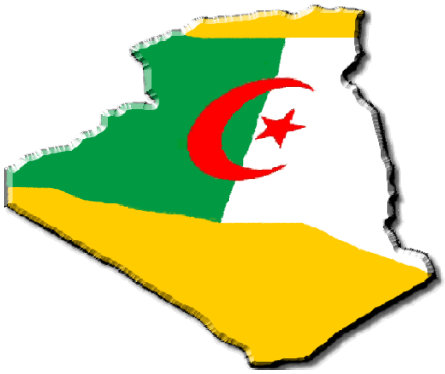
PEOPLE'S DEMOCRATIC REPUBLIC OF ALGERIA



Strengthening, Decentralization and Improvement of the National Response Against HIV/Aids Upon Vulnerable and High-Risk Groups in Algeria

National Committee for Country Coordination against AIDS, Tuberculosis and Malaria in Algeria (CCM)

REQUEST FROM THE REPUBLIC OF ALGERIA TO THE HIV COMPONENT
8th CALL FOR PROPOSAL

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PROPOSAL FORM – ROUND 8
(SINGLE COUNTRY APPLICANTS)

Applicant Name	CCM Algeria		
Country	ALGERIA		
Income Level *(Refer to list of income levels by economy in Annex 1 to the Round 8 Guidelines)*	Lower-middle Income		
Applicant Type	☒ CCM	☐ Sub-CCM	☐ Non-CCM

Round 8 Proposal Element(s):		
Disease	**Title**	**HSS cross-cutting interventions section** ***(include in one disease only)***
☑ HIV[1]	**Strengthening, Decentralization and Improvement of the National Response against HIV/Aids upon Vulnerable and High-Risk Groups in Algeria**.	☐
☐ Tuberculosis[1]		☐
☐ Malaria		☐

Currency	☒ USD	or	☐ EURO

[1] In contexts where HIV is driving the tuberculosis epidemic, applicants should include relevant HIV/TB collaborative interventions in the HIV and/or tuberculosis proposals. Different HIV and tuberculosis activities are recommended for different epidemiological situations. **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/

ROUND 8 – HIV

INDEX OF SECTIONS and KEY ATTACHMENTS FOR PROPOSALS

'**+**' = A key attachment to the proposal. These documents **must** be submitted with the completed Proposal Form. Other documents may also be attached by an applicant to support their program strategy (*or strategies if more than one disease is applied for*) and funding requests. Applicants identify these in the 'Checklists' **at the end of** s.2 and s.5.

1. Funding Summary and Contact Details

2. Applicant Summary (including eligibility)

+ Attachment C: **Membership details of CCMs or Sub-CCMs**

Complete the following sections for each disease included in Round 8:

3. Proposal Summary

4. Program Description

4B. HSS cross-cutting interventions strategy **

5. Funding Request

5B. HSS cross-cutting funding details **

*** Only to be included in one disease in Round 8. Refer to the Round 8 Guidelines for detailed information.*

+ Attachment A: '**Performance Framework**' (Indicators and targets)

+ Attachment B: '**Preliminary List of Pharmaceutical and Health Products**'

+ Detailed Work Plan: Quarterly for years 1 – 2, and annual details for years 3, 4 and 5

+ Detailed Budget: Quarterly for years 1 – 2, and annual details for years 3, 4 and 5

IMPORTANT NOTE:

Applicants are strongly encouraged to read the *Round 8 Guidelines* fully before completing a Round 8 proposal. Applicants should continually refer to these Guidelines as they answer each section in the proposal form. All other Round 8 Documents are available here.

A number of recent Global Fund Board decisions have been reflected in the Round 8 Proposal Form. The *Round 8 Guidelines* explain these decisions in the order they apply to this Proposal Form. Information on these decisions is available at: http://www.theglobalfund.org/en/files/boardmeeting16/GF-BM16-Decisions.pdf.

Since Round 7, efforts have been made to simplify the structure and remove duplication in the Round 8 Proposal Form. The *Round 8 Guidelines* therefore contain the **majority of instructions** and examples that will assist in the completion of the form.

ROUND 8 – HIV

1. FUNDING SUMMARY AND CONTACT DETAILS

1.1. Funding summary

Clarified Section 1.1

Disease	Total funds requested over proposal term					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
HIV	**8 548 085**	**6 704 083**	**5 699 155**	**5 824 775**	**5 944 863**	**32 720 961**
Tuberculosis						
Malaria	0	0	0	0	0	0
HSS cross-cutting interventions within *[insert name of the one disease which includes s.4B. and s.5B. only if relevant]*	0	0	0	0	0	0
					Total Round 8 Funding Request ➔:	**32 720 961**

1.2. Contact details

	Primary contact	Secondary contact
Name	M. Youssef Mehdi	M.Adel Zeddam
Title	CCM President	UNAIDS Consultant
Organization	Academic/educational Sector	Sector
Mailing address	Forensic Medicine Department	07, Rue Ahcen Khemissa. Algiers Centre, Algeria
Telephone	+213 21 23 55 74	+213 661 35 41 27
Fax	+213 21 23 55 74	+213 21 74 43 74
E-mail address	ymehdi06@yahoo.fr	zeddama@unaids.org
Alternate e-mail address		adel.zeddam@hotmail.fr

1.3. List of Abbreviations and Acronyms used by the Applicant

Acronym/ Abbreviation	Meaning
IGA	Income-generating Activities
ARV	Antiretroviral
CRC	HIV infection Care Reference Centre
VSC	Voluntary Screening Centre
NCAA	National Committee Against AIDS
SDA	Service Delivery Area
PMEO	Planning and Monitoring - Evaluation Office
PFOH	Public Facility for Outreach Health
CLF	Corporate Leaders' Forum
MSM	Men having Sexual intercourse with other Men
NIPH	National Institute for Public Health
STI	Sexually Transmitted Infection
MPHHR	Ministry of Public Health and Hospital Reform
HGP	Hospital General Pharmacy
IC	Institutional Care
NSP	National Strategic Program
NACP	National AIDS Control Program
FSW	Female Sex Worker
PMTCT	Prevention of Mother to Child Transmission
PLWH	People Living with HIV
M&E	Monitoring - Evaluation
NHIS	National Health Information System
SUI	Substance Use through Injection

2. APPLICANT SUMMARY (including eligibility)

CCM applicants: Only complete section 2.1. and 2.2. and DELETE sections 2.3. and 2.4.
Sub-CCM applicants: Complete sections 2.1. and 2.2. and 2.3. and DELETE section 2.4.
Non-CCM applicants: Only complete section 2.4. and DELETE sections 2.1. and 2.2. and 2.3.

IMPORTANT NOTE:
Different from Round 7, 'income level' eligibility is now set out in s.4.5.1 (focus on poor and key affected populations depending on income level), and in s.5.1. (cost sharing).

2.1. Members and operations

Clarified Section 2.1

2.1.1. Membership summary

Sector Representation	Number of members
☑ Academic/educational sector	6
☑ Government	15
☑ Non-government organizations (NGOs)/community-based organizations	10
☑ People living with the diseases	1
☐ People representing key affected populations[2]	
☑ Private sector	1
☐ Faith-based organizations	
☑ Multilateral and bilateral development partners in country	5
☐ Other *(please specify):*	
Total Number of Members: *(Number must equal number of members in 'Attachment C'[3])*	38

[2] Please use the *Round 8 Guidelines* definition of *key affected populations*.
[3] **Attachment C** is where the CCM (or Sub-CCM) lists the names and other details of all current members. This document is a mandatory attachment to an applicant's proposal. It is available at: http://www.theglobalfund.org/documents/rounds/8/AttachmentC_en.xls

2.1.2. Broad and inclusive membership

Since the last time you applied to the Global Fund (and were determined compliant with the minimum requirements):		
(a) Have non-government sector members (*including any new members since the last application*) continued to be transparently selected by their own sector; and	☐ No	☒ Yes
(b) Is there continuing active membership of people living with and/or affected by the diseases.	☐ No	☒ Yes

2.1.3. Member knowledge and experience in cross-cutting issues

Health Systems Strengthening

The Global Fund recognizes that weaknesses in the health system can constrain efforts to respond to the three diseases. We therefore encourage members to involve people (from both the government and non-government) who have a focus on the health system in the work of the CCM or Sub-CCM.

(a) Describe the capacity and experience of the CCM (or Sub-CCM) to consider how health system issues impact programs and outcomes for the three diseases.

CCM is one of the most innovative mechanisms created. In Algeria, it was difficult to establish due to the novelty of the system, weaknesses in acquiring the procedures and tools from the Global Fund as well as the lack of assistance and support as both were unplanned for.

This first challenge was overcome back in 2006, thus the CCM has not only become an example in information and experience sharing, but also the NSP's best support tool, largely as a result of its representative component and by progressively acquiring Global Fund procedures. It created a space for equality where each partner is able to express his point of view and fully participate to the decision-making process.

Benefiting from all these years of experience, the CCM plays and must continue to play an essential role of coordination, management, evaluation and re-adjustments within its compliant and open structure.

Aside from its acquired experience, the CCM's competence arises from the fact that the NSP 2002-2006 evaluation process and the NSP 2007-2011 plan were developed following a participative process which united almost all CCM members.

Thus, the CCM is able to better evaluate the impact of flaws from the health system toward the HIV/AIDS control program, as it is empowered by elements mainly originating from acquisitions and flaws of national responses, also empowered by its knowledge of the national health system's capabilities and limits.

Gender awareness

The Global Fund recognizes that inequality between males and females, and the situation of sexual minorities are important drivers of epidemics, and that experience in programming requires knowledge and skills in:

- methodologies to assess gender differentials in disease burdens and their consequences (including differences between men and women, boys and girls), and in access to and the utilization of prevention, treatment, care and support programs; and
- the factors that make women and girls and sexual minorities vulnerable.

(b) Describe the capacity and experience of the CCM (or Sub-CCM) in gender issues including the number of members with requisite knowledge and skills.

There are representatives from the Ministry of health, people and Hospital Reform among the CCM members. These members also supervise the issues of gender as they directly report to the Minister of health in charge of families and the status of women, as well as to the UNFPA representative, coordinator of Gender activities within the United Nations system. Other Ministries include the issue of genders within their politics and programs: the Ministry of youth and sports, higher education, national education…etc. Also, there are 12 women amongst the 42 CCM members.

In addition, because of their duties, some members of the CCM Algeria are at the heart of gender issues. Specifically, they are health professionals and community stakeholders whom for several years, have been reaching to populations of both genders in order to ensure access to prevention and care. The PVVIH ELHAYET association, run by a woman renown for her dedication toward women, youth and vulnerable populations, is an example of this competence.

Also, enclosed with the hereby proposal, we have gathered testimonies from association representatives, members or not of the CCM whom represent women and sexual minorities. In addition to the persons cited above, other CCM members are fairly active on issues of genders, HIV and development. On a daily basis, they follow and take part in forums regarding gender issues in Algeria and around the world and they monitor the installation of recommendations aiming to integrate all genders aspects in the battle against HIV/AIDS. The CCM members also contribute in promoting human rights and specifically women's right.

Finally, this proposal suggests building the CCM members and non-members' capacities on the subject of integration of genders issues in the development, implementation, monitoring and evaluation of health programs.

Multi-sectoral planning The Global Fund recognizes that multi-sectoral planning is important to expanding country capacity to respond to the three diseases.
(c) Describe the capacity and experience of the CCM (or Sub-CCM) in multi-sectoral program design.
For several years, numerous members of the CCM Algeria have been involved in strategic planning for health programs, specifically regarding STI and HIV using a multi-sectoral approach. Thus, during planning, all government sectors, the community and the private sector join forces to guide this planning effort. This plan also accounts for the various sectors of the national life, particularly the health and social sectors, education, and youth. There are important people within the CCM Algeria whom have major capability and experience in developing multi-sectoral projects. Most members of the CCM Algeria took part in the development of the National Strategic Plan Against STI/HIV 2007-2011. This acquired experience gives them a broaden view of the process for multi-sectoral planning. Apart from the expertise in public health, the CCM is comprised of various divisions with knowledge and experience in projects strategic management and public health related issues. Several community experts and health professionals have a deep understanding of HIV/AIDS, particularly regarding medical issues, prevention, epidemiology and ethics. In fact, the CCM Algeria committee displays a multidisciplinary characteristic as it comprises representatives from non-governmental sectors (civilian companies, private sector, HIV infected and/or affected people), multilateral and bilateral development partners and academic/educational sectors. Additionally, during the development of this proposal, we reached beyond the CCM members in order to acquire contributions from all sectors of the community acting against HIV. This approach allowed us to create a stronger multi-sectoral planning which will also allow for a multi-sectoral and decentralized performance.

2.2. Eligibility

2.2.1. Application history

'Check' one box in the table below and then follow the further instructions for that box in the right hand column.	
☐ Applied for funding in Round 6 and/or Round 7 **and** was determined as having met the minimum eligibility requirements.	➔ ***Complete all of sections 2.2.2 to 2.2.8 below.***
☐ Last time applied for funding was before Round 6 **or** was determined non-compliant with the minimum eligibility requirements when last applied.	➔ ***First, go to 'Attachment D' to and complete.*** *(Do not complete sections 2.2.2 to 2.2.4)* ➔ ***Then also complete sections 2.2.5 to 2.2.8 below.***

2.2.2. Transparent proposal development processes

➔ *Refer to the document 'Clarifications on CCM Minimum Requirements' when completing these questions.*

➔ *Documents supporting the information provided below must be submitted with the proposal as clearly named and numbered annexes. Refer to the 'Checklist' after s.2.*

(a) Describe the process(es) used to invite submissions for possible integration into the proposal from a broad range of stakeholders including civil society and the private sector, and at the national, sub-national and community levels. *(If a different process was used for each disease, explain each process.)*

First, the CCM Algeria published a press release in public media inviting all public and private organizations/institutions and associations working against HIV to submit their contribution for analysis and integration into the national proposal on the subject of HIV in round 8 of the Global Fund against AIDS, Tuberculosis and Malaria.

This press release, dated April 16, 2008, gave all organizations/institutions over one month time to prepare and submit their contributions to the CCM Algeria. It also gave those organizations/institutions details about the following documents: Key elements contained in proposal to Round 8, main points of the national strategic plan against AIDS 2007-2011 and the format to follow for submission of their contribution were kept at their disposal at CCM Algeria's offices.

Despite a closing date of May 14, 2008, the CCM Algeria continued receiving contributions from various organizations/institutions and extended the deadline until the end of may 2008 in order to give an opportunity to all candidates wishing to contribute. CConcurrently to the contribution submission process, the CCM created a national team for the development of the 8th round with key national stakeholders from all sectors fighting against HIV in Algeria. Their first mission was to analyze the reports from the previous Round (Round 3) as well as analyze, thoroughly, the lack in planning and funding.

The CCM Algeria has followed a broad consultation process for all its members as well as for the representatives of all major organizations of public sector, associations, and multilateral partners in order to collect their opinion about the contents of this proposal. All debates within the national development team have been about priorities, GFATM guidelines and strategic lines of the NSP 2007-2011 campaign against STI/HIV.

(b) Describe the process(es) used to transparently review the submissions received for possible integration into this proposal. *(If a different process was used for each disease, explain each process.)*

Drafting the CCM Algeria's proposal for round 8 was completed as a partnership, according to a national consensus which allowed all national associations and institutions to participate.

The CCM created anational reviewing committee for all submissions.This committee is comprised of members of the Ministry of Health, academics and several association stakeholders; all have been involved for a long time in the battle against AIDS in Algeria.

On May 31, submissions closing date, 29 files were received by the CCM-Algeria and delivered to the committee for review.The committee met between May 24 and June 05 to review each file according to an analysis grid outlined from the priority domains retained by the CCM Algeria. Thus allowing for the selection of all files containing original and innovative strategies/activities.5 files from NGO/thematic associations with national reach containing activities related to the strengthening of the community system are also under consideration.Each proposal has been discussed and integrated during the international Consultant's visit from May 31 to June 5, 2008.

All chosen proposals allowed for the improvement of activity quantification and for the enrichment of the logical frame by consensual integration of the actions deemed innovative (between the national submission committee and the national team for the development of round 8).

(c) Describe the process(es) used to ensure the input of people and stakeholders other than CCM (or Sub-CCM) members in the proposal development process. *(If a different process was used for each disease, explain each process.)*	
The CCM Algeria's proposal for round 8 was drafted by a multi-sectoral committee comprised of stakeholders selected for their contribution to the battle against HIV and their domain of expertise. Several measures support this implication: - The national team for the development of round 8 is comprised of CCM members and non-members. - On a regular basis, the national team for the development of round 8 called upon resourceful people non CCM members for additional information in order to enrich the proposal. - The CCM representatives of the community stakeholders accounted for their concerns during the drafting committee work and debate cessions. Finally, the acknowledgement of project proposals from various actors actively fighting against HIV following the national call for submissions.	
(d) **Attach** a signed and dated version of the minutes of the meeting(s) at which the members decided on the elements to be included in the proposal for all diseases applied for.	***Annexes 2 E and 2 F***

2.2.3. Processes to oversee program implementation

(a) Describe the process(es) used by the CCM (or Sub-CCM) to oversee program implementation.
One of the CCM-Algeria main roles is to insure the regular monitoring of projects financed by the Global Fund and to insure that anticipated results are met.The goal is to identify difficulties early in order to propose corrective measures in a timely manner. The oversight of the implementation of the projects financed by GFATM will be completed according to the new GFATM Round 8 guidelines as well as to the CCM internal regulations. In fact, a procedures' manual defines the various modalities of intervention and implication. Since CCM Algeria members were part of the hereby proposal to Round 8 drafting, which is the result of the analysis of national priorities and prior Rounds projects, all members are able to complete the plan according to a schedule provided by the program managers and PR. The CCM Algeria will create thematic sub-committees comprised of CCM members and experts whom will have for mission, notably, to create and manage the implementation of the Global Fund grant. In addition, the CCM will be able to call upon national and international technical experts according to the importance of the subjects being discussed. The CCM executive committee will also draft a detailed schedule for this oversight as well as a referring contract in order to guarantee the anticipated results. Finally, after the proposal's approval, the CCM Algeria will create a national implementation forum in order to harmonize the interventions and cohesion amongst all parties whom will work according to the following procedure: o The creation of a national forum for the implementation of Round 8 proposal with all parties for 100 people for 5 days o An annual workshop to review the schedule and financial accomplishment. The CCM Algeria will publish an annual report with results and performances.

(b) Describe the process(es) used to ensure the input of stakeholders other than CCM (or Sub-CCM) members in the ongoing oversight of program implementation.
The CCM Algeria's experience shows the importance of associating all stakeholders in the proposal's implementation, and to have them also participate in the analysis of the performances through regular oversight.The first task of the members of the multi-sectoral technical group created by the CCM for the proposal's drafting whom have been designated by the CCM President during the meeting of April 2, 2008 (annex 2C) will be to elaborated an action plan for the CCM which will include the oversight plan and the Monitoring/evaluation schedule for the grant's implementation by the Principal Recipients and sub-recipients that will be designated. Later, the CCM Algeria through its Guiding Committee will create thematic sub-committees comprised of CCM members and experts whose mission will be, notably, to create and develop an oversight plan for the implementation of the Global Fund grant. The health stakeholders whom are non-CCM members will be able to participate to the grants monitoring process along with CCM members.

2.2.4. Processes to select Principal Recipients

The Global Fund recommends that applicants select both government and non-government sector Principal Recipients to manage program implementation. ➔ *Refer to the Round 8 Guidelines for further explanation of the principles. .*

(a) Describe the process used to make a transparent and documented selection of each of the Principal Recipient(s) nominated in this proposal. *(If a different process was used for each disease, explain each process.)*	
During the meeting of May 24, 2008 (annex 2D), the CCM has chosen a 2 ways financing plan with a unique management unit. The government's Principal Recipient for the funds of the HIV component of Round 8 is the National Institute for Public Health which is a research institution linked to the Ministry of Health, Population and Hospital Reform instead of the Prevention Office:this choice from CCM, approved during the meeting of May 24, 2008, was motivated by the results of various evaluation missions (LFA, GFATM...)The Principal recipient of the non-governmental funds was chosen by absolute majority by CCM during the meeting of June 16, 2008 (annex 2E)	
(b) **Attach** the signed and dated minutes of the meeting(s) at which the members decided on the Principal Recipient(s) for each disease.	***Annexes 2D and 2 E***

2.2.5. Principal Recipient(s)

Name	Disease	Sector**
National Institute for Public Heath	HIV	Governmental
Association AIDS Algeria	HIV	Non-governmental Organization

*** Choose a 'sector' from the possible options that are included in this Proposal Form at s.2.1.1.*

2.2.6. Non-implementation of dual track financing

Provide an explanation below if at least one government sector and one non-government sector Principal Recipient have not been nominated for each disease in this proposal.
Not Applicable

2.2.7. Managing conflicts of interest

(a) Are the Chair **and/or** Vice-Chair of the CCM (or Sub-CCM) from the same entity as <u>any</u> of the nominated Principal Recipient(s) for any of the diseases in this proposal?	☐ Yes ***provide details below*** ☐ No ➔*go to s.2.2.8.*
(b) **If yes, attach** the plan for the management of actual and potential conflicts of interest.	☐ **Yes** ***[Insert Annex Number]***

2.2.8. Proposal endorsement by members

Attachment C – Membership information and Signatures	**Has 'Attachment C'** been completed with the signatures of all members of the CCM (or Sub-CCM)?	☐ Yes

2.3. Sub-CCM details

2.3.1. Status of Sub-CCM	
Identify if the sub-national coordinating mechanism:	
(a) Operates under the authority of the CCM and focuses on a particular region or issue.	☐ *Answer s.2.3.2. and s.2.3.3.*
(b) Claims an independent basis to operate without oversight of the CCM	☐ *Answer s.2.3.2. and s.2.3.4.*

2.3.2. Rationale
Why does a Sub-CCM approach represent an effective approach in the circumstances of your country?
ONE PAGE MAXIMUM

2.3.3. CCM Endorsement	
(a) **Attach** the signed and dated minutes of the **CCM meeting** at which the CCM agreed to endorse the Sub-CCM proposal.	***Annex 2 F***
(b) **Attach** a letter from the CCM Chair or Vice-Chair with the minutes.	***Annex 2 G***

List of Annexes

- **Annex 1: NSP (National Strategic Plan)**
- **Annex 2 A: Minutes of CCM dated December 17, 2006**
- **Annex 2 B: Minutes of CCM dated December 30, 2007**
- **Annex 2 C: Minutes of CCM dated April 02, 2008**
- **Annex 2 D: Minutes of CCM dated May 24, 2008**
- **Annex 2 E: Minutes of CCM dated June 16, 2008**
- **Annex 2 F: Minutes of CCM dated June 29, 2008**
- **Annex 2 G: Letter from CCM president**
- **Annex 3: Statement from the Minister of Health, Population and Hospital Reform regarding CCM Creation**
- **Annex 4: CCM ALGERIA PROCEDURES MANUAL**
- **Annex 5 A: Press release calling for Round 8 proposal EL WATAN Newspaper #5303 from 04/16/2008**
- **Annex 5 B: Press release calling for Round 8 proposal EL KHABAR Newspaper from 04/16/2008**
- **Annex 6: Example of submission form for mini-proposals (GFATM Round 8) to CCM Algeria**
- **Annex 7: Guiding Graph from the Ministry of Health, Population and Hospital Reform**

3. PROPOSAL SUMMARY

3.1. Duration of Proposal	Planned Start Date	To
Month and year: *(up to 5 years)*	July 2009	June 2014

3.2. Consolidation of grants	
(a) Does the CCM (or Sub-CCM) wish to consolidate any existing HIV Global Fund grant(s) with the Round 8 HIV proposal?	☐ Yes *(go first to (b) below)* ☒ No *(go to s.3.3. below)*
'Consolidation' *refers to the situation where multiple grants can be combined to form one grant. Under Global Fund policy, this is possible if the same Principal Recipient ('PR') is already managing at least one grant for the same disease. A proposal with more than one nominated PR may seek to consolidate part of the Round 8 proposal.* ➔ *More detailed information on grant consolidation (including analysis of some of the benefits and areas to consider is available at: http://www.theglobalfund.org/documents/rounds/8/R8GC_Factsheet_en.pdf*	
(b) If yes, which grants are planned to be consolidated with the Round 8 proposal after Board approval? *(List the relevant grant number(s))*	

3.3. Alignment of planning and fiscal cycles

Describe how the start date:

(a) contributes to alignment with the national planning, budgeting and fiscal cycle; and/or

(b) in grant consolidation cases, increases alignment of planning, implementation and reporting efforts.

The hereby proposal to Round 8 will cover the period 2009-2014. Its launch will have to coincide with the date of the first fund disbursement which must be schedule at the beginning of a trimester according to the national fiscal trimester calendar from January to December. The disbursements will be scheduled per trimesters in order to facilitate the progress reporting since several reports must be drafted for each of the two principal recipients.

3.4. Program-based approach for HIV

3.4.1. Does planning and funding for the country's response to HIV occur through a program-based approach?	☒ Yes. Answer s.3.4.2 ☐ No. ➔ *Go to s.3.5.*
3.4.2. If yes, does this proposal plan for some or all of the requested funding to be paid into a common-funding mechanism to support that approach?	☐ Yes ➔ ***Complete s.5.5 as an additional section to explain the financial operations of the common funding mechanism.*** ☒ No. Do not complete s.5.5

3.5. Summary of Round 8 HIV Proposal

Provide a summary of the HIV proposal described in detail in section 4.

Prepare after completing s.4.

The hereby proposal to Round 8 is the result of a national cooperation process between all parties engaged in HIV control in Algeria, whom under the auspices of the CCM Algeria's, have analyzed planning and funding gaps. This process was due to the fact that Algeria has recently adopted its strategic plan 2007-2011 with a selection of priorities. The proposal for Round 8 stands within a specific epidemiological context, as for the last few years, the HIV epidemic in Algeria has been concentrated to guest-risk groups: Female sex workers (FSW: Infection varies between 3% and 13% in some wilayas) and intravenous drug users (IDU: 11% in 2004). The interaction with FSW, population mix, high-risk sexual behaviours, mobility between North and South (truckers, military personnel), unstable living environments, cross-borders migration patterns particularly in the South with the sub-Sahara region are as many factors increasing the epidemic numbers. In this context, the hereby request to Round 8 is a particularly important step aiming to contain and reverse the epidemic increasing numbers,shown by recently gathered data and by data of association actors.

This request is important and decisive as it falls in the continuation of outcomes obtained through the previous proposal. In fact, the proposal will focus on the localized prevention on and with vulnerable populations and populations highly exposed to HIV risks in regards to epidemiologic profiles and epidemic dynamics. These populations are specifically women, men, youth of both gender and all ages, sexual minorities, with an equal access to quality service and care for PLWHA within the Universal Access plan.

As a result of this proposal and in addition to efforts from the Government and the population, the number of PLWHA enrolled in therapeutic treatments will increase and monitoring procedures will be strengthened and better managed for psychosocial care as well as for PLWHA self-sufficiency by developing income-generating activities (IGA) and socioprofessional reinsertion.

NGO/Associations involved in the fight for a long time will be supported and professionalized in order to work as true partners of the Universal Access for prevention care and psychosocial support.

The promotion of equity regarding gender issues is a response to a national priority for the strengthening of progress made about sex equality and women's involvement, particularly regarding access to information and HIV prevention.

This proposal aims to reach feasible outcomes as well as the hope for Universal Access, initiated by the WHO/UNAIDS by developing 3 goals centered around specific objectives, service delivery areas (SDA) and logical activities. The objectives originating from the 3 main goals will be developped over the entire progam period fron July 2009 to June 2014. They are:

Goal 1 Decrease of STI/HIV/AIDS transmission

Goal 2 Strengthening of global care of PLWHA within the Universal Access Plan

Goal 3 Strengthening of cooperation, monitoring-evaluation and partnership with NGO/Associations during the proposal implementation

Goal 1 Decrease of STI/HIV/AIDS transmission

This goal will be developed jointly by the PR/Civil society and the PR/Government, in collaboration with national associations including PVIH El Hayet association as well as health workers. It aims to strengthen local actions of STI/HIV/AIDS prevention and to promote counseling and voluntary screening within Universal Access. It hopes to reduce the various risk of HIV transmission (sexual, general precautions, mother-to-child).

The Round 8 proposal will focus primarily on the vulnerable and STI/HIV/AIDS high-risk populations. It will deepen epidemiologic and behavioral knowledge for these groups as well as develop local actions for

counseling, fight against discrimination and stigma, notably toward youth of both genders, migrants, prison inmates, men having sexual intecrcourse with other men (MSM), IDU and FSW with their participation and involvement by procedures and peer education and social and health mediation. The NGO/Associations will be the essential partners during the development of outreach actions with these groups, in order to enable them to better reach and use healthcare services.

Decrease of sexual transmission will be led by interventions aiming to:

- Promote lesser-risk sexual behaviors notably through outreach activities by peer education,
- Develop prevention interventions toward vulnerable people and highest-risk groups,
- Promote universal access to counseling and voluntary screening through VSC SRead over all 48 wilayas in the country, and insure early diagnostic and institutional care of sexually transmitted infections (STI) according to the syndrome approach.

Multimedia campaigns will be added to the strategy of peer education, in order to maintain an information flow among highly vulnerable groups and toward the general population.

Decrease of HIV transmission within care facilities aims mainly to guarantee secure care practices by promoting and adopting universal precautions.

Interventions for prevention of mother to child HIV Transmission (PMTCT), including within the family unit, will be qualitatively strengthend by offering complete prevention services according to the standards recommended by the WHO and UNICEF, as following:

- Promote systematic proposal of HIV screening for all pregnant women
- Guarantee institutional care for all HIV-positive pregnant women and for all new-born from HIV-positive mothers throughout all 9 opened Reference Centers (CRC) which cover all 5 regions of the country.

The main anticipated outcomes are to increase levels of acceptation and of retreat for HIV test results among women and their spouses as well as their children.

Goal 2 Strengthening of global care of PLWHA within the Universal Access Plan

This goal will be developed by health workers and association partners, it aims to guarantee the decrease of the impact of HIV on the health and improve living conditions of PLWHA and their families.

It also aims to guarantee Universal Access to medical institutional care (IC) for adults and children on one hand, and Universal Access to psychosocial and economic IC for PLWHA adults (men, women) and children and their families on the other hand.

Medical institutional care will be strengthened as a national consensus (primary and secondary prophylaxis, OI diagnostics and treatment, ARV treatment, viral-immunologic monitoring) by consolidation of the 9 CRC. It will be further decentralized by the creation of 3 other CRC if it addresses equity for access to care. The care quality will be improve and service delivery areas will be broaden by capability strengthening notably regarding diagnostics, biologic and virology monitoring, treatment and observation of antiretroviral (ARV). It will benefit of the introduction of the genotyping technique.

The psychosocial aspect of the care and care continuum will be at the center of an important program, a true partnership between all NGO/Associations which will aim to:

- Develop psychosocial actions to maintain people actively enrolled in care and under ARV treatment to reduce therapeutic failure
- Develop Income-Generating Activities profiting PLWHA and their family,
- Guarantee professional insertion or re-insertion of PLWHA.

The contract has been signed as a strategy to stimulate quantitative and qualitative performances from civil society organizations (NGO/Associations), as part of the funding describe in the hereby proposal must serve to pay for services offered to PLWHA.

Goal 3 Strengthening of cooperation, monitoring–evaluation and partnership with NGO/Associations during the proposal implementation

This goal responds to one of the national responses' main weaknesses, Cooperation and monitoring-evaluation (M&E) and strengthening of the plea, partnership and resoucrces mobilization.

It aims to improve epidemic surveillance, monitoring-evaluation and gather a better understanding of the epidemic dynamics. It will include:

- Develop, within the realm of the three principles, a unique and logical M&E system as the national level in order to improve interventions and evaluations of the program effects/impacts
- Strengthen capabilities of partners from the public and private sectors, and associations in order for them to improve their performance and integrate the sense of outcomes obligation and monitoring-evaluation
- Promote operational reseacrch

An integrated supervision system will be installed at all levels. The main anticipated outcomes are:

- Trimester reporting of activities and expenses according to indicators guidelines;
- Data and information gathering ;
- Annual planning and financial report;
- Strengthening of knowledge and competences among actors ;
- Development of a database in all care centers
- Deeper aptitude to answer and anticipate with enlightened decisions from the various actors engaged in HIV/AIDS control;

Along with experiences and lessons learned from the past, this proposal will be developed by two principal recipients (PR) whom will work together and simultaneously, under the control of the CCM within each one's responsibilities:

- The National Institute for Public Health (IPNS), for the governmental sectors, will be fully accountable for activities falling within its area of responsibility as a recipient
- The network of NGO including all PLWHA will coordinate all activities in the battle against AIDS and will be recipient through the NGO AIDS Algeria for the non-governmental sector

Developing the proposal to Round 8 and the strategic frame of activities against AIDS is to strengthen the links between the anticipated improvements. This proposal comes to strengthen these dynamics which will focrce the PLWHA and the population to organize them in order to improve even more the overall planning of main development programs and particularly health actions. In order to implement the proposal by harmonizing all interventions and cohesion among all active parties, the following procedures will be developed:

- The creation of a national workshop for the implementation of proposal to Round 8 with all active parties as 100 people for 5 days
- An annual workshop reviewing the planning and financial implementation.
- CCM Algeria will publish an annual report with outcomes and performances.

4. PROGRAM DESCRIPTION

4.1. National prevention, treatment, care, and support strategies

(a) Briefly summarize:

- the current HIV national prevention, treatment, and care and support strategies;
- how these strategies respond comprehensively to current epidemiological situation in the country; and
- the improved HIV outcomes expected from implementation of these strategies.

National strategies in place

With regards to the epidemic characteristics, the response focuses on the highest-risk groups, toward whom the actions are planned: FSW, MSM, IDU, prison inmates. With its multi-sectoral approach, the response increases along for both the governmental and for civil society sectors with a better performing partnership.

The national response, with a strategic development of social systems, is supported notably by the community as it has been playing an increasing role these past few years. In fact, several NGO, including PLWHA have developed a vast number of activities.

As for prevention, this response is characterized by the implementation of a series of various often innovative interventions. These interventions are SRead over an array of IEC activities aimed toward target populations: Plea, training, peer education, social marketing of condoms, promotion of access to VSC services, selection of blood donors and quality control for blood products.

As for counseling and screening, the national response, which leans on the strengthening of health systems, has notably shined by the opening of 54 voluntary screening Centers (VSC) by MSRH in 2006-2007. And, it is encouraged to continue to extend its efforts and guarantee an earlier screening of HIV-positives for better care and deeper understanding of the epidemic.

As for AIDS patients' services and care and support to HIV/AIDS infected/affected people, the proposal aims to expand the geographic area of focus and improve service quality. It is developed in all 09 CRC where it is free and is concentrated on diagnosis, treatment and care for the benefit of HIV infected patients, specifically by access to ARV and treatment of opportunistic infections.

As for psychosocial support, the partnership with social organizations is considered as strategic as they play an important role through activities of support and aid for PLWHA: Psychological support, help for transportation, access to income-generating activities (IGA).

- **Why are those strategies a better response to the present epidemiologic situation in the country:**

According to UNAIDS, Algeria presents an epidemic slightly active with sub-epidemics focused on high-risk groups susceptible to become generalized rapidly, since several factors that could accelerate the epidemic propagation are present in the country, such as: Gender inequalities, socio-cultural pressures as well as specific social-behaviors traits (multi-partnership, denial of the disease, non-protected sexual intecrcourse, sexual workers…).

In a country with a relatively low HIV rate, but with a high STI rate, HIV tends to be localized among highest-risk groups and vulnerable populations (sex workers, MSM, IDU, migrants, STI consultants, military personnel, pregnant women, 15 to 24 years youth...).

The interventions implemented represent some of the best opportunities to control the epidemic, specifically among vulnerable and at-risk groups by prioritizing the gender issue toward men and women, as shown by the decrease and control of HIV rates.

- Improvement of anticipated outcomes:

The obtained outcomes allow for the appreciation for strategies already in place, such as:

- Gradual decentralization of health services for prevention and care and the strengthening of their capabilities which aims to extend the services and improve accessibility in a country as large as Algeria. It is shown by i) significant increase in 2006 of the number of people having access to counseling and screening, ii) increase of the number of PLWHA having access to ARV tri-therapy with consequently an important drop in PLWHA mortality; iii) increasing number, although it remains low, of people being treated for STI according to the syndrome approach
- The multi-sectoral approach and increasingly active partnership with NGO by strengthening of their capabilities allowed multiplying and extending the array of often innovative interventions such as peer education and social marketing of condoms. Specifically it is shown by an increase of people among the vulnerable population that have a better knowledge of HIV transmission and prevention and/or have access to prevention services ii) a better availability and access to condoms by community distribution.

(b) From the list below, attach* **only those documents that are directly relevant** to the focus of this proposal *(or, *identify the specific Annex number from a Round 7 proposal when the document was last submitted, and the Global Fund will obtain this document from our Round 7 files).*

Also identify the specific page(s) (in these documents) that support the descriptions in s.4.1. above.

	Document	Proposal Annex Number	Page References
☑	National Health Sector Development/Strategic Plan	Annex 7	
☑	National HIV Control Strategy or Plan	Annex 1	35 to 77
☐	Important sub-sector policies that are relevant to the proposal *(e.g., national or sub-national human resoucrces policy, or norms and standards)*		
☐	Most recent self-evaluation reports/technical advisory reviews, including any Epidemiology report directly relevant to the proposal		
☐	National Monitoring and Evaluation Plan (health sector, disease specific or other)		
☐	National policies to achieve gender equality in regard to the provision of HIV prevention, treatment, and care and support services to all people in need of services		

4.2. Epidemiological Background

4.2.1. Geographic reach of this proposal		
(a) Do the activities target:		
☒ Whole country	☐ Specific Region(s) ***If so, insert a map to show where*	☐ Specific population groups ***If so, insert a map to show where these groups are if they are in a specific area of the country*

***** Paste map here if relevant***

(b) **Size of population group(s) targeted in Round 8**			
Population Groups	**Population Size**	**Soucrce of Data**	**Year of Estimate**
Total country population (all ages)	32 906 000 inhabitants	National Bureau of Statistics (ONS)	2006
Women > 25 years	8 254 376	MSRH (Office of the Population)	2008
Women 19 – 24 years	2 266 568	MSRH (Office of the Population)	2008
Women 15 – 18 years	1 379 641	MSRH (Office of the Population)	2008
Men > 25 years	8 596 550	MSRH (Office of the Population)	2008
Men 19 – 24 years	2 342 775	MSRH (Office of the Population)	2008
Men 15 – 18 years	1 434 682	MSRH (Office of the Population)	2008
Girls 0 – 14 years	4 608 166	MSRH (Office of the Population)	2008
Boys 0 – 14 years	4 819 093	MSRH (Office of the Population)	2008
Other: *Female sex worker*	380	Sentinel HIV-surveillance survey	2007
Other: Intravenous drug users	300	Study of potential link between Problematic Drug use and HIV/AIDS	2006
Other **:			[*use "Tab" key to add extra rows if needed]*

4.2.2. HIV epidemiology of target population(s)			
Population Groups	**Estimated Number**	**Soucrce of Data**	**Year of Estimate**
Number of people living with HIV *(all ages)*	29,754 (16,754 – 54,519)	UNAIDS	2008
Women living with HIV > 25 years	ND		
Women living with HIV 19 – 24 years	ND		
Women living with HIV 15 – 18 years	ND		
Pregnant women living with HIV	ND		
Men living with HIV > 25 years	ND		
Men living with HIV 19 – 24 years	ND		
Men living with HIV 15 – 18 years	ND		
Girls (0 – 14 years) living with HIV	ND		
Boys (0 – 14 years) living with HIV	ND		
Other: Number of HIV infected people (> 15 years)	29,385 (16,511- 53,908)	UNAIDS	2008
Other: Number of HIV infected women (> 15 years)	8,348 (4,638 – 15,907)	UNAIDS	2008
Other**:			[*use "Tab" key to add extra rows if needed]*

4.3. Major constraints and gaps

(For the questions below, consider government, non-government and community level weaknesses and gaps, and also any key affected populations[4] who may have diSRoportionately low access to HIV prevention, treatment, and care and support services, including women, girls, and sexual minorities.)

4.3.1. HIV program

Describe:

- the main weaknesses in the implementation of current HIV strategies;
- how these weaknesses affect achievement of planned national HIV outcomes; and
- existing gaps in the delivery of services to target populations.

Development main weaknesses for strategies HIV control are shown by:

- Inadequacy of the cooperation framework and absence of M&E mechanisms; the procedures of review and adaptation are in process of being finalized

[4] Please refer back to the definition in s.2 and found in the *Round 8 Guidelines.*

- Inadequacy of technical, personnel and financial capabilities among various domains of the national response for universal access despite a sizable human potential
- Weakness of the information system and epidemiologic surveillance which is in process of being revised and consolidated

How might these weaknesses compromise the anticipated national outcomes regarding the HIV control:

- The existing cooperation framework, CNLS, created in 1989 as a consulting committee under MSRH, has become in gap of judicial support and better means, completely inadequate regarding current demands for the development of a performing multi-sectoral cooperation and regarding the Three Principles;

- The gap of technical, human and financial capabilities might be one of the main factors that would compromise the anticipated national outcomes regarding HIV control as the national response struggles with i) limited service provided for STI counseling, screening, prevention and care, ii) low access to condoms iii) insufficient medical and psychosocial care which is shown specifically by inequality access to quality service depending on the region of the country and a continuum of unpredictable care in some cases iv) inadequate prevention of mother to child transmission "system" with consequently late diagnosis of HIV-positive pregnancy and difficulties of obstetric care during child-birth of HIV-positive mothers and early diagnosis of children born to HIV-positive mothers.

- Although the information system and epidemiologic surveillance is being revised and consolidated, specifically by sentinel HIV-surveillance surveys (2004, 2007) which have confirmed that the epidemic is concentrated on highest-risk groups and the behavior study on HIV and female sex workers which has allowed for a better understanding of sex works, those remain insufficient to appreciate the impact of the various interventions of the program on the different populations of the highest-risk and vulnerable groups.

Weakness/gap in the services to target populations:

A number of strategic challenges remain. Vulnerable groups have not always been sufficiently taken care of. Various groups with a plural socio-demographic profile are now considered priority.

Like the youth which make up an important part of the Algerian population, women, female sex workers identified through outreach actions, IDU known by qualitative studies, MSM, prison inmates are not the focus of sufficient and adapted outreach prevention actions. The cross-borders migrant populations also make a priority group regarding multiple vulnerabilities they encounter along their migratory travels.

Targeting is insufficient for zones and populations of the highest-risk groups (MSM, IDU, migrants…) as it is shown by limited performances of screening services (VSC) and PMTCT.

PLWHA care continues to suffer from discrimination within the health system, as they may still be refused therapeutic acts. This institutional care is also insufficient in quality service regarding psychosocial support, aid and ARV monitoring support.

4.3.2. Health System

Describe the main weaknesses of and/or gaps in the health system that affect HIV outcomes.

The description can include discussion of:

- *issues that are common to HIV, tubecrculosis and malaria programming and service delivery; and*
- *issues that are relevant to the health system and HIV outcomes (e.g.: PMTCT services), but perhaps not also malaria and tubecrculosis programming and service delivery.*

Although the national health system is currently characterized by a regular political will to guarantee access to care, an increased involvement in the community, development of an important network of

decentralized social-health structures and free care within public structures, some weaknesses and gaps remain and limit performances.

Thus, the governmental program aims to “continue the State's efforts in insuring access to healthcare, allowing access to preventive and primary care to all citizens and reforming the health system in order to improve performances." This is shown by the launch of an ambitious program costing $22 Billion USD between now and 2025.

This is the result of an analysis of weaknesses and gaps of our health system. These are mainly:

- Disparities in healthcare coverage regarding human resoucrces, basic facilities and equipments, basis of inequality in access to care
- Uncontrolled supply and health products distribution cicrcuit
- Insufficient National Health Information System (SNIS) in process of being revised and consolidated.
- Excessive hieracrchy in management and in health program development

These weaknesses and gaps have accounted for the development of a national plan for the health system 2008-2025 and by a national strategic plan 2007-2011 as they affect the outcomes of HIV control.

For decreasing in sexual transmission of HIV and other STI, the weaknesses are:

- Services are still limited and unequally offered for counseling, screening and STI care;
- The weakness, despite efforts in the last few years, of promoting actions for less-risk sexual behaviors and use of condoms;

For decreasing in mother to child transmission, the weaknesses are:

- Weakness in screening access for women in mother and children health structures as well as insignificant promoting of systematic actions of HIV screening for pregnant women during consultations,
- Enrollment of women often far along in their pregnancy and difficulties in access to decent institutional care.

4.3.3. Efforts to resolve health system weaknesses and gaps

Describe what is being done, and by whom, to respond to health system weaknesses and gaps that affect HIV outcomes.

In order to answer to these weaknesses, the Algerian government has launched this year, a vast planned development of the health care sector until 2025 at a cost of $22 Billion USD. There are 4 priority axis: i) improvement of healthcare coverage (facilities, equipment, and human resoucrces); ii) improvement of care quality (introduction of specialized technologies, access to essential drugs); iii) improvement in epidemiologic surveillance and monitoring; iv) strengthening of cooperation with other sectors.

This development plan for the health sector is supported by an array of actions already in place or implemented: i) installation of a new healthcare organization; ii) initiation of the management reform for specialized hospitals; iii) creation of a legal framework allowing the foundation of private hospitals; iv) development of a technological environment to strengthen the information system.

In 2008, this new healthcare organization opened new public facilities for outreach healthcare (EPSP), comprised of a network of polyclinics and care institutions covering a large portion of population, thus leading to a better availability of quality care regarding HIV infection, favoring specifically remote or isolated populations of the South and the Highlands.
The Algerian Government is aiming to:

- Insure the integration of activities from various health programs aiming to rationalize the activities of teams at different levels,

- Offer quality care by promoting quality care, not only based on diagnostic and therapeutic guidelines and references but also for welcoming enrollment and human rights.

- Strengthen access to free care for underprivileged and vulnerable populations (children care, condoms,

contraceptives and prenatal consultations).

- Improve availability of health information required by the monitoring-evaluation of the health system and its programs throughout the SNIS strengthening,

- Strengthen human resoucrces capabilities for the Ministry of Health by (i) creating a computerized human resoucrces management system, (ii) drafting a human resoucrces development plan, (iii) drafting a human resoucrces training program, (iv) adapting the training program to the health system needs, (v) re-deploying the personnel to remote locations.

- Insure permanent availability of pharmaceutical products, non-perishable drugs and laboratory chemicals at all levels by (i) internally restructuring the Hospitals General Pharmacy (PCH) (ii) standardizing storage areas/conditions at different levels (iii) adequately managing storage at all levels.

ROUND 8 – HIV

4.4. Round 8 Priorities

Complete the tables below on a program coverage basis (*and not financial data*) for **three to six areas** identified by the applicant as priority interventions for this proposal. Ensure that the choice of priorities is consistent with the current HIV epidemiology and identified weaknesses and gaps from s.4.3.

Note: All health systems strengthening needs that are most effectively responded to on an HIV disease program basis, and which are important areas of work in this proposal, should also be included here.

Priority No:	ARV	Historical		Current		Country targets			
Intervention	PLWHA with ARV access	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
A: Country target *(from annual plans where these exist)*		850	1500	1500	1777	2716	3256	3537	3848
B: Extent of need already planned to be met under other programs		595	1050	1050	1243	1903	2258	2476	2694
C: Expected annual gap in achieving plans		255	450	450	534	818	968	1061	1154
D: Round 8 proposal contribution to total need		*(e.g., can be equal to or less than full gap)*			534	816	958	1061	1154

Priority No:	Screening	Historical		Current		Country targets			
Intervention	Screened People	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
A: Country target *(from annual plans where these exist)*		60 000	70 000	300 000	300 000	350 000	400 000	450 000	500 000
B: Extent of need already planned to be met under other programs		6 000	11 000	60 000	60 000	105 000	160 000	225 000	300 000
C: Expected annual gap in achieving plans		54 000	59 500	240 000	225 000	245 000	240 000	225 000	200 000
D: Round 8 proposal contribution to total need		*(e.g., can be equal to or less than full gap)*			45 000	60 000	75 000	80 000	100 000

ROUND 8 – HIV

Priority No:	Psychosocial support	Historical		Current		Country targets			
Intervention	People benefiting from psychosocial support	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
A: Country target *(from annual plans where these exist)*		850	1500	1500	1 777	2 719	3 226	3 537	3848
B: Extent of need already planned to be met under other programs		127	262	300	400	679	887	1061	1250
C: Expected annual gap in achieving plans		723	1039	1200	1377	2040	2339	2476	2598
D: Round 8 proposal contribution to total need		*(e.g., can be equal to or less than full gap)*			276	612	936	1238	1559

Priority No:		Historical		Current		Country targets			
Intervention		**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
A: Country target *(from annual plans where these exist)*									
B: Extent of need already planned to be met under other programs									
C: Expected annual gap in achieving plans									
D: Round 8 proposal contribution to total need		*(i.e., can be equal to or less than full gap)*							

Priority No:		Historical		Current		Country targets			
Intervention		**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
A: Country target *(from annual plans where these exist)*									
B: Extent of need already planned to be met under other programs									
C: Expected annual gap in achieving plans									
D: Round 8 proposal contribution to total need		*(i.e., can be equal to or less than full gap)*							

➔ *If there are six priority areas, copy the table above once more.*

4.5. Implementation strategy

4.5.1. Round 8 interventions

Explain: (i) who will be undertaking each area of activity (which Principal Recipient, which Sub-Recipient or other implementer); and (ii) the targeted population(s). *Ensure that the explanation follows the order of each objective, service delivery area (SDA) and indicator in the 'Performance Framework' (Attachment A) and work plan, and budget.*

Where there are planned activities that benefit the health system that can easily be included in the HIV program description (because they predominantly contribute to HIV outcomes), include them in this section only of the Round 8 proposal.

***Note**: If there are other activities that benefit, together, HIV, tubecrculosis and malaria outcomes (and health outcomes beyond the three diseases), and these are not easily included in a 'disease program' strategy, they can be included in s.4B **in one disease proposal** in Round 8. The applicant will need to decide which disease to include s.4B (but only once). ➔ Refer to the Round 8 Guidelines (s.4.5.1.) for information on this choice.*

The proposal to Round 8 is based on a national HIV control strategy as well as analysis of the program and financial weaknesses from which the 3 goals are derived. The development strategy of the hereby proposal is set within the framework of international initiatives and involvements to which Algeria has participated. It is set accordingly to international recommendations (UNAIDS – WHO) and is adapted to the epidemic dynamics.

The overal strategy of the proposal to Round 8 is set to fully integrate the recommendations of the Global Fund based on the 3 guiding principles:

- Development of outreach actions, an innovating principle which involves all vulnerable and STI/HIV high-risk populations.
- Strengthening of social systems to increase the partnership with the community into developping the proposal to Round 8
- Accounting for gender and equality issues by developing equity and access to prevention and care through innovative interventions of health and social mediations

Goal 1 Decrease of STI/HIV/AIDS transmission

Goal 2 Strengthening of global care of PLWHA within the Universal Access Plan

Goal 3 Strengthening of cooperation, monitoring–evaluation and partnership with NGO/Associations during the proposal implementation

Goal 1 Decrease of STI/HIV/AIDS transmission

This goal will be developed by governmental and social PR in partnership with the social organizations as well as private communications agencies, public and private medias

SDA: CBC - Mass medias

Refering to the national communication strategy, messages will be published depending on the targeted group needs such as: Youth, workers (FSW), Men having sexual intecrcourse with other men (MSM), intravenous Drug Users (IDU), prison inmates.

Proposal to Round 8 will deepen epidemiologic knowledge for these groups as well as develop outreach actions for counseling, discrimination and stigma control, specifically MSM, IDU, FSW and prison inmates with their participation.

SDA: CBC - Community Agents and schools

The CBC activities will be carried out at the associations' level in all Wilayas by peer educators identified among the key populations highly exposed to risk that will be trained about communication to change behaviors and monitored by supervisors within NGO/associations and youth organizations.

SDA: condoms

For this Round 8, condoms and lubricated gels for highly exposed populations will be acquired for STI and HIV prevention as well as non-desired pregnancies. Thus, 69,000,000 condoms will be acquired over 5 years and distributed by association actors and healthcare workers within the framework of outreach actions by peer educators. Highly vulnerable zones will be prioritarly reached. In addition, condoms distribution activities are planned through social marketing in the private commecrcial cicrcuit creating sale points which will be defined after the development of the national accessibility improvement and use strategy.

SDA: Testing and counseling

In order to facilitate voluntary screening, Round 8 plans to acquire fast tests.
The number of screened people is slowly increasing. This is why, in addition to promoting the individual approach to voluntary screening, the proposal will also promote the approach initiated by healthcare providers as it is recommended by the WHO and UNAIDS. Since it is the introduction of a new approach, training activities for healthcare providers will be developed to strengthen competences in all 54 screening centers.

SDA: STI (Sexually Transmitted Infections) Diagnosis and treatment

STI screening and treatment is one way to prevent HIV. For treatment, the syndrome approach that is in place today will be used and healthcare providers training will also be strengthened, specifically for enrollement and institutional care of highly exposed populations.

SDA: Post-Exposure Prophylaxis (PEP)

Developping this section means providing emergency structures with PEP kits to insure care of patients after blood exposure to HIV. Decrease of HIV transmission within care facilities aims mainly to guarantee secure care practices by promoting and adopting universal precautions. A national protocol will be developed with specific tools. DASRI will also be equiped to recycle medical waste.

SDA: Prevention: PMTCT

Interventions of prevention of mother to child transmission, including within the family unit, will be qualitatively increased. PMTCT locations will provide women, including their spouses and new-born of HIV-positive mothers and their siblings, with a complete service of prevention of mother to child transmission according to the recommended standards of the WHO and UNICEF. The main anticipated outcomes are to increase levels of acceptation and of retreat for HIV test outcomes among women and their spouses as well as their children.
Educators training will be created to produce a pool of national educators who will intervene to train healthcare workers throughout the national territory.

Goal 2 Strengthening of global care of PLWHA within the Universal Access Plan

Algeria has selected the Universal Access plan for prevention, care and support, initiated by the WHO and UNAIDS. This approach insures free care, equitable access and durability of treament for all PLWHA enrolled in the therapeutic plan. This goal will be developed by Governmental PR in collaboration with public institutional structures. NGO/Associations will also be involved in the development especially regarding issues of psychosocial care and care continuum.

SDA 3: Treatment: Prophylaxis and treatment of opportunistic infections

The activities aim to improve the overall institutional care by specifically insuring diagnosis and treatment of opportunistic infections which will be accomplished by institional care structures of the public sectors; treatments for recurring infections will be provided to all PLWHA.

SDA: Treatment: Antiretroviral (ARV) treatment and PLWHA monitoring

The Ministry of public health has planned and created a system of accreditation of ARV treatment centers called Reference Centers (CRC) and **an extension progam for decentralization of** ARV treatment sites in order to reach the objective of Universal Access to global institutional care and to insure equity in services and accessibility of services. Medical institutional care based on a national consensus (primary

and secondary Prophylaxis, OI diagnosis and treatment, ARV treatment, viro-immunologic monitoring) will be strengthened by consolidating the 9 CRC. It will be further decentralized by the creation of 3 other CRC.

Although Algeria has selected Universal Access including for children, the institutional care of HIV on children remains under-developed. The management of pediatrics care will also be an innovation of Round 8 and will be a main axis of efforts.

Activities of pediatrics care will be organized in parallel with the PMTCT's, specifically for promoting early HIV screening of children through parents awareness and real time use of PCR, integration of opportunistic infections prevention as well as access to ARV in pediatrics care.

SDA 6: Care and support: Care and support for chronic patients

Facing this multi-facetted disease, it is crucial to propose global institutional care to people infected and affected by HIV/AIDS. Interventions will be developed by PR/Civil society in collaboration with associations and PR/Governmental.
Within Round 8, a national strategy for patients' psychologic and social care will be created and developed to help HIV infected/affected people. Two types of training will be planned under the direct responsibility of the PR/Civil society in cooperation with CRC: educators training and speakers training.
One day trimester meetings will be organized at the main CRC to coordinate all care teams.
In order to reduce the impact of HIV/AIDS on PLWHA and their families, a global medical and psychosocial care support is planned for these people through socio-economic support for 50 PLWHA per month in order to facilitate IGA which will be available within the hereby proposal. This approach will be developed by an inter-association unit, with collegial management.

SDA 8: HSS (Health Systems Strengthening): Social Systems Strengthening

The role of health care mediators whom work onsite of PLWHA care, as interface between healthcare providers and patients, is very important, especially regarding monitoring ARV treatment and continuum of care. This workforce will go from volunteers in place today, to recruiting 80 new employees whom will be trained during a 12 days workshop. A monthly compensation based on contract will be paid to the 80 new health mediators starting at the launch of the hereby proposal.

SDA: Decrease of stigma in all contexts

Workshops will be organized for awareness, advocacy and traning of main actors and leaders involved in PLWHA discrimination control and resources mobilization in favor of targeted populations, specifically with imams and Mourchidates as well as journalists.

Goal 3 Strengthening of cooperation, monitoring–evaluation and partnership with NGO/Associations during the proposal implementation

The proposal to Round 8 will be developed by healthcare and social workers of the public, private sectors in partnership with the community, the main networks and main NGO/Associations involved in different domains of services.

SDA: HSS (Health Systems Strengthening): strengthening of social systems

The contract has been signed as a strategy to stimulate quantitative and qualitative performances from Civil society organizations (NGO/Associations), as part of the funding describe in the hereby proposal must serve to pay for services offered to PLWHA.
Civil society organizations (CSO) for AIDS control are organized in Networks or Unions for internal cooperation, for exchange and mutual strengthening, to lead a common plea and for better representation. The thematic networks, for women, youth, PLWHA, will fully participate in developping the proposal by setting outreach ang training supervision to CSO members. The networks will involve

community-based organizations, according to appropriate mechanisms, in decentralizing activities of the proposal to Round 8 down to the level of townships and communities.

SDA: HSS (sentinel HIV surveillance): Information system

To better define the weaknesses and needs of the national monitoring-evaluation system and to plan for a link with all other systems, a 30 days systems' analysis will be carried out by an international and a national consultant under the technical supervision of CNLS and PR/governmental.
At the end of the analysis and from the recommendation originating from it, a monitoring-evaluation operation's manual will be drafted and distributed during training workshops to all healthcare workers and associations actors.

As for the strengthening of the monitoring-evaluation system, a remote network connection will be installed between all sub-recipients and the PR in order for him to access all data regarding patients' institutional care, such as CRC effective active files as well as drugs storage. Thus computer equipment as well as computer services will be provided.
During the 5 years progam, international and national technical support will be provided by PR/governmental in order to carry out a national inquiry combined to behavioral and biological surveillance of all different targeted vulnerable groups.
Subsequently, two other behavioral surveillance surveys will be carried out, specifically among the most exposed key populations such as female sex workers, men having sexual intecrcourse with other men, migrants, etc… implementation of these studies will be facilitated by national and international technical support under the supervision of PR/Governmental.

SDA: Cost of program management and administration

The strengthening goal of the monitoring-evaluation system for a management based on outcomes of the element (SDA) cost of program management and administration aims to provide the technical, managerial and financial capabilities to the principal recipients. It guarantees the capability of PR to report to CCM Algeria and Global Fund about program and financial performances over the program duration. It describes the needs in terms of timely supervision and services provision to the development partners, within the funding limits granted by Global Fund.

Along with experiences and lessons learned from the past, this proposal will be developed through two principal recipients whom will work together and simultaneously within each other's capabilities:

- The Ministry of Health through IPNS will fully assume its role for activities within its realm of responsabilty as a recipient
- The network of NGO including all PLWHA will coordinate all AIDS control activities and will be recipient through the NGO AIDS Algeria for the non-governmental sector and the community.

Developing the proposal to Round 8 and the strategic frame of AIDS control activities is to strengthen the links between the anticipated improvements. This proposal comes to strengthen these dynamics which will force the PLWHA and the population to organize themselves in order to improve even furher the overall planning of main development programs and particularly health actions. To implement the proposal, harmonization of the interventions and cohesion among all active parties will be developed according to the following procedures:

- ❖ The creation of a national workshop for the implementation of proposal to Round 8 with all active parties as 100 people for 5 days
- ❖ An annual workshop to review the planning and financial implementation.
- ❖ CCM Algeria will publish an annual report with outcomes and performances.

Finally, the hereby proposal accounts for the guiding principles of NACP 2007-2011 through the creation of SDA as described above. They are mainly:

- Strengthening of the multi-sectoral approach by specifically developing intersectoral partnerships regarding ministry departments, the community including PLWHA and leaders;
- Development of the decentralization process at the national territory level in order to have equitable national response and an effective involvement of institutional and social actors in the wilayas and other local townships;
- insure the protection of PLWHA rights and their families' within the frame of common law

and of international conventions signed by Algeria;
- Development toward Universal Access to prevention, care, treatment, and support;
- Recognition of social and cultural contexts for people in vulnerable social and behavioral situations;
- Promotion of equity regarding gender issue is a response to a national priority for the strengthening of progress made about sex equality and women's involvement, particularly regarding access to information and HIV prevention.
- Promotion of an M&E culture with interventions for a better responsabilization of all involved actors.

4.5.2. Re-submission of Round 7 (or Round 6) proposal not recommended by the TRP

If relevant, describe adjustments made to the implementation plans and activities to take into account each of the 'weaknesses' identified in the 'TRP Review Form' in Round 7 (or, Round 6, if that was the last application applied for and not recommended for funding).

NOT APPLICABLE

4.5.3. Lessons learned from implementation experience

How do the implementation plans and activities described in 4.5.1 above draw on lessons learned from program implementation (whether Global Fund grants or otherwise)?

The implementation of the previous proposition financed by GFATM was difficult to develop, mainly due to inexperience in international funding management as it was the first international funding for HIV control. This was a new and innovative experiment.

The supervision reports and technical and financial audits for the implementation of HIV control projects have underligned the considerable efforts to improve program and financial management. A better monitoring of partners' activities, writing reports, and tax deduction for medical products, exemption of custom taxes and stabilization of financial management must be inforced. The main lessons learned from the implementation of the previously funded programs are recognized and will be applied during the implementation of the proposal to Round 8.

1. Importance of plan interventions in regard to epidemiologic profile

The HIV epidemiologic profile is one of a standard epidemic focusing on high HIV risk groups. The interventions of Round 8 are adapted to this characteristic. In fact, the experiment has shown that for an epidemic of this type, interventions targeted in zones and toward high-risk groups are the most efficient ways to reduce transmission. This aspect has been extended in the development of prevention activities which are mainly adapted to the needs of highest-risks groups: Young girls and boys, sex workers, MSM, IDU, prison inmates and crossborders mobile populations etc

2. Decentralization and extension of prevention services and institutional care

- The implementation of the previous round has proven that it is possible to increase access to services by accreditating decentralized structures and interventions applied to institutional care. The accreditation of new CRC, ARV treatment centers and PMTCT at the regional health level, as well as innovative aid measures and engagement of the communities remains inline with the previous Round and expands the process of Universal Access.

3. The necessity to strengthen the partnership with associations of civil society

- This lesson is aknowkedged in this proposal by focusing the approach on contracting civil society association structures. The contracts will be agreement-based on anticipated performances to fund services activities in order to increase outcomes transparency and create incentive measures to guarantee efficiency.

4. Innovative community approaches

The approach initiated during the previous Round with an interface linking community and care structures by the interventions of healthcare mediators will be better organized and professionalized to improve quality of services for psychosocial care and ARV treatment monitoring. This approach will be

strengthened and expand during this proposal implementation by recruiting new healthcare mediators in zones covered by institutional care structures that will be accredited for ARV treatment during Round 8.

5. organize interventions consultation and cooperation

In order to implement the proposal by harmonizing all interventions and cohesion among all active parties, the following procedures will be developped:

- The creation of a national workshop for the implementation of proposal to Round 8 with all active parties as 100 people for 5 days
- An annual workshop to review the planning and financial implementation.

CCM Algeria will publish an annual report with outcomes and performances

4.5.4. Enhancing social and gender equality

Explain how the overall strategy of this proposal will contribute to achieving equality in your country in respect of the provision of access to high quality, affordable and locally available HIV prevention, treatment and/or care and support services.

*(If certain population groups face barriers to access, **such as women and girls, adolescents, sexual minorities and other key affected populations**, ensure that your explanation disaggregates the response between these key population groups).*

The overall strategy of proposal to Round 8 in Algeria accounts for social and gender equality accross all 3 goals, objectives and SDA:

- First, the national drafting team of CCM Algeria has identified all vulnerable populations and the characteristics of this vulnerability in order to better recognize the specific needs and better address their hopes. These groups have been identified thank to the associations work during the previous Round, specifically toward women and young girls, teens, sexual minorities, drugs users. The approach selected for the proposal to Round 8 is to develop innovative activities over all fields which would involve all groups in order to bring them closer to prevention and care.
- The strengthening of the intervention capabilities of civil society organizations through support of their operations, the strengthening of partnership between these CSO and the private and public socio-health workers for a better recognition of specific needs of populations socially vulnerable and high-risk populations.
- The decentralization of services in Wilayas, improvement of the ARV distribution cicrcuit and IO treatment, improvement in biological monitoring, free care related to HIV/AIDS constitute a major shift to reduce social exclusion and constraints related to remoteness and an illustration of this involvement to increase Universal Access.
- The expansion of services by adopting the most offensive strategies in the fields of screening, integration of screening and PMTCT services, in institutional care structures, therapeutic care and treatment monitoring, in psychosocial support, in improving the cicrcuit of patient institutional care and in treatment distribution will improve the geographic coverage of prevention, care and treatment.
- The development of actions specific to vulnerable groups, the recent recognition of MSM and IDU, the actions lead among FSW, to increase their accessibility to services such as IEC/CBC, PNC, PMTCT, RH, therapeutic and psychosocial care, voluntary screening, counseling services, pre- and post-exposure test guaranteed and free for all will improve the life conditions and consequently reduce the social inequalities. The approach of women's involvement as actors in the respond (peer educators, mediators, NGO/associations) is one example.
- The recognition of the epidemic sexual characteristic among sexual minorities by developing and accelerating the implementation of adapted strategies encouraging women's promotion and allowing them to fully use all fundamental rights, to encourage men and women to share responsibility for the practice of safe sex, constitute important elements in the recognition of social and gender equality.

4.5.5 Strategy to mitigate initial unintended consequences

If this proposal (in s.4.5.1.) includes activities that provide a disease-specific response to health system weaknesses that have an impact on outcomes for the disease, explain:

- the factors considered when deciding to proceed with the request on a disease specific basis; and
- the country's proposed strategy for mitigating any potentially disruptive consequences from a disease-specific approach.

- Algeria has selected a multi-sectoral HIV control strategy and interventions within the hereby proposal are directly linked to the NACP 2007-2011, especially for the health sector.
- The retained priorities account for the weaknesses identified by the Ministry of Health and the associations as well as their stakeholders including GFATM.
- The funds request to Round 8 aims to improve performances by a contracting approach. This approach could bring non-forseen consequences. The motivations concerning all providers of the associations' structures will then become a priority over individual motivations.
- The HIV highest-risk key populations for whom the proposal will be implemented may be stigmatized by the general population. In order to avoid it, prevention interventions, institutional care and impact reduction in favor of the general population will be pursued with a constant favor toward control of the stigma of vulnerable people through the contribution of leaders and imams.

The cultural aspects may reduce the promotion of PMTCT. Women visiting PMTCT services may also be subject of stigma and discrimination within their familial and social environments. The involvement of spouses, awarness campaign toward families, contribution of leaders, healthcare mediators including PLWHA could considerably reduce these obstacles.

4.6. Links to other interventions and programs

4.6.1. Other Global Fund grant(s)

Describe <u>any</u> link between the focus of this proposal and the activities under any existing Global Fund grant. *(e.g., this proposal requests support for a scale up of ARV treatment and an existing grant provides support for service delivery initiatives to ensure that the treatment can be delivered).*

Proposals should clearly explain if this proposal requests support for the same interventions that are already planned under an existing grant or approved Round 7 proposal, and how there is no duplication. Also, it is important to comment on the reason for implementation delays in existing Global Fund grants, and what is being done to resolve these issues so that they do not also affect implementation of this proposal.

Algeria has requested and obtained funding for Round 3 from Global Fund for AIDS control in order to help develop its multi-sectoral program for AIDS control. This donation reached a total of $6 945 288 USD.

The difficulty of implementation of the previous grant is explained by:

- The acquisition default from all actors, procedures and work tools from Global Fund and the gap of aid and support which were not planned for
- The difficulties met in regards to supplies at the start of the project (noncontrol of quantification for needs in ARV, chemicals and drugs and noncontrol of specific technics for acquiring equipments),
- The slowness in development and activities justification from sub-recipients,
- Difficulty to gather data about development of activities within the time frame with consequently delays in the transmission of progress reports,
- Delays from the LFA to review the reports (trimester activities reports)

- Pressures from the treasory consequently to delays in submission of progress reports.

Strong measures were taken then by the Principal Recipient with the support of the CCM and the technical and financial stakeholders (Global Fund, GIST) to accelerate the implementation of activities. These measures permitted to make up for the delays for some activities.

The program from the previous grant was a contribution to STI and HIV/AIDS control with for main goal to reduce the evolution trends of the HIV/AIDS infection epidemic and to attenuate its negative effect amid the population. These planned objectives aimed to:

- Increase the effort of prevention and HIV/AIDS institutional care toward at least 90% of the Algerian population until 2008, focusing specifically on youth (10 -24 years), at-risk and vulnerable groups (sex workers, truckers, military personnel, women etc.).
- Insure correct STI/HIV/AIDS institutional care and access to ARV for PLWHA, including a psyhoc-social support and equipment.

With this new resquest, the country hopes to pursue prevention activities toward vulnerable and at-risk groups, promote screening and PMTCT and strenghthen the benefits in the field of institutional care which must be broaden and decentralized. Thus, the activities from the previous proposal are sustained in the hereby request, while recognizing the lessons learned during its implementation. The three main goals of the new request are:

- Decrease of STI/HIV/AIDS transmission risks
- Strengthening of global care of PLWHA within the Universal Access Plan
- Strengthening of cooperation, monitoring-evaluation and partnership with NGO during the proposal implementation

The service delivery areas defined in the hereby proposal were already outlines in the previous request, however, the objectives, SDA and activities have been prioritized according to the current context and the state of the fight.

Notably, three key services identified here (antiretroviral treatment, counseling/screening and psyho-social support) were already important work axis in the previous proposal. They are not, in any case, redundant: Within the logic of universal access, it is necessary to guarantee treatment access not only for patients already enrolled in treatment, but also for those who are elligible and have not yet started treatment. Psychosocial support remains insufficient despite undeniable efforts from the PLWHA association “El Hayat”. Thus, a particular focus is placed for the access to psychosocial support; its development will be supported primarly by various non-medical speakers and associations since there is a large number of PLWHA in situation of great vulnerability.

Thus, both requests (Round 3 and 8) are coherent, one to the other, as the proposed activities are not repetitious. They are truly a continuation one from the other, as the hereby request aims to strengthen the outcomes obtained until now.

4.6.2. Links to non-Global Fund soucrced support

Describe <u>any</u> link between this proposal and the activities that are supported through non-Global Fund soucrces (*summarizing the main achievements planned from that funding over the same term as this proposal*).

Proposals should clearly explain if this proposal requests support for interventions that are new and/or complement existing interventions already planned through other funding soucrces.

In addition to funding received from Global Fund, Algeria benefits from other support. Mainly:

- Aid for the national response to the Joint United Nations Program, such as it is recommended by GTT, for a sum of $500 000 USD per year over the period 2007-2011. This agreement was launch with UNICEF activities plan for the year 2008. It is comprised of technical support for the development of a strategy of prevention of Mother to Child HIV/AIDS transmission with a total sum of $20 000 USD.

- The bilateral cooperation agreement Algeria-Belgium for a global sum of 5 million Euros. This is a local plan for one wilaya (region) in the southern part of the country: Tamanrasset. It is comprised of various activitied of HIV/AIDS control over the period 2007-2010. Mainly it brings support for the following activities: Screening by acquisition of chemicals and an Elisa chain; information by implementation of a HIV-surveillance survey and a behavioral cross-survey; training of (03) psychologists, (03) laboratory personnel, (12) relay personnel; outreach actions toward female sex workers and migrants, IEC by showing information films, creating documentation centers for the general public; supply of ARV and drugs against opportunistic infections.

4.6.3. Partnerships with the private sector

(a) The private sector may be co-investing in the activities in this proposal, or participating in a way that contributes to outcomes (even if not a specific activity), if so, summarize the main contributions anticipated over the proposal term, and how these contributions are important to the achievement of the planned outcomes and outputs.

*(Refer to the Round 8 Guidelines for a **definition of Private Sector** and some examples of the types of financial and non-financial contributions from the Private Sector in the framework of a co-investment partnership.)*

The perspective of STI/HIV/AIDS control extends beyond the public sector, the community including organizations of **People Living with HIV** and it extends also toward the private sector and company owners. The involvment of company Leaders' Forum (CLF) in the national campaign against HIV, toward Universal Access to prevention, care, treatment and psychosocial support for all until 2010 constitutes a promising element for the battle impulse initiated by the community and particularly the organization of People Living with HIV

The development process for an HIV/AIDS program integrated into companies launch in 2007 by the company leaders' forum in collaboration with the National Committee Against AIDS, UNAIDS, BIT and UNDP, and the community including the association PLWHA shows the involvement of the private sector to work simultaneously with all national actors, specifically with associations involved in the national HIV/AIDS control program.

Other initiatives followed this movement, the involvement of the hotel sector through the group ACCOR in partnership with the community for activities during the 2007 world awareness day. The group being involved in official activities during the world awareness day insures a progessive involvement of other entities from the private sector toward the national HIV/AIDS control program.

(b) Identify in the table below the annual amount of the anticipated contribution from this private sector partnership. *(For non-financial contributions, please attempt to provide a monetary value if possible, and at a minimum, a description of that contribution.)*

Population relevant to Private Sector co-investment *(All or part, and which part, of proposal's targeted population group(s)?)* ➔	NOT APPLICABLE

Contribution Value (in USD or EURO)

Refer to the Round 8 Guidelines for examples

Organization Name	Contribution Description *(in words)*	Year 1	Year 2	Year 3	Year 4	Year 5	Total

[use "Tab" key to add extra rows if needed]							

4.7 Program Sustainability

4.7.1. Strengthening capability and processes to achieve improved HIV outcomes

The Global Fund recognizes that the relative capability of government and non-government sector organizations (including community-based organizations), can be a significant constraint on the ability to reach and provide services to people (e.g., home-based care, outreach prevention, orphan care, etc.).

Describe how this proposal contributes to overall strengthening and/or further development of public, private and community institutions and systems to ensure improved HIV service delivery and outcomes. ➔ *Refer to country evaluation reviews, if available*.

The evaluation of the previous NACP 2002-2006 has precisely shown, in regard to weaknesses identified in the national response, that the strengthening of capabilities must be considered as a mandatory condition for the success and durability of the program. Also, the NACP 2007-2011 and the hereby request consider, as the Global Fund recommends it, that the strengthening of capabilities of the governmental and non-governmental sectors including social organizations constitute a transversal strategic axis.

Beside, as it is shown by the evaluation of the national response, Algeria, has always tried to develop durably the STI/HIV/AIDS control, since the first case in 1985.

For this, it has been supported by i) the development of a specific organization process for HIV institutional care gradually adapted to the evolution of epidemic, ii) a multi-sectoral approach more or less involving other active governmental sectors and the community in a strategic partnership, iii) the essential resort to mobilization national resoucrces, as international support is only brought to strengthen the national expertise, introduce and develop innovatives interventions, introduce new technologies and supplemental equipment and healthcare products.

Thus, the hereby proposal will be developed in a framework bounded by i) a political choice at the highest state level regularly and publicly proclaimed, ii) an inter-sectoral partnership gradually more active, iii) a national expertise in the governmental sector as well as in the community, especially strengthened, during the previous grant, in the various field of the national response.

This is why, the strengthening of the community's systems and the health system are listed across the 03 goals of the hereby proposal to allow:

- social organizations to improve their performances, to expand and improve their interventions (actions of prevention, outreach toward vulnerable populations, promotion of screening and counseling, psychosocial support…), to develop innovative activities (social marketing of condoms, aid to monitoring…),

The health system structures to provide quality service to the increasing number of anticipated PLWHA. This is why a special focus is placed toward i) a quality continuous training for human resources in various fields of the response ii) acquiring equipment and necessary supplies for diagnosis and performing biological and virological monitoring, iii) the development of supply and distribution lines for healthcare products in order to guarantee a continuous availability of these products.

4.7.2. Alignment with broader developmental frameworks

Describe how this proposal's strategy integrates within broader developmental frameworks such as Poverty Reduction Strategies, the Highly-Indebted Poor Country (HIPC) initiative, the Millennium Development Goals, an existing national health sector development plan, and other important initiatives, such as the 'Global Plan to Stop Tubecrculosis 2006-2015' for HIV/TB collaborative activities.

The hereby proposal is fundamentally based on the NACP 2007-2011 taking advantage of the lessons learmed from the previous national strategic plan, of the increasing national expertise and of new opportunities. The proposal has a double international and national objective.

On the international level, Algeria wishes to take on the challenges of HIV/AIDS control by constantly subscribing to the International Community recommendations in order for the national response to be an integral part of the global fight. Thus, Algeria wishes to develop international actions which are enlisted in the Millenium Declaration for Development, in the UNGASS Declaration of Engagement and in Universal Access. Also, HIV/AIDS control is develop like other millenIum objectives to prioritarly reduce child mortality and improvement of mothers'health within Algeria public health.

On the national level, this proposal fully develops the recommendations from the evaluation of the previous NACP in order to strengthen the key points, make up for the weaknesses of the national response on one side; and on the other side, it is integrated whithin the national plan for the development of the health sector which aims particularly to improve the country's health coverage with a strengthened outreach program, to develop the capabilities of the health system to improve performance and quality of service.

Thus, the hereby proposal is set within a global approach based on promotion and protection of human rights to develop interventions according to international practices and aiming for universal access to prevention, treatment, care and psychosocial support.

These interventions will target prioritarly vulnerable populations in order to strengthen the issue of gender and continue to fight against poverty which is the subject of another important national program.

These interventions are set to develop a social system with an improving performance and strengthen the health system in regards to technical and human capabilities. They will be supported by the improvement of health coverage through access to outreach facilities and quality services through multiplications of CRC and VSC, and improvement of health products supply developed by the state within the frame of the national development plan for the health sector.

4.8. Measuring impact

4.8.1. Impact Measurement Systems

Describe the strengths and weaknesses of in-country systems used to track or monitor achievements towards national HIV outcomes and measuring impact.

Where one exists, refer to a recent national or external evaluation of the IMS in your description.

The evaluation of the existing monitoring-evaluation system including the resources, procedures as well as the system of information gathering and data management, information ciccuit, roles and responsabilities and capabilities bring forth strength as well as weaknesses at all levels as well as the absence of a national database. The problems are related to institutions, organizations and human and material capabilities.

Strength of monitoring-evaluation plan:

For the monitoring-evaluation plan (M&E), biological surveillance is the element best developed, which brings forth impact indicators to prenatal, STI and FSW consultants. An M&E system has always been in place within the Ministry of Health NACP, supported by the existing health system and by indicators selected by the successive different programs. There is an important need for the development of a national M&E system which would include multi-sectoral elements, at different levels with various actors. This system must also address the standards required by the different international Institutions and the donors (GFATM Algeria) in terms of indicators and integrate the UNGASS notion as well as those of the Three Principles with only M&E framework.

Weaknesses of monitoring–evaluation plan:

The human, material and financial resoucrces are not specifically affected by the development of monitoring –evaluation tasks and the competences and capabilities of actors, structures and systems in charge of monitoring-evaluation are sufficiently limited (training insufficiency)

The fragmented characterisitic of the existing HIV/AIDS information systems with a multiplicity of tools, collect, treatment and data analysis, weak reliability for available data and non-availablitity of necessary

information within the required timeframe.
Non-existence of a mechanism of data transfer from the execution structures and cooperation and data development/diffusion and data sharing via a regular HIV-information journal
deficiencies still discernable in the community that has been involved for too long (thematic and nonthematic associations, PLWHA…): Strong monitoring of activities less available due to insufficient training in progam monitoring, necessity for planned supervision and regular visits in the field.
The elements most under-developed are behavioral surveillance, program monitoring and absence of a unified database. The monitoring and supervision of program activities from the Public Sector (Health and other Ministries), from the Private Sector as well as from the Community constitute a great challenge for the developmeent of a futur monitoring-evaluation system.

Corrective measures planned to overcome these difficulties and bring forth technical aid and strengthening of monitoring & evaluation capabilities
All Algerian actors, public, private and civil society show important needs in strengthening of institutions, organizations, techniques and operations. The action plan regarding the strengthening of the monitoring-evaluation progam consists in developing different institution and organization strategies and in strengthening capabilities at different levels, in cooperation with all sectors and speakers of the National Strategy Plan and of the multi-sectoral plan of STI/HIV/AIDS control 2007-2011 (Ministry of Health and other Ministries, Private sector and Associations).

4.8.2. Avoiding parallel reporting

To what extent do the monitoring and evaluation ('M&E') arrangements in this proposal *(at the PR, Sub-Recipient, and community implementation levels)* use existing reporting frameworks and systems (including reporting channels and cycles, and/or indicator selection)?

In order to avoid redundant reports, the monitoring-evaluating the development of the hereby proposal to Round 8 will fall in the framework of the national monitoring-evaluation plan for activities of HIV/AIDS control in the country. This plan describes all pertinent indicators of monitoring and evaluation, data production schedule, managers and data cicrcuit in a well drafted chart. The activities offered in monitoring-evaluation system strengthening workshops will contribute to standardizing data gathering cicrcuit and tools used. For the data of non-health domains, the decentralized structures of the Ministry of health will contribute to data gathering as they have already proven their efficiency. Other standardization workshops for data gathering tools will be organized on a regular basis.

In addition to these activities, trimester cooperation meetings will be organized at the central and decentralized levels which will help avoiding parallel report when needed.

4.8.3. Strengthening monitoring and evaluation systems

What improvements to the M&E systems in the country (including those of the Principal Recipients and Sub-Recipients) are included in this proposal to ovecrcome gaps and/or strengthen reporting into the national impact measurement systems framework?

➔ *The Global Fund recommends that 5% to 10% of a proposal's total budget is allocated to M&E activities, in order to strengthen existing M&E systems.*

The durability of the implemented system is most important; it must be integrated into the National Health Information System. Thus, the hereby proposal will strengthen the activities of the national monitoring and evaluation system in direct cooperation with the monitoring and evaluation system of the hereby proposal.

The request anticipates these outcomes by:

- Strengthening of the STI/HIV/AIDS outbreak notification and declaration system
- Re-opening of sentinel HIV-surveillance sites toward pregnant women, STI consultants and FSW
- More specific surveys over targeted populations, and specifically 2nd generation surveys over priority at-risk groups
- Stimulation of national operations reseacrch

Simultaneously to the M&E system strengthening, a broader cooperation with the social and the private sector is essential. The national strategic plan states that the efficient participation of the community is a determinant factor in the success of STI/HIV/AIDS control. The associations' specialization and their

networks through objective contracts will support the development of their capabilties, the mobilization of financial resources, the integration of a culture of management and monitoring-evaluation. An integrated supervision approach will be installed on all levels supported by missions and objectives to complete within the frame of institutional care and continuum of care.

The 1st PR, INSP and NGO AIDS Algeria, 2nd PR have been selected by the CCM Algeria as Principal Recipients for Round 8. Their human resoucrces will be strengthened and will receive national and international technical support to insure their missions' performance. Thus, the indicators standardization, the data gathering cicrcuit standardization for all speakers (Public, private and associations) are accounted for in a unique monitoring-evaluation system whatever the funding source.

The strengthening of the monitoring-evaluation system is based on the following elements:
Implementation of various institutions, organizations strategies and strengthening of capabilities at different levels by
cooperating with all sectors and speakers of the National Strategy Plan and of the multi-sectoral plan of STI/HIV/AIDS control 2007-2011 (Ministry of Health and other Ministries, Private sector and Associations)

The actors of the action plan are:
CNLS and DPSE/CNLS in charge of coordinating the development of a national STI/HIV/AIDS control policies, its implementation and monitoring-evaluation
Ministry of health whom is an information strategic stakeholder (CNLS with the sectoral unit for AIDS control) and other ministries
Association sector which is in charge of strategic control sectors (prevention, outreach approaches)
Public or private companies (Company Leaders' Forum or CLF)

Development of a monitoring-evaluation system: Information and training will:

Plan for a national manual validation workshop with all institutional sectors and in-the-field actors
Develop regional information seminars about the monitoring-evaluation approach with all actors and partners
Create a training program about monitoring-evaluation tools adapted to various levels of the system (institutional approach)

However, the proposal contributes to the strengthening of the monitoring-evaluation system by organizing workshops, training human resources, computer equipment supply, development of surveillance networks. It also plans for additional technical support.

The next steps in the monitoring-evaluation system implementation with the help of an international expert will consist in:

Create and validate the monitoring-evaluation manual by a participative process
Create a monitoring-evaluation training program: Training program for key stakeholders, especially the Ministry of Health, executive ministries, NGO, about the manual utilization, in order to efficiently implement monitoring and evaluation.
Establish computer program (CRIS) networking between all speakers
Experiment the global monitoring-evaluation system in the field for one trimester, in order to revise the system depending on reactions recorded during the experiment.
Create a detailled plan describing the new additional measures that must be taken by CNLS to pursue and strengthen monitoring-evaluation.

4.9. Implementation capability

4.9.1 Principal Recipient(s)

Describe the respective technical, managerial and financial capabilities of each Principal Recipient to manage and oversee implementation of the program (or their proportion, as relevant).

In the description, discuss any anticipated barriers to strong performance, referring to any pre-existing assessments of the Principal Recipient(s) ***other than 'Global Fund Grant Performance Reports'****. Plans to address capability needs should be described in s.4.9.6 below, and included (as relevant) in the work plan and budget.*

PR 1	National Institute for Public Heath
Address	4, Chemin El Bakr Ben Aknoun Algiers Algeria
During the CCM meeting on May 24, 2008, INSP has been selected as PR for the governmental sectors. This public administrative establishment, with financial and moral autonomy, operates under the MSRH. It develops reseacrch and survey studies for the MSRH. Thus, it includes a professional team specialized in computer management and finances and will call upon national and international technical support during the development of various projects outlined in the hereby proposal.	

PR 2	Association AIDS Algeria
Address	07, Rue Ahcen Khemissa. Algiers Center, Algeria
During the CCM meeting on June 16, 2008, the association AIDS Algeria has been selected as PR for the non-governmental sector. Since its creation, it has been quite active at strengthening its capabilities, proof of the durability of its actions. AIDS Algeria has completed the previous GFATM program as SR for five associations. It includes a trained team able to develop computer and financial programs and has substantial expertise in projects development with other stakeholders, UNAIDS, UNFPA, Embassies of Canada, Belgium, and the Netherlands as well as the European Union. The non-governmental PR will call upon the national and international support during the development of various projects outlined in the hereby proposal.	

PR 3	[Name]
Address	[street address]
[Description]	

➔ ***Copy and paste tables above if more than three Principal Recipients***

4.9.2 Sub-Recipients

(a) Will sub-recipients be involved in program implementation?	☐ Yes ☐ No
(b) **If no**, why not?	
(c) **If yes**, how many sub-recipients will be involved?	☐ 1 – 6 ☐ 7 – 20

	☐ 21 – 50
	☐ more than 50
(d) Are the sub-recipients already identified? *(If yes, attach a list of sub-recipients, including details of the 'sector' they represent, and the primary area(s) of their work over the proposal term.)*	☐ Yes ***[Insert Annex Number for list]***
	☒ No **Answer s.4.9.4. to explain**
(e) **If yes**, comment on the relative proportion of work to be undertaken by the various sub-recipients. If the private sector and/or civil society are not involved, or substantially involved, in program delivery at the sub-recipient level, please explain why.	
MAXIMUM TWO PAGES	

4.9.3. Pre-identified sub-recipients Describe the past **implementation experience** of key sub-recipients. Also identify any challenges for sub-recipients that could affect performance, and what is planned to mitigate these challenges.
NOT APPLICABLE

Clarified Section 4.9.4 **4.9.4. Sub-recipients to be identified** Explain why some or all of the sub-recipients are not already identified. Also explain the transparent, time-bound process that the Principal Recipient(s) will use to select sub-recipients so as not to delay program performance.
Both PR have been selected by the CCM according to the GFATM recommendations regarding two-way funding. Since this is a new request, both PR will take part in the SR at the CCM before the launch of the program. The CCM will validate them according to the same process used to designate the PR. SR selection will be made according to criteria of technical and project management capabilities, in order to avoid delays in the development process of various program interventions. The selection of sub-recipients will be conducted on the basis of criteria taking into account audits, management evaluation and implementation history of the previous proposal. Selection of new SRs that meet the same criteria will also be considered to ensure decentralization of implementation, and de facto the transfer of managerial skills to involve key players in the national response. However, criteria-based selection alone remains inadequate in terms of program performance, as a result we considered technical assistance activities pertaining to the proposal implementation for the PRs and SRs.

4.9.5. Coordination between implementers

Describe how coordination will occur between multiple Principal Recipients, and then between the Principal Recipient(s) and key sub-recipients to ensure timely and transparent program performance.

Comment on factors such as:

- **How Principal Recipients will interact where their work is linked** *(e.g., a government Principal Recipient is responsible for procurement of pharmaceutical and/or health products, and a non-government Principal Recipient is responsible for service delivery to, for example, hard to reach groups through non-public systems)*; and
- **The extent to which partners will support program implementation** *(e.g., by providing management or technical assistance in addition to any assistance requested to be funded through this proposal, if relevant)*.

For this program, traceability of responsabilities of both PR is based on expertise and fields of competency, of each entity in charge of development. The task allocation as well as practical and operations details will be discussed after the agreement signature with GFATM, during the national development workshop.

- The governmental PR will resume its interventions of prevention and institutional care by governmental structures (Ministry of health, CRC and other involved ministry sectors) and the medical care by CRC.
- The civil society PR will be responsible for interventions of prevention and psychosocial care by association structures toward targeted groups, PLWHA and the general population.
- The civil society PR will also take care of strengthening the community (NGO/Associations) to increase and professionalize its intervention through capability strengthening activities, operations aid activities, help and supervision activities, as well as funding interventions of the civil society sector.
- This traceability of responsability allow for the planning of continuous cooperation for the evaluation of the sub-recipients needs, a common evaluation of service sets, identification of indicator to use for each PR, a common performance monitoring and coordination of workshops preparation, which must be simultaneous within a zone of action.
- Thus, the PLWHA under medical care in CRC structures via governmental PR may be refered to civil society organizations whom intervene in CRC. A system of reference and counter-reference is developed in order to better organize the simultaneity of interventions among both PR.
- NGO/Associations will help to the psychosocial support (IGA, judical aid, various supports...) and to strengthen all capabilities (Training on HIV compounds, training on socio-professional re-insertion, association management, IGA management etc…)
- Here cooperation between PR and between sub-PR workers must be set to determine everyone's services, mechanisms of reference and counter-reference, as well as mechanisms of verification of service availability in each party.
- At the sub-recipient level, a traceability of interventions per actions zone for intervention of prevention and institutional care should be developed to avoid duplications, to better follow indicators, to insure a better decentralization and equitable access in all zones and for all categories of the population
- Regular meetings will be planned to analyze and define a set of services for a type of intervention, to insure co-funding of medical needs of the govermental PR and social services and support services to the development structure
- By the civil society PR. Common guidelines with co-funding details could be one solution, with indications to follow for each PR.
- Both PR are already able to implement the program with technical, material and financial supports and human resources.

4.9.6. Strengthening implementation capability

The Global Fund encourages in-country efforts to strengthen government, non-government and community-based implementation capability.

If this proposal is requesting funding for management and/ or technical assistance to ensure strong program performance, summarize:

(a) the assistance that is planned;**

(b) the process used to identify needs within the various sectors;

(c) how the assistance will be obtained on competitive, transparent terms; and

(d) the process that will be used to evaluate the effectiveness of that assistance, and make adjustments to maintain a high standard of support.

*** (e.g., where the applicant has nominated a second Principal Recipient which requires capability development to fulfill its role; or where community systems strengthening is identified as a "gap" in achieving national targets, and organizational/management assistance is required to support increased service delivery.)*

In order to guarantee a favorable environment for the development of the proposal, there will be studies, evaluations, maintenance of the biomedical equipments, technical training, audits, management tools will be acquired in order to guarantee quality of service and respect of the principles and the UNGASS declaration and millenium objectives for development.

During the drafting procedure of the hereby proposal, need for technical support were brought forth, although these have been planned for the strategic plan 2007-2011, they are not covered by other partners. Various sectors, especially the health and association sectors have also noticed this need for technical support as they have been discussed and validated by the national team during the drafting of the hereby proposal. The other necessary technical or management supports as well as PR monitoring and sub-PR strengthening are linked to the implementation.

A recruiting system for international and national consultants is already in place and details the bidding conditions which guarantee transparency and fair competition.

The same applies to the acquisistion of services or equipment or management tools.

Following the international standards regarding tools, a fast acquisition by the recipients, quality and speed of outcomes, satisfaction of the recipients and stakeholders have all been planned for.

4.10. Management of pharmaceutical and health products

4.10.1. Scope of Round 8 proposal	
Does this proposal seek funding for any pharmaceutical and/or health products?	☐ **No** ➔ ***Go to s.4B if relevant, or direct to s.5.***
	☒ **Yes** ➔ ***Continue on to answer s.4.10.2.***

4.10.2. Table of roles and responsibilities

Provide as complete details as possible. *(e.g., the Ministry of Health may be the organization responsible for the 'Coordination' activity, and their 'role' is Principal Recipient in this proposal). If a function will be outsoucrced, identify this in the second column and provide the name of the planned outsoucrced provider.*

In Algeria, bulk purchase of drugs is based on the needs of the Reference Centers (CRC) based on the National Consensus for HIV/AIDS and opportunistic infections therapeutic care for adults and children (2004) and is funded by the state budget. The support requested from Global Fund accounts for 30% of the global drugs needs (ARV and IO) and equipment. The same applies to pharmaceutical products for HIV/AIDS control (condoms).

Now, PCH is the main supply source, as it holds drugs stocks and delivers them to Reference Centers for treatment of people living with HIV. In order to avoid drugs stock shortage, PCH holds a 30% security stock.

For an optimization of the resources, sustained efforts are developed by the national program of STI/HIV/AIDS control (NACP) involved in coordinating aid for the needs planification process.

A technical surveillance committee, comprised of members from PCH, Prevention Office, and CRC managers, is to be created to manage the needs and stock regulation among the different CRC.

Activity	Which organizations and/or departments are responsible for this function? *(Identify if Ministry of Health, or Department of Disease Control, or Ministry of Finance, or non-governmental partner, or technical partner.)*	In this proposal what is the role of the organization responsible for this function? *(Identify if Principal Recipient, sub-recipient, Procurement Agent, Storage Agent, Supply Management Agent, etc.)*	Does this proposal request funding for additional staff or technical assistance
Procurement policies & systems	Ministry of Public Health and Hospital Reform (MSRH) / Hospital General Pharmacy (PCH)	In this proposal, PCH will be in charge of Purchasing, supply and storage according to the drugs management policy applied at MSPRH	☒ Yes ☐ No
Intellectual property rights	Ministry of Industry	INAPI	☒ Yes ☐ No
Quality assurance and quality control	Ministry of Public Health and Hospital Reform (MSRH) /National laboratory for control of Pharmaceutical	LNCPP guarantees quality studies on all samples taken from drugs deliveries before consumption of the	☐ Yes ☒ No

	Products (LNCPP)	products. LNCPP possesses the required quality to carry out expertis (cooperation center accreditated by the WHO)	
Management and coordination *More details required in s.4.10.3.*	Ministry of Public Health and Hospital Reform (MSRH) / Hospital General Pharmacy (PCH)	Through PCH, RP guarantees the coordination of all activities regarding Purchasing management and storage of pharmaceutical products, Equipments and material.	☒ Yes ☐ No
Product selection	Reference Center (CRC)	Product selection is done in the consensus workshop by a committee of national experts selected by the CNLS according to scientific breakthroughs in this field. However, this committee of national experts needs international technical support to adapt the outline of institutional care.	☒ Yes ☐ No
Management Information Systems (MIS)	Ministry of Public Health and Hospital Reform (MSRH)	PCH (i) guarantees the computer storage management; (ii) develops monitoring tools for consumption and storage for all CRC in the country, (iii) guarantees constant exchanges with all pharmacies of CRC (iv) updates the stocks and flux of products for all CRC in the country and keeps them informed.	☒ Yes ☐ No
Forecasting	Hospital General Pharmacy (PCH) and Reference Center (CRC)	PCH guarantees i) constant monitoring and flux analysis of consumption and stocks for all compounds and products, ii) constantly develops exchanges with CRC pharmacies, iii) carries out simulation of needs over time in regards to product consumption trends outlined by CRC, iv) revises and finalizes order previsions according to the national guidelines for HIV/AIDS and opportunistic infections therapeutic care toward adult and child.	☒ Yes ☐ No
Procurement and planning	Hospital General Pharmacy (PCH)	PCH through its supply management guarantees (i) preparation of international	☒ Yes

		bids according to the public markets code, (ii) submission according to the procedure (iii) aproval of contracts before signature, (iv) sending delivery orders to suppliers, (v) reception of deliveries.	☐ No
Storage and inventory management *More details required in s.4.10.4*	Hospital General Pharmacy (PCH)	The stock manager drafts a trimester report, a trimester inventory is also accomplishe. Besides, reports on drugs consumption are drafted every trimester.	☒ Yes ☐ No
Distribution to other stores and end-users *More details required in s.4.10.4*	Hospital General Pharmacy (PCH)	Regional units Make requests to the CNSD, store and supply CRC within their geopgraphic area	☒ Yes ☐ No
Ensuring rational use and patient safety (pharmacovigilance)	Prevention Office (PO) / Reference Center (CRC)	RP, Reference Centers (CRC) linked to the national Pharmaco-vigilance Center	☒ Yes ☐ No

4.10.3. Past management experience

What is the past experience of each organization that will manage the process of supplying, storing and overseeing distribution of pharmaceutical and health products?What experience does each organization in charge of supply, storage and distribution supervision of pharmaceutical and medical products have?

The active Management Plan for Purchasing and Storage allow the Principal Recipient to clarify mechanisms and procedures used in the process of planning, acquisition, storage and distribution of all purchased pharmaceutical and medical products and medical equipment.

Regarding pharmaceutical and medical products and medical equipment, the Management Plan for Purchasing and Storage will be developed by the government Principal Recipient by involving national reference institutions in all steps of planning, quality control (LNCPPC), of pharmaco-vigilance (National Laboratory of Pharmaco-vigilance), of storage (CNSD) and of distribution according to respective competences and tasks.

In fact, the institution of Hospital General Pharmacy (PCH) is in charge of purchasing for the Algerian program. It is a public establishment with industrial and commecrcial elements under control of the Ministry of Health, Population and Hospital Reform, created by executive decree #94-293 dated September 25, 1994. As such, this institution operates according to principles, procedures and regulations controling all public markets in Algeria (Code of Public Markets). PCH is under the double technical control of the Pharmacy Office under the MSPRH andf the National Laboratory for Control of Pharmaceutical Products (LNCPP).

PCH's mission is:

1. Guarantee supply, storage and Distribution of pharmaceutical products
2. Supply CRC after having guarantee quality control
3. Garantee regular supply of pharmaceutical products.

To insure its missions, PCH is supervised by a global management with:

- A central technical office, an office of supplies, a financial and accounting office, an office of audits and a National Storage and Distribution center which manages all stocks activities, as well as distribution and regulation of stocks in 4 regional Centers.

PCH acquires healthcare products according to the active supply regulations procedures and to the principles of good practice and transparency that control pharmaceutical products purchasing.

These standards control competitive bidding, public reception of delivery, commission of commecrcial transfers, search for the best quality/price ratio, various prior and post- controls, draft of accounting documents, account management...

Pharmaceutical products purchasing, as well as drugs to treat PLWHA, are based on offers comparison by the commercial transfers committee. This committee was created by PCH and selects suppliers who offer the best quality/price ratio as well as the best commercial conditions.

Also, prices are compared, as well as payments and delivery methods, product availability and delivery deadlines and above all registration, ATU benefit or at least prequalification from the WHO.
The selected supplier must fit all these critieria.

This procedure is used for all purchased of products, even for small quantities and is outlined based on direct and restricted consultations.

The Ministry of Health knows that a strategy for price reduction must be developed:

- By investigating all possible sources, particularly the signature of an agreement with the Bill Clinton Fundation to benefit of prefered prices given to this institution by the majority of the generic products producers.
- By asking for technical support to analyze prices and develop actions to reduce costs.
- Broaden the consultation to all suppliers fitting the above-mentioned criteria.

Until now, the WHO pre-qualification list was the main criteria used to select products. Thus, it is

necessary to shift the product selection based on the Global Fund purchasing policy, especially for products from a unique or limited source. For this, the involved actors resquest a detailled guideline from the Global Fund policy.

Organization Name	PR, sub-recipient, or agent?	Total value procured during last financial year *(Same currency as on cover of proposal)*
Hospital general pharmacy	PR	$864 000 USD (phase 2)
[use the "Tab" key to add extra rows if more than four organizations will be involved in the management of this work]		

4.10.4. Alignment with existing systems

Describe the extent to which this proposal uses existing country systems for the management of the additional pharmaceutical and health product activities that are planned, including pharmacovigilance systems. If existing systems are not used, explain why.

Quality and capability insurance system

- For the most part, all drugs listed in the Algerian purchasing program plan are imported. This list is updated with the new compounds according to the selection of prescribing doctors.
- The Pharmacy Office of the MInistry of Health, Population and Hospital Reform is the only national institution allowed to regulate purchasing and consumption of pharmaceutical products.
- This institution analyzes all files regarding registration and delivery of Temporary Use Authorizations (ATU) during the period of study and of registration requests processing.
- The national laboratory for control of pharmaceutical products (LNCPP) is the Algerian institution in charge of controlling all imported pharmaceutical products which includes drugs, biological reactants, clinic chemical products, galenic products, wound dressing and all other products necessary to human health as well as all products localy produced according to article 169 of the Law #85605 dated February 16, 1985. It operates inder the inter-ministry decree # 68 dated November 20, 1996. it is comprised of a technical-administrative department, a department of specialized controls, a general administration department and annexes.
- Its activities are: Registration, technical-administrative control, Physico-chemical control, microbiological control, pharmaco-toxicological control, continuous control and inspection.
- The LNCPP is a laboratory accreditated by the WHO
- For quality tests, PCH in charge of imported drugs and pharmaceutical products systematically samples each received lot and submits it for control to the LNCPP.
- The technical committee for pharmaco-vigilance was created by the decree # 51 dated July 10, 1995 as a permanent consultant institution. Its mission is to develop national pharmaco-vigilance surveys, to validate the information from the pharmacology deparment of INSP and to convey the conclusions of the pharmaco-vigilance audits to the president of the national committee for pharmaceutical products lexicon.
- In case of the rejection of a batch of pharmaceutical products, PCH recalls immediately all defective batchs and informs the competent authorities.
- Then, the necessary actions to replace the defective quantities are launched.
- Equipment selection falls under the competence of experts, named by the PR. The same is done for the selected reactants in regards to equipments.
- In case of the rejection of a batch, the drug is immediately removed from health structures and the whole batch is stored in a special storage area with a red tag.
- Until now, the WHO pre-qualification list was the main criteria used to select products. Thus, it is necessary to shift the product selection based on the Global Fund purchasing policy, especially for products from a unique or limited soucrce. For this, the involved actors resquest a detailled guideline from the Global Fund policy.

- The PCH works in accordance to national and international rules of copyrights protection. The PCH will publish the prices, quantities and denominations of its suppliers. All pharmaceutical products imported or localy produced in Algeria for the GFATM are exempt from AVT. The PCH operates under regulations controling general purchasing conditions.

- Simultaneously, the pharmacy office of the ministry of health cooperates with the Algerian National Institute for Industrial Copyrights (INAPI). The INAPI activity is reach over vital domains such as elements of copyrights relating to commecrce (ADPIC), adapted to the regime of the World Commerce Organization (WCO)

4.10.5. Storage and distribution systems	
(a) Which organization(s) have primary responsibility to provide storage and distribution services under this proposal?	☑ National medical stores or equivalent
	☐ Sub-contracted national organization(s) *(specify)*
	☐ Sub-contracted international organization(s) *(specify)*
	☐ Other: *(specify)*
(b) For storage partners, what is each organization's current **storage capability** for pharmaceutical and health products? If this proposal represents a significant change in the volume of products to be stored, estimate the relative change in pecrcent, and explain what plans are in place to ensure increased capability.	
The PCH institution benefits from a 15 000 m2 room-temperature storage facility and 400 m3 of cold storage at the national storage and distribution center which is linked to 4 regional units. The facility is largely sufficient now to cover all storage needs for the national territory.	

(c) For distribution partners, what is each organization's **current distribution capability** for pharmaceutical and health products? If this proposal represents a significant change in the volume of products to be distributed or the area(s) where distribution will occur, estimate the relative change in pecrcent, and explain what plans are in place to ensure increased capability.

After receipt, the storage of pharmaceutical and other products is done in the national storage and distribution center (CNSD) where humidity and temperature conditions are controlled.

- The national storage and distribution center (CNSD) is in charge of quantifying the received mecrchandise and verifying expiration dates as the shelf life of the pharmaceutical products received must be at a date at least 2/3 of the shelf life.
- The PCH delivery cicrcuit of pharmaceutical products is set according to conservation standards, route conditions, stocking and storage conditions in the regional Centers before hospital delivery.
- The pharmaceutical products are periodically inventored. If there is a discrepancy, it is transmitted on to the inventory committee who will take adequate measures.
- Delivery to the client is done by a reprensetative of the pharmacy from the health structure; disposal of the merchandise is made with an invoice and a detailed delivery report.
- In the precise case of GFATM/HIV/AIDS program, the sticker GFATM/free must be placed on every drugs carton and on the health product before delivery to the recipient which is made by the PCH distribution services. The health products, funded by GFATM, are divided and delivered according to the PR distribution.
- Transport is implemented by the PCH logistics which rent vehicules if needed.

Management costs

- The products individual prices offered are the production costs.
- However, other factors may intervene in the purchasing-reception process and delivery of these health products; such as storage-technical control of the pharmaceutical products-orders preparation by the recipient-stickering all drugs and condoms cartons and equipments-delivery, transport…are to be paid by PCH.
- Finally, the mission report of the UNAIDS representatives dated Macrch 19 to 28, 2007 advised a GFATM/PCH agreement up to 10% of the sum allocated to healthcare products for management costs.

4.10.6. Pharmaceutical and health products for initial two years

Complete 'Attachment B-HIV' to this Proposal Form, to list all of the pharmaceutical and health products that are requested to be funded through this proposal.

Also include the expected costs per unit, and information on the existing 'Standard Treatment Guidelines ('STGs'). **However**, if the pharmaceutical products included in 'Attachment B-HIV' are not included in the current national, institutional or World Health Organization STGs, or Essential Medicines Lists ('EMLs'), describe below the STGs that are planned to be utilized, and the rationale for their use.

Yes

4.10.7. Multi-drug-resistant tubecrculosis	
Is the provision of treatment of multi-drug-resistant tubecrculosis included in this HIV proposal as part of HIV/TB collaborative activities?	☐ Yes *In the budget, include USD 50,000 per year over the full proposal term to contribute to the costs of Green Light Committee Secretariat support services.*
	☐ No *Do not include these costs*

4B. PROGRAM DESCRIPTION – HSS CROSS-CUTTING INTERVENTIONS

Optional section for applicants

SECTION 4B CAN ONLY BE INCLUDED IN ONE DISEASE IN ROUND 8 and only if:

- *The applicant has identified gaps and constraints in the health system that have an impact on HIV, tubecrculosis and malaria outcomes;*
- *The interventions required to respond to these gaps and constraints are 'cross-cutting' and benefit more than one of the three diseases (and perhaps also benefit other health outcomes); and*
- *Section 4B is not also included in the tubecrculosis or malaria proposal*

Read the Round 8 Guidelines to consider including HSS cross-cutting interventions.

'Section 4B' can be downloaded from the Global Fund's website here if the applicant intends to apply for 'Health systems strengthening cross-cutting interventions' ('HSS cross-cutting interventions').

ROUND 8 – HIV

5- FUNDING REQUEST

Clarified Section 5.1

5.1- Financial gap analysis - HIV

➔ *Summary Information provided in the table below should be explained further in sections 5.1.1 – 5.1.3 below.*

Financial gap analysis *(same currency as identified on proposal coversheet)* **Note ➔ Adjust headings** (as necessary) **in tables from calendar years to financial years (e.g., FY ending 2007; etc) to align with national planning and fiscal periods**								
	Actual		**Planned**		**Estimated**			
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
HIV program funding needs to deliver comprehensive prevention, treatment and care and support services to target populations								
Line A ➔ Provide annual amounts	**12 000 000**	**12 600000**	**13 230 000**	13 992 000	14 971 144	16 019 124	17 300 654	18 857 712
Line A.1 ➔ Total need over length of Round 8 Funding Request *(combined total need over Round 8 proposal term)*								**81 140 634**
Current and future resoucrces to meet financial need								
Domestic soucrce **B1**: Loans and debt relief (*provide name of soucrce*)	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Domestic soucrce **B2** National funding resoucrces	5400 000	5670000	5953500	4063 778,09	7027001,85	8796453,65	9778977,15	11000401,65
Domestic soucrce **B3** Private Sector contributions (national)				81 275,56	140540,03	175 929,07	195579,54	220008,03
Total of Line B entries ➔ Total current & planned DOMESTIC (including debt relief) resoucrces:	5400000	5670000	5953500	4145 053,65	7167541,88	8972383,7	9974556,69	11220409,68
External soucrce **C 1** (*provide soucrce name*)	00	203 246, 25	246 645	163 245	152 085	00	00	00
External soucrce **C2** (*provide soucrce name*)	203 276	500 000	500 000	500 000	500 000	500 000	00	00

ROUND 8 – HIV

Financial gap analysis *(same currency as identified on proposal coversheet)* **Note ➔ Adjust headings** (as necessary) **in tables from calendar years to financial years (e.g., FY ending 2007; etc) to align with national planning and fiscal periods**								
	Actual		**Planned**		**Estimated**			
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
External soucrce **C3** Private Sector contributions (International)	[redacted]	[redacted]	[redacted]	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Total of Line C entries ➔ Total current & planned EXTERNAL (non-Global Fund grant) resoucrces:	203 276	703 246	746 245	663 245	652 085	500 000	00	00
Line D: Annual value of all existing Global Fund grants for same disease: Include unsigned 'Phase 2' amounts as "planned" amounts in relevant years	1900 000	400 000	2 082 616	00	00	00	00	00
Line E ➔ Total current and planned resoucrces (i.e. Line E = Line B total + Line C total + Lind D Total)	7503276	6773246	8782361	4808298,65	7819626,88	9472383,7	9974556,69	11220409,68
Calculation of gap in financial resoucrces and summary of total funding requested in Round 8 *(to be supported by detailed budget)*								
Line F ➔ Total funding gap (i.e. Line F = Line A – Line E)	4496724	5826754	4447639	9183701,35	7151517,12	6546740, 3	7326097,31	7637302,32
Line G = Round 8 HIV funding request *(same amount as requested in table 5.3 for this disease)*				**8548085**	**6704083**	**5699155**	**5824775**	**5944863**

ROUND 8 – HIV

Part H – 'Cost Sharing' calculation for Lower-middle income and Upper-middle income applicants	
In Round 8, the total maximum funding request for HIV in Line G is: *(a) For **Lower-Middle income countries**, an amount that outcomes in the Global Fund's overall contribution (all grants) to the national program reaching not more than 65% of the national disease program funding needs over the proposal term; and* *(b) For **Upper-Middle income countries**, an amount that outcomes in the Global Fund overall contribution (all grants) to the national program reaching not more than 35% of the national disease program funding needs over the proposal term.*	
Line H ➔ Cost Sharing calculation as a pecrcentage (%) of overall funding from Global Fund **Cost sharing =** $\frac{32720961 \times 100}{81140634}$	**40.32 %**

5.1.1. Explanation of financial needs – LINE A in table 5.1

Explain how the annual amounts were:

- developed *(e.g., through costed national strategies, a Medium Term Expenditure Framework [MTEF], or other basis);* and
- budgeted in a way that ensues that government, non-government and community needs were included to ensure fully implementation of country's HIV program strategies.

Algeria has created a National Strategic Plan (NACP) fighting against HIV 2007-2011. The financial estimate accounts for all overall costs of the NACP programs. These costs have been estimated based on programs needs as well as for stakeholders engaged in the implementation.

Those stakeholders are ministry divisions engaged in action developments, as well as association partners who have help bring forth the financial needs for the activities they are developing in the field as well as the operations needs of the associations.

Within the proposal to Round 8 and in line with the necessities needed to cover all priority need, the engaged parties have stated their needs according to the proposal priorities and the stakeholders' domains of intervention.

The needs met are summarized in the following table on line A. These needs have mainly taken into account the governmental, non-governmental and association sectors' needs for the implementation of the HIV control National Strategy.

5.1.2. Domestic funding – 'LINE B' entries in table 5.1

Explain the processes used in country to:

- prioritize domestic financial contributions to the national HIV program *(including HIPC [Heavily Indebted Poor Country] and other debt relief, and grant or loan funds that are contributed through the national budget)*; and
- ensure that domestic resoucrces are utilized efficiently, transparently and equitably, to help implement treatment, prevention, care and support strategies at the national, sub-national and community levels.

- Years after years, the Algerian government's involvement in AIDS control keeps increasing. On the political front, this involvement is shown at the highest level and is set by important financial backing. Specifically, there is funding for free care and treatments for all PLWHA enrolled in a therapeutic plan, as well as social aid measures, particularly through access to common law funding. (micro-credit, IGA…etc)
- In addition, the national option for Universal Access is a testimony to the equity with which all actors against AIDS work in Algeria.

The national resources are consistently increasing, their enrollment into the Ministry of Health's budget are as many insurance of durability.

5.1.3. External funding *excluding Global Fund* – 'LINE C' entries in table 5.1

Explain any changes in contributions anticipated over the proposal term (*and the reason for any identified reductions in external resoucrces over time)*. Any current delays in accessing the external funding identified in table 5.1 should be explained (including the reason for the delay, and plans to resolve the issue(s)).

- In Algeria, outside funding is mainly provided by SNU which participate in co-funding the launch of specific programs.
- A Belgium bilateral cooperation, for example, has funded a 500 000 euros HIV control

program in Southern Algeria.

- Finally, all associations benefit from the funding for the actions they develop in the field and specifically toward vulnerable populations.

However, these funding remain limited in regards to the needs of the associations asking the Government or the national solidarity to aid their actions.

5.2 Detailed Budget

Suggested steps in budget completion:

1. **Submit a detailed proposal budget *in Microsoft Excel format as a clearly numbered annex*.** Wherever possible, use the same numbering for budget line items as the program description.

   - **FOR GUIDANCE ON THE LEVEL OF DETAIL REQUIRED** *(or to use a template if there is no existing in-country detailed budgeting framework)* **refer to the budget information available at the following link:** http://www.theglobalfund.org/en/apply/call8/single/#budget

2. Ensure the detailed budget is consistent with the detailed workplan of program activities.

3. From that detailed budget, **prepare a '*Summary by Objective and Service Delivery Area*'** (s.5.3.)

4. From the same detailed budget, **prepare a '*Summary by Cost Category*'** (s.5.4.)

5. Do not include any CCM or Sub-CCM operating costs in Round 8. This support is now available through a separate application for funding made direct to the Global Fund (and not funded through grant funds). The application is available at: http://www.theglobalfund.org/en/apply/mechanisms/guidelines/

ROUND 8 – HIV

Clarified Section 5.3

5.3 Summary of detailed budget by objective and service delivery area

Objective Number	Service delivery area *(Use the same numbering as in program description in s.4.5.1.)*	Year 1	Year 2	Year 3	Year 4	Year 5	Total
1.1	CBC – Community Agents and schools	2204980	1289680	1181680	1181680	1181680	7039700
1.2	BCC - Mass medias	512100	462100	440500	440500	440500	2295700
1.3	Condom	567900	547300	547300	547300	547300	2757100
1.4	PMTCT	288200	248600	270200	270200	270200	1347400
2.1	Testing and counseling	960280	979480	909680	928880	928880	4707200
3.1	STI (sexually transmitted infections) Diagnosis and treatment	47000	52000	47000	52000	47000	245000
4.1	Post-Exhibition Prophylaxis (PEP)	240500	86500	71500	71500	71500	541500
5.1	Antiretroviral (ARV) treatment and monitoring	1148636	1040471	634700	634700	842871	4301378
5.2	Care and support for chronic patients	95850	68250	68250	68250	68250	368250
7.1	Decrease of stigma in all contexts	1079240	1038640	749640	749640	755640	4372800
8.1	HSS (health system strengthening) Information system	322500	116400	101400	191400	91400	823100
9.1	strengthening of the social and institutional capabilities	1080899	774662	677605	688725	699642	3921233
Round 8 HIV funding request:		**8548085**	**6704083**	**5699155**	**5824775**	**5944863**	**32720961**

ROUND 8 – HIV

Clarified Section 5.4

5.4 Summary of detailed budget by cost category ***(Summary information in this table should be further explained in sections 5.4.1 – 5.4.3 below.)***

Budget summary by cost category.	*(same currency as on cover sheet of Proposal Form)*					
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Technical and Management Assistance	376700	74200	25000	25000	45000	545900
Procurement and supply management costs	22800	42800	42800	42800	42800	194000
Training	2107060	1452360	1194160	1218360	1213360	7185300
Facilitie and other equipment	489100	121000	0	0	0	610100
Communication Materials	562000	481000	391000	391000	391000	2216000
Planning and administration	1610099	1267462	1014105	1115525	1012442	6019633
Health products and health equipment	1734536	1589471	1386300	1386300	1594471	7691078
Pharmaceutical products (medicines)	718950	718950	718950	718950	718950	3594750
Human resoucrces	232800	232800	232800	232800	232800	1164000
Living Support to Clients/Target Populations	662240	662240	662240	662240	662240	3311200
Monitoring and Evaluation (M&E)	31800	61800	31800	31800	31800	189000
Overheads	0	0	0	0	0	
Other: *(Use to meet national budget planning categories, if required)*	0	0	0	0	0	
Round 8 HIV funding request (*Should be the same annual totals as table 5.2)*	**8548085**	**6704083**	**5699155**	**5824775**	**5944863**	**32720961**

5.4.1. Overall budget context
Briefly explain any significant variations in cost categories by year, or significant five year totals for those categories.
All important variations between the first and last years are explained by action launches, program developments, investment costs and acquisition. The trainers' training also constitute an important cost which is a result of the CCM Algeria's wish to list this proposal in the strengthening of capabilities and capabilities to respond to contemporary and future challenges of the epidemic. Costs of people's aid are also significant because of the choice to intervene on the elements of the epidemic and to intervene on the self-sufficiency of PLWHA through actions of socio-professional reinsertion.

5.4.2. Human resoucrces
In cases where '*human resoucrces*' represents an important share of the budget, summarize: (i) the basis for the budget calculation over the initial two years; (ii) the method of calculating the anticipated costs over years three to five; and (iii) to what extent human resoucrces spending will strengthen service delivery. *(Useful information to support the assumptions to be set out in the detailed budget includes: a list of the proposed positions that is consistent with assumptions on hours, salary etc included in the detailed budget; and the proportion (in pecrcentage terms) of time that will be allocated to the work under this proposal.* ➔ *Attach supporting information as a clearly named and numbered annex*
In the budget, the category "human resources" is rather low. It concerns the strengthening of associations' capabilities, funding mediators' positions that create an efficient interface between the health provider and the patient in order to keep the PLWHA in a program of care and monitoring.
5.4.3. Other large expenditure items
If other 'cost categories' represent important amounts in the summary in table 5.4, (i) explain the basis for the budget calculation of those amounts. Also explain how this contribution is important to implementation of the national HIV program. ➔ *Attach supporting information as a clearly named and numbered annex*
The category « Planning and administration » refers to salaries, fees and charges associated with the strengthening of the developing associations' structures and for the personnel in charge of strengthening the national cooperation and management units of both principal recipients.

5.5. Funding requests in the context of a common funding mechanism

In this section, **common funding mechanism** refers to situations where all funding is contributed into a common fund for distribution to implementing partners.

Do not complete this section if the country pools, for example, procurement efforts, but all other funding is managed separately.

5.5.1. Operational status of common funding mechanism
Briefly summarize the main features of the common funding mechanism, including the fund's name, objectives, governance structure and key partners. ➔ *Attach, as clearly named and numbered annexes to your proposal, the memorandum of understanding, joint Monitoring and Evaluation procedures, the latest annual review, accountability procedures, list of key partners, etc.*
Not applicable
5.5.2. Measuring performance How often is program performance measured by the common funding mechanism? Explain whether program performance influences financial contributions to the common fund.
Not applicable
5.5.3 Additionality of Global Fund request Explain how the funding requested in this proposal (*if approved*) will contribute to the achievement of outputs and outcomes that would not otherwise have been supported by resoucrces currently or planned to be available to the common funding mechanism. *If the focus of the common fund is broader than the HIV program, applicants must explain the process by which they will ensure that funds requested will contribute towards achieving impact on HIV outcomes during the proposal term.*
Not applicable

5B. FUNDING REQUEST – HSS CROSS-CUTTING INTERVENTIONS

Applying for funding for HSS cross-cutting interventions is optional in Round 8

SECTION 5B CAN ONLY BE INCLUDED IN ***ONE DISEASE*** *IN ROUND 8 and only if this disease includes the applicant's programmatic description of HSS cross-cutting interventions in s.4B.*

Read the Round 8 Guidelines to consider including HSS cross-cutting interventions

Download 'Section 5B' from the Global Fund website here if the applicant intends to apply for 'Health systems strengthening cross-cutting interventions' ('HSS cross-cutting interventions') ***in Round 8 and has completed section 4B and included that section in the HIV proposal sections.***

Section	Document description	Annex Number
	[use the "Tab" key to add extra rows if needed]	