Republic of Bangladesh	Gov: MOF	BAN-304-G03-T	01/09/2004	5470228	4715139.58	10185367.58	5470228	4715139.29	10185367	31/08/2009
Bangladesh	5	TB	BRAC (Bangladesh Rural Advancement Committee)	CS/PS: NGO	BAN-506-G04-T	01/05/2006	4326441	18414927	22741368	4326441	17409916	21736357	30/06/2011
Bangladesh	5	TB	The Economic Relations Division, Ministry of Finance, The Government of the People's	Gov: MOF	BAN-506-G05-T	01/05/2006	5799574	14760034	20559608	5799574	9000993.69	14800568	30/04/2011

			Republic of Bangladesh										
Bangladesh	6	HIV/AIDS	The Economic Relations Division, Ministry of Finance, The Government of the People's Republic of Bangladesh	Gov: MOF	BAN-607-G08-H	01/05/2007	16077231	4138992.26	20216223.26	16077231	4138992.26	20216223	30/04/2012
Bangladesh	6	Malaria	BRAC (Bangladesh Rural Advancement Committee)	CS/PS: NGO	BAN-607-G06-M	01/05/2007	7615562	3099909	10715471	7615562	3099909	10715471	30/06/2010
Bangladesh	6	Malaria	The Economic Relations Division, Ministry of Finance, The Government of the People's Republic of	Gov: MOF	BAN-607-G07-M	01/06/2007	11553911	2548792.81	14102703.81	11553911	2548792.81	14102704	31/05/2012

			Bangladesh										
Bangladesh	8	TB	BRAC (Bangladesh Rural Advancement Committee)	CS/PS: NGO	BAN-809-G10-T	01/10/2009	1913012	0	1913012	1913012	0	1913012	30/09/2011
Bhutan	4	TB	Gross National Happiness (GNH) Commission, Royal Government of Bhutan	Gov: Oth	BTN-405-G02-T	01/04/2005	560568	433730	994298	560568	372402.21	932970.21	31/03/2010
Bhutan	4	Malaria	Gross National Happiness (GNH) Commission, Royal Government of Bhutan	Gov: Oth	BTN-405-G01-M	01/04/2005	1000957	342240.81	1343197.81	1000957	342240.81	1343197.8	31/03/2010
Bhutan	6	TB	Gross National Happiness (GNH) Commission, Royal Government of Bhutan	Gov: Oth	BTN-607-G04-T	01/01/2008	741689	341225	1082914	741689	227504.33	969193.33	31/12/2012
Bhutan	6	HIV/AIDS	Gross National Happiness (GNH)	Gov: Oth	BTN-607-G03-H	01/02/2008	1502445	942408	2444853	1502445	761884.66	2264329.7	31/01/2013

			Commission, Royal Government of Bhutan										
Bhutan	7	Malaria	Gross National Happiness (GNH) Commission, Royal Government of Bhutan	Gov: Oth	BTN-708-G05-M	01/07/2008	2046986	599176	2646162	2046986	383274.37	2430260.4	30/06/2013
India	1	TB	The Department of Economic Affairs, Ministry of Finance, Government of India	Gov: Oth	IDA-102-G01-T-00	01/04/2003	5650999	2599422.02	8250421.02	5650999	2599422	8250421	30/09/2006
India	2	HIV/AIDS	The Department of Economic Affairs, Ministry of Finance, Government of India	Gov: Oth	IDA-202-G02-H-00	01/05/2004	26116000	80249233.02	234768252	26116000	80249233.02	190363835	30/11/2012
India	2	TB	The Department of Economic Affairs, Ministry of Finance,	Gov: Oth	IDA-202-G03-T-00	01/04/2004	7572869.96	40965706.98	107685429.1	7572869.96	40965706.98	85704608	31/03/2012

			Government of India										
India	3	HIV/TB	The Department of Economic Affairs, Ministry of Finance, Government of India	Gov: Oth	IDA-304-G04-C	01/01/2005	2667346	12152426.01	14819772.01	2667346	12152425.99	14819772	31/12/2009
India	4	HIV/AIDS	The Department of Economic Affairs, Ministry of Finance, Government of India	Gov: Oth	IDA-405-G06-H	01/09/2005	21672559	100996078	239823274	21672559	100996078	197964601	30/09/2012
India	4	TB	The Department of Economic Affairs, Ministry of Finance, Government of India	Gov: Oth	IDA-405-G08-T	01/04/2005	6819000	12294943.07	19113943.07	6819000	12294943.05	19113943	31/03/2009
India	4	HIV/AIDS	The Population Foundation of India	CS/PS: NGO	IDA-405-G05-H	01/04/2005	4158465	27386470.02	34088843.04	4158465	21764798	25923263	31/03/2013
India	4	Malaria	The Department of Economi	Gov: MOF	IDA-405-G07-M	01/07/2005	30158833	26065966.01	56224799.01	30158833	26065966	56224799	30/06/2010

			c Affairs, Ministry of Finance, Government of India										
India	6	TB	The Department of Economic Affairs, Ministry of Finance, Government of India	Gov: Oth	IDA-607-G09-T	01/04/2007	8579594.04	0	8579594.04	8579594.04	0	8579594	31/03/2009
India	6	HIV/AIDS	The Population Foundation of India	CS/PS: NGO	IDA-607-G10-H	01/06/2007	9297167	5175215.02	14472382.02	9297167	5175215	14472382	31/03/2010
India	6	HIV/AIDS	India HIV/AIDS Alliance	CS/PS: NGO	IDA-607-G12-H	01/06/2007	4779716	9124294.01	13904010.01	4779716	8452016	13231732	31/03/2011
India	6	HIV/AIDS	The Department of Economic Affairs, Ministry of Finance, Government of India	Gov: Oth	IDA-607-G11-H	01/07/2007	7263793 7	2249408 3.02	9513202 0.02	7263793 7	2249408 3	9513202 0	30/06/2012
India	7	HIV/AIDS	The Department of Economic Affairs, Ministry of	Gov: Oth	IDA-708-G13-H	01/09/2008	8330619	1455453 6	2288515 5	8330619	6863807	1519442 6	31/08/2013

			Finance, Government of India										
India	7	HIV/AIDS	Indian Nursing Council	Gov: MOH	IDA-708-G14-H	01/09/2008	15798995	8125844	23924839	15798995	3173486.88	18972482	31/08/2013
India	7	HIV/AIDS	Tata Institute of Social Sciences (TISS)	CS/PS: Oth	IDA-708-G15-H	01/09/2008	8464365	4284453	12748818	8464365	1442412	9906777	31/08/2013
Iran (Islamic Republic)	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	IRN-202-G01-H-00	01/05/2005	5698000	10224855.01	15922855.01	5698000	9396430.74	15094431	30/04/2010
Iran (Islamic Republic)	7	TB	United Nations Development Programme	MO: UNDP	IRN-708-G03-T	01/10/2008	12652286	3392595.01	16044881.01	12652286	1516257.69	14168544	30/09/2013
Iran (Islamic Republic)	7	Malaria	United Nations Development Programme	MO: UNDP	IRN-708-G02-M	01/10/2008	5615598	2869282.01	8484880.01	5615598	2133863.79	7749461.8	30/09/2013
Maldives	6	HIV/AIDS	United Nations Development Programme	MO: UNDP	MDV-607-G01-H	01/09/2007	2655685	1486772.01	4142457.01	2655685	1039832.66	3695517.7	31/08/2012
Nepal	2	Malaria	POPULATION SERVICES INTERNATIONAL	CS/PS: NGO	NEP-202-G04-M-00	01/12/2005	1712795	2973039.01	1799117	1712795	2973039.01	1058871	15/11/2012
Nepal	2	Malaria	The Ministry of	Gov: MO	NEP-202-G02-	01/04/200	910134	1549367.36	2459501.36	910134	1549367.35	2459501.4	30/09/200

			Health and Population of the Government of Nepal	H	M-00	4							9
Nepal	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	NEP-202-G05-H-00	01/10/2006	0	4551995.45	4551995.45	0	4551995.45	4551995.5	30/09/2008
Nepal	2	HIV/AIDS	The Ministry of Health and Population of the Government of Nepal	Gov: MOH	NEP-202-G01-H-00	01/04/2004	4365996	483151.2	4849147.2	4365996	483151.19	4849147.2	30/09/2008
Nepal	4	TB	The Ministry of Health and Population of the Government of Nepal	Gov: MOH	NEP-405-G03-T	01/05/2006	3354080	3825482.21	7179562.21	3354080	3825482.19	7179562.2	30/04/2011
Nepal	7	HIV/AIDS	Family Planning Association of Nepal	CS/PS: NGO	NEP-708-G11-H	16/11/2008	2641963	3294937.01	5936900.01	2641963	1668536.9	4310499.9	15/11/2013
Nepal	7	Malaria	The Ministry of Health and Population of the Govern	Gov: MOH	NEP-708-G07-M	16/09/2008	1659549	0	1659549	1659548.94	0	1659548.9	15/12/2010

			ment of Nepal										
Nepal	7	Malaria	POPULATION SERVICES INTERNATIONAL	CS/PS: NGO	NEP-708-G06-M	16/09/2008	702484 4	0	702484 4	646722 9	0	646722 9	15/01/2011
Nepal	7	HIV/AIDS	Save the Children USA, Himalayan Country Office	CS/PS: NGO	NEP-708-G10-H	01/11/2008	294483 2	143391 0.65	437874 2.65	294483 2	143391 0.65	437874 2.7	15/11/2013
Nepal	7	HIV/AIDS	United Nations Development Programme	MO: UNDP	NEP-708-G09-H	01/12/2008	673471 7	559734 6	123320 63	673471 7	231017 8.2	904489 5.2	15/02/2011
Nepal	7	TB	The Ministry of Health and Population of the Government of Nepal	Gov: MOH	NEP-708-G08-T	16/11/2008	356286 4	0	356286 4	356286 4	0	356286 4	15/11/2010
Pakistan	2	TB	The National AIDS Control Programme on the Behalf of the Ministry of Health of the Govern	Gov: MOH	PKS-202-G03-T-00	01/01/2004	224880 0	179410 0.01	404290 0.01	224880 0	165263 7	390143 7	31/12/2008

			ment of Pakistan										
Pakistan	2	Malaria	The National AIDS Control Programme on the Behalf of the Ministry of Health of the Government of Pakistan	Gov: MOH	PKS-202-G02-M-00	01/01/2004	3537802	0	3537802	3537802	0	3537802	31/03/2006
Pakistan	2	HIV/AIDS	The National AIDS Control Programme on the Behalf of the Ministry of Health of the Government of Pakistan	Gov: MOH	PKS-202-G01-H-00	01/01/2004	3822700	3824536.01	7647236.01	3822700	3824536	7647236	31/05/2010
Pakistan	3	TB	The National AIDS Control Programme on the Behalf of the Ministry	Gov: MOH	PKS-304-G05-T	01/01/2005	5605431	2767529.27	8372960.27	5605431	2767529.26	8372960.3	31/12/2008

			of Health of the Government of Pakistan										
Pakistan	3	Malaria	The National AIDS Control Programme on the Behalf of the Ministry of Health of the Government of Pakistan	Gov: MOH	PKS-304-G04-M	01/01/2005	1548636	0	1548636	1382784	0	1382784	31/03/2007
Pakistan	6	TB	Mercy Corps	CS/PS: NGO	PKS-607-G06-T	01/10/2007	10682192	2651858.51	13334050.51	10682192	2651858.49	13334050	30/09/2012
Pakistan	6	TB	National TB Control Programme (NTP) Pakistan	Gov: MOH	PKS-607-G07-T	01/11/2007	13654150.29	0.01	13654150.3	13654150.29	0	13654150	31/10/2012
Pakistan	7	Malaria	Directorate of Malaria Control, Ministry of Health, Government of the Islamic Republic of	Gov: MOH	PKS-708-G08-M	01/09/2008	15256442	-2163730.56	13092711.44	13092711.44	-2163730.56	13092711	31/08/2013

			Pakistan										
Pakistan	8	TB	National TB Control Programme (NTP) Pakistan	Gov: MOH	PKS-809-G09-T	01/09/2009	5684019	0	5684019	5380235.54	0	5380235.5	31/08/2011
Pakistan	8	TB	Green Star Social Marketing Pakistan (Guarantee) Limited	CS/PS: PS	PKS-809-G10-T	01/09/2009	3183623	0	3183623	2077010.58	0	2077010.6	31/08/2011
Sri Lanka	1	TB	Lanka Jatika Sarvodaya Shramadana Sangamaya	CS/PS: NGO	SRL-102-G04-T-00	01/03/2003	475020	0	475020	268292	0	268292	31/07/2005
Sri Lanka	1	TB	The Ministry of Healthcare, Nutrition and UVA Wellassa Development of the Government of Sri Lanka	Gov: MOH	SRL-102-G03-T-00	01/03/2003	2384980	1524855.29	3909835.29	2384980	1524855.27	3909835.3	28/02/2009
Sri Lanka	1	Malaria	Lanka Jatika Sarvodaya Shramad	CS/PS: NGO	SRL-102-G02-M-00	01/03/2003	4467480	166407.19	4633887.19	4467480	166407.17	4633887.2	31/08/2009

			ana Sangamaya										
Sri Lanka	1	Malaria	The Ministry of Healthcare, Nutrition and UVA Wellassa Development of the Government of Sri Lanka	Gov: MOH	SRL-102-G01-M-00	01/03/2003	730140	1347083.01	2077223.01	730140	1347083	2077223	28/02/2009
Sri Lanka	4	Malaria	Lanka Jatika Sarvodaya Shramadana Sangamaya	CS/PS: NGO	SRL-405-G06-M	01/10/2005	797200	550000.01	1347200.01	797200	355483.81	1152683.8	30/09/2010
Sri Lanka	4	Malaria	The Ministry of Healthcare, Nutrition and UVA Wellassa Development of the Government of Sri Lanka	Gov: MOH	SRL-405-G05-M	01/10/2005	1322367	1027748.01	2350115.01	1322367	836754.74	2159121.7	30/09/2010
Sri Lanka	6	HIV/AIDS	The Ministry of Healthcare, Nutrition and UVA	Gov: MOH	SRL-607-G09-H	01/01/2008	366899	291223.01	658122.01	366899	291223	658122	31/12/2010

			Wellassa Development of the Government of Sri Lanka										
Sri Lanka	6	TB	The Ministry of Healthcare, Nutrition and UVA Wellassa Development of the Government of Sri Lanka	Gov: MOH	SRL-607-G07-T	01/01/2008	3228602	3239999.01	6468601.01	3228602	2770304.22	5998906.2	31/12/2012
Sri Lanka	6	TB	Lanka Jatika Sarvodaya Shramadana Sangamaya	CS/PS: NGO	SRL-607-G08-T	01/01/2008	957593	0	957593	624995	0	624995	30/06/2010
Sri Lanka	8	Malaria	Lanka Jatika Sarvodaya Shramadana Sangamaya	CS/PS: NGO	SRL-809-G12-M	01/10/2009	5970720	0	5970720	4234948	0	4234948	30/09/2011
Sri Lanka	8	Malaria	Tropical and Environmental Diseases and Health Associates (Pvt)	CS/PS: NGO	SRL-809-G11-M	01/09/2009	5995249	0	5995249	4463584	0	4463584	30/11/2011

			Ltd (TEDHA)										
Sri Lanka	8	Malaria	The Ministry of Healthcare, Nutrition and UVA Wellassa Development of the Government of Sri Lanka	Gov: MOH	SRL-809-G10-M	01/10/2009	10437817	0	10437817	7374811	0	7374811	30/09/2014
Burundi	1	HIV/AIDS	The Permanent Executive Secretariat of the National Council for the Fight Against AIDS (SEP/CNLS)	Gov: Oth	BRN-102-G01-H-00	31/03/2003	4877000	3780000	8657000	4877000	3780000	8657000	30/03/2006
Burundi	2	Malaria	The Projet Sante et Population II of The Ministry of Public Health in the Republic of Burundi	Gov: MOH	BRN-202-G02-M-00	01/10/2003	13792126	2776204.89	16568330.89	13792126	2776204.89	16568331	30/09/2006

Burundi	2	Malaria	The Permanent Executive Secretariat of the National Council for the Fight Against AIDS (SEP/CNLS)	Gov: MOH	BRN-202-G05-M-00	01/10/2006	0	4224522.03	28559569	0	4224522.03	23573186	30/04/2014
Burundi	4	TB	The Programme National Lèpre et Tuberculose(PNLT) Govt of the Republic of Burundi	Gov: MOH	BRN-405-G03-T	01/05/2005	1887175	1494490	3381665	1887175	1338607.31	3225782.3	30/04/2010
Burundi	5	HIV/AIDS	The Permanent Executive Secretariat of the National Council for the Fight Against AIDS (SEP/CNLS)	Gov: Oth	BRN-506-G04-H	01/06/2006	13053866	17647943.21	30701809.21	13053866	17647943.2	30701809	30/11/2010
Burundi	7	TB	The Programme National	Gov: MOH	BRN-708-G06-T	01/09/2008	4018177	3656912	7675089	4018177	2543723.1	6561900.1	31/08/2013

			Lèpre et Tuberculose(PNLT) Govt of the Republic of Burundi										
Burundi	8	HIV/AIDS	Reseau Burundais des Personnes Vivant avec le VIH/SIDA (RBP+).	CS/PS: NGO	BRN-809-G08-H	01/01/2010	13904412	0	13904412	11478130	0	11478130	31/03/2012
Burundi	8	HIV/AIDS	The Permanent Executive Secretariat of the National Council for the Fight Against AIDS (SEP/CNLS)	Gov: Oth	BRN-809-G07-H	01/01/2010	22885179	0	22885179	18712510.77	0	18712511	31/03/2012
Comoros	2	Malaria	Association Comorienne pour le Bien-Etre de la Famille (ASCOBEF)	CS/PS: NGO	COM-202-G01-M-00	01/06/2004	1534631	951247.01	2485878.01	1534631	887839.77	2422470.8	30/11/2009
Comoros	3	HIV/AIDS	Association Comorienne pour	CS/PS: NGO	COM-304-G02-H	01/01/2005	685600	452988.02	1138588.02	685600	449625.67	1135225.7	31/12/2010

			le Bien-Etre de la Famille (ASCOBEF)										
Congo (Democratic Republic)	2	TB	United Nations Development Programme	MO: UNDP	ZAR-202-G01-T-00	01/08/2003	6408741	1217032.01	7625773.01	6408741	1081890	7490631	31/07/2006
Congo (Democratic Republic)	3	Malaria	United Nations Development Programme	MO: UNDP	ZAR-304-G03-M	01/01/2005	31846676	22089933.01	53936609.01	31846676	22089932.32	53936608	30/06/2009
Congo (Democratic Republic)	3	HIV/AIDS	United Nations Development Programme	MO: UNDP	ZAR-304-G02-H	01/01/2005	43662420	69984033.02	113646453	43662420	69916426.56	113578847	31/03/2010
Congo (Democratic Republic)	5	TB	United Nations Development Programme	MO: UNDP	ZAR-506-G04-T	01/12/2006	20703092.82	11306852.19	32009945.01	20703092.82	8403674.73	29106768	30/09/2011
Congo (Democ	6	TB	United Nations Development	MO: UNDP	ZAR-607-G05-T	01/10/2007	8182300.18	0	8182300.18	8182300.18	0	8182300.2	30/09/2009

ratic Republic)			Programme										
Congo (Democratic Republic)	7	HIV/AIDS	United Nations Development Programme	MO: UNDP	ZAR-708-G06-H	01/12/2008	22675188	15669289	38344477	22675188	11490414	34165602	30/06/2012
Congo (Democratic Republic)	8	HIV/AIDS	United Nations Development Programme	MO: UNDP	ZAR-809-G10-H	01/01/2010	56362741	0	56362741	30704123.2	0	30704123	31/12/2011
Congo (Democratic Republic)	8	Malaria	POPULATION SERVICES INTERNATIONAL	CS/PS: NGO	ZAR-809-G07-M	01/01/2010	77863857	0	77863857	67357330.42	0	67357330	31/03/2012
Congo (Democratic Republic)	8	Malaria	Eglise du Christ au Congo (ECC)/SANRU	CS/PS: NGO	ZAR-810-G08-M	01/01/2010	37690725	0	37690725	37690725	0	37690725	31/03/2012
Eritrea	2	Malaria	The Ministry of Health of the	Gov: MOH	ERT-202-G01-M-00	28/11/2003	2617633	4572303.88	7189936.88	2617633	4572303.86	7189936.9	27/11/2008

			Government of the State of Eritrea										
Eritrea	3	HIV/AIDS	The Ministry of Health of the Government of the State of Eritrea	Gov: MOH	ERT-304-G02-H	01/09/2004	8124910	8567246.02	16692156.02	8124910	8567246	16692156	31/08/2009
Eritrea	5	HIV/AIDS	The Ministry of Health of the Government of the State of Eritrea	Gov: MOH	ERT-506-G03-H	01/09/2006	13139010	15519155.01	28658165.01	13139010	14292809.47	27431819	31/08/2011
Eritrea	6	TB	The Ministry of Health of the Government of the State of Eritrea	Gov: MOH	ERT-607-G04-T	01/11/2007	5470834	8827752.02	6353586.02	5470834	8827751.94	6353585.9	31/10/2012
Eritrea	6	Malaria	The Ministry of Health of the Government of the State of Eritrea	Gov: MOH	ERT-607-G05-M	01/11/2007	5943130	6358135.01	12301265.01	5943130	3749636	9692766	31/10/2012

Eritrea	8	HIV/AIDS	The Ministry of Health of the Government of the State of Eritrea	Gov: MOH	ERT-809-G06-H	01/12/2009	15174249	0	15174249	13319850	0	13319850	30/11/2011
Ethiopia	1	TB	The Federal Ministry of Health of the Government of the Federal Democratic Republic of Ethiopia	Gov: MOH	ETH-102-G01-T-00	01/08/2003	10962600	16018049.01	26980649.01	10962600	16018049	26980649	31/01/2009
Ethiopia	2	HIV/AIDS	The HIV/AIDS Prevention and Control Office	Gov: Oth	ETH-202-G03-H-00	01/01/2004	55383811	84001277.01	43500170 2	55383811	84001277.01	30861914 2	31/03/2012
Ethiopia	2	Malaria	The Federal Ministry of Health of the Government of the Federal Democratic Republic of	Gov: MOH	ETH-202-G02-M-00	01/10/2003	37915011	35960200.01	73875211.01	37915011	35960200	73875211	31/03/2009

			Ethiopia										
Ethiopia	4	HIV/AIDS	The HIV/AIDS Prevention and Control Office	Gov: Oth	ETH-405-G04-H	01/03/2005	41895884	335172691.3	377068575.3	41895884	335172691.3	377068575	31/08/2010
Ethiopia	5	Malaria	The Federal Ministry of Health of the Government of the Federal Democratic Republic of Ethiopia	Gov: MOH	ETH-506-G05-M	01/07/2006	59113829	81573584.01	140687413	59113829	73176937.54	132290767	30/06/2011
Ethiopia	6	TB	The Federal Ministry of Health of the Government of the Federal Democratic Republic of Ethiopia	Gov: MOH	ETH-607-G06-T	01/02/2008	11792574	26475583.01	38268157.01	11792574	14304687.54	26097262	31/01/2013
Ethiopia	7	HIV/AIDS	Ethiopian Inter-Faith Forum for Develop	CS/PS: FBO	ETH-708-G09-H	01/01/2009	13802195	11719030.01	25521225.01	13802195	6270707	20072902	31/12/2013

			ment, Dialogue and Action (EIFDDA)										
Ethiopia	7	HIV/AIDS	Network of Networks of HIV Positives in Ethiopia (NEP+)	CS/PS: NGO	ETH-708-G07-H	01/04/2009	9487078	8959337	18446415	9487078	5977183.56	15464262	31/03/2014
Ethiopia	7	HIV/AIDS	The HIV/AIDS Prevention and Control Office	Gov: Oth	ETH-708-G08-H	01/01/2009	41666516	1310862	42977378	35805861	0	35805861	31/12/2011
Ethiopia	8	Malaria	The Federal Ministry of Health of the Government of the Federal Democratic Republic of Ethiopia	Gov: MOH	ETH-809-G10-M	01/11/2009	133089526	0	133089526	124089153	0	124089153	31/01/2012
Kenya	1	HIV/AIDS	Kenya Network of Women With AIDS	CS/PS: NGO	KEN-102-G02-H-00	01/04/2003	220875	0	220875	220875	0	220875	31/03/2005
Kenya	1	HIV/AIDS	Sanaa Art Promotions	CS/PS: NGO	KEN-102-G01-H-00	01/04/2003	2650813	0	2650813	2650813	0	2650813	31/03/2005

Kenya	2	Malaria	The Ministry of Finance of the Government of the Republic of Kenya	Gov: MOF	KEN-202-G05-M-00	01/10/2003	4640447	0.02000003	46404447.02	4640447	0	4640447	30/09/2008
Kenya	2	HIV/AIDS	The Ministry of Finance of the Government of the Republic of Kenya	Gov: MOF	KEN-202-G03-H-00	01/12/2003	36721807	31285074.02	68006881.02	36721807	31285074	68006881	30/11/2008
Kenya	2	TB	The Ministry of Finance of the Government of the Republic of Kenya	Gov: MOF	KEN-202-G04-T-00	01/11/2003	3299522	0.02	3299522.02	3299522	0	3299522	31/10/2008
Kenya	4	Malaria	The Ministry of Finance of the Government of the Republic of Kenya	Gov: MOF	KEN-405-G06-M	01/02/2006	81749756	80423329.01	162173085	81749756	65154694.52	146904451	30/06/2012
Kenya	5	TB	The Ministry of Finance of the Govern	Gov: MOF	KEN-506-G07-T	01/09/2006	5170662	0.02	5170662.02	5170662	0	5170662	31/08/2011

			ment of the Republic of Kenya										
Kenya	6	TB	The Ministry of Finance of the Government of the Republic of Kenya	Gov: MOF	KEN-607-G08-T	01/04/2008	2961806	0	2961806	2961806	0	2961806	31/12/2010
Kenya	7	HIV/AIDS	CARE International	CS/PS: NGO	KEN-708-G10-H	01/04/2009	16007746	8774256	24782002	16007746	1198073	17205819	31/03/2014
Kenya	7	HIV/AIDS	The Ministry of Finance of the Government of the Republic of Kenya	Gov: MOF	KEN-708-G09-H	01/06/2009	30146906	0	30146906	30146906	0	30146906	30/08/2011
Madagascar	1	Malaria	POPULATION SERVICES INTERNATIONAL	CS/PS: NGO	MDG-102-G01-M-00	01/02/2003	1750299	122064.02	1872363.02	1750299	122064	1872363	31/07/2005
Madagascar	2	HIV/AIDS	Pact	CS/PS: NGO	MDG-202-G02-H-00	01/11/2003	747199	692578.98	1439777.98	747199	692578.96	1439778	31/07/2007
Madagascar	2	HIV/AIDS	POPULATION SERVICES INTERNATIONAL	CS/PS: NGO	MDG-202-G03-H-00	01/05/2003	3032048	1960080.02	4992128.02	3032048	1960080	4992128	30/04/2006

Madagascar	3	HIV/AIDS	Sécrétariat Exécutif du Comité National de Lutte Contre le VIH/SIDA	Gov: Oth	MDG-304-G04-H	01/11/2004	13415118	904993.37	14320111.37	13415118	904993.36	14320111	31/01/2010
Madagascar	3	Malaria	Unité de Gestion des Projets d'Appui au Secteur Santé	Gov: MOH	MDG-304-G05-M	01/11/2004	5232448	4769973.01	10002421.01	5232448	4769973	10002421	30/04/2010
Madagascar	4	Malaria	Unité de Gestion des Projets d'Appui au Secteur Santé	Gov: MOH	MDG-405-G06-M	01/04/2005	10042388	11404267.11	21446655.11	10042388	11404267.09	21446655	30/09/2008
Madagascar	4	Malaria	POPULATION SERVICES INTERNATIONAL	CS/PS: NGO	MDG-405-G07-M	01/03/2005	11674138	7785522.01	4750782 7.05	11674138	7785522.01	4330195 9	28/02/2012
Madagascar	4	TB	Sécrétariat Exécutif du Comité National de Lutte Contre le VIH/SIDA	Gov: Oth	MDG-404-G08-T	01/02/2005	3982018	3964670.92	7946688.92	3982018	3964670.91	7946688.9	31/01/2010
Madag	7	Malari	POPULATION	CS/PS:	MDG-708-	01/12/	622100	125612	187822	622100	989631	161173	30/11/

ascar		a	SERVICES INTERNATIONAL	NGO	G10-M	2008	4	09	13	4	6.76	21	2013
Madagascar	7	Malaria	Unité de Gestion des Projets d'Appui au Secteur Santé	Gov: MOH	MDG-708-G09-M	01/10/2008	21566942	8385379.01	29952321.01	21566942	2603709.64	24170652	30/09/2013
Madagascar	8	HIV/AIDS	Sécrétariat Exécutif du Comité National de Lutte Contre le VIH/SIDA	Gov: Oth	MDG-809-G11-H	01/10/2009	5764749	0	5764749	5474649	0	5474649	30/09/2011
Madagascar	8	HIV/AIDS	POPULATION SERVICES INTERNATIONAL	CS/PS: NGO	MDG-809-G12-H	01/10/2009	4034369	0	4034369	3219179	0	3219179	30/12/2014
Mauritius	8	HIV/AIDS	Mauritius Family and Planning Welfare Association	CS/PS: NGO	MUS-809-G02-H	01/01/2010	1624940.78	0	1624940.78	1624940.78	0	1624940.8	31/12/2011
Mauritius	8	HIV/AIDS	National AIDS Secretariat	Gov: MOH	MUS-809-G01-H	01/01/2010	3012388.91	432984.8723	3445373.783	2579686.76	0	2579686.8	31/12/2014
Rwanda	1	HIV/TB	The Ministry of Health of the Govern	Gov: MOH	RWN-102-G01-C-00	01/05/2003	8409268	6231778.01	14641046.01	8409268	6231778	14641046	31/07/2006

			ment of Rwanda										
Rwanda	3	Malaria	The Ministry of Health of the Government of Rwanda	Gov: MOH	RWN-304-G03-M	01/10/2004	13045293	4630939.01	42289910.03	13045293	4630939.01	42289910	30/09/2013
Rwanda	3	HIV/AIDS	The Ministry of Health of the Government of Rwanda	Gov: MOH	RWN-304-G02-H	01/08/2004	14860735	41785724.51	56646459.51	14860735	41785724.5	56646460	31/01/2010
Rwanda	4	TB	The Ministry of Health of the Government of Rwanda	Gov: MOH	RWN-404-G04-T	01/01/2005	5946347	4617255.01	12518400.05	5946347	4617255.01	12518400	30/06/2010
Rwanda	5	Malaria	The Ministry of Health of the Government of Rwanda	Gov: MOH	RWN-506-G06-M	01/03/2006	28140771	11008731.01	39149502.01	28140771	11008731	39149502	31/08/2009
Rwanda	6	TB	The Ministry of Health of the Government of Rwanda	Gov: MOH	RWN-606-G07-T	01/03/2007	2681140	1872666.02	4553806.02	2681140	1872666	4553806	30/06/2010
Rwanda	6	HIV/AIDS	The Ministry of Health	Gov: MOH	RWN-607-G08-H	01/06/2007	31563456	3983598.03	35547054.03	31563456	3983598	35547054	31/05/2009

			of the Government of Rwanda										
Rwanda	7	HIV/AIDS	The Ministry of Health of the Government of Rwanda	Gov: MOH	RWN-708-G09-H	01/10/2008	61018079	0	61018079	60544292.17	0	60544292	30/09/2010
Rwanda	8	Malaria	The Ministry of Health of the Government of Rwanda	Gov: MOH	RWN-809-G10-M	01/07/2009	50615262	0	50615262	50615262	0	50615262	30/06/2011
Tanzania (United Republic)	1	Malaria	The Ministry of Health of the Government of the United Republic of Tanzania	Gov: MOH	TNZ-102-G01-M-00	01/11/2003	8790612	11037104.01	78079834.03	8790612	11037104.01	73461851	31/07/2011
Tanzania (United Republic)	1	HIV/AIDS	The Ministry of Finance of the Government of the United Republic of Tanzania	Gov: MOF	TNZ-102-G02-H-00	01/11/2003	4647000	0	4647000	4647000	0	4647000	31/10/2005

Tanzania (United Republic)	3	HIV/TB	The Ministry of Finance of the Government of the United Republic of Tanzania	Gov: MOF	TNZ-304-G03-C	01/11/2004	23951034	42799982.01	66751016.01	23951034	42799982	66751016	30/04/2010
Tanzania (United Republic)	4	HIV/AIDS	Pact	CS/PS: NGO	TNZ-405-G05-H	01/07/2005	7895004	35027544.73	42922548.73	7895004	35027544.72	42922549	31/12/2010
Tanzania (United Republic)	4	Malaria	The Ministry of Finance of the Government of the United Republic of Tanzania	Gov: MOF	TNZ-405-G08-M	01/08/2005	54201787	20884977.01	75086764.01	54201787	20884977	75086764	31/01/2009
Tanzania (United Republic)	4	HIV/AIDS	The Ministry of Finance of the Government of the United Republic of Tanzania	Gov: MOF	TNZ-405-G04-H	01/09/2005	79741826	94023100.01	173764926	79741826	94023100	173764926	31/12/2010

Tanzania (United Republic)	4	HIV/AIDS	POPULATION SERVICES INTERNATIONAL	CS/PS: NGO	TNZ-405-G06-H	01/07/2005	2373516	15612283.01	27459142.01	2373516	15435674.09	17809190	31/12/2013
Tanzania (United Republic)	4	HIV/AIDS	African Medical and Research Foundation (AMREF)	CS/PS: NGO	TNZ-405-G07-H	01/07/2005	13180952	8290885.01	21471837.01	13180952	8290885	21471837	30/06/2010
Tanzania (United Republic)	6	TB	The Ministry of Finance of the Government of the United Republic of Tanzania	Gov: MOF	TNZ-607-G09-T	01/11/2007	16498948	12891553.01	29390501.01	16498948	2475577.95	18974526	31/10/2012
Tanzania (United Republic)	7	Malaria	The Ministry of Finance of the Government of the United Republic of Tanzania	Gov: MOF	TNZ-708-G10-M	01/07/2008	16316468.23	0	16316468.23	16316468.23	0	16316468	31/03/2011
Tanzania (United Rep	8	Malaria	The Ministry of Finance of the Govern	Gov: MOF	TNZ-809-G11-M	01/11/2009	100427017	0	100427017	94371872.88	0	94371873	31/10/2011

ublic)			ment of the United Republic of Tanzania										
Tanzania (United Republic)	8	HIV/AIDS	African Medical and Research Foundation (AMREF)	CS/PS: NGO	TNZ-809-G12-H	01/12/2009	2397626	0	2397626	2344472	0	2344472	30/11/2011
Uganda	1	HIV/AIDS	The Ministry of Finance, Planning and Economic Development of the Government of Uganda	Gov: MOF	UGD-102-G01-H-00	15/06/2003	26160888	0	26160888	26160888	0	26160888	14/06/2005
Uganda	2	Malaria	The Ministry of Finance, Planning and Economic Development of the Government of Uganda	Gov: MOF	UGD-202-G02-M-00	15/03/2004	21054781.35	0	21054781.35	21054781.35	0	21054781	30/09/2006
Uganda	2	TB	The Ministry of Finance,	Gov: MOF	UGD-202-G03-T-00	15/03/2004	4692020.77	0	4692020.77	4599506	0	4599506	14/03/2006

			Planning and Economic Development of the Government of Uganda										
Uganda	3	HIV/AIDS	The Ministry of Finance, Planning and Economic Development of the Government of Uganda	Gov: MOF	UGD-304-G04-H	01/07/2005	46362090.87	0.02	46362090.89	46362090.87	0	46362091	31/12/2008
Uganda	4	Malaria	The Ministry of Finance, Planning and Economic Development of the Government of Uganda	Gov: MOF	UGD-405-G05-M	01/12/2005	66432148	45995441.02	112427589	66432148	22974313.88	89406462	31/12/2012
Uganda	6	TB	The Ministry of Finance, Planning and Economic	Gov: MOF	UGD-607-G06-T	01/03/2008	8103106	1127523	9230629	4425741	0	4425741	31/08/2010

			Development of the Government of Uganda										
Uganda	7	HIV/AIDS	The Ministry of Finance, Planning and Economic Development of the Government of Uganda	Gov: MOF	UGD-708-G07-H	01/08/2009	70277726	0	70277726	45095960.98	0	45095961	31/10/2011
Uganda	7	Malaria	The Ministry of Finance, Planning and Economic Development of the Government of Uganda	Gov: MOF	UGD-708-G08-M	01/12/2009	51422198	0	51422198	51194127.09	0	51194127	30/11/2011
Zanzibar	1	Malaria	The Ministry of Health and Social Welfare of the Revolutionary Government of	Gov: MOH	ZAN-102-G01-M-00	01/06/2003	781220	371860.01	1153080.01	781220	371860	1153080	30/11/2006

			Zanzibar										
Zanzibar	2	HIV/AIDS	Zanzibar AIDS Commission	Gov: Oth	ZAN-202-G02-H-00	01/09/2003	1116000	316274.51	1432274.51	1116000	316274.5	1432274.5	31/08/2008
Zanzibar	3	TB	The Ministry of Health and Social Welfare of the Revolutionary Government of Zanzibar	Gov: MOH	ZAN-304-G03-T	01/12/2004	959482	150652.01	1110134.01	959482	150652	1110134	30/11/2009
Zanzibar	4	Malaria	The Ministry of Health and Social Welfare of the Revolutionary Government of Zanzibar	Gov: MOH	ZAN-404-G04-M	01/01/2005	5089361	3349427.01	8438788.01	5089361	3349427	8438788	30/06/2009
Zanzibar	6	HIV/AIDS	The Ministry of Health and Social Welfare of the Revolutionary Government of Zanzibar	Gov: MOH	ZAN-607-G05-H	01/12/2007	3103472	291179.01	3394651.01	2093974	0	2093974	30/11/2012

Zanzibar	6	HIV/AIDS	Zanzibar AIDS Commission	Gov: Oth	ZAN-607-G06-H	01/12/2007	135695	0	135695	135695	0	135695	28/02/2010
Angola	3	Malaria	United Nations Development Programme	MO: UNDP	AGO-305-G01-M	01/04/2005	28473354	6556518	35029872	28473354	6360233.94	34833588	30/09/2008
Angola	4	TB	United Nations Development Programme	MO: UNDP	AGO-405-G02-T	01/08/2005	7350590	2968098.87	10318688.87	7350590	2968098.87	10318689	30/09/2010
Angola	4	HIV/AIDS	United Nations Development Programme	MO: UNDP	AGO-405-G03-H	01/10/2005	27670810	58449405	86120215	27670810	34554950.5	62225761	30/09/2012
Angola	7	Malaria	Ministry of Health of the Government of the Republic of Angola	Gov: MOH	AGO-708-G04-M	01/11/2008	32512648	0	32512648	27171690.9	0	27171691	31/01/2011
Botswana	2	HIV/AIDS	Ministry of Health of the Government of the Republic of Botswana	Gov: MOH	BOT-202-G01-H-00	01/07/2004	18580414	0	18580414	9019119	0	9019119	30/06/2006
Botswana	5	TB	Ministry of Health	Gov: MO	BOT-506-G02-T	01/01/200	5515900	2769345.01	8285245.01	5515900	853389.37	6369289.4	31/12/201

			of the Government of the Republic of Botswana	H		7							1
Lesotho	2	TB	The Ministry of Finance and Development Planning of the Government of the Kingdom of Lesotho	Gov: MOF	LSO-202-G02-T-00	01/01/2004	2000000	30000000.01	50000000.01	2000000	1325670.45	3325670.5	30/06/2009
Lesotho	2	HIV/AIDS	The Ministry of Finance and Development Planning of the Government of the Kingdom of Lesotho	Gov: MOF	LSO-202-G01-H-00	01/01/2004	10557000	18755000.01	29312000.01	10557000	16811898.29	27368898	30/06/2009
Lesotho	5	HIV/AIDS	The Ministry of Finance and Development Planning	Gov: MOF	LSO-506-G03-H	01/11/2006	10013383	5768188.96	15781571.96	10013383	5768188.94	15781572	31/10/2011

			of the Government of the Kingdom of Lesotho										
Lesotho	6	TB	The Ministry of Finance and Development Planning of the Government of the Kingdom of Lesotho	Gov: MOF	LSO-607-G04-T	01/07/2007	3798805	1745000.01	5543805.01	3798805	441081.8	4239886.8	30/06/2012
Lesotho	7	HIV/AIDS	The Ministry of Finance and Development Planning of the Government of the Kingdom of Lesotho	Gov: MOF	LSO-708-G05-H	01/07/2008	10626665	7369828.01	17996493.01	10626665	1121615.45	11748280	30/06/2013
Lesotho	8	HIV/AIDS	The Ministry of Finance and Development Planning of the	Gov: MOF	LSO-809-G06-H	01/11/2009	49999204.01	0	49999204.01	31785424.9	0	31785425	31/10/2011

			Government of the Kingdom of Lesotho										
Malawi	1	HIV/AIDS	The Registered Trustees of the National AIDS Commission Trust of the Republic of Malawi	Gov: Oth	MLW-102-G01-H-00	01/10/2003	41751500	136862764	342557595	41751500	136862764	316721459	31/03/2012
Malawi	2	Malaria	The Government of the Republic of Malawi through the Ministry of Health	Gov: MOH	MLW-202-G02-M-00	01/02/2006	17957714	0	17957714	17957714	0	17957714	31/01/2008
Malawi	5	HIV/AIDS	The Registered Trustees of the National AIDS Commission Trust of the Republic of Malawi	Gov: Oth	MLW-506-G03-H	01/10/2006	7708331	9881107.01	17589438.01	7708331	5306582	13014913	30/09/2011

Malawi	7	TB	The Government of the Republic of Malawi through the Ministry of Health	Gov: MOH	MLW-708-G06-T	01/01/2009	7802037	1318779	9120816	3447450.17	0	3447450.2	31/12/2013
Malawi	7	HIV/AIDS	The Registered Trustees of the National AIDS Commission Trust of the Republic of Malawi	Gov: Oth	MLW-708-G07-H	01/10/2008	15078417	10899185	25977602	15078417	2750179	17828596	30/09/2013
Malawi	7	Malaria	The Government of the Republic of Malawi through the Ministry of Health	Gov: Oth	MLW-708-G05-M	01/01/2009	17729312	40011764.02	57741076.02	17729312	30981790.41	48711102	31/12/2013
Mozambique	2	TB	The Ministry of Health of the Government of Mozambique	Gov: MOH	MOZ-202-G04-T-00	01/01/2005	9202140	1302060.19	10504200.19	9202140	1302060.18	10504200	30/06/2010

Mozambique	2	Malaria	The Ministry of Health of the Government of Mozambique	Gov: MOH	MOZ-202-G03-M-00	01/01/2005	12217393	14566933.33	26784326.33	12217393	14285301.6	26502695	30/06/2010
Mozambique	2	HIV/AIDS	The Ministry of Health of the Government of Mozambique	Gov: MOH	MOZ-202-G02-H-00	01/01/2005	21959684	66120799.06	88080483.06	21959684	65832503.16	87792187	30/06/2010
Mozambique	2	HIV/AIDS	The National AIDS Council (CNCS) of Mozambique	Gov: Oth	MOZ-202-G01-H-00	01/07/2006	7732956	0	7732956	6156897.68	0	6156897.7	30/11/2008
Mozambique	6	Malaria	The Ministry of Health of the Government of Mozambique	Gov: MOH	MOZ-607-G06-M	01/07/2007	25591825	7264538.36	32856363.36	25591825	5396511.9	30988337	31/12/2010
Mozambique	6	HIV/AIDS	The Ministry of Health of the Government of Mozambique	Gov: MOH	MOZ-607-G05-H	01/07/2007	22748853	34253874.9	57002727.9	22748853	34253874.89	57002728	31/12/2010
Mozam	7	TB	The Ministry	Gov:	MOZ-708-	01/07/	673530	0	673530	213483	0	213483	30/06/

bique			of Health of the Government of Mozambique	MOH	G07-T	2008	3		3	3.86		3.9	2010
Namibia	2	HIV/AIDS	The Ministry of Health and Social Services of the Government of Namibia	Gov: MOH	NMB-202-G01-H-00	01/01/2005	26082802	77921409.02	151295230	26082802	77921409.02	118290004	30/06/2013
Namibia	2	TB	The Ministry of Health and Social Services of the Government of Namibia	Gov: MOH	NMB-202-G02-T-00	01/01/2005	904969	389641.01	1442459.03	904969	389641.01	1442459	31/12/2012
Namibia	2	Malaria	The Ministry of Health and Social Services of the Government of Namibia	Gov: MOH	NMB-202-G03-M-00	01/01/2005	3719354	2516596.01	7009212	3719354	2516596.01	6448798.3	30/06/2013
Namibia	5	TB	The Ministry of Health and Social	Gov: MOH	NMB-506-G04-T	01/06/2006	7222753	9981773.01	17204526.01	7222753	5370166.8	12592920	31/05/2011

			Services of the Government of Namibia										
Namibia	6	Malaria	The Ministry of Health and Social Services of the Government of Namibia	Gov: MOH	NMB-607-G06-M	01/08/2007	8538063	4834678.02	13372741.02	8538063	2926928.21	11464991	31/07/2012
South Africa	1	HIV/TB	The National Treasury of the Republic of South Africa	Gov: MOF	SAF-102-G02-C-00	01/08/2003	17872665	0	17872665	17872665	0	17872665	31/12/2005
South Africa	1	HIV/TB	The National Treasury of the Republic of South Africa	Gov: MOF	SAF-102-G03-C-00	01/01/2004	26741529	23030294.01	49771823.01	26741529	21579535.25	48321064	30/06/2009
South Africa	1	HIV/TB	The National Treasury of the Republic of South Africa	Gov: MOF	SAF-102-G01-C-00	08/12/2003	2354000	0	2354000	2354000	0	2354000	07/12/2004
South Africa	2	HIV/TB	The National Department of Health of the Government of the	Gov: MOH	SAF-202-G05-C-00	01/01/2006	8414000	15986220.01	24400220.01	8414000	8754532.62	17168533	31/12/2010

			Republic of South Africa										
South Africa	3	HIV/AIDS	The Provincial Health Department of the Western Cape, South Africa	Gov: MOH	SAF-304-G04-H	01/09/2004	21250901	45250728.01	102035239	21250901	45250728.01	86335485	30/06/2013
South Africa	6	HIV/AIDS	The National Department of Health of the Government of the Republic of South Africa	Gov: MOH	SAF-607-G06-H	01/01/2008	55071906	8229872.01	63301778.01	55071906	8229871.79	63301778	31/12/2012
Swaziland	2	Malaria	The National Emergency Response Council on HIV/AIDS (NERCHA) of the Government of the Kingdom of Swaziland	Gov: Oth	SWZ-202-G02-M-00	01/09/2003	978000	499327.71	1477327.71	978000	499327.68	1477327.7	31/08/2008

Swaziland	2	HIV/AIDS	The National Emergency Response Council on HIV/AIDS (NERCHA) of the Government of the Kingdom of Swaziland	Gov: Oth	SWZ-202-G01-H-00	01/08/2003	29633300	18244865.73	47878165.73	29633300	18244865.7	47878166	31/07/2008
Swaziland	3	TB	The National Emergency Response Council on HIV/AIDS (NERCHA) of the Government of the Kingdom of Swaziland	Gov: Oth	SWZ-304-G03-T	01/01/2005	1348400	1157600.01	2506000.01	1348400	1104755.82	2453155.8	31/12/2009
Swaziland	4	HIV/AIDS	The National Emergency Response Council on	Gov: Oth	SWZ-405-G04-H	01/10/2005	16396810	2913369.47	19310179.47	16396810	2913369.45	19310179	30/09/2010

			HIV/AIDS (NERCHA) of the Government of the Kingdom of Swaziland										
Swaziland	7	HIV/AIDS	The National Emergency Response Council on HIV/AIDS (NERCHA) of the Government of the Kingdom of Swaziland	Gov: Oth	SWZ-708-G05-H	01/01/2009	53392057	27295783	80687840	52099512.41	0	52099512	31/12/2011
Swaziland	8	HIV/AIDS	The National Emergency Response Council on HIV/AIDS (NERCHA) of the Government of the Kingdom	Gov: Oth	SWZ-809-G08-S	01/01/2010	7049241	0	7049241	5638669.23	0	5638669.2	31/03/2012

			of Swaziland										
Swaziland	8	TB	The National Emergency Response Council on HIV/AIDS (NERCHA) of the Government of the Kingdom of Swaziland	Gov: Oth	SWZ-809-G07-T	01/01/2010	4163873	0	4163873	2670399.56	0	2670399.6	31/12/2011
Swaziland	8	Malaria	The National Emergency Response Council on HIV/AIDS (NERCHA) of the Government of the Kingdom of Swaziland	Gov: Oth	SWZ-809-G06-M	01/07/2009	5051555	43673	5095228	4757412.61	0	4757412.6	30/06/2014
Zambia	1	HIV/AIDS	The Ministry of Finance	Gov: MOF	ZAM-102-G07-H-00	01/03/2005	3257134	0	3257134	3057134	0	3057134	28/02/2007

			and National Planning of the Government of Zambia										
Zambia	1	TB	Zambia National AIDS Network	CS/PS: NGO	ZAM-102-G15-T-00	01/12/2005	0	1164676	1164676	0	1164676	1164676	31/01/2009
Zambia	1	TB	The Churches Health Association of Zambia	CS/PS: FBO	ZAM-102-G06-T-00	25/07/2003	2307962	8056728.01	10364690.01	2307962	8056728	10364690	25/07/2008
Zambia	1	Malaria	The Churches Health Association of Zambia	CS/PS: FBO	ZAM-102-G05-M-00	01/08/2003	852600	2529900.01	3382500.01	852600	2529891.4	3382491.4	31/08/2008
Zambia	1	HIV/AIDS	Zambia National AIDS Network	CS/PS: NGO	ZAM-102-G08-H-00	25/07/2003	8073013	12131468.01	20204481.01	8073013	12131468	20204481	24/01/2009
Zambia	1	HIV/AIDS	The Churches Health Association of Zambia	CS/PS: FBO	ZAM-102-G04-H-00	25/07/2003	6614958	16225653.01	22840611.01	6614958	16225653	22840611	24/07/2008
Zambia	1	HIV/AIDS	Ministry of Health of the Government of the Republic of Zambia	Gov: MOH	ZAM-102-G01-H-00	25/07/2003	21214271	15043020.38	36257291.38	21214271	14543020.36	35757291	14/02/2009
Zambia	1	Malaria	Ministry of Health	Gov: MO	ZAM-102-G02-	15/08/200	17039200	18452099.8	35491299.8	17039200	18252099.8	35291300	14/02/200

			of the Government of the Republic of Zambia	H	M-00	3		2	2				9
Zambia	1	TB	Ministry of Health of the Government of the Republic of Zambia	Gov: MOH	ZAM-102-G03-T-00	25/07/2003	12447294	6406843.2	18854137.2	12447294	5906843.18	18354137	24/07/2008
Zambia	4	HIV/AIDS	Zambia National AIDS Network	CS/PS: NGO	ZAM-405-G11-H	01/07/2005	4814840	28208555.01	33023395.01	4814840	16202591.64	21017432	31/12/2010
Zambia	4	HIV/AIDS	The Churches Health Association of Zambia	CS/PS: FBO	ZAM-405-G10-H	01/07/2005	8487920	57264052.79	65751972.79	8487920	56264052.78	64751973	31/12/2010
Zambia	4	HIV/AIDS	Ministry of Health of the Government of the Republic of Zambia	Gov: MOH	ZAM-405-G09-H	01/11/2005	11091640	38536277.72	49627917.72	11091640	33402097.64	44493738	30/04/2011
Zambia	4	HIV/AIDS	The Ministry of Finance and National Planning of the Govern	Gov: MOF	ZAM-405-G12-H	01/10/2005	2376376	5694580.15	8070956.15	2376376	5194580.14	7570956.1	31/03/2011

			ment of Zambia										
Zambia	4	Malaria	The Churches Health Association of Zambia	CS/PS: FBO	ZAM-405-G14-M	01/07/2005	5829887	6668108.01	12497995.01	5829887	6379667.88	12209555	31/12/2010
Zambia	4	Malaria	Ministry of Health of the Government of the Republic of Zambia	Gov: MOH	ZAM-405-G13-M	01/11/2005	14450063	7692368.91	22142431.91	14450063	6661242.32	21111305	30/04/2011
Zambia	7	Malaria	Ministry of Health of the Government of the Republic of Zambia	Gov: MOH	ZAM-708-G17-M	01/07/2008	0	0	0	0	0	0	31/12/2010
Zambia	7	TB	Zambia National AIDS Network	CS/PS: NGO	ZAM-708-G20-T	01/11/2008	736965	0	736965	613667.63	0	613667.63	31/10/2010
Zambia	7	TB	The Churches Health Association of Zambia	CS/PS: FBO	ZAM-708-G18-T	01/07/2008	1874509	1363700	3238209	1874509	222604	2097113	30/06/2013
Zambia	7	TB	Ministry of Health of the Government of the	Gov: MOH	ZAM-708-G16-T	01/07/2008	1147929.73	0	1147929.73	1147929.73	0	1147929.7	31/12/2010

			Republic of Zambia										
Zambia	7	Malaria	The Churches Health Association of Zambia	CS/PS: FBO	ZAM-708-G19-M	01/07/2008	5225953	1572869	6798822	5225953	1461400.23	6687353.2	30/06/2013
Zambia	8	HIV/AIDS	Zambia National AIDS Network	CS/PS: NGO	ZAM-809-G22-H	01/12/2009	9993493	0	9993493	2914109.2	0	2914109.2	30/11/2011
Zambia	8	HIV/AIDS	The Ministry of Finance and National Planning of the Government of Zambia	Gov: MOF	ZAM-809-G23-H	01/01/2010	13777956	0	13777956	2949150	0	2949150	31/12/2011
Zambia	8	HIV/AIDS	The Churches Health Association of Zambia	CS/PS: FBO	ZAM-809-G21-H	01/01/2010	31289518	0	31289518	25378617	0	25378617	31/12/2011
Zimbabwe	1	HIV/AIDS	United Nations Development Programme	MO: UNDP	ZIM-102-G01-H-00	01/05/2005	6312532.94	0	6312532.94	6312532.94	0	6312532.9	30/04/2008
Zimbabwe	1	HIV/AIDS	National AIDS Council of Zimbabwe	Gov: Oth	ZIM-102-G07-H	01/11/2007	2469247	2347092.61	4816339.61	2469247	2347092.59	4816339.6	30/04/2008
Zimbabwe	1	Malaria	The Ministry of Health	Gov: MOH	ZIM-102-G02-M-00	01/06/2003	6716250	209946.6	6926196.6	6716250	209946.58	6926196.6	31/01/2008

			and Child Welfare of the Government of Zimbabwe										
Zimbabwe	5	TB	United Nations Development Programme	MO: UNDP	ZIM-509-G08-T	01/08/2009	5694529	1437752.98	7132281.98	5694529	1437752.97	7132282	31/08/2010
Zimbabwe	5	HIV/AIDS	Zimbabwe Association of Church Related Hospitals	CS/PS: FBO	ZIM-506-G04-H	01/07/2007	1265360.45	0	1265360.45	1265360.45	0	1265360.5	31/07/2009
Zimbabwe	5	Malaria	The Ministry of Health and Child Welfare of the Government of Zimbabwe	Gov: MOH	ZIM-506-G06-M	01/10/2007	8337196	0	8337196	7956505.42	0	7956505.4	31/07/2009
Zimbabwe	5	HIV/AIDS	United Nations Development Programme	MO: UNDP	ZIM-509-G10-H	01/08/2009	20440040	21033988.13	41474028.13	20440040	21033988.12	41474028	31/07/2010
Zimbabwe	5	TB	Zimbabwe Association of Church Related	CS/PS: FBO	ZIM-506-G05-T	01/09/2007	2747743.98	0	2747743.98	2747743.98	0	2747744	31/07/2009

			Hospitals										
Zimbabwe	5	HIV/AIDS	National AIDS Council of Zimbabwe	Gov: Oth	ZIM-506-G03-H	01/08/2007	13643309.81	0	13643309.81	13643309.81	0	13643310	31/07/2009
Zimbabwe	5	Malaria	United Nations Development Programme	MO: UNDP	ZIM-509-G09-M	01/08/2009	11784474	3658648.86	15443122.86	11784474	3658648.85	15443123	30/09/2010
Zimbabwe	8	TB	United Nations Development Programme	MO: UNDP	ZIM-809-G12-T	01/01/2010	28236113	0	28236113	25371282.17	0	25371282	31/03/2012
Zimbabwe	8	Malaria	United Nations Development Programme	MO: UNDP	ZIM-809-G14-S	01/01/2010	35397183	0	35397183	32754758.38	0	32754758	31/03/2012
Zimbabwe	8	HIV/AIDS	United Nations Development Programme	MO: UNDP	ZIM-809-G11-H	01/01/2010	84641214	0	84641214	73125058.13	0	73125058	31/03/2012
Zimbabwe	8	Malaria	United Nations Development Programme	MO: UNDP	ZIM-809-G13-M	01/01/2010	32810290	0	32810290	31550106.51	0	31550107	31/03/2012
Benin	1	Malaria	United Nations Development Programme	MO: UNDP	BEN-102-G01-M-00	01/05/2003	2389185	565847	2955032	2389185	177948.96	2567134	30/09/2006
Benin	2	HIV/AI	United Nations	MO:	BEN-202-	25/07/	113480	538157	167295	113480	392816	152761	31/10/

		DS	Development Programme	UNDP	G03-H-00	2003	00	6.78	76.78	00	2.78	63	2006
Benin	2	TB	United Nations Development Programme	MO: UNDP	BEN-202-G02-T-00	01/11/2003	2173404	921754.5	3095158.5	2173404	657808.5	2831212.5	31/10/2006
Benin	3	Malaria	Africare	CS/PS: NGO	BEN-304-G04-M	01/11/2004	1383931	1072999	2456930	1383931	1059783.85	2443714.9	30/09/2009
Benin	5	HIV/AIDS	Ministry of Health of the Government of the Republic of Benin	Gov: MOH	BEN-506-G05-H	01/01/2007	22141504.65	10715495.09	32856999.74	22141504.65	8582187.152	30723692	31/12/2011
Benin	6	TB	Ministry of Health of the Government of the Republic of Benin	Gov: MOH	BEN-607-G06-T	01/06/2007	5216787.427	775537.495	5992324.922	5216787.427	775535.9228	5992323.4	31/05/2012
Benin	7	Malaria	Catholic Relief Services	CS/PS: FBO	BEN-708-G07-M	01/07/2008	12163673.19	1710019.68	13873692.87	12163673.19	3472202.412	12510894	30/06/2013
Burkina Faso	2	Malaria	United Nations Development Programme	MO: UNDP	BUR-202-G01-M-00	01/12/2003	6812491.76	0	6812491.76	6812491.76	0	6812491.8	30/11/2005
Burkina Faso	2	HIV/AIDS	United Nations Development	MO: UNDP	BUR-202-G02-H-00	01/12/2003	7130400	1658609.67	8789009.67	7130400	1658609.67	8789009.7	30/09/2006

			Programme										
Burkina Faso	2	HIV/AIDS	National Council for the Struggle against HIV/AIDS and STI (SP/CNLS-IST)	Gov: MOH	BUR-202-G04-H-00	01/10/2006	0	5363023.9	5363023.9	0	5363023.9	5363023.9	28/02/2008
Burkina Faso	4	TB	National Council for the Struggle against HIV/AIDS and STI (SP/CNLS-IST)	Gov: MOH	BUR-407-G05-T	01/04/2007	1905790	8779737.07	10685527.07	1905790	8779737.06	10685527	31/12/2009
Burkina Faso	4	TB	United Nations Development Programme	MO: UNDP	BUR-404-G03-T	01/01/2005	5492613.61	0	5492613.61	5492613.61	0	5492613.6	28/02/2007
Burkina Faso	6	HIV/AIDS	National Council for the Struggle against HIV/AIDS and STI (SP/CNLS-IST)	Gov: Oth	BUR-607-G06-H	01/10/2007	28423655.87	26929355.73	55353011.6	28423655.87	19188396.31	47612052	30/09/2011
Burkina Faso	7	Malaria	National Council for the Struggle against HIV/AIDS and STI (SP/CNLS-IST)	Gov: Oth	BUR-708-G07-M	01/05/2008	18531013.48	6854013.491	25385026.97	18531013.48	4370730.529	22901744	30/04/2013

Burkina Faso	8	Malaria	Programme d'appui au development sanitaire of the Government of Burkina Faso (PADS)	Gov: Oth	BUR-809-G08-M	01/09/2009	40556168.98	0	40556168.98	40333625.51	0	40333626	31/12/2011
Burkina Faso	8	Malaria	Plan International, Inc.	CS/PS: NGO	BUR-809-G09-M	01/09/2009	13612357.6	0	13612357.6	13414330.24	0	13414330	31/12/2011
Cameroon	3	TB	The Ministry of Public Health of the Government of the Republic of Cameroon	Gov: MOH	CMR-304-G03-T	01/01/2005	2986220	2818741.01	5804961.01	2986220	2492598.95	5478819	31/12/2009
Cameroon	3	HIV/AIDS	The Ministry of Public Health of the Government of the Republic of Cameroon	Gov: MOH	CMR-304-G01-H	01/01/2005	14641407	40859210	55500617	14641407	40859209.86	55500617	31/12/2009
Cameroon	3	HIV/AIDS	The Ministry of Public Health of the	Gov: MOH	CMR-304-G01-H-e	01/01/2010	0	16740538.04	16740538.04	0	12395802.09	12395802	31/12/2011

			Government of the Republic of Cameroon										
Cameroon	3	Malaria	The Ministry of Public Health of the Government of the Republic of Cameroon	Gov: MOH	CMR-304-G02-M	01/01/2005	16938794	14842393.01	31781187.01	16938794	12942669.9	29881464	31/12/2009
Cameroon	4	HIV/AIDS	CARE International	CS/PS: NGO	CMR-404-G04-H	01/01/2005	6347296	9846793.01	16194089.01	6347296	9568161.91	15915458	31/12/2009
Cameroon	5	HIV/AIDS	The Ministry of Public Health of the Government of the Republic of Cameroon	Gov: MOH	CMR-506-G05-H	01/08/2006	4318043.168	7975540.303	12293583.47	4318043.168	5397342.982	9715386.2	31/07/2011
Cameroon	5	Malaria	The Ministry of Public Health of the Government of the Republic of Camero	Gov: MOH	CMR-506-G06-M	01/11/2006	14144293.59	4408031.4541	14585097.05	10347963.44	0	10347963	31/10/2011

			on										
Central African Republic	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	CAF-202-G01-H-00	01/10/2003	8198921	14857770.82	23056691.82	8198921	12557770.82	20756692	31/01/2009
Central African Republic	4	TB	United Nations Development Programme	MO: UNDP	CAF-404-G03-T	01/01/2005	2033885	1351759.06	3385644.06	2033885	1351759.04	3385644	31/12/2009
Central African Republic	4	TB	National Coordination of the National AIDS Control Committee of the Government of the Central African Republic	Gov: MOH	CAF-409-G07-T	01/07/2009	0	562701	562701	0	256983	256983	30/06/2010
Central African Republic	4	HIV/AIDS	National Coordination of the National AIDS Control Committee of the Government of the Central African	Gov: MOH	CAF-409-G06-H	01/07/2009	0	2163415	2163415	0	1515742	1515742	30/06/2010

			Republic										
Central African Republic	4	HIV/AIDS	United Nations Development Programme	MO: UNDP	CAF-404-G02-H	01/01/2005	4695012	3800250.31	8495262.31	4695012	3800250.31	8495262.3	31/12/2009
Central African Republic	4	Malaria	United Nations Development Programme	MO: UNDP	CAF-405-G04-M	01/05/2005	10592816	6071081	16663897	10592816	3040819.71	13633636	31/10/2010
Central African Republic	7	HIV/AIDS	National Coordination of the National AIDS Control Committee of the Government of the Central African Republic	Gov: MOH	CAF-708-G05-H	01/01/2009	15799899	0	15799899	14426707.86	0	14426708	31/12/2011
Congo	5	HIV/AIDS	Secretariat Executif du Conseil National de Lutte Contre le Sida (CNLS)	Gov: Oth	COG-506-G01-H	01/12/2006	12043407	0		11238217.34	0	11238217	30/11/2011
Côte d'Iv	2	HIV/AIDS	CARE International	CS/PS: NG	CIV-202-G05-H	01/08/200	0	26171118.0	26171118.0	0	22799434.9	22799435	31/05/201

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Côte d'Ivoire	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	CIV-202-G01-H-00	01/12/2003	18099398	2887949.56	20987347.56	18099398	2887949.27	20987347	30/09/2007
Côte d'Ivoire	3	HIV/AIDS	CARE International	CS/PS: NGO	CIV-304-G02-H	01/04/2004	1023466.93	0	1023466.93	1023466.93	0	1023466.9	28/02/2006
Côte d'Ivoire	3	TB	United Nations Development Programme	MO: UNDP	CIV-304-G03-T	01/04/2004	2870122	959985.01	3830107.01	2870122	872223.52	3742345.5	31/03/2009
Côte d'Ivoire	5	HIV/AIDS	CARE International	CS/PS: NGO	CIV-506-G04-H	01/08/2006	4017069.082	0	4017069.082	4013260.45	0	4013260.5	31/10/2008
Côte d'Ivoire	6	Malaria	CARE International	CS/PS: NGO	CIV-607-G06-M	01/12/2007	10265035.26	0	10265035.26	9447379.95	0	9447380	30/06/2010
Côte d'Ivoire	6	TB	National Program to Fight Against Tuberculosis (PNLT)	Gov: MOH	CIV-607-G07-T	01/04/2008	3473754.53	0	3473754.53	3473754.53	0	3473754.5	30/06/2010
Côte d'Ivoire	8	Malaria	National Program fo Malaria Control(PNLP),Ministry of Health & Public Hygiene of the Govt of the	Gov: MOH	CIV-809-G09-M	01/01/2010	5477975 2.27	0	5479752.27	2642603 9.5	0	2642604 0	30/06/2012

			Republic of Cote d'Ivoire										
Côte d'Ivoire	8	Malaria	CARE International	CS/PS: NGO	CIV-809-G08-M	01/01/2010	82503533.46	0	82503533.46	57219864.42	0	57219864	30/06/2012
Equatorial Guinea	4	HIV/AIDS	United Nations Development Programme	MO: UNDP	GNQ-405-G01-H	01/07/2005	4398764	5426072.01	9824836.01	4398764	3411383.11	7810147.1	30/06/2011
Equatorial Guinea	5	Malaria	Medical Care Development International	CS/PS: NGO	GNQ-506-G02-M	01/10/2006	12906111	10168195.01	23074306.01	12906111	10100216.25	23006327	30/09/2011
Gabon	3	HIV/AIDS	United Nations Development Programme	MO: UNDP	GAB-304-G01-H-e	01/10/2004	0	1797515.62	1797515.62	0	1797515.62	1797515.6	30/09/2009
Gabon	3	HIV/AIDS	United Nations Development Programme	MO: UNDP	GAB-304-G01-H	01/10/2004	3154500	1938467	5092967	3154500	1938467	5092967	30/09/2007
Gabon	4	Malaria	United Nations Development Programme	MO: UNDP	GAB-404-G02-M	01/01/2005	7419624	1196698.02	8616322.02	7419624	1196698	8616322	31/12/2007
Gabon	5	Malaria	United Nations Development Programme	MO: UNDP	GAB-506-G03-M	01/08/2006	4160322.508	0	4160322.508	4160321.98	0	4160322	31/07/2008

Gabon	5	Malaria	Ministry of Health and Public Hygiene of the Government of the Gabonese Republic	Gov: MOH	GAB-509-G04-M	01/04/2009	0	9669209.239	9669209.239	0	4762891.98	4762892	31/01/2011
Gabon	8	HIV/AIDS	Ministry of Health and Public Hygiene of the Government of the Gabonese Republic	Gov: MOH	GAB-809-G05-H	01/12/2009	6845362.896	0	6845362.896	5253365.85	0	5253365.9	29/02/2012
Gambia	3	Malaria	The Department of State for Health of the Republic of the Gambia	Gov: MOH	GMB-304-G02-M	01/10/2004	5665500	9129204.02	14794704.02	5665500	9129204	14794704	30/04/2010
Gambia	3	HIV/AIDS	The National AIDS Secretariat of the Republic of the Gambia	Gov: Oth	GMB-304-G01-H	01/10/2004	6241743	8322164.3	14563907.3	6241743	8322164.29	14563907	30/09/2009
Gambia	5	TB	Ministry of Health	Gov: MO	GMB-506-G03-T	01/06/200	2561327	2471602.01	5032929.01	2561327	2339403.55	4900730.6	31/05/201

			and Social welfare of the Government of the Republic of the Gambia	H		6							1
Gambia	6	Malaria	The Department of State for Health of the Republic of the Gambia	Gov: MOH	GMB-607-G04-M	01/07/2007	9552779	2032413.99	11585192.99	9552779	2032413.97	11585193	30/06/2012
Gambia	8	HIV/AIDS	The National AIDS Secretariat of the Republic of the Gambia	Gov: Oth	GMB-809-G05-H	01/12/2009	16371712.3	0	16371712.3	12203195.94	0	12203196	29/02/2012
Gambia	8	HIV/AIDS	Action Aid The Gambia	CS/PS: NGO	GMB-809-G06-H	01/12/2009	5559227.345	0	5559227.345	5317136.7	0	5317136.7	29/02/2012
Ghana	1	TB	The Ministry of Health of the Republic of Ghana	Gov: MOH	GHN-102-G02-T-00	01/01/2003	2336940	3348552.56	5685492.56	2336940	3348552.55	5685492.6	31/12/2007
Ghana	1	HIV/AIDS	The Ministry of Health of the Republic of Ghana	Gov: MOH	GHN-102-G01-H-00	01/01/2003	4965478	9204744.01	1417022.01	4965478	9204744	1417022	31/12/2007

Ghana	2	Malaria	The Ministry of Health of the Republic of Ghana	Gov: MOH	GHN-202-G03-M-00	01/09/2003	4596111	4253380.01	8849491.01	4596111	4253379.98	8849491	31/08/2008
Ghana	4	Malaria	The Ministry of Health of the Republic of Ghana	Gov: MOH	GHN-405-G04-M	01/03/2005	21627615	20326414.01	111556235	21627615	20326414.01	87900666	29/02/2012
Ghana	5	TB	The Ministry of Health of the Republic of Ghana	Gov: MOH	GHN-506-G05-T	01/05/2006	14547546	16924238.01	31471784.01	14547546	16514468.72	31062015	30/04/2011
Ghana	5	HIV/AIDS	The Ministry of Health of the Republic of Ghana	Gov: MOH	GHN-506-G06-H	01/05/2006	31630098	82365906.01	113996004	31630098	71981481.4	103611579	30/04/2013
Ghana	8	HIV/AIDS	The Ministry of Health of the Republic of Ghana	Gov: MOH	GHN-809-G11-H	01/01/2010	35877981	0	35877981	25530456	0	25530456	31/03/2012
Ghana	8	HIV/AIDS	Planned Parenthood Association of Ghana	CS/PS: NGO	GHN-809-G10-H	01/01/2010	2921366	0	2921366	2080785	0	2080785	31/03/2012
Ghana	8	Malaria	The Ministry of Health of the	Gov: MOH	GHN-809-G07-M	01/01/2010	2288504	0	2288504	2288504	0	2288504	31/12/2011

			Republic of Ghana										
Ghana	8	HIV/AIDS	Adventist Development and Relief Agency (ADRA) of Ghana	CS/PS: NGO	GHN-809-G09-H	01/01/2010	4850993	0	4850993	4290250	0	4290250	31/03/2012
Ghana	8	HIV/AIDS	Ghana AIDS Commission	CS/PS: NGO	GHN-809-G12-H	01/01/2010	13774466	0	13774466	13090504	0	13090504	31/03/2012
Ghana	8	Malaria	AngloGold Ashanti (Ghana) Malaria Control Limited	CS/PS: NGO	GHN-809-G08-M	01/01/2010	30500500	0	30500500	6395068	0	6395068	31/12/2012
Guinea	2	HIV/AIDS	The Ministry of Public Health of the Government of the Republic of Guinea	Gov: MOH	GIN-202-G01-H-00	01/04/2004	4804696	4846409.01	9651105.01	4804696	432011.32	5236707.3	30/09/2009
Guinea	2	Malaria	The Ministry of Public Health of the Government of the Republic of Guinea	Gov: MOH	GIN-202-G02-M-00	01/04/2004	6008064.32	0	6008064.32	6008064.32	0	6008064.3	30/09/2009

Guinea	5	TB	The Ministry of Public Health of the Government of the Republic of Guinea	Gov: MOH	GIN-506-G03-T	01/02/2007	3981651.238	574477.9039	4556129.142	3981651.238	574477.9039	4556129.2	31/01/2012
Guinea	6	Malaria	The Ministry of Public Health of the Government of the Republic of Guinea	Gov: MOH	GIN-607-G05-M	01/01/2008	17339248	0	17339248	12856132.58	0	12856133	30/06/2010
Guinea	6	HIV/AIDS	The Ministry of Public Health of the Government of the Republic of Guinea	Gov: MOH	GIN-607-G04-H	01/01/2008	4585405	8899361.01	13484766.01	4585405	4772920.18	9358325.2	31/12/2012
Guinea-Bissau	3	TB	The Ministry of Health of the Government of the Republic of Guinea-Bissau (CG/PND	Gov: MOH	GNB-309-G06-T	01/07/2008	0	609179.01	609179.01	0	609179	609179	31/12/2009

			S)										
Guinea-Bissau	3	TB	United Nations Development Programme	MO: UNDP	GNB-304-G01-T	01/07/2004	1503587	423481.41	1927068.41	1503587	423481.39	1927068.4	30/06/2008
Guinea-Bissau	4	Malaria	United Nations Development Programme	MO: UNDP	GNB-404-G03-M	01/01/2005	1885791	234538.22	2120329.22	1885791	234538.2	2120329.2	30/06/2008
Guinea-Bissau	4	Malaria	The Ministry of Health of the Government of the Republic of Guinea-Bissau (CG/PNDS)	Gov: MOH	GNB-409-G08-M	01/07/2008	0	599333.01	599333.01	0	599333	599333	30/09/2010
Guinea-Bissau	4	HIV/AIDS	United Nations Development Programme	MO: UNDP	GNB-404-G02-H	01/11/2004	1166801	754641.86	1921442.86	1166801	754641.84	1921442.8	30/06/2008
Guinea-Bissau	4	HIV/AIDS	The Ministry of Health of the Government of the Republic of Guinea-	Gov: MOH	GNB-409-G07-H	01/07/2008	0	1203226.01	1203226.01	0	1203226	1203226	30/09/2010

			Bissau (CG/PNDS)										
Guinea-Bissau	6	Malaria	The Ministry of Health of the Government of the Republic of Guinea-Bissau (CG/PNDS)	Gov: MOH	GNB-607-G04-M	01/12/2007	3134240.72	0	3134240.72	3134240.72	0	3134240.7	30/06/2010
Guinea-Bissau	7	HIV/AIDS	National Secretariat to Fight AIDS of the Government of Guinea-Bissau	Gov: Oth	GNB-708-G05-H	01/01/2009	9393540.45	0		9393540.45	0	9393540.5	31/12/2013
Liberia	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	LBR-202-G01-H-00	01/12/2004	7423267.69	0	7423267.69	7423267.69	0	7423267.7	28/02/2007
Liberia	2	TB	United Nations Development Programme	MO: UNDP	LBR-202-G02-T-00	01/12/2004	4288516.31	0	4288516.31	4288516.31	0	4288516.3	28/02/2007
Liberia	3	Malaria	United Nations Development Programme	MO: UNDP	LBR-304-G03-M	01/12/2004	11868992.31	0	11868992.31	11868992.31	0	11868992	28/02/2007

Liberia	6	HIV/AIDS	United Nations Development Programme	MO: UNDP	LBR-607-G04-H	01/06/2007	16737414	66025.01	16803439.01	16737414	66025	16803439	30/04/2010
Liberia	7	TB	United Nations Development Programme	MO: UNDP	LBR-708-G06-T	01/06/2008	6408872	3165293.01	9574165.01	6408872	3165293	9574165	31/05/2013
Liberia	7	Malaria	United Nations Development Programme	MO: UNDP	LBR-708-G05-M	01/06/2008	12695907	6794339.01	19490246.01	12695907	6794339	19490246	31/05/2011
Nigeria	1	HIV/AIDS	National Action Committee on AIDS of the Federal Government of Nigeria	Gov: Oth	NGA-102-G01-H-00	01/01/2004	6770276	0	6770276	6770276	0	6770276	31/05/2006
Nigeria	1	HIV/AIDS	The Yakubu Gowon Center for National Unity and International Cooperation	CS/PS: NGO	NGA-102-G02-H-00	01/12/2003	816305	0	816305	816305	0	816305	30/11/2004
Nigeria	1	HIV/AIDS	National Action Committee on AIDS of the	Gov: Oth	NGA-102-G03-H-00	01/01/2004	12948323	0	12948323	12948323	0	12948323	31/05/2006

			Federal Government of Nigeria										
Nigeria	2	Malaria	The Yakubu Gowon Center for National Unity and International Cooperation	CS/PS: NGO	NGA-202-G04-M-00	01/12/2004	20241784	0	20241784	20241784	0	20241784	31/05/2007
Nigeria	4	Malaria	The Yakubu Gowon Center for National Unity and International Cooperation	CS/PS: NGO	NGA-404-G05-M	01/01/2005	20467000	23433696.02	43900696.02	20467000	18014706.64	38481707	30/06/2010
Nigeria	4	Malaria	SOCIETY FOR FAMILY HEALTH	CS/PS: NGO	NGA-407-G10-M	01/01/2008	0	30641591.01	30641591.01	0	25670295	25670295	30/06/2010
Nigeria	5	TB	Association For Reproductive And Family Health (ARFH)	CS/PS: NGO	NGA-509-G15-T	01/10/2009	1637576	10356962.01	11994538.01	1637576	10356961.99	11994538	30/06/2012
Nigeria	5	HIV/AIDS	Association For Reproductive And Family	CS/PS: NGO	NGA-506-G09-H	01/01/2007	11599164	6643707.02	18242871.02	11599164	6643707	18242871	31/03/2011

			Health (ARFH)										
Nigeria	5	HIV/AIDS	SOCIETY FOR FAMILY HEALTH	CS/PS: NGO	NGA-506-G08-H	01/01/2007	6417422	8907254.56	15324676.56	6417422	8907254.53	15324677	31/03/2011
Nigeria	5	HIV/AIDS	National Agency for the Control of AIDS	Gov: Oth	NGA-506-G07-H	01/01/2007	50603661	23567222.02	74170883.02	50603661	23567222	74170883	31/12/2011
Nigeria	5	TB	Christian Health Association of Nigeria	CS/PS: FBO	NGA-506-G06-T	01/01/2007	23932485	0	23932485	23932485	0	23932485	31/12/2008
Nigeria	8	HIV/AIDS	National Agency for the Control of AIDS	Gov: Oth	NGA-809-G12-S	01/11/2009	55379935	0	55379935	20975288	0	20975288	31/10/2011
Nigeria	8	Malaria	SOCIETY FOR FAMILY HEALTH	CS/PS: NGO	NGA-809-G11-M	01/08/2009	87749801	0	87749801	58729623.87	0	58729624	31/03/2012
Nigeria	8	Malaria	National Malaria Control Programme of the Federal Ministry of Health of the Government of the Federal Republic of Nigeria, NMCP	Gov: MOH	NGA-809-G14-M	01/11/2009	107789890	0	107789890	98169371.28	0	98169371	31/12/2011

Nigeria	8	Malaria	The Yakubu Gowon Center for National Unity and International Cooperation	CS/PS: NGO	NGA-809-G13-M	01/11/2009	103171584	0	103171584	86115313.06	0	86115313	31/12/2011
Sao Tome and Principe	4	Malaria	United Nations Development Programme	MO: UNDP	STP-405-G01-M	01/03/2005	1941359	1469439.01	3410798.01	1941359	1469439.01	3410798.4	31/01/2011
Sao Tome and Principe	5	HIV/AIDS	United Nations Development Programme	MO: UNDP	STP-506-G02-H	01/10/2006	506480	864202.02	1370682.02	506480	769956.31	1276436.3	30/09/2011
Sao Tome and Principe	7	Malaria	United Nations Development Programme	MO: UNDP	STP-708-G03-M	01/11/2008	2430247	0	2430247	2430247	0	2430247	31/01/2011
Sao Tome and Principe	8	TB	United Nations Development Programme	MO: UNDP	STP-809-G04-T	01/12/2009	1015080	0	1015080	591980	0	591980	29/02/2012
Senegal	1	HIV/AIDS	Alliance National e Contre le SIDA	CS/PS: NGO	SNG-102-G04-H-00	01/04/2006	0	2906326.01	2906326.01	0	2906326	2906326	31/03/2008
Senegal	1	Malaria	The Ministry of Health of the Govern	Gov: MOH	SNG-102-G02-M-00	01/04/2003	1526770	0	1526770	1526770	0	1526770	31/05/2005

			ment of the Republic of Senegal										
Senegal	1	HIV/AIDS	The National AIDS Council of Senegal	Gov: Oth	SNG-102-G01-H-00	01/04/2003	6000000	2748914.92	8748914.92	6000000	2748914.91	8748914.9	31/03/2008
Senegal	4	Malaria	The Ministry of Health of the Government of the Republic of Senegal	Gov: MOH	SNG-405-G03-M	01/09/2005	21450570	7327690.01	28778260.01	21450570	2723410.7	24173981	31/08/2010
Senegal	6	HIV/AIDS	The National AIDS Council of Senegal	Gov: Oth	SNG-607-G05-H	01/06/2007	7150079.332	3576061.976	1072614 1.31	7150079.332	3576061.948	10726141	31/05/2012
Senegal	6	HIV/AIDS	Alliance Nationale Contre le SIDA	CS/PS: NGO	SNG-607-G06-H	01/06/2007	4398169.049	1817647.059	6215816.109	4398169.049	1817647.031	6215816.1	31/05/2012
Senegal	7	TB	The Ministry of Health and Medical Prevention (MSPM), Government of the Repbulic of	Gov: MOH	SNG-708-G08-T	01/11/2008	4161915.873	45596.7671	4207512.64	4161915.873	44089.2466 8	4206005.1	31/12/2011

			Senegal										
Senegal	7	Malaria	The Ministry of Health of the Government of the Republic of Senegal	Gov: MOH	SNG-708-G07-M	01/06/2008	27269088.04	-4664724.917	22604363.13	20257681.43	0	20257681	01/05/2013
Sierra Leone	2	TB	The Sierra Leone Red Cross Society	CS/PS: NGO	SLE-202-G01-T-00	01/01/2004	2569103	2461733.9	5030836.9	2569103	2461733.88	5030836.9	31/12/2008
Sierra Leone	4	Malaria	The Sierra Leone Red Cross Society	CS/PS: NGO	SLE-405-G03-M	01/05/2005	6956097	0	6956097	6956097	0	6956097	30/04/2007
Sierra Leone	4	HIV/AIDS	The Sierra Leone National HIV/AIDS Secretariat	Gov: Oth	SLE-405-G02-H	01/06/2005	8574255	9246548.01	17820803.01	8574255	7250397.74	15824653	31/08/2010
Sierra Leone	6	HIV/AIDS	The Sierra Leone National HIV/AIDS Secretariat	Gov: Oth	SLE-607-G04-H	01/02/2008	9674318.79	0	9674318.79	9674318.79	0	9674318.8	31/08/2010
Sierra Leone	7	Malaria	Ministry of Health and	Gov: MOH	SLE-708-G05-M	01/05/2008	10011250	2306040.21	12317290.21	10011250	2306040.2	12317290	30/04/2013

			Sanitation										
Sierra Leone	7	TB	Ministry of Health and Sanitation	Gov: MOH	SLE-708-G06-T	01/11/2008	4336448	2818124	7154572	4336448	33830.31	4370278.3	31/10/2013
Togo	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	TGO-202-G01-H-00	01/10/2003	14088307.88	0	14088307.88	14088307.88	0	14088308	31/03/2009
Togo	3	TB	United Nations Development Programme	MO: UNDP	TGO-304-G03-T	01/05/2004	1752982	48906.22	1801888.22	1684693.07	0	1684693.1	30/04/2007
Togo	3	Malaria	United Nations Development Programme	MO: UNDP	TGO-304-G02-M	01/05/2004	3479336	2377499.47	5856835.47	3479336	2238149.71	5717485.7	30/04/2009
Togo	4	Malaria	United Nations Development Programme	MO: UNDP	TGO-405-G05-M	01/10/2005	6066034	4628947.01	10694981.01	6066034	4601050.98	10667085	30/09/2010
Togo	4	HIV/AIDS	POPULATION SERVICES INTERNATIONAL	CS/PS: NGO	TGO-405-G04-H	01/04/2005	11517643	21136912.02	32654555.02	11517643	19243729.87	30761373	28/02/2011
Togo	6	Malaria	United Nations Development Programme	MO: UNDP	TGO-607-G06-M	01/01/2008	7840589.524	1215983.059	9056572.583	7840589.524	9835815.665	8824171.2	31/12/2010
Togo	6	TB	United Nations	MO:	TGO-607-	01/01/	333515	219047	552563	333515	118222	451738	31/12/

			Development Programme	UNDP	G07-T	2008	6.783	7.512	4.294	6.783	3.827	0.6	2012
Togo	8	HIV/AIDS	Ministry of Health of the Governemnt of the Togolese Republic	Gov: MOH	TGO-809-G08-H	01/12/2009	27828348.48	0	27828348.48	23222840.02	0	23222840	29/02/2012
Togo	8	HIV/AIDS	POPULATION SERVICES INTERNATIONAL	CS/PS: NGO	TGO-809-G09-H	01/12/2009	10103817.7	0	10103817.7	7072371.28	0	7072371.3	29/02/2012

APPENDIX 2: DATA ON ABSORPTIVE CAPACITY FOR PHASE 1 GRANTS INCLUDED IN THIS STUDY

Country	Round	Comp.	PRName	PRType	Grant Number	Phase 1 Grant Amount (USD)	Phase 1 Disbursed Amount (USD)	Phase 1 Absortive Capacity (%)
Myanmar	2	TB	United Nations Development Programme	MO: UNDP	MYN-202-G01-T-00	2,642,166.55	2,642,166.55	100
Myanmar	3	Malaria	United Nations Development Programme	MO: UNDP	MYN-305-G03-M	2,169,078.93	2,169,078.93	100
Myanmar	3	HIV/AIDS	United Nations Development Programme	MO: UNDP	MYN-305-G02-H	5,837,009.41	5,837,009.41	100
Belarus	3	HIV/AIDS	United Nations Development Programme	MO: UNDP	BLR-304-G01-H	6,818,796.00	6,818,796.00	100
Belarus	6	TB	United Nations Development Programme	MO: UNDP	BLR-607-G02-T	6,354,340.00	6,354,340.00	100
Belarus	8	HIV/AIDS	United Nations Development Programme	MO: UNDP	BLR-809-G03-H	13,481,021.29	13,481,021.29	100
Bosnia and Herzegovina	5	HIV/AIDS	United Nations Development Programme	MO: UNDP	BIH-506-G01-H	4,832,385.00	4,832,385.00	100
Bosnia and Herzegovina	6	TB	United Nations Development Programme	MO: UNDP	BIH-607-G02-T	3,025,513.00	3,025,513.00	100
Montenegro	5	HIV/AIDS	United Nations Development Programme	MO: UNDP	MNT-506-G01-H	1,784,554.93	1,784,554.93	100

Montenegro	6	TB	United Nations Development Programme	MO: UNDP	MNT-607-G02-T	1,183,812.40	1,183,812.40	100
Tajikistan	1	HIV/AIDS	United Nations Development Programme	MO: UNDP	TAJ-102-G01-H-00	1,474,520.00	1,474,520.00	100
Tajikistan	4	HIV/AIDS	United Nations Development Programme	MO: UNDP	TAJ-404-G03-H	2,508,720.00	2,508,720.00	100
Tajikistan	5	Malaria	United Nations Development Programme	MO: UNDP	TAJ-506-G04-M	3,143,632.00	3,143,632.00	100
Tajikistan	6	TB	United Nations Development Programme	MO: UNDP	TAJ-607-G06-T	6,527,347.00	6,527,347.00	100
Tajikistan	6	HIV/AIDS	United Nations Development Programme	MO: UNDP	TAJ-607-G05-H	5,190,294.00	5,190,294.00	100
Tajikistan	8	TB	United Nations Development Programme	MO: UNDP	TAJ-809-G09-T	22,993,779.01	22,993,779.00	100
Tajikistan	8	Malaria	United Nations Development Programme	MO: UNDP	TAJ-809-G08-M	6,859,916.65	6,859,916.65	100
Tajikistan	8	HIV/AIDS	United Nations Development Programme	MO: UNDP	TAJ-809-G07-H	20,028,140.01	20,028,138.00	100
Ukraine	1	HIV/AIDS	United Nations Development Programme	MO: UNDP	UKR-102-G03-H-00	452,948.27	452,948.27	100
Argentina	1	HIV/AIDS	United Nations Development Programme	MO: UNDP	ARG-102-G01-H-00	8,865,769.71	8,865,769.71	100

Bolivia (Plurinational State)	3	HIV/AIDS	United Nations Development Programme	MO: UNDP	BOL-306-G04-H	1,950,411.52	1,950,411.52	100
Bolivia (Plurinational State)	3	TB	United Nations Development Programme	MO: UNDP	BOL-306-G06-T	1,204,977.00	1,204,977.00	100
Bolivia (Plurinational State)	3	Malaria	United Nations Development Programme	MO: UNDP	BOL-306-G05-M	2,085,355.54	2,085,355.54	100
Bolivia (Plurinational State)	8	Malaria	United Nations Development Programme	MO: UNDP	BOL-809-G08-M	6,060,293.00	6,060,293.00	100
Colombia	2	HIV/AIDS	The International Organization for Migration (IOM)	MO: Oth	COL-202-G01-H-00	3,482,636.00	3,482,636.00	100
Cuba	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	CUB-202-G01-H-00	11,465,129.00	11,465,129.00	100
Cuba	6	HIV/AIDS	United Nations Development Programme	MO: UNDP	CUB-607-G02-H	14,369,743.00	14,369,743.00	100
Cuba	7	TB	United Nations Development Programme	MO: UNDP	CUB-708-G03-T	5,455,745.00	5,455,745.00	100
El Salvador	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	SLV-202-G01-H-00	12,856,729.00	12,856,729.00	100
El Salvador	2	TB	United Nations Development Programme	MO: UNDP	SLV-202-G02-T-00	1,918,344.00	1,918,344.00	100

El Salvador	7	HIV/AIDS	United Nations Development Programme	MO: UNDP	SLV-708-G06-H	8,013,606.44	8,013,606.44	100
Haiti	1	HIV/AIDS	United Nations Development Programme	MO: UNDP	HTI-102-G02-H-00	6,140,386.00	6,140,386.00	100
Honduras	1	Malaria	United Nations Development Programme	MO: UNDP	HND-102-G03-M-00	4,096,050.00	4,096,050.00	100
Honduras	1	TB	United Nations Development Programme	MO: UNDP	HND-102-G02-T-00	3,790,500.00	3,790,500.00	100
Honduras	1	HIV/AIDS	United Nations Development Programme	MO: UNDP	HND-102-G01-H-00	13,044,967.00	13,044,967.00	100
Panama	1	TB	United Nations Development Programme	MO: UNDP	PAN-102-G01-T-00	440,000.00	440,000.00	100
Chad	7	Malaria	United Nations Development Programme	MO: UNDP	TCD-708-G03-M	10,477,631.00	9,110,472.11	87
Iraq	6	TB	United Nations Development Programme	MO: UNDP	IRQ-607-G01-T	6,443,900.00	6,443,900.00	100
Mauritania	2	Malaria	United Nations Development Programme	MO: UNDP	MRT-202-G02-M-00	824,044.00	824,044.00	100
Mauritania	2	TB	United Nations Development Programme	MO: UNDP	MRT-202-G01-T-00	1,104,742.00	1,104,742.00	100
Mauritania	6	TB	United Nations Development Programme	MO: UNDP	MRT-607-G05-T	4,441,686.00	3,603,328.01	81
Mauritania	6	Malaria	United Nations	MO: UNDP	MRT-607-	4,315,126.00	2,960,426.36	69

			Developmen t Programme		G04-M			
Niger	3	Mala ria	United Nations Developmen t Programme	MO: UNDP	NGR-306-G06-M	391,956.00	391,956.00	100
Niger	4	Mala ria	The International Federation of Red Cross and Red Crescent Societies	MO: Oth	NGR-405-G03-M	11,189,739.00	11,189,739.00	100
Niger	5	TB	United Nations Developmen t Programme	MO: UNDP	NGR-506-G05-T	7,167,598.40	7,167,598.40	100
Niger	5	Mala ria	United Nations Developmen t Programme	MO: UNDP	NGR-506-G04-M	4,627,434.00	4,627,434.00	100
Somali a	2	Mala ria	United Nations Children's Fund	MO: Oth	SOM-202-G01-M-00	8,890,497.00	8,890,497.00	100
Somali a	4	HIV/ AIDS	United Nations Children's Fund	MO: Oth	SOM-405-G03-H	10,004,644.00	10,004,644.00	100
Somali a	6	Mala ria	United Nations Children's Fund	MO: Oth	SOM-607-G04-M	15,735,867.00	15,735,867.00	100
Somali a	8	HIV/ AIDS	United Nations Children's Fund	MO: Oth	SOM-809-G06-H	26,316,753.00	22,532,829.52	86
South Sudan	2	TB	United Nations Developmen t Programme	MO: UNDP	SSD-202-G02-T-00	5,842,932.00	5,842,932.00	100
South Sudan	2	Mala ria	United Nations Developmen t Programme	MO: UNDP	SSD-202-G01-M-00	12,855,490.00	12,855,490.00	100

South Sudan	4	HIV/ AIDS	United Nations Developmen t Programme	MO: UNDP	SSD-405-G05-H	8,817,170.00	8,817,170.00	100
South Sudan	5	TB	United Nations Developmen t Programme	MO: UNDP	SSD-506-G06-T	8,572,457.00	8,572,457.00	100
South Sudan	7	TB	United Nations Developmen t Programme	MO: UNDP	SSD-708-G11-T	6,172,805.00	6,172,805.00	100
Sudan	2	Mala ria	United Nations Developmen t Programme	MO: UNDP	SUD-202-G03-M-00	14,237,853.00	14,237,853.00	100
Sudan	3	HIV/ AIDS	United Nations Developmen t Programme	MO: UNDP	SUD-305-G04-H	7,842,140.00	7,842,140.00	100
Sudan	5	HIV/ AIDS	United Nations Developmen t Programme	MO: UNDP	SUD-506-G08-H	29,421,145.00	29,421,145.00	100
Sudan	5	TB	United Nations Developmen t Programme	MO: UNDP	SUD-506-G07-T	6,830,013.00	6,830,013.00	100
Sudan	7	Mala ria	United Nations Developmen t Programme	MO: UNDP	SUD-708-G10-M	38,296,873.00	38,296,873.00	100
Sudan	8	TB	United Nations Developmen t Programme	MO: UNDP	SUD-809-G12-T	3,886,314.00	3,886,314.00	100
Syrian Arab Repub lic	6	TB	United Nations Developmen t Programme	MO: UNDP	SYR-607-G01-T	4,578,047.00	4,578,047.00	100
West Bank and Gaza	7	HIV/ AIDS	United Nations Developmen t Programme	MO: UNDP	PSE-708-G01-H	5,014,330.00	4,911,687.26	98
West Bank	8	TB	United Nations	MO: UNDP	PSE-809-	1,250,000.77	1,075,137.64	86

and Gaza			Development Programme		G02-T			
Yemen	3	HIV/AIDS	United Nations Development Programme	MO: UNDP	YEM-307-G05-H	1,608,346.00	1,608,346.00	100
Iran (Islamic Republic)	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	IRN-202-G01-H-00	5,698,000.00	5,698,000.00	100
Iran (Islamic Republic)	7	TB	United Nations Development Programme	MO: UNDP	IRN-708-G03-T	12,652,286.00	12,652,286.00	100
Iran (Islamic Republic)	7	Malaria	United Nations Development Programme	MO: UNDP	IRN-708-G02-M	5,615,598.00	5,615,598.00	100
Maldives	6	HIV/AIDS	United Nations Development Programme	MO: UNDP	MDV-607-G01-H	2,655,685.00	2,655,685.00	100
Nepal	7	HIV/AIDS	United Nations Development Programme	MO: UNDP	NEP-708-G09-H	6,734,717.00	6,734,717.00	100
Congo (Democratic Republic)	2	TB	United Nations Development Programme	MO: UNDP	ZAR-202-G01-T-00	6,408,741.00	6,408,741.00	100
Congo (Democratic Republic)	3	Malaria	United Nations Development Programme	MO: UNDP	ZAR-304-G03-M	31,846,676.00	31,846,676.00	100
Congo (Democratic Repub	3	HIV/AIDS	United Nations Development Programme	MO: UNDP	ZAR-304-G02-H	43,662,420.00	43,662,420.00	100

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Congo (Democratic Republic)	5	TB	United Nations Development Programme	MO: UNDP	ZAR-506-G04-T	20,703,092.82	20,703,092.82	100
Congo (Democratic Republic)	6	TB	United Nations Development Programme	MO: UNDP	ZAR-607-G05-T	8,182,300.18	8,182,300.18	100
Congo (Democratic Republic)	7	HIV/AIDS	United Nations Development Programme	MO: UNDP	ZAR-708-G06-H	22,675,188.00	22,675,188.00	100
Congo (Democratic Republic)	8	HIV/AIDS	United Nations Development Programme	MO: UNDP	ZAR-809-G10-H	56,362,741.00	30,704,123.20	54
Angola	3	Malaria	United Nations Development Programme	MO: UNDP	AGO-305-G01-M	28,473,354.00	28,473,354.00	100
Angola	4	TB	United Nations Development Programme	MO: UNDP	AGO-405-G02-T	7,350,590.00	7,350,590.00	100
Angola	4	HIV/AIDS	United Nations Development Programme	MO: UNDP	AGO-405-G03-H	27,670,810.00	27,670,810.00	100
Zimbabwe	1	HIV/AIDS	United Nations Development Programme	MO: UNDP	ZIM-102-G01-H-00	6,312,532.94	6,312,532.94	100
Zimbabwe	5	TB	United Nations Developmen	MO: UNDP	ZIM-509-G08-T	5,694,529.00	5,694,529.00	100

			t Programme					
Zimbabwe	5	HIV/AIDS	United Nations Development Programme	MO: UNDP	ZIM-509-G10-H	20,440,040.00	20,440,040.00	100
Zimbabwe	5	Malaria	United Nations Development Programme	MO: UNDP	ZIM-509-G09-M	11,784,474.00	11,784,474.00	100
Zimbabwe	8	TB	United Nations Development Programme	MO: UNDP	ZIM-809-G12-T	28,236,113.00	25,371,282.17	90
Zimbabwe	8	Malaria	United Nations Development Programme	MO: UNDP	ZIM-809-G14-S	35,397,183.00	32,754,758.38	93
Zimbabwe	8	HIV/AIDS	United Nations Development Programme	MO: UNDP	ZIM-809-G11-H	84,641,214.00	73,125,058.13	86
Zimbabwe	8	Malaria	United Nations Development Programme	MO: UNDP	ZIM-809-G13-M	32,810,290.00	31,550,106.51	96
Benin	1	Malaria	United Nations Development Programme	MO: UNDP	BEN-102-G01-M-00	2,389,185.00	2,389,185.00	100
Benin	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	BEN-202-G03-H-00	11,348,000.00	11,348,000.00	100
Benin	2	TB	United Nations Development Programme	MO: UNDP	BEN-202-G02-T-00	2,173,404.00	2,173,404.00	100
Burkina Faso	2	Malaria	United Nations Development Programme	MO: UNDP	BUR-202-G01-M-00	6,812,491.76	6,812,491.76	100
Burkina Faso	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	BUR-202-G02-H-00	7,130,400.00	7,130,400.00	100

Burkina Faso	4	TB	United Nations Development Programme	MO: UNDP	BUR-404-G03-T	5,492,613.61	5,492,613.61	100
Central African Republic	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	CAF-202-G01-H-00	8,198,921.00	8,198,921.00	100
Central African Republic	4	TB	United Nations Development Programme	MO: UNDP	CAF-404-G03-T	2,033,885.00	2,033,885.00	100
Central African Republic	4	HIV/AIDS	United Nations Development Programme	MO: UNDP	CAF-404-G02-H	4,695,012.00	4,695,012.00	100
Central African Republic	4	Malaria	United Nations Development Programme	MO: UNDP	CAF-405-G04-M	10,592,816.00	10,592,816.00	100
Côte d'Ivoire	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	CIV-202-G01-H-00	18,099,398.00	18,099,398.00	100
Côte d'Ivoire	3	TB	United Nations Development Programme	MO: UNDP	CIV-304-G03-T	2,870,122.00	2,870,122.00	100
Equatorial Guinea	4	HIV/AIDS	United Nations Development Programme	MO: UNDP	GNQ-405-G01-H	4,398,764.00	4,398,764.00	100
Gabon	3	HIV/AIDS	United Nations Development Programme	MO: UNDP	GAB-304-G01-H	3,154,500.00	3,154,500.00	100
Gabon	4	Malaria	United Nations	MO: UNDP	GAB-404-	7,419,624.00	7,419,624.00	100

			Developmen t Programme		G02-M			
Gabon	5	Mala ria	United Nations Developmen t Programme	MO: UNDP	GAB-506-G03-M	4,160,322.51	4,160,321.98	100
Guine a-Bissau	3	TB	United Nations Developmen t Programme	MO: UNDP	GNB-304-G01-T	1,503,587.00	1,503,587.00	100
Guine a-Bissau	4	Mala ria	United Nations Developmen t Programme	MO: UNDP	GNB-404-G03-M	1,885,791.00	1,885,791.00	100
Guine a-Bissau	4	HIV/ AIDS	United Nations Developmen t Programme	MO: UNDP	GNB-404-G02-H	1,166,801.00	1,166,801.00	100
Liberia	2	HIV/ AIDS	United Nations Developmen t Programme	MO: UNDP	LBR-202-G01-H-00	7,423,267.69	7,423,267.69	100
Liberia	2	TB	United Nations Developmen t Programme	MO: UNDP	LBR-202-G02-T-00	4,288,516.31	4,288,516.31	100
Liberia	3	Mala ria	United Nations Developmen t Programme	MO: UNDP	LBR-304-G03-M	11,868,992.31	11,868,992.31	100
Liberia	6	HIV/ AIDS	United Nations Developmen t Programme	MO: UNDP	LBR-607-G04-H	16,737,414.00	16,737,414.00	100
Liberia	7	TB	United Nations Developmen t Programme	MO: UNDP	LBR-708-G06-T	6,408,872.00	6,408,872.00	100
Liberia	7	Mala ria	United Nations Developmen t Programme	MO: UNDP	LBR-708-G05-M	12,695,907.00	12,695,907.00	100
Sao Tome and Princi	4	Mala ria	United Nations Developmen t Programme	MO: UNDP	STP-405-G01-M	1,941,359.00	1,941,359.00	100

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Sao Tome and Principe	5	HIV/ AIDS	United Nations Development Programme	MO: UNDP	STP-506-G02-H	506,480.00	506,480.00	100
Sao Tome and Principe	7	Malaria	United Nations Development Programme	MO: UNDP	STP-708-G03-M	2,430,247.00	2,430,247.00	100
Sao Tome and Principe	8	TB	United Nations Development Programme	MO: UNDP	STP-809-G04-T	1,015,080.00	591,980.00	58
Togo	2	HIV/ AIDS	United Nations Development Programme	MO: UNDP	TGO-202-G01-H-00	14,088,307.88	14,088,307.88	100
Togo	3	TB	United Nations Development Programme	MO: UNDP	TGO-304-G03-T	1,752,982.00	1,684,693.07	96
Togo	3	Malaria	United Nations Development Programme	MO: UNDP	TGO-304-G02-M	3,479,336.00	3,479,336.00	100
Togo	4	Malaria	United Nations Development Programme	MO: UNDP	TGO-405-G05-M	6,066,034.00	6,066,034.00	100
Togo	6	Malaria	United Nations Development Programme	MO: UNDP	TGO-607-G06-M	7,840,589.52	7,840,589.52	100
Togo	6	TB	United Nations Development Programme	MO: UNDP	TGO-607-G07-T	3,335,156.78	3,335,156.78	100

APPENDIX 3: DATA ON ABSORPTIVE CAPACITY FOR PHASE 2 GRANTS INCLUDED IN THIS STUDY

Country	Round	Component	PR Name	PR Type	Grant Number	Phase 2 Grant Amount	Phase 2 Disbursed Amount	Phase 2 Absorptive Capacity (%)
Cambodia	1	HIV/AIDS	The Ministry of Health of the Government of Cambodia	Gov: MOH	CAM-102-G01-H-00	3,458,960.26	3,458,959.93	100.00
Cambodia	2	HIV/AIDS	The Ministry of Health of the Government of Cambodia	Gov: MOH	CAM-202-G02-H-00	9,395,061.00	9,212,793.14	98.06
Cambodia	2	Malaria	The Ministry of Health of the Government of Cambodia	Gov: MOH	CAM-202-G03-M-00	4,717,083.00	4,670,610.38	99.01
Cambodia	2	TB	The Ministry of Health of the Government of Cambodia	Gov: MOH	CAM-202-G04-T-00	3,664,478.00	3,664,478.00	100.00
Cambodia	4	HIV/AIDS	The Ministry of Health of the Government of Cambodia	Gov: MOH	CAM-405-G05-H	27,751,152.00	26,998,010.69	97.29
Cambodia	4	Malaria	The Ministry of Health of the Government of Cambodia	Gov: MOH	CAM-405-G06-M	4,636,649.00	4,147,518.67	89.45
Cambodia	5	HIV/AIDS	The Ministry of Health of the Government of Cambodia	Gov: MOH	CAM-506-G07-H	16,866,914.00	15,208,929.10	90.17
Cambodi	5	TB	The Ministry of Health of	Gov: MOH	CAM-506-	5,339,354.16	4,794,798.18	89.80

a			the Government of Cambodia		G09-T			
China	1	TB	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-102-G01-T-00	28,374,995.02	28,374,995.02	100.00
China	1	Malaria	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-102-G02-M-00	2,719,035.75	2,719,035.75	100.00
China	4	HIV/AIDS	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-405-G05-H	33,916,689.62	33,916,689.62	100.00
China	4	TB	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-405-G04-T	28,249,999.88	28,249,999.88	100.00

China	5	TB	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-506-G08-T	1,286,893.56	1,286,893.56	100.00
China	5	TB	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-506-G08-T-e	18,382,301.69	18,382,301.69	100.00
China	5	Malaria	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-506-G07-M	11,065,170.00	10,902,149.61	98.53
China	5	HIV/AIDS	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	Gov: Oth	CHN-506-G06-H	8,907,862.00	8,907,862.00	100.00
Indonesia	1	TB	Directorate General of Disease Control and Environmental Health of The	Gov: MOH	IND-102-G01-T-00	30,153,737.81	30,153,737.77	100.00

			Ministry of Health of The Republic of Indonesia					
Indonesia	1	HIV/AIDS	Directorate General of Disease Control and Environmental Health of The Ministry of Health of The Republic of Indonesia	Gov: MOH	IND-102-G03-H-00	0.02	0.00	0.00
Indonesia	1	Malaria	Directorate of Vector Borne Disease Control of the Ministry of Health of the Republic of Indonesia	Gov: MOH	IND-102-G02-M-00	7,968,924.42	7,968,924.40	100.00
Indonesia	4	HIV/AIDS	Directorate General of Disease Control and Environmental Health of The Ministry of Health of The Republic of Indonesia	Gov: MOH	IND-405-G04-H	12,317,163.19	10,721,000.19	87.04
Indonesia	5	TB	Directorate General of Disease Control and Environmental Health of The Ministry of Health of The Republic of Indonesia	Gov: MOH	IND-506-G05-T	31,663,748.01	23,391,774.92	73.88
Lao (Peoples	1	HIV/AIDS	The Ministry of Health of the	Gov: MOH	LAO-102-G01-H-	2,067,942.75	2,067,942.73	100.00

Democratic Republic)			Government of the Lao People's Democratic Republic		00			
Lao (Peoples Democratic Republic)	1	Malaria	The Ministry of Health of the Government of the Lao People's Democratic Republic	Gov: MOH	LAO-102-G02-M-00	9,553,935.01	9,553,935.00	100.00
Lao (Peoples Democratic Republic)	2	TB	The Ministry of Health of the Government of the Lao People's Democratic Republic	Gov: MOH	LAO-202-G03-T-00	1,915,057.06	1,915,057.04	100.00
Lao (Peoples Democratic Republic)	4	HIV/AIDS	The Ministry of Health of the Government of the Lao People's Democratic Republic	Gov: MOH	LAO-405-G04-H	4,150,245.39	4,150,245.37	100.00
Lao (Peoples Democratic Republic)	4	Malaria	The Ministry of Health of the Government of the Lao People's Democratic Republic	Gov: MOH	LAO-405-G05-M	11,212,533.01	10,791,652.96	96.25
Lao (Peoples Dem	4	TB	The Ministry of Health of the Government	Gov: MOH	LAO-405-G06-T	2,441,955.01	2,381,549.39	97.53

ocratic Republic)			of the Lao People's Democratic Republic					
Mongolia	1	TB	The Ministry of Health of the Government of Mongolia	Gov: MOH	MON-102-G01-T-00	1,086,000.01	1,086,000.01	100.00
Mongolia	2	HIV/AIDS	The Ministry of Health of the Government of Mongolia	Gov: MOH	MON-202-G02-H-00	4,062,345.02	4,062,345.02	100.00
Papua New Guinea	3	Malaria	The Department of Health of the Government of Papua New Guinea	Gov: MOH	PNG-304-G01-M	10,110,793.82	10,110,793.81	100.00
Papua New Guinea	4	HIV/AIDS	The Department of Health of the Government of Papua New Guinea	Gov: MOH	PNG-405-G02-H	9,059,910.01	5,665,339.34	62.53
Philippines	2	TB	Tropical Disease Foundation, Inc.	CS/PS: PS	PHL-202-G02-T-e	7,279,600.91	7,279,600.91	100.00
Philippines	2	TB	Tropical Disease Foundation, Inc.	CS/PS: PS	PHL-202-G02-T-00	4,866,772.46	4,866,772.46	100.00
Philippines	2	Malaria	Tropical Disease Foundation, Inc.	CS/PS: PS	PHL-202-G01-M-00	4,583,395.23	4,583,395.23	100.00
Philippines	3	HIV/AIDS	Tropical Disease Foundation, Inc.	CS/PS: PS	PHL-304-G03-H	1,765,314.33	1,765,314.29	100.00
Philippines	5	HIV/AIDS	Tropical Disease Foundation,	CS/PS: PS	PHL-506-G04-H	1,267,679.34	1,267,679.30	100.00

			Inc.					
Philippines	5	HIV/AIDS	Department of Health	Gov: MOH	PHL-509-G10-H	1,905,260.00	1,905,260.00	100.00
Philippines	5	Malaria	Pilipinas Shell Foundation	CS/PS: PS	PHL-506-G05-M	1,870,518.14	1,520,499.52	81.29
Thailand	1	HIV/AIDS	The Department of Disease Control, Ministry of Public Health of the Royal Government of Thailand	Gov: MOH	THA-102-G01-H-00	78,420,496.01	78,420,496.01	100.00
Thailand	1	TB	The Department of Disease Control, Ministry of Public Health of the Royal Government of Thailand	Gov: MOH	THA-102-G02-T-00	3,834,652.74	3,267,500.72	85.21
Thailand	2	Malaria	The Ministry of Public Health of the Government of Thailand	Gov: MOH	THA-202-G05-M-00	3,002,000.01	2,984,161.77	99.41
Thailand	2	HIV/AIDS	RAKS THAI FOUNDATION	CS/PS: NGO	THA-202-G03-H-00	9,461,310.02	8,780,633.60	92.81
Thailand	3	HIV/AIDS	RAKS THAI FOUNDATION	CS/PS: NGO	THA-304-G06-H	324,566.40	324,566.38	100.00
Timor-Leste	2	Malaria	The Ministry of Health of the Government of the Democratic Republic of Timor-Leste	Gov: MOH	TMP-202-G01-M-00	434,030.25	434,030.23	100.00

Timor-Leste	5	HIV/AIDS	The Ministry of Health of the Government of the Democratic Republic of Timor-Leste	Gov: MOH	TMP-506-G03-H	4,543,284.01	4,320,216.50	95.09
Viet Nam	1	HIV/AIDS	The Ministry of Health of the Government of Viet Nam	Gov: MOH	VTN-102-G01-H-00	4,418,789.33	4,418,789.32	100.00
Viet Nam	1	TB	The Ministry of Health of the Government of Viet Nam	Gov: MOH	VTN-102-G02-T-00	2,904,712.52	2,904,712.50	100.00
Viet Nam	3	Malaria	The National Institute of Malariology, Parasitology and Entomology / Ministry of Health of the Government of the Socialist Republic of Viet Nam	Gov: MOH	VTN-304-G03-M	7,789,553.52	7,789,553.50	100.00
Viet Nam	6	TB	The Ministry of Health of the Government of Viet Nam	Gov: MOH	VTN-607-G05-T	7,336,158.01	5,617,505.73	76.57
Armenia	2	HIV/AIDS	World Vision International	CS/PS: NGO	ARM-202-G01-H-00	5,938,348.00	5,938,348.00	100.00
Azerbaijan	4	HIV/AIDS	The Ministry of Health of the Government of the Republic of Azerbaijan	Gov: MOH	AZE-405-G01-H	4,242,950.00	4,231,448.70	99.73

Belarus	6	TB	United Nations Development Programme	MO: UNDP	BLR-607-G02-T	2,889,772.00	2,889,772.00	100.00
Bosnia and Herzegovina	5	HIV/AIDS	United Nations Development Programme	MO: UNDP	BIH-506-G01-H	6,209,872.00	6,159,776.41	99.19
Bulgaria	2	HIV/AIDS	The Ministry of Health of the Republic of Bulgaria	Gov: MOH	BUL-202-G01-H-00	8,817,612.00	8,817,612.00	100.00
Georgia	2	HIV/AIDS	The Georgia Health and Social Projects Implementation Center	Gov: Oth	GEO-202-G01-H-00	10,344,922.02	10,344,921.80	100.00
Georgia	3	Malaria	The Georgia Health and Social Projects Implementation Center	Gov: Oth	GEO-304-G02-M	160,600.01	160,600.00	100.00
Georgia	4	TB	The Georgia Health and Social Projects Implementation Center	Gov: Oth	GEO-405-G03-T	3,707,747.00	3,707,746.95	100.00
Georgia	6	TB	The Georgia Health and Social Projects Implementation Center	Gov: Oth	GEO-607-G05-T	0.03	0.00	0.00
Georgia	6	HIV/AIDS	The Georgia Health and Social Projects Implementation Center	Gov: Oth	GEO-607-G06-H	1,916,376.69	1,916,376.67	100.00
Georgia	6	Malaria	The Georgia Health and Social Projects Implementation Center	Gov: Oth	GEO-607-G04-M	587,254.49	587,254.46	100.00

Kazakhstan	2	HIV/AIDS	The Republican Center for Prophylactics and Control of AIDS of the Government of the Republic of Kazakhstan	Gov: Oth	KAZ-202-G01-H-00	13,786,667.09	13,786,667.07	100.00
Kosovo	7	HIV/AIDS	Ministry of Health of the Government of the Republic of Kosovo	Gov: MOH	KOS-708-G02-H	-0.72	-0.72	100.00
Kyrgyzstan	2	TB	National Center of Phthisiology under the Ministry of Health of the Republic of Kyrgyzstan	Gov: MOH	KGZ-202-G02-T-00	1,558,235.01	1,558,235.00	100.00
Kyrgyzstan	2	HIV/AIDS	National AIDS Centre of the Ministry of Health of the Government of the Republic of Kyrgyzstan	Gov: Oth	KGZ-202-G01-H-00	12,115,268.01	12,115,267.53	100.00
Kyrgyzstan	5	Malaria	State Sanitary Epidemiological Department	Gov: Oth	KGZ-506-G03-M	1,323,060.01	1,126,111.37	85.11
Macedonia (Former Yugoslav Republic)	3	HIV/AIDS	The Ministry of Health of the Government of the Former Yugoslav Republic of Macedonia	Gov: MOH	MKD-304-G01-H	1,555,768.01	1,453,863.38	93.45

Montenegro	5	HIV/AIDS	United Nations Development Programme	MO: UNDP	MNT-506-G01-H	1,468,130.83	1,468,130.82	100.00
Romania	2	HIV/AIDS	The Ministry of Health and Family of the Government of Romania	Gov: MOH	ROM-202-G01-H-00	4,681,189.02	4,681,189.00	100.00
Romania	6	HIV/AIDS	Romanian Angel Appeal Foundation	CS/PS: NGO	ROM-607-G03-H	2,196,301.51	2,196,301.12	100.00
Russian Federation	3	TB	Partners In Health	CS/PS: NGO	RUS-304-G02-T	4,459,617.00	4,459,617.00	100.00
Russian Federation	3	HIV/AIDS	The Open Health Institute	CS/PS: NGO	RUS-304-G01-H	79,946,047.04	79,409,899.00	99.33
Russian Federation	4	TB	The Russian Health Care Foundation	CS/PS: NGO	RUS-405-G04-T	38,729,432.01	38,421,135.40	99.20
Russian Federation	4	HIV/AIDS	The Russian Health Care Foundation	CS/PS: NGO	RUS-405-G03-H	102,320,879.02	102,320,878.13	100.00
Russian Federation	5	HIV/AIDS	Non-profit Partnership to Support Social Prevention Programs in Public Health "ESVERO"	CS/PS: NGO	RUS-506-G05-H	9,545,077.23	9,498,772.65	99.51
Serbia	1	HIV/AIDS	The Economics Institute in Belgrade	CS/PS: PS	SER-102-G01-H-00	856,496.02	856,496.00	100.00
Serbia	3	TB	Ministry of Health of the Government	Gov: MOH	SER-304-G02-T	1,658,993.01	1,658,993.00	100.00

			of the Republic of Serbia					
Tajikistan	1	HIV/AIDS	United Nations Development Programme	MO: UNDP	TAJ-102-G01-H-00	950,725.01	950,725.00	100.00
Tajikistan	4	HIV/AIDS	United Nations Development Programme	MO: UNDP	TAJ-404-G03-H	5,567,947.01	5,553,532.06	99.74
Tajikistan	5	Malaria	United Nations Development Programme	MO: UNDP	TAJ-506-G04-M	2,239,878.01	2,214,781.14	98.88
Uzbekistan	3	HIV/AIDS	The National AIDS Center of the Ministry of Health of the Government of the Republic of Uzbekistan	Gov: MOH	UZB-304-G01-H	15,785,454.25	15,785,454.23	100.00
Uzbekistan	4	Malaria	The Republican Center of State Sanitary-Epidemiological Surveillance	Gov: Oth	UZB-405-G02-M	959,009.90	959,009.90	100.00
Uzbekistan	4	TB	The Republican DOTS Center of the Government of the Republic of Uzbekistan	Gov: MOH	UZB-405-G03-T	4,437,588.91	4,437,588.91	100.00
Argentina	1	HIV/AIDS	UBATEC S.A.	CS/PS: PS	ARG-102-G02-H-00	13,323,347.20	13,323,347.20	100.00
Belize	3	HIV/AIDS	Belize Enterprise for Sustainable Technology	CS/PS: NGO	BEL-304-G01-H	1,104,793.00	799,092.00	72.33

Bolivia (Plurinational State)	3	HIV/AIDS	Asociación Ibis - Hivos	CS/PS: NGO	BOL-307-G07-H	10,050,847.49	10,050,847.45	100.00
Bolivia (Plurinational State)	3	TB	United Nations Development Programme	MO: UNDP	BOL-306-G06-T	3,009,611.01	3,009,611.00	100.00
Chile	1	HIV/AIDS	Consejo de las Américas	CS/PS: PS	CHL-102-G01-H-00	15,261,209.00	15,261,209.00	100.00
Colombia	2	HIV/AIDS	The International Organization for Migration (IOM)	MO: Oth	COL-202-G01-H-00	5,027,432.86	5,027,432.83	100.00
Costa Rica	2	HIV/AIDS	HIVOS (Humanistic Institute for Cooperation with Developing Countries)	CS/PS: NGO	COR-202-G02-H-00	1,304,370.01	1,304,370.00	100.00
Dominican Republic	3	TB	Asociación Dominicana Pro-Bienestar de la Familia (PROFAMILIA)	CS/PS: NGO	DMR-304-G02-T	1,966,582.01	1,966,581.74	100.00
Ecuador	2	HIV/AIDS	The Ministry of Public Health of the Republic of Ecuador	Gov: MOH	ECU-202-G01-H-00	3,816,033.36	3,816,033.35	100.00
Ecuador	2	HIV/AIDS	CARE International	CS/PS: NGO	ECU-202-G03-H-00	2,464,385.01	2,401,781.33	97.46
Ecuador	4	TB	CARE International	CS/PS:	ECU-405-	6,755,366.02	6,755,366.00	100.00

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El Salvador	2	HIV/AIDS	Ministry of Health El Salvador	Gov: MOH	SLV-202-G03-H-00	2,180,116.02	2,180,116.02	100.00
El Salvador	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	SLV-202-G01-H-00	5,176,615.04	5,176,615.04	100.00
El Salvador	2	TB	United Nations Development Programme	MO: UNDP	SLV-202-G02-T-00	317,044.87	317,044.85	100.00
El Salvador	2	TB	Ministry of Health El Salvador	Gov: MOH	SLV-202-G04-T-00	1,542,836.03	1,542,015.00	99.95
Guatemala	3	HIV/AIDS	World Vision International	CS/PS: NGO	GUA-304-G01-H	32,671,218.40	32,671,218.38	100.00
Guatemala	4	Malaria	World Vision International	CS/PS: NGO	GUA-405-G02-M	3,623,977.22	3,506,625.47	96.76
Guyana	4	TB	The Ministry of Health of Guyana	Gov: MOH	GYA-405-G03-T	406,616.01	403,355.08	99.20
Haiti	1	HIV/AIDS	Fondation SOGEBANK	CS/PS: PS	HTI-102-G01-H-00	83,192,711.03	83,192,711.03	100.00
Haiti	3	Malaria	Fondation SOGEBANK	CS/PS: PS	HTI-304-G03-M	6,241,952.02	5,454,984.00	87.39
Haiti	3	TB	Fondation SOGEBANK	CS/PS: PS	HTI-304-G04-T	5,902,829.02	5,551,065.17	94.04
Honduras	1	Malaria	United Nations Development Programme	MO: UNDP	HND-102-G03-M-00	3,031,573.18	3,031,573.18	100.00
Honduras	1	TB	United Nations Development Programme	MO: UNDP	HND-102-G02-T-00	2,319,173.02	2,304,400.09	99.36
Honduras	1	HIV/AIDS	United Nations Development Programme	MO: UNDP	HND-102-G01-H-00	13,482,925.31	13,482,925.26	100.00

Jamaica	3	HIV/AIDS	The Ministry of Health of the Government of Jamaica	Gov: MOH	JAM-304-G01-H	15,294,694.01	15,294,694.00	100.00
Nicaragua	2	HIV/AIDS	Federación Red NICASALUD	CS/PS: NGO	NIC-202-G03-H-00	5,799,593.86	5,799,593.81	100.00
Nicaragua	2	Malaria	Federación Red NICASALUD	CS/PS: NGO	NIC-202-G01-M-00	2,171,416.42	2,171,416.38	100.00
Nicaragua	2	TB	Federación Red NICASALUD	CS/PS: NGO	NIC-202-G02-T-00	1,350,881.14	1,350,881.10	100.00
Panama	1	TB	United Nations Development Programme	MO: UNDP	PAN-102-G01-T-00	113,816.56	113,816.54	100.00
Peru	2	HIV/AIDS	CARE International	CS/PS: NGO	PER-202-G01-H-00	5,628,779.77	5,628,779.74	100.00
Peru	2	TB	CARE International	CS/PS: NGO	PER-202-G02-T-00	4,873,364.26	4,873,364.22	100.00
Peru	5	TB	CARE International	CS/PS: NGO	PER-506-G04-T	16,068,299.01	14,325,748.52	89.16
Peru	5	HIV/AIDS	CARE International	CS/PS: NGO	PER-506-G03-H	4,806,023.01	3,941,268.84	82.01
Suriname	4	Malaria	Medische Zending - Primary Health Care Suriname	CS/PS: NGO	SUR-404-G02-M	1,698,223.88	1,698,223.86	100.00
Algeria	3	HIV/AIDS	The Ministry of Health, Population and Hospital Reform of the Government of the People's	Gov: MOH	DZA-304-G01-H	760,288.95	760,288.93	100.00

			Democratic Republic of Algeria					
Chad	2	TB	The Fonds de Soutien aux Activités en matière de Population(FOSAP)	Gov: Oth	TCD-202-G01-T-00	1,775,358.01	1,116,522.26	62.89
Chad	3	HIV/AIDS	The Fonds de Soutien aux Activités en matière de Population(FOSAP)	Gov: Oth	TCD-304-G02-H	10,403,188.01	6,005,327.03	57.73
Djibouti	4	HIV/AIDS	Executive secretariat for the fight against AIDS, Malaria and Tuberculosis	Gov: MOH	DJB-404-G01-H	4,346,901.01	4,346,901.01	100.00
Egypt	2	TB	National Tuberculosis Control Program, The Ministry of Health and Population of the Government of Egypt	Gov: MOH	EGY-202-G01-T-00	1,551,795.01	1,485,130.24	95.70
Iraq	6	TB	United Nations Development Programme	MO: UNDP	IRQ-607-G01-T	5,001,595.02	5,001,595.00	100.00
Jordan	2	HIV/AIDS	The Ministry of Health of the Government of the Hashemite Kingdom of Jordan	Gov: MOH	JOR-202-G01-H-00	648,808.26	648,808.24	100.00

Jordan	5	TB	Ministry of Health / National Tuberculosis Program	Gov: MOH	JOR-506-G02-T	1,710,000.01	1,710,000.00	100.00
Mali	1	Malaria	The Ministry of Health of the Government of the Republic of Mali	Gov: MOH	MAL-102-G01-M-00	568,892.01	568,892.00	100.00
Mali	4	TB	The Ministry of Health of the Government of the Republic of Mali	Gov: MOH	MAL-405-G03-T	4,183,842.01	2,509,531.97	59.98
Mali	4	HIV/AIDS	The National High Council for HIV/AIDS control of the government of the Republic of Mali	Gov: Oth	MAL-405-G02-H	28,857,202.01	21,705,417.61	75.22
Mauritania	2	Malaria	United Nations Development Programme	MO: UNDP	MRT-202-G02-M-00	2,074,949.01	1,227,117.31	59.14
Mauritania	2	TB	United Nations Development Programme	MO: UNDP	MRT-202-G01-T-00	1,623,147.01	1,301,483.37	80.18
Mauritania	5	HIV/AIDS	Sécretariat Exécutif, Comité National de Lutte Contre le SIDA	Gov: Oth	MRT-506-G03-H	8,537,857.01	0.00	0.00
Morocco	1	HIV/AIDS	The Ministry of Health of the Government of the Kingdom of	Gov: MOH	MOR-102-G01-H-00	4,491,855.61	4,491,855.59	100.00

			Morocco					
Niger	3	Malaria	United Nations Development Programme	MO: UNDP	NGR-306-G06-M	896,675.15	896,675.15	100.00
Niger	3	HIV/AIDS	The National Multi-sectorial Coordination Unit for the Fight Against HIV/AIDS/STI of the Government of the Republic of Niger	Gov: Oth	NGR-304-G01-H	1,944,565.73	1,944,565.72	100.00
Niger	5	TB	United Nations Development Programme	MO: UNDP	NGR-506-G05-T	6,047,822.69	3,670,166.56	60.69
Niger	5	Malaria	United Nations Development Programme	MO: UNDP	NGR-506-G04-M	6,665,075.02	4,323,449.38	64.87
Somalia	2	Malaria	United Nations Children's Fund	MO: Oth	SOM-202-G01-M-00	3,995,916.01	3,995,916.00	100.00
Somalia	3	TB	World Vision International	CS/PS: NGO	SOM-304-G02-T	8,224,136.01	8,060,228.49	98.01
Somalia	4	HIV/AIDS	United Nations Children's Fund	MO: Oth	SOM-405-G03-H	14,917,363.01	14,093,096.68	94.47
South Sudan	2	TB	United Nations Development Programme	MO: UNDP	SSD-202-G02-T-00	8,655,155.01	8,655,155.00	100.00
South Sudan	2	Malaria	United Nations Development Programme	MO: UNDP	SSD-202-G01-M-00	12,212,170.01	12,212,170.00	100.00

South Sudan	4	HIV/AIDS	United Nations Development Programme	MO: UNDP	SSD-405-G05-H	18,118,195.01	17,962,443.86	99.14
Sudan	2	Malaria	United Nations Development Programme	MO: UNDP	SUD-202-G03-M-00	18,840,189.33	18,840,189.32	100.00
Sudan	3	HIV/AIDS	United Nations Development Programme	MO: UNDP	SUD-305-G04-H	12,185,909.71	12,185,909.70	100.00
Sudan	5	TB	United Nations Development Programme	MO: UNDP	SUD-506-G07-T	4,854,904.02	4,854,904.00	100.00
Yemen	2	Malaria	The National Malaria Programme at the Ministry of Public Health and Population of the Republic of Yemen	Gov: MOH	YEM-202-G01-M-00	7,718,574.01	7,718,573.67	100.00
Yemen	4	TB	The National Tuberculosis Control Program	Gov: MOH	YEM-405-G04-T	3,550,686.83	3,550,686.82	100.00
Afghanistan	4	TB	The Ministry of Public Health of the Islamic Republic of Afghanistan	Gov: MOH	AFG-405-G02-T	2,678,960.64	2,678,960.64	100.00
Afghanistan	5	Malaria	HealthNet TPO	CS/PS: NGO	AFG-509-G06-M	7,171,871.31	7,171,871.31	100.00
Afghanistan	5	Malaria	The Ministry of Public Health of the Islamic Republic of Afghanistan	Gov: MOH	AFG-506-G03-M	3,462,883.00	2,226,247.32	64.29

Bangladesh	2	HIV/AIDS	The Economic Relations Division, Ministry of Finance, The Government of the People's Republic of Bangladesh	Gov: MOF	BAN-202-G01-H-00	13,621,499.00	13,621,499.00	100.00
Bangladesh	3	TB	BRAC (Bangladesh Rural Advancement Committee)	CS/PS: NGO	BAN-304-G02-T	15,570,300.00	15,570,300.00	100.00
Bangladesh	3	TB	The Economic Relations Division, Ministry of Finance, The Government of the People's Republic of Bangladesh	Gov: MOF	BAN-304-G03-T	4,715,139.58	4,715,139.29	100.00
Bangladesh	5	TB	BRAC (Bangladesh Rural Advancement Committee)	CS/PS: NGO	BAN-506-G04-T	18,414,927.00	17,409,916.00	94.54
Bangladesh	5	TB	The Economic Relations Division, Ministry of Finance, The Government of the People's Republic of Bangladesh	Gov: MOF	BAN-506-G05-T	14,760,034.00	9,000,993.69	60.98
Bangladesh	6	Malaria	BRAC (Bangladesh Rural Advancement Committee)	CS/PS: NGO	BAN-607-G06-M	3,099,909.00	3,099,909.00	100.00
Bhutan	4	TB	Gross National Happiness (GNH) Commission,	Gov: Oth	BTN-405-G02-T	433,730.00	372,402.21	85.86

			Royal Government of Bhutan					
Bhutan	4	Malaria	Gross National Happiness (GNH) Commission, Royal Government of Bhutan	Gov: Oth	BTN-405-G01-M	342,240.81	342,240.81	100.00
India	1	TB	The Department of Economic Affairs, Ministry of Finance, Government of India	Gov: Oth	IDA-102-G01-T-00	2,599,422.02	2,599,422.00	100.00
India	4	TB	The Department of Economic Affairs, Ministry of Finance, Government of India	Gov: Oth	IDA-405-G08-T	12,294,943.07	12,294,943.05	100.00
India	4	Malaria	The Department of Economic Affairs, Ministry of Finance, Government of India	Gov: MOF	IDA-405-G07-M	26,065,966.01	26,065,966.00	100.00
India	6	HIV/AIDS	The Population Foundation of India	CS/PS: NGO	IDA-607-G10-H	5,175,215.02	5,175,215.00	100.00
India	6	HIV/AIDS	India HIV/AIDS Alliance	CS/PS: NGO	IDA-607-G12-H	9,124,294.01	8,452,016.00	92.63
Iran (Islamic Republic	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	IRN-202-G01-H-00	10,224,855.01	9,396,430.74	91.90

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Nepal	2	Malaria	The Ministry of Health and Population of the Government of Nepal	Gov: MOH	NEP-202-G02-M-00	1,549,367.36	1,549,367.35	100.00
Nepal	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	NEP-202-G05-H-00	4,551,995.45	4,551,995.45	100.00
Nepal	2	HIV/AIDS	The Ministry of Health and Population of the Government of Nepal	Gov: MOH	NEP-202-G01-H-00	483,151.20	483,151.19	100.00
Nepal	4	TB	The Ministry of Health and Population of the Government of Nepal	Gov: MOH	NEP-405-G03-T	3,825,482.21	3,825,482.19	100.00
Nepal	7	HIV/AIDS	United Nations Development Programme	MO: UNDP	NEP-708-G09-H	5,597,346.00	2,310,178.20	41.27
Pakistan	2	TB	The National AIDS Control Programme on the Behalf of the Ministry of Health of the Government of Pakistan	Gov: MOH	PKS-202-G03-T-00	1,794,100.01	1,652,637.00	92.12
Pakistan	2	HIV/AIDS	The National AIDS Control Programme on the Behalf of the Ministry of Health of the Government of Pakistan	Gov: MOH	PKS-202-G01-H-00	3,824,536.01	3,824,536.00	100.00

Pakistan	3	TB	The National AIDS Control Programme on the Behalf of the Ministry of Health of the Government of Pakistan	Gov: MOH	PKS-304-G05-T	2,767,529.27	2,767,529.26	100.00
Sri Lanka	1	TB	The Ministry of Healthcare, Nutrition and UVA Wellassa Development of the Government of Sri Lanka	Gov: MOH	SRL-102-G03-T-00	1,524,855.29	1,524,855.27	100.00
Sri Lanka	1	Malaria	Lanka Jatika Sarvodaya Shramadana Sangamaya	CS/PS: NGO	SRL-102-G02-M-00	166,407.19	166,407.17	100.00
Sri Lanka	1	Malaria	The Ministry of Healthcare, Nutrition and UVA Wellassa Development of the Government of Sri Lanka	Gov: MOH	SRL-102-G01-M-00	1,347,083.01	1,347,083.00	100.00
Sri Lanka	4	Malaria	Lanka Jatika Sarvodaya Shramadana Sangamaya	CS/PS: NGO	SRL-405-G06-M	550,000.01	355,483.81	64.63
Sri Lanka	4	Malaria	The Ministry of Healthcare, Nutrition and UVA Wellassa Development of the Government of Sri Lanka	Gov: MOH	SRL-405-G05-M	1,027,748.01	836,754.74	81.42
Sri Lanka	6	HIV/AIDS	The Ministry of Healthcare, Nutrition and UVA Wellassa Development of the	Gov: MOH	SRL-607-G09-H	291,223.01	291,223.00	100.00

			Government of Sri Lanka					
Burundi	1	HIV/AIDS	The Permanent Executive Secretariat of the National Council for the Fight Against AIDS (SEP/CNLS)	Gov: Oth	BRN-102-G01-H-00	3,780,000.00	3,780,000.00	100.00
Burundi	2	Malaria	The Projet Sante et Population II of The Ministry of Public Health in the Republic of Burundi	Gov: MOH	BRN-202-G02-M-00	2,776,204.89	2,776,204.89	100.00
Burundi	4	TB	The Programme National Lèpre et Tuberculose(PNLT) Govt of the Republic of Burundi	Gov: MOH	BRN-405-G03-T	1,494,490.00	1,338,607.31	89.57
Burundi	5	HIV/AIDS	The Permanent Executive Secretariat of the National Council for the Fight Against AIDS (SEP/CNLS)	Gov: Oth	BRN-506-G04-H	17,647,943.21	17,647,943.20	100.00
Comoros	2	Malaria	Association Comorienne pour le Bien-Etre de la Famille (ASCOBEF)	CS/PS: NGO	COM-202-G01-M-00	951,247.01	887,839.77	93.33

Comoros	3	HIV/AIDS	Association Comorienne pour le Bien-Etre de la Famille (ASCOBEF)	CS/PS: NGO	COM-304-G02-H	452,988.02	449,625.67	99.26
Congo (Democratic Republic)	2	TB	United Nations Development Programme	MO: UNDP	ZAR-202-G01-T-00	1,217,032.01	1,081,890.00	88.90
Congo (Democratic Republic)	3	Malaria	United Nations Development Programme	MO: UNDP	ZAR-304-G03-M	22,089,933.01	22,089,932.32	100.00
Congo (Democratic Republic)	3	HIV/AIDS	United Nations Development Programme	MO: UNDP	ZAR-304-G02-H	69,984,033.02	69,916,426.56	99.90
Congo (Democratic Republic)	5	TB	United Nations Development Programme	MO: UNDP	ZAR-506-G04-T	11,306,852.19	8,403,674.73	74.32
Eritrea	2	Malaria	The Ministry of Health of the Government of the State of Eritrea	Gov: MOH	ERT-202-G01-M-00	4,572,303.88	4,572,303.86	100.00

Eritrea	3	HIV/AIDS	The Ministry of Health of the Government of the State of Eritrea	Gov: MOH	ERT-304-G02-H	8,567,246.02	8,567,246.00	100.00
Eritrea	5	HIV/AIDS	The Ministry of Health of the Government of the State of Eritrea	Gov: MOH	ERT-506-G03-H	15,519,155.01	14,292,809.47	92.10
Ethiopia	1	TB	The Federal Ministry of Health of the Government of the Federal Democratic Republic of Ethiopia	Gov: MOH	ETH-102-G01-T-00	16,018,049.01	16,018,049.00	100.00
Ethiopia	2	Malaria	The Federal Ministry of Health of the Government of the Federal Democratic Republic of Ethiopia	Gov: MOH	ETH-202-G02-M-00	35,960,200.01	35,960,200.00	100.00
Ethiopia	4	HIV/AIDS	The HIV/AIDS Prevention and Control Office	Gov: Oth	ETH-405-G04-H	335,172,691.31	335,172,691.30	100.00
Ethiopia	5	Malaria	The Federal Ministry of Health of the Government of the Federal Democratic Republic of Ethiopia	Gov: MOH	ETH-506-G05-M	81,573,584.01	73,176,937.54	89.71
Ethiopia	7	HIV/AIDS	The HIV/AIDS Prevention and Control Office	Gov: Oth	ETH-708-G08-H	1,310,862.00	0.00	0.00

Kenya	2	HIV/AIDS	The Ministry of Finance of the Government of the Republic of Kenya	Gov: MOF	KEN-202-G03-H-00	31,285,074.02	31,285,074.00	100.00
Madagascar	1	Malaria	POPULATION SERVICES INTERNATIONAL	CS/PS: NGO	MDG-102-G01-M-00	122,064.02	122,064.00	100.00
Madagascar	2	HIV/AIDS	Pact	CS/PS: NGO	MDG-202-G02-H-00	692,578.98	692,578.96	100.00
Madagascar	2	HIV/AIDS	POPULATION SERVICES INTERNATIONAL	CS/PS: NGO	MDG-202-G03-H-00	1,960,080.02	1,960,080.00	100.00
Madagascar	3	HIV/AIDS	Sécrétariat Exécutif du Comité National de Lutte Contre le VIH/SIDA	Gov: Oth	MDG-304-G04-H	904,993.37	904,993.36	100.00
Madagascar	3	Malaria	Unité de Gestion des Projets d'Appui au Secteur Santé	Gov: MOH	MDG-304-G05-M	4,769,973.01	4,769,973.00	100.00
Madagascar	4	Malaria	Unité de Gestion des Projets d'Appui au Secteur Santé	Gov: MOH	MDG-405-G06-M	11,404,267.11	11,404,267.09	100.00
Madagascar	4	TB	Sécrétariat Exécutif du Comité National de Lutte Contre le VIH/SIDA	Gov: Oth	MDG-404-G08-T	3,964,670.92	3,964,670.91	100.00
Rwanda	3	HIV/AIDS	The Ministry of Health of the Government of Rwanda	Gov: MOH	RWN-304-G02-H	41,785,724.51	41,785,724.50	100.00

Rwanda	4	TB	The Ministry of Health of the Government of Rwanda	Gov: MOH	RWN-404-G04-T	4,617,255.01	4,617,255.01	100.00
Rwanda	5	Malaria	The Ministry of Health of the Government of Rwanda	Gov: MOH	RWN-506-G06-M	11,008,731.01	11,008,731.00	100.00
Rwanda	6	TB	The Ministry of Health of the Government of Rwanda	Gov: MOH	RWN-606-G07-T	1,872,666.02	1,872,666.00	100.00
Rwanda	6	HIV/AIDS	The Ministry of Health of the Government of Rwanda	Gov: MOH	RWN-607-G08-H	3,983,598.03	3,983,598.00	100.00
Tanzania (United Republic)	1	Malaria	The Ministry of Health of the Government of the United Republic of Tanzania	Gov: MOH	TNZ-102-G01-M-00	11,037,104.01	11,037,104.01	100.00
Tanzania (United Republic)	4	HIV/AIDS	Pact	CS/PS: NGO	TNZ-405-G05-H	35,027,544.73	35,027,544.72	100.00
Tanzania (United Republic)	4	Malaria	The Ministry of Finance of the Government of the United Republic of Tanzania	Gov: MOF	TNZ-405-G08-M	20,884,977.01	20,884,977.00	100.00
Tanzania (United Rep	4	HIV/AIDS	The Ministry of Finance of the Government of the United	Gov: MOF	TNZ-405-G04-H	94,023,100.01	94,023,100.00	100.00

ublic)			Republic of Tanzania					
Tanzania (United Republic)	4	HIV/ AIDS	African Medical and Research Foundation (AMREF)	CS/PS: NGO	TNZ-405-G07-H	8,290,885.01	8,290,885.00	100.00
Uganda	6	TB	The Ministry of Finance, Planning and Economic Development of the Government of Uganda	Gov: MOF	UGD-607-G06-T	1,127,523.00	0.00	0.00
Zanzibar	1	Malaria	The Ministry of Health and Social Welfare of the Revolutionary Government of Zanzibar	Gov: MOH	ZAN-102-G01-M-00	371,860.01	371,860.00	100.00
Zanzibar	2	HIV/ AIDS	Zanzibar AIDS Commission	Gov: Oth	ZAN-202-G02-H-00	316,274.51	316,274.50	100.00
Zanzibar	3	TB	The Ministry of Health and Social Welfare of the Revolutionary Government of Zanzibar	Gov: MOH	ZAN-304-G03-T	150,652.01	150,652.00	100.00
Zanzibar	4	Malaria	The Ministry of Health and Social Welfare of the Revolutionary Government of Zanzibar	Gov: MOH	ZAN-404-G04-M	3,349,427.01	3,349,427.00	100.00
Angola	3	Malaria	United Nations	MO: UND	AGO-305-	6,556,518.00	6,360,233.94	97.01

			Development Programme	P	G01-M			
Angola	4	TB	United Nations Development Programme	MO: UNDP	AGO-405-G02-T	2,968,098.87	2,968,098.87	100.00
Botswana	5	TB	Ministry of Health of the Government of the Republic of Botswana	Gov: MOH	BOT-506-G02-T	2,769,345.01	853,389.37	30.82
Lesotho	2	TB	The Ministry of Finance and Development Planning of the Government of the Kingdom of Lesotho	Gov: MOF	LSO-202-G02-T-00	3,000,000.01	1,325,670.45	44.19
Lesotho	2	HIV/AIDS	The Ministry of Finance and Development Planning of the Government of the Kingdom of Lesotho	Gov: MOF	LSO-202-G01-H-00	18,755,000.01	16,811,898.29	89.64
Lesotho	5	HIV/AIDS	The Ministry of Finance and Development Planning of the Government of the Kingdom of Lesotho	Gov: MOF	LSO-506-G03-H	5,768,188.96	5,768,188.94	100.00
Malawi	5	HIV/AIDS	The Registered Trustees of the National AIDS Commission Trust of the Republic of	Gov: Oth	MLW-506-G03-H	9,881,107.01	5,306,582.00	53.70

			Malawi					
Mozambique	2	TB	The Ministry of Health of the Government of Mozambique	Gov: MOH	MOZ-202-G04-T-00	1,302,060.19	1,302,060.18	100.00
Mozambique	2	Malaria	The Ministry of Health of the Government of Mozambique	Gov: MOH	MOZ-202-G03-M-00	14,566,933.33	14,285,301.60	98.07
Mozambique	2	HIV/AIDS	The Ministry of Health of the Government of Mozambique	Gov: MOH	MOZ-202-G02-H-00	66,120,799.06	65,832,503.16	99.56
Mozambique	2	HIV/AIDS	The National AIDS Council (CNCS) of Mozambique	Gov: Oth	MOZ-202-G01-H-00	0.00	0.00	0.00
Mozambique	6	Malaria	The Ministry of Health of the Government of Mozambique	Gov: MOH	MOZ-607-G06-M	7,264,538.36	5,396,511.90	74.29
Mozambique	6	HIV/AIDS	The Ministry of Health of the Government of Mozambique	Gov: MOH	MOZ-607-G05-H	34,253,874.90	34,253,874.89	100.00
Namibia	5	TB	The Ministry of Health and Social Services of the Government of Namibia	Gov: MOH	NMB-506-G04-T	9,981,773.01	5,370,166.80	53.80

Swaziland	2	Malaria	The National Emergency Response Council on HIV/AIDS (NERCHA) of the Government of the Kingdom of Swaziland	Gov: Oth	SWZ-202-G02-M-00	499,327.71	499,327.68	100.00
Swaziland	2	HIV/AIDS	The National Emergency Response Council on HIV/AIDS (NERCHA) of the Government of the Kingdom of Swaziland	Gov: Oth	SWZ-202-G01-H-00	18,244,865.73	18,244,865.70	100.00
Swaziland	3	TB	The National Emergency Response Council on HIV/AIDS (NERCHA) of the Government of the Kingdom of Swaziland	Gov: Oth	SWZ-304-G03-T	1,157,600.01	1,104,755.82	95.44
Swaziland	4	HIV/AIDS	The National Emergency Response Council on HIV/AIDS (NERCHA) of the Government of the Kingdom of Swaziland	Gov: Oth	SWZ-405-G04-H	2,913,369.47	2,913,369.45	100.00

Swaziland	7	HIV/AIDS	The National Emergency Response Council on HIV/AIDS (NERCHA) of the Government of the Kingdom of Swaziland	Gov: Oth	SWZ-708-G05-H	27,295,783.00	0.00	0.00
Zambia	1	TB	Zambia National AIDS Network	CS/PS: NGO	ZAM-102-G15-T-00	1,164,676.00	1,164,676.00	100.00
Zambia	1	TB	The Churches Health Association of Zambia	CS/PS: FBO	ZAM-102-G06-T-00	8,056,728.01	8,056,728.00	100.00
Zambia	1	Malaria	The Churches Health Association of Zambia	CS/PS: FBO	ZAM-102-G05-M-00	2,529,900.01	2,529,891.40	100.00
Zambia	1	HIV/AIDS	Zambia National AIDS Network	CS/PS: NGO	ZAM-102-G08-H-00	12,131,468.01	12,131,468.00	100.00
Zambia	1	HIV/AIDS	The Churches Health Association of Zambia	CS/PS: FBO	ZAM-102-G04-H-00	16,225,653.01	16,225,653.00	100.00
Zambia	1	HIV/AIDS	Ministry of Health of the Government of the Republic of Zambia	Gov: MOH	ZAM-102-G01-H-00	15,043,020.38	14,543,020.36	96.68
Zambia	1	Malaria	Ministry of Health of the Government of the Republic of Zambia	Gov: MOH	ZAM-102-G02-M-00	18,452,099.82	18,252,099.80	98.92
Zambia	1	TB	Ministry of Health of the Government	Gov: MOH	ZAM-102-G03-T-	6,406,843.20	5,906,843.18	92.20

			of the Republic of Zambia		00			
Zambia	4	HIV/AIDS	Zambia National AIDS Network	CS/PS: NGO	ZAM-405-G11-H	28,208,555.01	16,202,591.64	57.44
Zambia	4	HIV/AIDS	The Churches Health Association of Zambia	CS/PS: FBO	ZAM-405-G10-H	57,264,052.79	56,264,052.78	98.25
Zambia	4	HIV/AIDS	Ministry of Health of the Government of the Republic of Zambia	Gov: MOH	ZAM-405-G09-H	38,536,277.72	33,402,097.64	86.68
Zambia	4	HIV/AIDS	The Ministry of Finance and National Planning of the Government of Zambia	Gov: MOF	ZAM-405-G12-H	5,694,580.15	5,194,580.14	91.22
Zambia	4	Malaria	The Churches Health Association of Zambia	CS/PS: FBO	ZAM-405-G14-M	6,668,108.01	6,379,667.88	95.67
Zambia	4	Malaria	Ministry of Health of the Government of the Republic of Zambia	Gov: MOH	ZAM-405-G13-M	7,692,368.91	6,661,242.32	86.60
Zimbabwe	1	HIV/AIDS	National AIDS Council of Zimbabwe	Gov: Oth	ZIM-102-G07-H	2,347,092.61	2,347,092.59	100.00
Zimbabwe	1	Malaria	The Ministry of Health and Child Welfare of the Government of Zimbabwe	Gov: MOH	ZIM-102-G02-M-00	209,946.60	209,946.58	100.00
Zimbabwe	5	TB	United Nations Development Programme	MO: UNDP	ZIM-509-G08-T	1,437,752.98	1,437,752.97	100.00

Zimbabwe	5	HIV/AIDS	United Nations Development Programme	MO: UNDP	ZIM-509-G10-H	21,033,988.13	21,033,988.12	100.00
Zimbabwe	5	Malaria	United Nations Development Programme	MO: UNDP	ZIM-509-G09-M	3,658,648.86	3,658,648.85	100.00
Benin	1	Malaria	United Nations Development Programme	MO: UNDP	BEN-102-G01-M-00	565,847.00	177,948.96	31.45
Benin	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	BEN-202-G03-H-00	5,381,576.78	3,928,162.78	72.99
Benin	2	TB	United Nations Development Programme	MO: UNDP	BEN-202-G02-T-00	921,754.50	657,808.50	71.36
Benin	3	Malaria	Africare	CS/PS: NGO	BEN-304-G04-M	1,072,999.00	1,059,783.85	98.77
Benin	5	HIV/AIDS	Ministry of Health of the Government of the Republic of Benin	Gov: MOH	BEN-506-G05-H	10,715,495.09	8,582,187.15	80.09
Burkina Faso	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	BUR-202-G02-H-00	1,658,609.67	1,658,609.67	100.00
Burkina Faso	2	HIV/AIDS	National Council for the Struggle against HIV/AIDS and STI (SP/CNLS-IST)	Gov: MOH	BUR-202-G04-H-00	5,363,023.90	5,363,023.90	100.00
Burkina Faso	4	TB	National Council for the Struggle against HIV/AIDS and STI (SP/CNLS-	Gov: MOH	BUR-407-G05-T	8,779,737.07	8,779,737.06	100.00

			IST)					
Burkina Faso	6	HIV/AIDS	National Council for the Struggle against HIV/AIDS and STI (SP/CNLS-IST)	Gov: Oth	BUR-607-G06-H	26,929,355.73	19,188,396.31	71.25
Cameroon	3	TB	The Ministry of Public Health of the Government of the Republic of Cameroon	Gov: MOH	CMR-304-G03-T	2,818,741.01	2,492,598.95	88.43
Cameroon	3	HIV/AIDS	The Ministry of Public Health of the Government of the Republic of Cameroon	Gov: MOH	CMR-304-G01-H	40,859,210.00	40,859,209.86	100.00
Cameroon	3	HIV/AIDS	The Ministry of Public Health of the Government of the Republic of Cameroon	Gov: MOH	CMR-304-G01-H-e	16,740,538.04	12,395,802.09	74.05
Cameroon	3	Malaria	The Ministry of Public Health of the Government of the Republic of Cameroon	Gov: MOH	CMR-304-G02-M	14,842,393.01	12,942,669.90	87.20
Cameroon	4	HIV/AIDS	CARE International	CS/PS: NGO	CMR-404-G04-H	9,846,793.01	9,568,161.91	97.17
Cameroon	5	HIV/AIDS	The Ministry of Public Health of the Government of the	Gov: MOH	CMR-506-G05-H	7,975,540.30	5,397,342.98	67.67

			Republic of Cameroon					
Cameroon	5	Malaria	The Ministry of Public Health of the Government of the Republic of Cameroon	Gov: MOH	CMR-506-G06-M	440,803.45	0.00	0.00
Central African Republic	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	CAF-202-G01-H-00	14,857,770.82	12,557,770.82	84.52
Central African Republic	4	TB	United Nations Development Programme	MO: UNDP	CAF-404-G03-T	1,351,759.06	1,351,759.04	100.00
Central African Republic	4	TB	National Coordination of the National AIDS Control Committee of the Government of the Central African Republic	Gov: MOH	CAF-409-G07-T	562,701.00	256,983.00	45.67
Central African Republic	4	HIV/AIDS	National Coordination of the National AIDS Control Committee of the Government of the Central African Republic	Gov: MOH	CAF-409-G06-H	2,163,415.00	1,515,742.00	70.06
Central African	4	HIV/AIDS	United Nations Development Programme	MO: UNDP	CAF-404-G02-H	3,800,250.31	3,800,250.31	100.00

Republic								
Central African Republic	4	Malaria	United Nations Development Programme	MO: UNDP	CAF-405-G04-M	6,071,081.00	3,040,819.71	50.09
Côte d'Ivoire	2	HIV/AIDS	CARE International	CS/PS: NGO	CIV-202-G05-H	26,171,118.02	22,799,434.92	87.12
Côte d'Ivoire	2	HIV/AIDS	United Nations Development Programme	MO: UNDP	CIV-202-G01-H-00	2,887,949.56	2,887,949.27	100.00
Côte d'Ivoire	3	TB	United Nations Development Programme	MO: UNDP	CIV-304-G03-T	959,985.01	872,223.52	90.86
Equatorial Guinea	4	HIV/AIDS	United Nations Development Programme	MO: UNDP	GNQ-405-G01-H	5,426,072.01	3,411,383.11	62.87
Equatorial Guinea	5	Malaria	Medical Care Development International	CS/PS: NGO	GNQ-506-G02-M	10,168,195.01	10,100,216.25	99.33
Gabon	3	HIV/AIDS	United Nations Development Programme	MO: UNDP	GAB-304-G01-H-e	1,797,515.62	1,797,515.62	100.00
Gabon	3	HIV/AIDS	United Nations Development Programme	MO: UNDP	GAB-304-G01-H	1,938,467.00	1,938,467.00	100.00
Gabon	4	Malaria	United Nations Development Programme	MO: UNDP	GAB-404-G02-M	1,196,698.02	1,196,698.00	100.00
Gabon	5	Malaria	Ministry of Health and Public Hygiene of the Governemnt	Gov: MOH	GAB-509-G04-M	9,667,209.24	4,762,891.98	49.27

			of the Gabonese Republic					
Gambia	3	Malaria	The Department of State for Health of the Republic of the Gambia	Gov: MOH	GMB-304-G02-M	9,129,204.02	9,129,204.00	100.00
Gambia	3	HIV/AIDS	The National AIDS Secretariat of the Republic of the Gambia	Gov: Oth	GMB-304-G01-H	8,322,164.30	8,322,164.29	100.00
Gambia	5	TB	Ministry of Health and Social welfare of the Government of the Republic of the Gambia	Gov: MOH	GMB-506-G03-T	2,471,602.01	2,339,403.55	94.65
Ghana	1	TB	The Ministry of Health of the Republic of Ghana	Gov: MOH	GHN-102-G02-T-00	3,348,552.56	3,348,552.55	100.00
Ghana	1	HIV/AIDS	The Ministry of Health of the Republic of Ghana	Gov: MOH	GHN-102-G01-H-00	9,204,744.01	9,204,744.00	100.00
Ghana	2	Malaria	The Ministry of Health of the Republic of Ghana	Gov: MOH	GHN-202-G03-M-00	4,253,380.01	4,253,379.98	100.00
Ghana	5	TB	The Ministry of Health of the Republic of Ghana	Gov: MOH	GHN-506-G05-T	16,924,238.01	16,514,468.72	97.58
Guinea	2	HIV/AIDS	The Ministry of Public Health of the Government of the Republic of Guinea	Gov: MOH	GIN-202-G01-H-00	4,846,409.01	432,011.32	8.91

Guinea-Bissau	3	TB	The Ministry of Health of the Government of the Republic of Guinea-Bissau (CG/PNDS)	Gov: MOH	GNB-309-G06-T	609,179.01	609,179.00	100.00
Guinea-Bissau	3	TB	United Nations Development Programme	MO: UNDP	GNB-304-G01-T	423,481.41	423,481.39	100.00
Guinea-Bissau	4	Malaria	United Nations Development Programme	MO: UNDP	GNB-404-G03-M	234,538.22	234,538.20	100.00
Guinea-Bissau	4	Malaria	The Ministry of Health of the Government of the Republic of Guinea-Bissau (CG/PNDS)	Gov: MOH	GNB-409-G08-M	599,333.01	599,333.00	100.00
Guinea-Bissau	4	HIV/AIDS	United Nations Development Programme	MO: UNDP	GNB-404-G02-H	754,641.86	754,641.84	100.00
Guinea-Bissau	4	HIV/AIDS	The Ministry of Health of the Government of the Republic of Guinea-Bissau (CG/PNDS)	Gov: MOH	GNB-409-G07-H	1,203,226.01	1,203,226.00	100.00
Liberia	6	HIV/AIDS	United Nations Development Programme	MO: UNDP	LBR-607-G04-H	66,025.01	66,025.00	100.00
Liberia	7	Malaria	United Nations Development Programme	MO: UNDP	LBR-708-G05-M	6,794,339.01	6,794,339.00	100.00

Nigeria	4	Malaria	The Yakubu Gowon Center for National Unity and International Cooperation	CS/PS: NGO	NGA-404-G05-M	23,433,696.02	18,014,706.64	76.88
Nigeria	4	Malaria	SOCIETY FOR FAMILY HEALTH	CS/PS: NGO	NGA-407-G10-M	30,641,591.01	25,670,295.00	83.78
Nigeria	5	HIV/AIDS	Association For Reproductive And Family Health (ARFH)	CS/PS: NGO	NGA-506-G09-H	6,643,707.02	6,643,707.00	100.00
Nigeria	5	HIV/AIDS	SOCIETY FOR FAMILY HEALTH	CS/PS: NGO	NGA-506-G08-H	8,907,254.56	8,907,254.53	100.00
Nigeria	5	HIV/AIDS	National Agency for the Control of AIDS	Gov: Oth	NGA-506-G07-H	23,567,222.02	23,567,222.00	100.00
Sao Tome and Principe	4	Malaria	United Nations Development Programme	MO: UNDP	STP-405-G01-M	1,469,439.01	1,469,439.01	100.00
Sao Tome and Principe	5	HIV/AIDS	United Nations Development Programme	MO: UNDP	STP-506-G02-H	864,202.02	769,956.31	89.09
Senegal	1	HIV/AIDS	Alliance Nationale Contre le SIDA	CS/PS: NGO	SNG-102-G04-H-00	2,906,326.01	2,906,326.00	100.00
Senegal	1	HIV/AIDS	The National AIDS Council of Senegal	Gov: Oth	SNG-102-G01-H-00	2,748,914.92	2,748,914.91	100.00
Senegal	4	Malaria	The Ministry of Health of the Government of the	Gov: MOH	SNG-405-G03-M	7,327,690.01	2,723,410.70	37.17

			Republic of Senegal					
Senegal	7	TB	The Ministry of Health and Medical Prevention (MSPM), Government of the Repbulic of Senegal	Gov: MOH	SNG-708-G08-T	45,596.77	44,089.25	96.69
Sierra Leone	2	TB	The Sierra Leone Red Cross Society	CS/PS: NGO	SLE-202-G01-T-00	2,461,733.90	2,461,733.88	100.00
Sierra Leone	4	HIV/AIDS	The Sierra Leone National HIV/AIDS Secretariat	Gov: Oth	SLE-405-G02-H	9,246,548.01	7,250,397.74	78.41
Togo	3	TB	United Nations Development Programme	MO: UNDP	TGO-304-G03-T	48,906.22	0.00	0.00
Togo	3	Malaria	United Nations Development Programme	MO: UNDP	TGO-304-G02-M	2,377,499.47	2,238,149.71	94.14
Togo	4	Malaria	United Nations Development Programme	MO: UNDP	TGO-405-G05-M	4,628,947.01	4,601,050.98	99.40
Togo	4	HIV/AIDS	POPULATION SERVICES INTERNATIONAL	CS/PS: NGO	TGO-405-G04-H	21,136,912.02	19,243,729.87	91.04
Togo	6	Malaria	United Nations Development Programme	MO: UNDP	TGO-607-G06-M	1,215,983.06	983,581.67	80.89

APPENDIX 4: GOVERNANCE, RISK AND TOTAL DISEASE BURDEN SCORES PER COUNTRY

Country	Governance and Risk	Total Burden
Afghanistan	15	18
Albania	8	12
Algeria	11.4	16
Angola	46.2	26
Argentina	22.5	16
Armenia	25	20
Azerbaijan	30	24
Bangladesh	54	18
Belarus	30	22
Belize	12	22
Benin	42.75	20
Bhutan	5	18
Bolivia	30	20
Bosnia and Herzegovina	30	14
Botswana	4	26
Brazil	20	22
Bulgaria	20	20
Burkina Faso	85.5	22
Burundi	87	26
Cambodia	85	26
Cameroon	90	26
Cape Verde	9.25	16
Central African Republic	80	26
Chad	98	26
Chile	5	16
Colombia	20	20
Comoros	29	12
Congo-Brazzaville	30.8	22
Costa Rica	9.4	18
Cote d'Ivoire	89	26
Cuba	48	18
D.P.R. Korea	36	18
D.R. Congo	93	20
Djibouti	97	26
Dominican Republic	90	18
Ecuador	24	16
Egypt	13.25	14
El Salvador	32	16

Equatorial Guinea	24	18
Eritrea	48	20
Ethiopia	60	20
Fiji	12	10
Gabon	40	26
Gambia	26	26
Georgia	32	22
Ghana	22.2	24
Guatemala	47	18
Guinea	60	22
Guina-Bissau	77	26
Guyana	24	22
Haiti	100	20
Honduras	72	18
India	32	26
Indonesia	48	24
Iran	96	14
Iraq	30	14
Jamaica	20	16
Jordan	8	12
Kazakhstan	30	20
Kenya	58.4	26
Kosovo	15	12
Kyrgyzstan	60	22
Lao P.D.R.	60	18
Lesotho	22.2	20
Liberia	32.25	14
Macedonia	8	14
Madagascar	45	18
Malawi	32	26
Malaysia	8	22
Maldives	48	12
Mali	96	24
Mauritania	95	20
Mauritius	5	16
Mexico	12	18
Moldova	30	10
Mongolia	12	16
Montenegro	8	12
Morocco	8	14
Mozambique	45.6	26
Myanmar	84	24
Namibia	22.2	28

Nepal	48	20
Nicaragua	45	16
Niger	67.5	22
Nigeria	88	26
Pakistan	49	22
Panama	8	18
Papua New Guinea	96	22
Paraguay	16	18
P.R. of China	32	20
Peru	30	24
Phillipes	96	18
Romania	16	18
Russian Federation	80	22
Rwanda	43	24
Sao tome and Principe	14.25	18
Senegal	51	22
Serbia	8	16
Sierra Leone	54	24
Solomon Islands	15	20
Somalia	60	26
South Africa	44.4	26
Sri Lanka	45	16
Sudan	94	24
Suriname	15	22
Swaziland	34.2	26
Syrian Arab Republic	36	10
Tajikistan	40	22
Thailand	30	26
Timor-Leste	18	20
Togo	45	24
Tunisia	9.25	14
Turkey	10	16
Turkmenistan	16	14
U.R. Tanzania	92	26
Uganda	91	26
Ukraine	99	22
Uruguay	4	18
Uzbekistan	32	20
Viet Nam	45	26
West Bank and Gaza	15	10
Yemen	80	16
Zambia	87	26
Zanzibar	17.1	26

Zimbabwe	86	26

APPENDIX 5: COUNTRY DISEASE SCORE PER COMPONENT

Country	Component	Disease Score
Afghanistan	HIV	4
	Malaria	2
	TB	6
Angola	HIV	6
	Malaria	6
	TB	6
Albania	HIV	1
	Malaria	1
	TB	1
Argentina	HIV	4
	Malaria	1
	TB	1
Armenia	HIV	1
	Malaria	1
	TB	6
Antigua and Barbuda	HIV	1
	Malaria	1
	TB	1
Azerbaijan	HIV	4
	Malaria	2
	TB	6
Bangladesh	HIV	1
	Malaria	4
	TB	6
Belize	HIV	6
	Malaria	2
	TB	2
Benin	HIV	4
	Malaria	6
	TB	2
Bosnia & Herzegovina	HIV	1
Bosnia & Herzegovina	Malaria	1
Bosnia & Herzegovina	TB	2
Belarus	HIV	4
Belarus	Malaria	1
Belarus	TB	6
Bolivia	HIV	4
Bolivia	Malaria	2
Bolivia	TB	4
Botswana	HIV	8

Botswana	Malaria	4
Botswana	TB	8
Brazil	HIV	4
Brazil	Malaria	2
Brazil	TB	4
Burundi	HIV	6
Burundi	Malaria	6
Burundi	TB	6
Bhutan	HIV	1
Bhutan	Malaria	4
Bhutan	TB	6
Bulgaria	HIV	4
Bulgaria	Malaria	1
Bulgaria	TB	4
Burkina Faso	HIV	4
Burkina Faso	Malaria	8
Burkina Faso	TB	4
Central African Republic	HIV	6
Central African Republic	Malaria	8
Central African Republic	TB	6
Cambodia	HIV	4
Cambodia	Malaria	6
Cambodia	TB	6
Cape Verde	HIV	2
Cape Verde	Malaria	2
Cape Verde	TB	4
Chile	HIV	4
Chile	Malaria	1
Chile	TB	1
China	HIV	4
China	Malaria	1
China	TB	6
Côte d'Ivoire	HIV	6
Côte d'Ivoire	Malaria	6
Côte d'Ivoire	TB	6
Cameroon	HIV	6
Cameroon	Malaria	6
Cameroon	TB	6
Congo	HIV	6
Congo	Malaria	6
Congo	TB	6
Colombia	HIV	2
Colombia	Malaria	4

Colombia	TB	2
Comoros	HIV	1
Comoros	Malaria	4
Comoros	TB	1
Costa Rica	HIV	4
Costa Rica	Malaria	2
Costa Rica	TB	1
Cuba	HIV	1
Cuba	Malaria	1
Cuba	TB	1
Djibouti	HIV	6
Djibouti	Malaria	6
Djibouti	TB	8
Dominica	HIV	1
Dominica	Malaria	1
Dominica	TB	1
Dominican Republic	HIV	4
Dominican Republic	Malaria	1
Dominican Republic	TB	2
Algeria	HIV	1
Algeria	Malaria	1
Algeria	TB	4
Ecuador	HIV	1
Ecuador	Malaria	2
Ecuador	TB	2
Egypt	HIV	4
Egypt	Malaria	1
Egypt	TB	1
Eritrea	HIV	4
Eritrea	Malaria	2
Eritrea	TB	4
Estonia	HIV	
Estonia	Malaria	
Estonia	TB	
Ethiopia	HIV	6
Ethiopia	Malaria	6
Ethiopia	TB	6
Fiji	HIV	1
Fiji	Malaria	1
Fiji	TB	1
Micronesia	HIV	1
Micronesia	Malaria	1
Micronesia	TB	6

Gabon	HIV	6
Gabon	Malaria	4
Gabon	TB	6
Georgia	HIV	2
Georgia	Malaria	2
Georgia	TB	6
Ghana	HIV	4
Ghana	Malaria	6
Ghana	TB	6
Guinea	HIV	4
Guinea	Malaria	8
Guinea	TB	4
Gambia	HIV	6
Gambia	Malaria	6
Gambia	TB	6
Guinea-Bissau	HIV	6
Guinea-Bissau	Malaria	8
Guinea-Bissau	TB	6
Equatorial Guinea	HIV	
Equatorial Guinea	Malaria	
Equatorial Guinea	TB	
Grenada	HIV	1
Grenada	Malaria	1
Grenada	TB	1
Guatemala	HIV	4
Guatemala	Malaria	2
Guatemala	TB	2
Guyana	HIV	4
Guyana	Malaria	4
Guyana	TB	6
Honduras	HIV	4
Honduras	Malaria	2
Honduras	TB	2
Croatia	HIV	
Croatia	Malaria	
Croatia	TB	
Haiti	HIV	4
Haiti	Malaria	2
Haiti	TB	6
India	HIV	4
India	Malaria	8
India	TB	6
Indonesia	HIV	4

Indonesia	Malaria	4
Indonesia	TB	6
Iran (Islamic Republic of)	HIV	1
Iran (Islamic Republic of)	Malaria	2
Iran (Islamic Republic of)	TB	1
Iraq	HIV	1
Iraq	Malaria	2
Iraq	TB	2
Jamaica	HIV	4
Jamaica	Malaria	1
Jamaica	TB	1
Jordan	HIV	1
Jordan	Malaria	1
Jordan	TB	1
Kazakhstan	HIV	2
Kazakhstan	Malaria	1
Kazakhstan	TB	6
Kenya	HIV	6
Kenya	Malaria	4
Kenya	TB	6
Kyrgyzstan	HIV	4
Kyrgyzstan	Malaria	2
Kyrgyzstan	TB	6
Kiribati	HIV	1
Kiribati	Malaria	1
Kiribati	TB	6
Saint Kitts and Nevis	HIV	1
Saint Kitts and Nevis	Malaria	1
Saint Kitts and Nevis	TB	1
Kosovo	HIV	1
Kosovo	Malaria	1
Kosovo	TB	1
Lao People Democratic Republic	HIV	1
Lao People Democratic Republic	Malaria	4
Lao People Democratic Republic	TB	4
Lebanon	HIV	1
Lebanon	Malaria	1
Lebanon	TB	1
Liberia	HIV	4
Liberia	Malaria	8
Liberia	TB	6

Libyan Arab Jamahiriya	HIV	1
Libyan Arab Jamahiriya	Malaria	1
Libyan Arab Jamahiriya	TB	2
St Lucia	HIV	4
St Lucia	Malaria	1
St Lucia	TB	1
Lesotho	HIV	8
Lesotho	Malaria	1
Lesotho	TB	8
Lithuania	HIV	4
Lithuania	Malaria	1
Lithuania	TB	6
Multicountry Americas (Andean)	Malaria	
Multicountry Americas (CARICOM / PANCAP)	HIV	
Multicountry Americas (OECS)	HIV	
Multicountry Africa (RMCC)	Malaria	
Mali	HIV	4
Mali	Malaria	8
Mali	TB	6
Multicountry Americas (Meso)	HIV	
Multicountry Americas (CRN+)	HIV	
Multicountry Americas (REDCA+)	HIV	
Multicountry Africa (SADC)	HIV	
Multicountry Americas (REDTRASEX)	HIV	
Multicountry Africa (West Africa Corridor Program)	HIV	
Multicountry Americas (COPRECOS)	HIV	
Madagascar	HIV	1
Madagascar	Malaria	4
Madagascar	TB	6
Maldives	HIV	1
Maldives	Malaria	1
Maldives	TB	2
Multicountry East Asia And Pacific (APN+)	HIV	
Multicountry East Asia And	HIV	

Pacific (ISEAN-HIVOS)		
Multicountry East Asia And Pacific (ISEAN-HIVOS)	Malaria	
Multicountry East Asia And Pacific (ISEAN-HIVOS)	TB	
Mexico	HIV	4
Mexico	Malaria	2
Mexico	TB	1
Marshall Islands	HIV	1
Marshall Islands	Malaria	1
Marshall Islands	TB	6
Macedonia	HIV	1
Macedonia	Malaria	1
Macedonia	TB	2
Malawi	HIV	8
Malawi	Malaria	6
Malawi	TB	6
Multicountry Middle East - North Africa (MENAHRA)	HIV	
Montenegro	HIV	1
Montenegro	Malaria	1
Montenegro	TB	1
Republic of Moldova	HIV	4
Republic of Moldova	Malaria	1
Republic of Moldova	TB	6
Mongolia	HIV	1
Mongolia	Malaria	1
Mongolia	TB	6
Morocco	HIV	1
Morocco	Malaria	1
Morocco	TB	4
Mozambique	HIV	8
Mozambique	Malaria	8
Mozambique	TB	6
Mauritania	HIV	4
Mauritania	Malaria	4
Mauritania	TB	4
Multicountry South Asia	HIV	
Mauritius	HIV	4
Mauritius	Malaria	1
Mauritius	TB	1
Multicountry Western Pacific	HIV	
Multicountry Western Pacific	Malaria	
Multicountry Western Pacific	TB	

Myanmar	HIV	4
Myanmar	Malaria	6
Myanmar	TB	6
Malaysia	HIV	4
Malaysia	Malaria	2
Malaysia	TB	4
Nepal	HIV	4
Nepal	Malaria	2
Nepal	TB	6
Nigeria	HIV	6
Nigeria	Malaria	8
Nigeria	TB	6
Niger	HIV	4
Niger	Malaria	8
Niger	TB	4
Nicaragua	HIV	2
Nicaragua	Malaria	2
Nicaragua	TB	2
Namibia	HIV	8
Namibia	Malaria	6
Namibia	TB	8
Panama	HIV	2
Panama	Malaria	2
Panama	TB	2
Peru	HIV	4
Peru	Malaria	2
Peru	TB	6
Philippines	HIV	1
Philippines	Malaria	2
Philippines	TB	6
Pakistan	HIV	4
Pakistan	Malaria	2
Pakistan	TB	6
Palau	HIV	1
Palau	Malaria	1
Palau	TB	4
Papua New Guinea	HIV	4
Papua New Guinea	Malaria	4
Papua New Guinea	TB	6
Democratic People Republic of Korea	HIV	1
Democratic People Republic of Korea	Malaria	2
Democratic People Republic	TB	6

of Korea		
Paraguay	HIV	4
Paraguay	Malaria	2
Paraguay	TB	2
West Bank and Gaza	HIV	1
West Bank and Gaza	Malaria	1
West Bank and Gaza	TB	1
Romania	HIV	2
Romania	Malaria	1
Romania	TB	4
Russian Federation	HIV	4
Russian Federation	Malaria	1
Russian Federation	TB	6
Rwanda	HIV	6
Rwanda	Malaria	4
Rwanda	TB	6
South Africa	HIV	8
South Africa	Malaria	4
South Africa	TB	8
Solomon Islands	HIV	1
Solomon Islands	Malaria	6
Solomon Islands	TB	4
Sierra Leone	HIV	4
Sierra Leone	Malaria	8
Sierra Leone	TB	6
El Salvador	HIV	4
El Salvador	Malaria	1
El Salvador	TB	2
Senegal	HIV	4
Senegal	Malaria	6
Senegal	TB	4
Somalia	HIV	4
Somalia	Malaria	6
Somalia	TB	6
Serbia	HIV	4
Serbia	Malaria	1
Serbia	TB	1
Sri Lanka	HIV	1
Sri Lanka	Malaria	4
Sri Lanka	TB	2
Sao Tome & Principe	HIV	4
Sao Tome & Principe	Malaria	8
Sao Tome & Principe	TB	2

Sudan North	HIV	4
Sudan North	Malaria	4
Sudan North	TB	6
Suriname	HIV	4
Suriname	Malaria	6
Suriname	TB	2
Sudan South	HIV	4
Sudan South	Malaria	4
Sudan South	TB	6
Swaziland	HIV	8
Swaziland	Malaria	4
Swaziland	TB	8
Seychelles	HIV	1
Seychelles	Malaria	1
Seychelles	TB	1
Syrian Arab Republic	HIV	1
Syrian Arab Republic	Malaria	1
Syrian Arab Republic	TB	1
Tajikistan	HIV	4
Tajikistan	Malaria	2
Tajikistan	TB	6
Chad	HIV	6
Chad	Malaria	8
Chad	TB	6
Togo	HIV	6
Togo	Malaria	6
Togo	TB	4
Thailand	HIV	4
Thailand	Malaria	6
Thailand	TB	6
Turkmenistan	HIV	1
Turkmenistan	Malaria	1
Turkmenistan	TB	4
Timor-Leste	HIV	1
Timor-Leste	Malaria	4
Timor-Leste	TB	6
United Republic of Tanzania	HIV	6
United Republic of Tanzania	Malaria	8
United Republic of Tanzania	TB	6
Tonga	HIV	1
Tonga	Malaria	1
Tonga	TB	1
Tunisia	HIV	2

Tunisia	Malaria	1
Tunisia	TB	2
Turkey	HIV	1
Turkey	Malaria	2
Turkey	TB	2
Tuvalu	HIV	1
Tuvalu	Malaria	1
Tuvalu	TB	6
Uganda	HIV	6
Uganda	Malaria	8
Uganda	TB	6
Ukraine	HIV	4
Ukraine	Malaria	1
Ukraine	TB	6
Uruguay	HIV	4
Uruguay	Malaria	1
Uruguay	TB	2
Uzbekistan	HIV	4
Uzbekistan	Malaria	1
Uzbekistan	TB	6
St Vincent & Grenadines	HIV	1
St Vincent & Grenadines	Malaria	1
St Vincent & Grenadines	TB	1
Venezuela	HIV	1
Venezuela	Malaria	2
Venezuela	TB	2
Viet Nam	HIV	4
Viet Nam	Malaria	6
Viet Nam	TB	6
Vanuatu	HIV	1
Vanuatu	Malaria	4
Vanuatu	TB	4
Lutheran World Federation	HIV	
Lutheran World Federation	Malaria	
Lutheran World Federation	TB	
Samoa	HIV	1
Samoa	Malaria	1
Samoa	TB	1
Yemen	HIV	1
Yemen	Malaria	4
Yemen	TB	2
Zambia	HIV	8
Zambia	Malaria	6

Zambia	TB	8
Zanzibar	HIV	6
Zanzibar	Malaria	8
Zanzibar	TB	6
Democratic Republic of the Congo	HIV	4
Democratic Republic of the Congo	Malaria	8
Democratic Republic of the Congo	TB	6
Zimbabwe	HIV	8
Zimbabwe	Malaria	6
Zimbabwe	TB	8

APPENDIX 6: COUNTRY SCORE FOR DEVELOPMENT ASSISTANCE FOR HEALTH (DAH) PER DISABILITY-ADJUSTED YEAR LIFE (DALY)

Country	DAH per DALY (in USD)
Afghanistan	9.58
Albania	36.46
Algeria	0.50
Angola	4.92
Argentina	32.22
Armenia	27.53
Azerbaijan	6.44
Bangladesh	4.48
Belarus	3.08
Belize	24.71
Benin	14.26
Bhutan	33.30
Bolivia	24.29
Bosnia and Herzegovina	25.50
Botswana	95.07
Brazil	3.29
Bulgaria	17.98
Burkina Faso	
Burundi	7.98
Cambodia	20.08
Cameroon	5.98
Cape Verde	99.26
Central African Republic	6.11
Chad	4.28
Chile	3.71
Colombia	18.30
Comoros	11.17
Congo-Brazzaville	7.15
Costa Rica	11.25
Cote d'Ivoire	5.63
Cuba	6.36
D.P.R. Korea	0.51
D.R. Congo	4.66
Djibouti	38.46
Dominican Republic	20.64
Ecuador	18.43

Egypt	5.67
El Salvador	29.30
Equatorial Guinea	12.07
Eritrea	16.11
Ethiopia	8.93
Fiji	33.62
Gabon	17.45
Gambia	21.37
Georgia	32.33
Ghana	22.15
Guatemala	14.60
Guinea	5.31
Guina-Bissau	11.57
Guyana	112.26
Haiti	27.83
Honduras	34.50
India	1.76
Indonesia	3.57
Iran	0.99
Iraq	11.71
Jamaica	24.84
Jordan	23.23
Kazakhstan	3.03
Kenya	19.99
Kosovo	12.96
Kyrgyzstan	22.19
Lao P.D.R.	18.23
Lesotho	24.37
Liberia	11.15
Macedonia	1.26
Madagascar	9.21
Malawi	21.35
Malaysia	0.22
Maldives	11.74
Mali	10.33
Mauritania	8.46
Mauritius	1.91
Mexico	3.21
Moldova	19.53
Mongolia	18.45
Montenegro	12.96
Morocco	8.57
Mozambique	25.21

Myanmar	2.26
Namibia	107.06
Nepal	8.90
Nicaragua	64.95
Niger	4.92
Nigeria	5.29
Pakistan	5.18
Panama	12.74
Papua New Guinea	32.19
Paraguay	13.38
P.R. of China	1.07
Peru	16.76
Phillipes	6.27
Romania	4.54
Russian Federation	1.69
Rwanda	25.78
Sao tome and Principe	71.44
Senegal	19.15
Serbia	12.96
Sierra Leone	6.21
Solomon Islands	128.29
Somalia	3.04
South Africa	13.21
Sri Lanka	4.23
Sudan	5.06
Suriname	86.35
Swaziland	32.23
Syrian Arab Republic	4.15
Tajikistan	14.35
Thailand	3.90
Timor-Leste	44.71
Togo	7.30
Tunisia	8.10
Turkey	3.92
Turkmenistan	1.23
U.R. Tanzania	19.10
Uganda	19.92
Ukraine	3.93
Uruguay	15.07
Uzbekistan	5.64
Viet Nam	12.04
West Bank and Gaza	4.15
Yemen	4.83

Zambia	33.43
Zanzibar	19.10
Zimbabwe	11.52

APPENDIX 7: DATAON ROUND OF FUNDING, DISEASE COMPONENT, TYPE OF IMPLEMENTER AND NUMBER OF GRANTS MANAGED

Country	Round	Component	PR Type	Grant Number	Number of Grants managed by the PR
Cambodia	1	HIV/AIDS	Gov: MOH	CAM-102-G01-H-00	5
Cambodia	2	HIV/AIDS	Gov: MOH	CAM-202-G02-H-00	5
Cambodia	2	Malaria	Gov: MOH	CAM-202-G03-M-00	5
Cambodia	2	TB	Gov: MOH	CAM-202-G04-T-00	5
Cambodia	4	HIV/AIDS	Gov: MOH	CAM-405-G05-H	5
Cambodia	4	Malaria	Gov: MOH	CAM-405-G06-M	5
Cambodia	5	HIV/AIDS	Gov: MOH	CAM-506-G07-H	5
Cambodia	5	TB	Gov: MOH	CAM-506-G09-T	5
Cambodia	6	Malaria	Gov: MOH	CAM-607-G10-M	5
Cambodia	7	HIV/AIDS	Gov: Oth	CAM-708-G11-H	1
Cambodia	7	TB	Gov: Oth	CAM-708-G12-T	1
China	1	TB	Gov: Oth	CHN-102-G01-T-00	5
China	1	Malaria	Gov: Oth	CHN-102-G02-M-00	5
China	3	HIV/AIDS	Gov: Oth	CHN-304-G03-H	5
China	4	HIV/AIDS	Gov: Oth	CHN-405-G05-H	5
China	4	TB	Gov: Oth	CHN-405-G04-T	5
China	5	TB	Gov: Oth	CHN-506-G08-T	5
China	5	Malaria	Gov: Oth	CHN-506-G07-M	5
China	5	HIV/AIDS	Gov: Oth	CHN-506-G06-H	5
China	6	Malaria	Gov: Oth	CHN-607-G09-M	5
China	6	HIV/AIDS	Gov: Oth	CHN-607-G10-H	5
China	7	TB	Gov: Oth	CHN-708-G11-T	5
China	8	TB	Gov: Oth	CHN-809-G12-T	5
Indonesia	1	TB	Gov: MOH	IND-102-G01-T-00	5
Indonesia	1	HIV/AIDS	Gov: MOH	IND-102-G03-H-00	5
Indonesia	1	Malaria	Gov: MOH	IND-102-G02-M-00	5
Indonesia	4	HIV/AIDS	Gov: MOH	IND-405-G04-H	5
Indonesia	5	TB	Gov: MOH	IND-506-G05-T	5
Indonesia	6	Malaria	Gov: MOH	IND-607-G06-M	5
Indonesia	8	TB	CS/PS: NGO	IND-809-G10-T	1
Indonesia	8	HIV/AIDS	Gov: MOH	IND-809-G08-H	2

Indonesia	8	HIV/AIDS	CS/PS: NGO	IND-809-G09-H	1
Indonesia	8	TB	Gov: MOH	IND-809-G11-T	2
Indonesia	8	Malaria	Gov: MOH	IND-809-G14-M	1
Indonesia	8	Malaria	CS/PS: NGO	IND-809-G13-M	1
Indonesia	8	TB	CS/PS: NGO	IND-809-G12-T	1
Indonesia	8	HIV/AIDS	Gov: Oth	IND-809-G07-H	1
Lao (Peoples Democratic Republic)	1	HIV/AIDS	Gov: MOH	LAO-102-G01-H-00	5
Lao (Peoples Democratic Republic)	1	Malaria	Gov: MOH	LAO-102-G02-M-00	5
Lao (Peoples Democratic Republic)	2	TB	Gov: MOH	LAO-202-G03-T-00	5
Lao (Peoples Democratic Republic)	4	HIV/AIDS	Gov: MOH	LAO-405-G04-H	5
Lao (Peoples Democratic Republic)	4	Malaria	Gov: MOH	LAO-405-G05-M	5
Lao (Peoples Democratic Republic)	4	TB	Gov: MOH	LAO-405-G06-T	5
Lao (Peoples Democratic Republic)	6	Malaria	Gov: MOH	LAO-607-G07-M	5
Lao (Peoples Democratic Republic)	6	HIV/AIDS	Gov: MOH	LAO-607-G08-H	5
Lao (Peoples Democratic Republic)	7	TB	Gov: MOH	LAO-708-G10-T	5
Lao (Peoples Democratic Republic)	7	Malaria	Gov: MOH	LAO-708-G09-M	5
Lao (Peoples Democratic Republic)	8	HIV/AIDS	Gov: MOH	LAO-809-G11-H	5
Mongolia	1	TB	Gov: MOH	MON-102-G01-T-00	3
Mongolia	2	HIV/AIDS	Gov: MOH	MON-202-G02-H-00	3
Mongolia	4	TB	Gov: MOH	MON-405-G03-T	3
Mongolia	5	HIV/AIDS	Gov: MOH	MON-506-G04-H	3

Mongolia	7	HIV/AIDS	Gov: MOH	MON-708-G05-H	3
Multicountry Western Pacific	2	TB	Gov: Oth	MWP-202-G03-T-00	5
Myanmar	2	TB	MO: UNDP	MYN-202-G01-T-00	3
Myanmar	3	Malaria	MO: UNDP	MYN-305-G03-M	3
Myanmar	3	HIV/AIDS	MO: UNDP	MYN-305-G02-H	3
Papua New Guinea	3	Malaria	Gov: MOH	PNG-304-G01-M	3
Papua New Guinea	4	HIV/AIDS	Gov: MOH	PNG-405-G02-H	3
Papua New Guinea	6	TB	Gov: MOH	PNG-607-G03-T	1
Papua New Guinea	8	Malaria	CS/PS: NGO	PNG-809-G05-M	1
Papua New Guinea	8	Malaria	Gov: MOH	PNG-809-G04-M	3
Papua New Guinea	8	Malaria	CS/PS: PS	PNG-809-G06-M	1
Philippines	2	TB	CS/PS: PS	PHL-202-G02-T-e	5
Philippines	2	TB	CS/PS: PS	PHL-202-G02-T-00	5
Philippines	2	Malaria	CS/PS: PS	PHL-202-G09-M	5
Philippines	2	Malaria	CS/PS: PS	PHL-202-G01-M-00	5
Philippines	3	HIV/AIDS	CS/PS: PS	PHL-304-G03-H	5
Philippines	5	HIV/AIDS	CS/PS: PS	PHL-506-G04-H	5
Philippines	5	TB	CS/PS: PS	PHL-506-G06-T	5
Philippines	5	HIV/AIDS	Gov: MOH	PHL-509-G10-H	2
Philippines	5	Malaria	CS/PS: PS	PHL-506-G05-M	1
Philippines	6	HIV/AIDS	Gov: MOH	PHL-607-G08-H	2
Thailand	1	HIV/AIDS	Gov: MOH	THA-102-G01-H-00	5
Thailand	1	TB	Gov: MOH	THA-102-G02-T-00	5
Thailand	2	Malaria	Gov: MOH	THA-202-G05-M-00	5
Thailand	2	HIV/AIDS	CS/PS: NGO	THA-202-G03-H-00	2
Thailand	2	HIV/AIDS	Gov: MOH	THA-202-G04-H-00	5
Thailand	3	HIV/AIDS	CS/PS: NGO	THA-304-G06-H	2
Thailand	6	TB	CS/PS: NGO	THA-607-G08-T	2
Thailand	6	TB	Gov: MOH	THA-607-G07-T	5
Thailand	7	Malaria	Gov: MOH	THA-708-G09-M	5
Thailand	8	TB	Gov: MOH	THA-809-G13-T	5
Thailand	8	HIV/AIDS	CS/PS: NGO	THA-809-G12-H	2
Thailand	8	HIV/AIDS	Gov: MOH	THA-809-G10-H	5
Thailand	8	HIV/AIDS	CS/PS: NGO	THA-809-G11-H	2

Timor-Leste	2	Malaria	Gov: MOH	TMP-202-G01-M-00	3
Timor-Leste	3	TB	Gov: MOH	TMP-304-G02-T	3
Timor-Leste	5	HIV/AIDS	Gov: MOH	TMP-506-G03-H	3
Timor-Leste	7	Malaria	Gov: MOH	TMP-709-G05-M	3
Timor-Leste	7	TB	Gov: MOH	TMP-708-G04-T	3
Viet Nam	1	HIV/AIDS	Gov: MOH	VTN-102-G01-H-00	2
Viet Nam	1	TB	Gov: MOH	VTN-102-G02-T-00	2
Viet Nam	3	Malaria	Gov: MOH	VTN-304-G03-M	1
Viet Nam	6	TB	Gov: MOH	VTN-607-G05-T	1
Viet Nam	6	HIV/AIDS	Gov: MOH	VTN-607-G04-H	1
Viet Nam	7	Malaria	Gov: MOH	VTN-708-G06-M	1
Albania	5	TB	Gov: MOH	ALB-506-G02-T	2
Albania	5	HIV/AIDS	Gov: MOH	ALB-506-G01-H	2
Armenia	2	HIV/AIDS	CS/PS: NGO	ARM-202-G01-H-00	1
Armenia	5	TB	Gov: MOH	ARM-506-G02-T	2
Armenia	8	TB	Gov: MOH	ARM-809-G03-T	2
Azerbaijan	4	HIV/AIDS	Gov: MOH	AZE-405-G01-H	4
Azerbaijan	5	TB	Gov: MOH	AZE-506-G02-T	4
Azerbaijan	7	Malaria	Gov: MOH	AZE-708-G04-M	4
Azerbaijan	7	TB	Gov: MOH	AZE-708-G03-T	4
Belarus	3	HIV/AIDS	MO: UNDP	BLR-304-G01-H	4
Belarus	6	TB	MO: UNDP	BLR-607-G02-T	4
Belarus	8	HIV/AIDS	MO: UNDP	BLR-809-G03-H	4
Bosnia and Herzegovina	5	HIV/AIDS	MO: UNDP	BIH-506-G01-H	4
Bosnia and Herzegovina	6	TB	MO: UNDP	BIH-607-G02-T	4
Bulgaria	2	HIV/AIDS	Gov: MOH	BUL-202-G01-H-00	1
Bulgaria	6	TB	Gov: MOH	BUL-607-G02-T	1
Georgia	2	HIV/AIDS	Gov: Oth	GEO-202-G01-H-00	5
Georgia	3	Malaria	Gov: Oth	GEO-304-G02-M	5
Georgia	4	TB	Gov: Oth	GEO-405-G03-T	5
Georgia	6	TB	Gov: Oth	GEO-607-G05-T	5
Georgia	6	HIV/AIDS	Gov: Oth	GEO-607-G06-H	5
Georgia	6	Malaria	Gov: Oth	GEO-607-G04-M	5
Georgia	S	HIV/AIDS	Gov: Oth	GEO-S10-G07-H	5
Kazakhstan	2	HIV/AIDS	Gov: Oth	KAZ-202-G01-H-00	1
Kazakhstan	6	TB	Gov: MOH	KAZ-607-G02-T	2
Kazakhstan	7	HIV/AIDS	Gov: Oth	KAZ-708-G03-H	1
Kazakhstan	8	TB	Gov: MOH	KAZ-809-G04-T	2

Kosovo	4	TB	Gov: MOH	KOS-405-G01-T	2
Kosovo	7	HIV/AIDS	Gov: MOH	KOS-708-G02-H	2
Kyrgyzstan	2	TB	Gov: MOH	KGZ-202-G02-T-00	2
Kyrgyzstan	2	HIV/AIDS	Gov: Oth	KGZ-202-G01-H-00	1
Kyrgyzstan	5	Malaria	Gov: Oth	KGZ-506-G03-M	2
Kyrgyzstan	6	TB	Gov: MOH	KGZ-607-G04-T	2
Kyrgyzstan	7	HIV/AIDS	Gov: MOH	KGZ-708-G05-H	1
Kyrgyzstan	8	Malaria	Gov: Oth	KGZ-809-G06-M	2
Macedonia (Former Yugoslav Republic)	3	HIV/AIDS	Gov: MOH	MKD-304-G01-H	2
Macedonia (Former Yugoslav Republic)	5	TB	Gov: MOH	MKD-506-G02-T	2
Macedonia (Former Yugoslav Republic)	7	HIV/AIDS	Gov: MOH	MKD-708-G03-H	2
Moldova	6	TB	Gov: MOH	MOL-607-G02-T	3
Moldova	6	HIV/AIDS	Gov: MOH	MOL-607-G03-H	3
Moldova	8	HIV/AIDS	CS/PS: NGO	MOL-809-G06-H	1
Moldova	8	TB	Gov: MOH	MOL-809-G04-T	3
Montenegro	5	HIV/AIDS	MO: UNDP	MNT-506-G01-H	2
Montenegro	6	TB	MO: UNDP	MNT-607-G02-T	2
Romania	2	HIV/AIDS	Gov: MOH	ROM-202-G01-H-00	2
Romania	2	TB	Gov: MOH	ROM-202-G02-T-00	2
Romania	6	HIV/AIDS	CS/PS: NGO	ROM-607-G03-H	2
Romania	6	TB	CS/PS: NGO	ROM-607-G04-T	2
Russian Federation	3	TB	CS/PS: NGO	RUS-304-G02-T	1
Russian Federation	3	HIV/AIDS	CS/PS: NGO	RUS-304-G01-H	1
Russian Federation	4	TB	CS/PS: NGO	RUS-405-G04-T	2
Russian Federation	4	HIV/AIDS	CS/PS: NGO	RUS-405-G03-H	2
Russian Federation	5	HIV/AIDS	CS/PS: NGO	RUS-506-G05-H	1
Serbia	1	HIV/AIDS	CS/PS: PS	SER-102-G01-H-00	1
Serbia	3	TB	Gov: MOH	SER-304-G02-T	2

Serbia	6	HIV/AIDS	Gov: MOH	SER-607-G03-H	2
Serbia	8	HIV/AIDS	Gov: MOH	SER-809-G04-H	3
Serbia	8	HIV/AIDS	CS/PS: NGO	SER-809-G05-H	3
Tajikistan	1	HIV/AIDS	MO: UNDP	TAJ-102-G01-H-00	1
Tajikistan	3	TB	CS/PS: NGO	TAJ-304-G02-T	1
Tajikistan	4	HIV/AIDS	MO: UNDP	TAJ-404-G03-H	5
Tajikistan	5	Malaria	MO: UNDP	TAJ-506-G04-M	5
Tajikistan	6	TB	MO: UNDP	TAJ-607-G06-T	5
Tajikistan	6	HIV/AIDS	MO: UNDP	TAJ-607-G05-H	5
Tajikistan	8	TB	MO: UNDP	TAJ-809-G09-T	5
Tajikistan	8	Malaria	MO: UNDP	TAJ-809-G08-M	5
Tajikistan	8	HIV/AIDS	MO: UNDP	TAJ-809-G07-H	5
Turkey	4	HIV/AIDS	Gov: MOH	TUR-405-G01-H	1
Ukraine	1	HIV/AIDS	CS/PS: NGO	UKR-102-G04-H-00	2
Ukraine	1	HIV/AIDS	Gov: MOH	UKR-102-G02-H-00	1
Ukraine	1	HIV/AIDS	MO: UNDP	UKR-102-G03-H-00	1
Ukraine	1	HIV/AIDS	Gov: Oth	UKR-102-G01-H-00	1
Ukraine	1	HIV/AIDS	CS/PS: NGO	UKR-102-A04-H-00	2
Ukraine	6	HIV/AIDS	CS/PS: NGO	UKR-607-G06-H	1
Ukraine	6	HIV/AIDS	CS/PS: NGO	UKR-607-G05-H	1
Uzbekistan	3	HIV/AIDS	Gov: MOH	UZB-304-G01-H	1
Uzbekistan	4	Malaria	Gov: Oth	UZB-405-G02-M	1
Uzbekistan	4	TB	Gov: MOH	UZB-405-G03-T	2
Uzbekistan	8	TB	Gov: MOH	UZB-809-G05-T	2
Uzbekistan	8	Malaria	Gov: Oth	UZB-809-G04-M	1
Argentina	1	HIV/AIDS	MO: UNDP	ARG-102-G01-H-00	1
Argentina	1	HIV/AIDS	CS/PS: PS	ARG-102-G02-H-00	1
Belize	3	HIV/AIDS	CS/PS: NGO	BEL-304-G01-H	1
Bolivia (Plurinational State)	3	HIV/AIDS	MO: UNDP	BOL-306-G04-H	3
Bolivia (Plurinational State)	3	HIV/AIDS	CS/PS: NGO	BOL-304-G01-H	3
Bolivia (Plurinational State)	3	TB	CS/PS: NGO	BOL-304-G03-T	3
Bolivia (Plurinational State)	3	HIV/AIDS	CS/PS: NGO	BOL-307-G07-H	1
Bolivia (Plurinational	3	TB	MO: UNDP	BOL-306-G06-T	3

State)					
Bolivia (Plurinational State)	3	Malaria	CS/PS: NGO	BOL-304-G02-M	3
Bolivia (Plurinational State)	3	Malaria	MO: UNDP	BOL-306-G05-M	3
Bolivia (Plurinational State)	8	Malaria	MO: UNDP	BOL-809-G08-M	1
Brazil	5	TB	CS/PS: Oth	BRA-506-G02-T	1
Brazil	5	TB	CS/PS: Oth	BRA-506-G01-T	1
Brazil	8	Malaria	CS/PS: NGO	BRA-809-G04-M	1
Brazil	8	Malaria	CS/PS: NGO	BRA-809-G03-M	1
Chile	1	HIV/AIDS	CS/PS: PS	CHL-102-G01-H-00	1
Colombia	2	HIV/AIDS	MO: Oth	COL-202-G01-H-00	1
Costa Rica	2	HIV/AIDS	Gov: Oth	COR-202-G01-H-00	1
Costa Rica	2	HIV/AIDS	CS/PS: NGO	COR-202-G02-H-00	1
Cuba	2	HIV/AIDS	MO: UNDP	CUB-202-G01-H-00	1
Cuba	6	HIV/AIDS	MO: UNDP	CUB-607-G02-H	2
Cuba	7	TB	MO: UNDP	CUB-708-G03-T	2
Dominican Republic	2	HIV/AIDS	Gov: Oth	DMR-202-G01-H-00	1
Dominican Republic	3	TB	CS/PS: NGO	DMR-304-G02-T	1
Dominican Republic	7	TB	CS/PS: NGO	DMR-708-G03-T	1
Dominican Republic	7	TB	Gov: MOH	DMR-708-G08-T	1
Dominican Republic	8	Malaria	Gov: MOH	DMR-809-G06-M	1
Dominican Republic	8	Malaria	CS/PS: NGO	DMR-809-G05-M	1
Ecuador	2	HIV/AIDS	Gov: MOH	ECU-202-G01-H-00	3
Ecuador	2	HIV/AIDS	CS/PS: NGO	ECU-202-G03-H-00	2
Ecuador	4	TB	CS/PS: NGO	ECU-405-G02-T	2
El Salvador	2	HIV/AIDS	Gov: MOH	SLV-202-G03-H-00	3
El Salvador	2	HIV/AIDS	MO: UNDP	SLV-202-G01-H-00	2
El Salvador	2	TB	MO: UNDP	SLV-202-G02-T-00	2
El Salvador	2	TB	Gov: MOH	SLV-202-G04-T-00	3
El Salvador	7	HIV/AIDS	Gov: MOH	SLV-708-G05-H	1
El Salvador	7	HIV/AIDS	MO: UNDP	SLV-708-G06-H	1
Guatemala	3	HIV/AIDS	CS/PS: NGO	GUA-304-G01-H	3

Guatemala	4	Malaria	CS/PS: NGO	GUA-405-G02-M	3
Guatemala	6	TB	CS/PS: NGO	GUA-607-G03-T	3
Guyana	3	Malaria	Gov: MOH	GYA-304-G02-M	4
Guyana	3	HIV/AIDS	Gov: MOH	GYA-304-G01-H	4
Guyana	4	TB	Gov: MOH	GYA-405-G03-T	4
Guyana	7	Malaria	Gov: MOH	GYA-708-G04-M	4
Haiti	1	HIV/AIDS	CS/PS: PS	HTI-102-G01-H-00	1
Haiti	1	HIV/AIDS	MO: UNDP	HTI-102-G02-H-00	4
Haiti	3	Malaria	CS/PS: PS	HTI-304-G03-M	3
Haiti	3	TB	CS/PS: PS	HTI-304-G04-T	3
Haiti	5	HIV/AIDS	CS/PS: PS	HTI-506-G05-H	3
Haiti	7	HIV/AIDS	CS/PS: PS	HTI-708-G06-H	1
Honduras	1	Malaria	MO: UNDP	HND-102-G03-M-00	4
Honduras	1	Malaria	CS/PS: Oth	HND-102-G05-M-00	1
Honduras	1	TB	MO: UNDP	HND-102-G02-T-00	4
Honduras	1	HIV/AIDS	MO: UNDP	HND-102-G01-H-00	4
Jamaica	3	HIV/AIDS	Gov: MOH	JAM-304-G01-H	1
Jamaica	7	HIV/AIDS	Gov: MOH	JAM-708-G02-H	1
Nicaragua	2	HIV/AIDS	CS/PS: NGO	NIC-202-G03-H-00	3
Nicaragua	2	Malaria	CS/PS: NGO	NIC-202-G01-M-00	3
Nicaragua	2	TB	CS/PS: NGO	NIC-202-G02-T-00	3
Nicaragua	7	Malaria	CS/PS: NGO	NIC-708-G04-M	1
Nicaragua	8	HIV/AIDS	CS/PS: NGO	NIC-809-G06-H	1
Panama	1	TB	MO: UNDP	PAN-102-G01-T-00	1
Paraguay	3	TB	CS/PS: NGO	PRY-304-G01-T	1
Paraguay	6	HIV/AIDS	CS/PS: NGO	PRY-607-G02-H	1
Paraguay	7	TB	CS/PS: NGO	PRY-708-G03-T	1
Paraguay	8	HIV/AIDS	CS/PS: NGO	PRY-809-G04-H	1
Peru	2	HIV/AIDS	CS/PS: NGO	PER-202-G01-H-00	5
Peru	2	TB	CS/PS: NGO	PER-202-G02-T-00	5
Peru	5	TB	CS/PS: NGO	PER-506-G04-T	5
Peru	5	HIV/AIDS	CS/PS: NGO	PER-506-G03-H	5
Peru	6	HIV/AIDS	CS/PS: NGO	PER-607-G05-H	5
Suriname	3	HIV/AIDS	Gov: MOH	SUR-305-G01-H	2
Suriname	4	Malaria	CS/PS: NGO	SUR-404-G02-M	1
Suriname	5	HIV/AIDS	Gov: MOH	SUR-506-G03-H	2
Suriname	7	Malaria	Gov: MOH	SUR-708-G04-M	1
Algeria	3	HIV/AIDS	Gov: MOH	DZA-304-G01-H	1
Chad	2	TB	Gov: Oth	TCD-202-G01-T-00	2

Chad	3	HIV/AIDS	Gov: Oth	TCD-304-G02-H	2
Chad	7	Malaria	MO: UNDP	TCD-708-G03-M	1
Chad	8	HIV/AIDS	CS/PS: NGO	TCD-810-G06-H	1
Chad	8	HIV/AIDS	CS/PS: NGO	TCD-810-G04-H	2
Chad	8	HIV/AIDS	Gov: Oth	TCD-810-G05-H	1
Djibouti	4	HIV/AIDS	Gov: MOH	DJB-404-G01-H	4
Djibouti	6	TB	Gov: MOH	DJB-607-G03-T	4
Djibouti	6	Malaria	Gov: MOH	DJB-607-G02-M	4
Djibouti	6	HIV/AIDS	Gov: MOH	DJB-607-G04-H	4
Egypt	2	TB	Gov: MOH	EGY-202-G01-T-00	1
Egypt	6	HIV/AIDS	Gov: MOH	EGY-608-G03-H	1
Egypt	6	TB	Gov: MOH	EGY-607-G02-T	1
Iraq	6	TB	MO: UNDP	IRQ-607-G01-T	1
Jordan	2	HIV/AIDS	Gov: MOH	JOR-202-G01-H-00	1
Jordan	5	TB	Gov: MOH	JOR-506-G02-T	1
Jordan	6	HIV/AIDS	Gov: MOH	JOR-607-G03-H	1
Mali	1	Malaria	Gov: MOH	MAL-102-G01-M-00	3
Mali	4	TB	Gov: MOH	MAL-405-G03-T	3
Mali	4	HIV/AIDS	Gov: Oth	MAL-405-G02-H	1
Mali	6	Malaria	CS/PS: NGO	MAL-607-G05-M	2
Mali	6	Malaria	Gov: MOH	MAL-607-G04-M	3
Mali	7	TB	Gov: MOH	MAL-708-G06-T	3
Mali	8	HIV/AIDS	Gov: Oth	MAL-809-G08-H	1
Mali	8	HIV/AIDS	CS/PS: NGO	MAL-809-G07-H	2
Mauritania	2	Malaria	MO: UNDP	MRT-202-G02-M-00	4
Mauritania	2	TB	MO: UNDP	MRT-202-G01-T-00	4
Mauritania	5	HIV/AIDS	Gov: Oth	MRT-506-G03-H	1
Mauritania	6	TB	MO: UNDP	MRT-607-G05-T	4
Mauritania	6	Malaria	MO: UNDP	MRT-607-G04-M	4
Morocco	1	HIV/AIDS	Gov: MOH	MOR-102-G01-H-00	1
Morocco	6	TB	Gov: MOH	MOR-607-G03-T	2
Morocco	6	HIV/AIDS	Gov: MOH	MOR-607-G02-H	2
Niger	3	Malaria	MO: UNDP	NGR-306-G06-M	3
Niger	3	Malaria	CS/PS: NGO	NGR-304-G02-M	1
Niger	3	HIV/AIDS	Gov: Oth	NGR-304-G01-H	1
Niger	4	Malaria	MO: Oth	NGR-405-G03-M	1
Niger	5	TB	MO: UNDP	NGR-506-G05-T	3
Niger	5	Malaria	MO: UNDP	NGR-506-G04-M	3

Niger	7	HIV/AIDS	Gov: Oth	NGR-708-G08-H	1
Niger	7	Malaria	CS/PS: FBO	NGR-708-G07-M	1
Somalia	2	Malaria	MO: Oth	SOM-202-G01-M-00	3
Somalia	3	TB	CS/PS: NGO	SOM-304-G02-T	1
Somalia	4	HIV/AIDS	MO: Oth	SOM-405-G03-H	3
Somalia	6	Malaria	MO: Oth	SOM-607-G04-M	3
Somalia	7	TB	CS/PS: NGO	SOM-708-G05-T	1
Somalia	8	HIV/AIDS	MO: Oth	SOM-809-G06-H	2
South Sudan	2	TB	MO: UNDP	SSD-202-G02-T-00	3
South Sudan	2	Malaria	MO: UNDP	SSD-202-G01-M-00	3
South Sudan	4	HIV/AIDS	MO: UNDP	SSD-405-G05-H	3
South Sudan	5	TB	MO: UNDP	SSD-506-G06-T	3
South Sudan	7	TB	MO: UNDP	SSD-708-G11-T	3
South Sudan	7	Malaria	CS/PS: NGO	SSD-708-G09-M	1
Sudan	2	Malaria	MO: UNDP	SUD-202-G03-M-00	4
Sudan	3	HIV/AIDS	MO: UNDP	SUD-305-G04-H	4
Sudan	5	HIV/AIDS	MO: UNDP	SUD-506-G08-H	4
Sudan	5	TB	MO: UNDP	SUD-506-G07-T	4
Sudan	7	Malaria	MO: UNDP	SUD-708-G10-M	4
Sudan	8	TB	MO: UNDP	SUD-809-G12-T	4
Syrian Arab Republic	6	TB	MO: UNDP	SYR-607-G01-T	1
Tunisia	6	HIV/AIDS	Gov: MOH	TUN-607-G01-H	1
West Bank and Gaza	7	HIV/AIDS	MO: UNDP	PSE-708-G01-H	2
West Bank and Gaza	8	TB	MO: UNDP	PSE-809-G02-T	2
Yemen	2	Malaria	Gov: MOH	YEM-202-G01-M-00	1
Yemen	3	HIV/AIDS	Gov: MOH	YEM-305-G03-H	1
Yemen	3	HIV/AIDS	Gov: MOH	YEM-305-G02-H	1
Yemen	3	HIV/AIDS	MO: UNDP	YEM-307-G05-H	1
Yemen	4	TB	Gov: MOH	YEM-405-G04-T	1
Yemen	7	Malaria	Gov: MOH	YEM-708-G06-M	1
Afghanistan	4	TB	Gov: MOH	AFG-405-G02-T	2
Afghanistan	5	Malaria	CS/PS: NGO	AFG-509-G06-M	1
Afghanistan	5	Malaria	Gov: MOH	AFG-506-G03-M	2
Afghanistan	7	HIV/AIDS	Gov: Oth	AFG-708-G05-H	1
Afghanistan	7	HIV/AIDS	Gov: MOH	AFG-708-G04-H	2
Afghanistan	8	TB	CS/PS: NGO	AFG-809-G07-T	1

Bangladesh	2	HIV/AIDS	CS/PS: NGO	BAN-202-G12-H-00	1
Bangladesh	2	HIV/AIDS	Gov: MOF	BAN-202-G01-H-00	3
Bangladesh	3	TB	CS/PS: NGO	BAN-304-G02-T	2
Bangladesh	3	TB	Gov: MOF	BAN-304-G03-T	3
Bangladesh	5	TB	CS/PS: NGO	BAN-506-G04-T	2
Bangladesh	5	TB	Gov: MOF	BAN-506-G05-T	3
Bangladesh	6	HIV/AIDS	Gov: MOF	BAN-607-G08-H	2
Bangladesh	6	Malaria	CS/PS: NGO	BAN-607-G06-M	2
Bangladesh	6	Malaria	Gov: MOF	BAN-607-G07-M	2
Bangladesh	8	TB	CS/PS: NGO	BAN-809-G10-T	3
Bhutan	4	TB	Gov: Oth	BTN-405-G02-T	5
Bhutan	4	Malaria	Gov: Oth	BTN-405-G01-M	5
Bhutan	6	TB	Gov: Oth	BTN-607-G04-T	5
Bhutan	6	HIV/AIDS	Gov: Oth	BTN-607-G03-H	5
Bhutan	7	Malaria	Gov: Oth	BTN-708-G05-M	5
India	1	TB	Gov: Oth	IDA-102-G01-T-00	5
India	2	HIV/AIDS	Gov: Oth	IDA-202-G02-H-00	5
India	2	TB	Gov: Oth	IDA-202-G03-T-00	5
India	4	HIV/AIDS	Gov: Oth	IDA-405-G06-H	5
India	4	TB	Gov: Oth	IDA-405-G08-T	5
India	4	HIV/AIDS	CS/PS: NGO	IDA-405-G05-H	5
India	4	Malaria	Gov: MOF	IDA-405-G07-M	5
India	6	TB	Gov: Oth	IDA-607-G09-T	5
India	6	HIV/AIDS	CS/PS: NGO	IDA-607-G10-H	1
India	6	HIV/AIDS	CS/PS: NGO	IDA-607-G12-H	1
India	6	HIV/AIDS	Gov: Oth	IDA-607-G11-H	5
India	7	HIV/AIDS	Gov: Oth	IDA-708-G13-H	5
India	7	HIV/AIDS	Gov: MOH	IDA-708-G14-H	1
India	7	HIV/AIDS	CS/PS: Oth	IDA-708-G15-H	1
Iran (Islamic Republic)	2	HIV/AIDS	MO: UNDP	IRN-202-G01-H-00	1
Iran (Islamic Republic)	7	TB	MO: UNDP	IRN-708-G03-T	2
Iran (Islamic Republic)	7	Malaria	MO: UNDP	IRN-708-G02-M	2
Maldives	6	HIV/AIDS	MO: UNDP	MDV-607-G01-H	1
Nepal	2	Malaria	CS/PS: NGO	NEP-202-G04-M-00	1
Nepal	2	Malaria	Gov: MOH	NEP-202-G02-M-00	3
Nepal	2	HIV/AIDS	MO: UNDP	NEP-202-G05-H-00	1
Nepal	2	HIV/AIDS	Gov: MOH	NEP-202-G01-H-00	3
Nepal	4	TB	Gov: MOH	NEP-405-G03-T	3

Nepal	7	HIV/AIDS	CS/PS: NGO	NEP-708-G11-H	1
Nepal	7	Malaria	Gov: MOH	NEP-708-G07-M	3
Nepal	7	Malaria	CS/PS: NGO	NEP-708-G06-M	1
Nepal	7	HIV/AIDS	CS/PS: NGO	NEP-708-G10-H	1
Nepal	7	HIV/AIDS	MO: UNDP	NEP-708-G09-H	1
Nepal	7	TB	Gov: MOH	NEP-708-G08-T	3
Pakistan	2	TB	Gov: MOH	PKS-202-G03-T-00	5
Pakistan	2	Malaria	Gov: MOH	PKS-202-G02-M-00	5
Pakistan	2	HIV/AIDS	Gov: MOH	PKS-202-G01-H-00	5
Pakistan	3	TB	Gov: MOH	PKS-304-G05-T	5
Pakistan	3	Malaria	Gov: MOH	PKS-304-G04-M	5
Pakistan	6	TB	CS/PS: NGO	PKS-607-G06-T	1
Pakistan	6	TB	Gov: MOH	PKS-607-G07-T	2
Pakistan	7	Malaria	Gov: MOH	PKS-708-G08-M	1
Pakistan	8	TB	Gov: MOH	PKS-809-G09-T	2
Pakistan	8	TB	CS/PS: PS	PKS-809-G10-T	1
Sri Lanka	1	TB	CS/PS: NGO	SRL-102-G04-T-00	3
Sri Lanka	1	TB	Gov: MOH	SRL-102-G03-T-00	3
Sri Lanka	1	Malaria	CS/PS: NGO	SRL-102-G02-M-00	3
Sri Lanka	1	Malaria	Gov: MOH	SRL-102-G01-M-00	3
Sri Lanka	4	Malaria	CS/PS: NGO	SRL-405-G06-M	3
Sri Lanka	4	Malaria	Gov: MOH	SRL-405-G05-M	3
Sri Lanka	6	HIV/AIDS	Gov: MOH	SRL-607-G09-H	3
Sri Lanka	6	TB	Gov: MOH	SRL-607-G07-T	3
Sri Lanka	6	TB	CS/PS: NGO	SRL-607-G08-T	3
Sri Lanka	8	Malaria	CS/PS: NGO	SRL-809-G12-M	3
Sri Lanka	8	Malaria	CS/PS: NGO	SRL-809-G11-M	1
Sri Lanka	8	Malaria	Gov: MOH	SRL-809-G10-M	3
Burundi	1	HIV/AIDS	Gov: Oth	BRN-102-G01-H-00	2
Burundi	2	Malaria	Gov: MOH	BRN-202-G02-M-00	2
Burundi	2	Malaria	Gov: MOH	BRN-202-G05-M-00	2
Burundi	4	TB	Gov: MOH	BRN-405-G03-T	2
Burundi	5	HIV/AIDS	Gov: Oth	BRN-506-G04-H	2
Burundi	7	TB	Gov: MOH	BRN-708-G06-T	2
Burundi	8	HIV/AIDS	CS/PS: NGO	BRN-809-G08-H	1
Burundi	8	HIV/AIDS	Gov: Oth	BRN-809-G07-H	2
Comoros	2	Malaria	CS/PS: NGO	COM-202-G01-M-00	2
Comoros	3	HIV/AIDS	CS/PS: NGO	COM-304-G02-H	2
Congo (Democratic	2	TB	MO: UNDP	ZAR-202-G01-T-00	5

Republic)					
Congo (Democratic Republic)	3	Malaria	MO: UNDP	ZAR-304-G03-M	5
Congo (Democratic Republic)	3	HIV/AIDS	MO: UNDP	ZAR-304-G02-H	5
Congo (Democratic Republic)	5	TB	MO: UNDP	ZAR-506-G04-T	5
Congo (Democratic Republic)	6	TB	MO: UNDP	ZAR-607-G05-T	5
Congo (Democratic Republic)	7	HIV/AIDS	MO: UNDP	ZAR-708-G06-H	5
Congo (Democratic Republic)	8	HIV/AIDS	MO: UNDP	ZAR-809-G10-H	5
Congo (Democratic Republic)	8	Malaria	CS/PS: NGO	ZAR-809-G07-M	1
Congo (Democratic Republic)	8	Malaria	CS/PS: NGO	ZAR-810-G08-M	1
Eritrea	2	Malaria	Gov: MOH	ERT-202-G01-M-00	5
Eritrea	3	HIV/AIDS	Gov: MOH	ERT-304-G02-H	5
Eritrea	5	HIV/AIDS	Gov: MOH	ERT-506-G03-H	5
Eritrea	6	TB	Gov: MOH	ERT-607-G04-T	5
Eritrea	6	Malaria	Gov: MOH	ERT-607-G05-M	5
Eritrea	8	HIV/AIDS	Gov: MOH	ERT-809-G06-H	4
Ethiopia	1	TB	Gov: MOH	ETH-102-G01-T-00	4
Ethiopia	2	HIV/AIDS	Gov: Oth	ETH-202-G03-H-00	2
Ethiopia	2	Malaria	Gov: MOH	ETH-202-G02-M-00	4
Ethiopia	4	HIV/AIDS	Gov: Oth	ETH-405-G04-H	2
Ethiopia	5	Malaria	Gov: MOH	ETH-506-G05-M	4
Ethiopia	6	TB	Gov: MOH	ETH-607-G06-T	4
Ethiopia	7	HIV/AIDS	CS/PS: FBO	ETH-708-G09-H	1
Ethiopia	7	HIV/AIDS	CS/PS: NGO	ETH-708-G07-H	1
Ethiopia	7	HIV/AIDS	Gov: Oth	ETH-708-G08-H	1
Ethiopia	8	Malaria	Gov: MOH	ETH-809-G10-M	2
Kenya	1	HIV/AIDS	CS/PS: NGO	KEN-102-G02-H-00	1
Kenya	1	HIV/AIDS	CS/PS: NGO	KEN-102-G01-H-00	1

Kenya	2	Malaria	Gov: MOF	KEN-202-G05-M-00	5
Kenya	2	HIV/AIDS	Gov: MOF	KEN-202-G03-H-00	5
Kenya	2	TB	Gov: MOF	KEN-202-G04-T-00	5
Kenya	4	Malaria	Gov: MOF	KEN-405-G06-M	5
Kenya	5	TB	Gov: MOF	KEN-506-G07-T	5
Kenya	6	TB	Gov: MOF	KEN-607-G08-T	5
Kenya	7	HIV/AIDS	CS/PS: NGO	KEN-708-G10-H	1
Kenya	7	HIV/AIDS	Gov: MOF	KEN-708-G09-H	4
Madagascar	1	Malaria	CS/PS: NGO	MDG-102-G01-M-00	2
Madagascar	2	HIV/AIDS	CS/PS: NGO	MDG-202-G02-H-00	1
Madagascar	2	HIV/AIDS	CS/PS: NGO	MDG-202-G03-H-00	2
Madagascar	3	HIV/AIDS	Gov: Oth	MDG-304-G04-H	2
Madagascar	3	Malaria	Gov: MOH	MDG-304-G05-M	2
Madagascar	4	Malaria	Gov: MOH	MDG-405-G06-M	2
Madagascar	4	Malaria	CS/PS: NGO	MDG-405-G07-M	3
Madagascar	4	TB	Gov: Oth	MDG-404-G08-T	2
Madagascar	7	Malaria	CS/PS: NGO	MDG-708-G10-M	3
Madagascar	7	Malaria	Gov: MOH	MDG-708-G09-M	3
Madagascar	8	HIV/AIDS	Gov: Oth	MDG-809-G11-H	3
Madagascar	8	HIV/AIDS	CS/PS: NGO	MDG-809-G12-H	3
Mauritius	8	HIV/AIDS	CS/PS: NGO	MUS-809-G02-H	1
Mauritius	8	HIV/AIDS	Gov: MOH	MUS-809-G01-H	1
Rwanda	3	Malaria	Gov: MOH	RWN-304-G03-M	4
Rwanda	3	HIV/AIDS	Gov: MOH	RWN-304-G02-H	4
Rwanda	4	TB	Gov: MOH	RWN-404-G04-T	4
Rwanda	5	Malaria	Gov: MOH	RWN-506-G06-M	4
Rwanda	6	TB	Gov: MOH	RWN-606-G07-T	5
Rwanda	6	HIV/AIDS	Gov: MOH	RWN-607-G08-H	5
Rwanda	7	HIV/AIDS	Gov: MOH	RWN-708-G09-H	5
Rwanda	8	Malaria	Gov: MOH	RWN-809-G10-M	5
Tanzania (United Republic)	1	Malaria	Gov: MOH	TNZ-102-G01-M-00	5
Tanzania (United Republic)	1	HIV/AIDS	Gov: MOF	TNZ-102-G02-H-00	5
Tanzania (United Republic)	4	HIV/AIDS	CS/PS: NGO	TNZ-405-G05-H	1

Tanzania (United Republic)	4	Malaria	Gov: MOF	TNZ-405-G08-M	5
Tanzania (United Republic)	4	HIV/AIDS	Gov: MOF	TNZ-405-G04-H	5
Tanzania (United Republic)	4	HIV/AIDS	CS/PS: NGO	TNZ-405-G06-H	1
Tanzania (United Republic)	4	HIV/AIDS	CS/PS: NGO	TNZ-405-G07-H	1
Tanzania (United Republic)	6	TB	Gov: MOF	TNZ-607-G09-T	5
Tanzania (United Republic)	7	Malaria	Gov: MOF	TNZ-708-G10-M	5
Tanzania (United Republic)	8	Malaria	Gov: MOF	TNZ-809-G11-M	5
Tanzania (United Republic)	8	HIV/AIDS	CS/PS: NGO	TNZ-809-G12-H	1
Uganda	1	HIV/AIDS	Gov: MOF	UGD-102-G01-H-00	4
Uganda	2	Malaria	Gov: MOF	UGD-202-G02-M-00	4
Uganda	2	TB	Gov: MOF	UGD-202-G03-T-00	4
Uganda	3	HIV/AIDS	Gov: MOF	UGD-304-G04-H	4
Uganda	4	Malaria	Gov: MOF	UGD-405-G05-M	4
Uganda	6	TB	Gov: MOF	UGD-607-G06-T	4
Uganda	7	HIV/AIDS	Gov: MOF	UGD-708-G07-H	4
Uganda	7	Malaria	Gov: MOF	UGD-708-G08-M	4
Zanzibar	1	Malaria	Gov: MOH	ZAN-102-G01-M-00	4
Zanzibar	2	HIV/AIDS	Gov: Oth	ZAN-202-G02-H-00	2
Zanzibar	3	TB	Gov: MOH	ZAN-304-G03-T	4
Zanzibar	4	Malaria	Gov: MOH	ZAN-404-G04-M	4
Zanzibar	6	HIV/AIDS	Gov: MOH	ZAN-607-G05-H	4
Zanzibar	6	HIV/AIDS	Gov: Oth	ZAN-607-G06-H	2
Angola	3	Malaria	MO: UNDP	AGO-305-G01-M	3
Angola	4	TB	MO: UNDP	AGO-405-G02-T	3
Angola	4	HIV/AIDS	MO: UNDP	AGO-405-G03-H	3
Angola	7	Malaria	Gov: MOH	AGO-708-G04-M	1

Botswana	2	HIV/AIDS	Gov: MOH	BOT-202-G01-H-00	2
Botswana	5	TB	Gov: MOH	BOT-506-G02-T	2
Lesotho	2	TB	Gov: MOF	LSO-202-G02-T-00	3
Lesotho	2	HIV/AIDS	Gov: MOF	LSO-202-G01-H-00	3
Lesotho	5	HIV/AIDS	Gov: MOF	LSO-506-G03-H	3
Lesotho	6	TB	Gov: MOF	LSO-607-G04-T	4
Lesotho	7	HIV/AIDS	Gov: MOF	LSO-708-G05-H	4
Lesotho	8	HIV/AIDS	Gov: MOF	LSO-809-G06-H	4
Malawi	1	HIV/AIDS	Gov: Oth	MLW-102-G01-H-00	1
Malawi	2	Malaria	Gov: MOH	MLW-202-G02-M-00	1
Malawi	5	HIV/AIDS	Gov: Oth	MLW-506-G03-H	2
Malawi	7	TB	Gov: MOH	MLW-708-G06-T	2
Malawi	7	HIV/AIDS	Gov: Oth	MLW-708-G07-H	2
Malawi	7	Malaria	Gov: Oth	MLW-708-G05-M	2
Mozambique	2	TB	Gov: MOH	MOZ-202-G04-T-00	5
Mozambique	2	Malaria	Gov: MOH	MOZ-202-G03-M-00	5
Mozambique	2	HIV/AIDS	Gov: MOH	MOZ-202-G02-H-00	5
Mozambique	2	HIV/AIDS	Gov: Oth	MOZ-202-G01-H-00	1
Mozambique	6	Malaria	Gov: MOH	MOZ-607-G06-M	5
Mozambique	6	HIV/AIDS	Gov: MOH	MOZ-607-G05-H	5
Mozambique	7	TB	Gov: MOH	MOZ-708-G07-T	5
Namibia	2	HIV/AIDS	Gov: MOH	NMB-202-G01-H-00	4
Namibia	2	TB	Gov: MOH	NMB-202-G02-T-00	4
Namibia	2	Malaria	Gov: MOH	NMB-202-G03-M-00	4
Namibia	5	TB	Gov: MOH	NMB-506-G04-T	4
Namibia	6	Malaria	Gov: MOH	NMB-607-G06-M	4
South Africa	3	HIV/AIDS	Gov: MOH	SAF-304-G04-H	1
South Africa	6	HIV/AIDS	Gov: MOH	SAF-607-G06-H	2
Swaziland	2	Malaria	Gov: Oth	SWZ-202-G02-M-00	4
Swaziland	2	HIV/AIDS	Gov: Oth	SWZ-202-G01-H-00	4
Swaziland	3	TB	Gov: Oth	SWZ-304-G03-T	4
Swaziland	4	HIV/AIDS	Gov: Oth	SWZ-405-G04-H	4
Swaziland	7	HIV/AIDS	Gov: Oth	SWZ-708-G05-H	4
Swaziland	8	HIV/AIDS	Gov: Oth	SWZ-809-G08-S	4
Swaziland	8	TB	Gov: Oth	SWZ-809-G07-T	4

Swaziland	8	Malaria	Gov: Oth	SWZ-809-G06-M	4
Zambia	1	HIV/AIDS	Gov: MOF	ZAM-102-G07-H-00	1
Zambia	1	TB	CS/PS: NGO	ZAM-102-G15-T-00	3
Zambia	1	TB	CS/PS: FBO	ZAM-102-G06-T-00	3
Zambia	1	Malaria	CS/PS: FBO	ZAM-102-G05-M-00	3
Zambia	1	HIV/AIDS	CS/PS: NGO	ZAM-102-G08-H-00	3
Zambia	1	HIV/AIDS	CS/PS: FBO	ZAM-102-G04-H-00	3
Zambia	1	HIV/AIDS	Gov: MOH	ZAM-102-G01-H-00	3
Zambia	1	Malaria	Gov: MOH	ZAM-102-G02-M-00	3
Zambia	1	TB	Gov: MOH	ZAM-102-G03-T-00	3
Zambia	4	HIV/AIDS	CS/PS: NGO	ZAM-405-G11-H	3
Zambia	4	HIV/AIDS	CS/PS: FBO	ZAM-405-G10-H	5
Zambia	4	HIV/AIDS	Gov: MOH	ZAM-405-G09-H	4
Zambia	4	HIV/AIDS	Gov: MOF	ZAM-405-G12-H	1
Zambia	4	Malaria	CS/PS: FBO	ZAM-405-G14-M	5
Zambia	4	Malaria	Gov: MOH	ZAM-405-G13-M	4
Zambia	7	Malaria	Gov: MOH	ZAM-708-G17-M	4
Zambia	7	TB	CS/PS: NGO	ZAM-708-G20-T	3
Zambia	7	TB	CS/PS: FBO	ZAM-708-G18-T	5
Zambia	7	TB	Gov: MOH	ZAM-708-G16-T	4
Zambia	7	Malaria	CS/PS: FBO	ZAM-708-G19-M	5
Zambia	8	HIV/AIDS	CS/PS: NGO	ZAM-809-G22-H	3
Zambia	8	HIV/AIDS	Gov: MOF	ZAM-809-G23-H	2
Zambia	8	HIV/AIDS	CS/PS: FBO	ZAM-809-G21-H	5
Zimbabwe	1	HIV/AIDS	MO: UNDP	ZIM-102-G01-H-00	1
Zimbabwe	1	HIV/AIDS	Gov: Oth	ZIM-102-G07-H	1
Zimbabwe	1	Malaria	Gov: MOH	ZIM-102-G02-M-00	1
Zimbabwe	5	TB	MO: UNDP	ZIM-509-G08-T	5
Zimbabwe	5	HIV/AIDS	CS/PS: FBO	ZIM-506-G04-H	2
Zimbabwe	5	Malaria	Gov: MOH	ZIM-506-G06-M	1
Zimbabwe	5	HIV/AIDS	MO: UNDP	ZIM-509-G10-H	5
Zimbabwe	5	TB	CS/PS: FBO	ZIM-506-G05-T	2
Zimbabwe	5	HIV/AIDS	Gov: Oth	ZIM-506-G03-H	1
Zimbabwe	5	Malaria	MO: UNDP	ZIM-509-G09-M	5
Zimbabwe	8	TB	MO: UNDP	ZIM-809-G12-T	5
Zimbabwe	8	Malaria	MO: UNDP	ZIM-809-G14-S	5
Zimbabwe	8	HIV/AIDS	MO: UNDP	ZIM-809-G11-H	5
Zimbabwe	8	Malaria	MO: UNDP	ZIM-809-G13-M	5
Benin	1	Malaria	MO: UNDP	BEN-102-G01-M-00	3

Benin	2	HIV/AIDS	MO: UNDP	BEN-202-G03-H-00	3
Benin	2	TB	MO: UNDP	BEN-202-G02-T-00	3
Benin	3	Malaria	CS/PS: NGO	BEN-304-G04-M	1
Benin	5	HIV/AIDS	Gov: MOH	BEN-506-G05-H	2
Benin	6	TB	Gov: MOH	BEN-607-G06-T	2
Benin	7	Malaria	CS/PS: FBO	BEN-708-G07-M	1
Burkina Faso	2	Malaria	MO: UNDP	BUR-202-G01-M-00	3
Burkina Faso	2	HIV/AIDS	MO: UNDP	BUR-202-G02-H-00	3
Burkina Faso	2	HIV/AIDS	Gov: MOH	BUR-202-G04-H-00	3
Burkina Faso	4	TB	Gov: MOH	BUR-407-G05-T	3
Burkina Faso	4	TB	MO: UNDP	BUR-404-G03-T	3
Burkina Faso	6	HIV/AIDS	Gov: Oth	BUR-607-G06-H	3
Burkina Faso	7	Malaria	Gov: Oth	BUR-708-G07-M	2
Burkina Faso	8	Malaria	Gov: Oth	BUR-809-G08-M	1
Burkina Faso	8	Malaria	CS/PS: NGO	BUR-809-G09-M	1
Cameroon	3	TB	Gov: MOH	CMR-304-G03-T	5
Cameroon	3	HIV/AIDS	Gov: MOH	CMR-304-G01-H	5
Cameroon	3	HIV/AIDS	Gov: MOH	CMR-304-G01-H-e	5
Cameroon	3	Malaria	Gov: MOH	CMR-304-G02-M	5
Cameroon	4	HIV/AIDS	CS/PS: NGO	CMR-404-G04-H	1
Cameroon	5	HIV/AIDS	Gov: MOH	CMR-506-G05-H	5
Cameroon	5	Malaria	Gov: MOH	CMR-506-G06-M	5
Central African Republic	2	HIV/AIDS	MO: UNDP	CAF-202-G01-H-00	4
Central African Republic	4	TB	MO: UNDP	CAF-404-G03-T	4
Central African Republic	4	TB	Gov: MOH	CAF-409-G07-T	3
Central African Republic	4	HIV/AIDS	Gov: MOH	CAF-409-G06-H	3
Central African Republic	4	HIV/AIDS	MO: UNDP	CAF-404-G02-H	4
Central African Republic	4	Malaria	MO: UNDP	CAF-405-G04-M	4
Central African Republic	7	HIV/AIDS	Gov: MOH	CAF-708-G05-H	3

Congo	5	HIV/AIDS	Gov: Oth	COG-506-G01-H	1
Côte d'Ivoire	2	HIV/AIDS	CS/PS: NGO	CIV-202-G05-H	3
Côte d'Ivoire	2	HIV/AIDS	MO: UNDP	CIV-202-G01-H-00	2
Côte d'Ivoire	3	HIV/AIDS	CS/PS: NGO	CIV-304-G02-H	3
Côte d'Ivoire	3	TB	MO: UNDP	CIV-304-G03-T	2
Côte d'Ivoire	5	HIV/AIDS	CS/PS: NGO	CIV-506-G04-H	3
Côte d'Ivoire	6	Malaria	CS/PS: NGO	CIV-607-G06-M	4
Côte d'Ivoire	6	TB	Gov: MOH	CIV-607-G07-T	1
Côte d'Ivoire	8	Malaria	Gov: MOH	CIV-809-G09-M	1
Côte d'Ivoire	8	Malaria	CS/PS: NGO	CIV-809-G08-M	3
Equatorial Guinea	4	HIV/AIDS	MO: UNDP	GNQ-405-G01-H	2
Equatorial Guinea	5	Malaria	CS/PS: NGO	GNQ-506-G02-M	2
Gabon	3	HIV/AIDS	MO: UNDP	GAB-304-G01-H-e	4
Gabon	3	HIV/AIDS	MO: UNDP	GAB-304-G01-H	4
Gabon	4	Malaria	MO: UNDP	GAB-404-G02-M	4
Gabon	5	Malaria	MO: UNDP	GAB-506-G03-M	4
Gabon	5	Malaria	Gov: MOH	GAB-509-G04-M	2
Gabon	8	HIV/AIDS	Gov: MOH	GAB-809-G05-H	2
Gambia	3	Malaria	Gov: MOH	GMB-304-G02-M	2
Gambia	3	HIV/AIDS	Gov: Oth	GMB-304-G01-H	2
Gambia	5	TB	Gov: MOH	GMB-506-G03-T	1
Gambia	6	Malaria	Gov: MOH	GMB-607-G04-M	2
Gambia	8	HIV/AIDS	Gov: Oth	GMB-809-G05-H	2
Gambia	8	HIV/AIDS	CS/PS: NGO	GMB-809-G06-H	1
Ghana	1	TB	Gov: MOH	GHN-102-G02-T-00	4
Ghana	1	HIV/AIDS	Gov: MOH	GHN-102-G01-H-00	4
Ghana	2	Malaria	Gov: MOH	GHN-202-G03-M-00	4
Ghana	4	Malaria	Gov: MOH	GHN-405-G04-M	4
Ghana	5	TB	Gov: MOH	GHN-506-G05-T	4
Ghana	5	HIV/AIDS	Gov: MOH	GHN-506-G06-H	4
Ghana	8	HIV/AIDS	Gov: MOH	GHN-809-G11-H	4
Ghana	8	HIV/AIDS	CS/PS: NGO	GHN-809-G10-H	1
Ghana	8	Malaria	Gov: MOH	GHN-809-G07-M	4
Ghana	8	HIV/AIDS	CS/PS: NGO	GHN-809-G09-H	1
Ghana	8	HIV/AIDS	CS/PS: NGO	GHN-809-G12-H	1
Ghana	8	Malaria	CS/PS: NGO	GHN-809-G08-M	1
Guinea	2	HIV/AIDS	Gov: MOH	GIN-202-G01-H-00	5
Guinea	2	Malaria	Gov: MOH	GIN-202-G02-M-00	5

Guinea	5	TB	Gov: MOH	GIN-506-G03-T	5
Guinea	6	Malaria	Gov: MOH	GIN-607-G05-M	5
Guinea	6	HIV/AIDS	Gov: MOH	GIN-607-G04-H	5
Guinea-Bissau	3	TB	Gov: MOH	GNB-309-G06-T	3
Guinea-Bissau	3	TB	MO: UNDP	GNB-304-G01-T	3
Guinea-Bissau	4	Malaria	MO: UNDP	GNB-404-G03-M	3
Guinea-Bissau	4	Malaria	Gov: MOH	GNB-409-G08-M	3
Guinea-Bissau	4	HIV/AIDS	MO: UNDP	GNB-404-G02-H	3
Guinea-Bissau	4	HIV/AIDS	Gov: MOH	GNB-409-G07-H	3
Guinea-Bissau	6	Malaria	Gov: MOH	GNB-607-G04-M	3
Guinea-Bissau	7	HIV/AIDS	Gov: Oth	GNB-708-G05-H	1
Liberia	2	HIV/AIDS	MO: UNDP	LBR-202-G01-H-00	4
Liberia	2	TB	MO: UNDP	LBR-202-G02-T-00	4
Liberia	3	Malaria	MO: UNDP	LBR-304-G03-M	4
Liberia	6	HIV/AIDS	MO: UNDP	LBR-607-G04-H	4
Liberia	7	TB	MO: UNDP	LBR-708-G06-T	5
Liberia	7	Malaria	MO: UNDP	LBR-708-G05-M	5
Nigeria	1	HIV/AIDS	Gov: Oth	NGA-102-G01-H-00	2
Nigeria	1	HIV/AIDS	CS/PS: NGO	NGA-102-G02-H-00	3
Nigeria	1	HIV/AIDS	Gov: Oth	NGA-102-G03-H-00	2
Nigeria	2	Malaria	CS/PS: NGO	NGA-202-G04-M-00	3
Nigeria	4	Malaria	CS/PS: NGO	NGA-404-G05-M	3
Nigeria	4	Malaria	CS/PS: NGO	NGA-407-G10-M	2
Nigeria	5	TB	CS/PS: NGO	NGA-509-G15-T	2
Nigeria	5	HIV/AIDS	CS/PS: NGO	NGA-506-G09-H	2
Nigeria	5	HIV/AIDS	CS/PS: NGO	NGA-506-G08-H	3
Nigeria	5	HIV/AIDS	Gov: Oth	NGA-506-G07-H	2
Nigeria	5	TB	CS/PS: FBO	NGA-506-G06-T	1
Nigeria	8	HIV/AIDS	Gov: Oth	NGA-809-G12-S	2
Nigeria	8	Malaria	CS/PS: NGO	NGA-809-G11-M	3
Nigeria	8	Malaria	Gov: MOH	NGA-809-G14-M	1
Nigeria	8	Malaria	CS/PS: NGO	NGA-809-G13-M	3
Sao Tome	4	Malaria	MO: UNDP	STP-405-G01-M	3

and Principe					
Sao Tome and Principe	5	HIV/AIDS	MO: UNDP	STP-506-G02-H	3
Sao Tome and Principe	7	Malaria	MO: UNDP	STP-708-G03-M	3
Sao Tome and Principe	8	TB	MO: UNDP	STP-809-G04-T	3
Senegal	1	HIV/AIDS	CS/PS: NGO	SNG-102-G04-H-00	1
Senegal	1	Malaria	Gov: MOH	SNG-102-G02-M-00	2
Senegal	1	HIV/AIDS	Gov: Oth	SNG-102-G01-H-00	1
Senegal	4	Malaria	Gov: MOH	SNG-405-G03-M	2
Senegal	6	HIV/AIDS	Gov: Oth	SNG-607-G05-H	1
Senegal	6	HIV/AIDS	CS/PS: NGO	SNG-607-G06-H	1
Senegal	7	TB	Gov: MOH	SNG-708-G08-T	2
Senegal	7	Malaria	Gov: MOH	SNG-708-G07-M	2
Sierra Leone	2	TB	CS/PS: NGO	SLE-202-G01-T-00	2
Sierra Leone	4	Malaria	CS/PS: NGO	SLE-405-G03-M	2
Sierra Leone	4	HIV/AIDS	Gov: Oth	SLE-405-G02-H	2
Sierra Leone	6	HIV/AIDS	Gov: Oth	SLE-607-G04-H	2
Sierra Leone	7	Malaria	Gov: MOH	SLE-708-G05-M	2
Sierra Leone	7	TB	Gov: MOH	SLE-708-G06-T	2
Togo	2	HIV/AIDS	MO: UNDP	TGO-202-G01-H-00	5
Togo	3	TB	MO: UNDP	TGO-304-G03-T	5
Togo	3	Malaria	MO: UNDP	TGO-304-G02-M	5
Togo	4	Malaria	MO: UNDP	TGO-405-G05-M	5
Togo	4	HIV/AIDS	CS/PS: NGO	TGO-405-G04-H	2
Togo	6	Malaria	MO: UNDP	TGO-607-G06-M	5
Togo	6	TB	MO: UNDP	TGO-607-G07-T	5
Togo	8	HIV/AIDS	Gov: MOH	TGO-809-G08-H	1
Togo	8	HIV/AIDS	CS/PS: NGO	TGO-809-G09-H	2

APPENDIX 8: SUMMARY OF DATA USED FOR ANALYSIS OF GRANTS THAT COMPLETED PHASE 1

Grant Number	Country	Round	Component	PRType	No.	Governance and Risk	Burden	Assistance to Health	Absorptive Capacity
CAM-102-G01-H-00	Cambodia	1	HIV/AIDS	Gov: MOH	5	85	26	20.08	100.00
CAM-202-G02-H-00	Cambodia	2	HIV/AIDS	Gov: MOH	5	85	26	20.08	100.00
CAM-202-G03-M-00	Cambodia	2	Malaria	Gov: MOH	5	85	26	20.08	100.00
CAM-202-G04-T-00	Cambodia	2	TB	Gov: MOH	5	85	26	20.08	100.00
CAM-405-G05-H	Cambodia	4	HIV/AIDS	Gov: MOH	5	85	26	20.08	100.00
CAM-405-G06-M	Cambodia	4	Malaria	Gov: MOH	5	85	26	20.08	100.00
CAM-506-G07-H	Cambodia	5	HIV/AIDS	Gov: MOH	5	85	26	20.08	100.00
CAM-506-G09-T	Cambodia	5	TB	Gov: MOH	5	85	26	20.08	100.00
CAM-607-G10-M	Cambodia	6	Malaria	Gov: MOH	5	85	26	20.08	100.00
CAM-708-G11-H	Cambodia	7	HIV/AIDS	Gov: Oth	1	85	26	20.08	100.00
CAM-708-G12-T	Cambodia	7	TB	Gov: Oth	1	85	26	20.08	100.00
CHN-102-G01-T-00	China	1	TB	Gov: Oth	5	32	20	1.67	100.00
CHN-102-G02-M-00	China	1	Malaria	Gov: Oth	5	32	20	1.67	100.00
CHN-304-G03-H	China	3	HIV/AIDS	Gov: Oth	5	32	20	1.67	100.00
CHN-405-G05-H	China	4	HIV/AIDS	Gov: Oth	5	32	20	1.67	100.00
CHN-405-G04-T	China	4	TB	Gov: Oth	5	32	20	1.67	100.00
CHN-506-G08-T	China	5	TB	Gov: Oth	5	32	20	1.67	100.00
CHN-506-G07-M	China	5	Malaria	Gov: Oth	5	32	20	1.67	100.00
CHN-506-G06-H	China	5	HIV/AIDS	Gov: Oth	5	32	20	1.67	100.00
CHN-607-G09-M	China	6	Malaria	Gov: Oth	5	32	20	1.67	100.00

CHN-607-G10-H	China	6	HIV/AIDS	Gov: Oth	5	32	20	1.67	100.00
CHN-708-G11-T	China	7	TB	Gov: Oth	5	32	20	1.67	100.00
CHN-809-G12-T	China	8	TB	Gov: Oth	5	32	20	1.67	100.00
IND-102-G01-T-00	Indonesia	1	TB	Gov: MOH	5	48	24	3.57	100.00
IND-102-G03-H-00	Indonesia	1	HIV/AIDS	Gov: MOH	5	48	24	3.57	100.00
IND-102-G02-M-00	Indonesia	1	Malaria	Gov: MOH	5	48	24	3.57	100.00
IND-405-G04-H	Indonesia	4	HIV/AIDS	Gov: MOH	5	48	24	3.57	100.00
IND-506-G05-T	Indonesia	5	TB	Gov: MOH	5	48	24	3.57	100.00
IND-607-G06-M	Indonesia	6	Malaria	Gov: MOH	5	48	24	3.57	100.00
IND-809-G10-T	Indonesia	8	TB	CS/PS: NGO	1	48	24	3.57	100.00
IND-809-G08-H	Indonesia	8	HIV/AIDS	Gov: MOH	2	48	24	3.57	100.00
IND-809-G09-H	Indonesia	8	HIV/AIDS	CS/PS: NGO	1	48	24	3.57	100.00
IND-809-G11-T	Indonesia	8	TB	Gov: MOH	2	48	24	3.57	100.00
IND-809-G14-M	Indonesia	8	Malaria	Gov: MOH	1	48	24	3.57	98.50
IND-809-G12-T	Indonesia	8	TB	CS/PS: NGO	1	48	24	3.57	100.00
IND-809-G07-H	Indonesia	8	HIV/AIDS	Gov: Oth	1	48	24	3.57	100.00
LAO-102-G01-H-00	Lao (Peoples Democratic Republic)	1	HIV/AIDS	Gov: MOH	5	60	18	18.23	100.00
LAO-102-G02-M-00	Lao (Peoples Democratic Republic)	1	Malaria	Gov: MOH	5	60	18	18.23	100.00
LAO-202-G03-T-00	Lao (Peoples Democratic Republic)	2	TB	Gov: MOH	5	60	18	18.23	100.00

LAO-405-G04-H	Lao (Peoples Democratic Republic)	4	HIV/AIDS	Gov: MOH	5	60	18	18.23	100.00
LAO-405-G05-M	Lao (Peoples Democratic Republic)	4	Malaria	Gov: MOH	5	60	18	18.23	100.00
LAO-405-G06-T	Lao (Peoples Democratic Republic)	4	TB	Gov: MOH	5	60	18	18.23	100.00
LAO-607-G07-M	Lao (Peoples Democratic Republic)	6	Malaria	Gov: MOH	5	60	18	18.23	100.00
LAO-607-G08-H	Lao (Peoples Democratic Republic)	6	HIV/AIDS	Gov: MOH	5	60	18	18.23	100.00
LAO-708-G10-T	Lao (Peoples Democratic Republic)	7	TB	Gov: MOH	5	60	18	18.23	100.00
LAO-708-G09-M	Lao (Peoples Democratic Republic)	7	Malaria	Gov: MOH	5	60	18	18.23	100.00
LAO-809-G11-H	Lao (Peoples Democratic Republic)	8	HIV/AIDS	Gov: MOH	5	60	18	18.23	100.00
MON-102-G01-T-00	Mongolia	1	TB	Gov: MOH	3	12	16	18.45	100.00
MON-202-G02-H-00	Mongolia	2	HIV/AIDS	Gov: MOH	3	12	16	18.45	100.00
MON-405-G03-T	Mongolia	4	TB	Gov: MOH	3	12	16	18.45	100.00

MON-506-G04-H	Mongolia	5	HIV/AIDS	Gov: MOH	3	12	16	18.45	100.00
MON-708-G05-H	Mongolia	7	HIV/AIDS	Gov: MOH	3	12	16	18.45	100.00
MYN-202-G01-T-00	Myanmar	2	TB	MO: UNDP	3	84	24	2.26	100.00
MYN-305-G03-M	Myanmar	3	Malaria	MO: UNDP	3	84	24	2.26	100.00
MYN-305-G02-H	Myanmar	3	HIV/AIDS	MO: UNDP	3	84	24	2.26	100.00
PNG-304-G01-M	Papua New Guinea	3	Malaria	Gov: MOH	3	96	22	32.19	100.00
PNG-405-G02-H	Papua New Guinea	4	HIV/AIDS	Gov: MOH	3	96	22	32.19	100.00
PNG-607-G03-T	Papua New Guinea	6	TB	Gov: MOH	1	96	22	32.19	100.00
PNG-809-G04-M	Papua New Guinea	8	Malaria	Gov: MOH	3	96	22	32.19	100.00
PHL-202-G02-T-00	Philippines	2	TB	CS/PS: PS	5	96	18	6.27	100.00
PHL-202-G09-M	Philippines	2	Malaria	CS/PS: PS	5	96	18	6.27	100.00
PHL-202-G01-M-00	Philippines	2	Malaria	CS/PS: PS	5	96	18	6.27	100.00
PHL-304-G03-H	Philippines	3	HIV/AIDS	CS/PS: PS	5	96	18	6.27	100.00
PHL-506-G04-H	Philippines	5	HIV/AIDS	CS/PS: PS	5	96	18	6.27	100.00
PHL-506-G06-T	Philippines	5	TB	CS/PS: PS	5	96	18	6.27	100.00
PHL-506-G05-M	Philippines	5	Malaria	CS/PS: PS	2	96	18	6.27	100.00
PHL-607-G08-H	Philippines	6	HIV/AIDS	Gov: MOH	2	96	18	6.27	100.00
THA-102-G01-H-00	Thailand	1	HIV/AIDS	Gov: MOH	5	30	26	3.90	100.00
THA-102-G02-T-00	Thailand	1	TB	Gov: MOH	5	30	26	3.90	100.00
THA-202-G05-M-00	Thailand	2	Malaria	Gov: MOH	5	30	26	3.90	100.00
THA-202-G03-H-00	Thailand	2	HIV/AIDS	CS/PS: NGO	2	30	26	3.90	100.00

THA-304-G06-H	Thailand	3	HIV/AIDS	CS/PS: NGO	2	30	26	3.90	100.00
THA-607-G08-T	Thailand	6	TB	CS/PS: NGO	2	30	26	3.90	100.00
THA-607-G07-T	Thailand	6	TB	Gov: MOH	5	30	26	3.90	100.00
THA-708-G09-M	Thailand	7	Malaria	Gov: MOH	5	30	26	3.90	100.00
THA-809-G13-T	Thailand	8	TB	Gov: MOH	5	30	26	3.90	100.00
THA-809-G12-H	Thailand	8	HIV/AIDS	CS/PS: NGO	2	30	26	3.90	100.00
THA-809-G10-H	Thailand	8	HIV/AIDS	Gov: MOH	5	30	26	3.90	100.00
THA-809-G11-H	Thailand	8	HIV/AIDS	CS/PS: NGO	2	30	26	3.90	100.00
TMP-202-G01-M-00	Timor-Leste	2	Malaria	Gov: MOH	3	18	20	44.71	100.00
TMP-304-G02-T	Timor-Leste	3	TB	Gov: MOH	3	18	20	44.71	100.00
TMP-506-G03-H	Timor-Leste	5	HIV/AIDS	Gov: MOH	3	18	20	44.71	100.00
TMP-709-G05-M	Timor-Leste	7	Malaria	Gov: MOH	3	18	20	44.71	100.00
TMP-708-G04-T	Timor-Leste	7	TB	Gov: MOH	3	18	20	44.71	100.00
VTN-102-G01-H-00	Viet Nam	1	HIV/AIDS	Gov: MOH	2	45	26	12.04	100.00
VTN-102-G02-T-00	Viet Nam	1	TB	Gov: MOH	2	45	26	12.04	100.00
VTN-304-G03-M	Viet Nam	3	Malaria	Gov: MOH	1	45	26	12.04	100.00
VTN-607-G05-T	Viet Nam	6	TB	Gov: MOH	1	45	26	12.04	100.00
VTN-607-G04-H	Viet Nam	6	HIV/AIDS	Gov: MOH	1	45	26	12.04	100.00
VTN-708-G06-M	Viet Nam	7	Malaria	Gov: MOH	1	45	26	12.04	100.00
ALB-506-G02-T	Albania	5	TB	Gov: MOH	2	8	12	36.46	100.00
ALB-506-G01-H	Albania	5	HIV/AIDS	Gov: MOH	2	8	12	36.46	100.00
ARM-202-G01-H-00	Armenia	2	HIV/AIDS	CS/PS: NGO	1	22.5	16	32.22	100.00
ARM-809-G03-	Armenia	8	TB	Gov:	2	22.5	16	32.22	100.00

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AZE-405-G01-H	Azerbaijan	4	HIV/AIDS	Gov: MOH	4	30	24	6.44	100.00
AZE-506-G02-T	Azerbaijan	5	TB	Gov: MOH	4	30	24	6.44	100.00
AZE-708-G04-M	Azerbaijan	7	Malaria	Gov: MOH	4	30	24	6.44	100.00
AZE-708-G03-T	Azerbaijan	7	TB	Gov: MOH	4	30	24	6.44	100.00
BLR-304-G01-H	Belarus	3	HIV/AIDS	MO: UNDP	4	30	22	3.08	100.00
BLR-607-G02-T	Belarus	6	TB	MO: UNDP	4	30	22	3.08	100.00
BLR-809-G03-H	Belarus	8	HIV/AIDS	MO: UNDP	4	30	22	3.08	100.00
BIH-506-G01-H	Bosnia and Herzegovina	5	HIV/AIDS	MO: UNDP	4	30	14	25.50	100.00
BIH-607-G02-T	Bosnia and Herzegovina	6	TB	MO: UNDP	4	30	14	25.50	100.00
BUL-202-G01-H-00	Bulgaria	2	HIV/AIDS	Gov: MOH	1	20	20	17.98	100.00
BUL-607-G02-T	Bulgaria	6	TB	Gov: MOH	1	20	20	17.98	100.00
GEO-202-G01-H-00	Georgia	2	HIV/AIDS	Gov: Oth	5	32	22	32.33	100.00
GEO-304-G02-M	Georgia	3	Malaria	Gov: Oth	5	32	22	32.33	100.00
GEO-405-G03-T	Georgia	4	TB	Gov: Oth	5	32	22	32.33	100.00
GEO-607-G05-T	Georgia	6	TB	Gov: Oth	5	32	22	32.33	100.00
GEO-607-G06-H	Georgia	6	HIV/AIDS	Gov: Oth	5	32	22	32.33	100.00
GEO-607-G04-M	Georgia	6	Malaria	Gov: Oth	5	32	22	32.33	100.00
KAZ-202-G01-H-00	Kazakhstan	2	HIV/AIDS	Gov: Oth	1	30	20	3.03	100.00
KAZ-607-G02-T	Kazakhstan	6	TB	Gov: MOH	2	30	20	3.03	100.00
KAZ-708-G03-H	Kazakhstan	7	HIV/AIDS	Gov: Oth	1	30	20	3.03	100.00
KAZ-809-G04-T	Kazakhstan	8	TB	Gov: MOH	2	30	20	3.03	99.72

KOS-405-G01-T	Kosovo	4	TB	Gov: MOH	2	15	12	12.96	100.00
KOS-708-G02-H	Kosovo	7	HIV/AIDS	Gov: MOH	2	15	12	12.96	100.00
KGZ-202-G02-T-00	Kyrgyzstan	2	TB	Gov: MOH	2	60	22	22.19	100.00
KGZ-202-G01-H-00	Kyrgyzstan	2	HIV/AIDS	Gov: Oth	1	60	22	22.19	100.00
KGZ-506-G03-M	Kyrgyzstan	5	Malaria	Gov: Oth	2	60	22	22.19	100.00
KGZ-607-G04-T	Kyrgyzstan	6	TB	Gov: MOH	2	60	22	22.19	100.00
KGZ-708-G05-H	Kyrgyzstan	7	HIV/AIDS	Gov: MOH	1	60	22	22.19	100.00
MKD-304-G01-H	Macedonia (Former Yugoslav Republic)	3	HIV/AIDS	Gov: MOH	2	8	14	1.26	100.00
MKD-506-G02-T	Macedonia (Former Yugoslav Republic)	5	TB	Gov: MOH	2	8	14	1.26	100.00
MKD-708-G03-H	Macedonia (Former Yugoslav Republic)	7	HIV/AIDS	Gov: MOH	2	8	14	1.26	100.00
MOL-607-G02-T	Moldova	6	TB	Gov: MOH	3	30	10	19.53	100.00
MOL-607-G03-H	Moldova	6	HIV/AIDS	Gov: MOH	3	30	10	19.53	100.00
MOL-809-G04-T	Moldova	8	TB	Gov: MOH	3	30	10	19.53	100.00
MNT-506-G01-H	Montenegro	5	HIV/AIDS	MO: UNDP	2	8	12	12.96	100.00
MNT-607-G02-T	Montenegro	6	TB	MO: UNDP	2	8	12	12.96	100.00
ROM-202-G01-H-00	Romania	2	HIV/AIDS	Gov: MOH	2	16	18	4.54	100.00
ROM-202-G02-T-00	Romania	2	TB	Gov: MOH	2	16	18	4.54	100.00
ROM-607-G03-H	Romania	6	HIV/AIDS	CS/PS: NGO	2	16	18	4.54	100.00
ROM-607-G04-T	Romania	6	TB	CS/PS: NGO	2	16	18	4.54	100.00
RUS-304-G02-T	Russian Federatio	3	TB	CS/PS: NGO	1	80	22	1.69	100.00

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RUS-304-G01-H	Russian Federation	3	HIV/AIDS	CS/PS: NGO	1	80	22	1.69	100.00
RUS-405-G04-T	Russian Federation	4	TB	CS/PS: NGO	2	80	22	1.69	100.00
RUS-405-G03-H	Russian Federation	4	HIV/AIDS	CS/PS: NGO	2	80	22	1.69	100.00
RUS-506-G05-H	Russian Federation	5	HIV/AIDS	CS/PS: NGO	1	80	22	1.69	100.00
SER-102-G01-H-00	Serbia	1	HIV/AIDS	CS/PS: PS	1	8	16	12.96	100.00
SER-304-G02-T	Serbia	3	TB	Gov: MOH	2	8	16	12.96	100.00
SER-607-G03-H	Serbia	6	HIV/AIDS	Gov: MOH	2	8	16	12.96	100.00
SER-809-G04-H	Serbia	8	HIV/AIDS	Gov: MOH	3	8	16	12.96	100.00
SER-809-G05-H	Serbia	8	HIV/AIDS	CS/PS: NGO	3	8	16	12.96	100.00
TAJ-102-G01-H-00	Tajikistan	1	HIV/AIDS	MO: UNDP	1	40	22	14.35	100.00
TAJ-304-G02-T	Tajikistan	3	TB	CS/PS: NGO	1	40	22	14.35	100.00
TAJ-404-G03-H	Tajikistan	4	HIV/AIDS	MO: UNDP	5	40	22	14.35	100.00
TAJ-506-G04-M	Tajikistan	5	Malaria	MO: UNDP	5	40	22	14.35	100.00
TAJ-607-G06-T	Tajikistan	6	TB	MO: UNDP	5	40	22	14.35	100.00
TAJ-607-G05-H	Tajikistan	6	HIV/AIDS	MO: UNDP	5	40	22	14.35	100.00
TAJ-809-G09-T	Tajikistan	8	TB	MO: UNDP	5	40	22	14.35	100.00
TAJ-809-G08-M	Tajikistan	8	Malaria	MO: UNDP	5	40	22	14.35	100.00
TAJ-809-G07-H	Tajikistan	8	HIV/AIDS	MO: UNDP	5	40	22	14.35	100.00
TUR-405-G01-H	Turkey	4	HIV/AIDS	Gov: MOH	1	10	16	3.92	100.00
UKR-102-G04-H-00	Ukraine	1	HIV/AIDS	CS/PS: NGO	2	99	22	3.93	100.00

UKR-102-G02-H-00	Ukraine	1	HIV/AIDS	Gov: MOH	1	99	22	3.93	100.00
UKR-102-G03-H-00	Ukraine	1	HIV/AIDS	MO: UNDP	1	99	22	3.93	100.00
UKR-102-G01-H-00	Ukraine	1	HIV/AIDS	Gov: Oth	1	99	22	3.93	100.00
UKR-102-A04-H-00	Ukraine	1	HIV/AIDS	CS/PS: NGO	2	99	22	3.93	100.00
UKR-607-G06-H	Ukraine	6	HIV/AIDS	CS/PS: NGO	1	99	22	3.93	100.00
UKR-607-G05-H	Ukraine	6	HIV/AIDS	CS/PS: NGO	1	99	22	3.93	100.00
UZB-304-G01-H	Uzbekistan	3	HIV/AIDS	Gov: MOH	1	32	20	5.64	100.00
UZB-405-G02-M	Uzbekistan	4	Malaria	Gov: Oth	1	32	20	5.64	100.00
UZB-405-G03-T	Uzbekistan	4	TB	Gov: MOH	2	32	20	5.64	100.00
ARG-102-G01-H-00	Argentina	1	HIV/AIDS	MO: UNDP	1	22.5	16	32.22	100.00
ARG-102-G02-H-00	Argentina	1	HIV/AIDS	CS/PS: PS	1	22.5	16	32.22	100.00
BEL-304-G01-H	Belize	3	HIV/AIDS	CS/PS: NGO	1	12	22	24.80	100.00
BOL-306-G04-H	Bolivia (Plurinational State)	3	HIV/AIDS	MO: UNDP	3	84	20	24.29	100.00
BOL-304-G01-H	Bolivia (Plurinational State)	3	HIV/AIDS	CS/PS: NGO	3	84	20	24.29	100.00
BOL-304-G03-T	Bolivia (Plurinational State)	3	TB	CS/PS: NGO	3	84	20	24.29	100.00
BOL-307-G07-H	Bolivia (Plurinational State)	3	HIV/AIDS	CS/PS: NGO	1	84	20	24.29	100.00
BOL-306-G06-T	Bolivia (Plurinational State)	3	TB	MO: UNDP	3	84	20	24.29	100.00

BOL-304-G02-M	Bolivia (Plurinational State)	3	Malaria	CS/PS: NGO	3	84	20	24.29	100.00
BOL-306-G05-M	Bolivia (Plurinational State)	3	Malaria	MO: UNDP	3	84	20	24.29	100.00
BOL-809-G08-M	Bolivia (Plurinational State)	8	Malaria	MO: UNDP	1	84	20	24.29	100.00
BRA-506-G02-T	Brazil	5	TB	CS/PS: Oth	1	20	22	3.29	100.00
BRA-506-G01-T	Brazil	5	TB	CS/PS: Oth	1	20	22	3.29	100.00
CHL-102-G01-H-00	Chile	1	HIV/AIDS	CS/PS: PS	1	5	16	3.71	100.00
COL-202-G01-H-00	Colombia	2	HIV/AIDS	MO: Oth	1	20	20	18.30	100.00
COR-202-G01-H-00	Costa Rica	2	HIV/AIDS	Gov: Oth	1	9.4	18	11.25	100.00
COR-202-G02-H-00	Costa Rica	2	HIV/AIDS	CS/PS: NGO	1	9.4	18	11.25	100.00
CUB-202-G01-H-00	Cuba	2	HIV/AIDS	MO: UNDP	1	48	18	6.36	100.00
CUB-607-G02-H	Cuba	6	HIV/AIDS	MO: UNDP	2	48	18	6.36	100.00
CUB-708-G03-T	Cuba	7	TB	MO: UNDP	2	48	18	6.36	100.00
DMR-202-G01-H-00	Dominican Republic	2	HIV/AIDS	Gov: Oth	1	90	18	20.64	100.00
DMR-304-G02-T	Dominican Republic	3	TB	CS/PS: NGO	1	90	18	20.64	100.00
DMR-708-G03-T	Dominican Republic	7	TB	CS/PS: NGO	1	90	18	20.64	100.00
DMR-809-G06-M	Dominican Republic	8	Malaria	Gov: MOH	1	90	18	20.64	100.00
DMR-809-G05-M	Dominican Republic	8	Malaria	CS/PS: NGO	1	90	18	20.64	100.00
ECU-202-G01-	Ecuador	2	HIV/AID	Gov:	3	24	16	18.43	100.00

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ECU-202-G03-H-00	Ecuador	2	HIV/AIDS	CS/PS: NGO	2	24	16	18.43	100.00
ECU-405-G02-T	Ecuador	4	TB	CS/PS: NGO	3	24	16	18.43	100.00
SLV-202-G01-H-00	El Salvador	2	HIV/AIDS	MO: UNDP	3	32	16	29.30	100.00
SLV-202-G02-T-00	El Salvador	2	TB	MO: UNDP	2	32	16	29.30	100.00
SLV-708-G05-H	El Salvador	7	HIV/AIDS	Gov: MOH	1	32	16	29.30	100.00
SLV-708-G06-H	El Salvador	7	HIV/AIDS	MO: UNDP	1	32	16	29.30	100.00
GUA-304-G01-H	Guatemala	3	HIV/AIDS	CS/PS: NGO	3	47	18	14.60	100.00
GUA-405-G02-M	Guatemala	4	Malaria	CS/PS: NGO	3	47	18	14.60	100.00
GUA-607-G03-T	Guatemala	6	TB	CS/PS: NGO	3	24	22	14.60	100.00
GYA-304-G02-M	Guyana	3	Malaria	Gov: MOH	4	24	22	112.26	100.00
GYA-304-G01-H	Guyana	3	HIV/AIDS	Gov: MOH	4	24	22	112.26	100.00
GYA-405-G03-T	Guyana	4	TB	Gov: MOH	4	24	22	112.26	100.00
GYA-708-G04-M	Guyana	7	Malaria	Gov: MOH	4	24	22	112.26	100.00
HTI-102-G01-H-00	Haiti	1	HIV/AIDS	CS/PS: PS	1	100	20	27.83	100.00
HTI-102-G02-H-00	Haiti	1	HIV/AIDS	MO: UNDP	4	100	20	27.83	100.00
HTI-304-G03-M	Haiti	3	Malaria	CS/PS: PS	3	100	20	27.83	100.00
HTI-304-G04-T	Haiti	3	TB	CS/PS: PS	3	100	20	27.83	100.00
HTI-506-G05-H	Haiti	5	HIV/AIDS	CS/PS: PS	3	100	20	27.83	100.00
HND-102-G03-M-00	Honduras	1	Malaria	MO: UNDP	4	72	18	34.50	100.00
HND-102-G02-T-00	Honduras	1	TB	MO: UNDP	4	72	18	34.50	100.00
HND-102-G01-H-00	Honduras	1	HIV/AIDS	MO: UNDP	4	72	18	34.50	100.00
JAM-304-G01-H	Jamaica	3	HIV/AIDS	Gov: MOH	1	20	16	24.84	100.00

JAM-708-G02-H	Jamaica	7	HIV/AIDS	Gov: MOH	1	20	16	24.84	100.00
NIC-202-G03-H-00	Nicaragua	2	HIV/AIDS	CS/PS: NGO	3	45	16	64.95	100.00
NIC-202-G01-M-00	Nicaragua	2	Malaria	CS/PS: NGO	3	45	16	64.95	100.00
NIC-202-G02-T-00	Nicaragua	2	TB	CS/PS: NGO	3	45	16	64.95	100.00
NIC-708-G04-M	Nicaragua	7	Malaria	CS/PS: NGO	1	45	16	64.95	100.00
PAN-102-G01-T-00	Panama	1	TB	MO: UNDP	1	8	18	12.74	100.00
PRY-304-G01-T	Paraguay	3	TB	CS/PS: NGO	1	16	18	13.38	100.00
PRY-607-G02-H	Paraguay	6	HIV/AIDS	CS/PS: NGO	1	16	18	13.38	100.00
PRY-708-G03-T	Paraguay	7	TB	CS/PS: NGO	1	16	18	13.38	100.00
PRY-809-G04-H	Paraguay	8	HIV/AIDS	CS/PS: NGO	1	16	18	13.38	100.00
PER-202-G01-H-00	Peru	2	HIV/AIDS	CS/PS: NGO	5	30	24	16.76	100.00
PER-202-G02-T-00	Peru	2	TB	CS/PS: NGO	5	30	24	16.76	100.00
PER-506-G04-T	Peru	5	TB	CS/PS: NGO	5	30	24	16.76	100.00
PER-506-G03-H	Peru	5	HIV/AIDS	CS/PS: NGO	5	30	24	16.76	100.00
PER-607-G05-H	Peru	6	HIV/AIDS	CS/PS: NGO	5	30	24	16.76	100.00
SUR-305-G01-H	Suriname	3	HIV/AIDS	Gov: MOH	2	15	22	86.35	100.00
SUR-404-G02-M	Suriname	4	Malaria	CS/PS: NGO	1	15	22	86.35	100.00
SUR-506-G03-H	Suriname	5	HIV/AIDS	Gov: MOH	2	15	22	86.35	100.00
SUR-708-G04-M	Suriname	7	Malaria	Gov: MOH	1	15	22	86.35	100.00
DZA-304-G01-H	Algeria	3	HIV/AIDS	Gov: MOH	1	11.4	16	0.50	100.00
TCD-202-G01-T-00	Chad	2	TB	Gov: Oth	2	98	26	4.28	100.00
TCD-304-G02-H	Chad	3	HIV/AIDS	Gov: Oth	2	98	26	4.28	100.00
DJB-404-G01-H	Djibouti	4	HIV/AID	Gov:	4	97	26	38.46	100.00

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EGY-202-G01-T-00	Egypt	2	TB	Gov: MOH	1	13.25	14	5.67	100.00
EGY-608-G03-H	Egypt	6	HIV/AIDS	Gov: MOH	1	13.25	14	5.67	100.00
EGY-607-G02-T	Egypt	6	TB	Gov: MOH	1	13.25	14	5.67	100.00
IRQ-607-G01-T	Iraq	6	TB	MO: UNDP	1	30	14	11.71	100.00
JOR-202-G01-H-00	Jordan	2	HIV/AIDS	Gov: MOH	1	8	12	23.23	100.00
JOR-506-G02-T	Jordan	5	TB	Gov: MOH	1	8	12	23.23	100.00
JOR-607-G03-H	Jordan	6	HIV/AIDS	Gov: MOH	1	8	12	23.23	100.00
MAL-102-G01-M-00	Mali	1	Malaria	Gov: MOH	3	96	24	10.33	100.00
MAL-405-G03-T	Mali	4	TB	Gov: MOH	3	96	24	10.33	100.00
MAL-405-G02-H	Mali	4	HIV/AIDS	Gov: Oth	1	96	24	10.33	100.00
MAL-607-G05-M	Mali	6	Malaria	CS/PS: NGO	2	96	24	10.33	100.00
MRT-202-G02-M-00	Mauritania	2	Malaria	MO: UNDP	4	95	20	8.46	100.00
MRT-202-G01-T-00	Mauritania	2	TB	MO: UNDP	4	95	20	8.46	100.00
MOR-102-G01-H-00	Morocco	1	HIV/AIDS	Gov: MOH	1	8	14	8.57	100.00
MOR-607-G03-T	Morocco	6	TB	Gov: MOH	2	8	14	8.57	100.00
MOR-607-G02-H	Morocco	6	HIV/AIDS	Gov: MOH	2	8	14	8.57	100.00
NGR-306-G06-M	Niger	3	Malaria	MO: UNDP	3	67.5	22	4.92	100.00
NGR-304-G02-M	Niger	3	Malaria	CS/PS: NGO	1	67.5	22	4.92	100.00
NGR-304-G01-H	Niger	3	HIV/AIDS	Gov: Oth	1	67.5	22	4.92	100.00
NGR-405-G03-M	Niger	4	Malaria	MO: Oth	1	67.5	22	4.92	100.00
NGR-506-G05-T	Niger	5	TB	MO: UNDP	3	67.5	22	4.92	100.00
NGR-506-G04-M	Niger	5	Malaria	MO: UNDP	3	67.5	22	4.92	100.00

NGR-708-G08-H	Niger	7	HIV/AIDS	Gov: Oth	1	67.5	22	4.92	100.00
NGR-708-G07-M	Niger	7	Malaria	CS/PS: FBO	1	67.5	22	4.92	99.11
SOM-202-G01-M-00	Somalia	2	Malaria	MO: Oth	3	60	26	3.04	100.00
SOM-304-G02-T	Somalia	3	TB	CS/PS: NGO	1	60	26	3.04	100.00
SOM-405-G03-H	Somalia	4	HIV/AIDS	MO: Oth	3	60	26	3.04	100.00
SOM-607-G04-M	Somalia	6	Malaria	MO: Oth	3	60	26	3.04	100.00
SOM-708-G05-T	Somalia	7	TB	CS/PS: NGO	1	60	26	3.04	100.00
SSD-202-G02-T-00	South Sudan	2	TB	MO: UNDP	3	94	24	5.09	100.00
SSD-202-G01-M-00	South Sudan	2	Malaria	MO: UNDP	3	94	24	5.09	100.00
SSD-405-G05-H	South Sudan	4	HIV/AIDS	MO: UNDP	3	94	24	5.09	100.00
SSD-506-G06-T	South Sudan	5	TB	MO: UNDP	3	94	24	5.09	100.00
SSD-708-G11-T	South Sudan	7	TB	MO: UNDP	3	94	24	5.09	100.00
SSD-708-G09-M	South Sudan	7	Malaria	CS/PS: NGO	1	94	24	5.09	100.00
SUD-202-G03-M-00	Sudan	2	Malaria	MO: UNDP	4	94	24	5.09	100.00
SUD-305-G04-H	Sudan	3	HIV/AIDS	MO: UNDP	4	94	24	5.09	100.00
SUD-506-G08-H	Sudan	5	HIV/AIDS	MO: UNDP	4	94	24	5.09	100.00
SUD-506-G07-T	Sudan	5	TB	MO: UNDP	4	94	24	5.09	100.00
SUD-708-G10-M	Sudan	7	Malaria	MO: UNDP	4	94	24	5.09	100.00
SUD-809-G12-T	Sudan	8	TB	MO: UNDP	4	94	24	5.09	100.00
SYR-607-G01-T	Syrian Arab Republic	6	TB	MO: UNDP	1	36	10	4.15	100.00
TUN-607-G01-H	Tunisia	6	HIV/AIDS	Gov: MOH	1	9.25	14	8.10	100.00
YEM-202-G01-M-00	Yemen	2	Malaria	Gov: MOH	1	80	16	4.83	100.00

YEM-305-G03-H	Yemen	3	HIV/AIDS	Gov: MOH	1	80	16	4.83	100.00
YEM-305-G02-H	Yemen	3	HIV/AIDS	Gov: MOH	1	80	16	4.83	100.00
YEM-307-G05-H	Yemen	3	HIV/AIDS	MO: UNDP	1	80	16	4.83	100.00
YEM-405-G04-T	Yemen	4	TB	Gov: MOH	1	80	16	4.83	100.00
AFG-506-G03-M	Afghanistan	5	Malaria	Gov: MOH	2	15	18	9.58	100.00
AFG-708-G05-H	Afghanistan	7	HIV/AIDS	Gov: Oth	1	15	18	9.58	100.00
BAN-202-G01-H-00	Bangladesh	2	HIV/AIDS	Gov: MOF	3	54	18	4.48	100.00
BAN-304-G02-T	Bangladesh	3	TB	CS/PS: NGO	3	54	18	4.48	100.00
BAN-304-G03-T	Bangladesh	3	TB	Gov: MOF	3	54	18	4.48	100.00
BAN-506-G04-T	Bangladesh	5	TB	CS/PS: NGO	2	54	18	4.48	100.00
BAN-506-G05-T	Bangladesh	5	TB	Gov: MOF	3	54	18	4.48	100.00
BAN-607-G08-H	Bangladesh	6	HIV/AIDS	Gov: MOF	2	54	18	4.48	100.00
BAN-607-G06-M	Bangladesh	6	Malaria	CS/PS: NGO	2	54	18	4.48	100.00
BAN-607-G07-M	Bangladesh	6	Malaria	Gov: MOF	2	54	18	4.48	100.00
BAN-809-G10-T	Bangladesh	8	TB	CS/PS: NGO	3	54	18	4.48	100.00
BTN-405-G02-T	Bhutan	4	TB	Gov: Oth	5	5	18	33.30	100.00
BTN-405-G01-M	Bhutan	4	Malaria	Gov: Oth	5	5	18	33.30	100.00
BTN-607-G04-T	Bhutan	6	TB	Gov: Oth	5	5	18	33.30	100.00
BTN-607-G03-H	Bhutan	6	HIV/AIDS	Gov: Oth	5	5	18	33.30	100.00
BTN-708-G05-M	Bhutan	7	Malaria	Gov: Oth	5	5	18	33.30	100.00
IDA-102-G01-T-00	India	1	TB	Gov: Oth	5	32	26	1.76	100.00
IDA-202-G02-H-00	India	2	HIV/AIDS	Gov: Oth	5	32	26	1.76	100.00
IDA-202-G03-T-00	India	2	TB	Gov: Oth	5	32	26	1.76	100.00
IDA-405-G06-H	India	4	HIV/AID	Gov: Oth	5	32	26	1.76	100.00

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IDA-405-G08-T	India	4	TB	Gov: Oth	5	32	26	1.76	100.00
IDA-405-G05-H	India	4	HIV/AIDS	CS/PS: NGO	5	32	26	1.76	100.00
IDA-405-G07-M	India	4	Malaria	Gov: MOF	5	32	26	1.76	100.00
IDA-607-G09-T	India	6	TB	Gov: Oth	5	32	26	1.76	100.00
IDA-607-G10-H	India	6	HIV/AIDS	CS/PS: NGO	1	32	26	1.76	100.00
IDA-607-G12-H	India	6	HIV/AIDS	CS/PS: NGO	1	32	26	1.76	100.00
IDA-607-G11-H	India	6	HIV/AIDS	Gov: Oth	5	32	26	1.76	100.00
IDA-708-G13-H	India	7	HIV/AIDS	Gov: Oth	5	32	26	1.76	100.00
IDA-708-G14-H	India	7	HIV/AIDS	Gov: MOH	1	32	26	1.76	100.00
IDA-708-G15-H	India	7	HIV/AIDS	CS/PS: Oth	1	32	26	1.76	100.00
IRN-202-G01-H-00	Iran (Islamic Republic)	2	HIV/AIDS	MO: UNDP	1	96	14	0.99	100.00
IRN-708-G03-T	Iran (Islamic Republic)	7	TB	MO: UNDP	2	96	14	0.99	100.00
IRN-708-G02-M	Iran (Islamic Republic)	7	Malaria	MO: UNDP	2	96	14	0.99	100.00
MDV-607-G01-H	Maldives	6	HIV/AIDS	MO: UNDP	1	48	12	11.74	100.00
NEP-202-G04-M-00	Nepal	2	Malaria	CS/PS: NGO	1	48	20	8.90	100.00
NEP-202-G02-M-00	Nepal	2	Malaria	Gov: MOH	3	48	20	8.90	100.00
NEP-202-G01-H-00	Nepal	2	HIV/AIDS	Gov: MOH	3	48	20	8.90	100.00
NEP-405-G03-T	Nepal	4	TB	Gov: MOH		48	20	8.90	100.00
NEP-708-G11-H	Nepal	7	HIV/AIDS	CS/PS: NGO	3	48	20	8.90	100.00
NEP-708-G07-M	Nepal	7	Malaria	Gov: MOH	3	48	20	8.90	100.00
NEP-708-G10-H	Nepal	7	HIV/AIDS	CS/PS: NGO	1	48	20	8.90	100.00
NEP-708-G09-H	Nepal	7	HIV/AID	MO:	1	48	20	8.90	100.00

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NEP-708-G08-T	Nepal	7	TB	Gov: MOH	3	48	20	8.90	100.00
PKS-202-G03-T-00	Pakistan	2	TB	Gov: MOH	5	49	22	5.18	100.00
PKS-202-G02-M-00	Pakistan	2	Malaria	Gov: MOH	5	49	22	5.18	100.00
PKS-202-G01-H-00	Pakistan	2	HIV/AIDS	Gov: MOH	5	49	22	5.18	100.00
PKS-304-G05-T	Pakistan	3	TB	Gov: MOH	5	49	22	5.18	100.00
PKS-607-G06-T	Pakistan	6	TB	CS/PS: NGO	1	49	22	5.18	100.00
PKS-607-G07-T	Pakistan	6	TB	Gov: MOH	1	49	22	5.18	100.00
SRL-102-G03-T-00	Sri Lanka	1	TB	Gov: MOH	3	45	16	4.23	100.00
SRL-102-G02-M-00	Sri Lanka	1	Malaria	CS/PS: NGO	3	45	16	4.23	100.00
SRL-102-G01-M-00	Sri Lanka	1	Malaria	Gov: MOH	3	45	16	4.23	100.00
SRL-405-G06-M	Sri Lanka	4	Malaria	CS/PS: NGO	3	45	16	4.23	100.00
SRL-405-G05-M	Sri Lanka	4	Malaria	Gov: MOH	3	45	16	4.23	100.00
SRL-607-G09-H	Sri Lanka	6	HIV/AIDS	Gov: MOH	3	45	16	4.23	100.00
SRL-607-G07-T	Sri Lanka	6	TB	Gov: MOH	3	45	16	4.23	100.00
BRN-102-G01-H-00	Burundi	1	HIV/AIDS	Gov: Oth	2	87	26	7.98	100.00
BRN-202-G02-M-00	Burundi	2	Malaria	Gov: MOH	2	87	26	7.98	100.00
BRN-405-G03-T	Burundi	4	TB	Gov: MOH	2	87	26	7.98	100.00
BRN-506-G04-H	Burundi	5	HIV/AIDS	Gov: Oth	2	87	26	7.98	100.00
BRN-708-G06-T	Burundi	7	TB	Gov: MOH	2	87	26	7.98	100.00
COM-202-G01-M-00	Comoros	2	Malaria	CS/PS: NGO	2	29	12	11.17	100.00
COM-304-G02-H	Comoros	3	HIV/AIDS	CS/PS: NGO	2	29	12	11.17	100.00
ZAR-202-G01-T-00	Congo (Democra	2	TB	MO: UNDP	5	93	20	4.66	100.00

	tic Republic)								
ZAR-304-G03-M	Congo (Democratic Republic)	3	Malaria	MO: UNDP	5	93	20	4.66	100.00
ZAR-304-G02-H	Congo (Democratic Republic)	3	HIV/AIDS	MO: UNDP	5	93	20	4.66	100.00
ZAR-506-G04-T	Congo (Democratic Republic)	5	TB	MO: UNDP	5	93	20	4.66	100.00
ZAR-607-G05-T	Congo (Democratic Republic)	6	TB	MO: UNDP	5	93	20	4.66	100.00
ZAR-708-G06-H	Congo (Democratic Republic)	7	HIV/AIDS	MO: UNDP	5	93	20	4.66	100.00
ZAR-810-G08-M	Congo (Democratic Republic)	8	Malaria	CS/PS: NGO	1	93	20	4.66	100.00
ERT-202-G01-M-00	Eritrea	2	Malaria	Gov: MOH	5	48	20	16.11	100.00
ERT-304-G02-H	Eritrea	3	HIV/AIDS	Gov: MOH	5	48	20	16.11	100.00
ERT-506-G03-H	Eritrea	5	HIV/AIDS	Gov: MOH	5	48	20	16.11	100.00
ERT-607-G04-T	Eritrea	6	TB	Gov: MOH	5	48	20	16.11	100.00
ERT-607-G05-M	Eritrea	6	Malaria	Gov: MOH	5	48	20	16.11	100.00
ETH-102-G01-T-00	Ethiopia	1	TB	Gov: MOH	4	60	20	8.93	100.00
ETH-202-G03-H-00	Ethiopia	2	HIV/AIDS	Gov: Oth	2	60	20	8.93	100.00
ETH-202-G02-M-00	Ethiopia	2	Malaria	Gov: MOH	4	60	20	8.93	100.00
ETH-405-G04-H	Ethiopia	4	HIV/AIDS	Gov: Oth	2	60	20	8.93	100.00
ETH-506-G05-	Ethiopia	5	Malaria	Gov:	4	60	20	8.93	100.00

M				MOH					
ETH-607-G06-T	Ethiopia	6	TB	Gov: MOH	4	60	20	8.93	100.00
ETH-708-G09-H	Ethiopia	7	HIV/AIDS	CS/PS: FBO	1	60	20	8.93	100.00
ETH-708-G07-H	Ethiopia	7	HIV/AIDS	CS/PS: NGO	1	60	20	8.93	100.00
KEN-102-G02-H-00	Kenya	1	HIV/AIDS	CS/PS: NGO	1	58.4	26	19.99	100.00
KEN-102-G01-H-00	Kenya	1	HIV/AIDS	CS/PS: NGO	1	58.4	26	19.99	100.00
KEN-202-G05-M-00	Kenya	2	Malaria	Gov: MOF	5	58.4	26	19.99	100.00
KEN-202-G03-H-00	Kenya	2	HIV/AIDS	Gov: MOF	5	58.4	26	19.99	100.00
KEN-202-G04-T-00	Kenya	2	TB	Gov: MOF	5	58.4	26	19.99	100.00
KEN-405-G06-M	Kenya	4	Malaria	Gov: MOF	5	58.4	26	19.99	100.00
KEN-506-G07-T	Kenya	5	TB	Gov: MOF	5	58.4	26	19.99	100.00
KEN-607-G08-T	Kenya	6	TB	Gov: MOF	5	58.4	26	19.99	100.00
KEN-708-G10-H	Kenya	7	HIV/AIDS	CS/PS: NGO	1	58.4	26	19.99	100.00
KEN-708-G09-H	Kenya	7	HIV/AIDS	Gov: MOF	4	58.4	26	19.99	100.00
MDG-102-G01-M-00	Madagascar	1	Malaria	CS/PS: NGO	2	45	18	9.21	100.00
MDG-202-G02-H-00	Madagascar	2	HIV/AIDS	CS/PS: NGO	1	45	18	9.21	100.00
MDG-202-G03-H-00	Madagascar	2	HIV/AIDS	CS/PS: NGO	2	45	18	9.21	100.00
MDG-304-G04-H	Madagascar	3	HIV/AIDS	Gov: Oth	2	45	18	9.21	100.00
MDG-304-G05-M	Madagascar	3	Malaria	Gov: MOH	2	45	18	9.21	100.00
MDG-405-G06-M	Madagascar	4	Malaria	Gov: MOH	2	45	18	9.21	100.00
MDG-405-G07-M	Madagascar	4	Malaria	CS/PS: NGO	3	45	18	9.21	100.00
MDG-404-G08-T	Madagascar	4	TB	Gov: Oth	2	45	18	9.21	100.00
MDG-708-G10-M	Madagascar	7	Malaria	CS/PS: NGO	3	45	18	9.21	100.00

MDG-708-G09-M	Madagascar	7	Malaria	Gov: MOH	3	45	18	9.21	100.00
MUS-809-G02-H	Mauritius	8	HIV/AIDS	CS/PS: NGO	1	5	16	1.91	100.00
RWN-304-G03-M	Rwanda	3	Malaria	Gov: MOH	4	43	24	25.78	100.00
RWN-304-G02-H	Rwanda	3	HIV/AIDS	Gov: MOH	4	43	24	25.78	100.00
RWN-404-G04-T	Rwanda	4	TB	Gov: MOH	4	43	24	25.78	100.00
RWN-506-G06-M	Rwanda	5	Malaria	Gov: MOH	4	43	24	25.78	100.00
RWN-606-G07-T	Rwanda	6	TB	Gov: MOH	5	43	24	25.78	100.00
RWN-607-G08-H	Rwanda	6	HIV/AIDS	Gov: MOH	5	43	24	25.78	100.00
RWN-708-G09-H	Rwanda	7	HIV/AIDS	Gov: MOH	5	43	24	25.78	99.22
RWN-809-G10-M	Rwanda	8	Malaria	Gov: MOH	5	43	24	25.78	100.00
TNZ-102-G01-M-00	Tanzania (United Republic)	1	Malaria	Gov: MOH	5	92	26	19.10	100.00
TNZ-102-G02-H-00	Tanzania (United Republic)	1	HIV/AIDS	Gov: MOF	5	92	26	19.10	100.00
TNZ-405-G05-H	Tanzania (United Republic)	4	HIV/AIDS	CS/PS: NGO	1	92	26	19.10	100.00
TNZ-405-G08-M	Tanzania (United Republic)	4	Malaria	Gov: MOF	5	92	26	19.10	100.00
TNZ-405-G04-H	Tanzania (United Republic)	4	HIV/AIDS	Gov: MOF	5	92	26	19.10	100.00
TNZ-405-G06-H	Tanzania (United Republic)	4	HIV/AIDS	CS/PS: NGO	1	92	26	19.10	100.00
TNZ-405-G07-H	Tanzania (United Republic)	4	HIV/AIDS	CS/PS: NGO	1	92	26	19.10	100.00
TNZ-607-G09-T	Tanzania (United Republic)	6	TB	Gov: MOF	5	92	26	19.10	100.00

TNZ-708-G10-M	Tanzania (United Republic)	7	Malaria	Gov: MOF	5	92	26	19.10	100.00
UGD-102-G01-H-00	Uganda	1	HIV/AIDS	Gov: MOF	4	91	26	19.92	100.00
UGD-202-G02-M-00	Uganda	2	Malaria	Gov: MOF	4	91	26	19.92	100.00
UGD-202-G03-T-00	Uganda	2	TB	Gov: MOF	4	91	26	19.92	98.03
UGD-304-G04-H	Uganda	3	HIV/AIDS	Gov: MOF	4	91	26	19.92	100.00
UGD-405-G05-M	Uganda	4	Malaria	Gov: MOF	4	91	26	19.92	100.00
UGD-708-G08-M	Uganda	7	Malaria	Gov: MOF	4	91	26	19.92	99.56
ZAN-102-G01-M-00	Zanzibar	1	Malaria	Gov: MOH	2	17.1	26	19.10	100.00
ZAN-202-G02-H-00	Zanzibar	2	HIV/AIDS	Gov: Oth	2	17.1	26	19.10	100.00
ZAN-304-G03-T	Zanzibar	3	TB	Gov: MOH	4	17.1	26	19.10	100.00
ZAN-404-G04-M	Zanzibar	4	Malaria	Gov: MOH	4	17.1	26	19.10	100.00
ZAN-607-G06-H	Zanzibar	6	HIV/AIDS	Gov: Oth	2	17.1	26	19.10	100.00
AGO-305-G01-M	Angola	3	Malaria	MO: UNDP	3	46.2	26	4.92	100.00
AGO-405-G02-T	Angola	4	TB	MO: UNDP	3	46.2	26	4.92	100.00
AGO-405-G03-H	Angola	4	HIV/AIDS	MO: UNDP	3	46.2	26	4.92	100.00
BOT-506-G02-T	Botswana	5	TB	Gov: MOH	2	4	26	95.07	100.00
LSO-202-G02-T-00	Lesotho	2	TB	Gov: MOF	3	22.2	20	24.37	100.00
LSO-202-G01-H-00	Lesotho	2	HIV/AIDS	Gov: MOF	3	22.2	20	24.37	100.00
LSO-506-G03-H	Lesotho	5	HIV/AIDS	Gov: MOF	3	22.2	20	24.37	100.00
LSO-607-G04-T	Lesotho	6	TB	Gov: MOF	4	22.2	20	24.37	100.00
LSO-708-G05-H	Lesotho	7	HIV/AIDS	Gov: MOF	4	22.2	20	24.37	100.00
MLW-102-G01-H-00	Malawi	1	HIV/AIDS	Gov: Oth	1	32	26	21.35	100.00

MLW-202-G02-M-00	Malawi	2	Malaria	Gov: MOH	1	32	26	21.35	100.00
MLW-506-G03-H	Malawi	5	HIV/AIDS	Gov: Oth	2	32	26	21.35	100.00
MLW-708-G07-H	Malawi	7	HIV/AIDS	Gov: Oth	2	32	26	21.35	100.00
MLW-708-G05-M	Malawi	7	Malaria	Gov: Oth	2	32	26	21.35	100.00
MOZ-202-G04-T-00	Mozambique	2	TB	Gov: MOH	5	45.6	26	25.21	100.00
MOZ-202-G03-M-00	Mozambique	2	Malaria	Gov: MOH	5	45.6	26	25.21	100.00
MOZ-202-G02-H-00	Mozambique	2	HIV/AIDS	Gov: MOH	5	45.6	26	25.21	100.00
MOZ-607-G06-M	Mozambique	6	Malaria	Gov: MOH	5	45.6	26	25.21	100.00
MOZ-607-G05-H	Mozambique	6	HIV/AIDS	Gov: MOH	5	45.6	26	25.21	100.00
NMB-202-G01-H-00	Namibia	2	HIV/AIDS	Gov: MOH	4	22.2	28	107.06	100.00
NMB-202-G02-T-00	Namibia	2	TB	Gov: MOH	4	22.2	28	107.06	100.00
NMB-202-G03-M-00	Namibia	2	Malaria	Gov: MOH	4	22.2	28	107.06	100.00
NMB-506-G04-T	Namibia	5	TB	Gov: MOH	4	22.2	28	107.06	100.00
NMB-607-G06-M	Namibia	6	Malaria	Gov: MOH	4	22.2	28	107.06	100.00
SAF-304-G04-H	South Africa	3	HIV/AIDS	Gov: MOH	1	44.4	26	13.21	100.00
SAF-607-G06-H	South Africa	6	HIV/AIDS	Gov: MOH	2	44.4	26	13.21	100.00
SWZ-202-G02-M-00	Swaziland	2	Malaria	Gov: Oth	4	34.2	26	32.23	100.00
SWZ-202-G01-H-00	Swaziland	2	HIV/AIDS	Gov: Oth	4	34.2	26	32.23	100.00
SWZ-304-G03-T	Swaziland	3	TB	Gov: Oth	4	34.2	26	32.23	100.00
SWZ-405-G04-H	Swaziland	4	HIV/AIDS	Gov: Oth	4	34.2	26	32.23	100.00
ZAM-102-G06-T-00	Zambia	1	TB	CS/PS: FBO	3	87	26	33.43	100.00
ZAM-102-G05-M-00	Zambia	1	Malaria	CS/PS: FBO	3	87	26	33.43	100.00
ZAM-102-G08-H-00	Zambia	1	HIV/AIDS	CS/PS: NGO	3	87	26	33.43	100.00

ZAM-102-G04-H-00	Zambia	1	HIV/AIDS	CS/PS: FBO	3	87	26	33.43	100.00
ZAM-102-G01-H-00	Zambia	1	HIV/AIDS	Gov: MOH	3	87	26	33.43	100.00
ZAM-102-G02-M-00	Zambia	1	Malaria	Gov: MOH	3	87	26	33.43	100.00
ZAM-102-G03-T-00	Zambia	1	TB	Gov: MOH	3	87	26	33.43	100.00
ZAM-405-G11-H	Zambia	4	HIV/AIDS	CS/PS: NGO	3	87	26	33.43	100.00
ZAM-405-G10-H	Zambia	4	HIV/AIDS	CS/PS: FBO	5	87	26	33.43	100.00
ZAM-405-G09-H	Zambia	4	HIV/AIDS	Gov: MOH	4	87	26	33.43	100.00
ZAM-405-G12-H	Zambia	4	HIV/AIDS	Gov: MOF	1	87	26	33.43	100.00
ZAM-405-G14-M	Zambia	4	Malaria	CS/PS: FBO	5	87	26	33.43	100.00
ZAM-405-G13-M	Zambia	4	Malaria	Gov: MOH	4	87	26	33.43	100.00
ZAM-708-G18-T	Zambia	7	TB	CS/PS: FBO	5	87	26	33.43	100.00
ZAM-708-G16-T	Zambia	7	TB	Gov: MOH	4	87	26	33.43	100.00
ZAM-708-G19-M	Zambia	7	Malaria	CS/PS: FBO	5	87	26	33.43	100.00
ZIM-102-G01-H-00	Zimbabwe	1	HIV/AIDS	MO: UNDP	1	86	26	11.52	100.00
ZIM-102-G07-H	Zimbabwe	1	HIV/AIDS	Gov: Oth	1	86	26	11.52	100.00
ZIM-102-G02-M-00	Zimbabwe	1	Malaria	Gov: MOH	1	86	26	11.52	100.00
ZIM-509-G08-T	Zimbabwe	5	TB	MO: UNDP	5	86	26	11.52	100.00
ZIM-506-G04-H	Zimbabwe	5	HIV/AIDS	CS/PS: FBO	2	86	26	11.52	100.00
ZIM-509-G10-H	Zimbabwe	5	HIV/AIDS	MO: UNDP	5	86	26	11.52	100.00
ZIM-506-G05-T	Zimbabwe	5	TB	CS/PS: FBO	2	86	26	11.52	100.00
ZIM-506-G03-H	Zimbabwe	5	HIV/AIDS	Gov: Oth	1	86	26	11.52	100.00
ZIM-509-G09-M	Zimbabwe	5	Malaria	MO: UNDP	5	86	26	11.52	100.00
BEN-102-G01-	Benin	1	Malaria	MO:	3	42.75	20	14.26	100.00

M-00				UNDP					
BEN-202-G03-H-00	Benin	2	HIV/AIDS	MO: UNDP	3	42.75	20	14.26	100.00
BEN-202-G02-T-00	Benin	2	TB	MO: UNDP	3	42.75	20	14.26	100.00
BEN-304-G04-M	Benin	3	Malaria	CS/PS: NGO	1	42.75	20	14.26	100.00
BEN-506-G05-H	Benin	5	HIV/AIDS	Gov: MOH	3	42.75	20	14.26	100.00
BEN-607-G06-T	Benin	6	TB	Gov: MOH	3	42.75	20	14.26	100.00
BEN-708-G07-M	Benin	7	Malaria	CS/PS: FBO	3	42.75	20	14.26	100.00
BUR-202-G01-M-00	Burkina Faso	2	Malaria	MO: UNDP	3	85.5	22	9.42	100.00
BUR-202-G02-H-00	Burkina Faso	2	HIV/AIDS	MO: UNDP	3	85.5	22	9.42	100.00
BUR-407-G05-T	Burkina Faso	4	TB	Gov: MOH	3	85.5	22	9.42	100.00
BUR-404-G03-T	Burkina Faso	4	TB	MO: UNDP	3	85.5	22	9.42	100.00
BUR-607-G06-H	Burkina Faso	6	HIV/AIDS	Gov: Oth	3	85.5	22	9.42	100.00
BUR-708-G07-M	Burkina Faso	7	Malaria	Gov: Oth	2	85.5	22	9.42	100.00
BUR-809-G08-M	Burkina Faso	8	Malaria	Gov: Oth	1	85.5	22	9.42	99.45
BUR-809-G09-M	Burkina Faso	8	Malaria	CS/PS: NGO	1	85.5	22	9.42	98.55
CMR-304-G03-T	Cameroon	3	TB	Gov: MOH	5	90	26	5.98	100.00
CMR-304-G01-H	Cameroon	3	HIV/AIDS	Gov: MOH	5	90	26	5.98	100.00
CMR-304-G02-M	Cameroon	3	Malaria	Gov: MOH	5	90	26	5.98	100.00
CMR-404-G04-H	Cameroon	4	HIV/AIDS	CS/PS: NGO	1	90	26	5.98	100.00
CMR-506-G05-H	Cameroon	5	HIV/AIDS	Gov: MOH	5	90	26	5.98	100.00
CAF-202-G01-H-00	Central African Republic	2	HIV/AIDS	MO: UNDP	4	80	26	6.11	100.00
CAF-404-G03-T	Central African Republic	4	TB	MO: UNDP	3	80	26	6.11	100.00

CAF-404-G02-H	Central African Republic	4	HIV/AIDS	MO: UNDP	4	80	26	6.11	100.00
CAF-405-G04-M	Central African Republic	4	Malaria	MO: UNDP	4	80	26	6.11	100.00
CIV-202-G01-H-00	Côte d'Ivoire	2	HIV/AIDS	MO: UNDP	3	89	26	5.63	100.00
CIV-304-G02-H	Côte d'Ivoire	3	HIV/AIDS	CS/PS: NGO	3	89	26	5.63	100.00
CIV-304-G03-T	Côte d'Ivoire	3	TB	MO: UNDP	2	89	26	5.63	100.00
CIV-506-G04-H	Côte d'Ivoire	5	HIV/AIDS	CS/PS: NGO	3	89	26	5.63	99.91
CIV-607-G07-T	Côte d'Ivoire	6	TB	Gov: MOH	1	89	26	5.63	100.00
GNQ-405-G01-H	Equatorial Guinea	4	HIV/AIDS	MO: UNDP	2	24	18	12.07	100.00
GNQ-506-G02-M	Equatorial Guinea	5	Malaria	CS/PS: NGO	2	24	18	12.07	100.00
GAB-304-G01-H	Gabon	3	HIV/AIDS	MO: UNDP	4	40	26	17.45	100.00
GAB-404-G02-M	Gabon	4	Malaria	MO: UNDP	4	40	26	17.45	100.00
GAB-506-G03-M	Gabon	5	Malaria	MO: UNDP	4	40	26	17.45	100.00
GMB-304-G02-M	Gambia	3	Malaria	Gov: MOH	4	26	26	21.37	100.00
GMB-304-G01-H	Gambia	3	HIV/AIDS	Gov: Oth	4	26	26	21.37	100.00
GMB-506-G03-T	Gambia	5	TB	Gov: MOH	4	26	26	21.37	100.00
GMB-607-G04-M	Gambia	6	Malaria	Gov: MOH	2	26	26	21.37	100.00
GHN-102-G02-T-00	Ghana	1	TB	Gov: MOH	4	22.2	24	22.15	100.00
GHN-102-G01-H-00	Ghana	1	HIV/AIDS	Gov: MOH	4	22.2	24	22.15	100.00
GHN-202-G03-M-00	Ghana	2	Malaria	Gov: MOH	4	22.2	24	22.15	100.00
GHN-405-G04-M	Ghana	4	Malaria	Gov: MOH	4	22.2	24	22.15	100.00
GHN-506-G05-T	Ghana	5	TB	Gov: MOH	4	22.2	24	22.15	100.00
GHN-506-G06-	Ghana	5	HIV/AID	Gov:	4	22.2	24	22.15	100.00

H			S	MOH					
GHN-809-G07-M	Ghana	8	Malaria	Gov: MOH	4	22.2	24	22.15	100.00
GIN-202-G01-H-00	Guinea	2	HIV/AIDS	Gov: MOH	5	60	22	5.31	100.00
GIN-202-G02-M-00	Guinea	2	Malaria	Gov: MOH	5	60	22	5.31	100.00
GIN-506-G03-T	Guinea	5	TB	Gov: MOH	5	60	22	5.31	100.00
GIN-607-G04-H	Guinea	6	HIV/AIDS	Gov: MOH	5	60	22	5.31	100.00
GNB-304-G01-T	Guinea-Bissau	3	TB	MO: UNDP	3	77	26	11.57	100.00
GNB-404-G03-M	Guinea-Bissau	4	Malaria	MO: UNDP	3	77	26	11.57	100.00
GNB-404-G02-H	Guinea-Bissau	4	HIV/AIDS	MO: UNDP	3	77	26	11.57	100.00
GNB-607-G04-M	Guinea-Bissau	6	Malaria	Gov: MOH	3	77	26	11.57	100.00
GNB-708-G05-H	Guinea-Bissau	7	HIV/AIDS	Gov: Oth	1	77	26	11.57	100.00
LBR-202-G01-H-00	Liberia	2	HIV/AIDS	MO: UNDP	4	32.25	14	11.15	100.00
LBR-202-G02-T-00	Liberia	2	TB	MO: UNDP	4	32.25	14	11.15	100.00
LBR-304-G03-M	Liberia	3	Malaria	MO: UNDP	4	32.25	14	11.15	100.00
LBR-607-G04-H	Liberia	6	HIV/AIDS	MO: UNDP	4	32.25	14	11.15	100.00
LBR-708-G06-T	Liberia	7	TB	MO: UNDP	5	32.25	14	11.15	100.00
LBR-708-G05-M	Liberia	7	Malaria	MO: UNDP	5	32.25	14	11.15	100.00
NGA-102-G01-H-00	Nigeria	1	HIV/AIDS	Gov: Oth	1	88	26	5.29	100.00
NGA-102-G02-H-00	Nigeria	1	HIV/AIDS	CS/PS: NGO	3	88	26	5.29	100.00
NGA-102-G03-H-00	Nigeria	1	HIV/AIDS	Gov: Oth	2	88	26	5.29	100.00
NGA-202-G04-M-00	Nigeria	2	Malaria	CS/PS: NGO	3	88	26	5.29	100.00
NGA-404-G05-M	Nigeria	4	Malaria	CS/PS: NGO	3	88	26	5.29	100.00
NGA-509-G15-T	Nigeria	5	TB	CS/PS: NGO	2	88	26	5.29	100.00

NGA-506-G09-H	Nigeria	5	HIV/AIDS	CS/PS: NGO	2	88	26	5.29	100.00
NGA-506-G08-H	Nigeria	5	HIV/AIDS	CS/PS: NGO	3	88	26	5.29	100.00
NGA-506-G07-H	Nigeria	5	HIV/AIDS	Gov: Oth	2	88	26	5.29	100.00
NGA-506-G06-T	Nigeria	5	TB	CS/PS: FBO	1	88	26	5.29	100.00
STP-405-G01-M	Sao Tome and Principe	4	Malaria	MO: UNDP	3	14.25	18	71.44	100.00
STP-506-G02-H	Sao Tome and Principe	5	HIV/AIDS	MO: UNDP	3	14.25	18	71.44	100.00
STP-708-G03-M	Sao Tome and Principe	7	Malaria	MO: UNDP	3	14.25	18	71.44	100.00
SNG-102-G02-M-00	Senegal	1	Malaria	Gov: MOH	2	51	22	19.15	100.00
SNG-102-G01-H-00	Senegal	1	HIV/AIDS	Gov: Oth	1	51	22	19.15	100.00
SNG-405-G03-M	Senegal	4	Malaria	Gov: MOH	2	51	22	19.15	100.00
SNG-607-G05-H	Senegal	6	HIV/AIDS	Gov: Oth	1	51	22	19.15	100.00
SNG-607-G06-H	Senegal	6	HIV/AIDS	CS/PS: NGO	1	51	22	19.15	100.00
SNG-708-G08-T	Senegal	7	TB	Gov: MOH	2	51	22	19.15	100.00
SLE-202-G01-T-00	Sierra Leone	2	TB	CS/PS: NGO	2	54	24	6.21	100.00
SLE-405-G03-M	Sierra Leone	4	Malaria	CS/PS: NGO	2	54	24	6.21	100.00
SLE-405-G02-H	Sierra Leone	4	HIV/AIDS	Gov: Oth	2	54	24	6.21	100.00
SLE-607-G04-H	Sierra Leone	6	HIV/AIDS	Gov: Oth	2	54	24	6.21	100.00
SLE-708-G05-M	Sierra Leone	7	Malaria	Gov: MOH	2	54	24	6.21	100.00
SLE-708-G06-T	Sierra Leone	7	TB	Gov: MOH	2	54	24	6.21	100.00
TGO-202-G01-H-00	Togo	2	HIV/AIDS	MO: UNDP	5	45	24	7.30	100.00
TGO-304-G02-M	Togo	3	Malaria	MO: UNDP	5	45	24	7.30	100.00

TGO-405-G05-M	Togo	4	Malaria	MO: UNDP	5	45	24	7.30	100.00
TGO-405-G04-H	Togo	4	HIV/AIDS	CS/PS: NGO	2	45	24	7.30	100.00
TGO-607-G06-M	Togo	6	Malaria	MO: UNDP	5	45	24	7.30	100.00
TGO-607-G07-T	Togo	6	TB	MO: UNDP	5	45	24	7.30	100.00

APPENDIX 9: SUMMARY OF DATA USED FOR ANALYSIS OF GRANTS THAT COMPLETED PHASE 2

Grant Number	Country	Round	Component	PR Type	No. of Grants	Governance and Risk	Burden	Assistance to Health	Absorptive Capacity
CAM-102-G01-H-00	Cambodia	1	HIV/AIDS	Gov: MOH	5	85	26	20.08	100.00
CAM-202-G02-H-00	Cambodia	2	HIV/AIDS	Gov: MOH	5	85	26	20.08	98.06
CAM-202-G03-M-00	Cambodia	2	Malaria	Gov: MOH	5	85	26	20.08	99.01
CAM-202-G04-T-00	Cambodia	2	TB	Gov: MOH	5	85	26	20.08	100.00
CHN-102-G01-T-00	China	1	TB	Gov: Oth	5	5	32	1.67	100.00
CHN-102-G02-M-00	China	1	Malaria	Gov: Oth	5	5	32	1.67	100.00
CHN-405-G05-H	China	4	HIV/AIDS	Gov: Oth	5	5	32	1.67	100.00
CHN-405-G04-T	China	4	TB	Gov: Oth	5	5	32	1.67	100.00
CHN-506-G08-T	China	5	TB	Gov: Oth	5	5	32	1.67	100.00
CHN-506-G08-T-e	China	5	TB	Gov: Oth	5	5	32	1.67	100.00
CHN-506-G07-M	China	5	Malaria	Gov: Oth	5	5	32	1.67	98.53
CHN-506-G06-H	China	5	HIV/AIDS	Gov: Oth	5	5	32	1.67	100.00
IND-102-G01-T-00	Indonesia	1	TB	Gov: MOH	5	48	24	3.57	100.00
IND-102-G02-M-00	Indonesia	1	Malaria	Gov: MOH	5	48	24	3.57	100.00
LAO-102-G01-H-00	Lao (Peoples Democratic Republic)	1	HIV/AIDS	Gov: MOH	5	60	18	18.23	100.00
LAO-102-G02-M-00	Lao (Peoples Democratic Republic)	1	Malaria	Gov: MOH	5	60	18	18.23	100.00

LAO-202-G03-T-00	Lao (Peoples Democratic Republic)	2	TB	Gov: MOH	5	60	18	18.23	100.00
LAO-405-G04-H	Lao (Peoples Democratic Republic)	4	HIV/AIDS	Gov: MOH	5	60	18	18.23	100.00
MON-102-G01-T-00	Mongolia	1	TB	Gov: MOH	3	12	16	18.45	100.00
MON-202-G02-H-00	Mongolia	2	HIV/AIDS	Gov: MOH	3	12	16	18.45	100.00
PNG-304-G01-M	Papua New Guinea	3	Malaria	Gov: MOH	3	96	22	32.19	100.00
PHL-202-G02-T-e	Philippines	2	TB	CS/PS: PS	5	96	18	6.27	100.00
PHL-202-G02-T-00	Philippines	2	TB	CS/PS: PS	5	96	18	6.27	100.00
PHL-202-G01-M-00	Philippines	2	Malaria	CS/PS: PS	5	96	18	6.27	100.00
PHL-304-G03-H	Philippines	3	HIV/AIDS	CS/PS: PS	5	96	18	6.27	100.00
PHL-506-G04-H	Philippines	5	HIV/AIDS	CS/PS: PS	5	96	18	6.27	100.00
PHL-509-G10-H	Philippines	5	HIV/AIDS	Gov: MOH	5	96	18	6.27	100.00
THA-102-G01-H-00	Thailand	1	HIV/AIDS	Gov: MOH	5	30	26	3.90	100.00
THA-202-G05-M-00	Thailand	2	Malaria	Gov: MOH	5	30	26	3.90	99.41
THA-304-G06-H	Thailand	3	HIV/AIDS	CS/PS: NGO	3	30	26	3.90	100.00
TMP-202-G01-M-00	Timor-Leste	2	Malaria	Gov: MOH	3	18	20	44.71	100.00
VTN-102-G01-H-00	Viet Nam	1	HIV/AIDS	Gov: MOH	2	45	26	12.04	100.00
VTN-102-G02-T-00	Viet Nam	1	TB	Gov: MOH	2	45	26	12.04	100.00
VTN-304-G03-M	Viet Nam	3	Malaria	Gov: MOH	1	45	26	12.04	100.00
ARM-202-G01-H-00	Armenia	2	HIV/AIDS	CS/PS: NGO	1	22.5	16	32.22	100.00
AZE-405-G01-	Azerbaija	4	HIV/AID	Gov:	4	30	24	6.44	99.73

H	n		S	MOH					
BLR-607-G02-T	Belarus	6	TB	MO: UNDP	4	30	22	3.08	100.00
BIH-506-G01-H	Bosnia and Herzegovina	5	HIV/AIDS	MO: UNDP	4	30	14	25.50	99.19
BUL-202-G01-H-00	Bulgaria	2	HIV/AIDS	Gov: MOH	1	20	20	17.98	100.00
GEO-202-G01-H-00	Georgia	2	HIV/AIDS	Gov: Oth	5	32	22	32.33	100.00
GEO-304-G02-M	Georgia	3	Malaria	Gov: Oth	5	32	22	32.33	100.00
GEO-405-G03-T	Georgia	4	TB	Gov: Oth	5	32	22	32.33	100.00
GEO-607-G06-H	Georgia	6	HIV/AIDS	Gov: Oth	5	32	22	32.33	100.00
GEO-607-G04-M	Georgia	6	Malaria	Gov: Oth	5	32	22	32.33	100.00
KAZ-202-G01-H-00	Kazakhstan	2	HIV/AIDS	Gov: Oth	1	30	20	3.03	100.00
KOS-708-G02-H	Kosovo	7	HIV/AIDS	Gov: MOH	2	15	12	12.96	100.00
KGZ-202-G02-T-00	Kyrgyzstan	2	TB	Gov: MOH	2	60	22	22.19	100.00
KGZ-202-G01-H-00	Kyrgyzstan	2	HIV/AIDS	Gov: Oth	1	60	22	22.19	100.00
MNT-506-G01-H	Montenegro	5	HIV/AIDS	MO: UNDP	2	8	12	12.96	100.00
ROM-202-G01-H-00	Romania	2	HIV/AIDS	Gov: MOH	2	16	18	4.54	100.00
ROM-607-G03-H	Romania	6	HIV/AIDS	CS/PS: NGO	2	16	18	4.54	100.00
RUS-304-G02-T	Russian Federation	3	TB	CS/PS: NGO	1	80	22	1.69	100.00
RUS-304-G01-H	Russian Federation	3	HIV/AIDS	CS/PS: NGO	1	80	22	1.69	99.33
RUS-405-G04-T	Russian Federation	4	TB	CS/PS: NGO	2	80	22	1.69	99.20
RUS-405-G03-H	Russian Federation	4	HIV/AIDS	CS/PS: NGO	2	80	22	1.69	100.00

RUS-506-G05-H	Russian Federation	5	HIV/AIDS	CS/PS: NGO	1	80	22	1.69	99.51
SER-102-G01-H-00	Serbia	1	HIV/AIDS	CS/PS: PS	1	8	16	12.96	100.00
SER-304-G02-T	Serbia	3	TB	Gov: MOH	2	8	16	12.96	100.00
TAJ-102-G01-H-00	Tajikistan	1	HIV/AIDS	MO: UNDP	1	40	22	14.35	100.00
TAJ-404-G03-H	Tajikistan	4	HIV/AIDS	MO: UNDP	5	40	22	14.35	99.74
TAJ-506-G04-M	Tajikistan	5	Malaria	MO: UNDP	5	40	22	14.35	98.88
UZB-304-G01-H	Uzbekistan	3	HIV/AIDS	Gov: MOH	1	32	20	5.64	100.00
UZB-405-G02-M	Uzbekistan	4	Malaria	Gov: Oth	1	32	20	5.64	100.00
UZB-405-G03-T	Uzbekistan	4	TB	Gov: MOH	2	32	20	5.64	100.00
ARG-102-G02-H-00	Argentina	1	HIV/AIDS	CS/PS: PS	1	22.5	16	32.22	100.00
BOL-307-G07-H	Bolivia (Plurinational State)	3	HIV/AIDS	CS/PS: NGO	1	84	20	24.29	100.00
BOL-306-G06-T	Bolivia (Plurinational State)	3	TB	MO: UNDP	3	84	20	24.29	100.00
CHL-102-G01-H-00	Chile	1	HIV/AIDS	CS/PS: PS	1	5	16	3.71	100.00
COL-202-G01-H-00	Colombia	2	HIV/AIDS	MO: Oth	1	20	20	18.30	100.00
COR-202-G02-H-00	Costa Rica	2	HIV/AIDS	CS/PS: NGO	1	9.4	18	11.25	100.00
DMR-304-G02-T	Dominican Republic	3	TB	CS/PS: NGO	1	90	18	20.64	100.00
ECU-202-G01-H-00	Ecuador	2	HIV/AIDS	Gov: MOH	3	24	16	18.43	100.00
ECU-405-G02-T	Ecuador	4	TB	CS/PS: NGO	2	24	16	18.43	100.00
SLV-202-G03-H-00	El Salvador	2	HIV/AIDS	Gov: MOH	3	32	16	29.30	100.00
SLV-202-G01-H-00	El Salvador	2	HIV/AIDS	MO: UNDP	2	32	16	29.30	100.00

SLV-202-G02-T-00	El Salvador	2	TB	MO: UNDP	2	32	16	29.30	100.00
SLV-202-G04-T-00	El Salvador	2	TB	Gov: MOH	3	32	16	29.30	99.95
GUA-304-G01-H	Guatemala	3	HIV/AIDS	CS/PS: NGO	3	47	18	14.60	100.00
GYA-405-G03-T	Guyana	4	TB	Gov: MOH	3	24	22	112.26	99.20
HTI-102-G01-H-00	Haiti	1	HIV/AIDS	CS/PS: PS	1	100	20	27.83	100.00
HND-102-G03-M-00	Honduras	1	Malaria	MO: UNDP	4	72	18	34.50	100.00
HND-102-G02-T-00	Honduras	1	TB	MO: UNDP	4	72	18	34.50	99.36
HND-102-G01-H-00	Honduras	1	HIV/AIDS	MO: UNDP	4	72	18	34.50	100.00
JAM-304-G01-H	Jamaica	3	HIV/AIDS	Gov: MOH	1	20	16	24.84	100.00
NIC-202-G03-H-00	Nicaragua	2	HIV/AIDS	CS/PS: NGO	3	45	16	64.95	100.00
NIC-202-G01-M-00	Nicaragua	2	Malaria	CS/PS: NGO	3	45	16	64.95	100.00
NIC-202-G02-T-00	Nicaragua	2	TB	CS/PS: NGO	3	45	16	64.95	100.00
PAN-102-G01-T-00	Panama	1	TB	MO: UNDP	1	8	18	12.74	100.00
PER-202-G01-H-00	Peru	2	HIV/AIDS	CS/PS: NGO	5	30	24	16.76	100.00
PER-202-G02-T-00	Peru	2	TB	CS/PS: NGO	5	30	24	16.76	100.00
SUR-404-G02-M	Suriname	4	Malaria	CS/PS: NGO	1	15	22	86.35	100.00
DZA-304-G01-H	Algeria	3	HIV/AIDS	Gov: MOH	1	11.4	16	0.50	100.00
DJB-404-G01-H	Djibouti	4	HIV/AIDS	Gov: MOH	4	97	26	38.46	100.00
IRQ-607-G01-T	Iraq	6	TB	MO: UNDP	1	30	14	11.71	100.00
JOR-202-G01-H-00	Jordan	2	HIV/AIDS	Gov: MOH	1	8	12	23.23	100.00
JOR-506-G02-T	Jordan	5	TB	Gov: MOH	1	8	12	23.23	100.00
MAL-102-G01-M-00	Mali	1	Malaria	Gov: MOH	3	96	24	10.33	100.00
MOR-102-G01-	Morocco	1	HIV/AID	Gov:	1	8	14	8.57	100.00

H-00			S	MOH					
NGR-306-G06-M	Niger	3	Malaria	MO: UNDP	3	67.5	22	4.92	100.00
NGR-304-G01-H	Niger	3	HIV/AIDS	Gov: Oth	1	67.5	22	4.92	100.00
SOM-202-G01-M-00	Somalia	2	Malaria	MO: Oth	3	60	26	3.04	100.00
SOM-304-G02-T	Somalia	3	TB	CS/PS: NGO	1	60	26	3.04	98.01
SSD-202-G02-T-00	South Sudan	2	TB	MO: UNDP	3	94	24	5.09	100.00
SSD-202-G01-M-00	South Sudan	2	Malaria	MO: UNDP	3	94	24	5.09	100.00
SSD-405-G05-H	South Sudan	4	HIV/AIDS	MO: UNDP	3	94	24	5.09	99.14
SUD-202-G03-M-00	Sudan	2	Malaria	MO: UNDP	3	94	24	5.09	100.00
SUD-305-G04-H	Sudan	3	HIV/AIDS	MO: UNDP	4	94	24	5.09	100.00
SUD-506-G07-T	Sudan	5	TB	MO: UNDP	4	94	24	5.09	100.00
YEM-202-G01-M-00	Yemen	2	Malaria	Gov: MOH	1	80	16	4.83	100.00
YEM-405-G04-T	Yemen	4	TB	Gov: MOH	1	80	16	4.83	100.00
AFG-405-G02-T	Afghanistan	4	TB	Gov: MOH	2	15	18	9.58	100.00
AFG-509-G06-M	Afghanistan	5	Malaria	CS/PS: NGO	1	15	18	9.58	100.00
BAN-202-G01-H-00	Bangladesh	2	HIV/AIDS	Gov: MOF	3	54	18	4.48	100.00
BAN-304-G02-T	Bangladesh	3	TB	CS/PS: NGO	2	54	18	4.48	100.00
BAN-304-G03-T	Bangladesh	3	TB	Gov: MOF	3	54	18	4.48	100.00
BAN-607-G06-M	Bangladesh	6	Malaria	CS/PS: NGO	2	54	18	4.48	100.00
BTN-405-G01-M	Bhutan	4	Malaria	Gov: Oth	5	5	18	33.30	100.00
IDA-102-G01-T-00	India	1	TB	Gov: Oth	5	32	26	1.76	100.00
IDA-405-G08-T	India	4	TB	Gov: Oth	5	32	26	1.76	100.00
IDA-405-G07-M	India	4	Malaria	Gov: MOF	5	32	26	1.76	100.00

IDA-607-G10-H	India	6	HIV/AIDS	CS/PS: NGO	1	32	26	1.76	100.00
NEP-202-G02-M-00	Nepal	2	Malaria	Gov: MOH	1	48	20	8.90	100.00
NEP-202-G05-H-00	Nepal	2	HIV/AIDS	MO: UNDP	1	48	20	8.90	100.00
NEP-202-G01-H-00	Nepal	2	HIV/AIDS	Gov: MOH	1	48	20	8.90	100.00
NEP-405-G03-T	Nepal	4	TB	Gov: MOH	3	48	20	8.90	100.00
PKS-202-G01-H-00	Pakistan	2	HIV/AIDS	Gov: MOH	5	49	22	5.18	100.00
PKS-304-G05-T	Pakistan	3	TB	Gov: MOH	5	49	22	5.18	100.00
SRL-102-G03-T-00	Sri Lanka	1	TB	Gov: MOH	3	45	16	4.23	100.00
SRL-102-G02-M-00	Sri Lanka	1	Malaria	CS/PS: NGO	3	45	16	4.23	100.00
SRL-102-G01-M-00	Sri Lanka	1	Malaria	Gov: MOH	3	45	16	4.23	100.00
SRL-607-G09-H	Sri Lanka	6	HIV/AIDS	Gov: MOH	3	45	16	4.23	100.00
BRN-102-G01-H-00	Burundi	1	HIV/AIDS	Gov: Oth	2	87	26	7.98	100.00
BRN-202-G02-M-00	Burundi	2	Malaria	Gov: MOH	2	87	26	7.98	100.00
BRN-506-G04-H	Burundi	5	HIV/AIDS	Gov: Oth	2	87	26	7.98	100.00
COM-304-G02-H	Comoros	3	HIV/AIDS	CS/PS: NGO	2	29	12	11.17	99.26
ZAR-304-G03-M	Congo (Democratic Republic)	3	Malaria	MO: UNDP	5	93	20	4.66	100.00
ZAR-304-G02-H	Congo (Democratic Republic)	3	HIV/AIDS	MO: UNDP	5	93	20	4.66	99.90
ERT-202-G01-M-00	Eritrea	2	Malaria	Gov: MOH	5	48	20	16.11	100.00
ERT-304-G02-H	Eritrea	3	HIV/AIDS	Gov: MOH	5	48	20	16.11	100.00
ETH-102-G01-T-00	Ethiopia	1	TB	Gov: MOH	4	60	20	8.93	100.00
ETH-202-G02-M-00	Ethiopia	2	Malaria	Gov: MOH	4	60	20	8.93	100.00

ETH-405-G04-H	Ethiopia	4	HIV/AIDS	Gov: Oth	2	60	20	8.93	100.00
KEN-202-G03-H-00	Kenya	2	HIV/AIDS	Gov: MOF	5	58.4	26	19.99	100.00
MDG-102-G01-M-00	Madagascar	1	Malaria	CS/PS: NGO	2	45	18	9.21	100.00
MDG-202-G02-H-00	Madagascar	2	HIV/AIDS	CS/PS: NGO	1	45	18	9.21	100.00
MDG-202-G03-H-00	Madagascar	2	HIV/AIDS	CS/PS: NGO	2	45	18	9.21	100.00
MDG-304-G04-H	Madagascar	3	HIV/AIDS	Gov: Oth	2	45	18	9.21	100.00
MDG-304-G05-M	Madagascar	3	Malaria	Gov: MOH	2	45	18	9.21	100.00
MDG-405-G06-M	Madagascar	4	Malaria	Gov: MOH	2	45	18	9.21	100.00
MDG-404-G08-T	Madagascar	4	TB	Gov: Oth	2	45	18	9.21	100.00
RWN-304-G02-H	Rwanda	3	HIV/AIDS	Gov: MOH	4	43	24	25.78	100.00
RWN-404-G04-T	Rwanda	4	TB	Gov: MOH	4	43	24	25.78	100.00
RWN-506-G06-M	Rwanda	5	Malaria	Gov: MOH	4	43	24	25.78	100.00
RWN-606-G07-T	Rwanda	6	TB	Gov: MOH	5	43	24	25.78	100.00
RWN-607-G08-H	Rwanda	6	HIV/AIDS	Gov: MOH	5	43	24	25.78	100.00
TNZ-102-G01-M-00	Tanzania (United Republic)	1	Malaria	Gov: MOH	5	92	26	19.10	100.00
TNZ-405-G05-H	Tanzania (United Republic)	4	HIV/AIDS	CS/PS: NGO	1	92	26	19.10	100.00
TNZ-405-G08-M	Tanzania (United Republic)	4	Malaria	Gov: MOF	5	92	26	19.10	100.00
TNZ-405-G04-H	Tanzania (United Republic)	4	HIV/AIDS	Gov: MOF	5	92	26	19.10	100.00
TNZ-405-G07-H	Tanzania (United Republic)	4	HIV/AIDS	CS/PS: NGO	1	92	26	19.10	100.00
ZAN-102-G01-M-00	Zanzibar	1	Malaria	Gov: MOH	4	17.1	26	19.10	100.00

ZAN-202-G02-H-00	Zanzibar	2	HIV/AIDS	Gov: Oth	2	17.1	26	19.10	100.00
ZAN-304-G03-T	Zanzibar	3	TB	Gov: MOH	4	17.1	26	19.10	100.00
ZAN-404-G04-M	Zanzibar	4	Malaria	Gov: MOH	4	17.1	26	19.10	100.00
AGO-405-G02-T	Angola	4	TB	MO: UNDP	3	46.2	26	4.92	100.00
LSO-506-G03-H	Lesotho	5	HIV/AIDS	Gov: MOF	3	22.2	20	24.37	100.00
MOZ-202-G04-T-00	Mozambique	2	TB	Gov: MOH	5	45.6	26	25.21	100.00
MOZ-202-G03-M-00	Mozambique	2	Malaria	Gov: MOH	5	45.6	26	25.21	98.07
MOZ-202-G02-H-00	Mozambique	2	HIV/AIDS	Gov: MOH	5	45.6	26	25.21	99.56
MOZ-607-G05-H	Mozambique	6	HIV/AIDS	Gov: MOH	5	45.6	26	25.21	100.00
SWZ-202-G02-M-00	Swaziland	2	Malaria	Gov: Oth	4	34.2	26	32.23	100.00
SWZ-202-G01-H-00	Swaziland	2	HIV/AIDS	Gov: Oth	4	34.2	26	32.23	100.00
SWZ-405-G04-H	Swaziland	4	HIV/AIDS	Gov: Oth	4	34.2	26	32.23	100.00
ZAM-102-G15-T-00	Zambia	1	TB	CS/PS: NGO	3	87	26	33.43	100.00
ZAM-102-G06-T-00	Zambia	1	TB	CS/PS: FBO	3	87	26	33.43	100.00
ZAM-102-G05-M-00	Zambia	1	Malaria	CS/PS: FBO	3	87	26	33.43	100.00
ZAM-102-G08-H-00	Zambia	1	HIV/AIDS	CS/PS: NGO	3	87	26	33.43	100.00
ZAM-102-G04-H-00	Zambia	1	HIV/AIDS	CS/PS: FBO	3	87	26	33.43	100.00
ZAM-102-G02-M-00	Zambia	1	Malaria	Gov: MOH	3	87	26	33.43	98.92
ZAM-405-G10-H	Zambia	4	HIV/AIDS	CS/PS: FBO	5	87	26	33.43	98.25
ZIM-102-G07-H	Zimbabwe	1	HIV/AIDS	Gov: Oth	1	86	26	11.52	100.00
ZIM-102-G02-M-00	Zimbabwe	1	Malaria	Gov: MOH	1	86	26	11.52	100.00
ZIM-509-G08-T	Zimbabwe	5	TB	MO: UNDP	5	86	26	11.52	100.00
ZIM-509-G10-	Zimbabw	5	HIV/AID	MO:	5	86	26	11.52	100.00

H	e		S	UNDP					
ZIM-509-G09-M	Zimbabwe	5	Malaria	MO: UNDP	5	86	26	11.52	100.00
BEN-304-G04-M	Benin	3	Malaria	CS/PS: NGO	1	42.75	20	14.26	98.77
BUR-202-G02-H-00	Burkina Faso	2	HIV/AIDS	MO: UNDP	3	85.5	22	9.42	100.00
BUR-202-G04-H-00	Burkina Faso	2	HIV/AIDS	Gov: MOH	3	85.5	22	9.42	100.00
BUR-407-G05-T	Burkina Faso	4	TB	Gov: MOH	3	85.5	22	9.42	100.00
CMR-304-G01-H	Cameroon	3	HIV/AIDS	Gov: MOH	5	90	26	5.98	100.00
CAF-404-G03-T	Central African Republic	4	TB	MO: UNDP	4	80	26	6.11	100.00
CAF-404-G02-H	Central African Republic	4	HIV/AIDS	MO: UNDP	4	80	26	6.11	100.00
CIV-202-G01-H-00	Côte d'Ivoire	2	HIV/AIDS	MO: UNDP	2	89	26	5.63	100.00
GNQ-506-G02-M	Equatorial Guinea	5	Malaria	CS/PS: NGO	2	24	18	12.07	99.33
GAB-304-G01-H-e	Gabon	3	HIV/AIDS	MO: UNDP	4	40	26	17.45	100.00
GAB-304-G01-H	Gabon	3	HIV/AIDS	MO: UNDP	4	40	26	17.45	100.00
GAB-404-G02-M	Gabon	4	Malaria	MO: UNDP	4	40	26	17.45	100.00
GMB-304-G02-M	Gambia	3	Malaria	Gov: MOH	2	26	26	21.37	100.00
GMB-304-G01-H	Gambia	3	HIV/AIDS	Gov: Oth	2	26	26	21.37	100.00
GHN-102-G02-T-00	Ghana	1	TB	Gov: MOH	4	22.2	24	22.15	100.00
GHN-102-G01-H-00	Ghana	1	HIV/AIDS	Gov: MOH	4	22.2	24	22.15	100.00
GHN-202-G03-M-00	Ghana	2	Malaria	Gov: MOH	4	22.2	24	22.15	100.00
GNB-309-G06-T	Guinea-Bissau	3	TB	Gov: MOH	3	77	26	11.57	100.00
GNB-304-G01-T	Guinea-Bissau	3	TB	MO: UNDP	3	77	26	11.57	100.00
GNB-404-G03-M	Guinea-Bissau	4	Malaria	MO: UNDP	3	77	26	11.57	100.00

GNB-409-G08-M	Guinea-Bissau	4	Malaria	Gov: MOH	3	77	26	11.57	100.00
GNB-404-G02-H	Guinea-Bissau	4	HIV/AIDS	MO: UNDP	3	77	26	11.57	100.00
GNB-409-G07-H	Guinea-Bissau	4	HIV/AIDS	Gov: MOH	3	77	26	11.57	100.00
LBR-607-G04-H	Liberia	6	HIV/AIDS	MO: UNDP	4	32.25	14	11.15	100.00
LBR-708-G05-M	Liberia	7	Malaria	MO: UNDP	5	32.25	14	11.15	100.00
NGA-506-G09-H	Nigeria	5	HIV/AIDS	CS/PS: NGO	2	88	26	5.29	100.00
NGA-506-G08-H	Nigeria	5	HIV/AIDS	CS/PS: NGO	3	88	26	5.29	100.00
NGA-506-G07-H	Nigeria	5	HIV/AIDS	Gov: Oth	2	88	26	5.29	100.00
STP-405-G01-M	Sao Tome and Principe	4	Malaria	MO: UNDP	3	14.25	18	71.44	100.00
SNG-102-G04-H-00	Senegal	1	HIV/AIDS	CS/PS: NGO	1	51	22	19.15	100.00
SNG-102-G01-H-00	Senegal	1	HIV/AIDS	Gov: Oth	1	51	22	19.15	100.00
SLE-202-G01-T-00	Sierra Leone	2	TB	CS/PS: NGO	2	54	24	6.21	100.00
TGO-405-G05-M	Togo	4	Malaria	MO: UNDP	5	45	24	7.30	99.40

APPENDIX 10: MEMBERSHIP VALUES ADOPTED FOR FUZZY-SET ANALYSIS

Main Outcome: Low Absorptive Capacity			
Variables	**1 (membership value)**	**0.5 (membership value)**	**0 (membership value)**
Absorptive Capacity	0 to 90%	91% to 97%	98% and up
Governance and Risk	50 and up	21 to 49	20 and less
Burden of Diseases	25 and up	16 to 24	14 and less
Assistance to Health	15 and less	16 to 24	25 and up
Number of Grants	4 and up	3	1 to 2

Alternative Outcome: High Absorptive Capacity			
Variables	**1 (membership value)**	**0.5 (membership value)**	**0 (membership value)**
Absorptive Capacity	98% and up	91% to 97%	0 to 90%
Governance and Risk	20 and less	21 to 49	50 and up
Burden of Diseases	14 and less	16 to 24	25 and up
Assistance to Health	25 and up	16 to 24	15 and less
Number of Grants	1 to 2	3	4 and up

APPENDIX 11: DATA USED FOR COMPARATIVE ANALYSIS

Phase 1		
	All Phase I Grants	**Phase 1 Grants with Low Absorptive Capacity**
Total Number	664	77
Grant Type		
HIV	291 (43.8%)	37 (48%)
TB	186 (28%)	16 (20.7%)
Malaria	187 (28.1%)	24 (31%)
Principal Recipient		
Government	374 (56.3%)	34 (44%)
Civil Society	167 (25.1%)	29 (37.6%)
International Organization	123 (18.5%)	9 (11.6%)
Funding Round		
Round 1	65 (9.7%)	1 (1.2%)
Round 2	96 (14.45%)	2 (2.5%)
Round 3	73 (10.9%)	1 (1.2%)
Round 4	80 (12%)	0
Round 5	71 (10.6%)	2 (2.5%)
Round 6	95 (14.3%)	9 (11.6%)
Round 7	87 (13.1%)	13 (16.8%)
Round 8	97 (14.6%)	49 (63.6%)

Phase 2		
	Phase 2 grants included in the study	**Phase 2 grants with low absorptive capacity**
Total number	321	41
HIV	144 (44.8%)	17 (41.41%)
TB	92 (28.6%)	14 (34.1%)
Malaria	85 (26.4%)	10 (2.4%)
Government PR	184 (57.3%)	27 (65.8%)
Civil Society PR	72 (22.4%)	3 (7.3%)

International Organization PR	65 (20.2%)	11 (26.8%)
Round 1	48 (14.95)	1 (2.4%)
Round 2	75 (23.3%)	7 (17%)
Round 3	51 (15.8%)	4 (9.7%)
Round 4	72 (22.4%)	9 (21.9%)
Round 5	50 (15.5%)	13 (31.7%)
Round 6	19 (5.9%)	4 (9.7%)
Round 7	6 (1.8%)	3 (7.3%)

APPENDIX 12: EXAMPLE OF TRUTH TABLE

Truth Table for all Phase 1 grants								
Assisthealthcal	burdencal	govandriskcal	nograntscal	number	absorcapacal	raw consist.	PRI consist.	SYM consist
1	1	1	0	145		0.181376	0.053431	0.572989
0	1	1	1	124		0.175937	0.029004	0.537607
1	1	1	1	109		0.159219	0.022727	0.53271
0	1	1	0	52		0.222005	0.045623	0.54571
1	1	0	0	19		0.241447	0.026512	0.522347
1	0	0	0	16		0.24308	0.004853	0.503825
0	1	0	0	13		0.238006	0.034004	0.529857
0	1	0	1	8		0.238441	0.019547	0.516442
1	0	1	0	8		0.264296	0.021048	0.515424
1	0	1	1	6		0.28701	0.01801	0.511656
0	0	0	0	5		0.24413	0.003063	0.50239
0	0	1	1	2		0.291118	0.000692	0.500422
0	0	1	0	1		0.278004	0.00694	0.504579
0	0	0	1	0		0.316962	0.003748	0.502035
1	0	0	1	0		0.337176	0	0.5
1	1	0	1	0		0.257746	0	0.5

Appendix 13: Example of FSCQA SOFTWARE OUTPUT

Software output for all Phase 1 grants:

TRUTH TABLE ANALYSIS

****
File: C:/Users/Lilian Pedrosa/Documents/UNC-Dissertation/Data Analysis/Phase 1 data/All Phase 1 Data/Phase1calibration.csv

Model: absorptivecapac = f(assisthealthcal, burdencal, govandriskcal, nograntscal)

Rows: 7

Algorithm: Quine-McCluskey

True: 1

--- COMPLEX SOLUTION ---

frequency cutoff: 15.000000

consistency cutoff: 0.155231

	raw coverage	unique coverage	consistency
burdencal*govandriskcal*~nograntscal	0.659685	0.256085	0.170942
~assisthealthcal*burdencal*govandriskcal	0.598615	0.195015	0.169578

solution coverage: 0.854700
solution consistency: 0.153700

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