Investissons dans notre avenir
Le Fonds mondial
De lutte contre le SIDA, la tuberculose et le paludisme

PROPOSAL FORM

FIFTH CALL FOR PROPOSALS

The Global Fund to Fight AIDS, Tuberculosis and Malaria is issuing its Fifth Call for Proposals for grant funding. This proposal form should be used to submit proposals to the Global Fund. Please read the accompanying Guidelines for Proposals carefully, before filling out the proposal form.

Timetable: Fifth Round

Deadline for submission of proposals	June 10, 2005
Board consideration of recommended proposals September	28 – 30, 2005

Resources available: Fifth Round

As of the date of the Fifth Call for Proposals, US$ 300 million is available for commitment for the Fifth Call for Proposals. It is anticipated that additional resources will become available prior to the Board consideration of proposals. The amount available will be updated regularly on the Global Fund's website. Any information submitted to the Global Fund may be made publicly available.

Geneva, 17 March 2005

Notes:

How to use this form:

1 Ensure that you have all the documents that accompany this form—the Guidelines for Proposals, and Annexes A and B to this proposal form.

2 Please read ALL questions carefully. Specific instructions for answering the questions are provided.

3 Where appropriate, indications are given as to the approximate length of the answer to be provided. Please try to respect these indications.

4 To tick any of the boxes in the form, move the cursor to the textbox, right click and choose *'properties'*, then *' default value' 'checked'*.

5 To avoid duplication of effort, we urge you to make maximum use of existing information (e.g. program documents written for other donors/funding agencies).

6 Instructions and guidelines are printed in blue.

Annexes:

Annex A: Impact and Coverage Indicators (incl. glossary of terms)
Annex B: Green Light Committee Applications

Proposal title	**ROLL BACK MALARIA IN GABON (additional funds)**
Name of applicant	Comité de Coordination Multisectoriel (CCM)
Country	Gabon

Type of application:

- ☒ National Country Coordinating Mechanism
- ☐ Sub-National Country Coordinating Mechanism
- ☐ Regional Coordinating Mechanism (including Small Island Developing States)
- ☐ Regional Organization
- ☐ Non-Country Coordinating Mechanism

[Please tick the appropriate box or boxes for your proposal target; refer to Guidelines for Proposals, section II, paragraphs C1 to C4.]

Proposal components

- ☐ HIV/AIDS[1]
- ☐ Tuberculosis[2]
- ☒ Malaria
- ☐ Health system strengthening

[Please tick the appropriate box or boxes for your proposal target; refer to Guidelines for Proposals, section III, A.]

Currency in which the Proposal is submitted

- ☐ US$
- ☒ Euro

[Please tick the appropriate box. Please note that all financial amounts appearing in the proposal should be denominated in the selected currency only.]

[Countries classified as "lower-middle-income" or "upper-middle-income" by the World Bank are eligible to apply only if they meet additional requirements (see the Guidelines for Proposals, section II. A).]

[1] In contexts where HIV/AIDS is driving the tuberculosis epidemic, HIV/AIDS components should include collaborative tuberculosis/HIV activities. Different tuberculosis and HIV/AIDS activities are recommended for different epidemic states; for further information see the 'WHO Interim policy on collaborative TB/HIV activities,' available at http://www.who.int/tb/publications/tbhiv_interim_policy/en/.

[2] In contexts where HIV/AIDS is driving the tuberculosis epidemic, tuberculosis components should include collaborative tuberculosis/HIV activities. Different tuberculosis and HIV/AIDS activities are recommended for different epidemic states; for further information see the 'WHO Interim policy on collaborative TB/HIV activities,' available at http://www.who.int/tb/publications/tbhiv_interim_policy/en/.

Country	GABON

☐ Low-income
☐ Lower-middle-income [see paragraph 1.1 below]
☒ Upper-middle-income [see paragraph 1.1 below]

[See the Guidelines for Proposals, Annex 1. For proposals from multiple countries, complete the above referenced information separately for each country.]

1.1 Lower-middle-income and upper-middle-income country

[Sections 1.1.1 and 1.1.2 must be filled out for these two categories; without this information, this proposal will not be considered for financing.]

1.1.1 Counterpart financing and greater reliance on domestic resources

[For definitions and details of counterpart financing requirements, see the Guidelines for Proposals, section II.A.
The field "Total requested from the Global Fund" in the table below should match the request in sections 5.1]

Table 1.1.1 – Counterpart Financing and Greater Reliance on Domestic Resources

Financing sources	In Euro / US$				
	Year 1	**Year 2**	**Year 3 estimate**	**Year 4 estimate**	**Year 5 estimate**
Total requested from the Global Fund (A) [from Table 5.1]	**911,759**	**2,260,527**	**2,754,198**	**3,172,292**	**3,675,359**
Counterpart financing (B) [linked to the interventions for which funds are requested under A]	**729,407.2**	**1,356,316.2**	**1,652,518.8**	**1,903,375.2**	**2,205,215.4**
Counterpart financing as a percentage of: B/A x 100 =%	**80%**	**60%**	**60%**	**60%**	**60%**

1.1.2 Poor or vulnerable populations

Describe how these populations have been identified, and how they will be involved in planning and implementing the proposal (2–3 paragraphs).

The population of Gabon was estimated at 1,517,685 residents (general census of population and housing of 2003, decision no. 003/CC of February 17, 2005, constitutional court), and populations vulnerable to malaria are children younger than five years of age and pregnant women. Given a growth rate of 4.2%[3], the population of those 0-5 years of age will be: 266,144 in 2006, 277,322 in 2007, 288,969 in 2008, 301,106 in 2009 and 313,753 in 2010. The number of expected pregnancies is estimated at 66,931 in 2006, 69,742 in 2007, 72,671 in 2008, 75,724 in 2009 and 78,904 in 2010.

It is known that in stable malaria transmission areas, like Gabon, children under five years of age and pregnant women are the most vulnerable groups due to their low immunity. Most cases occur in these two groups and serious cases also affect these same populations exclusively.

The implementation of community liaisons, the identification of NGOs and setting them up on networks, as described in the preceding proposal (GAB-404-GO2-M), the training of mothers and caretakers of children will make it possible to promote curative and preventive activities. Thus, the Community and the two vulnerable groups will be linked as it concerns caring for malaria at home and in the use of treated mosquito nets.

During consultations, the active participation of mothers and caretakers of children will also occur through educational discussions. This will make it possible to increase their awareness on the prevention and care of fever at home.

At the community level, the promotion of treatment units will include the distribution and treatment of mosquito nets, communication for the modification of behavior, participation in CAP surveys on the quality of services provided by health institutions and data collection for the purpose of monitoring and evaluation. This promotion will involve the participation of these same target groups.

* WHO Regional Office for Africa, basic indicators 2002, health situation in the WHO African Region

1.2 CCM functioning - eligibility criteria

[*To be eligible for funding National/Sub-National/Regional CCM applications have to meet the requirements outlined in 1.2.1 to 1.2.3.*][*Question not applicable for Non-CCM applications]*

1.2.1 Demonstrate CCM membership of people living with and /or affected by the diseases. *[This may be done by demonstrating corresponding CCM membership composition in section 3.6.3 'Membership Information.']*
The CCM was set up on August 28, 2002 (decree no. 102 bis/PR/MSPP, covering the creation of the CCM, amended on May 7, 2003). This structure was created to meet the requirements of the Global Fund *to fight AIDS, tuberculosis and malaria.* All of the national instances involved in the fight against at least one of the diseases are concerned. It includes government representatives, multilateral partners, organizations involved in bilateral cooperation, civil society, NGOs and the profit-making private sector). Vulnerable populations, particularly poor rural communities, are represented in the CCM by religious confessions and local NGOs. Agencies, associations, services and programs represented at a high level, were involved at every step of development of the proposal (see constitution decree and meeting report).

1.2.2 Provide evidence that CCM members representing the non-governmental sectors have been selected by their own sector(s) based on a documented, transparent process developed within each sector. *[Please summarize the process and attach documentation as an annex.]*
In view of setting up the CCM (2002), the Ministry of Public Health sent invitations to all of the partners (multilateral, bilateral, NGOs, civil society) under the patronage of the President of the Republic. Following this invitation, the non-government partners designated their CCM representatives. The choice of members was left to the discretion of each partner.

1.2.3 Describe and provide evidence of a documented and transparent process to:

a) Solicit submissions for possible integration into the proposal *[please summarize and attach documentation as an annex.]*

The CCM consists of a central assembly, a board and a permanent secretariat. The CCM board includes: a president, two vice presidents and members of the permanent secretariat.

The CCM board is a scaled-down instance responsible for the preparation and execution of decisions of the CCM's central assembly. The CCM's permanent secretariat (6 members) is responsible for daily management of the relationships with the Global Fund Secretariat.

CCM members provide their services at no charge. However, office expenses, travel expenses and accommodations for members on committee missions are covered by the State budget.

On the announcement of the 5th round, an invitation was sent to all CCM members to inform them, request their support for development of the proposal and make the necessary suggestions.

b) Review submissions for possible integration into the proposal *[please summarize and attach documentation as an annex.]*

CCM meetings are convened by the President once every quarter. However, in the context of the proposal for the Global Fund, CCM members will be convened for a special meeting to examine the application completely. The Draft of the application will be sent at least one week before the meeting. The CCM may deliberate with half of its members present. The CCM is also associated with the workshop for preparing this proposal.

CCM decisions are observed by minutes signed by the president and recording secretary, without expressing the positions taken by members. The minutes are sent to all members of the committee and they have one week from the date of receipt to approve them or share their observations.

The Global Fund Secretariat is the recipient of the minutes of deliberations of the CCM.

c) Nominate the Principal Recipient(s) and oversee program implementation *[Please summarize the procedure and attach documentation as an annex]*

The responsibility of Principal Recipient has again been entrusted to the United Nations Development Program (UNDP) based on the Proposals already financed by the Global Fund (HIV/AIDS 3rd round, Malaria 4th round) and by consensus.

The gradual transfer of capacities and responsibilities are part of the terms of reference for the support to be provided by the UNDP to the national instances for the planning and management involved in this proposal.

Nominating the UNDP as PR ensures sound and transparent management of grants from the Global Fund, particularly by:

- developing an administrative, accounting and financial procedure manual that specifies the roles, responsibilities and relationships between the PR, the CCM and participants
- the use of existing information systems that have already been adapted to Global Fund procedures that enable analytical accounting, general accounting, contract approval and preparation of financial statements to facilitate execution analysis and program monitoring under optimal conditions
- supervision of activity implementation

2 Executive Summary

2.1. Executive Summary

[Please include quantitative information, where possible (4–6 paragraphs total]:

2.1.1. Briefly describe the (national) disease context, existing control strategies and programs as well as program and funding gaps. Explain how the proposed interventions complement existing strategies and programs, particularly where funding from the Global Fund has been received or approved.

Extent: Recent data shows that malaria is the main reason for consultation and hospitalization. The average annual prevalence of plasmodium infection in feverish children from 0 to 10 years of age in the entire territory varies between 31 and 71% (analysis of the malaria situation in Gabon, 2003) [3]. The annual incidence rate was estimated at 2,148 per 100,000 residents in the general population in 1998 (RDH, UNDP, 2003). At the Centre Hospitalier de Libreville (CHL), statistics show that malaria is responsible for 40% of fever cases that received consultation.

Seriousness: Serious forms occur in 45% of hospitalized feverish children. Cases of anemia that require transfusion represent 70% of the serious forms (data collected at the CHL and Hôpital Albert Schweitzer de Lambaréné in 2002). At the CHL, the fatality rate from malaria was 9% (2000-2002).

The situation is made worse by the resistance of *Plasmodium falciparum* to anti-malaria products, which varies between 50 and 100% for chloroquine in some locations (study conducted in 2002: Département de Parasitologie-Mycologie in the Faculté de Médecine de Libreville, Hôpital Schweitzer de Lambaréné and the Centre International de Recherche Médicale de Franceville).

In Libreville, 64% of the pregnant women have malaria and 71% of them have malaria-related anemia.[4]

All of this only represents the tip of the iceberg, because they are from public health facilities that only represent approximately 20% of malaria cases. Deaths at home are not reported and the completeness and promptness rates for case notification reports sent to the Ministry of Health are under 10%.

In the fight against malaria, a proposal financed by the Global Fund as part of the 4th round is currently being implemented. The various activities were taken from the national strategic plan. The interventions focus primarily on prevention by promoting mosquito netting treated with insecticides and the intermittent preventive treatment (IPT) for pregnant women and the proper handling of malaria cases in health institutions and at home.

This proposal, which was developed in 2004, related to a population estimated at 1,300,000 residents. The results of the last census made available in 2005 indicate that the population was 1,517,685 in 2003. Projecting this number gives us a total population of 1,647,848 in 2005. The budget requested from the Global Fund in the 4th round no longer covers the 60% of the target population. This is due to the drop in the dollar which considerably decreased the budget.

In an attempt to make up for the insufficiencies of the proposal being executed and to ensure the best monitoring/evaluation of activities, this Proposal includes plans to set up units for handling cases of fever, equipment for sentry sites and development of a reference laboratory at the PNLP. As a result, an additional request to increase the budget would be necessary.

Extending this project until 2010 would make it possible to:

- prevent malaria in at least 80% of pregnant women and children under five years of age
- ensure the proper handling of at least 70% of malaria cases in children under five years of age and pregnant women from the onset of the first signs within the first 24 hours
- consolidate the reinforcement of institutional capacity of the National Program to Fight Malaria, health structures, NGOs and community-based organizations

1 Rapport de l'Atelier National de Consensus sur les Perspectives Thérapeutiques du Paludisme (Libreville, July 1 to 4, 2003)
[4] Marielle K. Bouyou Akotet et al. Prevalence of *Plasmodium falciparum* infection women in Gabon, Malaria Journal 2003, 2:18

2 Executive Summary

2.1.2. Describe the overall strategy by referring to the goals, objectives and service delivery areas for each component, including expected results and associated timeframes. Specify for each component the beneficiaries and expected benefits (including target populations and their estimated number).

The purpose of this proposal is to help reduce the morbidity and mortality related to malaria in children under five years of age and pregnant women.
There are three coverage objectives (results) and they determine the services to be provided:

Objective 1: Prevent malaria in at least 80% of pregnant women and children under five years of age by 2010.

Service delivery areas

Malaria prevention:
1.1- Communication for the modification of behavior CMB- Local Services
1.2 - Communication for the modification of behavior CMB- Mass Media
1.3-Carrier control
1.4-Treated mosquito nets
-Community scaling of the TMNs
-Evaluation of carrier sensitivity to insecticides on sentry sites
-Supply and storage of treated mosquito nets with long-lasting effectiveness
1.5-Malaria during pregnancy

Activities
-Reproduce and distribute awareness-raising and community mobilization documents.
-Design and distribute radio/TV messages and sketches to mobilize the community.
-Conduct awareness-raising campaigns (raise the awareness of mothers and caretakers of children, pregnant women and those of child-bearing age, incarcerated people, those in the military and residents of river, lagoon or coastal areas about the use of Intermittent Preventive treatment (IPT).
-Organize Journées Africaines de lutte contre le Paludisme (JAP) in the health regions.
-Design and distribute radio/TV messages, IPT sketches.
-Train/retrain people (midwives, physicians, health representatives) on IPT.
-Supply the health structures with sulfadoxine-pyrimethamine medications.
-Oversee the implementation of IPT.
-Distribute sulfadoxine-pyrimethamine to pregnant women during prenatal care to ensure supervised medication.
-Supply and storage of sulfadoxine-pyrimethamine.
- Order long-lasting mosquito nets.
- Distribute long-lasting treated mosquito nets.
- Provide community units with K treatment. OTAB 1,2,3
- Develop and reproduce a manual on malaria for elementary and secondary level students.

Objective 2: By 2010, at least 70% of malaria cases in children under five years of age and pregnant women will receive the correct treatment within the first 24 hours after the onset of the first signs.

Service delivery areas:

Malaria treatment

2.1.-Detection of cases

2.2.-Fast and effective anti-malaria treatment

2.3.-Monitoring by the drug monitoring centre

2.4.-Treatment against malaria at home

Activities
- Adapt and distribute the guide (WHO) on handling cases at home and in health institutions.
- Reproduce and distribute documents on handling malaria.
- Retrain care providers (physicians, midwives, nurses).
- Retrain laboratory technicians.
- Set up 11 units for handling cases of fever / malaria in each health region.
- Train mothers and caretakers of children in handling cases at home.
- Test the effectiveness of artemisinin-based combination therapies (ACT) used at the five sentry sites.
- Order artemisinin-based combination therapies (ACT): Artesunate-Amodiaquine and Artemether-Lumefantrine
- Control the quality of anti-malaria medications and monitor drugs.

2 Executive Summary

OBJECTIVE 3 **Increase the institutional capacity of the National Program to Fight Malaria, health structures, non-government organizations and community-based organizations by 2010.**

Support services:

3.1.-Malaria support environment:
- Partnership coordination and development (national, community, public/private)

3.2.-Health system strengthening
- 3.2.1.-Human resources: PNLP capacity building
- 3.2.2.-Monitoring and evaluation: Strengthening monitoring and evaluation
- 3.2.3.-Development of health infrastructures
- 3.2.4.-Systems for managing inventories and supply:
- 3.2.5.-Applied research

Activities:

Capacity building
- Train participants in preventing malaria to plan and implement malaria prevention activities.
- Train PNLP staff and arrange fact-finding trips for them.
- Organize technical support missions.
- Reproduce epidemiological monitoring tools.
- Retrain the data managers.
- Collect data regularly.
- Visit departments to oversee on a quarterly basis.
- Oversee the regions.
- Create an analysis unit and a quality control unit.
- Handle warehousing at OPN of input from PNLP.

Program equipment:
- Strengthen PNLP logistics.
- Maintain PNLP logistics.

2.1.3. If there are several components, describe any synergies expected from the combination of different components—for example, TB/HIV collaborative activities (by synergies, we mean the added value that the different components bring to each other, or how the combination of these components may have broader impact).

The Malaria component, accepted in the 4th round, will come into play when the AIDS component, accepted in the 3rd round, is executed. Given the existence of negative interaction between these diseases, an integrated approach to fight them must be developed. This will have a more significant impact.
Community participation in the integrated fight against these problems will be confirmed when community liaisons are formed.

2.1.4. Indicate whether the proposal is to scale up existing efforts or initiate new activities. Explain how lessons learned and best practices have been reflected in this proposal and describe innovative aspects to the proposal.

This proposal is in addition to proposal GAB-404-GO2-M. It contains new elements, such as:
- set up of and equipment for six sentry sites to monitor the therapeutic effectiveness of anti-malaria products and the resistance of carriers to insecticides
- set up of a laboratory to analyze and control the quality of the National Program to Fight Malaria to build on the capacity of program managers

- expand coverage of target groups

- train mothers and caretakers of children and raise the awareness of community liaisons to improve the handling of cases at home and in the community.

2 Executive Summary

2.2 Component and Funding Summary

Table 2.2 – Total Funding Summary

	Total funds requested in Euro / US$					
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
HIV/AIDS						
Tuberculosis						
Malaria	911,759	2,260,527	2,754,198	3,172,292	3,675,352	12,774,135
Health system strengthening						
Total						

4 Components Section

Table 3 – Type of Application

Type of application:	
☒ National Country Coordinating Mechanism	➔*go to section 3.1*
☐ Sub-National Country Coordinating Mechanism	➔*go to section 3.2*
☐ Regional Coordinating Mechanism (including Small Island States)	➔*go to section 3.3*
☐ Regional Organization	➔*go to section 3.4*
☐ Non-Country Coordinating Mechanism	➔*go to section 3.5*

[Complete section 3 as appropriate. Please note that - without these details, and in particular the information requested in section 3.6 the proposal cannot be reviewed.]

3.1 National Country Coordinating Mechanism

Table 3.1 – National CCM: Basic Information

Name of National CCM	Date of Composition
Comité de Coordination Multisectoriel	August 22, 2002, amended May 7, 2003

3.1.1 Describe how the National CCM operates—in particular, the extent to which the CCM acts as a partnership between government and other actors in civil society, including non-governmental organizations, the private sector and academic institutions, and how it coordinates its activities with other national structures (such as National AIDS Councils) (2 paragraphs). *[For example, decision-making mechanisms, constituency consultation processes, structure of subcommittees, frequency of meetings, implementation oversight, etc. Provide statutes of the organization, organizational diagram and terms of reference as attachments.]*

The CCM consists of a central assembly, a board and a permanent secretariat. It meetings are convened by the President once every quarter. They may deliberate as soon as half of its members are present. CCM decisions are observed by minutes signed by the president and recording secretary, without expressing the positions taken by members. The minutes are sent to all members of the committee and they have one week from the date of receipt to approve them or share their observations.

The CCM board includes a president, two vice presidents and members of the permanent secretariat. The CCM board is a scaled-down instance responsible for the preparation and execution of decisions of the central assembly.

The CCM's permanent secretariat (6 members) is responsible for daily management of the relationships with the Global Fund Secretariat.

CCM members provide their services at no charge. However, office expenses, travel expenses and accommodations for members on committee missions are covered by the State budget.

The Global Fund Secretariat is the recipient of the minutes of deliberations of the CCM.

4 Components Section

3.2 Sub-National Coordinating Mechanism

Table 3.2 – Sub-National CCM: Basic Information

Name of Sub-National CCM	Date of Composition

3.2.1	Describe how the Sub-National CCM operates—in particular, the extent to which the CCM acts as a partnership between government and other actors in civil society, including NGOs, the private sector and academic institutions, and how it coordinates its activities with other national structures (e.g., National AIDS Councils) *(2 paragraphs). [For example, decision-making mechanisms, constituency consultation processes, structure of subcommittees, frequency of meetings, implementation oversight, etc. Provide statutes of the organization and organizational diagram as attachments.]*

3.2.2	Explain why a Sub-National CCM has been chosen *[1 paragraph].*

3.2.3	Describe how this proposal is consistent with and complements national strategies and/or the National CCM plans *[1 paragraph].*

3.3 Regional Coordinating Mechanism (including Small Island Developing States)

Table 3.3 – Regional Coordinating Mechanism: Basic Information

Name of Regional CM	Date of Composition

3.3.1	Explain why a Sub-National CCM has been chosen *[1 paragraph].*

3.3.2	Describe how this proposal is consistent with and complements national strategies and/or the Regional Coordinating Mechanism plans. Provide details of how it would achieve outcomes that would not be possible with only national approaches *[1 paragraph].*

4 Components Section

3.4 Regional Organizations

Table 3.4 – Regional Organization: Basic Information

Name of Regional Organization

3.4.1 Rationale Describe how this regional proposal complements the national plans of each country involved and how it would achieve outcomes that would not be possible with only national approaches.

3.5 Non-Country Coordinating Mechanism

Table 3.5 – Non-CCM Applicant: Basic Information

Name of Non-CCM applicant

3.5.1 Indicate the type of your sector (tick appropriate box):

- ☐ Academic/educational sector
- ☐ Government
- ☐ NGOs/community-based organizations
- ☐ People living with HIV/AIDS, tuberculosis and/or malaria
- ☐ Private sector
- ☐ Religious/faith-based organization
- ☐ Multilateral and bi-lateral development partners in country
- ☐ Other (please specify):

3.5.2 Rationale for applying outside an existing CCM

Non-CCM proposals are not eligible unless they satisfactorily explain that they originate from one of the following:

1. *Countries without legitimate governments;*
2. *Countries in conflict, facing natural disasters, or in complex emergency situations (which will be identified by the Global Fund through reference to international declarations such as those of the United Nations Office for the Coordination of Humanitarian Affairs [OCHA]); or*
3. *Countries that suppress or have not established partnerships with civil society and NGOs.*

3.5.2.1 Describe which of the above conditions apply to this proposal *(3–4 paragraphs).*

3.5.2.2 Describe any attempts to contact the CCM and provide documentary evidence as an annex *(2 paragraphs)*.

3.5.3 Non-CCM proposals from countries in which no CCM exists
[Describe how the proposal is consistent with, and complements, national policies and strategies (or, if appropriate, why this proposal is not consistent with national policy) (3–4 paragraphs). Provide evidence (e.g., letters of support) from relevant national authorities in an annex.]

3.5.4 All non-CCM proposals should include as annexes additional documentation describing the organization, such as:

- statutes of organization (official registration papers);
- a summary of the organization, including background and history, scope of work, past and current activities;
- reference letter(s);
- main sources of funding.

3.6 Proposal Endorsement and Membership Section

3.6.1 Representation

Table 3.6.1 – National/Sub-National/Regional (C)CM Leadership Information
(not applicable to Non-CCM and Regional Organization applications)

	Chairperson	Vice Chairperson
Name	Paulette MISSAMBO	Pr. Romain TCHOUA
Title	Ministre d'Etat, Ministre de la Santé Publique	Directeur Général de la Santé
Mailing address	B.P. 50 LIBREVILLE, GABON	B.P. 50 LIBREVILLE, GABON
Telephone	+ 241 722407// 763590	+ 241 764807
Fax	+ 241 748821	+ 241 761060
E-mail address		
		2nd Vice Chairperson
		Pasteur Gaspard OBIANG
		Representing the civil society
		BP 22187 Libreville E-mail: gas-obiang@caramail.com
		E-mail: gasp-obiang@caramail.com

3.6.2 Contact information

[Please provide full contact details for two persons; this is necessary to ensure fast and responsive communication.]

Table 3.6.2 – Non-CCM Applicants and Regional Organizations: contact information (not applicable to National/Sub-National/Regional (C)CM applications)

	Primary contact	Secondary contact
Name	Mrs Paulette MISSAMBO	Mrs Bintou DJIBO
Title	Ministre d'Etat, Ministre de la Santé Publique	Representing Resident
Organization	Government	UNDP
Mailing address	B.P. 50 LIBREVILLE, GABON	B.P. 2183 LIBREVILLE, GABON
Telephone	(241) 76 35 90	(241) 73 88 87
Fax	(241) 74 88 21	(241) 73 88 91
E-mail address		registry.ga@undp.org

3.6.3 Membership information

[Applicable to submissions from National/Sub-National/Regional (C)CMs. Not applicable to Non-CCM Applicants and Regional Organization applications. One of the tables below must be completed for each national/Sub-National/Regional (C)CM member.]

National (C)CM member details			
Member 1			
Agency/organization	Ministère de la Culture et de l'Education Populaire	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Education sector
Name of representative	NSI NGUEMA Guillaume	CCM member since	2002
Title in agency	Director General - Ministère de l'Education Populaire	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Technical Input	Mailing address	

4 Components Section

Member 2			
Agency/organization	Ministère de la Communication	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Communication sector
Name of representative	LEKOGHO Jules César	CCM member since	2002
Title in agency	Technical Advisor to the Minister of Communication	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Technical Input	Mailing address	

Member 3			
Agency/organization	Ministère de la Défense	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Military Health
Name of representative	Dr BA OUMAR Paulette	CCM member since	2002
Title in agency	Médecin Général (General Physician)	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Technical Input	Mailing address	

4 Components Section

Member 4			
Agency/organization	Ministère des Finances	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Finance sector
Name of representative	Mrs BINENI Jeanne	CCM member since	2002
Title in agency	Research Officer	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Examination of the Budget for the Proposal	Mailing address	

Member 5			
Agency/organization	Ministère de l'Education Nationale	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Education sector
Name of representative	Mrs MEBALEY Blanche-Reine	CCM member since	2002
Title in agency	Coordinator of the AIDS Committee of the National Education Minister (COLUSIMEN)	Fax	
E-mail address	mebaleyb@yahoo.fr	Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Technical input for the preparation and examination of the proposal	Mailing address	

Member 6

4 Components Section

Agency/organization	Ministère de la Santé	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Health Sector
Name of representative	Dr TOUNG-MVE Médard	CCM member since	2002
Title in agency	Director of the National Program to Fight Tuberculosis	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Preparation of the Proposal.	Mailing address	

Member 7			
Agency/organization	Ministère de la Santé	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Health sector
Name of representative	Dr MOUROU Jean Romain	CCM member since	JUNE 2005
Title in agency	Director of the National Program to Fight Malaria	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Preparation of the Proposal	Mailing address	

4 Components Section

Member 8			
Agency/organization	Ministère de la Santé	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Health sector
Name of representative	Dr MALONGA MOUELET Gabriel	CCM member since	2002
Title in agency	Director of the National Program to Fight AIDS	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Preparation of the Proposal	Mailing address	

Member 9			
Agency/organization	Ministère des Affaires Sociales et de la Solidarité	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Affaires Sociales
Name of representative	Mr MINTSAMI NDONG Jean Pierre	CCM member since	2002
Title in agency	Director General Welfare	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Examination of the component	Mailing address	

4 Components Section

Member 10			
Agency/organization	Ministère de la Famille	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Corporate affairs sector
Name of representative	Mr FOUTTI MAVOUNGOU	CCM member since	2002
Title in agency	Advisor to the Minister	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Examination of the proposal	Mailing address	

Member 11			
Agency/organization	Ministère de l'Enseignement Supérieur	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Education sector
Name of representative	Mr IDIATA Franck	CCM member since	2002
Title in agency	Technical Advisor to the Minister	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Examination of the proposal	Mailing address	

4 Components Section

Member 12			
Agency/organization	Ministère du travail et de l'Emploi	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Occupational medicine sector
Name of representative	Dr NAMBO WEZET Guy	CCM member since	2002
Title in agency	General Inspector of Occupational Health	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Examination of the proposal	Mailing address	

Member 13			
Agency/organization	Ministère de la Santé	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Health sector
Name of representative	Mrs MOUGUENGUI Paulette	CCM member since	2002
Title in agency	Director of the Office Pharmaceutique National	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Technical Input	Mailing address	

4 Components Section

Member 14			
Agency/organization	Ministère de la Santé	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Health sector
Name of representative	Dr MABONGO Adolphe	CCM member since	2002
Title in agency	Director, Drugs	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Technical Input	Mailing address	

Member 15			
Agency/organization	Confédération Patronale Gabonaise	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Private sector
Name of representative	OYIMA Jean Claude	CCM member since	2002
Title in agency	President of the Confédération Patronale Gabonaise	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Examination of the proposal	Mailing address	

4 Components Section

Member 16			
Agency/organization	UNICEF	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Multilateral partner
Name of representative	Mr. LAUBJERG Kristian	CCM member since	2002
Title in agency	UNICEF representative	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Examination of the proposal	Mailing address	

Member 17			
Agency/organization	UNDP	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Multilateral partner
Name of representative	Mrs Bintou DJIBO	CCM member since	2002
Title in agency	Resident representative from the UNDP	Fax	
E-mail address	registry.ga@undp.org	Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Coordinator of the Proposal development/Principal Receipient (PR)	Mailing address	

4 Components Section

Member 18			
Agency/organization	EUROPEAN COMMISSION	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Multilateral partner
Name of representative	Mr KREBS Jochem	CCM member since	2002
Title in agency	Ambassador	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Examination of the proposal	Mailing address	

Member 19			
Agency/organization	Conseil Economique et Social (CES)	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Community sector
Name of representative	Me MAYILA Louis Gaston	CCM member since	2002
Title in agency	President of CES	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Technical Input	Mailing address	

4 Components Section

Member 20			
Agency/organization	French Cooperation	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Bilateral cooperation
Name of representative	Mr Decamps	CCM member since	2002
Title in agency	Advisor to the French Cooperation	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Technical Input	Mailing address	

Member 21			
Agency/organization	World Health Organization	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Multilateral partner
Name of representative	Dr BRUN Alain Christopher	CCM member since	2002
Title in agency	WHO representative	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Preparation of the Proposal/Coordination	Mailing address	

4 Components Section

Member 22			
Agency/organization	UNHCR	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Multilateral partner
Name of representative	Mr. AKINOLA Benedict	CCM member since	2002
Title in agency	UNHCR representative	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Examination of the proposal	Mailing address	

Member 23			
Agency/organization	UNESCO	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Multilateral partner
Name of representative	Mr. GASSAMA Makkily	CCM member since	2002
Title in agency	UNESCO representative	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Examination of the proposal	Mailing address	

4 Components Section

Member 24			
Agency/organization	World Bank	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Multilateral partner
Name of representative	Mr. TEYMOURIN Mehmaz	CCM member since	2002
Title in agency	Representing Resident	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Examination of the proposal	Mailing address	

Member 25			
Agency/organization	Réseau Gabonais des Organisations de Lutte contre le Sida	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Non-government organization
Name of representative	Pasteur Gaspard OBIANG	CCM member since	2002
Title in agency	CMM Vice-President, Representing the Civil Society	Fax	
E-mail address	gasp-obiang@caramail.com	Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Preparation and Examination of the Proposal	Mailing address	

4 Components Section

Member 26			
Agency/organization	Mouvement Gabonais du Bien-être Familial	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Community sector
Name of representative	Mrs NGWEVILOT Yvette	CCM member since	2002
Title in agency	President of the MGBEF	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Examination of the proposal	Mailing address	

Member 27			
Agency/organization	Réseau National pour la Promotion de la santé de la Reproduction, des Adolescents et des Jeunes	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Community sector
Name of representative	Mr. M'PAGA Georges	CCM member since	2002
Title in agency	President of the network	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	President of the network	Mailing address	

4 Components Section

Member 28			
Agency/organization	Association des Conférences Episcopales d'Afrique Centrale fighting AIDS	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Religious organization
Name of representative	Monseigneur Basile MVE ENGONE	CCM member since	2002
Title in agency	Archbishop of Libreville	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Preparation of the Proposal	Mailing address	

Member 29			
Agency/organization	Réseau National des Eglises contre le Sida	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Religious organization
Name of representative	Pastor NGOUA Jude	CCM member since	2002
Title in agency	Representing Evangelist and Pentecostalist churches of Gabon	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Preparation of the Proposal	Mailing address	

4 Components Section

Member 30			
Agency/organization	Conseil Supérieur des Affaires Islamiques	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Religious organization
Name of representative	Mr. NTCHORERE Souleyman	CCM member since	2002
Title in agency	Vice-President of the Council	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Preparation of the Proposal	Mailing address	

Member 31			
Agency/organization	Association Gabonaise d'Assistance et d'Action aux Séropositifs et Sidéens	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Non-government organization
Name of representative	Mrs SIAKA Sidonie	CCM member since	2002
Title in agency	President of the association	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Preparation of the Proposal	Mailing address	

4 Components Section

Member 32			
Agency/organization	Centre de Traitement Ambulatoire	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Government
Name of representative	Dr NZAMBA Chantal	CCM member since	2002
Title in agency	Department Manager	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Examination of the proposal	Mailing address	

Member 33			
Agency/organization	Fondation Jeanne EBORI	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Para-public sector
Name of representative	Dr OGANDAGA Emmanuel	CCM member since	2002
Title in agency	Head of the Internal Medicine Department	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Examination of the proposal	Mailing address	

4 Components Section

Member 34			
Agency/organization	Organisation des Premières Dames d'Afrique contre le Sida (OPDAS)	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Non-government organizations
Name of representative	Dr NDONG YOUSSOUF Georgette	CCM member since	2002
Title in agency	OPDAS Technical Committee	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Examination of the proposal	Mailing address	

Member 35			
Agency/organization	Université des Sciences de la Santé	web	
Type *(academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)*		Sector represented	Academic/educational sector
Name of representative	Dr NDJOYI Angélique	CCM member since	2002
Title in agency	Head of the Faculty of Medicine's Microbiology Department	Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(Proposal preparation, technical input, component coordinator, financial input, review, other)*	Examination of the proposal	Mailing address	

4 Components Section

3.6.4. National/Sub-National/Regional (C)CM Endorsement of Proposal

[Please note: The entire proposal, including the signature page, must be received by the Global Fund Secretariat before the deadline for submitting proposals. The minutes of the CCM meetings at which the proposal was developed and endorsed must be attached as an annex to this proposal.]

PROPOSAL TITLE: Roll back malaria in Gabon (additional funds)

"We, the undersigned, hereby certify that we have participated in the proposal development process and have had sufficient opportunities to influence the process and this application. We have reviewed the final proposal and support it. If the proposal is approved we further pledge to continue our involvement in the Coordinating Mechanism during its implementation."]

Table 3.6.4 – National/Sub-national /Regional (C)CM Endorsement

Agency/organization	Name of representative	Title	Date	Signature
Ministère de la Santé	*Paulette MISSAMBO*	*President State Minister*		
Ministère de la Santé	*Romain TCHOUA*	*First Vice-President Health General Director*		
Président du Réseau Gabonais des Organisation de lutte contre le SIDA	*Pasteur Gaspard OBIANG*	*Second Vice-President*		
Ministère de la Santé	*Jean Constant AYENENGOYE*	*CCM permanent secretary Deputy General Director, responsible for National Programs and Services*		
Ministère de la Santé	*Médard TOUNG-MVE*	*Director PNLT*		
Ministère de la Santé	*Jean Romain MOUROU*	*Director PNLP*		
Ministère de la Santé	*Gabriel MALONGA MOUELET*	*Director PNLS*		
Ministère des Affaires Sociales et de la Solidarité	*Jean Pierre MINTSA MI NDONG*	*Director General, Welfare*		
Ministère de la Famille	*Armel FOUTTI MAVOUNGOU*	*Member*		
Ministère de l'Enseignement Supérieur	*Marcel IBINGA MAWANGU*	*Member*		
Ministère de la culture et Education Populaire	*Guillaume NSI NGUEMA*	*Member*		
Ministère de la Communication	*Jules César LEKOGHO*	*Member*		
Ministère de la Défense	*Dr Paulette BA OUMAR*	*Member*		
Ministère des Finances	*Jeanne BINENI*	*Member*		
Ministère de l'Education Nationale	*Alexandre BIKOUKOU*	*Member*		
Ministère du travail et de l'emploi	*Dr. Guy WEZET NAMBO*	*Member*		

Ministère de la santé	*Paulette MOUGUENGUI*	*Member*		
Ministère de la santé	*Dr Adolphe MABONGO*	*Member*		
President of the Conseil Economique et Social (CES)	*Maître Louis Gaston MAYILA*	*Member*		
Confédération Patronale Gabonaise (CPG)	*Mr Jean-Claude OYIMA*	*Member*		
UNICEF	*M. Kristian LAUBJERG*	Representing Resident		
UNDP	*Mrs Bintou DJIBO*	Representing Resident		
EUROPEAN COMMISSION	*M. Jochen KREBS*	*Ambassador*		
French Cooperation	*DECAMPS Benoît*	*Advisor*		
WHO	*BRUN Alain*	*Representing Resident*		
UNHCR	*AKINOLA Benedict*	*Representing Resident*		
UNESCO	*GASSAMA Makkily*	*Representing Resident*		
World Bank	*TEYMOURIAN Mehrnaz*	*Representing Resident*		
President of the Mouvement Gabonais du Bien Etre Familial	*NGWEVILOT Yvette*	*Member*		
President of the Réseau National pour la Promotion de la Santé de la Reproduction des Adolescents et des Jeunes	*M'PAGA Georges*	*Member*		
Association des Conférences Episcopales d'Afrique Centrale fighting AIDS	*Archbishop of Libreville Mgr Basile MVE ENGONE*	*Member*		
Réseau National des Eglises face au SIDA	*Pastor NGOUA Jude representing Eglise Evangélique et pentecôtiste du Gabon*	*Member*		
Vice-president of the Conseil Supérieur des Affaires Islamiques	*NTCHORERE Souleyman*	*Member*		
President of the Association Gabonaise d'Assistance et d'Actions aux Séropositifs et Sidéens	*SIAKA Sidonie*	*Member*		
President of the National Education Union	*BITOUGAT Christiane*	*Member*		
Centre de Traitement Ambulatoire	*Dr Chantal ZAMBA*	*Member*		
Fondation Jeanne EBORI	*Dr Emmanuel OGANDAGA*	*Member*		
Organisation des Premières Dames d'Afrique contre le Sida (OPDAS)	*Dr NDONG Youssouf Georgette*	*Member*		
Université de Sciences de la santé	*Dr Angélique NDJOYI*	*Member*		
Vice-President of the Association Gabonaise d'Assistance et d'Actions	*BAKOKO Jean Baptiste*	*Member*		

aux Séropositifs et Sidéens				
Ministère du Plan	*MASSANDE Saïd-Omar*	*Member*		
Director of the Hôpital Albert Schweitzer Foundation	*M Damien MOUGIN*	*Member*		

3.6.5 CCM Endorsement Details for Applications from Regional Organizations:

[Regional Organizations must receive the agreement of the full CCM membership of each country in which they wish to work.]

List below each of the CCMs that have agreed to this proposal and provide in annexes the minutes of CCM meetings in which the proposal was approved. (If no CCM exists in a country included in the proposal, include evidence of support from relevant national authorities.)

Table 3.6.5 – Regional Organization Endorsement

Names of CCM	Country	Attachment number

4 Components Section

[PLEASE NOTE THAT THIS SECTION AND THE NEXT MUST BE COMPLETED FOR EACH COMPONENT. *Thus, for example, if the proposal targets three components, sections 4 and 5 must be completed three times.]*

4.1. Identify the Component Addressed in this Section

☐ HIV/AIDS[5]
☐ Tuberculosis[6]
☒ Malaria
☐ Health system strengthening

4.1.1. Indicate the Estimated Start Time and Duration of the Component

[Please take note of the timing of proposal approval by the Board of the Global Fund (described on the cover page of the proposal form), as well as the fact that generally, disbursement of funds does not occur for a minimum of two months following Board approval. Approved proposals must have a start date within 12 months of proposal approval.]

Table 4.1.1 – Proposal Start Time and Duration

	From	To
Month and year:	January 2006	December 2010

4.2. Contact Persons for Questions Regarding this Component

[Please provide full contact details for two persons; this is necessary to ensure fast and responsive communication. These persons need to be readily accessible for technical or administrative clarification purposes.]

Table 4.2 – Component contact persons

	Primary contact	Secondary contact
Name	Mrs Paulette MISSAMBO	Mrs Bintou DJIBO
Title	Ministre d'Etat, Ministre de la Santé Publique	Representing Resident
Organization	Government	UNDP
Mailing address	B.P. 50 , LIBREVILLE, GABON	B.P. 2183 LIBREVILLE, GABON
Telephone	(241) 76 35 90	(241) 73 88 87
Fax	(241) 74 88 21	(241) 73 88 91
E-mail address		registry.ga@undp.org

[5] In contexts where HIV/AIDS is driving the tuberculosis epidemic, HIV/AIDS components should include collaborative tuberculosis/HIV activities. Different tuberculosis and HIV/AIDS activities are recommended for different epidemic states; for further information see the 'WHO Interim policy on collaborative TB/HIV activities,' available at http://www.who.int/tb/publications/tbhiv_interim_policy/en/.

[6] In contexts where HIV/AIDS is driving the tuberculosis epidemic, tuberculosis components should include collaborative tuberculosis/HIV activities. Different tuberculosis and HIV/AIDS activities are recommended for different epidemic states; for further information see the 'WHO Interim policy on collaborative TB/HIV activities,' available at http://www.who.int/tb/publications/tbhiv_interim_policy/en/.

4 Components Section

4.3. National Program Context and Gap Analysis for this Component

[The context in which proposed interventions will be implemented provides the basis for reviewing this proposal. Therefore, historical, current and projected data on the epidemiological situation, disease-control strategies, broader development frameworks, and resource availability and gaps need to be clearly documented.]

4.3.1. Epidemiological context specific to disease

Describe, and provide the latest data on, the stage and type of epidemic and its dynamics (including breakdown by age, gender, population group and geographical location, wherever possible), the most affected population groups, and data on drug resistance, where relevant. (Information on drug resistance is of specific relevance if the proposal includes anti-malarial drugs or insecticides. In the case of TB components, indicate, in addition, the treatment regimes in use or to be used and the reasons for their use.)

Extent: Recent data shows that malaria is the main reason for consultation and hospitalization. The average annual prevalence of plasmodium infection in feverish children from 0 to 10 years of age in the entire territory varies between 31 and 71% (analysis of the malaria situation in Gabon, 2003) [7]. The annual incidence rate was estimated at 2,148 per 100,000 residents in the general population in 1998 (RDH, UNDP, 2003).

At the Centre Hospitalier de Libreville (CHL), statistics show that malaria is responsible for 40% of fever cases that received consultation.

Seriousness: Serious forms occur in 45% of hospitalized feverish children. Cases of anemia that require transfusion represent 70% of the serious forms (data collected at the CHL and Hôpital Albert Schweitzer de Lambaréné in 2002). At the CHL, the fatality rate from malaria was 9% (2000-2002).

The situation is made worse by the resistance of *Plasmodium falciparum* to anti-malaria products, which varies between 50 and 100% for chloroquine in some locations (study conducted in 2002: Département de Parasitologie-Mycologie in the Faculté de Médecine de Libreville, Hôpital Schweitzer de Lambaréné and the Centre International de Recherche Médicale de Franceville).

In Libreville, 64% of the pregnant women have malaria and 71% of them have malaria-related anemia.[8]

All of this only represents the tip of the iceberg because it is from public health facilities. Deaths at home are not reported and the completeness and promptness rates for case notification reports sent to the Ministry of Health are under 10%.

Malaria is holoendemic throughout the territory and transmission is perennial. The most vulnerable populations are children under five years of age and pregnant women.

1 Rapport de l'Atelier National de Consensus sur les Perspectives Thérapeutiques du Paludisme (Libreville, July 1 to 4, 2003)
[8] Marielle K. Bouyou Akotet et al. Prevalence of *Plasmodium falciparum* infection women in Gabon, Malaria Journal 2003, 2:18

4 Components Section

4.3.2. Health Systems, Disease-Control Initiatives and Broader Development Frameworks

[Proposals to the Global Fund should be developed based on a comprehensive review of the capacity of health systems, disease-specific national strategies and plans, and broader development frameworks. This context should help determine how successful programs can be scaled up to achieve impact against the three diseases.]

a) Describe the (national) health system, including both the public and private sectors, as relevant to fighting the disease in question.

The national health system in Gabon is pyramidal with three levels (central, intermediate and peripheral) that are superimposed on an administrative and technical structure.

- The central level is responsible for the design and development of policies, programming, coordination, supervision, evaluation and controlling programs and national health projects.

- The intermediate level is responsible for monitoring and providing technical support to the peripheral level.

- The peripheral, or local, level includes medical centers, health centers, dispensaries and health huts, and is the first level of contact with users.

This system consists of three sectors that operate without a formal relationship on complementarity. These are the public, civil and military sectors. the parapublic sector the profit-making and non-profit private sectors

Public sector

Its organization is copied from the general administration with a vertical hierarchy from the central level. It has three levels, which are primary, secondary and tertiary.

Primary level
It has four types of structures:

- *The community health hut, which is an elementary structure set up in the village at the request of communities. It is maintained by a village health representative (VHR), trained to resolve health problems in his village, based on a primary health care approach. He is permanently supervised by the health team from the medical centre with which he is associated.*

- *The better-structured dispensary that covers a number of villages is usually maintained by a health professional, usually a trained nurse.*

- *The health centre is an intermediate structure between the dispensary and medical centre. This type of structure is usually set up in an urban area in each county town of a province.*

- *The medical centre set up in the department serves as a reference for the primary level. It is directed by a physician, at the head of a team that includes a health technician, at least one midwife, a state nurse, a laboratory technician and a public health engineering technician.*

Secondary level
Secondary health care is provided by the regional hospital set up in county towns of provinces. This structure serves as a reference for the peripheral level.

Tertiary level
Care at this level is provided by the national hospitals. These hospitals must provide specialized reference care that cannot be provided by structures at lower levels. This includes the CHL, the Hôpital Psychiatrique and Institut d'Epidémiologie et de lutte contre les endémies from Nkembo.

Public military sector
The military health service depends directly on the Ministère de la défense. It is directed by a director general. These structures are essentially sick bays and a military hospital named Hôpital Principal de Libreville.

The Caisse Nationale de Sécurité Sociale para-public sector

In addition to its role in public safety (family services, professional hazards and pensions), the

CNSS provides services to employers, employees and their families, in health institutions it has set up in urban areas.
It has three hospitals, which include two general hospitals (Jeanne Ebori in Libreville and Paul Igamba in Port-Gentil) and a specialized hospital (Hôpital Pédiatrique in Owendo (HPO)). Significant investments have allowed it to raise the level of technical support centres guaranteeing certain specialized services that cannot be provided by hospitals in the public sector. Furthermore, the CNSS opened a number of medical/social centers of which nine are still operating.

Prices at these institutions vary based on whether the patient is insured or not, making them financially inaccessible to a large proportion of the population.

Private sector
This includes establishments such as: Hôpital du Docteur Albert Schweitzer de Lambaréné (Moyen-Ogooué), the Evangelical hospital of Bongolo in Lébamba (Ngounié) and a number of catholic and protestant dispensaries, as well as health institutions belonging to large companies, such as COMILOG (mining company), Total-ELF, Shell and others.

The Schweitzer hospital has a much broader range of services than the regional hospital in Lambaréné. It does not have a research centre that studies parasitic diseases.

Profit-making private sector: It has polyclinics, clinics, physician's offices, medical analysis laboratories and over 30 pharmacies, primarily in the two largest cities in Gabon, Libreville and Port-Gentil, and two wholesale distributors (PHARMAGABON and COPHARGA).

Traditional sector: The great majority of the Gabonese population has access to traditional medicine. However, we do not have data to measure the effectiveness of this practice, which remains underused despite the recommendations of the WHO.

b) Describe comprehensively the current disease-control strategies and programs aimed at the target disease, including all relevant goals and objectives with regard to addressing the disease. (Include both existing Global Fund-financed programs and other programs currently implemented or planned by all stakeholders and existing and planned commitments to major international initiatives and partnerships).

National strategies for fighting malaria focus on prevention and handling cases. These two major strategies are supported by increasing capacities and multisector collaboration.

In terms of prevention:

- Intermittent preventive treatment (IPT) for pregnant women was adopted during the national consensus meeting. The implementation plan, financed in part by the Global Fund, has started to be applied. National IPT coverage should following within six months.

- Treated mosquito netting is an essential measure for the prevention of malaria in children and pregnant women. A plan to scale-up treated mosquito netting is available and is being executed.

In terms of handling cases, a national consensus workshop was held from July 1 to 4, 2003, which made it possible to adopt first-line and second-line artemisinin-based combination therapies (Artesunate-Amodiaquine and Paluther-Lumefantrine).

Steps have been taken to actually implement this new policy on treating malaria with the implementation of activities financed by the Global Fund.

The handling of cases at home, while used as a strategy to fight malaria, remains unorganized. The scaling up of community liaisons described in the "Roll Back Malaria" Global Fund project should remove this obstacle.

c) Describe the role of AIDS-, tuberculosis- and/or malaria-control efforts in broader developmental frameworks such as Poverty Reduction Strategies, the Highly-Indebted Poor Country (HIPC) Initiative, the Millennium Development Goals or sector-wide approaches. Outline any links to international initiatives such as the WHO/UNAIDS '3-by-5 Initiative' or the Global Plan to Stop TB or the Roll Back Malaria Initiative.

Gabon is classified as an upper-middle-income country (World Bank). Given this situation, Gabon

cannot claim the benefits granted under the HIPC (Highly-Indebted Poor Country) initiative.

However, given its high GDB (4,000 USD), which places it in 78th position in the world, the country has a Human Development Index (HDI: 0.653) that places it in 118th position, according to the Human Development Report, published in 2003 by the UNDP.

Gabon is currently finalizing its Strategy Document on Reducing Poverty (DSRP)
This additional proposal complies with the initiative on reducing poverty that makes fighting disease one of its priority areas. It also complies with the Roll Back Malaria (FRP) initiative, whose objective is to reduce malaria-related mortality by 50% in 2010 in comparison to figures for 2000. It also aims to achieve the Millennium Development Goals. The interventions used are completely in line with the recommendations made by African heads of state at a conference held in Abuja in April 2000, which include:

- Fast and early handling of cases with effective medications.
- Protection of children with treated mosquito netting.
- Protection of pregnant women with treated mosquito netting and intermittent preventive treatment.
- Partnership in the fight against malaria.
- Help in developing a health system through strengthening capacity, monitoring and evaluation.

Reference: Project involving the Strategy Document on Reducing Poverty, IMF Mission of March 27 to April 10, 2003 – Ministère de l'économie, des Finances, du Budget et de la Privatisation - Cabinet du Ministre d'Etat.

4.3.3. Financial and Programmatic Gap Analysis

[Interventions included in the proposal should be identified through an analysis of the gaps in the financing and programmatic coverage of existing programs. Global Fund financing must be additional to existing efforts, rather than replacing them, and efforts to ensure this additionality should be described. Use Table 4.3.3.a to provide in summarized form all the figures used in sections 4.3.3.1 to 4.3.3.3.]. [For health systems strengthening components the financial and programmatic gap analysis needs to provide information relevant to the proposed health systems strengthening intervention(s).]

4.3.3.1 Detail current and planned expenditures from all relevant sources, whether domestic, external or from debt relief, including previous grants from the Global Fund.

[List the financial contributions dedicated to the fight against this disease by all domestic and external sources. Indicate duration and amount, and ensure that the amount for domestic sources is consistent with Table 1.1.1]

In the context of the fight against malaria, actual expenses are covered by the government, WHO, UNDP, Canadian Cooperation and Global Fund.

The government pays the salaries of health representatives at all levels in the health-care pyramid, as well as the supply of medications, logistics and infrastructures.

The World Health Organization (WHO) provides technical and financial support through biennial WHO-Gabon cooperation plans that originate from the national "Roll Back Malaria" strategic plan for 2002-2006.

The financial contribution of the WHO for the 2004-2005 period is $150,000 US each year, from a special budget.
In the context of the fight against malaria, financed activities include training, research, supervision, laboratory and treatment equipment, supplies of mosquito nets and insecticides.

However, the PNLP has experienced *program gaps*. Despite training health personnel, the handling of malaria in health institutions, which is the responsibility of the PNLP, remains inadequate. *The standardization of treatment schedules* has been difficult because the policy on anti-malaria medications has not been applied.

In households, treatments are often obscure and drugs are unsuited, while fever is treated before consultation in 50% of cases.

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The regular supply of medications remains a problem in health institutions. Since the people responsible for managing medications do not master inventory management (estimating requirements and planning requests), they frequently run out of anti-malaria products, resulting in the need to organize training on managing purchases and inventories.

In terms of prevention, the use of treated mosquito netting must be encouraged through community liaisons and for pregnant women, the introduction of intermittent preventive treatment (IPT) should help to reduce cases of malaria during pregnancy.

IEC and social mobilization activities should make it possible for the community to be more involved and *epidemiological surveillance* should be implemented.

Operational research was conducted on the sensitivity of *Plasmodium falciparum* to standard anti-malaria products, the sensitivity of carriers to insecticides and on the CAP surveys in the community.

Despite *strengthening of the health system*, management and institutional capacities remain low at all levels.

Regarding the coordination and development of the partnership, the involvement of the community and private sector is still low because the PNLP still does not have sufficient resources to carry out its activities.

Additionally, *environmental management by the communities* is not yet effective. We noted a weakness in IEC/CMB activities in the fight against malaria, for which a task force is being formed.

In other words, the weakness in management capacity at the central level, the insufficiency/absence of equipment, absence of an effective formal partnership and the irregular financing of activities are factors that make it impossible to implement various activities in the national strategic plan to fight malaria.

This requires appropriate strengthening of the management capacity in human resources, monitoring/evaluation, supervision, operational research, computer equipment, logistic and equipment resources and health information systems to achieve coverage for the target populations and objectives of Abuja.

4.3.3.2 Provide an estimate of the costs of meeting overall (national) goals and objectives and provide information about how this costing has been developed (e.g., costed national strategies).

In reference to the national strategic plan to fight malaria, costs amount **to 21,811,039 Euros**….

4.3.3.3 Provide a calculation of the gaps between the estimated costs and current and planned expenditures.

The gap between the costs planned in the national strategic plan and the budget for this proposal is **40,674 Euros**……

Table 4.3.3 - Financial Contributions to National Response

	Financial contributions in Euro / US$						
	2004	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**
Domestic (A)		1,578,879	576,639	847,781	957,993	1,108,398	1,330,077
External (B)							
External source 1 (to be named)		245,902	245,902	245,902	245,902	245,902	245,902
External source 2 (to be named)		49,180	49,180	49,180	49,180	49,180	49,180
External source 3 (to be named)		135 173	162,846	278,688			
Total resources available (A+B)		2,009,134	1,031,698	608 007			
Total need (C)		4,018,267	2,066,255	2,029,559	1,498,976	2,223,152	1,625,159
Unmet need (C)-(A+B) [		4,023,226	2,078,806	2,032,703	1,508,620	2,230,668	1,636,226
		4,959	4,344	3,143	9 643	7 516	11,067

4.3.4. Confirm that Global Fund resources received will be additional to existing and planned resources, and will not substitute for such sources; and explain plans to ensure that this is the case.

A strategic plan to fight malaria was developed in 2002 and internal resources from various sources are being used. These are from the government, development partners, religious confessions, NGOs, private non-profit and private profit-making (medications). The amount in additional expenses will complete the budget for the strategic plan.

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4.4. Component Strategy

4.4.1. Description and justification of the program strategy

[This section must be supported by a summary of the Program Strategy section in tabular form.

- *Tables 4.4a and b (following section 4.4.1) are designed to help applicants clearly summarize the strategy and rationale behind this proposal. For definitions of the terms used in the tables, see Annex A. (See Guidelines for Proposals, section V.B.2, for more information.)*
- *In addition, please also provide a detailed quarterly work plan for the first 12 months and an indicative work plan for the second year. These should be attached as an annex to the proposal form.]*

NB.: Section 4.4.1 should refer to Tables 4.4a and 4.4b, but should not consist merely of a description of the tables.]

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Table 4.4a. Goals and Impact Indicators over Life of Program

Goal No.	Goals over five years
1	**Help reduce the morbidity and mortality related to malaria in children under five years of age and pregnant women**

Goal No.	Impact indicator	Baseline			Year 1 target	Year 2 target *	Year 3 target	Year 4 target	Year 5 target	Source and comments
		Value	Year	Source						
1	Reduction in the annual incidence of malaria x 1,000	ND	2005 Baseline data to be collected*			Incidence reduced by 30%			Incidence reduced by 50%	Survey results
2	Reduction in the mortality rate due to malaria x 1,000	ND	2005 Baseline data to be collected*			Mortality reduced by 30% in comparison to the baseline year			Mortality reduced by 50% in comparison to the baseline year	Survey results
3	Reduction in the mortality percentage related to malaria in children under five years of age and pregnant women	ND	2005 Baseline data to be collected*			Mortality reduced by 30% in comparison to the baseline year			Mortality reduced by 50% in comparison to the baseline year	Results of surveys and activity reports
4	Reduction in the mortality percentage related to malaria in pregnant women	ND	2005 Baseline data to be collected*			Mortality reduced by 30%			Mortality reduced by 50%	Results of surveys and activity reports

[Impact indicators are not normally measured every year, and values for targets do not need to be entered for every year. It is advisable to refer to the list of coverage indicators provided in Annex A.]

*** The current proposal calls for data collection in 2007 making it possible to evaluate these indicators at that specific time**

**** The collection of baseline data is planned between August 20 and 31, 2005. This will be preceded by training workshops from July 18 to 31, 2005.***

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Table 4.4b. Objectives, Service Delivery Areas and Coverage Indicators over Life of Program

Program objectives over five years											
Objective no.	**Objective description:**										**Link to goal by number**
1	**Prevent malaria in at least 80% in pregnant women and children under five years of age by 2010.**										1
Objective no.	**Service delivery area**	**Directly tied**	**Indicator description[9]**	**Baseline**		**Year 1 target**	**Year 2 target**	**Year 3 target**	**Year 4 target**	**Year 5 target**	**Frequency of data collection**
				Value	**Year**						
1	CMB - Local services	yes	Percentage of people affected by the CMB, local services	30%	2005	40%	60%	65%	75%	80%	Half-yearly
1	CMB- Mass Media	yes	Number of radio/television programs, newspapers, displays or brochures on malaria	13,697 documents 1 national campaign, 78 IEC meetings	2005	10,000 documents 1 national campaign, 78 IEC meetings	6 national campaigns, 20 IEC meetings	6 national campaigns	6 national campaigns	6 national campaigns	Quarterly
1	Carrier control	yes	Number of sites with carrier control activities	4	2005	4	5	5	5	5	Half-yearly
1	Treated mosquito nets	yes	Number of long-lasting mosquito nets distributed	**117,145**	2005	**16085** 133,220	**75,018** 208,238	**26828** 235066	**47557** 282623	**314,126**	Quarterly
		yes	Number of retreatment packs distributed*	306,700	2005			100,000	50,000	25,000	Quarterly
		yes	Percentage of children under five years of age sleeping under a TMN	36.64%	2005	40%	60%	65%	75%	80%	Quarterly
1	Malaria during pregnancy	yes	Percentage of pregnant women receiving IPT	37.4%	2005	40%	60%	65%	75%	80%	Quarterly

[9] Highest-level indicators only (Level 3: number of people affected).

* Long-lasting mosquito nets will be distributed, preferably to target populations. Regular mosquito nets will also be treated and will be used to cover the remaining 20% targets and the rest of the population.

		yes	Percentage of pregnant women sleeping under a TMN	36.66%	2005	26772	41845	47236	56793	63123	Quarterly

Table 4.4b. Objectives, Service Delivery Areas and Coverage Indicators over Life of Program

Program objectives over five years											
Objective No.	**Objective description:**										**Link to goal by number**
2	**By 2010, at least 70% of malaria cases in children under five years of age and pregnant women will receive the correct treatment within the first 24 hours after the onset of the first signs.**										1
Objective No.	**Service delivery area**	**Directly tied**	**Indicator description[10]**	**Baseline**		**Year 1 target**	**Year 2 target**	**Year 3 target**	**Year 4 target**	**Year 5 target**	**Frequency of data collection**
				Value	**Year**						
2	**Detection of cases**	yes	Percentage of malaria cases confirmed by the laboratory	ND	2005	40%	50%	60%	65%	70%	Quarterly
2	**Fast and effective anti-malaria treatment**	yes	Percentage of patients suffering from simple malaria receiving the correct treatment	30%	2005	40%	50%	60%	65%	70%	Quarterly
2		yes	Percentage of patients suffering from serious malaria receiving the correct treatment	20%	2005	30%	40%	50%	60%	70%	Quarterly
2		yes	Percentage of children under five years of age receiving the correct treatment within 24 hours	30%	2005	40%	50%	60%	65%	70%	Quarterly
2		yes	Percentage of patients suffering from malaria receiving the correct treatment within 24 hours	30%	2005	40%	50%	60%	65%	70%	Quarterly
3	**Monitoring of drug resistance**	yes	Number of patients examined for drug resistance by sentry site	0%	2005	50	50	50	50	50	Bi-annual

[10] Highest-level indicators only (Level 3: number of people affected).

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2	**Treatment against malaria at home**	yes	Number of people receiving appropriate anti-malaria treatment at home	36,430	2005	50,614	65,926	82,433	100,997	111,521	Quarterly

It is advisable to refer to the list of coverage indicators provided in Annex A. However, if the service delivery areas and indicators do not adequately reflect the proposed strategy, they may be expanded.]

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Table 4.4b. Objectives, Service Delivery Areas and Coverage Indicators over Life of Program

Program objectives over five years											
Objective no.	**Objective description:**										**Link to goal by number**
3	**Increase the institutional capacity of the National Program to Fight Malaria, health structures, non-government organizations and community-based organizations by 2010.**										1
Objective No.	**Service delivery area**	**Directly tied**	**Indicator description[11]**	**Baseline**		**Year 1 target**	**Year 2 target**	**Year 3 target**	**Year 4 target**	**Year 5 target**	**Frequency of data collection**
				Value	**Year**						
3	Malaria support environment Partnership coordination and development (national, community, public/private)	yes	Number of people involved in malaria control	6	2005	10	12	15	18	20	Annual
3		Yes	Number of community groups working on malaria	20	2005	20	20	20	20	20	Quarterly
3	Health system strengthening Human resources	Yes	Number of sites visited by supervisors regularly	56	2005	56	56	56	56	56	Quarterly
3	Monitoring and evaluation	yes	Number of sites that submit accurate and complete reports on time	56	2005	56	56	56	56	56	Quarterly
3	Development of health infrastructures	yes	Number of points for sites supported	2	2005	16	16	16	16	16	Quarterly
3	Systems for managing inventories and supply	yes	Percentage of sites that do not report running out of medication inventories	ND	2005	100%	100%	100%	100%	100%	Quarterly
3		yes	Number of sites that do not report running out of laboratory supplies	2	2005	16	16	16	16	16	Quarterly

[11] Highest-level indicators only (Level 3: number of people affected).
Note: Lobbying will take place to recruit two or three new partners every year.

3	Applied research	yes	Number of sites conducting applied research in accordance with the plan and national procedures	ND	2005	2	5	5	5	5	Annual

NOTE: Site implementation will be progressive with two in 2006 and three in 2007.

[It is advisable to refer to the list of coverage indicators provided in Annex A. However, if the service delivery areas and indicators do not adequately reflect the proposed strategy, they may be expanded.]

4.4.1.1. Provide a clear description of the program's goal(s), objectives and service delivery areas (provide quantitative information, where possible).

Goal: The purpose of this proposal is to help reduce the morbidity and mortality related to malaria in children under five years of age and pregnant women
The coverage objectives that determine the services to be provided are:

Objective 1: Prevent malaria in at least 80% of pregnant women and children under five years of age by 2010.

Service delivery area: Malaria prevention:

1.1- **Communication for the modification of behavior (**Local services **&** Mass Media).
The implementation of community liaisons will make it possible to hold awareness-raising meetings in each department. The NGOs will also be used to mobilize the community and distribute messages. Existing media channels will be used to support this activity.

1.2. Carrier control:
Carriers will be controlled by evaluating the sensitivity of carriers to insecticides at sentry sites.

1.3. - Treated mosquito nets
Vector control will essentially consist of scaling up the use of mosquito netting treated with insecticides in the community.

Treated mosquito netting will be promoted through a marketing policy, lobbying, communication and social mobilization to increase usage rates by target populations.

Group mass treatment campaigns (MTC) will be organized in each department to treat mosquito nets already in the population by treatment units that are to be created.

The actual number of treatment centers with normative roles will be increased to have a treatment centre in each department. Community liaisons will be trained on treatment techniques.

New mosquito nets will be distributed to the target populations (pregnant women and children under five years of age) through Santé Maternelle and Infantiel services. Orders for mosquito nets will be placed in the first two years. As part of handling the situation, the community liaisons (390) will be used to distribute mosquito nets.

The community-based distribution circuits for mosquito nets will also include the OPN, religious confessions and NGOs (ALIZE, Italian).

1.4 - Malaria during pregnancy
Sulfadoxine pyrimethamine (SP) is used for intermittent preventive treatment (IPT) in pregnant women.
Quinine is only used to treat malaria in pregnant women.

The implementation of Intermittent Preventive Treatment (IPT) during pregnancy will help to reduce the portion of maternal mortality attributable to malaria.

A guide on handling malaria in pregnant women and a guide on IPT were prepared and distributed to all departments. Training, awareness-raising and supervision tools were also adapted based on guides from the WHO.

A regional workshop was organized to train departmental instructors on IPT. During the workshop, a plan for implementing IPT in each department was also developed. Health department heads will train their staff (midwives, physicians, health representatives) on

IPT.

All health structures will receive sufficient quantities of SP, in the form of pills with does of 25 mg Sulfadoxine and 750 mg Pyrimethamine, to cover their needs for a 6-month period.

SP is taken under direct observation during prenatal care visits.

Objective 2: By 2010, at least 70% of malaria cases in children under five years of age and pregnant women will receive the correct treatment within the first 24 hours after the onset of the first signs.

Service delivery areas: Malaria treatment

Correct handling of malaria cases consists of detecting cases, fast and effective treatment of cases in health structures and treatment against malaria at home within the first 24 hours of the onset of symptoms.

2.1.-Detection of cases:

Biological diagnosis is required for malaria cases in health structures.

2.2.-Fast and effective anti-malaria treatment

The national policy on treating malaria has adopted the use of combination therapies based on artemisinin derivatives. Training workshops for regional instructors were organized in each of the 10 health regions in the country, or 10 organized sessions. Trained instructors then conducted training sessions in tandem in the health departments.

These training sessions essentially targeted physicians, nurses, midwives responsible for disease-handling activities, and laboratory technicians on microscopic diagnosis.

In the health institutions (dispensary/sick bay, medical centre, health centre, medical/social centre, regional hospital, national hospital), the artemisinin-based combination (Artesunate + Amodiaquine) will be used on the front line.
The Artemether-Lumefantrine (Coartem) combination will be used on the second line to treat therapeutic failures in front line medications.
Quinine will only be used for handling cases of serious malaria. As a result, appropriate guides and algorithms will be made available to representatives in health institutions.

2.3.-Monitoring of drug resistance

Sentry sites in medical centers will be where researchers will conduct studies on the sensitivity of local strains of *Plasmodium falciparum* to the anti-malaria products used.

2.4.-Treating malaria at home

A guide for handling malaria cases at home, developed by the WHO and then adapted, is used by the community liaisons. Training sessions will be organized in the health regions and departments targeting the communities. Displays on treatment orientations and public information will be prepared and distributed to households for the early handling of cases.

OBJECTIVE 3 **Increase the institutional capacity of the National Program to Fight Malaria, health structures, non-government organizations and community-based organizations by 2010.**

Service delivery areas : Malaria support environment & Health system strengthening

3.1.- Malaria support environment: Partnership coordination and development (national, community, public/private)

In this context, it would involve developing a partnership that would make it possible to guarantee continuing program activities. All of the development partners would be involved in the implementation, monitoring and evaluation of all processes.

3.2.- Health system strengthening

3.2.1.- Human resources: PNLP capacity building

In 2008, training and retraining sessions will be organized for all representatives involved in handling malaria in each department.

Strengthening the capacity of the staff will involve malariology, epidemiology, public health, information technology, etc., as well as fact-finding trips to exchange experiences. Schools and institutions in the regions and sub-regions will be called on to help.

3.2.2.-Monitoring and Evaluation: Strengthening monitoring and evaluation

Malaria monitoring will be integrated into the National System on Health Information (NSHI). The NSHI tools will be used for all health training in the country. To support the NSHI, five malaria-specific sentry sites will be created nationally. The main site will be set up in the Medical Centre, with two secondary sites in the health in the same area.

The community sites will be set up in the health area of the health centre. They will consist of two sites: one close to the medical activities and the other further from them. All of these sites will have a mandate to collect data on malaria on a monthly basis (morbidity and mortality) using the pre-determined documents.

The supervision of activities carried out in the community will be handled by the National Program to Fight Malaria, religious confessions and NGOs.

Two types of supervision will be initiated. The first type will involve the central level to the intermediate level, every six months. The second type will be from the intermediate operational level to the peripheral level, every four months. This will be integrated supervision and will cover all activities set up in the context of the component regarding handling or preventing the disease.

The formative supervision will be applied during each type of supervision.

3.2.3.- Development of health infrastructures

Computer, communication and logistics equipment will be made available by the program to make it possible to respond efficiently to its terms of reference.

The PNLP will be equipped with three computers (two desktops and one laptop), software and two monochrome and color printers, and one high-capacity photocopier.

Rolling stock will include two all-terrain vehicles for the central level (coordination and supervision), and three dingeys.

The existence of five lagoonal, coastal and river regions justifies the acquisition of dingeys to reach villages located on waterways.

3.2.4.-Systems for managing inventories and supply:

Supply of medications:

The supply of medications will comply with the amended medication policy. The Office Pharmaceutique National (OPN) will be responsible for making medications available in the health institutions based on the new procurement procedure (supply and delivery).

The first supply of medications will cover the theoretical requirements calculated on the basis of expected malaria episodes and the number of visits to health institutions during a one month period. Requisitions for medications will subsequently be on a quarterly basis.

The medications mentioned in the proposal will be for pregnant women and children under five years of age. Since Gabon is an endemic country, where malaria is transmitted throughout the year, the requirements for medications to cover the rest of the population will be taken into account in the traditional activities of public and private health institutions. Also, reagents for the microscopic diagnosis of malaria will also be supplied by the OPN.

Regarding the set up of sentry sites:
The set up of sentry sites will require the purchase of computer equipment, laboratory equipment and additional rolling equipment.

3.2.5.- Applied research
Operational research should help the PNLP orient its actions based on actual data.

4.4.1.2. Describe how these goals and objectives are linked to the key problems and gaps arising from the description of the national context. Demonstrate clearly how the proposed goals fit within the overall (national) strategy and how the proposed objectives and service delivery areas relate to the goals and to each other.

The situational analysis carried out in 2001 made it possible to identify a certain number of problems and determining factors in terms of the fight against malaria:

- incorrect handling of cases in the community and in health structures
- low use of treated mosquito netting despite a high rate of availability of mosquito nets in certain areas where they are traditionally used
- low technical and management capabilities
- Ineffectiveness of the chloroquine used to treat cases and the chemoprophylaxis of pregnant women.
- Weakness of the National System on Health Information (NSHI).

The interventions used take into account the problems identified by the situational analysis, vulnerable target groups and recent changes to the medication policy.

Development and increased resistance led to changes to the medication policy in July 2003 (see report on the national consensus meeting). This results in a need to retrain health representatives, introduce the intermittent preventive treatment for pregnant women and scaling up of the use of materials treated with insecticides throughout the country. These activities are being scaled up thanks to Global Fund financing. In the context of the 4th round.

The activities in this proposal primarily include:
- setting up handling units in regional hospitals will help to improve biological diagnosis and epidemiological surveillance from sentry sites

- the purchase of medications and long-lasting treated mosquito nets will provide effective coverage to our target populations

All of these activities require the strengthening of management capacity at all levels in the program to prevent verticality of the implementation of interventions.

[For health systems strengthening components only:]

4.4.1.3. Describe in detail how the proposed objectives and service delivery areas are linked to the fight against the three diseases. In order to demonstrate this link, applicants should relate proposed health systems interventions to disease specific goals and their impact indicators. To demonstrate the contribution of the proposed health systems strengthening intervention(s) in fighting the disease(s) include at least three disease relevant indicators with a baseline and annual targets over the life of the program. *[This may be done in form of an annex based on the format of table 4.4.b.]*

Clearly explain why the proposed health systems strengthening activities are necessary to improve coverage in the fight against the three diseases. *[When completing this section, applicants should refer to the Guidelines for Proposals, section III.B.&F.]*

The following interventions are proposed as part of the strengthening of the health system:

- Human resources

The role of liaisons and community health representatives will be strengthened to facilitate the implementation of community-based interventions.

- National monitoring and evaluation systems

The disease monitoring and evaluation system is not operational. The development of a monitoring/evaluation plan and its implementation will make it possible to monitor the evolution of indicator trends in order to propose potential changes to interventions.

- Procurement and supply management systems

This will involve (i) expanding the distribution of anti-malaria products to health institutions that were not selected, (ii) developing the capacities of storage and supply management representatives, and (iii) operational research.

Research activities will be developed in the following areas:

- Behavior, attitude and community practices on the prevention and treatment of the disease.

- Monitoring of the chemical-sensitivity of *P. falciparum* to anti-malaria products.

- Monitoring of the sensitivity of carriers to insecticides.

- Entomological transmission.

- The stratification of malaria and implementation of a drug monitoring system on the use of ACTs and Sulfadoxine - Pyrimethamine.

These activities will be supported by the set up of sentry sites.

The implementation of these interventions will make it possible to reach the goal and objectives described in this proposal, while strengthening the health system.

4.4.1.4. Provide a description of the target groups, and their inclusion during planning, implementation and evaluation of the proposal. Describe the impact that the project will have on these group(s).

The total population will be 1,647,848 residents in 2005. The groups targeted by this proposal are:

- pregnant women who represent 3.5% of the general population, or 57,675
- children under five years of age, representing 15.5% of the general population, or 255,416.

During the implementation, in health institutions, pregnant women, people responsible for children under five years of age and women of child-bearing age in educational institutions and the community will benefit from IEC messages on methods for preventing and treating

malaria, on the benefits of treated mosquito netting, IPT, and the handling of cases of fever at home.

Once they are made aware, pregnant women, women of child-bearing age and people responsible for children under five years of age will act as liaisons conveying the message to their peers in their respective communities.

During the evaluation process, pregnant women and children under five years of age will be the evaluation targets. The target populations will participate in evaluations through community liaisons, NGOs and religious confessions involved in malaria prevention activities.

During the intervention management process, women's associations will participate actively in managing initiatives created in the community in the context of the fight against malaria.

Pregnant women and children under five years of age will benefit from advantages from the interventions selected from this proposal. Such benefits will be even more important as these same groups will have identified their needs, monitored the process for implementing the intervention and will have evaluated the results obtained.

4.4.1.5. Provide estimates of how many of those reached are women, how many are youth, how many are living in rural areas. The estimates must be based on a serious assessment of each objective.

4.4.1.5 Objectives

	Estimated percentage of people reached who are:		
	Women 3.5%	Youth 15.5%	Living in rural areas 30%
Objective 1: Prevent malaria in at least 80% of pregnant women and children under five years of age by 2010.	63,123	251,002	607,263
Objective 2: By 2010, at least 70% of malaria cases in children under five years of age and pregnant women will receive the correct treatment within the first 24 hours after the onset of the first signs.	220,913	1,537,390	1,700,336
Objective 3: Increase the institutional capacity of the National Program to Fight Malaria, health structures, non-government organizations and community-based organizations by 2010.	78,904	313,753	607,267

The population of Gabon was estimated at 1,517,685 (Constitutional Court, 2003), and the populations vulnerable to malaria are children under five years of age and pregnant women. Given a growth rate of 4.2% [3], the population of those 0-5 years of age represented: 266,144 in 2006, 277,322 in 2007, 288,969 in 2008, 301,106 in 2009 and 313,753 in 2010. The number of expected pregnancies is estimated at 66,931 in 2006, 69,742 in 2007, 72,671 in 2008, 75,724 in 2009 and 78,904 in 2010.

4.4.1.6. Provide a clear and detailed description of the activities that will be implemented within each service delivery area for each objective. This should provide reviewers with a clear understanding of what activities are proposed, how these will be implemented, and by whom.

Objective 1: Prevent malaria in at least 80% of pregnant women and children under five years of age by 2010.

Service delivery areas
Malaria prevention:
1.1-Communication for the modification of behavior CMB- Local Services
-Reproduce and distribute documents on awareness-raising and community mobilization (see images).
-Conduct awareness-raising campaigns.
-Organize Journées Africaines de lutte contre le Paludisme (JAP) in the health regions

1.2 - Communication for the modification of behavior CMB- Mass Media
-Design and distribute radio/TV messages, sketches
-Organize Journées Africaines de lutte contre le Paludisme (JAP) in the health regions.
-Design and distribute radio/TV messages, sketches
-Conduct awareness-raising campaigns.
1.3-Carrier control
-Evaluation of carrier sensitivity to insecticides on sentry sites

1.4-Treated mosquito nets
-Supply and storage of treated mosquito nets with long-lasting effectiveness
-Scaling up of TMNs in the community.

1.5-Malaria during pregnancy
- Reproduce prenatal care training and awareness-raising tools (see images)
- Raise the awareness of pregnant women and those of child-bearing age on the use of IPT
- Train/retrain people (midwives, physicians, health representatives) on IPT
- Supply health structures with SP medications
- Oversee the implementation of IPT
- Distribute sulfadoxine-pyrimethamine to pregnant women during prenatal care to ensure supervised medication.
- Supply and storage of sulfadoxine-pyrimethamine.

Objective 2: By 2010, at least 70% of malaria cases in children under five years of age and pregnant women will receive the correct treatment within the first 24 hours after the onset of the first signs.

Service delivery areas: Malaria treatment

2.1.-Detection of cases

- Set up of 11 units for handling cases of fever / malaria in each health region (laboratory technicians, reagents, equipment)

2.2.-Fast and effective anti-malaria treatment

- Reproduce and distribute awareness-raising and community mobilization documents.

- Retrain care providers (physicians, midwives, nurses).
- Order ACTs: Artesunate-Amodiaquine and Artemether-Lumefantrine
- Order quinine only for pregnant women

2.3.-Monitoring of drug resistance

- Test the effectiveness of ACTs used at sentry sites
- Control the quality of anti-malaria medications and the drug monitoring centre.

2.4.-Treatment against malaria at home

- Train/raise the awareness of mothers and caretakers of children on handling cases at home.
- Raise the awareness of communities on handling cases at home.

Objective 3: **Increase the institutional capacity of the National Program to Fight Malaria, health structures, non-government organizations and community-based organizations by 2010.**

Support services:

Malaria support environment :
- Partnership coordination and development (national, community, public/private)
- Setting up of a task force

Health system strengthening
- Human resources: PNLP capacity building
- Train health representatives and sub-recipients on planning and implementing malaria prevention activities.

Monitoring and Evaluation: Strengthening monitoring and evaluation
-Training of PNLP staff and fact-finding trips.
-Organize technical support missions
-Develop health infrastructures
-Systems for managing inventories and supply
-Applied research
-Handle maintenance
Program equipment:
- Handle logistics
- Handle the maintenance of logistics

4.4.1.7. Outline whether these are new interventions or existing interventions that are to be scaled up, and how they link to existing programs.
The interventions described in this proposal are in addition to the current program financed by the Global Fund

4.4.2. Describe how the activities initiated and/or expanded by this proposal will be sustained at the end of the Global Fund grant period.
The activities launched will be maintained at the end of the Global Fund financing period by the state budget through the progressive increase in its budget allocated to the fight against malaria, support from bilateral and multilateral partners, lobbying for the mobilization of financial resources from internal funding sources and the help of the community through the cost recovery system recommended in the general estates on health organized in 2005.

4.4.3. Describe gender inequality as it relates to program management and access to the services to be delivered and how this proposal will help minimize gender inequality (2 paragraphs).
There is a risk that gender inequalities exist in relation to malaria. In fact, pregnant women run a great risk of developing serious malaria, particularly primiparous. This is why this proposal will make it a priority to target this fringe of the population. To address this inequality of risk related to gender, pregnant women will benefit from three special measures: - Free access to IPTs during prenatal consultation - Free access to treated mosquito netting during the 1st prenatal consultation - Free treatment of malaria cases in health structures in accordance with the policy in effect in the country

4.4.4. Describe how this proposal will contribute to reducing stigma and discrimination against people living with HIV/AIDS, tuberculosis and/or malaria, and other types of stigma and discrimination that facilitate the spread of these diseases (1–2 paragraphs).
There are no exclusions with malaria. However, this proposal will place special emphasis on identified vulnerable groups.

4.4.5. Describe how principles of equity will be ensured in the selection of patients to access services, particularly if the proposal includes services that will only reach a proportion of the population in need (e.g.,(e.g., some antiretroviral therapy programs) (1–2 paragraphs).
Services and interventions that target vulnerable groups (children under five years of age and pregnant women) will be provided without discrimination to guarantee equality. In the community, the target population will be identified by the community leaders and representatives of civil society to identify the poor and prevent exclusion.

4.5. Program and financial management

[In this section, CCMs should describe their proposed implementation arrangements, including nominating Principal Recipient(s). See the Guidelines for Proposals; section V.B.3, for more information. Where the applicant is a Regional Organization or a Non-CCM, the term 'Principal Recipient' should be read as implementing organization.]

4.5.1.	Indicate whether implementation will be managed through a single Principal Recipient or multiple Principal Recipients?	☒ Single ☐ Multiple
The nominated principal recipient in the current proposal is the United Nations Development Program (UNDP)		

[Every component of your proposal can have one or several Principal Recipients. In Table 4.5.1 below, you must nominate the Principal Recipient(s).]

Table 4.5.1 – Implementation Responsibility

Responsibility for implementation			
Nominated Principal Recipient(s)	**Area of responsibility**	**Contact person**	**Address, telephone and fax numbers, e-mail address**
United Nations Development Program (UNDP)	Operating agency of the Global Fund	Bintou DJIBO Representing Resident	Behind the Palais de Justice, Libreville, B.P. 2183 Tel. : (241) 73 88 87 Fax: (241) 73 88 91 E-mail: bintou.djibo@undp.org registry.ga@undp.org; www.ga.undp.org

4.5.2. Describe the process by which the CCM, Sub-CCM or Regional CM nominated the Principal Recipient.

[Minutes of the CCM meeting at which the Principal Recipient(s) was/were nominated should be included as an annex to the proposal. If there are multiple Principal Recipients, questions 4.5.3 – 4.5.6 should be repeated for each one.] [Question not applicable to Non-CCM and regional Organization applications].

The UNDP was nominated by the CCM of Gabon as Principal Recipient (PR) to execute the additional malaria program. This choice is justified on the one hand by the fact that the UNDP is already the Principal Recipient to execute the first malaria program and the HIV/AIDS component, but also due to the importance and leadership of the institution on issues of global development.

The role it plays as a development funding agency in partnership with specialized agencies of the United Nations system, it vast experience in the management of large development projects and its solid financial system that allows it to manage complex projects, such as the GFATM grants.

The government decided to entrust the UNDP with the execution of programs to ensure they were managed properly. However, the UNDP will ensure that capacities and responsibilities will be transferred progressively to the national instances responsible for planning and management involved in the proposal, a process that has already started for the other proposals.

4.5.3. Describe the relevant technical, managerial and financial capabilities for each nominated Principal Recipient.

[Describe anticipated shortcomings or challenges faced by sub-recipients and how they will be addressed; please refer to any assessments of the PR(s) undertaken either for the Global Fund or other donors (e.g., capacity-building, staffing and training requirements, etc.).]

The Board of the United Nations Development Program for Gabon was selected as Principal Recipient after the local Global Fund agent (Price Waterhouse Coopers), based in Libreville, Gabon, evaluated its institutional, management, financial and program capacities in April 2004.

This Board belongs to the global development network which has the United Nations system, the UNDP, whose head office is located in New York. This agency operates based on well-defined objectives, and clear and transparent decision making.

The executive committee of the UNDP based in New York edited manuals, mechanisms and specific directives to facilitate the execution of GFATM grants in the field. The Representing Resident, who is also the Coordinating Resident of the United Nations system in Gabon, has over 15 years of experience in the organization and therefore has solid experience in managing large programs, including programs subsidized by the Global Fund. The technical management team also has solid experience in managing programs subsidized by the Global Fund.

The infrastructure is appropriate and excellent. In fact, the existence of a computerized management system (ATLAS) already adapted to the procedures of the Global Fund promotes the analysis of execution and financial and technical monitoring of the program. Thanks to VSAT, the computer network provides quick access and processes information.

The UNDP uses a results-based management approach that relies on strict planning and budgeting of activities. The Atlas management system is used to prepare action plans and budgets, and to control budgets.

The UNDP's administrative, accounting and financial procedures establish internal control mechanisms that ensure transparency in financial accounting management, contract approval and payments.

Security for people and property is also guaranteed by the security service implemented by coordinating the agencies of the United Nations system in Gabon to facilitate the implementation of various programs.

4.5.4. Has the nominated Principal Recipient previously administered a Global Fund grant?	☒ Yes
	☐ No

4.5.5. If yes, provide the total cost of the project and describe the performance of the nominated Principal Recipient in administering previous Global Fund grants(1–2 paragraphs).

The UNDP is currently executing the ROLL BACK MALARIA program in Gabon involving an amount of US$7,419,624 and the STRENGTHENING THE GABON INITIATIVE ON COMBATING HIV/AIDS program involving an amount of US$3,154,50, both for a period of two years.

Financial management and audit arrangements will be made in accordance with UNDP procedures on the direct execution (DEX) of projects and programs and in accordance with the clauses in the grant agreement between the Global Fund and the UNDP. For the first two years, the UNDP prepared an action plan that is currently being implemented. An initial audit, conducted by an independent auditing firm, will be carried out in September for the HIV/AIDS component, and in December 2005 for the malaria component.

4.5.6. Describe other relevant previous experience(s) that the nominated Principal Recipient has had:

[Please describe in broad terms the relevant programs, as well as their objectives, key implementation challenges and results (2–3 paragraphs).]

As a UNS agency, the Gabon UNDP is responsible for supporting Gabon in its socio-economic development efforts, in addition to its role in coordinating operational activities of the United Nations System.

It currently intervenes in a number of fields that are part of its mandate and that are in line with the priorities of the government. The UNDP's priority intervention fields for the country are good governance, combating poverty (see Micro finance), the environment and HIV/AIDS.

The UNDP is negotiating with the ADB to implement a program to promote good governance. It is also negotiating with SHELL Gabon on a project involving the environment.

4.5.7. Describe the proposed management approach and explain the rationale behind the proposed arrangements.

[Outline management arrangements, roles and responsibilities between partners, the nominated Principal Recipient(s) and the CCM (2–3 paragraphs).]

The UNDP will manage the subsidy granted by the Global Fund. Its role will consist of:

a. Developing budgets and handling accounting to manage the subsidy.
b. Setting up sub-contracts with sub-recipients or service providers, preparing and directing the review meeting with sub-recipients, checking the planning of activities of sub-recipients in relation to the global workplan.
c. Monitoring and overseeing the activities of sub-recipients in accordance with the adopted micro planning.
d. Organizing the entire contract approval process.
e. Controlling the quality of services and making payments.
f. Purchasing property.
g. Helping to strengthen the capacity of sub-recipients and service providers.
h. Supporting the organization and status of auditing projects.
i. Supporting the preparation of technical and financial reports.
j. Assisting and reporting to the CCM and its technical review group on the progress of program implementation.
k. Controlling reports and submitting quarterly reports to the LFA and GF in accordance with the established timetable.

4.5.8. Are sub-recipients expected to play a role in the program?	☒ Yes ➔ go to 4.5.9
	☐ No ➔ go to 4.6

4.5.9. How many sub-recipients will be, or are expected to be, involved in the implementation?	☐ 1-5
	☒ 6-20
	☐ 21 - 50
	☐ more than 50

4.5.10. Have the sub-recipients already been identified?	☒ Yes ➔ go to 4.5.11 - 4.5.13
	☐ No ➔ go to 4.5.14 & 4.5.15

4.5.11. Describe the process by which sub-recipients were selected and the criteria that were applied in the selection process (e.g.) open bid, restricted tender, etc.); (2–3 paragraphs).

The selection of sub-recipients was influenced by their experience in the field and their reputation within the population. The selection also took specific mandates of some of the sub-recipients in the fields of combating disease and poverty into account.

4.5.12. Where sub-recipients applied to the CCM, but were not selected, provide the name and type of all organizations not selected, the proposed budget amount and reasons for non-selection in an annex to the proposal (1–2 paragraphs).

No sub-recipients were rejected.

4.5.13. Describe the relevant technical, managerial and financial capabilities of the sub-recipients.

[Describe anticipated shortcomings or challenges faced by sub-recipients and how they will be addressed (e.g., capacity-building, staffing and training requirements, etc.).]

PNLP: this is the national group responsible for implementing malaria prevention activities. In the context of the proposal, it is the main contractor. As such, it is responsible for the special monitoring of all interventions to be developed with the goal of achieving objectives in 2010. The national program currently has a Biological Physician specializing in public health, a Public Health Physician, two entomologists, three epidemiologists, two Midwives, two Public Health Biologists, one State Nurse, two Senior Statistics Technicians, administrative staff and support staff.

- University: The Département de Parasitologie, Faculté de Médecine in Libreville (parasitology department, faculty of medicine), involved in the implementation of the component has a unit for handling malaria cases at the Centre Hospitalier de Libreville. This department has a professor and assistants who have been involved in many malaria research activities. This department also works in collaboration with universities in the north, including: Service de Parasitologie, Faculté de Médecine at Université François Rabelais de Tours, Institut de Médecine Tropicale, Service de Santé des Armées (IMSSA)

in Marseille, Unité INSERM 511, CHU Pitié-Salpêtrière, Département de Parasitologie at Université de Tubiguën.

-Selected religious confessions and NGOs are those that are already involved, although partially, in the implementation of prevention interventions in the community. In terms of technical capacity, it is important to note that health institutions based on religious confessions cover the entire national territory and have nurses with a great deal of experience in handling tropical diseases, including malaria. As for the NGOs, they had to develop much greater capacity to mobilize the community over the years. These NGOs have all of the administrative profiles of current and retired staff.

-Office Pharmaceutique National (OPN): This is the most appropriate national structure for the management and distribution of medications. It has extensive experience in the fields of distribution and storage. Its offices cover the entire territory.

- Association des Sages Femmes du Gabon
Socio-professional non-profit association recognized by Gabon and having an office in each health region. Their prenatal care activities cover the entire territory.

-The Ministère de la Défense has operational health facilities set up throughout the territory that also serve civilian populations.
All of these sub-recipients are already involved in the fight against malaria, however their capacity for planning must be strengthened to allow them to be more effective and, more importantly, to be able to set up activities.

4.5.14. Describe why sub-recipients were not selected prior to submission of the proposal.

All of the sub-recipients selected during implementation of the component are already working with the National Program to Fight Malaria.

4.5.15. Describe the process that will be used to select sub-recipients if the proposal is approved, including the criteria that will be applied in the selection process (1–2 paragraphs).

As in the preceding proposal, meetings bringing together interested parties and stakeholders will be organized to discuss and evaluate the capacity of the various sub-recipients to implement the activities in this proposal, taking field results into account for sub-recipients that are already included.

For the new sub-recipients, the authenticity and credibility of their operation will have to be respecified. The legal framework for the work already prepared through consensus between the Ministry of Health and the sub-recipients will be maintained to consolidate national solidarity in favor of preventing malaria as part of the implementation of this component.

For NGOs and religious confessions:
-recognition by the State of Gabon, preparation of legal documents, preparation of reports of previous activities showing the development of community-based activities in the field of health

For the OPN:
-examination of operations, management and audit reports from the Office

For universities:
-examination of operations reports and reports on managing the handling unit of the Département de Parasitologie (parasitology department).

For multilateral partners:
-launching of the call for tenders.

The UNDP, which is already intervening as a PR, implemented a mechanism to make it possible to evaluate the sub-recipients and better supervise them with the support of someone responsible for monitoring/evaluation recruited for this purpose.

4.6. Monitoring and Evaluation (M&E)

[The Global Fund encourages the development of nationally owned monitoring and evaluation plans and M&E systems, and the use of these systems to report on grant program results. By answering the questions below, applicants should clarify how and in what way monitoring the implementation of the grant relates to existing data-collection efforts].

4.6.1. Describe how this proposal and its Monitoring and Evaluation plan complements or contributes towards existing efforts (including existing Global Fund programs) to strengthen the national Monitoring & Evaluation plan and/or relevant health information systems.

At various levels of the health system, there are tools for collecting information developed by the Ministry of Health. However, this health information system is not yet operational in the districts, even if it has information on malaria. In general, the data collected is fragmented and irregular. However, the collection of base data is being implemented, funded by the previous proposal.

In the context of the component, this would involve strengthening the existing system, and the one described in the malaria component of GAB-402-GO2-M. The three special areas to strengthen the system are*:*

- *The implementation of a data collection monitoring system and a national* monitoring system through logistic and humane strengthening of the National System on Health Information. Human strengthening, including training existing statistics agents, is underway in the provinces (Global Fund financing). These agents will be primarily responsible for collecting data at the peripheral level, processing the information, analyzing it to use it at the same collection level, and the preparation and transmission of monthly reports. Report distribution will be of interest to management and partners.
Powerful tools, computers and Epi-Info software will be made available to the program and the data will be processed in collaboration with the comprehensive disease surveillance departments.

- *The strengthening of support and evaluation activities* (expertise) internal, external and regional. The implementation of activities will be included in monthly and quarterly reports, semi-annual evaluations and at the half-way point, in accordance with the usual regimen *for evaluations of the implementation recommended by the WHO.*

- The component will *increase the abilities of the staff at each level* of the collection system, in analysis and manipulation of the data and in the distribution of reports.

The M/E plan focuses on: the collection of basic data (underway), the regular collection of data in health facilities and in the communities, the implementation of a composite database, the implementation of a monitoring/evaluation network, the creation of units for handling cases of fever in the regional hospitals, from which sentry sites will be created to regularly monitor data in the community and in health structures, semi-annual monitoring of progress towards achieving the Ajuba targets, annual evaluation of the results (coverage) and impact, review of workplans based on the results obtained, technical and financial audit, half-way point evaluation at the end of the third year and final evaluation at the end of the fifth year*.*

This will involve:
- the collection of basic data during implementation will be used as a starting point to evaluate progress made

- the regular collection of data in health facilities and in the communities:
In the medium term, the monitoring and care evaluation system in the community and in peripheral health units will be part of the regular monitoring activities. The IMCI form for collecting data on malaria and coverage will be used extensively in health institutions and in the communities during outgoing interviews.

- Creation of a composite database:
All data on morbidity, mortality, socio-economic and community information regarding malaria will be compiled in a composite database that will be updated regularly by each of the partners and managed by the PNLP.

- Creation of the monitoring/evaluation network:
A monitoring/evaluation network will be created to take into account all of the data available on malaria in the various departments and institutions. The data held by each of the partners will populate the composite database that can be used by all.

Special surveys will be conducted, such as surveys on the chemical resistance of plasmodiums to anti-malaria products and the resistance of carriers to insecticides. In addition to the regular morbidity and mortality reports, the results of these surveys will be sent to management and the partners.

- Creation of sentry sites to regularly monitor data in the community and in the health structures.
Sentry observatories will be created in five health departments to regularly collect data in the health structures and in the community:

- A medical centre and two dispensaires will be selected for the data from health institutions.
- Two communities will be selected: one close to a dispensary and one far from a dispensary

The reports from these sentry observatories will be provided on a monthly basis.

- Semi-annual monitoring of progress towards achieving Abuja targets:
Semi-annual monitoring will make it possible to monitor the finances for implementing activities.

- Annual evaluation of the results (coverage) and of the impact.
An annual evaluation will make it possible to update the three main result indicators (coverage):

- Proportion of malaria cases handled correctly in the community within a 24-hour period (by using data from the sentry observatories).
- Proportion of malaria cases handled correctly in the health institutions.
- Proportion of pregnant women placed on IPT.
- Proportion of pregnant women using treated mosquito netting.
- Proportion of children under five years of age who sleep under treated mosquito netting.

Data for measuring impact indicators on morbidity and mortality will be collected annually from the sentry observatories. The health demographic survey of 2005 will also make it possible to measure and to have more representative information on the indicators.

- Review of the workplans based on the results obtained:
All of this data will be taken into consideration to orient and adapt the national plan on malaria prevention.

- Technical and financial audit:
Every year, technical and financial auditing projects will be conducted with the CCM, the PNLP and various participants to guarantee the quality of interventions, transparency in the management of funds and a good cost/effectiveness ratio for activities.

- Measurement of the impact of the program at the end of the exercise:

A final representative evaluation will be carried out at the end of the 5th year of the project, or in 2010, both in health structures and in the community. The process will make it possible to compare the activities carried out with the millenium objectives.

4.7. Procurement and supply management

[In this section, applicants should describe the management structure and systems currently in place for the procurement and supply management (PSM) of drugs and health products in the country]. [When completing this section, applicants should refer to the Guidelines for Proposals, section V.B.5.]

4.7.1.	Briefly describe the organizational structure of the unit currently responsible for procurement and supply management of drugs and health products. Further indicate how it coordinates its activities with other entities such as National Drug Regulatory Authority (or quality assurance department), Ministry of Finance, Ministry of Health, distributors, etc.
	.Organizational structure The Office Pharmaceutique National (OPN), under the responsibility of the Ministry of Health, is the purchase centre responsible for the supply and distribution of essential medications and medical devices from health institutions of the public health department. The incoterm used by the OPN to purchase medications is DDU. The products are delivered and stored in warehouses that meet the conditions for good practices in preserving medications. To manage inventories, the OPN uses SAGE line 100 software. The current ineffectiveness of regional offices forces the OPN to manage inventories centrally. Deliveries are made directly to health institutions based on demand. .Coordination of activities with management of medications and the pharmacy. All of the medications purchased by the OPN must be on the national list of essential medications, whose content is reviewed every two years. Medications purchased must be authorized for sale on the Gabon market. .Relationship with the minister of finance. A budgetary appropriation allocated on an annual basis from the State's budget allows the OPN to purchase medications and medical devices through tender calls.

4.7.2. Procurement Capacity
1. Will procurement and supply management of drugs and health products be carried out (or managed under a sub-contract) exclusively by the Principal Recipient or will sub-recipients also conduct procurement and supply management of these products? ☐ Principal Recipient only ☐ Sub-recipients only ☒ Both
b) For each organization involved in procurement, please provide the latest available annual data (in Euro/US$) of procurement of drugs and related medical supplies by that agency
The Office Pharmaceutique National (OPN), which is the purchasing centre of the State, spent for all anti-malaria medications in 2005 an amount of 710,054.91 euros. This included: Designations Artesunate 50 mg + amodiaquine 153 mg B/24 Artesunate 50 mg + amodiaquine 153 mg B/6 Artemether 20 mg + lumefantrine 120 mg B/6 Artemether 20 mg + lumefantrine 120 mg B/12 Artemether 20 mg + lumefantrine 120 mg B/24 Sulfadoxine 500 mg + pyrimethamine 25 mg B/3 Quinine 125 mg, 250 mg, 500 mg (hospital use) The National Program to Fight Malaria (PNLP) spent 72,615.90 Euros on mosquito nets (not treated) and K-OTRINE. With the subsidy from the Global Fund, the anti-malaria medications will be purchased for an amount of 707,657.62 euros, treated mosquito nets for 827,786.88 euros and K-OTAB capsules for 251,393.44 euros.

4.7.3. Coordination
a) For the organizations involved in section 4.7.2.b, indicate in percentage terms, relative to total value, the various sources of funding for procurement, such as national programs, multilateral and bilateral donors, etc.
Regarding the various sources of funding: - the OPN will cover 27.63% of purchases of medications and medical supplies - the PNLP will cover 2.82% - the Global Fund will cover 69.54% of purchases of medications and medical supplies
b) Specify participation in any donation programs through which drugs or health products are currently being supplied (or have been applied for), including the Global Drug Facility for TB drugs and drug-donation programs of pharmaceutical companies, multilateral agencies and NGOs, relevant to this proposal *(1 paragraph)*.
Since Gabon is an upper-middle-income country, it is not eligible for any donation programs, including HIPC funds.

4.7.4. Supply Management (Storage and Distribution)

a) Has an organization already been nominated to provide the supply management function for this grant?

☒ Yes ➔ continue

☐ No ➔ go to 4.7.5

b) Indicate, which types of organizations will be involved in the supply management of drugs and health products. *[If more than one of these is ticked, describe the relationships between these entities (1 paragraph)]*

☒ National medical stores or equivalent

☐ Sub-contracted international organization(s) (specify which one[s])

☐ Sub-contracted international organization(s) (specify which one[s])

☐ Other (specify)

c) Describe the organizations' current storage capacity for drugs and health products and indicate how the increased requirements will be managed.

In Gabon, medications from the public system under the responsibility of the Ministry of Public Health are usually purchased, stored and distributed by the Office Pharmaceutique National (OPN).

The OPN has five storage locations, one cold room and the logistics necessary to receive medications.
Under the ACCESS program, three (3) people managed the ARVs at the OPN. This team was expanded under the Global Fund with one pharmacist, two pharmacy clerks and one administrative officer. One warehouse meeting the temperature standards and conditions required for ARVs was set up under the ACCESS program; however, to increase the storage capacity of the OPN and improve preservation and management of ARVs, under the Global Fund, a secure warehouse was built at the OPN for the HIV component.

Use of SAGE 100 software facilitates computer management of inventories for the OPN.

The OPN already manages inventories purchased with Global Fund financing for HIV/AIDS and malaria components separately. This same procedure will be used for this additional proposal.

d) Describe the organizations' current distribution capacity for drugs and health products and indicate how the increased coverage will be managed. In addition, provide an indicative estimate of the percentage of the country and/or population covered in this proposal.

At this time, the OPN distributes medications (ACT) to the health facilities identified in collaboration with the PNLP according to the distribution lists. The OPN will distribute a 3-month supply of safety stock to these health facilities during Year 1 and controls the management of the ACTs at the handling sites.

Every three (3) months, evaluations will be carried out by OPN staff trained for this purpose. These evaluations will cover: stock analysis, movement analysis, verification of storage and security conditions.

Regional offices of the OPN will be completed by the end of 2005. This decentralization will promote the supply of handling sites identified by the PNLP and distributed throughout the territory.

[For tuberculosis and HIV/AIDS components only:]

4.7.5. Does the proposal request funding for the treatment of multi-drug-resistant TB?	☐ Yes
	☒ No

[If yes, applicants should be aware that all procurement of medicines to treat multi-drug-resistant tuberculosis financed by the Global Fund must be conducted through the Green Light Committee (GLC) of the Stop TB Partnership. Proposals must therefore indicate whether a successful application to the Committee has already been made. If not, a Green Light Committee application form must be completed and included with this proposal (see Annex B).]

4.8. Technical Assistance and Capacity-Building

[Technical assistance and capacity-building can be requested for all stages of the program cycle, from the time of approval onwards, including Technical Review Panel Clarifications, development of M&E or Procurement Plans, etc.]

4.8.1. Describe capacity constraints that will be faced in implementing this proposal and the strategies that are planned to address these constraints. This description should outline the current gaps as well as the strategies that will be used to overcome these to further develop national capacity, capacity of principal recipients and sub-recipients, as well as any target group. Please ensure that these activities are included in the detailed budget.

Constraints	**Proposed Solutions**
Human Resources	Strengthen the PNLP team.
	Train health representatives in the field.
	Involve members of village committees.
	Strengthen community liaisons.
LOGISTICS	Strengthen the PNLP in terms of rolling stock.
	Purchase computer equipment.
	Purchase microscopes.
SPECIFIC TO THE MALARIA PROGRAM	Lobby for an increase to the budget appropriation in the malaria program.
	Strengthen the monitoring/evaluation system by setting up sentry sites. Set up an analysis and reference laboratory to study malaria at the PNLP.
	Solicit the help of partners (WHO-UNICEF, UNDP, private).

The constraints identified in the fight against malaria may have repercussions on implementing this proposal, particularly in the areas of management and funding. The strategies for correcting shortcomings must include strengthening the management capacity of the PNLP, the health system (infrastructures, staff and equipment), the partnership, the capacity for handling cases at all levels of the health-care pyramid and the involvement of the community.

This strengthening will be accomplished through management training for the program and by monitoring/evaluating the use of resource people in the country for occasional

activities (operational research, implementation of certain interventions, and others), and the use of technical and financial support from the WHO and other partners pending the development of the program's own resources. This support must cover all stages of the project, from conception to evaluation.

5 Budget Section

5.

[Please note that this section is to be completed for each component. Throughout, 'year' refers to the year of proposal implementation. For example, if Table 4.1.1 indicates that the proposal starts in June, year 1 would cover the period from June to the following May.

Financial information can be provided either in Euro or US$, but must be consistent throughout the proposal. Please clearly state denomination of currency.]

All budget breakdowns requested in the following sections are to be provided as an attachment to the hard and soft (electronic) copies of the proposal form.

5.1. Budget Information

[The budget should be broken down by year and budget category. The budget categories and allowable expenses within each category are defined in detail in the Guidelines for Proposal, section V.B.7. Costs that do not fall within the above-mentioned categories can be allocated under 'other' but must be specified. The total requested for each year, and for the program as a whole, must be consistent with the totals provided in sections 5.1.]

Table 5.1 – Funds Requested from the Global Fund

	Funds requested from the Global Fund (in Euro)					
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Human resources						
Infrastructure and equipment	243,564					243,564
Training	263,587	972,767	369,649	375,896	859,609	2,841,508
Commodities and products	128,688	600,181	314,614	430,459	279,946	1,750,878
Drugs	164,373	218,458	1,275,529	1,626,161	1,721,023	5,005,544
Planning and administration	198,380	536,296	884,941	826,272	915,135	3,361,023
Other (please specify)						
Total funds requested from the Global Fund	911,759	2,260,527	2,754,198	3,172,292	3,675,352	12,774,135

The component budget must be accompanied by a detailed year 1 and indicative year 2 workplan and budget. This should reflect the main headings used in section 4.4. (component strategy) and should meet the following criteria, (please attach this information as an annex):

a) *It should be structured along the same lines as the component strategy—i.e., reflect the same goals, objectives, service delivery areas and activities.*
b) *It should be detailed for year 1 and indicative for year 2, stating all key assumptions, including those relating to units and unit costs, and should be consistent with the assumptions and explanations included in section 5.2.*
c) *It should provide more summarized information and assumptions for the balance of the proposal period (year 3 through to conclusion of proposal term).*
d) *It should be integrated with a detailed workplan for year 1 and an indicative workplan for year 2.*
e) *It should be fully consistent with the summary budgets provided elsewhere in the proposal, including those in this section 5.*

5 Budget Section

5.1.1. Breakdown by Functional Areas

[Provide the budgets for each of the following three functional areas—monitoring and evaluation; procurement and supply management; and technical assistance. In each case, these costs should already be included in Table 5.1. Therefore, the tables below should be subsets of the budget in Table 5.1., rather than being additional to it. For example, the costs for monitoring and evaluation may be included within some of the line items in Table 5.1 above (e.g., human resources, infrastructure and equipment, training, etc.).]

Monitoring and evaluation:
[This includes: data collection, analysis, travel, field supervision visits, systems and software, consultant and human resources costs and any other costs associated with monitoring and evaluation.]

Table 5.1.1a – Costs for Monitoring and Evaluation

	Funds requested from the Global Fund for monitoring and evaluation (in Euro/US$)					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Monitoring and evaluation	198,380	361,477	663,254	588,714	642,764	2,454,589

Procurement and supply management:
[This includes: consultant and human resources costs (including any technical assistance required for the development of the Procurement and Supply Management Plan), warehouse and office facilities, transportation and other logistics requirements, legal expertise, costs for quality assurance (including laboratory testing of samples), and any other costs associated with acquiring sufficient health products of assured quality, procured at the lowest price and in accordance with national laws and international agreements to the end user in a reliable and timely fashion; do not include drug costs.]

Table 5.1.1b – Costs for Procurement and Supply Management

	Funds requested from the Global Fund for procurement and supply management (in Euro)					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Procurement and supply management	3354	3354	3354	3354	3354	16770

Technical assistance:
[This includes: costs of consultant and other human resources that provide technical assistance on any part of the proposal—from the development of initial plans, through the course of implementation. This should include technical assistance costs related to planning, technical aspects of implementation, management, monitoring and evaluation and procurement and supply management.]

Table 5.1.1.c – Costs for Technical Assistance

	Funds requested from the Global Fund for technical assistance (in Euro)					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Technical assistance		268,003	274,207	274,207	274,207	1,090,624

5 Budget Section

5.1.2. Breakdown by service delivery area

[Please estimate the percentage allocation of the annual budget over service delivery areas. The objectives and service delivery areas listed should resemble, as closely as possible, those in Table 4.4b.]

Table 5.1.2: Estimated Budget Allocation by Service Delivery Area and Objective.

		Year 1	Year 2	Year 3	Year 4	Year 5	Total
Value per year							
Objectives	**Service delivery area**	**Estimated percentage of budget**					
Objective 1							
	CMB - Local services	**12.20%**	**13.94%**	**11.03%**	**10.77%**	**10.04%**	
	CMB - Mass Media		**2.99%**			**2.82%**	
	Carrier control		**1.04%**		**0.92%**		
	Treated mosquito nets	**87.79%**	**78.42%**	**88.96%**	**88.30%**	**83.82%**	
	Malaria during pregnancy	**2.48%**				**2.34%**	
		100%	100%	100%	100%	100%	
2	Detection of cases			**1.69%**	**1.40%**	**1.05%**	
	Fast and effective anti-malaria treatment	**99.18%**	**53.83%**	**92.96%**	**98.5%**	**82.55%**	
	Monitoring of drug resistance	**0.82%**	**0.27%**	**5.35%**	**0.10%**	**3.27%**	
	Treatment against malaria at home		**45.9%**			**13.13%**	
		100%	100%	100%	100%	100%	
3	Malaria support environment Partnership coordination and development (national, community, public/private)	15.43%	34.85%	10.72%	12.55%	16.74%	
3	Health system strengthening Human resources	87.57%	65.15%	89.28%	87.45%	83.26%	
		100%	100%	100%	100%	100%	
	Monitoring and evaluation						
	Development of health infrastructures						
	Systems for managing inventories and supply						
Total:		Applied research	100%	100%	100%	100%	

5.1.3. Breakdown by Partner Allocations

[Indicate in Table 5.1.3 below how the requested resources in Table 5.1 will, in percentage terms, be allocated among the following categories of implementing entities.]

Table 5.1.3 – Partner Allocations

	Allocation of funds to implementation partners (in %)				
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Academic/educational sector		**17.18%**	**3.81%**	**2.70%**	**10.37%**
Government	**10.08%**	**1%**	**6.70%**	**5.75%**	**5.12%**
Non-governmental/ community-based org.	**5.9%**	**7%**	**3.45%**	**3.22%**	**4.10%**
Organizations representing people living with HIV/AIDS, tuberculosis and/or malaria	**75.33%**	**59.73%**	**72.87%**	**75.9%**	**68.87%**
Private sector	**0.18%**	**0.23%**	**0.32%**	**0.4%**	**0.20%**
Religious/faith-based organizations	**3.75%**	**2.80%**	**2.20%**	**2.05%**	**1.79%**
Multi-/bilateral development partners	**4.76%**	**12.06%**	**10.65%**	**10.25**	**9.55%**
Other (please specify)					
Total	100%	100%	100%	100%	100%

5.2. Key Budget Assumptions for requests from The Global Fund

[Unit costs and volumes must be consistent with the detailed budget. If prices from sources other than those specified below are used, a rationale must be included]

5.2.1. Drugs

a) Provide a list of anti-retroviral (ARVs), anti-tuberculosis and anti-malarial drugs to be used in the proposed program, together with average cost per person per year or average cost per treatment course. [Unit costs and volumes must be fully consistent with the detailed budget. *(Please attach annex).*

b) Provide the total cost of drugs by therapeutic category for all other drugs to be used in the program. It is not necessary to itemize each product in the category. *(Please attach annex)*.

c) Provide a list of commodities and products by main categories e.g., bed nets, condoms, diagnostics, hospital and medical supplies, medical equipment. Include total costs, where appropriate unit costs. (Please attach annex).

(For example: *Sources and Prices of Selected Drugs and Diagnostics for People Living with HIV/AIDS.* Copenhagen/Geneva, UNAIDS/UNICEF/WHO-HTP/MSF, June 2003, (http://www.who.int/medicines/organization/par/ipc/sources-prices.pdf); Market News Service, *Pharmaceutical Starting Materials and Essential Drugs*, WTO/UNCTAD/International Trade Centre and WHO (http://www.intracen.org/mns/pharma.html); *International Drug Price Indicator Guide on Finished Products of Essential Drugs,* Management Sciences for Health in Collaboration with WHO (published annually) (http://www.msh.org*); First-line tuberculosis drugs, formulations and prices currently supplied/to be supplied by Global Drug Facility (*http://www.stoptb.org/GDF/drugsupply/drugs.available.html*).)*

Refer to the information in the annex:
artesunate-amodiaquine adult:
artesunate-amodiaquine child
artesunate-amodiaquine child

artemether-lumefantrine

sulfadoxine-pyrimethamine

quinine

5.2.2. Human resources costs

In cases where human resources represent an important share of the budget, explain how these amounts have been budgeted in respect of the first two years, to what extent human resources spending will strengthen health systems' capacity at the patient/target population level, and how these salaries will be sustained after the proposal period is over *(1–2 paragraphs). (Please attach annex).*

This proposal does not take into account the cost of human resources which are taken into account by the State.

5.2.3. Other key expenditure items

Explain how other expenditure categories (e.g., infrastructure, equipment), which form an important share of the budget, have been budgeted for the first two years *(1–2 paragraphs).(Please attach annex).*

Equipment expenses involve strengthening program logistics (computer equipment vehicles). They were budgeted based on local data (cost on the market).