Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

PROPOSAL FORM – ROUND 8
(SINGLE COUNTRY APPLICANTS)

Applicant Name	Country Coordination Mechanism – CCM Colombia
Country	Colombia
Income Level *(Refer to list of income levels by economy in Annex 1 of the Round 8 Guidelines)*	Lower-middle income economy Cost-sharing: Form 5.1 of the proposal

Applicant Type ☐ MCP X ☐ MCP subnacional ☐ No miembro de un

Round 8 Proposal Element(s):

	Disease	Title	HSS cross-cutting interventions section *(include in one disease only)*
X	HIV[1]	"Reduced morbi-mortality from HIV/Aids of prioritized high vulnerability populations by means of the strengthening of institutional and community capacity for the supply and demand of quality comprehensive services"	No
X	Tuberculosis[1]	"Expansion of DOTS among vulnerable populations in prioritized areas of Colombia in the framework of the Stop TB initiative and the 'Tuberculosis-Free Colombia 2006-2015' Strategic Plan	No
X	Malaria	"Use of epidemiological intelligence with social participation, in order to strengthen program management, improve diagnostic access and treatment and execution of effective interventions for the prevention and control of malaria"	No

Currency ☐ USD or **X** EURO

Deadline for submission of proposals:**12 noon, Local Geneva Time, - Tuesday, July 1, 2008**

[1] In contexts where the tuberculosis epidemic is related to HIV, 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/

INDEX OF SECTIONS and KEY ATTACHMENTS FOR PROPOSALS

'**+**' = a key attachment for 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** sections 2 and 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 one disease will be included in Round 8. Read* Guidelines for *further information.*

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

+ 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 are reflected in the Round 8 Proposal Form. The *Round 8 Guidelines* explain these decisions in the order they apply to this Proposal Form. The information on these decisions is available at: http://www.theglobalfund.org/en/about/board/

Since Round 7, efforts have been made to simplify the structure and eliminate redundancies 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 - Malaria

1 FUNDING SUMMARY AND CONTACT DETAILS

1.1 Funding summary

Disease	Total funds requested over proposal term					
	Year One	Year Two	Year 3	Year 4	Year 5	Total
HIV	4.926.203	7.328.357	8.161.989	6.816.330	5.634.194	32.867.073
Tuberculosis	7.620.466	4.348.260	3.485.335	3.587.566	3.877.644	22.919.271
Malaria	8.348.539	8.648.553	6.532.199	5.491.628	3.241.247	32.262.167
HSS cross-cutting interventions within *[insert the name of the <u>one</u> disease included in section 4B and 5B only if it is relevant]*	No					
					Total Round 8 Funding Request ➔:	88.048.511

1.2 Contact details

	Primary contact	Secondary contact
First Name	Ricardo Luque	Javier Leonardo Varon
Title	Public Health Management Advisor	Social Community Communicator
Organization	Ministry for Social Protection	Colombian Network of PLWHA - RECOLVIH
Mailing address	Cra. 13 No. 32-76. Piso 14 Bogotá D. C., Colombia	Calle 71 No 6 - 57 Of 302 Bogotá D. C., Colombia
Telephone	+(57-1) 330-5000 Ext. 1424	+(57-1) 7405485
Fax	+(57-1) 330-5050	+(57-1) 5449024 Mobile Phone 3138150117
Email Address	rluque@minproteccionsocial.gov.co	recolvih@yahoo.com
Alternate e-mail address	rluque59@yahoo.com	javierleovaron@gmail.com

1.3 List of abbreviations and acronyms used by the applicant:

Acronym/abbreviation	Meaning
Forms 1 and 2	
U.	University
MPS	Ministry for Social Protection
INS	National Institute of Health
Social Action	Presidential Agency for Social Action
INPEC	National Penitentiary Institute
F.	Foundation
AntiTB - LAC League	Colombian League to Fight Tuberculosis and Respiratory Illnesses
Rotary Club	Rotary Club in Bogotá Historic Downtown
ONIC	Colombian National Indigenous Organization
PLWHA	People living with HIV
RECOLVIH	Colombian Network of People Living with HIV
CRC	Colombian Red Cross
PROFAMILIA	Association for the Welfare of the Colombian Family
PNCT	National TB Control Program
UNAIDS	Joint United Nations Program on HIV and AIDS
SRH	Sexual and Reproductive Health
DSR	Sexual and Reproductive Rights
CIEG	Centre for Interdisciplinary Gender Studies at the Universidad de Antioquia
PECET	(Program for the Study and Control of Tropical Diseases at the Universidad de Antioquia
FCM	Colombian Federation of Municipalities
FENACON	National Federation of Councils
VBG	Gender-Based Violence
LGBT	Lesbian, gay, bisexual, transsexual
PEP	"National Strategic Plan"
(FNSP)	National Faculty of Public Health at the Universidad de Antioquia
Previva	"Program for the Prevention Violence in Valle de Aburrá", at the Universidad de Antioquia
CDN	Convention on the Rights of Children
TB	
Acronym/abbreviation	**Meaning**
MPS	Ministry for Social Protection
PNT	National Tuberculosis Program
CCM	Country Coordinating Mechanism
ICBF	Colombian Institute of Family Welfare
ONIC	Colombian National Indigenous Organization
IEC	Education and Communication Information
INPEC	National Penitentiary and Prison Institute of Colombia
EPC	Penitentiary and Prison Facilities

EPAMS	Maximum and Medium Security Penitentiary Facilities
RM	Imprisonment of Women
PR	Principal Recipient
NPT	National Tuberculosis Control Program
INS	National Institute of Health.
LNR	National Reference Laboratory
RNL	National Laboratory Network
SDA	Service Delivery Area
PAHO	Pan American Health Organisation
UN	United Nations
WHO	World Health Organization
IOM	International Migration Organization
ACNUR	United Nations Refugee Agency
DAHW	Leprosy and TB Relief Association
AIEPI	Comprehensive Care for Childhood Illnesses
SRH	Sexual and Reproductive Health
HIV	Human Immunodeficiency Virus
TB	Tuberculosis
AIDS	Acquired Immune Deficiency Syndrome
KAP	Knowledge, Attitude and Practices
PLWA	People Living With HIV/AIDS
MDR-TB	Multi-Drug Resistant Tuberculosis
XDR-TB	Extremely-Drug Resistant Tuberculosis
TRP	Technical Review Panel
GLC	Green Light Committee
MDG	Millennium Development Goals
PPD	Tuberculin Test
M&E	Monitoring and Evaluation.
ACSM	Advocacy, Communication and Social Mobilization
CONPES	National Council for Economic and Social Policy
DANE	National Administrative Department of Statistics
DOTS/TAES	Closely Supervised Shortened Treatment
UNDP	United Nations Development Program
UBN	Unsatisfied Basic Needs
SISPRO	Information System on Social Protection
SIVIGILA	National Public Health Surveillance System
ICRC	International Committee of the Red Cross
ACDI/CIDA	Canadian International Development Agency
GF	Global Fund
PDL	People Deprived of Liberty
NGO	Non-Governmental Organizations
LAC	Colombian Anti-tuberculosis League
INVIMA	National Institute for Drugs and Food Surveillance
STG	Standard Treatment Guidelines
EML	Essential Medicines List
PPM	Public-Private Alliance
EPI	Expanded Immunization Plan
CBO	Community-Based Organizations
SGSSS	General Social Security Health System

IUATLD	International Union Against Respiratory Illnesses and Tuberculosis
MALARIA	
Acronym/abbreviation	**Meaning**
Sivigila	National public health surveillance system
INS	National Institute of Health
MPS	Ministry for Social Protection
POS	Obligatory Health Plan
COMBI	Communication and social mobilization
RAVREDA	Amazon network for the surveillance of resistance to antimalarial drugs
PAHO	Pan American Health Organization
WHO	World Health Organization
SENA	National Learning Service
AMI	Amazon Malaria Initiative
DCC	Disease control centre
USAID	United States Agency for International Development
DANE	National Administrative Department of Statistics
VBD	Vector-borne diseases
SGSSS	general social security health system
ACT	Artemisinin-based combination therapies
INVIMA	National Institute for Drug and Food Surveillance
ITN	Mosquito nets treated with long-lasting insecticides
PDGU	Primary Data Generation Units
API	Annual parasite index
ACT	Artemisinin-Based combination therapy
PAMAFRO	Global Fund malaria plan for the Andean border regions
GCS	Global Control Strategy
FONADE	Financial fund for development projects
PIU	Project Implementation unit
Sivigila	National public health surveillance system
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PIU	Project Implementation unit
HIV/AIDS	
Note: For translation purposes, we have entered the most frequently used Spanish- and English-language acronyms in the following table.	AIDS - Acquired Immune Deficiency Syndrome AIDS - Acquired Immune Deficiency Syndrome ART - Antiretroviral Therapy TAR – Antiretroviral Therapy ARV - Antiretroviral ARV - Antiretroviral BCC – Behavior Change Communication CCC – Communication for behavioral change CCM – Country Coordinating Mechanism MCP – Country Coordinating Mechanism CDC - Centers for Disease Control (US) CDC (as abbreviated in English) – Centers for the Control and Prevention of illnesses (United States) CONCASIDA – Central American Congress on HIV/AIDS CONCASIDA - Central American Congress on AIDS DfID – Department for International Development DfID – United Kingdom DHS – Demographic Health Surveys DHS – Demographics and Health Surveys GCTH – Horizontal Group of Technical Cooperation on HIV/AIDS TGHC – Technical Group for Horizontal Cooperation on HIV/AIDS HBV- Hepatitis B Virus HBV - Hepatitis B Virus HCV- Hepatitis C Virus HCV - Virus de la Hepatitis C HIV – Human Immunodeficiency Virus HIV - Human Immunodeficiency Virus HR- Harm Reduction RD - Damage Reduction IDB-Inter-American Development Bank IDB - Inter-American Development Bank IAEN – International AIDS Economics Network IAEN – International AIDS Economic Network ICC – Interagency Coordinating Committee ICC - Interagency Coordinating Committee IDU – Injecting Drug User IDU – Injecting Drug User KAP - Knowledge, Attitude and Practice study KAP - Knowledge, Attitude and Practice study M&E – Monitoring and Evaluation M&E – Monitoring and Evaluation MDG – Millennium Development Goals MDG – Millennium Development Goals MoH - Ministry of Health MoH - Ministry of Health MSM - Men who have Sex with Men MSM - Men who have Sex with Men NGO - Non-Governmental Organizations NGO - Non-Governmental Organizations OAS - Organization of American States OAS - Organization of American States PAHO – Pan American Health Organization PAHO – Pan American Health Organization PLWHA - People living with HIV/AIDS PLWHA - People living with HIV/AIDS

	PMTCT – Prevention of Mother to Child Transmission RED-LA – Latin American Network of People living with HIV/AIDS RED-LA – Latin American Network of People living with HIV/AIDS SIDALAC- Regional HIV/AIDS Initiative for Latin America and the Caribbean SIDALAC- Regional HIV/AIDS Initiative for Latin America and the Caribbean STI - Sexually Transmitted Infection SW – Sex Worker TB - Tuberculosis TCC – Technical Cooperation between Countries TRIPS – Trade Related aspects of Intellectual Property rights TRIPS – Trade-Related Aspects of Intellectual Property Rights UN - United Nations UNAIDS - Joint United Nations HIV/AIDS Program on HIV/AIDS UNAIDS - Joint United Nations HIV/AIDS Program on HIV/AIDS UNDP- United Nations Development Program STI - Sexually Transmitted Infection SW – Sex Worker TB - Tuberculosis UN - United Nations

2 APPLICANT SUMMARY (including eligibility)

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

IMPORTANT NOTE:
Unlike in Round 7, eligibility according to 'income level' is set forth in section 4.5.1 (which focuses on poor and key affected populations according to income level), and in section 5.1. (Cost sharing).

2.1 Members and operations

4.1.1 Membership summary

	Sector Representation	Number of members
X	Academic/educational sector	**Three (3)** HIV: National Univ. TB: Univ. of Cauca Malaria: Univ. of Antioquia
X	Government	**Four (4)** MPS, INS, Acción Social, INPEC
X	Non-governmental organizations (NGOs)/community-based organizations	**Four (4)** HIV: Two (2): F. Henry Ardila; F. PREVENSIDA; TB: Two (2): AntiTB League, Rotary Club of Bogota, Historic Downtown
X	People living with diseases	**One (1)** PLWA: RECOLVIH

		Four (4) Women: Casa de la Mujer Foundation Sexual Minorities: LGBT - Corporación Opción "For the right and duty to be"
X	People representing key affected populations[2];	Indigenous People living in poverty and a situations of conflict: Colombian National Indigenous Organization - ONIC Indigenous People living in poverty and situations of conflict: Black Communities in Colombia
		Two (2)
X	Private sector	HIV: PROFAMILIA Malaria: CRC
X	Faith-based organizations	Evangelical Lutheran Church in Colombia - ASIVIDA Reference Centre
X	Multilateral and bilateral development partners within the country	**Six (6):** UNAIDS, PAHO, UNICEF, UNFPA, IOM, International Plan
☐	Others *(please specify):*	
	Total number of members: *(Number must equal number of members in "Attachment C"[3])*	25

4.1.1 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	**X** Yes
(b)	Is there continuing active membership of people living with and/or affected by the diseases?	☐ No	**X** Yes

ATTACHMENT C: Attach certification singed by the person who represents each sector, stating that participation represents the particular sector or community.

See attachments to Attachment C signed by the members of MCP/Colombia: 25 notifications

[2] Please use the Round 8 Guidelines definition of key affected populations.

[3] Attachment C is the document in which the CCM (or Sub-CCM) specifies 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

4.1.1 Member knowledge and experience with interdisciplinary issues

Health Systems Strengthening

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

(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.

The institutions that make up the CCM/Colombia, from the Government and Non-Governmental Sectors, lead and participate in the processes for the formulation and/or execution, evaluation of national and territorial health strategies.

Leadership from the Ministry of Social Protection (MPS), participation of the INS (National Institute of Health) and FONADE, as PR of the government, and the presence of the Presidency of the Republic via Acción Social, gives the CCM the capacity to intervene in the decision-making in the State in order to overcome weaknesses in the health system and obtain solid outcomes;

The advisory work and territorial presence of the multilateral and bilateral Members for development within the country, UNAIDS, PAHO, UNICEF, UNFPA, IOM, International Plan, assists the CCM with effective planning and programming, in which the expectations for outcomes are explicitly specified, in order to overcome the current barriers to care;

The participation of the Academic Sector, the National University, the Universities of Cauca and Antioquia, strengthens the CCM in its policy analysis, strategic planning and lessons learned from collective experience by means of operational and scientific research.

The presence of Non-Governmental Organizations (NGO)/Community-Based Organizations, F. Henry Ardila, F. PREVENSIDA, Colombian AntiTB League, of people living with diseases and that represent the key affected populations, PLWA: RECOLVIH, Casa de la Mujer Foundation, Sexual Minorities – LGBT, ONIC, Black Communities of Colombia, allows the CCM to generate and use strategic information about needs and the impact of health system management for the populations, as well as to carry out suitable follow-up and assessments.

The private sector, represented by PROFAMILIA and CRC, facilitates the expansion of the CCM's policies to private service-providing organizations.

We highlight the following **self-assessments** of some members of the CCM regarding their **capacity and experience for overcoming weaknesses in health systems**:

Ministry for Social Protection: Its mission is the formulation, adoption, management, coordination, implementation, control and monitoring of the Social Protection System, following the general guidelines of the law, development plans and National Government guidelines. The public policies of the Social Protection System are specified through identification and implementation, and, where necessary, of strategies to reduce, mitigate and overcome the risks could arise from natural and environmental, social and economic sources and those related to the job market, life cycle and health, within the framework of the competences assigned to the Ministry. Operation of the Social Protection System includes all obligations; public, private and mixed institutions; norms; procedures and public and private resources, aimed at anticipating, mitigating and overcoming risks affecting the population's quality of life and incorporates the National System of Family Welfare, the General System of Comprehensive Social Security and other systems specifically assigned to the Ministry.

PAHO: Since 1902, the PAHO has been working in the Americas to strengthen the planning and development of health systems. In Colombia, PAHO/WHO work on strengthening synergies with national and international actors, in the definition, incorporation, adaptation, implementation and evaluation of strategies, methodologies and instruments that are aimed at the fulfillment of the MDG in the framework of the country's health system. This includes improvement of access to health services. It also works on developing the national public health surveillance systems and on strengthening the national and sub-national capacity for monitoring fulfillment of the MDG. For such purposes, it has professionals in its representative office and in some of the country's departments.

Universidad de Antioquia: Directs teaching, research and expansion towards health activities as a social product that transforms social realities. Trains professionals in Nursing, Medicine and Surgical Instrumentation, Health Information Systems Management, Health Administration with an emphasis on Health Management, Health Administration with an emphasis on Health Services, Dentistry, Nutrition and Diet, Veterinary and Microbiology, and clinical and public health post-graduate studies and/or PhD's, such as Occupational Health, Health Audit, Epidemiology, Public Health, Epidemiology, Collective Health. The central theme of the training is Public Health for the improved performance of the Health System. Development of research on health systems, related to Epidemiology, Management and Policies, Demography and Health, Culture and Society, Environmental, Occupational and Mental Health.

PROFAMILIA: Its institutional emphasis is on sexual and reproductive health, within the framework of sexual and reproductive rights. Health services are provided with an emphasis on educational processes that involve strengthening in decision-making. Each action or program consist of various components: awareness-raising, training and implementation. In addition to the permanent updating of knowledge, achieved through workshops or using the "Profamilia Educa" virtual tool,

International Plan: Its mission is to work towards strengthening the local capacities of the communities and governments and health sector, educational and social protection institutions. It has more than 40 years of experience in Colombia in direct work with local entities. In the last 5 years, it has carried out advocacy work and lobbying in public policy, through its participation in alliances with the public and private sector.

Fundación Henry Ardila: Since it was founded, the foundation has carried out research, training and promotional work for the health staff of the country's different departments; participated in the democratic processes established for the validation, support and creation of health strategies and planning, in which the multisectoral approach has been considered. Research contributions to highlight are: Degrees of Vulnerability. Factors related to sexual and reproductive health among target groups in social emergency locations in Bogotá. Social mobilization for safe sex in Bogotá. November 2007; Are the people of Boyacá at risk? Factors associated with HIV/AIDS - STI in the department of Boyacá. Departmental Secretariat of Health of Boyacá, Colombia 2007; Prevalence and factors associated with HIV, Syphilis and HBV in groups of men who have sex with other men of Villavicencio and women sexual workers of Villavicencio and Acacias-Goal 2005. Villavicencio, Goal, September 2005.

Colombian AntiTB League: The LAC is celebrating 70 years of service in the country in support of the NTCP. Volunteers receive initiation and training regarding the NTCP, including the operation of the National Health System. Positive results are obtained from the Pre-Tests and Post-Tests that are applied regarding knowledge of the system.

UNAIDS: The principal aim is to strengthen the country's capacity to design, plan, implement and assess national responses to the epidemic. The UNAIDS office in Colombia began operating in 1998 and since then it has carried out coordinated work with national, departmental and municipal public health institutions as well as with civil society organizations. It has facilitated processes to design and draft the three intersectoral national response plans and has contributed to the diagnosis of the existing situation with respect to the path towards universal access and the design and production of relevant programmatic documents. Between May and June 2006, it financed and coordinated the medium-term evaluation of the 2004-2006 national response plan, demonstrating that it is necessary to strengthen investment in preventive actions. It supports small-scale preventive actions, aimed at highly vulnerable population groups, such as MSM, sexual workers, the prison population and military and police forces. With a human rights and gender approach. It has carried out studies and diagnosis about the barriers of access to the health services for PLWA and other groups in vulnerable conditions.

Universidad Nacional de Colombia – Gender School: Wide experience on issues of gender and sexuality, its research group: Interdisciplinary Gender Studies Group, category A, recognized by Colciencias, has conducted research on sexual and reproductive rights, sexual violence and sexual and reproductive health. In regards to the health services, three investigations and experience of interventions could contribute significantly to the development of care perspectives that include questions relating to gender and sexual diversity: Social representations and practices of masculine sterilization. A case study in Bogotá; Sexual Biographies, social representations and practices of masculinity. The case of the Colombian media sectors; Qualitative assessment of sexual and reproductive health programs in youth populations in Bogota and Cali (an interpretation of gender, class, skin color and sexual orientation); and Masculinity, homosexuality, HIV-AIDS and gender identity.

(http://scienti.colciencias.gov.co:8081/ciencia.war/search/EnGrupoInvestigacion/xmlInfo.do?nro_id_grupo=0034908WLMBQRO)

IOM: The presence in Colombia during 50 years, cooperating with the Government, social organizations and development agents, for the benefit of vulnerable groups, due to their condition, gender, ethnicity, age, victims of forced migration, such as the forced internally displaced population and the population seeking international protection near international borders; separated children and young people at high risk of joining illegal gangs, victims of human trafficking, those at high risk and living with HIV/AIDS, victims of intrafamily violence and sexual abuse, has strengthened the technical capacity of the IOM in actions for the reestablishment of rights, social reintegration, risk prevention, construction of care models specialized according to vulnerability type.

RECOLVIH: Its objective is "To improve the quality of life of people living with HIV/AIDS, through political lobbying, social care and services, exchange of experiences, comprehensive prevention, education in HIV/AIDS and rights and obligations, within the context of the defense and protection of Human Rights". For this reason it has set itself up as a notable social movement for HIV-related work in the country. Likewise and as one of the pillars of its action in the country, RECOLVIH identifies, encourages and trains leaders of the country's different regions, for the purpose of

generating citizens' inspection processes of the services and programs of the General Social Security Health System, with special emphasis on programs involving comprehensive care for HIV infection. Since 2007, a program of "community pharmacovigilance in people living with HIV in 7 cities in the country" was implemented and monitored in collaboration with the Fundación IFARMA and, since 2008, with the pharmaceutical chemistry department at the Universidad Nacional of Colombia.

UNFPA: The UNFPA's fourth programmed care cycle (2003-2007) contributed to improving reproductive health and the fight against poverty, violence and social exclusion. In the area of SRH, the Program's theme was the formulation of regulatory frameworks to promote the sexual and reproductive health services. The Ministry of Social Protection is supported in the participative drafting, diffusion, implementation and follow-up of the National Policy of Sexual and Reproductive Health. Due to the country's humanitarian crisis, the Program carried out actions aimed at mothers, adolescents and young people affected by situations of displacement and violence. Through the development and peace programs and other initiatives supported with regional, bilateral and national resources, rights and sexual and reproductive health were promoted and themes relating to HIV prevention were developed in populations undergoing or at risk of forced displacement. With a sociocultural approach and the incorporation of artistic, recreational and/or sports components, communication, information and education strategies were implemented were aimed at displaced women, adolescents and young people.

The fifth cycle (2008-2012) of the UNFPA's cooperation for the country has three components: a) Sexual and Reproductive Health, b) Population and Development and c) Gender. In turn, in the Sexual and Reproductive Health component, products were defined as follows: Product 1: Government and Civil Society strengthened to promote the implementation of the priorities for the National Sexual and Reproductive Health Policy. Product 2: The Government and Civil Society are strengthened to carry out actions intended to control and reduce maternal morbidity and mortality with an emphasis on vulnerable populations. Product 3: The Government, Civil Society and the community recognize promote and make advances in the guarantee of sexual and reproductive health and rights, with special emphasis on women, adolescents and young people affected by displacement and humanitarian situations. Product 4: Intersectoral response at a national and territorial level, with emphasis on obtaining universal goals for HIV/AIDS prevention and comprehensive care. Product 5: Training of educational agents strengthened to promote the exercise of sexual and reproductive health and rights, HIV/AIDS prevention, gender equality and non-violence.

INPEC: Defines health care inside the prisons in light of the regulations that govern this realm, Law 65 of 1993, of the Prison Code. Until the issuance of Law 1122 of 2007, legally defined intersectoral relations did not exist and relied only on the voluntary support of bodies such as departmental and municipal health secretariats with isolated basic activities of promotion and prevention inside prison facilities. It currently works on the regulation of the Law, so that the population deprived of liberty can access the General Social Security Health System.

UNICEF: In accordance with its mandate, UNICEF performs advocacy work before national and local authorities and decision-making bodies and provides technical assistance to territorial entities to lobby for the creation and implementation of public policies related to the care of children and adolescents, in the areas of right to survival and development, education, protection and participation. UNICEF promotes policies for childhood, adolescence and youth, based on evidence, and for this it implements a Cooperation Program with the country in the areas of survival and development, quality education, adolescent development and HIV/AIDS/STI prevention, Humanitarian Action and Protection. This Program is developed in coordination with the Ministries of Education, Social Protection, the National Planning Department and other national bodies, in addition to the departmental and municipal authorities.

UNICEF makes general and particular diagnoses initiated either by the Agency itself, or at the behest of local and national bodies, and establishes, via Devinfo, a system that follows up and monitors the situation of childhood and adolescent rights, an updated synopsis of the situation that enables it to identify institutional needs, strengths and weaknesses and provides technical assistance for the strengthening of institutional capacities in the intersectoral approach to the well being of children in Colombia. From this perspective and concerning HIV/AIDS in particular, UNICEF supports and helps to strengthen the National Response Plan to HIV and AIDS according to its five themes: Promotion and Prevention, Comprehensive Care, Social Support and Protection, follow-up and evaluation of the response; it participates in and implements the United Nations Interagency Council Action Plan on HIV/AIDS; it participates in the CCM and technically supports the fulfillment of the country's goals as part of the National Sexual and Reproductive Health policy and the National Public Health Plan, in its strategies to prevent vertical mother-child transmission, in addition to Friendly Health Services for Adolescents and Young People and the INTEGRA project which seeks, as a management model, to organize counseling and voluntary testing for HIV/AIDS through local health services.

Black Communities of Colombia: Members of the organization undergo health training, with specialized training in the area and work on the development of projects of social interest, with the official sector in the Chocó Department. It works with the community in the implementation of the Tuberculosis and Malaria Diagnosis Network, Comprehensive Malaria Control, Prevalence of Illnesses in the communities within each river basin.

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-national CCM) in **gender,** issues, including the number of members with requisite knowledge and skills in this area.

Public policies that are currently in force in Colombia consider gender equality as a mandate in the National Development Plan 2006 – 2010 "Community State: Development for All" (Law 1151 of 24 July 2007) and in the Conpes Social Policy Paper 91 (National Council for Economic and Social Policy) “Goals and Strategies for Fulfillment of the Millennium Development Goals 2005 - 2015” The country has a wide range of international commitments that expand and supplement national policy and regulatory developments. These include: the Convention for the Elimination of All Forms of Discrimination Against Women, ratified by the Law 51 of 1981; the Inter-American Convention to Prevent, Penalize and Eradicate Violence Against Women, the "Belem Do Pará Convention", approved by Law 248 of 1995. In addition to the above, the Government and representatives of Society have participated in the Action Plan of the Vienna Conference on Human Rights, the Cairo International Conference on Population and Development, and the World Conference on Women, in Beijing, using the resulting documents as a basis from which to establish standards of compliance with the proposals of the human rights conventions and treaties.

The following are public policy commitments that determine the inclusion of gender in the management of the CCM:

- The "National Agreement for Equality between Men and Women" of 14 October 2003, as a consensus process with ministries and other public entities, economic and academic unions, to coordinate the aspect of gender in the programs, projects and budgets, as part of strategies and programs considered part of the National Development Plan and to define the collaboration and cooperation framework with the Judicial and Legislative Branches;
- The "Pact for Effective Inclusion" of October 5, 2005, promoted with the support of the FCM (Colombian Federation of Municipalities), FENACON (National Federation of Councils), GTZ, UNIFEM and FESCOL, as a commitment of the signatory political forces, to empower the role of women in democracy and to specify strategies that ensure, via deliberate actions, their effective inclusion in the formal arenas of power;
- The “Strategic Plan for the Defense of Women's Rights in regards to Justice in Colombia” – 2006 – 2010, formulated with the cooperation of the Community of Madrid. 116 action are proposed to strengthen government actions that favor women's rights and equality on the one hand and, on the other, to implement new actions that improve the application and practice of rights already considered in Colombian law;
- The "Observatory of Gender Issues", which is a permanent mechanism created by the Law 1009 of 2006, for the follow-up, from a gender perspective with respect to government social policy, plans, programs, projects and budgets; to current national norms and international commitments;

We highlight the following **self-assessments** of some members of the CCM regarding their capacity and experience relating to **gender**:

Ministry for Social Protection: The principles that guide SRH policy are: the conception of SRH as human rights, social and gender equality, the empowerment of women and qualification of the demand, allocation and quality for the rendering of services.

PAHO: Includes the gender approach for the development of cooperative actions with the countries concerning prioritized health problems, as stated in many of the organization's technical documents.

University of Antioquia: With a pluralist approach, specialized and inclusive, diverse in terms of ethnicity and social aspects, the institution is open to all population groups, with a social inclusion perspective. The University is. In the 2006-2016 Development Plan, as part of the Strategic Theme 3 - University Society Interaction, the University as a centre of knowledge and a cultural project must be a legitimate expression of the diversity and uniqueness of social and ethnic groups and groups defined by their ideology or religion, and the University shall be open to cultural projection and representations of in a regional, national and international context. Strategic Theme 4 - University Welfare, the welfare policy is aimed at the acknowledgement of and respect for diversity, via the integration of different minorities, ethnic groups, gender groups and disabled populations, promoting conditions for their full

integration into the university community. Contained within it is the CIEG (Centre for Interdisciplinary Gender Studies), which develops the following lines of research: Construction of Masculine Identities, Physical Culture, Public and Gender Policies, Women's Health and Gender Identity Disorders. CIEG's areas of application are health care, urban and rural development, education, economic policy and public administration in general, as well as health planning and management policies.

Research production includes projects with populations of displaced women, HIV - AIDS in indigenous communities, people living with TB patients in the metropolitan area of Valle de Aburrá with monitoring of 2,000 people who have been living with patients for 3 years; studies of the Malaria group and PECET (Program for the Study and Control of Tropical Diseases), in collaboration with the Colciencias research centre and vulnerable groups that include street people and indigenous people, in addition to women and displaced people.

PROFAMILIA: PROFAMILIA has been working on gender issues for over fifteen years. It created the Gender Assessment Office in 1992, linked to the Sexual and Reproductive Rights Program. Since 2003, this office has served as an independent program, called Sexual Health and Gender, which is responsible for three lines of work: Gender-Based Violence - GBV, HIV/AIDS and Sexual Diversity. For sexual and reproductive health services, the implementation of programs that incorporate the gender perspective are very important. This implementation has occurred in two directions: a strong emphasis on awareness-raising for the institution's staff and on training for the development of skills in care and an external projection of care with this component. As evidence of this are the programs developed around GBV, men's clinics and sexual health services are aimed at the LGBT population.

International Plan: The approach of Childhood-Focused Community Development that guides the Plan's interventions, is based upon perspectives of rights, gender and human development. Consistent with these perspectives, the PEP "National Strategic Plan" consists of programs that seek to support the comprehensive development of children in each of their life cycles and that are interrelated to the aforementioned perspectives.

In regards to the Gender Perspective, the PEP proposes that "it will seek to contribute to the elimination of inequalities, abuse, domestic violence and ill-treatment; it will focus on the acknowledgement of sexual and reproductive rights and the acceptance of the need to share family responsibilities; it will seek to overcome the factors that equate masculinity with strength and violence, which will translate into a change of cultural norms to transform the power relations inside families and communities. ..Therefore, a huge commitment is made for all the programs, strategies and actions tied to the gender perspective. For this, the Plan will train its teams in the design and administration of projects with a gender approach. Based primarily on the concepts, beliefs and feelings held by officers themselves on this issue and that prevent them from integrating the gender approach into their behavior and in the performance of their work".

In regards to the health sector, the projects include actions for the promotion and prevention of the diseases in children and adolescents, based on training and mentoring processes to: a) Increase the self-care and self-protection capacities of children and adolescents; b) Improve the capacities of the careers for care and upbringing according to gender and life cycle needs; c) Increase the capacity for management and mobilization of families, communities and other members of civil society - in their position of jointly responsibility for the rights of children and adolescents - to assist their rights and enforceability.

In alliance with other members, they support initiatives aimed at strengthening the capacity of guarantees of rights (governments and institutions) so they can provide better quality services, meeting gender needs and expectations.

Fundación Henry Ardila: The mission considers the promotion of gender equality as a fundamental element. We have worked and supported different investigative processes and processes for the creation of knowledge and strengthening of capacities so this issue ceases to be a problem within the health systems. We highlight the following: Guide to Sexuality for the young people of Acacia. Municipal PAB (Basic Health Care Plan) of Acacias, Meta 2005; Implementation and Evaluation of communication strategy to reduce personal access barriers identified in the investigation "Access barriers to the HIV/AIDS diagnosis and care services in groups of higher vulnerability in the Capital District 2006" in the population of women sex workers and gay men. PAHO 2006;

UNAIDS: Supports specific vulnerability studies about women living with HIV, .about behavior and awareness-raising processes with MSM and specific actions with the transgender population. Supports the strengthening of civil society, with emphasis on assisting the coordination, representation and inclusion of all the groups affected by the epidemic. Meetings of PLWA, women living with HIV and the transgender population are facilitated. For UNAIDS, the LGBT population represents a priority and all the interventions contain some component related to the promotion of the SRR and the reduction of homophobia. It has assisted processes to design and draft the three intersectoral plans for the national response and has contributed to the diagnosis of the existing situation in respect of the route towards universal access and to the design and production of the most relevant programmatic documents.

Universidad Nacional de Colombia – Gender School: Contributes to various reflections about the inclusion of the gender perspective and of the ethnic-racial dimension in the SRH programs. Similarly, the research experience of the group has led to a series of consultancies for public and private entities in regards to socio-cultural phenomena, as well as the fundamentals of the health system that impede the effective application of a gender and ethno-racial perspective in health care systems, prevention programs, direct care and in information, communication and education actions. We mention four of the most relevant products in this respect:

Viveros, Mara and Gil Franklin. (2006) "¿Educadores, orientadores, terapeutas? Youth, sexuality and social intervention" (Educators, teachers, therapists? Youth, sexuality and social intervention) published in Cadernos de Saúde Pública (Public Health Reports), Jan 2006, vol.22, no.1, p.201-208. ISSN 0102-311X.

Nurseries, Mara (2004). El gobierno de la sexualidad juvenil y la gestión de las diferencias (The governance of youth sexuality and management of differences). Reflections based on a Colombian case study. Revista Colombiana de Antropología e Historia. Vol. 40. Año 2004

Gil, Franklin (2006) "Dificultades y oportunidades entre academia e intervención en salud sexual y reproductiva" (Difficulties and opportunities between schools and intervention in sexual and reproductive health) in: Saberes, culturas y derechos sexuales en Colombia (Sexual knowledge, culture and rights in Colombia). Third World. CLAM (Latin-American Centre on Sexuality and Human Rights). Faculty of Human Sciences Universidad Nacional of Colombia. Bogotá. ISBN 958-97851-2-3.

Viveros, Mara and Gil Franklin. (2006) "De las desigualdades sociales a las diferencias culturales. género, "raza" y etnicidad en la salud sexual y reproductiva en Colombia" (From social inequalities to cultural differences, gender "race" and ethnicity in Sexual and Reproductive Health in Colombia), in: Saberes, culturas y derechos sexuales en Colombia (Sexual knowledge, culture and rights in Colombia). Third World. CLAM (Latin-American Centre on Sexuality and Human Rights). Faculty of Human Sciences Universidad Nacional of Colombia. Bogotá. ISBN 958-97851-2-3.

IOM: The Colombian Mission applies the inclusion of gender equality in all its actions, in compliance with Resolution No 932 (LXXI) of the Council of the IOM, through which, in 1995, it approved the inclusion of the gender perspective in its interventions; with adherence to the Policy of the Permanent Inter-Agency Committee which integrates the gender perspective with humanitarian aid, 1999 (E/1998/L, 15 – 16 of July 1998) and the "Guide for the Implementation of the Policy Program for Migrants and the Gender theme" of 2005. As a strategy, the mission's leadership created the "Gender Work Group", composed of gender focal points that promote the differentiated care of men and women in the different programs and projects.

RECOLVIH: Works in a differentiated manner with women and young people who live with HIV and one of its specific objectives is to "Defend, protect and promote the human rights of people living with HIV or AIDS, their partners, families and neo-families." For this reason, it upholds sexual and reproductive rights and the gender approach in each of the actions it moves forward. Within its national structure it counts on the participation of focal points of women, gay men and heterosexual men. In the same way, some of its focal points have participated in building public policies for the LGBT sector in the city of Bogotá.

UNFPA: The UNFPA's fifth programmed care cycle 2008-2012, considers the Gender and Rights Component, which anticipates improvement of the guarantee, protection and reestablishment of sexual and reproductive rights, especially of women and adolescents, via the strengthening of the justice system.

Thus, *Product 8 was defined as follows: Strengthened national capacity to design and implement regulatory initiatives that promote gender equality, protect and guarantee sexual and reproductive rights*. To achieve this, the Program: a) will strengthen the application of the current international regulations and recommendations of the human rights committees, referring to sexual and reproductive rights and gender equality; b) will strengthen the capacities of the Public Ministry and its supervisory duty as a territorial level; c) will promote, with the community organizations, the exercise, political dialogue, social monitoring and enforceability of sexual and reproductive rights; d) will develop alliances with Parliament, the High Courts, national mechanisms for women, the judicial sector, among other actors, to promote sexual and reproductive rights and gender equality; e) will work in strengthening the institutional and community capacity to anticipate, detect and respond comprehensively to gender-based violence, particularly with populations affected by displacement and living in extreme poverty; and f) and will promote the availability and use of standardized information at an inter-institutional level concerning gender-based violence.

UNICEF: has developed conceptual and methodological advances to incorporate the gender approach in programs aimed at promoting, guaranteeing and re-establishing the rights of children, adolescents and young people at the national and local level. It has promoted the rights of women, young people, adolescents and children, via programs to reduce maternal and childhood mortality, strengthening the capacities of indigenous and rural women; supporting children's and young people's participation and organization, implementation of friendly health services for adolescents; educational inclusion projects and protection projects, with an emphasis on prevention and eradication of abuse and sexual exploitation, as well as, in the projects to prevent recruitment, anti-people mines, displacement and different forms of violence associated with illegal armed groups.

For the implementation of its cooperation, it takes into account the national context in light of the guidelines and strategies of the UNIS (United Nations Information Services). It is a member of the Mesa Interagencial del Sistema de Naciones Unidas (Inter-Agency Council of the United Nations System) and of the International Cooperation Council for Gender. It has participated in constructing and implementing the Action Plans for these Thematic Councils and is currently a member of the Agencies that support the implementation of the MDG/Fondo Español en Género (Spanish Gender Fund) project. As part of the Inter-Agency Action Plan, it has supported the strengthening of the gender component in the Agencies' Programs and the strengthening of the Bench of Parliamentary Women, the Law on prevention and attention to violence against women and the generation of knowledge and mobilization around gender themes through Forums and mobilization campaigns.

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 the design of **multisector programs**.

The National Plan for Public Health as a framework for interventions in HIV/AIDS, TB and Malaria is understood to be the product of the mobilization of actors and the coordination and organization of sectoral and intersectoral action. Intersectorality is a principle that is well understood and applied by the CCM/Colombia, “It is the interrelation and organization of the different intra- and extrasectoral actors with the purpose of achieving health results in the most effective, efficient and sustainable way, oriented towards reaching common health targets,” (Decree 3039 of 10 August 2007, Chapter 2, Principles).

The CCM/Colombia indicates in the Round 8 proposal to the GF, as a risk prevention strategy, the development of intra- and extrasectoral coordination and organization action for formulating and executing the prevention strategies for the health risks related to the three (3) illnesses. It is a strategy that applies on different territorial levels and considers the participation of the State and Civil society.

The following **self assessments** of some members of the CCM related to their capabilities and experience in **multi-sectoral planning** are noteworthy:

Ministry for Social Protection: It has the capacity to formulate and develop health advocacy strategies through actions of the IEC, intersectoral and interinstitutional coordination, strengthening of institutional management, strengthening of social participation, research development and improvement of the social support networks.

PAHO: It promotes and supports countries in the development of primary health care, its basic principle is the participation of all sectors that influence health factors.

University of Antioquia: It is organized intersectorally in extension projects with Departmental and Municipal Health Secretariats, the Secretariat of the Environment, Regional Autonomous Corporations, Companies providing Home Public Services, the National Ministry of Education, the Ministry for Social Protection, the Ministry of Environment and Territorial Development, Colciencias and international organisms, such as the WHO and PAHO.

The University allows alliances between university departments and the creation and consolidation of interdisciplinary groups with interinstitutional and intersectoral organization capabilities oriented at the identification of and interventions into priority problems of social and cultural development. By spreading knowledge and practices in the community in general, its validity and pertinence are tested and constant feedback processes are generated with the medium. For example, the National Faculty of Public Health (FNSP) carries out projects such as PREVIVA (Prevention of Violence in the Aburrá Valley), epidemiological surveillance in hydropower projects; atmospheric pollution with town halls; environmental and consumption risk factors in Medellín; network of public health policies in the country, communities of the rural subdivisions of Medellín with occupational and environmental risks, among others.

PROFAMILIA: The health system has deficiencies in its approach to problems because it lacks a multisectoral sense that strengthens effective responses. For PROFAMILIA it is clear that working on issues related to sexual and reproductive health requires a multiple commitment. Private institutions, like us, and the State through specific departments such as the Ministries of Education and Social Protection must act.

At local level, the operative and ideological distance between the health and education secretariats is usually evident. Protection as a fundamental axis of infection transmission prevention must be accompanied by education processes that allow the strengthening of life projects and responsible decision-making, which approach these realities with a gender perspective and allow differentiated work with men and women. This is one of the strengths of the institution in work with young people.

The institutional emphasis is on sexual and reproductive health within the framework of sexual and reproductive

rights. Health services are provided with an emphasis on educational processes that involve strengthening in decision-making. Each of the existing actions or programs in the institution has various components: awareness-raising, training and implementation. in addition to a permanent updating of knowledge through workshops or virtual tools: “Profamilia Educates”.

International Plan: The most recent experiences of the Plan are represented in: a

- Participation in the construction of the national policy for early childhood and the management of the Law on childhood and adolescence through the National Childhood Alliance comprising nearly 20 national, international and community public and private institutions.
- Participation in the International Cooperation Alliance with the Attorney General of the Nation to provide conceptual and methodological tools to the territorial technical teams responsible for the formulation of the development plans, for the inclusion of the public policies and guidelines within the framework of the law on childhood and adolescence, as the responsibility of the State.

UNAIDS: With respect to HIV, it is absolutely necessary to implement preventive programs that are multisectoral and cover both the health aspects and the social and individual vulnerabilities of the most affected groups. The key to stopping HIV lies in promoting RSR, gender equality and opportunities for everyone, the elimination of the barriers caused by stigma and discrimination and the rights of people living with the virus or with someone who has the virus. UNAIDS works in accordance with all these axes and in this direction it has contributed to the proposal construction for Round 8.

Universidad Nacional de Colombia – Gender School: It has implemented various intervention and research projects oriented at formulating projects involving various social actors: State, civil society, international organisms, base organizations, associations of affected populations, such as the Integral Intervention Program of Intrafamily and Sexual Violence in Bogotá D.C. and the project Woman, Gender and Human Rights. Reflection and Dialogue: A regional experience. Likewise, it has been very important both for the School of Gender Studies and for the experience of the projects financed by the GF to have advised on the pilot project for the construction of an intersectoral response in sexual and reproductive health, with emphasis on prevention of and care for STIs/HIV/AIDS, with young people and adolescents resident in receptor communities of displaced populations in Colombia (pilot project for the execution of the project approved in the Second Round by the GF).

IOM: “Migration and Health” is one of the accompanying or transverse activities in the “Migration Management” carried out by the IOM through their different programs. On grounds of interdependence between exercising the right to health and quality of life and as a necessary condition for promoting the socio-economic development of the populations subject to its intervention, it cooperates with State entities and humanitarian, human rights and development actors, committed to guaranteeing the exercise of the right to health with ethnic and gender perspectives, creating conditions to improve the Colombian capacity to provide services within in the framework of the General System for Social Security in Health, with long-term sustainable solutions in post-emergency situations and humanitarian care during the emergency.

RECOLVIH: From the first version of an Intersectoral HIV Response Plan for the country (Intesectoral HIV/AIDS Response Plan. Colombia 2004-2007) to the most recent National HIV/AIDS Response Plan. Colombia 2008-2011), The network has actively participated in the formulation, monitoring and evaluation of this intersectoral program. Likewise, since the first version of the National Country Coordinating Mechanism (CCM), the RECOLVIH has participated in an active, well-argued and propositional manner in the formulation of proposals before the Global Fund. Proof of their capability working intersectorally is the CCM Vice-President who has held the post for 3 years.

UNFPA: The Country Program 2008-2012 was created to respond to the national priorities and take into account the objectives for Colombia within the Assistance Framework of the United Nations for Development (MANUD) and the UNFPA strategic plan 2008-2010. The design of the Country Program Action Plan took on a management focus aimed at results and an effort was made to construct visions of the future and divide the Program's mission to make them real, in a participative manner emphasizing national capacities. These are expected to be developed in the different governmental institutions and social organizations with which they envisage working over the coming years. For this the Scope Mapping method was used[4] to formulate the achievements in terms of changes in the capacities and in the execution of actions for each of them, which were concerted through four consultations, planned and held in coordination with the Foreign Office and the Presidential Agency for Social Welfare and International Cooperation (Social welfare).

UNICEF: Its world experience in Cooperation Programs conceived within the framework of human rights enables it to approach the analysis and proposal of solutions to the situation of childhood with a comprehensive and suprasectoral perspective. UNICEF has been working in Colombia since 1950 providing support to the institutions and communities to guarantee girls', boys' and adolescents' rights to health and nutrition, education, protection, participation and a healthy environment. Its main strategies are advocacy, technical assistance, strengthening of capacities, service

[4] Scope Mapping is a method of planning, monitoring and evaluation for programs implemented by the Canadian International Development Research Centre.

delivery, intersectoral alliances and social mobilization and communication. UNICEF sets its actions around four program areas: “Child Development and Survival”, “Quality Education, Adolescent Development and HIV and AIDS Prevention” and “Humanitarian Action and Protection” and “Public Policies, Monitoring and Evaluation”. From these programs, multisectoral and interagency activities are carried out based on of principles of Human Rights (HR), The Convention on the Rights of the Child (CRC) and the Convention for the Elimination of Discrimination Against Woman (CEDAW). It has participated in the design of Interagency Projects, in conjunction with the national and local governments, in issues of youth, entrepreneurship and migration, development and multicultural matters, environment, governability, security and gender.

Black Communities of Colombia: Intersectoral experience in the formulation and execution of the Integrated Malaria Control project approved by El Fondo de Inversión Social (The Social Investment Fund) and in the formulation of the Chocó Department Development Plan.

2.2 Eligibility

4.1.1 Application history

'Check' one box in the table below and then follow the further instructions for that box in the right hand column.

x	Applied for funding in Round Six and/or Round Seven **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” and fill it in.*** *(Do not fill 2.2.2 to 2.2.4 in)* ➔ ***Then also fill in sections 2.2.5 to 2.2.8 below.***

4.1.1 Transparent proposal development processes

➔ ***When answering these questions, refer to the document “Clarifications on CCM Minimum Requirements Round Eight”.***

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

(a) Describe the process(es) used to **invite proposals** 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.)*

To achieve transparency in the process of **requesting contributions** for the GF Round 8 proposal, with the participation of the interested parties in both governmental and non-governmental sectors, to understand the impact of the illnesses and reach a consensus on the content of the proposal, the following actions were developed:

1) The CCM, using the GF/Round 8 guidelines, will draw up the proposal of indicative activities that direct the requests for contributions for the proposal construction and will distribute it among the member entities of the CCM. See:

Appendix #1 – Section 2.2.2 (a) - “Indicative Activities for presenting proposals for Round 8 of the Global Fund to Fight AIDS, Tuberculosis and Malaria”

2) Composition of the Editorial Subcommission of the **Malaria** Subcomponent, Round 8 to the Global Fund, ensuring the participation of twelve (12) institutions, represented by twenty-one (21) people. Of the parties involved in editing the proposal, fifteen (15) technical staff represent member institutions of the CCM; six (6) of the parties do not belong to the CCM. See:

Annex #2 – Section 2.2.2 (a): “Directory of members of the **Editorial Sub-committee for the Malaria Sub-component**, Global Fund - Round 8”.

3) Composition of the Editorial Subcommission of the **TB** Subcomponent, Round 8 to the Global Fund, ensuring the participation of thirty-two (32) institutions, represented by thirty-six (36) people. Of the parties involved in editing the proposal, eight (8) technical staff represent member institutions of the CCM; twenty-eight

(28) of the parties do not belong to the CCM. See:

Annex #3 – Section 2.2.2 (a) - Directory of Members of the **Editorial Sub-committee for the TB Sub-component**, Global Fund - Round 8

4) Composition of the Editorial Subcommission of the **HIV/AIDS** Subcomponent, Round Eight to the Global Fund, ensuring the participation of thirteen (13) institutions, represented by fifteen (15) people. Of the parties involved in editing the proposal, nine (9) technical staff represent member institutions of the CCM; six (6) are interested parties that do not belong to the CCM. See:

Annex #4 – Section 2.2.2 (a) - Directory of Members of the **Editorial Sub-committee for the HIV/AIDS Sub-component**, Global Fund - Round 8"

5) Decision-making shared between the government PR: National Health Institute - FONADE and representatives of the three (3) subcommissions – TB, Malaria, HIV/AIDS, writers of the GF/Round 8 proposal, with respect to **proposals based on a programmatic focus and centered on results and Health Sector strengthening activities – HSS**, according to the information corresponding to the following items of the GF proposal form:
3.4: Colombian policies related to each disease;
4.1: Colombian strategy for the prevention, treatment, care and support for the disease;
4.3: Deficiencies and needs per program and of the health system with respect to each program;
5.1: Current and future resources, analysis of financial gaps;

The following results obtained are noteworthy:

a) The actions for strengthening the health sector (HSS) were developed in each program following the instructions of the Round 8 guidelines and, amongst other reasons, because the geographic and population focus differs in the 3 diseases and because it does not apply if each disease has well defined SDAs. Neither sections 4B for activities nor section 5B on funding shall be acknowledged;
b) The government PR (INS) has assigned a civil servant to participate in every editorial subcommission of the Round 8 proposal to provide coherence and respond to the weaknesses of the health sector included in the proposal for each disease: José Pablo Chaparro – Malaria, Cesar Castiblanco – TB, Carolina Villalba – HIV/AIDS;
c) The actions related to TB – HIV/AIDS coinfection shall be included in the TB program;
d) Each proposal per disease shall include between 5 and 10% of the total value as monitoring and evaluation action. The subcommissions shall have technical assistance from the INS to draw them up;

Annex #5 – Section 2.2.2 (a): "Working Table on the governing principle of the GF/Round 8 funding: proposals based on a programmatic focus that is centered on results – HIV/AIDS, TB, Malaria – 23 May 2008"

6) **Consulting the territorial authorities on HIV/AIDS intervention.** Communication sent by the Ministry for Social Protection – Directorate General of Public Health to the department or district health secretariats of the following territorial entities: Antioquia, Atlántico, Bogotá, Bolívar, Caldas, Cauca, Cesar, Córdoba, Chocó, Guajira, Huila, Magdalena, Meta, Nariño, Norte de Santander, Quindío, Risaralda, Santander, Sucre and Valle del Cauca. The following information was requested:

a) If there is availability and interest in participating in the initiative.

b) Installed capacity in the Department Health Secretariat with available human resources, differentiating civil servants and contract staff devoted to the area of Sexual and Reproductive Health and HIV/AIDS.

c) Definition of a minimum of 5 municipalities that would take part in the project, for which it is advisable to take into account factors such as: disease load, vulnerability factors in RSR, installed capacity, guarantee of reaching the population levels defined for each of the vulnerable populations (with the exception of prison inmates) and commitment to supporting and monitoring the actions of the project, working with civil society organizations. (Appendix Form 2).

d) Drafting for the department of a list of recognized bodies with work in social projects and development with at least 2 years' experience, preferably with experience in preventive projects in sexual and reproductive health and specifically in HIV/AIDS, and that can act in the municipalities selected for the implementation of the project, including public and private, academic, non-governmental and community-based organizations, that involve the participation of vulnerable populations.

Annex #6 - Section 2.2.2 (a): “Document addressed to the departmental or district health secretaries of the following territorial entities: Antioquia, Atlántico, Bogotá, Bolívar, Caldas, Cauca, Cesar, Córdoba, Chocó, Guajira, Huila, Magdalena, Meta, Nariño, Norte de Santander, Quindío, Risaralda, Santander, Sucre, and Valle del Cauca – HIV/AIDS”.

7) **Consulting the territorial authorities on TB intervention.** Communication sent by the Ministry for Social Protection – Public Health Directorate – Prevention Program, to the Health Authorities of 16 Departments, the Capital District and 2 Special Districts, requesting the commitment of the Territorial Authorities in the development of the TB actions included in the proposal presented to the Global Fund Round 8. The priority given

to the departments and municipalities will correspond to a prior coordination process with the Directors of the Program in each Secretariat for Health.

Annex #7 – Section 2.2.2 (a): "Document addressed to the departmental or district Secretaries of Health of the following territorial entities: Bogotá, Cauca, Córdoba, La Guajira, Nariño, Sucre, Tolima, Cesar and Amazonas, Valle del Cauca, Bolívar, Magdalena, Sucre, Santander, Cesar, Cordoba, Choco, and Nariño" - TB.

(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.)*

The process used for **revising the proposals received** was the following:

Editorial Sub-Committee on Malaria:

1) Annex # 8 – Section 2.2.2 (b) - "Minutes 1: Editorial Sub-committee for the Malaria proposal - GF/Round 8 - 23 and 24 April, 2008". The editorial committee of the Malaria proposal to present in Round Eight has been constituted; the participants for the Malaria component in the CCM, the proposals of the Departments of Chocó, Valle, Cauca and Córdoba to include in the proposal and the observations of the proposal presented in Round Seven have been revised.
   a. Agreements: a letter of commitment for their participation is requested from the departments; the Afro-Colombian communities in the proposal and in the CCM are represented by Dr. Zulma Bejarano.
   b. The weaknesses identified by the reviewers of Round Seven shall be adopted in the Round Eight proposal.
   c. Juan Martín Hamioy is elected as the new representative of the National Indigenous Organization before the CCM and the Malaria proposal.
   d. To strengthen the participation of the Departmental Health Secretariats' representation before the CCM, the principal representative is chosen to be Dr. Adriana Olaya, Entomologist of Cauca Secretariat for Health.
   e. Representing the academic sector, Dr. Lisardo Osorio of the Public University of Antioquia was named as the new principal representative before the CCM;

2) Appendix # 9 – Section 2.2.2 (b) - "Minutes 2, Editorial Subcommission for the GF/Round 8 Malaria proposal, 6 May 2008": the work groups are formed for drawing up the proposal taking into account the expertise of each of the participants in the subcommission:
   i. Diagnosis and treatment: INS, Liliana Cortes and her team, MPS, Dr. Mauritius Sánchez, ICMT, Monica Jiménez, PECES University of Antioquia, Dr. Iván D. Velez – Amanda Maestre, CIDEIM pending confirmation of the person.
   ii. Protection with long-term treated awnings: INS, Ligia Lugo, MPS Julio Padilla, UNAL, Martha Quiñónez, PECET University of Antioquia, Idaly Fonseca.
   iii. Information – epidemiological surveillance: INS, Pablo Chaparro, Salua Osorio, FNSP University of Antioquia Yolanda López, MPS Enrique Sabogal, PAHO José Pablo Escobar.
   iv. Education – COMBI Strategy: INS, Nohora Rodríguez, Albania Lurán and Viviana Ceron, FNSP University of Antioquia Lisardo Osorio, MPS Mauricio Vera, OPS José Pablo Escobar.
   b. Agreements: Each of the 5 departments (Antioquia, Córdoba, Chocó, Cauca and Valle), with the support of the department Coordinator of the Program for Malaria and other VBDs, must call the institutional and social actors - key departmental communities, to inform on the proposal drawn up and consult the needs and commitment to support, to strengthen the surveillance, prevention, care and control of Malaria within the framework of the proposal for Round 8 (documenting the call and the minutes of the meeting in writing with signatures and interviews held, to later hand in to the secretariat).
   c. It is expected that the National Program for Prevention and Control of the VBDs and the departmental health secretariats of Antioquia, Córdoba, Cauca and Chocó present in writing the SWOT analysis of the Malaria component of the VBD control program, where the main needs for its strengthening shall be noted (**the Valle Secretariat for Health has already presented it**);

3) Annex # 10 – Section 2.2.2 (b) - "Minutes 3: Editorial Sub-committee for the Malaria proposal - GF/Round 8 - 15 May, 2008"
   Agreements:
   a. Before 31 May 2008, the departments shall send the meeting minutes and participants of the calls to institutional and social actors.
   b. Before 31 May 2008, it must have the approval of the representatives of the Afro-Colombian and Indigenous populations.
   c. The subgroups formed must bring developments in their issues for discussion in the next meeting;

4) Appendix # 11 – Section 2.2.2 (b) - "Minutes 4, Editorial Subcommission for the GF/Round 8 Malaria proposal, - 22 May 2008": revision of the proposal of the Hipólito Unanue, PAMAFRO agreement to present at Round Eight.

a. Conclusion: the departments given priority by PAMAFRO are different from those prioritized by the Country proposal; there is no crossover of activities;

5) Annex # 12 – Section 2.2.2 (b) - "Minutes 5: Editorial Sub-committee for the Malaria proposal - GF/Round 8 - 23 May, 2008". meeting in IOM for presenting proposals of all the components.

Agreements: adjustment of the proposals according to the observations made by the different parties involved in the roundtable discussions. See Appendix #5 – "Committee for work on the governing principle of the GF Round 8 aid: proposals based on a programmatic focus that is centered on results – HIV/AIDS, TB, Malaria – 23 May 2008"

6) Annex # 13 – Section 2.2.2 (b) - "Minutes 6: Editorial Sub-committee for the Malaria proposal - GF/Round 8 - 23 May, 2008". adjustments to the proposal with the support and consultancy of Dr. Gustavo Bretas, expert in Malaria from the PAHO/WHO.

Editorial Sub-Committee on TB:

1) Annex # 14 – Section 2.2.2 (b) - Minutes 1 - TB. Review of the observations of the Technical Review Panel (TRP) from Round 7 and recommendations and guidelines for Round 8. Meeting held at PAHO headquarters on 5 April, 2008.

2) Annex # 15 – Section 2.2.2 (b) - Minutes 2 - TB. Constitution of the editorial committee's coordinating team for the Round 8 TB component submission. Participating in the drafting of the document were representatives of the departmental and district TB programs, as well as NGO's and government organizations. Each section will be analyzed jointly after a documental revision. Meeting held in the MPS on 12 April.

3) Annex # 16 – Section 2.2.2 (b) - Minutes 3 - TB. Review and adjustment of the work plan for presenting the TB proposal to the GF/Round 8, in which tasks and responsibilities were defined. Meeting held at PAHO headquarters on 18 April, 2008

4) Annex # 17 – Section 2.2.2 (b) - Minutes 4 - TB. Round Table with INPEC to participate in Round 8, defining the interventions to be made with the project's target population: People Deprived of Liberty (PPL) and the prisons and penitentiaries. Meeting held at INPEC headquarters on 22 April, 2008.

5) Annex # 18 – Section 2.2.2 (b) - Minutes 5 - TB. Definition of the target population in a meeting of the TB sub-committee and agreed upon in consultation with the departments and districts (health secretaries). The Project is aimed at the Afro-Columbian population, people displaced by violence, indigenous population and PDL. Meeting held at PAHO headquarters on 24 April, 2008

6) Annex # 19 – Section 2.2.2 (b) - Minutes 6 - TB. Discussion, analysis and prioritization of strengths and weaknesses of the TB Prevention and Control Program and of the General Social Security in Health System in Colombia. Working Tables held on 4, 5 and 6 May. In the TB sub-committee headquarters.

7) Annex # 20 – Section 2.2.2 (b) - Minutes 7 - TB. Definition of the departments and municipalities where the project will be implemented, based on population indicators, illness and mortality rates, UBN (Unsatisfied Basic Needs), etc. In total, 16 departments, 3 districts and 174 municipalities were prioritized for the interventions defined in the project. Meeting held on 8 May in the MPS.

8) Annex # 21 – Section 2.2.2 (b) - Minutes 8 - TB. Definition of Objectives and SDAs. 4 goals and 9 SDAs were defined that respond to the identified problems. Meeting held on 14 May at TB Sub-committee headquarters.

9) Annex # 22 – Section 2.2.2 (b) - Minutes 9 - TB. Drafting of the proposal in daily all-day meetings from 19 May to 10 June. Documental revision, analysis and group discussions were carried out to define the sections of the proposal. Meetings held in the TB Sub-committee headquarters.

10) Annex # 23 – Section 2.2.2 (b) - Minutes 10 - TB. Define aspects related to organizations' representatives, patients, community, etc. Conclusions: 3rd objective: To strengthen the systems and empower people affected by TB and the communities in the prioritized populations; it shall be clarified that it is easier to provide coherence and compose a solid and "achievable" proposal if it includes few objectives. The needs of human resources development to generate managerial and analysis capacity in the system agents at the different levels and strengthen monitoring and evaluation for the adequate use of resources and the sustainability of the actions, and all the SDAs defined in objective 2 of management to be included as SDAs of objective 1 of DOTS strengthening and to leave in objective 2 only "Strengthening of the Health System with one SDA of medications and supplies management, as in the Round Seven proposal, a section that was well-received by the TPR". Use the logic framework as a reference for planning the activity within the context of the vulnerable population. Meeting held at the PAHO on 22 April 2008.

11) Annex # 24 – Section 2.2.2 (b) - Minutes 11 - TB. Coordination with the PRs to define the process of assigning functions and budgets to each PR to ensure an excellent use of resources and the strengthening of the

operational capacity of the public PR. Meeting held at the head office of the IOM on 18 June 2008.

HIV Editorial Subcommission:

1) Annex # 25 – Section 2.2.2 (b) - Minutes: TB Sub-committee. In the meeting on 30 April, the members of the committee that had already been constituted approved and commented on the key documents for drafting the Round 8 proposal that had previously been circulated. In short, the following main points were dealt with:

- Consultation with civil society on the needs and priority actions in the area of health services, drugs and successful strategies with respect to prevention and promotion. It was decided to make some changes to the consultation instrument to make it more useful for the proposal construction and effectively provide the elements deemed necessary.

Appendix # 26 – Section 2.2.2 (b) - Consultation instrument for the needs of the community, deficiencies and barriers in health care, and priority action in prevention, treatment, care and support for HIV/AIDS, to be considered and integrated into Colombia's proposal for Round Eight of the Global Fund.

- It was mentioned that the consultation instrument was applied in the meeting of the committee of the NGO that works in HIV, on 28 April 2008.

Appendix # 27 – Section 2.2.2 (b) - Meeting of the Committee of NGOs working in HIV and AIDS, 28 April 2008, Colombian League for the Fight Against AIDS.

- Meeting of the NGO committee, organized at the Colombian Red Cross, held on 7 May and in which the consultation instrument was applied. It was decided that the institutions would circulate the instrument by e-mail to all contacts possible in civil society.

Annex # 28 – Section 2.2.2 (b): Meeting of the Table of NGO's on HIV and AIDS, 28 April, 2008, Liga Colombiana Contra el Sida. Colombian Red Cross

- Decision to contact and establish an alliance with the GLBT committee and representatives of sexual minorities, so that they are involved in the process of drafting and implementing the Round 8 proposal.
- Observations were made on the actions to take to respond to the weaknesses identified by the TPR in Round 7 and it was decided to focus the work on these points; in particular it was decided to concentrate the work on developing how to work with key affected groups, also based on the results of the consultation with civil society.
- It was decided to keep the original architecture and structure of Round 7, reducing the number of components to concentrate the intervention on health and community services.
- The priority population groups in Round 7 were revised and the opportunity of eliminating the nature of “assurance” as an element necessary to be considered for the project was debated.
- With respect to the sub-recipients, it was agreed that at that moment it was impossible to make a selection and, like in Round 7, the reference terms for future selection and a list of potential sub-recipients would be identified.

Appendix # 29 – Section 2.2.2 (b) – Minutes, HIV Subcommission, 12 May 2008. In short, the following main points were dealt with:

- The Community Centers for the GLBT population were presented as a successful and innovative experience, which could be introduced into the project.
- The progress in the status of the consultation with civil society was described.
- It was decided to train two work subcommittees: one focusing on the offer and strengthening of community services and one referring to health-care services.
- The interest of the GLBT committee in being linked to the Round 8 process was reported.

In the following weeks the subcommittees met and, in the community services subcommittee, a matrix of activities was drawn up that constituted the basis for the revision of objectives and activities. In the meeting on 4 June the matrix and a work proposal was presented.

Appendix #30 – Section 2.2.2 (b) - Minutes - Meeting of editorial committee for HIV and AIDS Round 8 Global Fund - Colombian League for the Fight Against AIDS, 4 June, 9 a.m. - 5 p.m.

Appendix #31 – Section 2.2.2 (b) - Developments as at 4 June 2008 in the operational plan for the GF/Round 8 proposal construction.

Annex #32 – Section 2.2.2 (b) - Presentation toward an operational plan. The activities were revised and adjustments were begun on the structure, distributing tasks among the attendees.

Annex # 33 – Section 2.2.2 (b) - Memo: meeting of the HIV Sub-committee for Round 8, Liga Colombiana Contra el Sida, 10 June 2008, 9 am- 2 pm. At the meetings on 10 and 12 June, the project's operational plan was reviewed and

the structure was directly worked on, incorporating changes into the text and in the formulation of objectives and activities. The coherence was verified between all the components.

Annex # 34 – Section 2.2.2 (b): Table of project planning and operational plan, Round 8 Colombian proposal, HIV/AIDS component. Worked on by the sub-committee in the meetings from 10 to 12 June, 2008.

Annex # 35 – Section 2.2.2 (b) - Memo: Meeting of the Sub-committee on HIV, Round 8, Liga Colombiana Contra el Sida, 12 June 2008, 9 am - 2 pm. In particular, the benefits of having different sub-activities for Lesbian, Gay, Bisexual and Transgender (LGBT); Men having Sex with Men (MSM); homeless people; and sex workers populations was discussed. Finally, it was decided to leave the community centers separate from the listening centers, on the condition that these services would have a special focus on young people and on gender issues The need for clarification on how MSM services would be developed was stressed.

Annex # 36 – Section 2.2.2 (b): Operational plan, Round 8 Columbian proposal, HIV/AIDS component. Worked on by the sub-committee on 12 June, 2008.

From this moment on, it was decided to incorporate the matrix in the Round 8 project form and circulate the file by e-mail to all members of the editorial committee and other experts in HIV, holding progress meetings.

(c) Describe the process(es) used to guarantee **input** from persons or parties involved **that are not members of the CCM** (or the sub-CCM) in the process of **drafting the proposal**. *(If a different process was used for each disease, explain each process.)*

1) With the objective of **consulting on the needs of involved people and parties that are not members of the CCM**, deficiencies and barriers to accessing health-care and social services, and the priority actions for preventing, treating and providing care and support to the people that need it, in the three (3) diseases, the following key affected populations were consulted:
   a) 58 women's organizations, including those that protect women on the fringes of the law who are attacked. National coverage;
   b) 60 Non-Government Organizations of people in situations of forced internal displacement. National coverage;
   c) 144 Faith-based organizations, churches and faith communities. National coverage;
   d) 18 care centers for young people and adolescents disassociated by the internal violence generated by the presence of illegal armed agents, through the Disassociated Childhood Attention Program of the IOM. National coverage;
   e) 30 Community Committees of Afro-Colombian people through the Ethnic Component – Transversal Axis of IOM. National coverage;
   f) 15 Indigenous populations through the Ethnic Component – Transversal Axis of IOM. National coverage;
   g) ASCOFAME – Colombian Association of Faculties of Medicine;
   h) Request for support for the Presidential Reintegration Program for consulting people reintegrated through the IOM. National coverage;

See:
Appendix # 37 – Section 2.2.2 (c) - “Results of the consultation of involved parties and people on the needs, deficiencies and priority actions to consider in the Round Eight proposal of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria”;

Appendix # 38 – Section 2.2.2 (c) - "Directory of Indigenous Communities - CCM/Colombia Consultation of State and Society on proposals for Round 8 of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria";

Appendix # 39 – Section 2.2.2 (c) - "Directory of Afro-Colombian Communities - CCM/Colombia Consultation of State and Society on proposals for Round Eight of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria.

Appendix # 40 – Section 2.2.2 (c) - "Directory of Religious Organizations - CCM/Colombia Consultation of State and Society on proposals for Round Eight of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria”;

Appendix # 41 – Section 2.2.2 (c) - "Directory of Women's Organizations - CCM/Colombia Consultation of State and Society on proposals for Round Eight of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria”;

Appendices # 42, 43, 44, 45 – Section 2.2.2 (c) - “Directories of Displaced Persons – Consultation”

2) With the objective of deeper consultation with the parties and people involved, the Editorial Subcommission of the HIV/AIDS Component made a further consultation on needs, access barriers and quality of services and priority actions.

Appendix # 46 – Section 2.2.2 (c) - “Results of the consultation with parties and people involved on the needs, deficiencies and priority actions to consider in the Round Eight proposal of the Global Fund - HIV/AIDS” and
The situation of HIV and AIDS in Penitentiary Centers and Prisons Bogotá Focus Group. Drawn up by: Fundación Procrear, June 2008.

Annex # 47 – Section 2.2.2 (c): "Network Directory - Consultation CCM-Colombia - HIV/AIDS."

Appendix # 48 – Section 2.2.2 (c) - “Directory of Undetectable Databanks, HIV organizations 2008”

Annex # 49 – Section 2.2.2 (c): "Directory of organizations working on the HIV/AIDS issue in Cali".

(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 the diseases applied for.	**Malaria** – Annex # 50 - Minutes: Inclusion of the results of consultations on the 3 diseases." **TB – Appendix # 51** Minutes, Inclusion of results of consultation on 3 diseases, 5 June 2008, MPS. **HIV** – Appendix # 52. “Minutes, Incorporation of the results of the civil society consultation in the proposal for Round 8, 19 June 2008, Venue: Colombian League for the Fight Against AIDS”. In the meeting on 19 May, the results of the general consultation with civil society and that of HIV were reviewed. It was verified that almost all of the suggested priority actions, within the scope of the proposal, had been incorporated and what could not be incorporated was justified.

Malaria – Appendix # 50 – Section 2.2.2 (d) - “Minutes, Inclusion of the results of the consultation with parties and people involved on the needs, deficiencies and priority actions in the Malaria proposal for Round Eight of the Global Fund”. In addition to inclusion of the contribution to the proposal construction process described in the section 2.2.2. (b), the Malaria Subcommission analyzed the results of the consultation on the needs, deficiencies and priority actions considered in the proposal for Round Eight of the Global Fund and included the following contributions:

i. Distance of the paths to the diagnosis stations. The following activity was included in the proposal: expanding the Malaria diagnosis network using rapid tests that will be applied by community agents (Indigenous or Afro-Colombian), trained for this purpose.
ii. There is no form of communications (telephone, fax) to notify of deaths due to Malaria. The acquisition of means of communication, which will be used by trained community agents that will also notify of cases of Malaria from local level to the INS, was included in the proposal.
iii. Women were identified as a vulnerable population. A strategy of reimpregnation of long-term treated awnings starting with women who are the head of their household to provide sustainability to this action of Malaria prevention was included in the proposal.
iv. The need to revise the current notification system to implement the modifications necessary to make them more functional was identified. An objective was included in the proposal to respond to the

strengthening of the information subsystem including Malaria information analysis for decision-making.

v. The need to guarantee the free diagnosis and treatment for the population was identified. The purchase of drugs that guarantee the prompt treatment of people with Malaria was included in the proposal and the educational strategy was strengthened through the objective of social mobilization so that the people recognize their right to a free diagnosis and treatment made available to them by the national government.

vi. The need for education to prevent Malaria was identified. An objective was included in the proposal of social mobilization that seeks to increase the use of awnings and improve aid for prompt diagnosis to guarantee the prompt treatment of people with Malaria.

TB – Appendix # 51 – Section 2.2.2 (d) - Minutes, Inclusion of results of consultation on 3 diseases, 5 June 2008, MPS.

The following is noteworthy:
Taking into account the problems and possible solutions exhibited by the community, the people affected by TB, their families and their relatives, the proposal of the Tuberculosis Component is presented to Round Eight of the GF, which will intervene in the situations identified by the communities through the following activities:

- The proposal plans to coordinate with the civil, religious, military and government authorities for the development of joint actions that favor the quality of life and the access to social and health-care services of prioritized populations.
- Coordinating with the insurers to facilitate vulnerable populations' access to health-care services and that the program activities related to the diagnosis and treatment are carried out in one single institution, as far as possible, to provide high quality integral care.
- Training for professionals, technical staff, promoters and the community in general on tuberculosis, how it is transmitted, diagnosed and cured and all the elements necessary to improve the quality of the care and the opportunity in risk identification, and demystifying Tuberculosis in the way it is handled in the community.
- Providing the laboratories of the prioritized municipalities with equipment and supplies to guarantee the appropriate taking, processing and delivery of the results of the sputum smears.
- Managing the guidelines and operational staff of the institutions to extend the opening hours for the laboratory and the administration of medicines.
- Acquiring means of river transport in the Chocó, Amazonas and la Sierra Nevada de Santa Marta areas: (2 motorboats with 100 hp outboard motors) to facilitate the mobility of the health team and their patients and their families when they require health interventions.
- Supplying a daily stipend for transporting and feeding patients in conditions of extreme poverty.
- Advising and supporting the patients and their families for forming organizations that allow them to develop productive processes that improve their living conditions.
- Adapting temporary housing so that patients that come from the more distant regions can stay with the family for the time required for diagnostic or treatment procedures.
- Always having first and second line medicines available for treating cases of TB and MDR TB, and guaranteeing adequate conditions for their storage and distribution to territorial entities.
- Carrying out massive communication campaigns so that the general population learns about Tuberculosis and does not discriminate against people affected by the disease.
- Training community leaders to support the patients in the daily administration of the medicines and to promptly identify adverse effects to send them for medical evaluation.

HIV – Appendix # 52. – Section 2.2.2 (d) - "Minutes of incorporation of the results of the civil society consultation in the proposal for Round 8, 19 June 208, Venue: Colombian Anti-AIDS League". The results of the general consultation to civil society and that of HIV were reviewed. It was verified that almost all the priority actions suggested had been incorporated, that they were within the scope of the proposal, and what could not be incorporated was justified.

The following elements/matters/recommendations were not incorporated, for the reasons specified:

- In the general consultation on the 3 diseases, the need was mentioned to work with emphasis on boys, girls and adolescents, which is not included in the proposal as it was considered that they are the object of the SRH policy covered with resources from the national budget. In case of children with HIV, UNICEF and the MPS are leaders in the diagnosis and management that does not form a specific part of this project.
- Other age and ethnic groups are not included either, as there is no information that considers them determining variables for the project and the proposal is focused on vulnerable groups.
- Regarding the recommendation of including universities and education centers, these have been designated as partners and targets for processes of training and educating human resources.
- The consultation includes recommendations on mother to child transmission and care during pregnancy and birth, that is not part of this proposal as there are specific projects aimed at these groups.
- Some recommendations refer to structural results that the project is not responsible for guaranteeing, such as the prioritization of the public health or the creation of a national program for HIV-AIDS.

All the others were incorporated, or the activities correspond to the problems or barriers identified.

CCM – Annex # 53 – Section 2.2.2 (d) - "CCM Minutes # 85 – 25 June, 2008": Approval of the 3 components.

Each member of the CCM approved the three (3) components of the proposal. There was no objection. Each component group agreed to hold meetings the following day to verify that the packages with their annexes were complete. Finally, it was approved that the document shall be sent from the ONUSIDA office by e-mail and in hard copy on Saturday 28 June at midday.

4.1.1 Processes to oversee program implementation

(a) Describe the process(es) used by the **CCM** (or Sub-CCM) to **oversee** program implementation.

The following is the process approved by the CCM, according to the session on 13 June 2008.

Appendix # 54 – Section 2.2.3 (a) - "Minutes # 83 of the CCM – 13 June 2008".

5. Presentation of the articulations of the Governmental PR (between INS and FONADE) and of forums between the CCM and the non-Governmental PR.

An organizational chart was presented (attached to the Minutes) which shows the organization between the entities of the government PR and between the non-government PR and with the CCM. These spaces in particular must allow for suitable supervision and monitoring of the grants.

The structure has been designed thinking along the lines of financing that must be channeled towards the areas of institutional strengthening, management and distribution of supplies through the government PR and towards the IEC component, communication campaigns, production of materials, support for community centers, among others, through the non-government PR.

It was proposed and approved that the CCM must request financial support for a technical secretariat to support the functions of the President of the CCM. The proposal was approved that each of the PR shall have an operational committee, which will have a direct connection with the executive committee of the CCM. The operational committee, for its administrative formalities, will consult the reference terms under which the processes of buying or contracting goods or services shall be carried out with executing entities. These terms will be drawn up with members of the coordination unit selected for each component approved and participation from members of the CCM task forces, which will later have with the backing of the executive committee. Similarly, for the assessment and qualification processes of proposals, the operational committee of the principal recipient (whether government or non-government) shall provide support through members of the management teams and CCM.

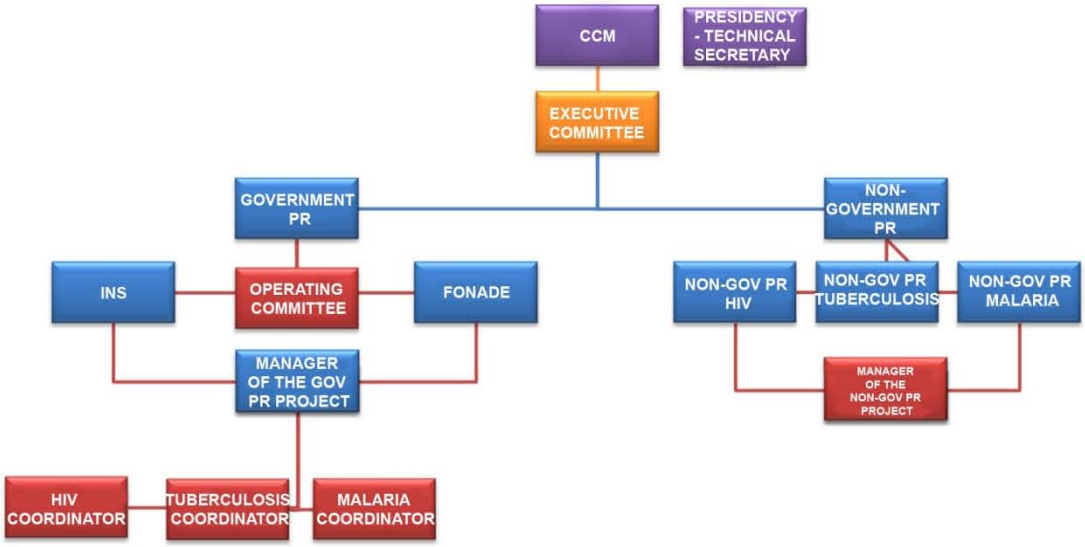
It is important to take into account that in spite of being 2 different PR with separate activities, every component approved gives details of only one project. Therefore, it is necessary to reconcile the action plans and timelines of both PR, in conjunction with the reporting of events and tracking indicators, for which it is necessary to form a roundtable where there will always be members of the government PR, the non-government PR and the CCM.

In total there are five points of control for the CCM to accompany the PR and the monitoring of the proposals approved:

- The task force committees of the CCM support the coordination teams in drawing up reference terms, according to the component approved.
- The executive committee, which approves the Reference Terms and gives the orders for the operational committees of the PR(s) to go ahead.
- Members of the CCM that due to competence, and without conflicts of interest, take part in the teams responsible for evaluating and qualifying the proposals the PR receives, for the contracting of goods and services.
- Members of the executive committee coordinate and participate in the roundtables for harmonizing the work of the PR.
- Members of the CCM by virtual means, or in presence when relevant, approve the substantive reports that after approval from the LFA are sent to the Global Fund.

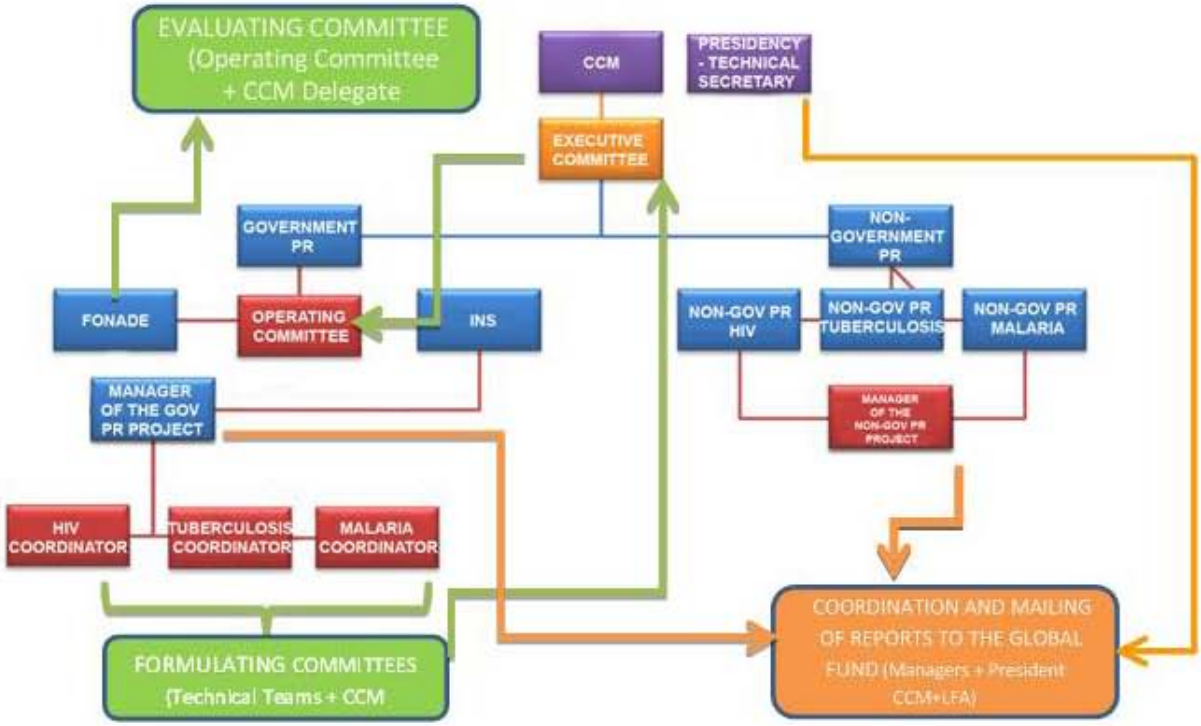
The CCM must approve the reports in English, with an executive summary in Spanish for the people who do not understand English. This summary may be published on the web pages of the institutions to receive feedback from civil society.
This structure forces clarification of two points of the regulation approved, that are not substantial, but explanatory. The CCM approves this structure and the following organization:

Government PR organizational chart – Coordination with non-government PR by disease



Note: the item "HIV NON-GOV PR" does not apply.

Government PR relationships with non-government PR by disease



Note: the item "HIV NON-GOV PR" does not apply.

(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 participation from the parties involved **other than CCM (or Sub-CCM) members** in the **ongoing oversight** of **program implementation shall be guaranteed in the following way:**

1) Application of the spaces and strategies that CCM members propose, according to the result of the consultation on the regular feedback process the CCM members use to share information with their sector and with

institutions and populations subject to the intervention, that, according to the mission, are not part of the CCM and require the care, accompaniment and support;

2) Social Control in the System for Social Protection: spaces for participation and control social, supervision in the Collective Interventions Health Plan;

3) Proposal of "Civic Participation in the Health System and Exercise of Community Drug Surveillance". Taken from the Community Drug Surveillance Program. Reference document. Vaca, C. Simbaqueba, J. Lopez, J. Barriga, M. IFARMA-RECOLVIH. 2007. Bogotá.

The CCM members were consulted on 3 June 2008, through **a written communication to every CCM member, signed by JAVIER LEONARDO VARON, Vice-Chairman of CCM/Colombia, RECOLVIH**

The proposal by institution is the following:

Henry Ardila Foundation: Drawing up reports that are handed out in the periodical meetings of the NGO committees, sending e-mails.

PAHO: Maintaining a fluid relationship with its public and private partners of the health sector and related sectors, including planning by consensus (Estrategia de Cooperación con Colombia [Strategy of Collaboration with Colombia], current and disclosed document 2006 – 2010) and monitoring with the Ministry for Social Protection of the collaboration actions.

International Plan: From the year 2002 the Plan participates in various national and local coordination spaces with actors from different sectors, such as those of international cooperation: the childhood alliance and the health committee of the Humanitarian Action Plan. It is from these spaces where it will be possible to maintain the mechanisms of information with the sector.

Colombian AntiTB League: The Boards of the League at National, Sectional and Local level carry out field visits with a guide for supervision and in an acceptable percentage they are accompanied by a civil servant of the NTCP. It is also a requirement of the visit that a report is presented. As to the proposal for the supervision of the Program, we feel a magnificent induction, high quality in field work with very good integration are indispensable, taking into account that this consultancy activity must have, in addition to knowledge and experience, magnificent relationships and great human quality.

Universidad de Antioquia: Good use shall be made of the strengths in the area of communication that it has in the different regions of the Department of Antioquia, in decision-making authorities of Colciencias and the Ministry for Social Protection, through the interinstitutional relationships of the municipal administrations.

UNICEF: The various documents such as the strategic lines, the Annual Report, The State of the World's Children, the Situation Room for the Facts strategy and rights with indicators of the national situation for childhood and adolescence, and intersectoral meetings, account for the projected data, its development and update and the progress of the targets. In the same way, the permanent technical assistance from UNICEF to the local government and social organizations of the 11 departments prioritized in its Country Program, allow them to maintain regular and direct feedback with the sector of childhood, adolescence and youth policies.

UNAIDS: Within the United Nations there are two key spaces for HIV information feedback. The first scenario is the Thematic Group, attended by the representatives of all the system agencies involved in the subject of HIV. In particular, the heads of the 10 agencies that co-sponsor ONUSIDA and the heads of the others agencies that want to work in HIV. The other scenario is the interagency technical team, composed of the focal points of the agencies in HIV. The focal points of the agencies with quotas within this mechanism participate in the CCM.

Profamilia: was an implementing entity of Round 2 in 11 towns in the country. To monitor the execution of the process in the institution the management and monitoring of the whole process in each town was delegated to the Gender and Sexual Health Program. There was an on-going and dynamic accompaniment that enabled it to recognize difficulties that arose and intervene promptly. An integral part of the CCM is being able to recognize the situations that occur in the country and to provide local support in the towns where we have offices (29 towns). The monitoring and evaluation processes must be the responsibility of the project manager, PROFAMILIA could help with the organizations with which it is working at local level, so they get to know the project and become involved in it. The experience acquired with the local alliances from Round Two could be profitable for facilitating communication with parties involved that are not CCM members.

National University: It will continue to provide its expertise to the successful development of the projects led by the CCM, especially those referring to issues of gender and sexual and reproductive rights. It will continue to offer research input on issues related to the projects and it will continue in a critical role regarding the interventions in health, especially those referring to sexual and racial prejudices that are reproduced in the practices of health intervention, thereby contributing to social theory to understand health-disease processes as social and political

questions. On the other hand, it will continue sharing, is it has done, information on the GF projects through the national and international networks to which it belongs or is close to, such as those of sexual and reproductive rights, gender, PLWHA and sexual minorities. It will continue to be available to supervise in the field of the projects developed within in the framework of the GF, to advise sub-recipients, to increase awareness of local authorities and agents on the issues of the projects with a view to generating political willingness and promote intersectoral alliances. The main proposal is to take full advantage of the aforementioned networks and, through them, receive feedback. The School of Gender Studies has not only been close, but has been part of social movement spaces of women and sexual minorities.

UNFPA: In the development of the projects consultation processes are created for the planning, monitoring and evaluation that fall to authorities of national or local order depending on the agents involved. Within the development of the projects directive and technical authorities are created of which their function is to accompany the actions executed. All the coordination actions carried out are within the framework of the aid program of UNFPA to the country 2008-2011, which defined a number of priorities derived from consultation with the sectors, institutions and organizations that are committed in the issues of population, sexual, reproductive and gender health, central components of the UNFPA mandate.

IOM: It is uncountable that the context of violence directly influences the situation of human rights and worsens the conditions and resources of the state to guarantee the public health service under its responsibility. In this sense, it is particularly important to promote collaboration between various state and social forces in order to find creativity and institutionalize sustainable processes, the identification of priorities to guarantee a coordinated response in the provision of services, technical assistance and the systematic monitoring of the national and territorial processes and projects aimed at overcoming access and quality barriers detected and strengthening the response to victims and people in need of care and support. In this sense, from the various programs that the IOM cooperates in and their offices in the territories, information for key affected populations and the spaces for your participation and inspection will be generated.

INPEC: The Health Division within the framework of the Promotion and Prevention Programs has designed a document that provides guidelines for national prison establishments for the implementation of the Programs including those related to the issues of HIV and TB. They mainly emphasize information strategies through educational sessions and the search for support from the territorial entities, to strengthen the work each establishment does. These actions are supported with the allocation of resources to the largest establishments with the greatest number of interns, which enables them to carry out the laboratory examinations and HIV screening. The work is done exclusively with the prison population. In these actions the family is not involved. With respect to the care, training is held annually in High Cost Policy management, which covers the care of people living with the virus and every establishment has the information for reporting new cases, supplying drugs and everything related to HIV care.

Black Communities of Colombia: It will support the supervision of the implementation through the following strategies:

In the forums and meetings, which are held annually and six-monthly, at National Level and in the Departments, attended by all the base organizations, representatives from each sector (The representative of Black Communities before the CCM Colombia is a representative from the health sector) who must provide information on their work. Other areas that consult and report on progress and development of the activities of the representatives are the National Committees, in this case, The National Committee for Health for Black Communities and the On-going Committee for Health Promotion in Black Communities.

The **Social Control in the System for Social Protection** shall be created according to that determined in Decree number 3039 of 2007 (10 August 2007), which adopts the National Plan for Public Health 2007-2010:
Principles, page 7: Social participation. "It is the intervention of the community in the planning, social control and management and evaluation of the Plan. The effective link to the population must be promoted to guarantee that priorities in territorial well-being and health corresponded to the needs felt in social groups, and that these are specified in the territorial health plans.

Policy line number 4. Pages 13, 14:

- **Supervision in health and knowledge management.** This is understood as the set of systematic and constant processes of collection, analysis, interpretation and distribution of information, and research into identifying the health needs of the population and the response of the services for improving the health and quality of life of Colombians. The supervision in health consists of the supervision processes in public health, supervision in health at work, health supervision and inspection, supervision and control of the management of the General System for Social Security in Health (SGSSS).

- **Inspection, supervision and control of the management of the General System for Social Security in**

Health (SGSSS). The inspection, supervision and control of the management of the General System for Social Security in Health (SGSSS) is the set of standards, agents and processes organized among them, along the axes of financing, insurance, provision of services, user care and social participation. This process is led by the National Supervising Authority for Health. Supervision in health, by applying all its processes and components will generate knowledge on the health situation of the Colombian population, which will allow the Ministry for Social Protection in conjunction with the model of general development to adjust the National Public Health Plan. This line demands the development of individual, group and organizational learning processes for the generation, application and appropriation of this knowledge. This brings a dynamic understanding of the relationship between knowledge, the subject known and the environment in which it works to achieve a positive transformation of the reality. It requires the construction of alliances between the health sector and sectors such as education, environment, water, and communications, among others, for the innovation and introduction of new technology. The generation of knowledge will be supported on the health information system and research, fundamental processes in the National Plan for Public Health, and aims to identify the health needs of the population and their determining factors. The evaluation of results aims to monitor the degree of appropriation, execution and on-going improvement of the sectoral and extrasectoral policies defined in the National Plan for Public Health and its impact on individual and collective health. It includes the verification of compliance with management indicators, the results and the programmed resources, according to that established in the evaluation system that the Ministry for Social Protection defines in compliance with Article 2 of the Law 1122 of 2007.

Supervision strategies of in health and knowledge management - pages 14, 15:

- **Responsibility of the Nation:** Design, development, monitoring and evaluation of the National Plan for Public Health. Development of strategies for disclosure of health-related results.
- **Responsibility of the territorial entities:** Introducing the evaluation system for management and results in health and well-being of the System for Social Protection, within its jurisdiction. Development of strategies for disclosure of health-related results, within its jurisdiction

Strategies for the integral management for the operational and functional development of the National Plan for Public Health – pages 16, 17:

For the development of this policy the following strategies were defined:

- **Responsibility of the Nation and the territorial entities**: Promotion of social control and accountability.
- **Responsibility of the health promotion entities (HPE), the Professional Risks Administrators (PRA) and the institutions providing health services (IPS)**: Development of social audit and accountability.

Chapter VI. Responsibilities of the Health sector Actors. Pages 26, 27, 28

Of the nation: To design and develop the supervision, monitoring, evaluation and distribution of the results of the National Plan for Public Health.

Of the departments, districts and municipalities of categories E, 1, 2 and 3: To coordinate and organize with intra- and extrasectoral actors the planning, execution, monitoring and evaluation of the Territorial Health Plan targets. To promote the full exercise of the rights and duties of the citizens and communities in the planning, execution, monitoring and social control of the Territorial Health Plan.

From the health promotion entities. Page 29: To promote knowledge to the population for which it is responsible of rights and duties, in the suitable use of health services and in the formation and organization of alliances of users and their collaboration with the user advocates.

Objective 10. Strengthen the management for the operational and functional development of the National Plan for Public Health, page 48. Country targets for strengthening management:

- To create in 100% of the departments, districts and municipalities a coordination and organization mechanism for the social, institutional and community actors in order to achieve the policies, objectives and targets of the National Plan for Public Health in accordance with particular ethnic and cultural characteristics.
- Strengthening regulation.

Annex # 55 – Section 2.2. 3 (b) - “Decree number 3039 of 2007 (10 August 2007), which adopts the National Plan for Public Health 2007-2010”, Social Control in the System for Social Protection: areas of participation and control social, supervision in the Collective Interventions Health Plan. Pages: 13, 14, 15, 16, 17, 26 – 28, 47.

In **the application of the Proposal of “Civic Participation in the Health System and Exercise of Community Drug Surveillance”,** with the National Supervising Authority for Health, according to the following:

In 2007, law 100 was reformed and in 1993 the System for Inspection, Supervision and Control was created, which shall be in charge of the National Supervising Authority for Health, and of supervising the generation, administrative flow and application of the resources of the sector and ensure respects for the rights of the users of the General System for Social Security in Health, among other objectives.

A fundamental element in this system will be the User Advocate for Health; a new figure that will depend on the National Supervising Authority for Health, and will be a spokesperson for the affiliates before the HPE to know, manage and transfer to the authorities the complaints regarding the provision of health services.

The social participation makes sense in the processes of drug surveillance since it becomes a strategy of inspection, focusing on supervising the health systems in areas related to adverse events, shortages, quality and other difficulties with medicines and in particular with ARVs, elements that affect the quality of life and hinder therapy adherence.

The direct participation of the PLWHA in the therapy supervision and reporting processes, in addition to permitting documentation of cases and evidence about the effectiveness and safety of the drugs, the lobby and the legal actions, may assist in behavioral change and transform the reality of health care.

Annex # 56 – Section 2.2. 3 (b) - Proposal of "Civic Participation in the Health System and Exercise of Community Drug Surveillance" taken from the Community Drug Surveillance Program. Reference document. Vaca, C. Simbaqueba, J. Lopez, J. Barriga, M. IFARMA-RECOLVIH. 2007. Bogotá.

4.1.1 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 Round 8 Guidelines on page 14 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 submission. *(If a different process was used for each disease, explain each process.)*

Colombia embraces the "Dual Track" funding strategy, including Principal Recipients (PR) from the public and non-governmental sector in the Round 8 submission presented for Global Fund funding. This is a multisectoral approach that increases the possibilities for sustainability of the programmed interventions for a longer period.

Dual track funding was applied in an independent manner to each disease. A PR was assigned from the Governmental Sector for the three (3) diseases and decided by means of a public tender to identify a PR for each disease, following a Global Fund's recommendation to identify PR's from different sectors

Description of the selection process for the Government PR:

The process began with a consultation with the President of the Republic, Acción Social and the Ministry of Social Protection (MPS) at the Offices of the Resident Coordinator of the United Nations System. They analyzed the functioning of the CCM in Colombia, the progress in inter-institutional coordination for the formulation of the GF/Round 8 submission and the difficulties the country has experienced in identifying a PR in past Rounds. It was agreed that the country should make an effort to participate in Round 8, accepting the recommendation for "Double Track" funding and studying the possibility that the government should recognize the INS/FONADE (National Institute of Health/Financial Fund for Development Projects) alliance, considering that a union of the two bodies' capacities was the best option for the country.

Annex # 57 – Section 2.2.4 (a) - Minutes 1: PR - Meeting in the Office of the Resident Coordinator of the United Nations System – MPS and Presidency of the Republic – Acción Social, 16 April, 2008.

The Agencia Presidencial para la Acción Social (Presidential Agency for Social Action) and the international cooperation agency, Acción Social, in a meeting held with the MPS, analyzed the appropriateness of the MPS acting as a government PR, given its role as governing body of the country's health sector. After analyzing the PR's responsibilities, the General Director of Public Health for the MPS, Doctor Gilberto Álvarez, informed Acción Social that, as the MPS fulfils the functions and responsibilities of designing, directing, monitoring and evaluating public health, it could not be in charge of the Program's implementation nor for its timely reporting, given that the MPS' public policy commitments are of a national scale, it must enforce their compliance and, therefore, the operational implementation of a specific Program is not within its competence.

Therefore, the MPS recommended that the **INS**, National Institute of Health, be PR, jointly with FONADE (Financial Fund for Development Projects), for the comprehensive implementation of the Program. Based on this high-level political decision, members of the CCM went ahead and held meetings with the INS which, as a national public establishment, attached to the MPS and with jurisdiction in the entire national territory, could adequately carry out the

technical and scientific task of the government PR, with an aim to, among other functions:

a) Advise, coordinate, implement and direct programs and projects in scientific research and technological development for health matters.
b) Advise the National Government and the territorial entities in the determination of their policies, plans and projects for scientific research and technological development on health matters, as well as in the formulation of standards and procedures.
c) Participate in the planning, development and coordination of the health and epidemiological surveillance information systems, in coordination with the MPS, territorial entities and other health system bodies.

Under this mandate, the Colombian Government considered that the INS has the adequate technical, scientific and human resources capacities, as well as a presence in all of the country's departments in order to implement the proposed GF/Round 8 Program and thus strengthen public policy and its programmatic action through its institutional implementation plan. departmental institutes of health - non-governmental networks and organizations. The MPS will also strengthen itself as the governing body for surveillance, control and generation of quality information for national and departmental decision-making in the Program's three (3) components.

Regarding the Financial Fund for Development Projects, **FONADE,** also a CCM member, meetings were held to learn of its nature, scope and suitability to act as PR together with the INS, in order to perform the Program's administrative and financial functions. FONADE has been found to be an Industrial and Commercial State Enterprise with experience in the design, implementation, monitoring and evaluation of projects, implemented using national and international public funds, especially from the Banca Multilateral.

Annex # 58 - Section 2.2.4 (a) Minutes 2 Government PR - FONADE meeting – 13 May, 2008.

Annex # 59 - Section 2.2.4 (a) Minutes 3 Government PR - INS meeting – 13 May, 2008.

Annex # 60 - Section 2.2.4 (a) Minutes 4 Government PR - INS meeting – 20 May, 2008.

Annex # 61 - Section 2.2.4 (a) Minutes 5 Government PR - FONADE meeting – 28 May, 2008.

Annex # 62 - Section 2.2.4 (a) Minutes 6 Government PR - FONADE meeting – 4 June, 2008.

Annex # 63 - Section 2.2.4 (a) Minutes 7 Government PR - INS meeting – 13 May, 2008.

After verifying compliance with the previous eligibility requirements for administrating the subvention in a flexible and transparent manner, the Government approved and expressed its support for FONADE to act as Government PR, with mostly administrative and financial responsibilities. Thus, the Colombian Government, with the CCM's backing, proposed the signing of an AGREEMENT OF UNDERSTANDING between INS and FONADE to act as the Government Principal Recipients, so that Colombia will then comply with all the eligibility requirements stipulated by the Global Fund, to guarantee:

a) An efficient flow of funding to produce the appropriate and timely outcomes, whose objective is the strengthening of the government sector's public and programmatic policy in the Program's three (3) components;
b) Guarantee a transparent information, monitoring and evaluation system for the program's outcomes and financial management;
c) Ensure the competitive and efficient management of supplies and provisions, using quality mechanisms within the framework of international standards;
d) Broaden the coverage of service provisions to a wider spectrum of population groups and
e) geographic regions;
f) Accelerate access to prevention, treatment, care and support services for all people
g) in need, *key affected populations* and people that are still not included in the national anti-TB, Malaria and HIV/AIDS programs;
h) Contribute to the sustainability of the programmatic intervention in the longer term through an increase in the capacity that arises from a wider range of associated implementers.

After the CCM supported the constitution of the INS - FONADE alliance as the sole Government PR, meetings were held to define the mechanisms for management, coordination and implementation plans, under a structure of clearly defined responsibilities. To make decisions related with any technical, administrative and/or financial process, the Government PR, as well as the Disease-Specific non-Governmental PRs, must follow the Plan defined by the Management and Coordination Mechanism Agreements, defined in CCM-Colombia's Internal Regulations, according

to the following decision-making bodies:

Country Coordinating Mechanism (CCM). Meets once a month to evaluate and monitor the recommendations and reports presented by the Steering Committee (Comité Directivo). See: CCM Internal Regulations, Code of Ethics and Conflict Resolution. Twenty-five (25) participants.

Steering Committee (Comité Directivo) Established for the purpose of ensuring compliance with CCM guidelines; to define the coherence and integrity among the proposed results and those of the public and private PRs: to supervise the compliance of the annual work plans; to monitor progress that contributes to the strengthening of public policies; to guide monitoring and evaluation matters and communicate decisions to the Sub-Recipients (SRs) or other agents or sectors interested in such progress.
In Attendance:

- 1 Government Representative from the Republic of Colombia: MPS.
- 1 Representative of the Government PR.
- 1 Representative of the non-Governmental PR.
- 2 Representatives of the CCM.
- The General Coordinator of the GF/Round 8 Submission.

Implementation Committee. Set up for the purpose of managing program resources to achieve the planned effects and outcomes; to perform financial implementation to achieve both public and private results; to carry out technical and administrative implementation of the annual work plan; to establish the regional points of the Program to permit efficient implementation, monitoring and evaluation; to establish appropriate mechanisms for presentation of reports; to integrate the work programs, budgets, reports and other documents related to the program; to guarantee that overlaps and budget differences will be solved; to establish public communication and information plans; to make recommendations to the Steering Committee about reassignments and revisions of the budget; to solve emerging management and implementation problems; and identify the emerging lessons to be learned.

In Attendance:
1 General Coordinator of the GF/Round 8 Submission.

1 HIV/AIDS technical coordinator.

1 Technical coordinator in malaria.

1 Technical coordinator in tuberculosis.

1 Administrative and financial assistant.

Government PR

Disease-Specific non-governmental PR.

The proposal for dual track funding with the participation of the Government PR was presented at the CCM session on 16 May, 2008.

Annex # 64 - Section 2.2.4 (a) CCM Minutes # 80 – 16 May 2008.

Description of the selection process for Disease-Specific non-Governmental PR's:

Consistent with the dual track funding, the CCM created the terms of reference (ToR) for the non-Governmental PR's call for tender, which were validated by the CCM, published in a nationally circulated newspaper, broadcast through the websites: miradalatina.org, cideim.org and UNAIDS.

Annex # 65 – Section 2.2.4 (a): Newspaper cutting from El Tiempo.

Annex # 66 – Section 2.2.4 (a): Terms of Reference for the non-Governmental PR published on the UNAIDS, miradalatina.org and cideim.org websites.

The proposals were sent to the Ministry of Social Protection in a sealed envelope on 23 May, 2008.

At the CCM session on 30 May, 2008 (CCM Minutes # 81) the proposal evaluation sub-committees were formed and it was determined that on "Wednesday 4 June at 2 pm the proposal evaluation work would begin for each non-governmental principal recipient. Sub-committees were set up for each component, as follows:

HIV/AIDS: Ricardo Luque of the MPS, Liga de lucha contra el SIDA (Anti-AIDS League), and the INPEC (National Penitentiary Institute of Colombia).
TUBERCULOSIS: Ernesto Moreno y Guillermina Agudelo of the MPS, INS.
MALARIA: Luz María Salazar of Acción Social, ONIC (National Indigenous Organization of Colombia), Zulma Bejarano Maturana - Delegate for Black Communities, and Julio Padilla of the MPS.

At the CCM session on 6 June, 2008 (CCM Minutes 82 - Annex # 72 to this GF/Round 8 proposal) the following decisions were shared that are transcribed below:

5. Review of the Non-Governmental Principal Recipient (NGPR)

Malaria:
The Fundación Universidad de Antioquia and the IOM (International Organization for Migration) in a Joint Venture with the Instituto Nacional de Medicina Tropical applied as an NGPR. A final rating will not be reached on the submitted proposal until the Fundación Universidad de Antioquia has submitted all of the information requested by the evaluation team

Tuberculosis:
The IOM and the Liga Antituberculosa Colombiana (LAC - Columbian Anti-TB League) tendered as the only NGPR. A letter from the evaluation team was read assigning a score of 84/110 points and the proposal was approved.

HIV:
IOM plus RECOLVIH (Colombian Network of PLWHA) tendered as the only NGPR. The evaluation team made the following findings:

- There is no legal incorporation document for the IOM-RECOLVIH joint venture, in contradiction to the contents of the Terms of Reference (ToR) "The non-Governmental PR must be an independent, legally incorporated entity, in alliance or consortium".
- Moreover, RECOLVIH does not have bylaws approved by the Chamber of Commerce, nor does it have 10 years of operation experience and it displays weaknesses in many aspects of the proposal, such as accounting systems, human resources (no Curricula Vitae presented).

Given this, it would be difficult for RECOLVIH to sign for the subsidy, as specified in the proposal, which puts the same proposal and its posterior evaluation by the Local Fund Agent (LFA) at risk.

For the aforementioned reasons, the evaluation committee recommends declaring the tender null and void. On this matter, the CCM declares its agreement.

Given this situation, the CCM proposes four alternatives: 1) Quickly make a new call for tenders. 2) Direct invitation. 3) Assign the Government Principal Recipient (GPR). 4)Present the HIV component in Round 9 An analysis was made of the previous alternatives and the CCM decided to declare the tender for NGPR in HIV null and void and invite the GPR, INS-FONADE to assume this responsibility. If they are not interested in doing so, the HIV component will only be presented in Round 9.

Annex # 73 - Section 2.2.4 (a) - CCM Minutes # 83: Publication of the decision on the NGPR for HIV and formal announcement that if the HIV component is presented for Round 9, a new call for tenders will be held. A transcription of the Minutes follows:

Communication of the Decision on the Non-Governmental PR for HIV
It is announced that the tender for the NGPR for HIV has been declared null and void as there was only one submission and it did not meet the necessary requirements. An alliance between IOM and RECOLVIH was presented without a formal letter of understanding between the two institutions and which assigned the receipt of the subsidy to RECOLVIH, which does not have sufficient administrative capacity for the absorption of so many resources. In the last meeting, the CCM decided that there will only be a Governmental PR for HIV. In this case it was decided to not present the submission for Round 8 and instead reissue it for Round 9. A new tender will be called.

For the TB Control proposal, it is clear that the non-governmental recipient is the Joint Venture: IOM - LAC.

Annex # 74 - Section 2.2.4 (a) - CCM Minutes # 84: The Fundación Universidad de Antioquia is approved as the non-governmental PR of the Malaria component. A transcription of the Minutes follows:

"6. **Decision of the Evaluation Committee on the Non-Governmental PR for Malaria**
The chairperson read out the memorandum on the rating and selection for the malaria proposal, naming the Fundación Universidad de Antioquia as NGPR. The minutes and their corresponding supporting documents have been filed in the archives.

Annex # 67 – Section 2.2.4 (a) - Minutes: selection of a non-Governmental PR for TB.

Annex # 68 – Section 2.2.4 (a) – Minutes: selection of a non-Governmental PR for MALARIA.

Annex # 69 – Section 2.2.4 (a) – Minutes: selection of a non-Governmental PR for HIV.

(b) **Attach** the signed and dated minutes of the meeting(s) at which the members decided on the Principal Recipient(s) for each disease.	Annex # 70 – Section 2.2.4 (b) - CCM Minutes # 80 - 16 May, 2008: Presentation of the proposal "Dual Track Funding", Government PR comprising the INS - FONADE alliance; Annex # 71- Section 2.2.4 (b) - CCM Minutes # 81 – 30 May, 2008: Formation of the evaluation committees to select proposals presented for non-Governmental PR. Annex # 72 - Section 2.2.4 (b) - CCM Minutes # 82 - 6 June, 2008: The selection of the IOM - LAC alliance is approved as non-Governmental PR for the TB proposal. The tender held for the non-Governmental PR for the HIV/AIDS proposal is declared null and void and the Government PR is requested to assume the HIV/AIDS proposal as the sole PR. Annex # 73 - Section 2.2.4 (b) - CCM Minutes # 83: The decision of the non-Governmental PR for HIV is announced and it is formally decided that a new tender will be called for Round 9 if the HIV Component is presented. Annex # 74 - Section 2.2.4 (b) - CCM Minutes # 84: Fundación Universidad de Antioquia is approved as the non-Governmental PR of the Malaria component.

4.1.1 Principal Recipient(s)

First Name	Disease	Sector**
Government PR INS - FONADE Alliance **Non-Governmental PR**: IOM - Liga Colombiana Anti-TB.	TB	Government: INS - FONADE Non-Governmental: IOM - Liga Anti-TB.
Government PR INS - FONADE Alliance **Non-Governmental PR**: Fundación Universidad de Antioquia	Malaria	Government: INS - FONADE Non-Governmental: Fundación Universidad de Antioquia
Government PR INS - FONADE Alliance	HIV/AIDS	Government: INS - FONADE
[use the "Tab" key to add extra rows if needed]		

*** Choose a 'sector' from the possible options that are included in s.2.1.1. of the Round 8 Guidelines*

Annex # 75 – Section 2.2.5 - Operations Manual Proposal, which constitutes a proposal to the GF as the general operational guidelines for the implementation of the Inter-administrative Agreement established between the INS - Anti-TB/Malaria/HIV Program and FONADE.

Annex # 76 – Section 2.2.5: FONADE Audit – Loan 1525/OC – CO – Program of Reorganisation, Redesign and Modernisation of the Health Services Delivery Networks - Post Facto Procurement Revision

Annex # 77 – Section 2.2.5: Report on the Ex-post revision of Loan 1525/OC – CO disbursements – Program of Reorganisation, Redesign and Modernisation of the Health Services Delivery Networks

Annex # 78 – Section 2.2.5: Communication to Clients on the application of the Bylaw for Public Contracting in FONADE 15 January, 2008.

Annex # 79 – Section 2.2.5: Government PR AGREEMENT.

4.1.1 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*** **X** No ➔ *go to section 2.2.8.*
(b)	**If yes, attach** the plan for managing actual or potential conflicts of interest.	**X** **Annex # 80: "<u>CCM-COLUMBIA'S CODE OF ETHICS AND REGULATIONS FOR MANAGEMENT OF CONFLICTS OF INTEREST</u>".**

4.1.1 Proposal endorsement by members

Attachment C – Membership information and Signatures	Have you completed **"Annex C"** signed by all members of the CCM (or Sub-national CCM)?	**X** Yes

Annex # 81 – Section 2.2.7 -CCM Minutes 85 – 27 June 2008: from the session in which the three components forming Colombia's proposal to GF/Round 8 were presented to the CCM and, as it reads in the Minutes "Approval of the 3 components. Each member of the CCM approved the three (3) components of the proposal. There was no objection."

Check list: Sections 1 and 2

Section	Document description	Attachment Number
2.2.2(a)	Annex #1 – Section 2.2.2 (a): "Indicative activities for the presentation of the Anti-AIDS, TB and Malaria proposals for Global Fund - Round 8".	Annex #1
	Appendix #2 – Section 2.2.2 (a) - "Directory of Members of the **Editorial Subcommission of the Malaria Subcomponent**, Round 8 to the Global Fund";	Annex #2
	Annex #3 – Section 2.2.2 (a) - Directory of Members of the **Editorial Sub-committee for the TB Sub-component**, Global Fund - Round 8	Annex #3
	Appendix #4 – Section 2.2.2 (a) - "Directory of Members of the **Editorial Subcommission of the HIV/AIDS Subcomponent**, Round Eight to the Global Fund;	Annex #4
	Annex #5 – Section 2.2.2 (a): "Working Table on the governing principle of the GF/Round 8 funding: proposals based on a results-oriented, programmatic approach - HIV/AIDS, TB, Malaria - 23 May, 2008".	Annex #5
	Annex #6 - Section 2.2.2 (a): "Document addressed to the departmental or district health secretaries of the following territorial entities: Antioquia, Atlántico, Bogotá, Bolívar, Caldas, Cauca, Cesar, Córdoba, Chocó, Guajira, Huila, Magdalena, Meta, Nariño, Norte de Santander, Quindío, Risaralda, Santander, Sucre, and Valle del Cauca – HIV/AIDS".	Annex #6
	Annex #7 – Section 2.2.2 (a): "Document addressed to the departmental or district Secretaries of Health of the following territorial entities: Bogotá, Cauca, Córdoba, La Guajira, Nariño, Sucre, Tolima, Cesar and Amazonas, Valle del Cauca, Bolívar, Magdalena, Sucre, Santander, Cesar, Cordoba, Choco, and Nariño" - TB.	Annex #7
2.2.2(b)	Annex # 8 – Section 2.2.2 (b) - "Minutes 1: Editorial Sub-committee for the Malaria proposal - GF/Round 8 - 23 and 24 April, 2008".	Annex #8
	Annex # 9 – Section 2.2.2 (b) - "Minutes 2: Editorial Sub-committee for the Malaria proposal - GF/Round 8 - 6 May, 2008".	Annex #9
	Annex # 10 – Section 2.2.2 (b) - "Minutes 3: Editorial Sub-committee for the Malaria proposal - GF/Round 8 - 23 May, 2008".	Annex #10
	Annex # 11 – Section 2.2.2 (b) - "Minutes 4: Editorial Sub-committee for the Malaria proposal - GF/Round 8 - 22 May, 2008".	Annex #11
	Annex # 12 – Section 2.2.2 (b) - "Minutes 5: Editorial Sub-committee for the Malaria proposal - GF/Round 8 - 23 May, 2008".	Annex #12
	Annex # 13 – Section 2.2.2 (b) - "Minutes 6: Editorial Sub-committee for the Malaria proposal - GF/Round 8 - 30 May, 2008".	Annex #13
	Annex # 14 – Section 2.2.2 (b) - Minutes 1 - TB. Review of the observations of the Technical Review Panel (TRP) from Round 7 and recommendations and guidelines for Round 8. Meeting held at PAHO headquarters on 5 April, 2008.	Annex #14
	Annex # 15 – Section 2.2.2 (b) - Minutes 2 - TB. Constitution of the editorial committee's coordinating team for the Round 8 TB component submission. Participating in the drafting of the document were representatives of the departmental and district TB programs, as well as NGO's and government organizations. Each section will be analyzed jointly after a documental revision. Meeting held in the MPS on 12 April.	Annex #15
	Annex # 16 – Section 2.2.2 (b) - Minutes 3 - TB. Review and adjustment of the work plan for presenting the TB proposal to the GF/Round 8, in which tasks and responsibilities were defined. Meeting held at PAHO headquarters on 18 April, 2008	Annex #16

	Annex # 17 – Section 2.2.2 (b) - Minutes 4 - TB. Round Table with INPEC to participate in Round 8, defining the interventions to be made with the project's target population: People Deprived of Liberty (PPL) and the prisons and penitentiaries. Meeting held at INPEC headquarters on 22 April, 2008.	Annex #17
	Annex # 18 – Section 2.2.2 (b) - Minutes 5 - TB. Definition of the target population in a meeting of the TB sub-committee and agreed upon in consultation with the departments and districts (health secretaries). The Project is aimed at the Afro-Columbian population, people displaced by violence, indigenous population and PDL. Meeting held at PAHO headquarters on 24 April, 2008	Annex #18
	Annex # 19 – Section 2.2.2 (b) - Minutes 6 - TB. Discussion, analysis and prioritisation of strengths and weaknesses of the TB Prevention and Control Program and of the General Social Security in Health System in Colombia. Working Tables held on 4, 5 and 6 May. In the TB sub-committee headquarters.	Annex #19
	Annex # 20 – Section 2.2.2 (b) - Minutes 7 - TB. Definition of the departments and municipalities where the project will be implemented, based on population indicators, illness and mortality rates, UBN (Unsatisfied Basic Needs), etc. In total, 16 departments, 3 districts and 174 municipalities were prioritized for the interventions defined in the project. Meeting held on 8 May in the MPS.	Annex #20
	Annex # 21 – Section 2.2.2 (b) - Minutes 8 - TB. Definition of Objectives and SDAs. 4 goals and 9 SDAs were defined that respond to the identified problems. Meeting held on 14 May at TB Sub-committee headquarters.	Annex #21
	Annex # 22 – Section 2.2.2 (b) - Minutes 9 - TB. Drafting of the proposal in daily all-day meetings from 19 May to 10 June. Documental revision, analysis and group discussions were carried out to define the sections of the proposal. Meetings held in the TB Sub-committee headquarters.	Annex #22
	Annex # 23 – Section 2.2.2 (b) - Minutes 10 - TB. Define aspects related to organizations' representatives, patients, community, etc.	Annex #23
	Annex # 24 – Section 2.2.2 (b) - Minutes 11 - TB. Coordination with the PRs to define the process of assigning functions and budgets to each PR to ensure an excellent use of resources and the strengthening of the operational capacity of the public PR. Meeting held at the head office of the IOM on 18 June 2008.	Annex #24
	Annex # 25 – Section 2.2.2 (b) - Minutes: TB Sub-committee. In the April 30 meeting, the members of the previously established committee ratified and commented upon the key documents that had already been circulated, for the drafting of the Round 8 proposal	Annex #25
	Appendix # 26 – Section 2.2.2 (b) - Consultation instrument for the needs of the community, deficiencies and barriers in health care, and priority action in prevention, treatment, care and support for HIV/AIDS, to be considered and integrated into Colombia's proposal for Round Eight of the Global Fund.	Annex #26
	Appendix # 27 – Section 2.2.2 (b) - Meeting of the Committee of NGOs working in HIV and AIDS, 28 April 2008, Colombian League for the Fight Against AIDS.	Annex #27
	Annex # 28 – Section 2.2.2 (b): Meeting of the Table of NGO's on HIV and AIDS, 28 April, 2008, Liga Colombiana Contra el Sida. Colombian Red Cross	Annex #28
	Annex # 29 – Section 2.2.2 (b) - HIV Sub-Committee Minutes, 12 May, 2008.	Annex #29
	Appendix #30 – Section 2.2.2 (b) - Minutes - Meeting of editorial committee for HIV and AIDS Round 8 Global Fund - Colombian League for the Fight Against AIDS, 4 June, 9 a.m. - 5 p.m.	Annex #30
	Appendix #31 – Section 2.2.2 (b) - Developments as at 4 June 2008 in the operational plan for the GF/Round 8 proposal construction.	Annex #31

	Annex #32 – Section 2.2.2 (b) - Presentation toward an operational plan. The activities were revised and adjustments were begun on the structure, distributing tasks among the attendees.	Annex #32
	Annex # 33 – Section 2.2.2 (b) - Memo: meeting of the HIV Sub-committee for Round 8, Liga Colombiana Contra el Sida, 10 June 2008, 9 am- 2 pm. At the meetings on 10 and 12 June, the project's operational plan was reviewed and the structure was directly worked on, incorporating changes into the text and in the formulation of objectives and activities. The coherence was verified between all the components.	Annex #33
	Annex # 34 – Section 2.2.2 (b): Table of project planning and operational plan, Round 8 Colombian proposal, HIV/AIDS component. Worked on by the sub-committee in the meetings from 10 to 12 June, 2008.	Annex #34
	Annex # 35 – Section 2.2.2 (b) - Memo: Meeting of the Sub-committee on HIV, Round 8, Liga Colombiana Contra el Sida, 12 June 2008, 9 am - 2 pm. In particular, the benefits of having different sub-activities for Lesbian, Gay, Bisexual and Transgender (LGBT); Men having Sex with Men (MSM); homeless people; and sex workers populations was discussed. Finally, it was decided to leave the community centers separate from the listening centers, on the condition that these services would have a special focus on young people and on gender issues The need for clarification on how MSM services would be developed was stressed.	Annex #35
	Annex # 36 – Section 2.2.2 (b): Operational plan, Round 8 Columbian proposal, HIV/AIDS component. Worked on by the sub-committee on 12 June, 2008.	Annex #36
2.2.2(c)	Appendix # 37 – Section 2.2.2 (c) - “Results of the consultation of involved parties and people on the needs, deficiencies and priority actions to consider in the Round Eight proposal of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria”;	Annex #37
	Appendix # 38 – Section 2.2.2 (c) - "Directory of Indigenous Communities - CCM/Colombia Consultation of State and Society on proposals for Round 8 of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria";	Annex #38
	Appendix # 39 – Section 2.2.2 (c) - "Directory of Afro-Colombian Communities - CCM/Colombia Consultation of State and Society on proposals for Round Eight of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria.	Annex #39
	Appendix # 40 – Section 2.2.2 (c) - "Directory of Religious Organizations - CCM/Colombia Consultation of State and Society on proposals for Round Eight of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria”;	Annex #40
	Appendix # 41 – Section 2.2.2 (c) - "Directory of Women's Organizations - CCM/Colombia Consultation of State and Society on proposals for Round Eight of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria”;	Annex #41
	Appendices # 42, 43, 44, 45 – Section 2.2.2 (c) - “Directories of Displaced Persons – Consultation”	Annex # 42, 43, 44, 45
	Annex # 46 – Section 2.2.2 (c): "Results of the consultation of people and interested parties on needs, weaknesses and priority actions to consider concerning the Fight against TB, HIV/AIDS and Malaria for the Global Fund - Round 8 Call for Proposals - Bogotá Grupo Focal (Bogotá Focus Group)". Drawn up by: Fundación Procrear, June 2008.	Annex #46
	Annex # 47 – Section 2.2.2 (c): "Network Directory - Consultation CCM-Colombia - HIV/AIDS."	Annex #47
	Appendix # 48 – Section 2.2.2 (c) - “Directory of Undetectable Databanks, HIV organizations 2008”	Annex #48
	Annex # 49 – Section 2.2.2 (c): "Directory of organizations working on the HIV/AIDS issue in Cali".	Annex #49
2.2.2 (d)	**Malaria** – Annex # 50 - Minutes: Inclusion of the results of consultations on the 3 diseases."	Annex #50

	TB - Annex # 51 Minutes: Inclusion of the results of consultations on the 3 diseases, 5 June 2008, MPS.	Annex #51
	HIV – Annex # 52. – Section 2.2.2 (d): "Minutes to incorporate the results of the civil society consultation in the Round 8 proposal, 19 June, 2008".	Annex #52
	CCM – Annex # 53 – Section 2.2.2 (d) - "CCM Minutes # 85 – 25 June, 2008": Approval of the 3 components. Each member of the CCM approved the three (3) components of the proposal. There was no objection.	Annex #53
2.2.3(a)	Appendix # 54 – Section 2.2.3 (a) - "Minutes # 83 of the CCM – 13 June 2008".	Annex #54
2.2.3(b)	Annex # 55 – Section 2.2. 3 (b): "Decree number 3039 of 2007 (10 August, 2007), By which the National Plan for Public Health was adopted 2007-2010."	Annex #55
	Annex # 56 – Section 2.2. 3 (b): Proposal of "Citizen Participation in the Health System and Practice of Community Pharmacovigilance".	Annex #56
2.2.4(a)	Annex # 57 – Section 2.2.4 (a) - Minutes 1: PR - Meeting in the Office of the Resident Coordinator of the United Nations System – MPS and Presidency of the Republic – Acción Social, 16 April, 2008.	Annex #57
	Annex # 58 - Section 2.2.4 (a) Minutes 2 Government PR - FONADE meeting – 13 May, 2008.	Annex #58
	Annex # 59 - Section 2.2.4 (a) Minutes 3 Government PR - INS meeting – 13 May, 2008.	Annex #59
	Annex # 60 - Section 2.2.4 (a) Minutes 4 Government PR - INS meeting – 20 May, 2008.	Annex #60
	Annex # 61 - Section 2.2.4 (a) Minutes 5 Government PR - FONADE meeting – 28 May, 2008.	Annex #61
	Annex # 62 - Section 2.2.4 (a) Minutes 6 Government PR - FONADE meeting – 4 June, 2008.	Annex #62
	Annex # 63 - Section 2.2.4 (a) Minutes 7 Government PR - INS meeting – 13 May, 2008.	Annex #63
	Annex # 64 - Section 2.2.4 (a) CCM Minutes # 80 – 16 May 2008.	Annex #64
	Annex # 65 – Section 2.2.4 (a): Newspaper cutting from El Tiempo.	Annex #65
	Annex # 66 – Section 2.2.4 (a): Terms of Reference for the non-Governmental PR published on the UNAIDS, miradalatina.org and cideim.org websites.	Annex #66
	Annex # 73 - Section 2.2.4 (a) - CCM Minutes # 83: "Announcement of the decision of the non-Governmental PR for HIV and its formalization in the event of tendering for the HIV Component."	Annex #73
	Annex # 74 - Section 2.2.4 (a) - CCM Minutes # 84: Fundación Universidad de Antioquia is approved as the non-governmental PR of the Malaria component. A transcription of the Minutes follows:	Annex #74
	Annex # 67 – Section 2.2.4 (a) - Minutes: selection of a non-Governmental PR for TB.	Annex #67
	Annex # 68 – Section 2.2.4 (a) – Minutes: selection of a non-Governmental PR for MALARIA.	Annex #68
	Annex # 69 – Section 2.2.4 (a) – Minutes: selection of a non-Governmental PR for HIV.	Annex #69
2.2.4 (b)	Annex # 70 - Section 2.2.4 (b) - CCM Minutes # 80 - 16 May, 2008: Presentation of the proposal "Dual Track Funding", Government PR comprising the INS - FONADE alliance;	Annex #70
	Annex # 71- Section 2.2.4 (b) - CCM Minutes # 81 – 30 May, 2008. Evaluation committee created to select proposals presented for the non-Governmental PR.	Annex #71
	Annex # 72 - Section 2.2.4 (b) - CCM Minutes # 82 - 6 June, 2008. The selection of the IOM - LAC alliance as non-Governmental PR for the TB proposal is approved .	Annex #72
	Annex # 73 - Section 2.2.4 (b) - CCM Minutes # 83: The decision of the non-Governmental PR for HIV is announced and it is formally decided that a new tender will be held for Round 9 if the HIV Component is presented.	Annex #73

	Annex # 74 - Section 2.2.4 (b) - CCM Minutes # 84: Fundación Universidad de Antioquia is approved as the non-governmental PR of the Malaria component.	Annex #74
2.2.5	Annex # 75 – Section 2.2.5 - Operations Manual Proposal, which constitutes a proposal to the GF as the general operational guidelines for the implementation of the Inter-administrative Agreement established between the INS - Anti-TB/Malaria/HIV Program and FONADE.	Annex #75
	Annex # 76 – Section 2.2.5: FONADE Audit – Loan 1525/OC – CO – Program of Reorganisation, Redesign and Modernisation of the Health Services Delivery Networks - Post Facto Procurement Revision	Annex #76
	Annex # 77 – Section 2.2.5: Report on the Ex-post revision of Loan 1525/OC – CO disbursements – Program of Reorganisation, Redesign and Modernisation of the Health Services Delivery Networks	Annex #77
	Annex # 78 – Section 2.2.5: Communication to Clients on the application of the Bylaw for Public Contracting in FONADE 15 January, 2008.	Annex #78
	Annex # 79 – Section 2.2.5: Government PR AGREEMENT.	Annex #79
2.2.6	Annex # 80 -Section 2.2.6: "CCM-COLUMBIA'S CODE OF ETHICS AND REGULATIONS FOR CONFLICT OF INTERESTS MANAGEMENT".	Annex #80
2.2.7	Annex # 81 – Section 2.2.7 -CCM Minutes 85 – 27 June 2008: from the session in which the three components forming Colombia's proposal to GF/Round 8 were presented to the CCM and, as it reads in the Minutes "Approval of the 3 components.	Annex #81

Sections 1 and 2 of the Proposal Checklist

Section 2: Eligibility		List Annex Name and Number.
CCM and Sub-CCM applicants		
2.2.2 (a)	Comprehensive documentation on **processes** used to **invite submissions** for possible integration into the proposal (if different processes used for each disease, include as separate attachments).	Annex #1 – Section 2.2.2 (a): "Indicative activities for the presentation of the proposals for the Global Fund - Round 8 call for proposals to fight against AIDS, TB and Malaria" Annex #2 – Section 2.2.2 (a): "Directory of members of the **Editorial Sub-committee for the Malaria Sub-component**, Global Fund - Round 8". Annex #3 – Section 2.2.2 (a) - Directory of Members of the **Editorial Sub-committee for the TB Sub-component**, Global Fund - Round 8 Annex #4 – Section 2.2.2 (a) - Directory of Members of the **Editorial Sub-committee for the HIV/AIDS Sub-component**, Global Fund - Round 8" Annex #5 – Section 2.2.2 (a): "Working Table on the governing principle of the GF/Round 8 funding: proposals based on a programmatic focus that is centred on results – HIV/AIDS, TB, Malaria – 23 May 2008" Annex #6 - Section 2.2.2 (a): "Document addressed to the departmental or district health secretaries of the following territorial entities: Antioquia, Atlántico, Bogotá, Bolívar, Caldas, Cauca, Cesar, Córdoba, Chocó, Guajira, Huila, Magdalena, Meta, Nariño, Norte de Santander, Quindío, Risaralda, Santander, Sucre, and Valle del Cauca – HIV/AIDS". Annex #7 – Section 2.2.2 (a): "Document addressed to the departmental or district Secretaries of Health of the following territorial entities: Bogotá, Cauca, Córdoba, La Guajira, Nariño, Sucre, Tolima, Cesar and Amazonas, Valle del Cauca, Bolívar, Magdalena, Sucre, Santander, Cesar, Cordoba, Choco, and Nariño" - TB.
2.2.2 (b)	Comprehensive documentation on **processes used to revise submissions** for possible integration into the proposal (if different processes used for each disease, include as separate attachments).	**Editorial Sub-Committee on Malaria:** Annex # 8 – Section 2.2.2 (b) - "Minutes 1: Editorial Sub-committee for the Malaria proposal - GF/Round 8 - 23 and 24 April, 2008". Appendix # 9 – Section 2.2.2 (b) - "Minutes 2, Editorial Subcommission for the GF/Round 8 Malaria proposal, 6 May 2008": Annex # 10 – Section 2.2.2 (b) - "Minutes 3: Editorial Sub-committee for the Malaria proposal - GF/Round 8 - 15 May, 2008" Annex # 11 – Section 2.2.2 (b) - "Minutes 4: Editorial Sub-committee for the Malaria proposal - GF/Round 8 - 22 May, 2008". Annex # 12 – Section 2.2.2 (b) - "Minutes 5: Editorial Sub-committee for the Malaria proposal - GF/Round 8 - 23 May, 2008". Annex # 13 – Section 2.2.2 (b) - "Minutes 6: Editorial Sub-committee for the Malaria proposal - GF/Round 8 - 23 May, 2008". **Editorial Sub-Committee on TB:** Annex # 14 – Section 2.2.2 (b) - Minutes 1 - TB. Review of the observations of the Technical Review Panel (TRP) from Round 7 and recommendations and guidelines for Round 8. Meeting held at PAHO headquarters on 5 April, 2008. Annex # 15 – Section 2.2.2 (b) - Minutes 2 - TB. Constitution of the editorial committee's coordinating team for the Round 8 TB component submission. Participating in the drafting of the document were representatives of the

		departmental and district TB programs, as well as NGO's and government organizations. Each section will be analyzed jointly after a documental revision. Meeting held in the MPS on 12 April. Annex # 16 – Section 2.2.2 (b) - Minutes 3 - TB. Review and adjustment of the work plan for presenting the TB proposal to the GF/Round 8, in which tasks and responsibilities were defined. Meeting held at PAHO headquarters on 18 April, 2008 Annex # 17 – Section 2.2.2 (b) - Minutes 4 - TB. Round Table with INPEC to participate in Round 8, defining the interventions to be made with the project's target population: People Deprived of Liberty (PPL) and the prisons and penitentiaries. Meeting held at INPEC headquarters on 22 April, 2008. Annex # 18 – Section 2.2.2 (b) - Minutes 5 - TB. Definition of the target population in a meeting of the TB sub-committee and agreed upon in consultation with the departments and districts (health secretaries). The Project is aimed at the Afro-Columbian population, people displaced by violence, indigenous population and PDL. Meeting held at PAHO headquarters on 24 April, 2008 Annex # 19 – Section 2.2.2 (b) - Minutes 6 - TB. Discussion, analysis and prioritisation of strengths and weaknesses of the TB Prevention and Control Program and of the General Social Security in Health System in Colombia. Working Tables held on 4, 5 and 6 May. In the TB sub-committee headquarters. Annex # 20 – Section 2.2.2 (b) - Minutes 7 - TB. Definition of the departments and municipalities where the project will be implemented, based on population indicators, illness and mortality rates, UBN (Unsatisfied Basic Needs), etc. In total, 16 departments, 3 districts and 174 municipalities were prioritized for the interventions defined in this project. Meeting held on 8 May in the MPS. Annex # 21 – Section 2.2.2 (b) - Minutes 8 - TB. Definition of Objectives and SDAs. 4 goals and 9 SDAs were defined that respond to the identified problems. Meeting held on 14 May at TB Sub-committee headquarters. Annex # 22 – Section 2.2.2 (b) - Minutes 9 - TB. Drafting of the proposal in daily all-day meetings from 19 May to 10 June. Documental revision, analysis and group discussions were carried out to define the sections of the proposal. Meetings held in the TB Sub-committee headquarters. Annex # 23 – Section 2.2.2 (b) - Minutes 10 - TB. Define aspects related to organizations' representatives, patients, community, etc. Annex # 24 – Section 2.2.2 (b) - Minutes 11 - TB. Coordination with the PRs to define the process of assigning functions and budgets to each PR to ensure an excellent use of resources and the strengthening of the operational capacity of the public PR. Meeting held at the head office of the IOM on 18 June 2008. **Editorial Sub-Committee on HIV/AIDS:** Annex # 25 – Section 2.2.2 (b) - Minutes: TB Sub-committee. In the April 30 meeting, the members of the previously established committee ratified and commented upon the key documents that had already been circulated, for the drafting of the Round 8 proposal Appendix # 26 – Section 2.2.2 (b) - Consultation instrument for the needs of the community, deficiencies and barriers in health care, and priority action in prevention, treatment, care and support for HIV/AIDS, to be considered and integrated into Colombia's proposal for Round Eight of the Global Fund. Appendix # 27 – Section 2.2.2 (b) - Meeting of the Committee of NGOs working in HIV and AIDS, 28 April 2008, Colombian League for the Fight Against AIDS. Annex # 28 – Section 2.2.2 (b): Meeting of the Table of NGO's on HIV and AIDS, 28 April, 2008, Liga Colombiana Contra el Sida. Colombian Red Cross Annex # 29 – Section 2.2.2 (b) - HIV Sub-Committee Minutes, 12 May, 2008.

		Appendix #30 – Section 2.2.2 (b) - Minutes - Meeting of editorial committee for HIV and AIDS Round 8 Global Fund - Colombian League for the Fight Against AIDS, 4 June, 9 a.m. - 5 p.m. Appendix #31 – Section 2.2.2 (b) - Developments as at 4 June 2008 in the operational plan for the GF/Round 8 proposal construction. Annex #32 – Section 2.2.2 (b) - Presentation toward an operational plan. The activities were revised and adjustments were begun on the structure, distributing tasks among the attendees. Annex # 33 – Section 2.2.2 (b) - Memo: meeting of the HIV Sub-committee for Round 8, Liga Colombiana Contra el Sida, 10 June 2008, 9 am- 2 pm. At the meetings on 10 and 12 June, the project's operational plan was reviewed and the structure was directly worked on, incorporating changes into the text and in the formulation of objectives and activities. The coherence was verified between all the components. Annex # 34 – Section 2.2.2 (b): Table of project planning and operational plan, Round 8 Colombian proposal, HIV/AIDS component. Worked on by the sub-committee in the meetings from 10 to 12 June, 2008. Annex # 35 – Section 2.2.2 (b) - Memo: Meeting of the Sub-committee on HIV, Round 8, Liga Colombiana Contra el Sida, 12 June 2008, 9 am - 2 pm. In particular, the benefits of having different sub-activities for Lesbian, Gay, Bisexual and Transgender (LGBT); Men having Sex with Men (MSM); homeless people; and sex workers populations was discussed. Finally, it was decided to leave the community centers separate from the listening centers, on the condition that these services would have a special focus on young people and on gender issues The need for clarification on how MSM services would be developed was stressed. Annex # 36 – Section 2.2.2 (b): Operational plan, Round 8 Columbian proposal, HIV/AIDS component. Worked on by the sub-committee on 12 June, 2008.
2.2.2 (c)	Comprehensive documentation on **processes used to ensure the input of a broad range of stakeholders** in the proposal development process.	Annex # 37 – Section 2.2.2 (c): "Results of the Consultation of people and interested parties on needs, weaknesses and priority actions to consider in the Global Fund's Round 8 Call for proposals to fight TB, HIV/AIDS and Malaria." Annex # 38 – Section 2.2.2 (c): "Directory of Indigenous Communities - Consultation of CCM-Colombia to the State and Society on the presentation of proposals concerning the Fight against TB, HIV/AIDS and Malaria for the Global Fund - Round 8 Call for Proposals" Annex # 39 – Section 2.2.2 (c): "Directory of Afro-Colombian Communities - Consultation of CCM-Colombia to the State and Society on the presentation of proposals concerning the Fight against TB, HIV/AIDS and Malaria for the Global Fund - Round 8 Call for Proposals". Annex # 40 – Section 2.2.2 (c): "Directory of Religious Organizations - Consultation of CCM-Colombia to the State and Society on the presentation of proposals concerning the Fight against TB, HIV/AIDS and Malaria for the Global Fund - Round 8 Call for Proposals" Annex # 41 – Section 2.2.2 (c): "Directory of Women's Organizations - Consultation of CCM-Colombia to the State and Society on the presentation of proposals concerning the Fight against TB, HIV/AIDS and Malaria for the Global Fund - Round 8 Call for Proposals" Appendices # 42, 43, 44, 45 – Section 2.2.2 (c) - “Directories of Displaced Persons – Consultation” Annex # 46 – Section 2.2.2 (c): "Results of the consultation of people and interested parties on needs, weaknesses and priority actions to consider concerning the Fight against TB, HIV/AIDS and Malaria for the Global Fund -

		Round 8 Call for Proposals - Bogotá Grupo Focal (Bogotá Focus Group)". Drawn up by: Fundación Procrear, June 2008. Annex # 47 – Section 2.2.2 (c): "Network Directory - Consultation CCM-Colombia - HIV/AIDS." Appendix # 48 – Section 2.2.2 (c) - "Directory of Undetectable Databanks, HIV organizations 2008" Annex # 49 – Section 2.2.2 (c): "Directory of organizations working on the HIV/AIDS issue in Cali". Malaria – Annex # 50 – Section 2.2.2 (d) - " Minutes: Inclusion of the results of consultations on the 3 diseases." TB - Annex # 51 – Section 2.2.2 (d) - Minutes: Inclusion of the results of consultations on the 3 diseases, 5 June 2008, MPS. HIV – Annex # 52 – Section 2.2.2 (d): "Minutes to incorporate the results of the civil society consultation in the Round 8 proposal, 19 June, 2008" Colombian Anti-AIDS League". It the 19 May meeting, the results of the general consultation to civil society on HIV were reviewed. It was verified that almost all of the suggested priority actions, within the scope of the proposal, had been incorporated and what could not be incorporated was justified. CCM – Annex # 53 – Section 2.2.2 (d) - "CCM Minutes # 85 – 25 June, 2008": Approval of the 3 components. Each member of the CCM approved the three (3) components of the proposal.
2.2.3 (a)	Comprehensive documentation on processes to **oversee grant implementation** by the **CCM** (or Sub-national CCM).	Appendix # 54 – Section 2.2.3 (a) - "Minutes # 83 of the CCM – 13 June 2008".
2.2.3 (b)	Comprehensive documentation on the processes used to **ensure the input** of a broad range of non CCM member **stakeholders** in the **creation** of a grant **oversight** process.	Annex # 56 – Section 2.2. 3 (b): Proposal for "Citizen participation in the Health System and Practice of Community Pharmacovigilance " - Taken from the community pharmacovigilance program. Reference document. Vaca, C. Simbaqueba, J. Lopez, J. Barriga, M. IFARMA-RECOLVIH. 2007. Bogotá.
2.2.4 (a)	Comprehensive documentation on processes used to **select and nominate the Principal Recipient** (such as the minutes of the CCM meeting at which the PR(s) was/were nominated). If different processes used for each disease, then explain.	Annex # 57 – Section 2.2.4 (a) - Minutes 1: PR - Meeting in the Office of the Resident Coordinator of the United Nations System – MPS and Presidency of the Republic – Acción Social, 16 April, 2008. Annex # 58 - Section 2.2.4 (a) Minutes 2 Government PR - FONADE meeting – 13 May, 2008. Annex # 59 - Section 2.2.4 (a) Minutes 3 Government PR - INS meeting – 13 May, 2008. Annex # 60 - Section 2.2.4 (a) Minutes 4 Government PR - INS meeting – 20 May, 2008. Annex # 61 - Section 2.2.4 (a) Minutes 5 Government PR - FONADE meeting – 28 May, 2008. Annex # 62 - Section 2.2.4 (a) Minutes 6 Government PR - FONADE meeting – 4 June, 2008. Annex # 63 - Section 2.2.4 (a) Minutes 7 Government PR - INS meeting –

		13 May, 2008. Annex # 64 - Section 2.2.4 (a) CCM Minutes # 80 – 16 May 2008. Annex # 65 – Section 2.2.4 (a): Newspaper cutting from El Tiempo. Annex # 66 – Section 2.2.4 (a): Terms of Reference for the non-Governmental PR published on the UNAIDS, miradalatina.org and cideim.org websites. Annex # 67 – Section 2.2.4 (a) - Minutes: selection of a non-Governmental PR for TB. Annex # 68 – Section 2.2.4 (a) – Minutes: selection of a non-Governmental PR for MALARIA. Annex # 69 – Section 2.2.4 (a) – Minutes: selection of a non-Governmental PR for HIV. Annex # 70 - Section 2.2.4 (b) - CCM Minutes # 80 - 16 May, 2008: Presentation of the proposal "Dual Track Funding", Government PR comprising the INS - FONADE alliance; Annex # 71- Section 2.2.4 (b) - CCM Minutes # 81 – 30 May, 2008: Formation of the evaluation committees to select proposals presented for non-Governmental PR. Annex # 72 - Section 2.2.4 (b) - CCM Minutes # 82 - 6 June, 2008: The selection of the IOM - LAC alliance is approved as non-Governmental PR for the TB proposal. Annex # 73 - Section 2.2.4 (b) - CCM Minutes # 83: The decision of the non-Governmental PR for HIV is announced and it is formally decided that a new tender will be held for Round 9 if the HIV Component is presented. Annex # 74 - Section 2.2.4 (a) - CCM Minutes # 84: The Fundación Universidad de Antioquia is approved as the non-governmental PR of the Malaria component. A transcription of the Minutes follows:
2.2.5	**Principal Recipient(s)** **TB:** INS - FONADE alliance, IOM - Colombian Anti-TB League, Fundación Universidad de Antioquia **Malaria** INS - FONADE Fundación Universidad de Antioquia, Government – INS - FONADE alliance. **HIV/AIDS** Government: INS - FONADE	Annex # 75 – Section 2.2.5 - Operations Manual Proposal, which constitutes a proposal to the GF as the general operational guidelines for the implementation of the Inter-administrative Agreement. Annex # 76 – Section 2.2.5: FONADE Audit – Loan 1525/OC – CO – Program of Reorganisation, Redesign and Modernisation of the Health Services Delivery Networks - Post Facto Procurement Revision Annex # 77 – Section 2.2.5: Report on the Ex-post revision of Loan 1525/OC – CO disbursements – Program of Reorganisation, Redesign and Modernisation of the Health Services Delivery Networks Annex # 78 – Section 2.2.5: Communication to Clients on the application of the Bylaw for Public Contracting in FONADE 15 January, 2008. Annex # 79 – Section 2.2.5: Government PR AGREEMENT.
2.2.6	**Managing conflicts of interest**	Annex # 80 –Section 2.2.6: "CCM-COLUMBIA'S CODE OF ETHICS AND REGULATIONS FOR MANAGEMENT OF CONFLICTS OF INTEREST".
2.2.7	Documented procedures	Annex # 81 – Section 2.2.7 -CCM Minutes 85 – 27 June 2008: from the

	for the **management of potential Conflicts of Interest** between the Principal Recipient(s) and the Chair or Vice Chair of the Coordinating Mechanism.	session in which the three components forming Colombia's proposal to GF/Round 8 were presented to the CCM and, as it reads in the Minutes "Approval of the 3 components.
2.2.8	Minutes of the **meeting at which the proposal was developed and endorsed by the CCM** (or Sub-national CCM).	**CCM – Annex # 53 – Section 2.2.2 (d) - "CCM Minutes # 85 – 25 June, 2008": Approval of the 3 components.** Each member of the CCM approved the three (3) components of the proposal. There was no objection. Each component group agreed to hold meetings the following day to verify that the packages with their annexes were complete. Finally, it was approved that the document would be sent from the UNAIDS Office by email and by standard mail on Saturday 28 June at midday. Appendix # 54 – Section 2.2.3 (a) - "Minutes # 83 of the CCM – 13 June 2008". **6. Presentation of the articulations of the Governmental PR (between INS and FONADE) and of forums between the CCM and the non-Governmental PR.** Annex # 73 - Section 2.2.4 (b) - CCM Minutes # 83: The decision of the non-Governmental PR for HIV is announced and it is formally decided that a new tender will be held for Round 9 if the HIV Component is presented. Annex # 74 - Section 2.2.4 (a) - CCM Minutes # 84: The Fundación Universidad de Antioquia is approved as the non-governmental PR of the Malaria component Annex # 67 – Section 2.2.4 (a) - Minutes: selection of a non-Governmental PR for TB. Annex # 68 – Section 2.2.4 (a) – Minutes: selection of a non-Governmental PR for MALARIA. Annex # 69 – Section 2.2.4 (a) – Minutes: selection of a non-Governmental PR for HIV. **Annex # 81 – Section 2.2.7 -CCM Minutes 85 – 27 June 2008: from the session in which the three components forming Colombia's proposal to GF/Round 8 were presented to the CCM and, as it reads in the Minutes "Approval of the 3 components.** Each member of the CCM approved the three (3) components of the proposal. There was no objection."
2.2.8	Endorsement of the proposal by all CCM (or Sub-national CCM) members.	**Annex C on the submission Format, together with 25 communications where each CCM participant certifies their participation by sector.**

3 PROPOSAL SUMMARY

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

3.2 Consolidation of grants

(a) Does the CCM (or Sub-CCM) wish to consolidate any existing malaria Global Fund grant(s) with the Round 8 malaria proposal?

☐ Yes
(Go first to (b) below)

☒ No
(Go to Section 3.3 below)

"Consolidation" *refers to a situation in which several grants can be combined into one single 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.

During the first half of 2009, the Ministry of Social Protection (MPS) General Directorate of Public Health (DGSP) adjusts national program planning for the 2009 fiscal year which makes program planning coincide with the Global Fund project. The project start date in June 2009 coincides with the date the MPS planning office takes steps before the Ministry of Finance towards making financial resources available for the national program this fiscal year thus aligning planning and budget management and the national fiscal cycle as explained more in detail below:

Funding for the National Plan of Public Health, which includes a malaria control and prevention program, brings together resources of fiscal nature assigned by the General National Budget Law, according to what is determined by the Development Plan Organic Law- Law 152 from 1994 and likewise governed by what is established in health Laws 715 from 2001, 1122 and 1151 from 2007 and Decreed 3039 from 2007.

During the first semester of 2008, the Ministry of Social Protection (MPS) General Directorate of Public Health (DGSP) updated and presented the National Planning Department (DNP) with the investment records for the malaria prevention and control program corresponding to the resources of 2009. On the 20th of July 2008, the DNP and the Ministry of Finance presented the Budget Law proposal to the Republic of Colombia's Congress for the fiscal year of 2009, and it is expected to be approved in December 2008.

During the first semester of 2009, the Social MPS DGSP carries out and presents the planning of action plans, hiring, purchasing and yearly payment plans.

The Planning office takes steps before the Ministry of Finance towards making the resources available in June 2009. This is the date set in the present proposal to begin implementing WF resources which would be in alignment with the national fiscal year, promoting efforts and facilitating a coordinated implementation of resources from both sources.

Plans created by MSP DGSP integrate departmental and municipal (territorial) health plans that articulate the strategic component with investment resources that are transferred annually through inter-administrative agreements from a national level to territories.

The present proposal aims to reach out to 5 departments at high risk of malaria by using pilot experience developed in the department of Nariño with joint support of the WF project PAMAFRO and RAVREDA

IAM, combining the reinforcement of the information system with local analysis, increasing microscopic diagnosis coverage with rapid tests, introducing therapy combinations with artemisinin derivatives (COARTEM) and protecting high-risk communities with long-lasting treated mosquito nets with a significant impact on the morbidity and mortality rates shown over the last couple of years.

3.4 Program-based approach for Malaria

3.4.1. Does planning and funding for the country's response to malaria 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 malaria Proposal

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

Prepare after completing s.4.

Colombia registers around 20% of malaria cases in America although there is considered to be significant under-reporting. After Brazil, it is the country with the highest burden of disease. It presents high incidence rates in some areas and has proportions of *P. falciparum* around 70% along the Pacific Coast where black communities are resistant to *P. vivax* because of the presence of the Duffy-negative factor. Furthermore, a high percentage of deaths on a regional level occur in Colombia but also with significant under-reporting.

Malaria burden is concentrated in remote, vulnerable populations whose basic needs are not met and who lack access to health services. They are located in high receptivity areas, far from urban centers where, over the last few years, the majority of the country's malaria cases have been recorded. The benefiting population includes approximately 500,000 people, mainly farmers from black and indigenous communities in the departments of Valle, Cauca and Chocó along the Pacific Coast and in the departments of Antioquia and Cordoba which come together in this region and stretch out towards the Caribbean area. A large part of those affected live in territories with large extensions of unlawful farming. It is in these areas where there are problems with violence, causing one of the largest forced displacements that the world currently registers. This region mainly corresponds to the tropical rain forest with high rainfall.

The epidemiological situation worsened after the health system reform in 1993 and the decentralization of the malaria program between 1995 and 1997 which fragmented service delivery and transferred surveillance and control responsibility to departments and municipals without previously establishing sufficient technical-administrative capacities. Therefore the outcome was a lack of fulfillment in territorial competence required for proper malaria surveillance, prevention and control.

Within the framework of the government's commitments to achieving the Millennium Development Goals, this proposal aims to reduce morbidity by at least 40% and mortality by at least 95% in 44 municipalities located in 5 departments where around 80% of the country's cases are concentrated.

The proposed strategy is to implement an intelligent management of decision-making and malaria prevention and control using specific high-impact interventions. To guarantee the effectiveness of the interventions, the creation of multidisciplinary work teams is proposed to articulate human resources from the national program. These teams will have a permanent presence on a departmental and municipal level to improve information coverage, quality and analysis, timely decision-making and undertake proper supervision and assessment, focusing on the local level.

The main activities to be implemented are:

i) Improve the coverage of timely access to quality diagnosis, enlarge the microscopy network and use rapid tests in the most remote areas.

ii) Guarantee access to therapy combination treatment with artemisinin derivatives for *P. falciparum* and Chloroquine plus Primaquine for *P. vivax*

iii) Strengthen the management of antimalarials and increase compliance with treatment.

iv) Increase protection coverage with long-lasting treated mosquito nets (LLNs) in high-risk communities.

v) Structure and implement a decision-making and public health management system based on the use of trustworthy and timely information.

vi) Design and implement communication and social mobilization plans (COMBI) to increase protective factors against malaria.

Most of the elements of the proposal are supported by technical tools to improve decision-making in malaria control. These elements were successfully developed over the last few years with Amazon countries and in particular with the Nariño department in Colombia within the framework of the AMI/RAVREDA project (PAHO, CDC, MSH, USP)and were implemented together with the World Fund

PAMAFRO project for certain border departments.

In an act to strengthen services, a health personnel training policy on a municipal level will be developed to control malaria and other vector-bourn diseases. It will be based on a training and competence certification program that has been created over the last two years thanks to coordinated intersectoral management carried out by the Ministry of Social Protection (MPS) and the National Learning Service (SENA), with the support of the National Institute of Health (NIH) and PAHO/WHO consulting.

With the COMBI plans that will be implemented in towns duly selected from 23 municipals and the information, education and communication (IEC) actions that will be carried out in 44 municipals, a strengthening is expected in social support and local management, a stimulation in the demand for early diagnosis and proper use of medicines and mosquito nets in order to achieve a greater impact on the sustainability of prevention and control actions.

4 PROGRAM DESCRIPTION

4.1 National prevention, treatment, care, and support strategies

(a) Briefly summarize:

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

Note: these two paragraphs come from 4.7.2

In Colombia the strategies for the control of malaria in the past 15 years should be adapted to major changes in the health care system. Since the early 90's, the country adopted the Global Control Strategy (GCS) as a general framework to guide actions. Still with a centralized, organized program by operational areas, the approach adopted stressed the first element of the Strategy with actions aimed at assuring timely diagnosis and treatment and regimens targeted at a radical cure of infections by *P. falciparum and P. vivax.* Vector control continued focused on actions of home spray with pesticides with residual effect, with prevalent difficulties to implementing the principles of selective control proposed at the GCS.

In addition to the GCS malaria control strategies, the program strategies have also been targeted at strategies proposed by Roll Back malaria and framed by the fulfillment of the millennium development goals.

The malaria prevention and control strategy in Colombia which is headed by the national program with NIH support, is targeted at reducing complications, mortality and impacting the transmission of the disease. By law, the diagnosis and treatment of malaria in Colombia is free and integrated into health services, and to obtain this, it's worked as a health assurance strategy. However, a large part of this demand is tended to by functional delegation in a rural red of microscopist technicians and community agents that are mainly supported by departments and municipals. As a priority event in public health, their functions and competences are defined from the national level for territorial entities, but surveillance and control capacities remain insufficient to guarantee a proper service to the entire population. Surveillance and vectorial control actions are carried out with the support of staff members from departmental programs with an integral approach but with emphasis on intra-domiciliary residual spraying. There are recent intervention pilot experiences with long-lasting mosquito nets impregnated with insecticide mainly in the Antioquia and Chocó departments as well as mobilization and social communication plans in Antioquia.

With the national public health plan 2008 (annex 1) and the national plan for malaria prevention and control program (annex 2), Colombia proposes: to improve the occasions and quality of malaria diagnosis and treatment. To promote proper use and availability of antimalarials. To strengthen the epidemiological surveillance for properly detecting and handling outbreaks. To improve surveillance as support for vectorial control. To implement more mobilization and communication actions to strengthen social participation in health management and self-care and develop supervision actions to identify main problems within the framework of the assurance system and to take indicated corrective measures. To achieve the above mentioned, the national government also hopes to strengthen human resources policies and team management and supply and material management with the support of the Hospital Cooperative of Antioquia and PAHO/WHO consulting.

The MPS (former Ministry of Health) purchases and distributes therapy regimens to the departments and locally must advance management to guarantee service supply in endemic areas. Treatment in Colombia is subject to thick drop parasitological diagnosis, for which there is a quality management system being implemented. The MPS defines and updates treatment guidelines and regulations to ensure mandatory compliance as well as for other public health relevant events (Annex 3). The national network of laboratories formed by the National Reference Laboratory at the National Health Institute (NHI) and the department laboratories of public health have functions related to quality control, training and basic supplies flow, but the management of the patient must be assumed by local care providers and insurance companies. In towns, local health offices must supervise the diagnosis management and coverage and request that care providers guarantee supply in areas affected with malaria. The complexity of management in rural and isolated areas where malaria is prevalent, incomplete medical coverage of the

population and weakness of the mechanisms for the control of compliance with duties by care providers and insurance companies lead departments and towns to use surveillance and prevention resources to make up for gaps in the diagnosis network for hiring microscopists, purchasing microscopes, etc. The instability of human resources for microscopy is a result of this weak network structure and freedom of local actors to hire without the necessary requirements.

Diagnosis and treatment of malaria actions are mainly supported by departmental programs through contracting or encouraging capable community microscopists with the support of public health laboratories. However, their work is not stable and throughout the year and there are many endemic towns that don't have timely access to this service. Considering that health assurance plans include free diagnosis and treatment to the population and private institutions to focus on service delivery in urban areas, the MPS is requesting that resources from the health assurance system also go towards rural towns not covered in order to improve diagnosis and treatment coverage, reduce under-reporting, complications and deaths. Rapid tests for malaria diagnosis have been mainly introduced for use in public sanitary health in the department of Nariño and other departments with the support of the World Fund PAMAFRO Project. The departments, targets of this proposal, have very limited use of rapid tests.

MPS is in charge of providing antimalarial drugs; however, due to planning and purchasing management problems, periodically there are shortages of one or various antimalarials in different endemic municipalities and areas. The availability of Coartem since its introduction in 2007 has been covered by donations from PAHO/WHO. For future shortages, MPS is taking urgent steps towards obtaining the medicine in Ecuador while the corresponding purchase is carried out. The arrival of medicines in the departments is not always timely since they have to manage the transfer from Bogotá to capital cities and there is no well-organized management for such activity. Due to difficulties in accessing very remote towns especially in the municipalities of the Pacific Coast departments, the required availability is not always maintained and adding to this situation are the access limitations already mentioned.

In Colombia there is a national pharmacosurveillance system leaded by the INVIMA, the regulatory medications agency. Pharmaceutical services, including prescription, supply and surveillance of medications, is governed in the country by Decree 2200 from 2005. Currently, the surveillance of the efficiency of antimalarial medications has been performed within the setting of research projects and with the participation of Colombia in RAVREDA (Network for the surveillance of resistance to antimalarials in Amazon Countries), and has been used to understand the resistance panorama for both *P. falciparum* and *P. vivax* along the Pacific Coast, Antioquia and Córdoba. Adverse events with antimalarials are not routinely monitored in endemic areas even though the Pacific Coast has reported up to 2% of G6PDH deficit in patients with malaria and medications such as primaquine are used routinely. In the setting of the RAVREDA project, advances have been made in the surveillance of the quality of antimalarial medications through the implementation of Minilabs in Valle and Antioquia with the support of the US Pharmacopeia, the MPS and health secretariats of the departments. Currently, both Minilabs are working and drug sampling has been performed without finding quality deficits.

Malaria is part of the public health events that towns and departments must monitor. Consolidated information flows from towns to departments and the country. There is a low participation by the epidemiology offices of departments and towns in the analysis of local information, which generally results in the decisions on interventions in towns being adopted by the field operators without the company of an analysis unit. The National Surveillance System (SIVIGILA) particularly registers the cases diagnosed at hospitals, centers and health posts, but a significant percentage of cases diagnosed in microscopy areas or active search activities are not included or are entered late into the System. In the past year, the NIH and the MPS have been promoting a significant change in reporting the relevant events in public health (annex 4), including malaria. It is the replacement of consolidated notification by automated capture of individual registries. The new guideline will determine multiple possibilities of analysis and access to information in all levels, facilitating focalization and epidemiological stratification with support from geographical information systems. The process of change in the system is being implemented and supported by the PAHO, working in establishing analysis routines to guide the management in treatment and vector control.

The deficits in the information system are the starting point in understanding a situation characterizing the problem of the control of malaria in Colombia, that was indirectly outlined above, related to the access to the treatment and control of vectors. Local and department entities are weak in developing an intelligent management in the control of malaria. In many cases, the technical requirement of an organized management exceeds the capacity of the agencies responsible in the towns, also the lack of protocols and standards and of a methodical use of the information for decision making, which limits a

more effective management.

The actions for the control of vectors are the responsibility of the departments and towns. Pesticides and some equipment are distributed centrally. National guidelines establish the principles of the selective control diffused by the WHO from global strategy and approach to the integrated management of vectors. However, most times these principles are not applied routinely on a field basis. Spaced spraying of insecticides has increased due to the more frequent appearance of outbreaks.

For entomologic surveillance in malaria, an important national laboratory network has been structured, headed by NIH. IN each department, the public health department laboratory has an entomology unit with a professional that must guide the vector control actions; however, in many cases a consistent dialogue was not achieved between the entomology teams and the officers responsible for the control actions. Two years ago, a national surveillance network was implemented for the resistance of malaria's main vectors to pesticides (annex 5).

Entomologic actions have been more finely targeted and related to control operation. Vectorial control interventions are mainly residual spraying but with limited coverage, quality and continuity. With MPS's own resources and resources from other departments, protection experiences have been implemented in pilot form with long-lasting impregnated and treated mosquito nets. With support from the PAMAFRO project, the World Fund has managed to obtain important coverage on mosquito net use in the department of Nariño. In the departments, targets of this proposal, the coverage of treated mosquito net use is very low.

With the decentralization of the program and the integration of the Ministry of Health into the Ministry of Social Protection that occurred in the previous government period, the national team responsible for managing the prevention and control program for malaria and other vector-borne diseases, was reduced to only three employees which form part of environmental health of the public health general directorate of the MPS. To fix the lack of resources on a national level, each year the MPS hires various specialized health professionals on a short term basis. However, instability inhibits the consolidation of a national team with proper governing capacity and departmental management support. With the system reforms, the MPS granted the National Institute of Health (NIH) the responsibility of epidemiological surveillance and outbreak control support. A similar situation to that in MPS occurs with the NIH. Human resources support the program from surveillance areas in public health, parasitology and entomology. Greater efforts are needed in the internal articulation of different MPS dependencies related with the encouragement of health, surveillance, assurance and service delivery, prevention and control as well as inside the NIH and between both institutions to make national response to malaria more integrated and effective.

The new public health national plan engages efforts from departments, municipalities, private assurance systems and other sectors so that with the support of national transfers, the coverage of diagnosis, treatment, prevention and control can improve in the most endemic rural areas.

In the context of the elements promoted by the Initiative to Reduce Malaria, in 2001, Colombia became part of the Amazon Initiative for Malaria (AMI) and the Amazon Network for the Surveillance of Resistance against Antimalarials (RAVREDA). Within the framework of RAVREDA IAM and with the support of PAHO/WHO, CDC, MSH, USP and financial contributions from USAID, a setting for technical cooperation has been developed which has enriched the malaria program, encouraging important changes to medicine and vectorial control policies. In recent years, instruments and method proposals have been developed to improve the management of malaria programs in issues related to the management of antimalarials, quality of diagnosis, monitoring of access and use of medications, stratification for decision-making, and a strategy to rationalize decision making and using entomologics in vector control. The institutionalization of these strategies is currently being worked on. This proposal hopes to expand and consolidate this work in departments that have greater incidence.

(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 the 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	Annexes 1, 2, 4, 5, 6,7	Annex 1: 48 pages Annex 2: 7 pages Annex 3: 70 pages Annex 4: 53 pages Annex 5: 15 pages
☑	National Malaria Control Strategy or Plan	Annex 3	Annex 3: 63 pages
☐	Important sub-sector policies that are relevant to the proposal *(e.g., national or sub-national human resources policy, or norms and standards)*	No	
☑	Most recent self-evaluation reports/technical advisory reviews, including any Epidemiology report directly relevant to the proposal	Annex 8.9	Annex 8: 43 pages Annex 9: 17 pages
☑	National Monitoring and Evaluation Plan (health sector, malaria specific or other)	Annex 10, 11, 12,13,14,15	Annex 10: 31 pages Annex 11. 24 pages Annex 12. 80 pages Annex 13: 1 page Annex 14: 1 page Annex 15: 11 pages
☐	National policies to achieve gender equality in regard to the provision of malaria prevention, treatment, and care and support services to all people in need of services	No	

4.2 Epidemiological Background

4.2.1. Geographic reach of this proposal

(a) Do the activities target:

☐ The whole country ☉ Specific Region(s) ***If so, insert a map to show where* ☐ Specific population groups ***If yes, insert a map to show where these groups are, if they are in a specific area of the country*

Priority departments for WF project intervention.

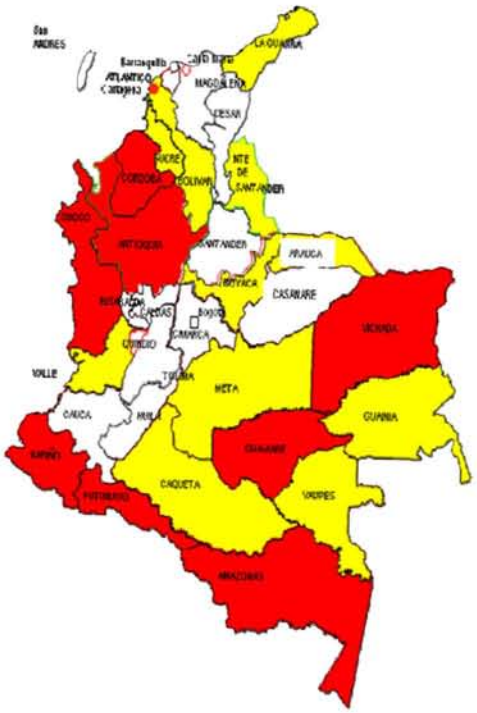
Atlantic ocean

ROUND 8 – Malaria

Source: Agustín Codazzi Colombian Institute. Map of Colombia. Political Division. 2006.

Annual parasite index for malaria in Colombia, 2007

ROUND 8 – Malaria

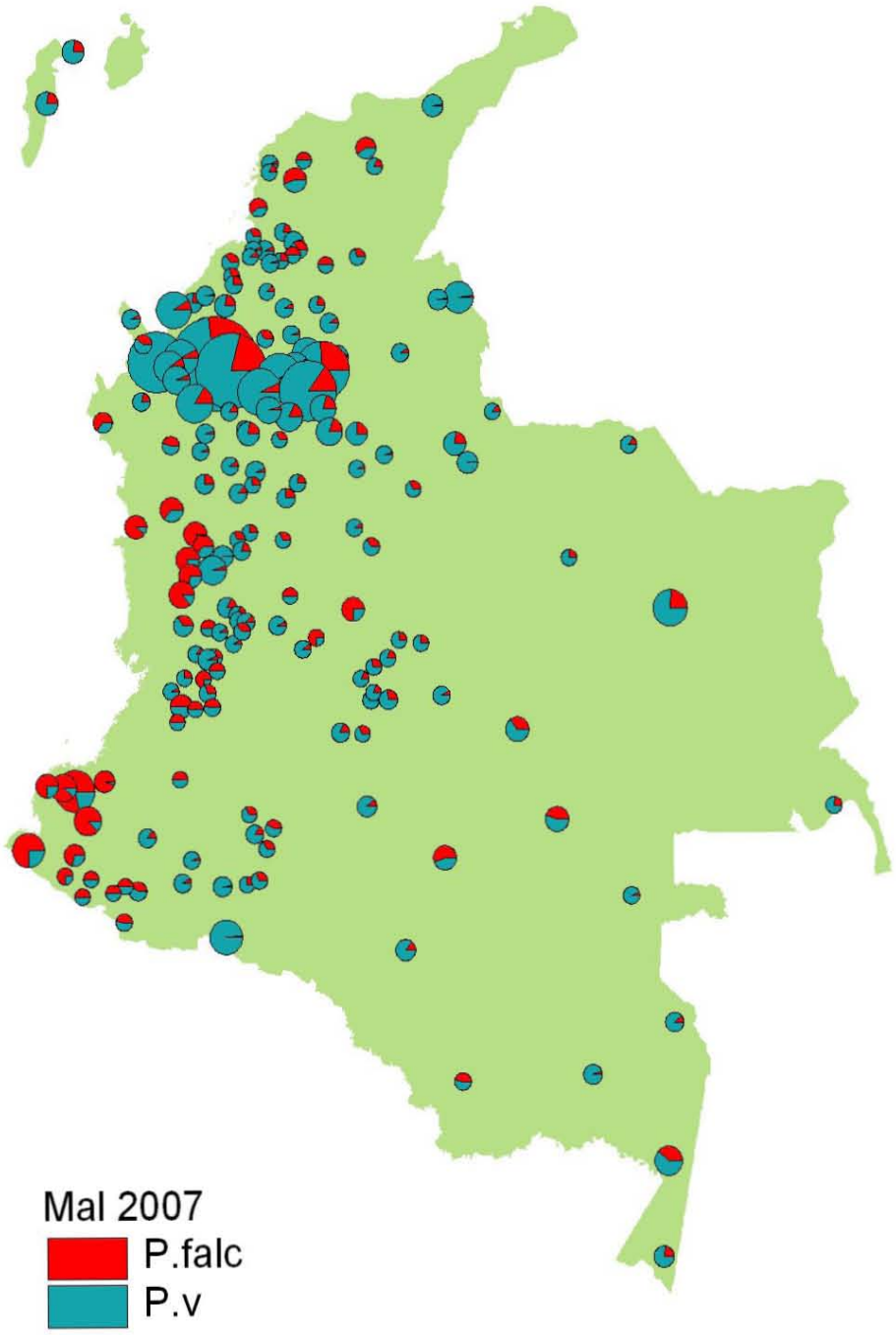


Risk	API
Low	< 1
Medium	1 - 9,9
High	≥ 10

Source: National Institute of Health. National Surveillance System SIVIGILA. 2007.

Annual parasite index for malaria in Colombia, 2007

ROUND 8 – Malaria



Source: National Institute of Health. National Surveillance System SIVIGILA. 2007.

(b) Size of population group(s) targeted in Round 8			
Population Groups	**Population Size**	**Source of Data**	**Year of Estimate**
Total country population (all ages)	44.450.260	National Population Census, 2005. Nacional Department of Statistical Administration (DANE).	2008
Women > 54 years	3.113.328	National Population Census, 2005. Nacional Department of Statistical Administration (DANE).	2008
Women 15 - 54 years	12.968.265	National Population Census, 2005. Nacional Department of Statistical Administration (DANE).	2008
Women with a pregnancy in last 12 months	4.2%	National Demographic and Health Survey. 2005. Profamily.	2005
Men > 54 years	2.715.671	National Population Census, 2005. Nacional Department of Statistical Administration (DANE).	2008
Men 15 - 54 years	12.511.896	National Population Census, 2005. Nacional Department of Statistical Administration (DANE).	2008
Girls 5 – 14 years	4.333.422	National Population Census, 2005. Nacional Department of Statistical Administration (DANE)..	2008
Boys 5 – 14 years	4.524.841	National Population Census, 2005. Nacional Department of Statistical Administration (DANE).	2008
Girls 0 – 4 years	2.093.048	National Population Census, 2005. Nacional Department of Statistical Administration (DANE).	2008
Boys 0 – 4 years	2.189.789	National Population Census, 2005. Nacional Department of Statistical Administration (DANE).	2008
Others **: ***Refer to the Round 8 Guidelines for other possible groups*			
Others **:			
Others **:			[use the "Tab" key to

(b) Size of population group(s) targeted in Round 8			
Population Groups	**Population Size**	**Source of Data**	**Year of Estimate**
			add extra rows if needed]

4.2.2. Malaria epidemiology of target population(s)			
Population Groups	**Estimated Number**	**Source of Data**	**Year of Estimate**
Episodes of malaria in past 12 months (*all populations, all ages)*	110.447	SIVIGILA. National Institute of Health	2007
Incidents of malaria within the last 12 months: Women over 54 years of age (older than 44 years)	10.884 (sum of both genders) There's no information differentiated by gender	SIVIGILA. National Institute of Health	2007
Incidents of malaria within the last 12 months: Men over 54 years of age (**older than 44 years**)			
Incidents of malaria within the last 12 months: Women 15 to 54 years (**15 and 44 years**)	63.127 (sum of both genders) There's no information differentiated by gender	SIVIGILA. National Institute of Health	2007
Incidents of malaria within the last 12 months: Men 15 to 54 years (15 and 44 years)			
Pregnant women infected with malaria in the past 12 months	There's no information differentiated by gender		
Incidents of malaria within the last 12 months: Girls 5 to 14 years	26.306 (sum of both genders) There's no information differentiated by age group	SIVIGILA. National Institute of Health	2007
Incidents of malaria within the last 12 months: Boys 5 to 14 years			
Incidents of malaria within the last 12 months: Girls 0 to 4 years	10,063 (sum of both genders) There's no information differentiated by age group	SIVIGILA. National Institute of Health	2007
Incidents of malaria within the last 12 months: Boys 0 to 4 years			
Others **: **Refer to the Round 8 Guidelines for other possible groups*			
Others **:			
Others **:			*[use the "Tab" key to add extra rows if needed]*

Although there exists individual information for malaria cases, once an analysis on gender and age has been carried out, under-reporting of 41.2% is observed in this subsystem. However, the exercise was carried out and the percentage of malaria cases by gender is 64 for men and 37 for women. By age groups, the proportions found are: 1.7% in those younger than 1 year, 0.8% for 1 to 4 years, 5.1% in 6 to 10 years, 28.0% in 11 to 20 years, 28.2% in 21 to 30 years, 14.0% in 31 to 40 years, 8.8% in 41 to 50 years, 4.9% in 51 to 60 years, 8.6% in over 60 years. For this reason, one of the most important objectives for the present proposal is to improve the malaria information subsystem.

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[5] who may have disproportionately low access to malaria prevention, treatment, and care and support services, including women, girls, and sexual minorities.)

4.3.1 Malaria program

Describe:

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

The main weaknesses were identified that limit the impact on malaria on a departmental-municipal and national level in order to describe the deficiencies of the program implementation. During the preparation of the proposal, participants undertook analysis of strengths, weaknesses, opportunities and threats (SWOT) (Annex 6):

Diagnosis and treatment: the main deficiency of the program is the limited access remote populations have to diagnosis and treatment. Improvements to the coverage of the diagnosis and treatment network depend on an articulate management between municipalities and service providers where there exist significant weaknesses in analysis, monitoring and articulation of functions. There are deficiencies in the management of information at a local level that inhibit intelligent planning of supplies according to changes in the transmission dynamics. Labor instability of human resources for microscopy. There are deficiencies in the quality of diagnosis and compliance with treatment. There are problems with the antimalarial supply system, including diagnosis centers, and there are limitations on a permanent supply of treatment in areas that are tended to by brigade cycles. In 2006, some country departments started to use therapy combinations with artemisinin derivatives (CTDA), but during plan implementation there were difficulties related to procurement, lack of counseling and supervision. There is little social control in relation to supply and demand services.

Protection with long-lasting treated mosquito nets: Although there is significant experience of implementing long-lasting, impregnated and treated mosquito nets, the strategy still has not been incorporated into the country on a large scale. There is no national plan for gradual implementation of long-lasting, treated mosquito nets (LLIN) nor is there a clear strategy for involving different social actors related to the problem. Unlike the intra-domiciliary residual spraying, the LLIN is considered to be a strategy that adjusts much better to the characteristics of the Colombian health system for obligatory plan providers and care from different insurers. The development of this proposal could also contribute to defining a long term funding strategy for this intervention.

Malaria information subsystem: the information subsystem forms part of the Public Health Surveillance System (SIVIGILA). In 2005, the SIVIGILA started reforms on an individual reporting system that would substantially improve surveillance, monitoring and planning of interventions on all levels. However, significant under-reporting persists and the local analysis capacity is limited. There is no proper information-handling culture on a local level. There are multiple actors on a local level involved in malaria care which makes standardizing procedures and information flows difficult. There is a lack of better-trained human resources.

Program management: technical-administrative management has low capacity on all territorial levels due to insufficient human resources, responsible for program management, and shortcomings in the technical capacities of employees especially on a territorial level. There's an absence of routine information handling, analysis and decision-making. Health and malaria program managers from different levels are not aware of the immense potential a more organized management of action planning and implementation can have.

Strategy for social communication and mobilization for the control of malaria: although some significant pilot experiences have been implemented, there is no policy that facilitates community communication and mobilization aimed at increasing social participation in health and malaria protective factors such as improved supply and demand of timely diagnosis and treatment and expanding the proper use of long term agreements.

With specific at-risk populations, the following barriers and deficiencies are identified that limit the impact of the malaria control strategy:

- Forced displacement of highly vulnerable populations in high endemic zones with malaria. Population instability with temporary installation in unprotected housing and without access to means of protection.
- Geographic access difficulties in malaria transmission areas and difficulty in service delivery in conflictive areas.

[5] Please refer back to the definition in s.2 that can be found in the *Guidelines for Round Eight.*

- Movements of populations in areas of unlawful farming which makes planning a service network difficult.
- Cultural aspects in special social groups (indigenous groups) for compliance with prevention and treatment measures.
- Difficulty planning efficient service delivery.

4.3.2. Health System

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

The description can include discussion of:

- *issues that are common to HIV, tuberculosis and malaria programming and service delivery; and*
- *the problems related to the health system and the results in the field of malaria (e.g.: delivery of ITNs or IRS, or provision of intermittent preventive treatment to pregnant women (IPTp)), but perhaps not related to HIV and tuberculosis programming and service delivery.*

Service delivery capacity: the problem in Colombia is the insufficient supply of timely diagnosis and treatment in remote rural towns. The difficulties for rendering services in disperse areas and the lack of an effective control of compliance with the duties of service providers often result in deficiencies in the offer of diagnosis and appropriate treatment in many regions. The resources in principle allocated to collective actions of promotion, prevention and monitoring should have met these management deficiencies in many towns. In addition to the inadequate diagnosis and treatment network there is an instability and rotation of the human resources caused by the decisions of local rulers ignoring the significant of establishing teams with experience and skills in this service. This occurs despite malaria diagnosis and treatment in Colombia being a part of the service package insurers are obligated to guarantee to the population members of the general health social security system (NHSSS). In communities not included in the insurance system, health secretariats should assure the service offer.

Access to pharmaceutical products: in Colombia there are deficiencies in accessing free antimalarials. At a central level, the MPS purchases antimalarial drugs for free distribution all over the country. Independent from the insurance status of the population, all cases of malaria in Colombia must have free access to official systems. However, several limitations in the management of medicinal products and the abovementioned deficiencies with regard to the inadequate coverage of the diagnostic network limit compliance with the principle of universal access to treatment. Evaluations of the use of antimalarials performed in recent years in high-transmission areas have documented serious deficiencies in the free, adequate access to official systems, a situation that has to do with a deficient management in the distribution, deficiencies in planning and lack of monitoring and control systems for the use and distribution at all levels.

Information system: for Colombia, monitoring is insufficient and there are limitations on the use of information for guiding decisions. In the Colombian system, the monitoring of malaria is a function of towns and departments in the framework of a weekly reporting system of relevant public health interest (SIVIGILA). Due to the particularly rural characteristics of malaria, most of the cases are not included appropriately in the system. To update reporting, there is a permanent flow of consolidated information with different processes and instruments among territories.

In the decentralization of the control of malaria to departments and towns the flow of resources was assured by annual transfers for operation and investment, but establishing a culture of use of the information to guide decisions was not planned.

Morbidity information is the basic requirement for guiding actions. Most departments manage consolidated information and follow manual data tabulation processes, which limits that the dynamics of malaria is appropriately followed by managers. In many towns and departments there are no routine analyses on the behavior of malaria for locations, guided by improving the net of diagnosis and treatment or active case-searching actions. There are established process of analysis to assess the need and the impact of interventions of vector control which limits the application of the principles of selective control of vectors. The human resources responsible for actions in towns in many times do not have the adequate profile or training to organize these processes.

Actions for the control of vectors of inadequate efficacy and coverage

The control of vectors is part of the strategy for the control of malaria in Colombia. National guidelines are

aimed at selective interventions with an integral management approach. The MPS supplies mainly pesticides with residual action. However, the local activities have deficits related to the selection of towns and actions and monitoring the impact. There are operational limitations that make that no complete spraying cycles can be maintained, resulting in towns with a high disease burden not having a complete protection during the year, because the resources are used to also cover incompletely disperse towns. Space applications of pesticides with a low efficacy have been increasing, reducing the frequency of residual spraying and, on the contrary, awnings embedded with pesticides are not yet the objective of a complete national strategy of implementation, though they are used with low variable coverage in some departments. In this regard, threats to vector control are identified as related to the instability of human resources and the weak documentation of the impact of interventions. This is a context of tax limitations of departments and towns that can lead to marked adjustments in the availability of human resources. Such event occurred in the Department of Cordoba in the year 2000, where the load staff was let go and currently the vector control actions are contracted out to private companies while the problem is being solved; 4 municipalities in the South of this department provide many of the cases of malaria in the country and are the objective of this proposal.

Leadership and Governance: in Colombia there is limited institutional and community social support for the prevention and control of malaria The control of malaria and other vector-borne diseases is managed on a whole. In recent years, efforts have been made to strengthen the functional departmental technical teams for the purpose of improving program management and handling. Furthermore, several pilot communication and social mobilization experiences are implemented to impact risk behaviors doe malaria in some towns. Although department and town territory levels have significant responsibilities in the management for the prevention and control of malaria, there is still a lack of commitment by many of the governors of these territories to assure sustainable, appropriate investments in the control of malaria.

Administrative difficulties in inspection, monitoring and control have been identified in the program; also in planning, management and local management, adding to them the existing limitations due to the complexity of the health assurance system and stress and dynamics characteristics of each territorial context of malaria. As mentioned above, Colombia is a decentralized country, with popular election of rulers; however, in contrast with these situations organized social responses to assure an appropriate service offer are fragmented and also limit the positive modification in the modes, conditions and lifestyles of the populations at risk.

Human, financial and logistical resources: Project presentations allowing for community participation must be analyzed and reviewed. There are no stable staff members because the personnel is highly rotational and vacancies, in some cases, are filled by unsuitable staff members.

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 malaria outcomes.

Reducing morbidity-mortality from malaria is a priority of the government expressed in the participation of Colombia in the global initiatives and in the regional agreements to reduce the burden of this disease. Public health actions targeted at controlling and preventing malaria and considered in the National Development Plan for the 2006-2010 period and in Law 1122 from 2007, which adjusted and modified law 100 from 1993, established an important change in terms of territorial entity actions in the field of Public Health. This law governed the National Public Health Plan with Decreed 3039 from 2007 for the quadrennial 2007-2010, which will be under mandatory fulfillment for the Nation, departmental, district and municipal health entities and health insurers and Resolution 425 from 2008 which defined the methodology for elaborating, implementing and assessing the Public Health Plan by means of the Territorial Health Plan. These plans define promotion and prevention interventions and actions for vector-borne diseases in the country including malaria diagnosis, treatment and control actions. Likewise, the document has goals and strategies for Colombia to achieve the 2005 millennium development goals (annex 7).

Since 2006, the implementation of a training and competence certification system is being worked on which is a product of a joint effort with the National Learning System (SENA). It aims to assure the

competence of human resources for the diagnosis and treatment of malaria and to improve the stability of human resources in the network. This initiative is funded by MPS.

As for treatment, the central level manages the free procurement and supply of medicines. There are quality control processes regarding purchases. Since the second half of 2006, the use of CTDA has been introduced in the country for the treatment of malaria with no complications from *P. falciparum*. For 7 years, Colombia has actively participated in the RAVREDA IAM project, which coordinates and consults PAHO/WHO, improving knowledge of antimalarial resistance and has allowed for changes to the lines of treatment. Together with the MPS, instruments have been implemented for monitoring access and the use of medicines which has provided knowledge on the difficulties of achieving timely accessibility in remote areas.

From the NIH, specific resources are planned and implemented for epidemiological surveillance activities. Since 2006, the implementation of an individual reporting system has been managed with automated information in flat file databases. In 2007, the necessary adjustments were made to adapt these changes to the monitoring of malaria. The perspective of development of the information system in malaria integrated with reporting the other relevant public health events is a strength of the system. Furthermore, significant efforts have been made in the design and diffusion of field tools and analytical software for guiding the control and review of processes with towns and departments. The MPS decided that these should become established in the priority departments for the next 3 years. This initiative is funded by MPS through agreements with NIH.

Furthermore, in the setting of RAVREDA IAM, the PAHO/WHO have been promoting, in the Amazon countries, the appropriation of analysis routines for malaria stratification and decision-making on a local level by using software such as Tableau. This initiative is funded by MPS and PAHO.

As for malaria prevention and control actions, the point that needs to be emphasized is the maintenance of specific resource transfers to the central government from MPS and critical supplies to regions for the maintenance of staff and costs for operating vector control teams in departments and towns. These include the existence of entomology units and professionals with specific functions in this field at public health laboratories from all departments and trained human resources in several towns. Furthermore, the availability of a tool to rationalize decision-making in vector control, based on information is considered to be a current opportunity. This is the application of the principles of selective control with a stratification logics that recognizes the current operational limitations of the vector control teams. The methods have been developed by professionals from Amazonian countries in the framework of the project RAVREDA IAM and is starting to be implemented in some areas of Colombia. Another opportunity, as with the case of diagnosis and treatment, are the advances, still incipient, in the implementation of a training and certification system based on competences for vector control actions in malaria and the other diseases transmitted by significant vectors in Colombia. In this regard, the SENA has been working with the Vice Ministry of Health to thus compensate the problem of suitability of the human resources in vector control.

4.4. Round 8 Priorities

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

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

Priority No:		Historical		Current		Country targets			
Indicator Name	Creation of new diagnosis centers in priority areas with difficult access	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
A: Country target *(from Annual Plans if these exist)*					250	300	300	150	100
B: Extent of need already planned to be met *under other programs*				80	100	100	200	100	80
C: Expected annual gap in achieving plans					150	200	100	50	20
D: Round 8 proposal contribution to total need		*(e.g., can be equal to or less than full gap)*				200	100		

Priority No:		Historical		Current		Country targets			
Intervention	Diagnosis with rapid tests (Number of rapid tests)	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
A: Country target *(from Annual Plans if these exist)*					268.800	282.326	291.548	150.000	95.000
B: Extent of need already planned to be met *under other programs*				5.000	7.000	10.000	20.000	25.000	30000
C: Expected annual gap in achieving plans					261.800	272.326	271.548	125.000	65,000
D: Round 8 proposal contribution to total need		*(e.g., can be equal to or less than full gap)*			85.000	202.326	271.548	125.000	65,000

ROUND 8 – Malaria

Priority No:		Historical		Current		Country targets			
Intervention	Protection with long-lasting, treated mosquito nets (Number of nets)	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
A: Country target *(from Annual Plans if these exist)*				1,255,555	1,274,640	1,294,014	1,313,683	1,353,683	1,413,683
B: Degree of need which is already predicted to fulfill other programs				355.555	360.960	316.447	366.365	406.365	466.365
C: Expected annual gap in achieving plans				900,000	913,680	977,567	947.298	947.318	947.318
D: Round 8 proposal contribution to total need		*(e.g., can be equal to or less than full gap)*				100.000	200.000	200.000	100.000

ROUND 8 – Malaria

Priority No:		Historical		Current		Country targets			
Intervention	Information and intelligent management subsystem for decision-making (Towns with operating information system-M&E)	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
A: Country target *(from Annual Plans if these exist)*				44	44	44	44	44	44
B: Degree of need which is already predicted to fulfill other programs				0	0	0	0	0	0
C: Expected annual gap in achieving plans					44	44	44	44	44
D: Round 8 proposal contribution to total need		*(i.e., can be equal to or less than full estimated gap)*			0	22	36	44	44

Priority No:		Historical		Current		Country targets			
Intervention	Towns that have implemented social Communication and mobilization plans (COMBI) for the prevention and control of malaria.	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
A: Country target *(from Annual Plans if these exist)*				1	1	10	17	19	21
B: Degree of need which is already predicted to fulfill other programs				1	1	1	2	4	6
C: Expected annual gap in achieving plans					0	9	15	15	15
D: Round 8 proposal contribution to total need		*(i.e., can be equal to or less than full estimated gap)*			0	9	15	15	15

ROUND 8 – Malaria

Priority No:		Historical		Current		Country targets			
Intervention	Timely and effective treatment of malaria (number of Coartem treatments)	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
A: Country target *(from Annual Plans if these exist)*		0	41.620	41.620	45.782	54.106	58.212	46.570	29.106
B: Degree of need which is already predicted to fulfill other programs		0	0	0	0	0	0	46.570	29.106
C: Expected annual gap in achieving plans			0	20.810	22.891	27.053	29.106	0	0
D: Round 8 proposal contribution to total need		*(i.e., can be equal to or less than full estimated gap)*			18.312	21.642	23.284	0	0

➔ *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). The Global Fund recommends that the work plan and budget follow this same order.*

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

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

See annex 8. Detailed plan.

Objective 1: Increase access to timely diagnosis and proper treatment for malaria that is safe and efficient for at-risk populations in intervention municipalities.

This goal is aimed at providing timely malaria treatment and includes activities related to improving diagnostic services and drug management. Epidemiological intelligence for planning diagnostic operations, drug management and organization of the Network are central activities for regional support teams structured with Objective 1. Objective 1 consists of providing supplies, equipment, strengthening human resources and operational conditions for diagnosis and treatment in communities given priority by the project.

SDA: Diagnosis:

In Colombia, malaria treatment is prescribed according to parasitological diagnosis, and the care strategy promoted in the present proposal follows and consolidates this policy. Access to timely treatment in remote communities where microscopic diagnosis is not cost effective is guaranteed with a strategy of rapid test diagnosis and pre-packaged treatments with fixed and mobile health agents. With this strategy, approximately 32,400 additional cases of malaria a year are predicted to be detected within the first two years as compared with the existing network.

1. Coverage expansion:

- Target populations are indigenous, black communities and communities under forced displacement in rural areas where no diagnosis and treatment network has been built.
- Included are the procurement of microscopes and materials for microscopic diagnosis, hiring of microscopists and transportation expenses to ensure timely diagnosis in communities which are not currently covered. An inventory to determine needs has been done with information from the Health Offices. However, the final selection of locations for the installation of diagnosis centers will be made by the departmental teams and municipal staff members, and is based on the analysis of demand needs and the capacity of local actors to provide services. A standardized methodology will be implemented for the selection of priority locations based on an understanding of the dynamics of local transmission and current network structure.

The government PR of the Financial Fund for Development Projects (FONADE)-NIH will purchase microscopes according to technical specifications defined by the National Laboratory Network. Microscopists duly skilled and certified (see below HSS, health workforce) are taken on by the private PR University of Antioquia Foundation.

- The national level management team will develop methodology for advising regional teams in the selection of locations where the use of rapid tests will be implemented. The proposal will support the purchase of tests, the hiring of health agents in remote communities and their capacity-building. Working with local actors, regional support teams will identify remote communities where it is necessary to use rapid tests to provide timely treatment and municipalities where a gap in service delivery and the need to use these tests have already been identified. Based on national guidelines,

algorithms for the use of rapid tests, pre-packaged CTDA treatment for *P. falciparum* malaria and chloroquine+primaquine for *P. vivax* malaria, pictorial and written instructions for patients, formats for the information system and educational materials to promote compliance will be designed. Agents are trained in how to use the reporting records in the information subsystem that is part of the national SIVIGILA. Included are the purchase of 748,874 rapid tests, support for human resources and travel to endemic areas.

The government PR of FONADE-NIH will purchase the rapid tests. The national team selects community agents through defined criteria who, being properly capable, will be hired by private PR University of Antioquia Foundation.

2. Strengthening diagnostic management and quality:

- The National Institute of Health, as head of the National Laboratory Network, in coordination with Public Health Laboratories of the 5 departments, will coordinate quality management activities for large-drop diagnosis and rapid tests. Changes will be implemented in the methodology for reviewing performance evaluation sheets according to the most recent recommendations from the WHO's group of experts. The activity essentially involves hiring a professional for the national team that will support the performance evaluation and at the same time support some activities from studies done on the effectiveness of antimalarials and pharmacosurveillance included in the SDA on treatment. This activity is complemented by human resource training actions and certification of competences (see below, HSS health workforce).

Through the field of parasitology, the NIH will support the development of this component with the cooperation of PAHO-WHO.

SDA. Prompt, effective anti-malarial treatment:

- Emphasis will be made on strengthening the CTDA for *P. falciparum* malaria with no complications and improve access to the use of the chloroquine+primaquine regimen in the treatment of *P. vivax*malaria. Since the end of 2006, CTDA have already been in use in the country but there have been deficiencies in the implementation process. The outlook expects to guarantee a proper supply of Coartem during the first three years and improve permanent supply management of other antimalarials in 44 municipalities. This will push the MPS to correct existing deficiencies to ensure the sustainability of universal access to treatments even on a local level.

PR FONDAE- NIH will purchase Coartem through the PAHO/WHO strategic fund and the national program will co-ordinately distribute it to 5 department health offices. The distribution to municipalities and within municipalities to treatment centers is supported by FONDAE-NIH with technical assistance from the Hospital Cooperative of Antioquia (COHAN), a PAHO/WHO collaborating centre for supply management (COHAN), and private PR University of Antioquia Foundation starting from the first year in order to organize and support planning logistics and distribution. Regional departmental teams will coordinate this activity.

- Drug quality during the procurement process will be ensured and a purchasing quality control will be undertaken in coordination with the National Institute for Food and Drug Surveillance (INVIMA). On a field level, periodic analysis will be done on the quality of antimalarials with the support of the Minilab located in the public health laboratories of Antioquia Valley and in accordance with the methodology being implemented in RAVREDA AMI.
- The aim is to develop a standardized system on a national level for monitoring and assessing supply and use. Actions for improving storage and distribution involve well-coordinated work with departmental teams for necessity planning, implementation of inventory, carrying out timely orders with the central level, storage and distribution to diagnosis centers. These tools will also be used during the implementation of this proposal. Specific actions for distribution and storage are complementary, as the proposal will essentially support existing structures and will only seek to improve processes and procedures already in place.
- All working microscopists, those located in new microscopy centers or community agents who perform rapid tests, will be trained, during the second year, in a strategy for guiding prescription and administration to achieve proper compliance with the treatment. Municipal trainings will be done by the PR University of Antioquia Foundation in coordination with departments. In the second year along with service providers, a system will be implemented for monitoring and assessing supply,

administration and use in health centers that have been validated by the RAVREDA project in the departments of Nariño and Chocó. Supervision of diagnosis centers will be a routine procedure for local teams during the entire project implementation.

SDA Monitoring resistance to antimalarials:

- Together with INVIMA, the aim is to support the consolidation of a surveillance system for the adverse effects of antimalarials, with emphasis on new CTDA being introduced into the country. Protocols and guidelines will be developed according to regulations and instruments developed by authorities at central level (Ministry for Social Protection - INVIMA) while at local level procedures for notification and analysis will be implemented. This proposal also seeks to consolidate actions to monitor resistance which have been established by the Amazon Network for the Surveillance of Antimalarial Drug Resistance (RAVREDA). Thus, two efficiency evaluations of Coartem are included, based on RAVREDA protocols (which are in line with WHO recommendations).

The pharmacosurveillance program will possibly be developed through a contract with the national institution by the private PR University of Antioquia Foundation. The efficiency evaluations of Coartem will be carried out by the malaria group at the University of Antioquia.

HSS: Health Workforce:

As a specific action for strengthening services, the consolidation of a human resource policy is supported for diagnosis, treatment, prevention and control of malaria. Below, details on the training and certification methodology are presented as well as their articulation with other elements in this area.

- Training microscopists is done in a circular design elaborated with SENA which includes seven models that respond to established labor competence regulations for obtaining the title "professional technician in the prevention and control of Vector- Borne Diseases (VBD): emphasis on diagnosis and treatment". Additionally there are models for strengthening communication whose objective is to improve communication skills, or in other words, the interaction between service provider and user. Also there is a model that contextualizes the microscopist as an important actor in the improvement of health conditions of the population linked to health policies, plans, programs and VBD projects and the development of behavioral values. Training for learning will be certified through complementary courses decentralized under the responsibility of SENA. As for competencies in using microscopes for diagnosis and treatment, methodology will include recommendations from the WHO expert group convened in 2005 and 2006. Check sheets for evaluating competencies will be developed alongside the national reference laboratory in the National Institute of Health and the Departmental Public Health Laboratories in the 5 departments. This human resources training component, together with the performance evaluations described earlier, will help to consolidate a quality management system for diagnosis.

Certified training of technicians in diagnosis and treatment will be carried out through contracts made with private PR University of Antioquia Foundation. The University of Antioquia directly supports the implementation of technician training in the department of Antioquia. These activities are co-ordinately carried out with NIH and in partnership with the departmental public health laboratories of 5 health offices.

Objective 2: Implement protection with long-lasting, treated mosquito nets in vulnerable populations, intervention targets

SDA Insecticide-treated nets (ITN):

- Beneficiaries are indigenous, black, settler communities and displaced communities that present the most frequent cases of malaria within the 44 municipalities. Purchase and distribution to households is included. An average of 4 mosquito nets per household is calculated to cover the 150,000 homes in these areas in order to achieve over 90% coverage. The cost of land and river transportation to reach the locations chosen has been calculated, per diems for 40 people who will distribute the nets over 120 days, per diems and transport costs for 30 supervisors who will use spreadsheets to register data on households who have received nets, so that a fulfillment indicator on this activity can be kept.

PR FONDAE- NIH purchases the mosquito nets and they support distribution to departments, municipalities and communities.

- Monitoring the proper use of mosquito nets will be carried out in semester visits to all areas where they will be distributed and the results will correlate to the epidemiological impact evaluation.
- Professionals and technicians from participating Entomology laboratories will be trained in biological test methodologies: WHO impregnated papers and CDC impregnated bottles for overseeing the resistance to insecticides in public health use as well as the technique for biological tests on WHO mosquito nets: cones, used for evaluating the longevity of insecticides in the mosquito net fibers.
- 10 areas representing intervention areas for 5 departments will undergo annual evaluation on the resistance to insecticides used in impregnating mosquito nets and insecticides used in the control of malaria on a local level. Every 4 months, the longevity will be measured with the support of program operational technicians. To do so, the tools approved by the country will be made use of with the support of COLCIENCIAS within the framework of the RAVREDA IAM project. To carry out this activity, professionals must be hired to join the NIH entomological laboratory team. Together with entomological departmental managers of the program, they will support field work and entomological-epidemiological information analysis. During the last years of the project, departmental programs will take on these responsibilities with NIH supervision.

Specific training and surveillance of resistance and longevity will be done by the private PR University of Antioquia Foundation in conjunction with MPS-NIH.

HSS: Health Workforce:

- Supports the consolidation of a human resource policy for entomological surveillance and vector control from a curricular design established together with SENA, MPS, NIH and PAHO/WHO for certified training of "professional technicians in the prevention and control of Vector-Borne Diseases (VBD): emphasis on surveillance and control of vectors". Skilled technicians support entomological activities mentioned for this proposal and contribute to their sustainability.

Together with the MPS, the NIH and departmental programs and PAHO/WHO technical assistance, the private PR University of Antioquia Foundation will perform these activities.

Objective 3 Implement and sustain information and intelligent management system for decision-making as a result of local level strengthening.

HSS, Information System:

The development of a decision-making and management system based on the use of reliable and timely information within the framework of strengthening the information subsystem and analysis of national public health surveillance system (SIVIGILA), is considered to be fundamental for the fulfillment of the proposal goals.

1.Project management start-up and structuring with the Program Implementation Unit (UEP):

- During the first quarter of activities and with the support of MPS and NIH, health professionals with skills in public health and an administrative assistant will be hired. This team in coordination with the national program, principal recipients and PAHO/MPS technical assistance will be in charge of preparing hiring processes, adjusting activity planning, planning purchases and ensuring compliance with the program implementation unit.
- In the second quarter and after the first WF disbursement, program implementation unit (UEP) professionals will be hired and their work positions will be adapted to the communication means network.
- Computer software will be designed with routine analysis which will support intelligent management and decision-making for malaria. This activity will be carried out by the NIH in order to guarantee a proper relationship with SIVIGLIA, and reference terms will be defined along with MPS and PAHO/WHO consultation.
- The program implementation unit (UEP) team will be standardized for proper development of objectives and activities. Intelligent project management will be planned as well as the actions regional departmental work teams carry out as agreed upon. Standardizing activities will be carried out by the National Faculty of Public Health from the University of Antioquia with the support of MPS-NIH and WHO consultation.

UEP hiring of a human resources team will be carried out through national merit rounds organized by private PR University of Antioquia Foundation with reference terms defined together with MPS-NIH and PAHO/WHO consultation.

2. Development of a SIVIGILA analysis subsystem:

- With the support of the national UEP team, routine analysis will be established which will be implemented with the support of departmental and municipal teams in order to achieve proper decision-making for controls. These teams, in coordination with MPS-NIH and departmental and municipal offices, strengthen epidemiological intelligence by applying designed IT analysis tools and their guides (with structure, process and outcome indicators) which focalizes, stratifies and defines proper malaria prevention and control actions.

3. Development and implementation of a malaria management information subsystem:

The proposal supports implementing an information handling model for malaria which forms part of the case information system (SIVIGILA) with information on service delivery and other aspects related to vectorial control. This model permits information from a municipal, departmental and national level to be merged into one source. Its proper access and analysis optimize resources and improve follow-up on the country's malaria program actions and impacts.

- Determining variables and sources of information will be the responsibility of the national team working together with the Ministry for Social Protection and the National Institute of Health, with support from a specialized consultant. It includes case reporting from microscopists and community agents handling rapid tests on a national level NIH-SIVIGILA.

4. Strategy for improving information flow and case notification by the Primary Units for Data Generation (UPGD):

- One of the great weaknesses of the information subsystem is the flow of information from microscopist, rapid diagnosis and health institutions to municipal health offices, mainly in rural areas and remote communities. Thus specialized consultation will identify the most relevant strategy for enabling timely transmission of data from microscopist posts to local health authorities.

5. Update the computer network in municipalities and departments:

- Taking into account that the quality and timely processing of information subsystem data is the basic material used for the analysis subsystem, it is necessary to provide the departments and municipalities with appropriate tools, such as computer equipment and data transmission network equipment, to ensure data is properly captured and sent in a timely fashion.

6. Formation of management teams in malaria surveillance and control at a departmental level:

- Taking into account the political division of the country into autonomous departments, large distances and geographical access barriers for areas where malaria transmission and future sustainability is present creates the need to form eight work teams that will be located in five departments.
- Departmental management teams are distributed as such: two in the department of Antioquia, one in the Urabá region with 10 municipalities and another in the Bajo Cauca-Nordeste region with 8 municipalities; three in the department of Chocó, one which covers the area of the Baudó river and the Pacific Coast with 6 municipalities, another that covers the area of the Atrato river with 5 municipalities and another that covers the San Juan river with 5 municipalities; one in the department of Córdoba to cover 4 municipalities; one in the department of Cauca which covers 2 municipalities; and one in the department of Valle that covers the municipality of Buenaventura. The proposal for creating departmental teams is hoped to be supported by departmental programs after the contract is terminated in order to sustain the project.
- The functions of the departmental teams are such: link together objective strategies for diagnosis, treatment and protection with mosquito nets; train departments and municipalities in malaria management system and routine analysis developed by the national management team; support and consult municipalities in the collection, flow, processing and analysis of information; evaluate the risk of transmission and identify areas at the highest risk; support and consult local health authorities in the selection and implementation of the most pertinent control actions; monitor and evaluate municipal actions for managing malaria at a local level; guarantee that corresponding data from the microscopy network is included in the information subsystems; ensure skilled personnel, rapid test diagnosis, treatment of the ill, evaluate resistance and longevity of insecticides. They will also be responsible for overseeing timely reporting of malaria cases, assessing the calculation and interpretation of epidemiological indicators and joint decision-making at a local level. The teams will provide technical assistance at least every two months to municipalities under their responsibility;

they will hold regional meetings between groups whose areas of work share transmission characteristics; they will attend national meetings where they will consolidate information and evaluate experiences to redesign activities where necessary.

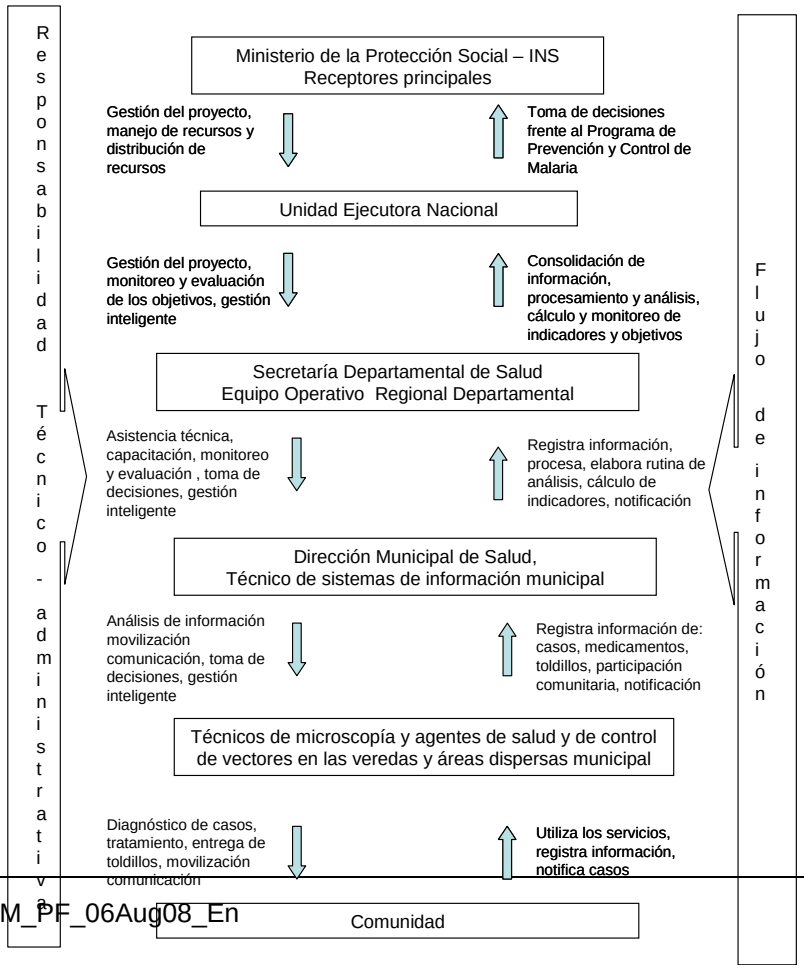
Hiring of departmental management teams will be carried out through public merit rounds organized by private PR University of Antioquia Foundation with reference terms defined together with the MPS-NIH and PAHO/WHO consultation giving preference to the resources departments have available.

HSS, Leadership and governance

- The eight regional management teams that are created to support work in 44 municipalities will provide bimonthly technical assistance, monitor implemented activities with respect to proposal objectives and evaluate the fulfillment of indicators for goals, information subsystem development and epidemiological indicators to measure the local behavior and frequency of morbidity and mortality incidence.
- Every four months, the regional management teams will hold meetings with the health government staff from public health departmental programs to socialize progresses in proposal objective fulfillment, analyze information, plan major relevant aspects, make decisions on control measures and carry out any necessary corrective actions as needed in order to guarantee a proper development of the proposal.
- Every six months a national meeting will be held among the UEP team, regional management teams, MPS-NIH national program staff and government public health representatives from five departments. These meetings are held to consolidate information, evaluate fulfillment of goals and management and epidemiological indicators, plan most relevant actions in order to guarantee activity fulfillment and make the pertinent decisions for a continuous development of the malaria component in the departmental, regional and municipal areas. During these meetings, decisions will be made on intelligent management of malaria in departments and municipalities, integrating actions from this proposal with programs permanently developed by the MPS and NIH in the country for the prevention and control of this disease.

PR FONADE-NIH is in charge of funding these departmental and national meetings.

FLUJOS DE RESPONSABILIDADES TÉCNICO-ADMINISTRATIVAS Y DEL SISTEMA DE INFORMACIÓN



Objective 4. Design and implement plans for communication and social mobilization (COMBI) to increase protective factors against malaria.

SDA Communication to achieve behavioral change

The implementation of mobilization and social communication plans for impacting risk behaviors (COMBI) are included in the basic actions of the national program to strengthen social support aimed at sustaining their impact. COMBI pilot experiences are developed in the country mainly for dengue (in various departments) and for malaria (in Antioquia and Córdoba). Social support is given through sufficient capacity-building of institutions, organizations and individuals (social actors) in order to achieve a common goal. Thus, the aim is to generate support so that preventive and control activities, which are universally accepted and considered in this proposal, achieve their potential. In other words, if social support is strengthened, then the likelihood preventive activities will succeed increases. From communities and organizations, support is achieved by improving (individual) preventive behavior so that individuals improve their behavior towards the range of preventive activities available (diagnosis, treatment, bed net use, residual spraying and decisive community participation).

- COMBI plans are prepared and participatory and progressively implemented in areas in 23 municipalities that are duly selected by following PAHO/WHO technical guidelines. Well-driven information, education and communication (IEC) actions will be carried out in 44 municipalities as support for intervention effectiveness.
- Working together and in coordination with national and departmental program personnel, professionals from the social area who form part of the UEP and who are hired by departmental regional management teams, in addition to properly managing and guiding the development and monitoring the impacts of COMBI plans and IEC actions, will support project socialization actions, train community health agents in the use of rapid diagnosis tests, coordinate activities with indigenous and Afro-Colombian organizations as well as systemize and give final assessments on this experience for later distribution. Community health agents are hired for operational development of these activities.
- Social-community work will be done in order to identify mosquito nets that are culturally accepted in the communities. Community surveys will be given on the need and use of mosquito nets; educational strategies will be implemented to promote the proper use of mosquito nets; annual monitoring will be supported for the use of mosquito nets and groups of women who are heads of the family will be trained in order to promote and manage proper use of mosquito nets in communities.
- The rights and duties of people involved in the prevention and control of malaria will be socialized. The community will be informed of free access to malaria examinations and treatment. Educational actions will be implemented that favor the demand for diagnosis and timely treatment of malaria, post-treatment control and that warn against self-medication when symptoms similar to those of malaria are present.

In accordance with criteria defined by the UEP, PR private University of Antioquia Foundation will prepare and follow through with implementing COMBI plans and hire community health agents to support the goals, design and produce materials that will be used for IEC.

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).

In view of the weaknesses identified by the TRP in the proposal presented in round 7, the total content of the proposal has been revised and adjusted accordingly. These weaknesses are presented below together with an explanation of how they are being overcome in this new proposal:

☑ **The principal recipient (PR) has a "low operational experience in TB-related projects and aspects of health care, strengthening of health services and the supply of drugs and materials for malaria".**

The recommendation for dual track PR was adopted. The selected government PR was FONADE - INS (national health institute) and the private PR selected via a public round was the University of Antioquia foundation. Both PRs have the benefit of good operational experience in aspects of health, services and malaria.

☑ **The PR does not have experience in administrating large quantities of resources.**

The two PR chosen for this round have sufficient proof of their experience in administrating financial resources.

☑ **The proposal is poorly structured as regards targets, objectives, activities, indicators and the budget is difficult to apply to the actual situation.**

The targets, objectives, activities and indicators have been specified and made more coherent in relation to the budget. Objective 4 was reformulated, some indicators were changed, their number reduced, and the budget was better organized.

☑ **Transparency in the selection of the first sub-recipients named is problematic:**

Together, the institutions and organizations called on for the preparation of the proposal for the previous round, that were also involved in the preparation of the round 8 proposal, drew up a preliminary list of sub-recipients according to the main activities that each one would perform, taking into account their expertise and capacity. Due to lack of time and to ensure transparency, it was agreed with the CCM to postpone until after the proposal's approval, the final selection of possible sub-recipients through a public round and the evaluation of proposals.

☑ **The number of positions to control malaria in an area of 44 municipalities is excessive: 9 management teams, 9 behavioral change communication teams, 8 entomology teams, 44 municipal secretaries, 150 microscopists, etc.**

Human resources activities were streamlined and integrated with an emphasis on strengthening local management. An interdisciplinary team was formed for the National Project Executing Unit and 8 regional teams responsible for the articulated execution of the project's 4 objectives in the departments and municipalities. Only one professional from the social area was included in each regional team to give support in preparing and implementing the COMBI plans. Entomologists have not been included in the regional teams. The number of people to be hired on a regional level and the duration of their contracts have been considerably reduced substantially, in accordance with the commitments undertaken by the national program to guarantee sustainability of the actions.

☑ **The sustainability of these positions is uncertain. In the proposal it is established that "sustainability is deemed essential from the point of view of achieving an efficient managerial model; this is supported by the National Public Health Plan which includes a legal and financial framework to consolidate a public health surveillance system, which has been previously planned from a local perspective" (page 41). However, guarantees have not been provided to ensure that these positions will continue to be supported by local or national government after GF support has ended.**

Greater involvement of the 5 departmental health secretariats was achieved (see annex 9, the letters of intent for implementing and sustaining the project). In accordance with the National Public Health Plan, the CCM has committed itself to directing national transfer financial resources, which along with departmental and municipal contributions, will permit continuity of the necessary hired human resources, in order to ensure the sustainability and impact of the actions performed.

☑ **It is not clear how the management teams, diagnosis services and others included in this proposal, will integrate with national control efforts.**

The proposal was clearly linked with the program operation at national, departmental and municipal levels (see operational diagram of the project under item 4.9.5). The GF project will be implemented in a permanently harmonious manner and will be strictly coordinated with those in charge of the existing work teams in the national program.

☑ **The budget for LLITNs and RDTs in EUR 11 and EUR 4, respectively, is excessive.**

The costs of LLITNs and RDTs have been updated according to the international market, thereby reducing substantially the proportion of these costs in the budget.

☑ **Weekly tests performed by 8 teams for insecticide Resistance is excessive and unwarranted, as well as the molecular analysis.**

8 teams for insecticide resistance have been eliminated. For surveillance of the resistance to the insecticide used in the bed nets, annual biological tests have been programmed to be carried out in 12

localities duly chosen for this purpose. Biochemical and molecular tests have been eliminated from the proposal.

☑ **Entomological data of the number of bites, infections and density (in two localities representing each area selected) is irrelevant for a programmatic evaluation of the LLITNs. These are indicators of the process. Only the impact of malaria infections is relevant.**

- The measurement of epidemiological impact in the use of LLITNs was coordinated in a better way (following the methodology developed by AMI/RAVREDA). Entomological data obtained concentrated only on the impact by residue and measurements (every four months) in the selected locations and by insecticide resistance. Rates of mosquito bites, infectivity, density and parity were eliminated from the proposal.

4.4.3. 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)?

Since 2001, Colombia has been part of the project AMI RAVREDA, an initiative of the eight Amazonian countries, coordinated by the Pan American Health Organization and having also the financial support of USAID and the technical support of MSH, CDC and USP. Within this framework, the participating countries have validated and adopted operational solutions in various aspects regarding malaria surveillance and control. In Colombia, RAVREDA has been introducing protocols and tools for surveillance and decision-making on the basis of evidence, the review of management processes, human resources training and demonstrative experiences, which together are enabling improvements in the following aspects of the malaria control program: introduction of ACT, surveillance of anti-malarial drug resistance, anti-malarial supply and use, information analysis, methodology for quality diagnosis management, quality of drugs, stratification for vector control, implementation of insecticide-treated bed nets, surveillance of insecticide resistance and streamlining entomological control actions. Some of the improvements promoted by RAVREDA have been adopted by the Project PAMAFRO (Global Fund) in Colombia with good results, and this proposal made to Global Fund, aims to implement these tools on a large scale. In the following section, the areas are highlighted wherein the lessons learned will be applied to the proposal:

Introducing ACT and anti-malarial drug supply management

Efficiency studies carried out by RAVREDA between 2001 - 2005 in Colombia and other countries of the region, encouraged a quick implementation of ACT in the Amazonian Region. It is believed that the significant reduction in the number of cases due to *P. falciparum* registered in the last two years in many countries, is directly related to this change in treatment. In Colombia, this can be verified in the department of Nariño, where in 2007 Coartem was implemented with an improved coverage. ACT implementation, as promoted by RAVREDA, has included methodologies for improving the calculation of needs, monitoring shortages and an operational plan model in order to guide and monitor the implementation in an organized way. However, this strategy has not been duly implemented in the country because of problems with drug supply and management, resulting in the fact that today, Colombia is the country with the lowest ACT coverage in the Region (approximately. 60% of the municipalities). With MSH support, evaluations of access and use have been developed in the framework of RAVREDA, and in 2007-2008 a situational diagnosis was performed regarding supply management which provides orientation concerning necessary interventions in different aspects of the process. The aim of this proposal is the large-scale implementation of ACT in the endemic area, as well as correcting the deficiencies in anti-malarial drug supply management and taking advantage of the tools and diagnosis promoted by RAVREDA.

Monitoring access to anti-malarial drugs and quality of care

Another area of lessons learned from last year, has been the monitoring regarding the availability of anti-malarial drugs in care stations and fulfillment of essential operational requirements for the impact of the diagnosis and treatment strategy. Starting two years ago, a simplified methodology is being introduced, coordinated by PAHO and MSH, for the supervision of diagnosis stations. A routine practice in malaria services in Colombia has undergone optimization efforts, but it was not systematic, nor was it coordinated with supply management at a local level. Pilot experiences are being developed in Colombia in the departments of Nariño, Putumayo and Choco, with a new simplified instrument and analysis plan, focused on monitoring critical aspects of care (1st line anti-malarial drug shortages, extraction of Coartem tablets from Blister packaging, reporting quality, etc.). The project PAMAFRO (Global Fund), has adopted the methodology in its areas of activity with good results, and this proposal has the aim of promoting its implementation in the remaining prioritized areas of the Country.

Improvements in the diagnosis quality management system
The Colombian malaria program is strengthened by the presence of the National Public Health Laboratories Network which allows the implementation of policies of quality management in the diagnosis of malaria. In the last few years, RAVREDA has been promoting improvements in the large drop quality control methodology, based on situational analysis performed by experts in the Region in 2004 and on recommendations given by groups of experts invited by WHO in 2005 and 2006. Work is being carried out in coordination with the head of the INS Laboratories Network on a quality management system that includes a component of "competency assessment" and improvements in the methodology of "monitoring performance". In some departments progress has been made in the use of slide panels for external evaluation, however, there has been no major progress in the implementation of the proposed improvements. Therefore, this proposal has the purpose of encouraging these changes in the selected departments. The component "competency evaluation" duly standardized by the system, will be a fundamental element in the certification process of labor competencies in the practice of malaria diagnosis. This was initiated in Colombia in 2006 as a policy of professionalizing this human resource category and constitutes another lesson learned, which has not been implemented on a large scale as yet. This approach is being presented as a service strengthening component in this Proposal.

Pilot experience of implementing long-lasting impregnated bed nets
In the department of Choco, the RAVREDA project is guiding a pilot experience wherein an operational routine is being implemented to ensure an adequate application of the LLITN. This intervention, which includes measures to guarantee the services of an adequate treatment, has special concern for maintaining high use coverage, as well as practices that favor the longevity of the bed nets and optimization of the information system operation in order to monitor impact. In all there are 12 operational requirements that must be rigorously adopted by the operational team in the selected locations. The aforesaid strategy is likewise being adopted by the Project PAMAFRO (Global Fund) with the bed nets that are being implemented in the departments of Nariño and the same is to be carried out with the implementation of bed nets to be acquired through this Proposal.

Information management and decision-making
In the last two year the INS has been promoting changes in the surveillance system of public health events (SIVIGILA) (the government's epidemiological surveillance system) towards an individual register system. In the case of malaria this is a significant step forward in improving stratification, planning and management monitoring. This change is generating the need to develop capacity in database information management. The RAVREDA project has been providing support in the adoption of analysis routines concerning the main epidemiological indicators and malaria management. A tool for tabulation and visualization is in the process of being introduced that will allow the establishing of automatic routines simplifying database management and enabling information analysis with any level of desegregation. This is the intelligence base in malaria management and is a central aspect to be boosted by this proposal.

Pilot experiences in streamlining vector control and entomological practice
In the departments of Nariño and Choco, in Colombia, a strategy for improving the impact of vector control actions in malaria has been implemented since 2007. It has to do with prioritizing continuous and comprehensive interventions in the locations where greater impact might be obtained. The approach is very much related to better information management with the necessary levels of desegregation included (previous item) and a selection system based on the criteria of the interventions. Simultaneously with this approach, which is essentially epidemiological, a methodology is being validated to establish a minimum package of entomological actions necessary, to provide guidance in vector control decision-making. Even though this proposal will not directly finance residual spraying actions, the implementation of intelligence management with project resources has among its actions that of implementing a strategy to optimize Country resources spent on vector control.

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 malaria 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 proposal aims to implement positive actions targeting mainly indigenous, afro-descendent and rural populations that have traditionally had limited access to health services. This will enable a reduction in gaps and differentials for morbidity and mortality by territory. Malaria is not distributed uniformly in either the departments or in the municipalities throughout the country, rather it is concentrated in certain locations; additionally the inhabitants of these locations are characterized by the fact that their basic needs are unmet, there is a high number of persons living in poverty and there is political conflict. Therefore the aim is to generate social support to change lifestyle, conditions and modes of living in malarial populations, through concentrated investment from a number of different sources (public, private and community). This will lead to an improvement in indicators and thus a reduction in the health gap by territory.

Furthermore, it aims to improve social and economic positioning of women head of households, by integrating a strategy which promotes an adequate use of bed nets led by this group in the prioritized municipalities, benefiting approximately 250,000 women.

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.

The proposal includes activities aimed at strengthening health services and correcting system deficiencies which will have an impact on malaria control. These actions are focused on strengthening human resources and developing the information system. An approach per disease basis was maintained because actions are essentially directed at impacting malaria control, although both types of intervention may serve as a model for future surveillance and control of other events regarding public health interests, particularly other vector borne diseases (VBD). An explanation for each of these two areas of service strengthening by an approach per disease basis, and considerations regarding possible consequences of such a specific approach, are presented below:

HSS: Healthcare Workforce

The proposal will support the implementation of a professional development strategy for human resources for training in the diagnosis and treatment of vector borne diseases. This is a government initiative that involves health, education and labor sectors, and seeks to solve the problem and the lack of expertise in local human resources in the context of decentralization. The content is vector borne diseases with emphasis on malaria, along with a strong component of certification of competence in microscopy. Another aspect of this HSS also includes supporting the process of professional development for technicians working in vector control and the prevention of VBD (vector borne diseases). Training professionals in such a specific manner, was a determining factor in how these actions are handled in this Proposal, focusing on a per disease basis. The Ministry for Social Protection and the National Learning Service (SENA) have made progress in the last two years in developing curriculum content and evaluation methodology, and they have developed initial experiences on a local scale. There has not been any negative consequence in promoting this process, on the contrary, it is a strategy which has been slow in implementation but that in the medium and long term seeks to consolidate human resources policy in this area. It is expected that the main human resources group benefited would be the same officials today in service who have not had access to a program of professional development, therefore with this action it is not feared that HR would leave for other areas.

HSS: Information system

The actions to be developed in this area throughout the proposal term, will be directed exclusively towards establishing and perfecting an efficient management model, based on malaria information management. The dynamics of malaria transmission demand a constant adjustment in actions of diagnosis, treatment and active searching, especially when dealing with disperse populations. Implementing LLITN in large quantities will require establishing new work tools and routines in order to accompany the intervention in an organized way. Likewise, it can be foreseen that activities will guide decision-making on all the Program actions in diagnosis, treatment and control, which are funded by national resources in these 44 municipalities. The specific content of the analysis and information management routines will determine that these actions be presented on a specific focus per disease basis; however it is recognized, that this model of information based management may be reproduced in the future by health services to promote this strengthening of epidemiological intelligence with a greater cross-cutting vision. In this field, the proposal has the aim of consolidating in a few years the implementation of the Public Health Surveillance System (SIVIGILA), essentially in its malaria component. Nevertheless, it is evident that support provided by the municipalities in aspects such as information technology, work routines, and information management, will promote the cross-cutting implementation of the system. In this sense, the need for a cross-cutting focus on TB or HIV was not identified, due to the scarce geographic overlapping of the proposals. Therefore, for these events, a comprehensive focus with interventions derived from surveillance was not guaranteed. Linking professionals to form management teams in the departments should not have the effect of misdirecting local human resources, given that these kinds of experts are not available in those regions. It is precisely the aim of this proposal, that after five years, managers at different operational levels will see the importance of having professionals with an adequate profile at local levels for managerial surveillance and monitoring of public health.

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 ACT 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.

Colombia has another grant from GF, the Andean Malaria Project - PAMAFRO. The project is targeting locations in 10 departments that border with Ecuador, Peru and Venezuela, different departments to those that the country aims to make an impact on with the Round 8 proposal. PAMAFRO began its activities in October 2005 and finished its first phase in 2007. Since the beginning, as a regional project, there has been minimal coordination with the Colombian CCM, as it is not familiar with the activities developed by the project, as well as the distribution of its investments in the country. Last year, after coordination changes in the project PAMAFRO, its cooperation with the national program improved, also with the departmental programs and the project RAVREDA IAM coordinated by PAHO/WHO. In this manner, an important series of tools developed by RAVREDA, have been included in the second phase of the project PAMAFRO which started in 2008.

The Andean Health Organization (ORAS) is preparing a regional proposal to consolidate the work being developed by PAMAFRO. For this purpose, a meeting was held with the national team that is working in preparing the country proposal, together with the ORAS regional team, sharing the focus of both proposals. Even though their intervention space is different, they have strengthening components for the epidemiological surveillance system and social-community support which coincide and empower their implementation at central national levels. Although delays are known and some constraints have occurred during the first phase of the PAMAFRO implementation, the lessons learned and the valuable experiences in widening the malaria diagnosis network, including the use of rapid tests, the implementation of ACT, protection with bed nets treated with long lasting insecticide, and the strengthening of the epidemiological surveillance system, have been taken into account in preparing the country proposal for round 8.

There is no geographic spatial coincidence between the prioritized areas of this proposal and the areas of the Project PAMAFRO. Neither are there resources from the project PAMAFRO that support actions in the prioritized departments of the country proposal for round 8. The geographical differences and the investment distribution to different regions ensure that duplications will not take place.

The CCM of Columbia has recommended that PAMAFRO provide more technical integration for the implementation of both proposals. The CCM of Colombia expects to know officially and to be pertinent its approval of the regional malaria proposal being prepared by ORAS for round 8. If approved by the GF, it reiterates the importance that CCM be well informed about the implementation process, in order to promote the best form of technical cooperation between both projects with the support of the PR.

4.6.2 Links to non-Global Fund sourced support

Describe <u>any</u> link between this proposal and the activities that are supported through non-Global Fund sources *(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 sources.

See 4.5.3. The Adapting to Climate Change Pilot Project for malaria and dengue which has been coordinated from the National Institute of Health (INS) since the end of 2006, will be linked to this proposal through activities to strengthen the public health information and intelligent management sub-system, in drawing up the entomological baseline and through institutional and community social support for 10 shared municipalities in the departments of Antioquia, Choco and Cordoba. The RAVREDA AMI project, implemented since 2002 by PAHO/WHO and duly linked to the Ministry for Social Protection and the National Institute of Health, provides this proposal with valuable work tools developed in collaboration with Amazon countries.

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. (both direct and indirect outcomes of behavioral change)

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

As mentioned in 4.1, the private health insurance system has great legal responsibility regarding malaria treatment for its affiliated population. However, as its services are concentrated in urban areas of the municipalities, it has had limited participation in the prevention and control of malaria in Colombia. Since the Ministry of Social Protection is seeking to increase malaria assistance coverage through resources from the health insurance system, it is deemed that investments from the health insurance system will contribute to the results of this proposal. Nevertheless, it is not possible to calculate the amount of contribution foreseen, since these resources are integrated within assistance plans for benefits that cover different health problems.

(b) In the following table identify the annual amount of the foreseen contribution from this private sector collaboration. *(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 common project *(All or part, and which part, of proposal's targeted population group(s)?)* ➔	

Contribution Value (in USD or EURO)
Refer to the Round 8 Guidelines for examples

Organization Name	Contribution Description *(in words)*	Year One	Year Two	Year 3	Year 4	Year 5	Total
[use "Tab" key to add extra rows if needed]							

4.7. Program Sustainability

4.7.1. Strengthening capacity and processes to achieve improved malaria outcomes

The Global Fund recognizes that the relative capacity 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, etc.).

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

All activities which are objectives of the malaria component of this proposal are considered part of the general Colombian social security system in terms of their regulation and budget. The logic behind this proposal is to identify current situations where there is a lack of rational and intelligent use of available resources and tools for addressing the malaria problem. The proposal aims to develop intelligent management over five years, supported by tools which are proven to be effective. Sustainability is considered essentially from the point of view of achieving an efficient management model; this finds support in the existence of the National Public Health Plan which contains the legal and financial framework for consolidating a public health surveillance system, already thought of from a local perspective. Actions to strengthen services in public health surveillance and management are aimed at creating a sustainable public health surveillance model with resources and roles defined in the system. If during the implementation of the project it is shown that is useful to form intelligence teams to support the management of a group of municipalities, the model will then find resources within the system to implement this.

The National Public Health Plan has specific resources for surveillance and control which, if managed effectively, can ensure actions for prevention can be sustained permanently, Long-lasting bed nets can be provided in endemic regions in Colombia with resources allocated for prevention. Successful experiences in providing bed nets will help to promote the use of resources by insurers for implementing effective measures for individual protection for the affiliated population. This involves concrete preventive action which can be included in the benefit plans. The diagnosis of malaria in Colombia is essentially the responsibility of the insurers and health service providers. At the present time, this responsibility is assumed for the most part by the municipalities and departments responsible for Public Health Plan resources. This distortion of role and allocation of funds is due in part to weakness in local management in monitoring and ensuring obligations to the relating population are fulfilled. The proposal aims to organize local management in this way and, based on an analysis of the service demand, will organize the diagnostic service, ensuring that the responsibilities of insurers and health service providers are met.

As has already been explained, having an efficient core management model is in itself a strategy to ensure surveillance and control actions are sustainable beyond the end of the grant, not only for program actions to be funded by this proposal but it is also expected that there will be more efficient management of the Colombia's general social security system's usual resources for malaria care. Furthermore, actions planned during the first years of the grant will be developed in continuous collaboration with municipalities and departments, with the aim of ensuring continuity of actions.

Also within the proposal, capacity-building for technical and professional personnel in surveillance, design, implementation and evaluation of interventions is included, which will enable the future strengthening of the development of regular activities in the program for the control of malaria and other vector-borne diseases.

By forming regional interdisciplinary groups for the malaria information system and the intelligence management system, it is expected that each department will offer sustainability to the system and continue the administration with these groups at departmental level, and by supporting the municipalities so that they continue with the sustainability of the IT technicians who perform the tasks of processing, analysis routines, reporting and formation of the intelligence management groups at local levels. By linking with SIVIGILA, the national malaria plan and the national public health plan, the departmental and municipal structures will be strengthened, thus improving monitoring and evaluation, control and diagnosis, within the national laboratories network.

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 "Roll Back Malaria", WHO's global strategic plan for the fight against malaria 2006-2015' .*

The National Development Plan 2006 – 2010 (annex 7) intends to reduce poverty and improve the GINI ratio of income distribution. The health component considers insuring all the poor population, in order to reduce the gaps between those who are poor and those who are not poor; to implement the national policy of offering health services, improved access and provision of health services; it also seeks to improve public health through risk surveillance and control, by promoting protection elements, linking sectoral and inter-sectoral determiners in health and by generating adequate information and, concentrating effort in reducing emerging diseases and mortalities. Regarding malaria, the plan proposes to reduce by 85% the deaths caused by malaria and to eliminate urban transmission. Likewise Colombia, along with the other countries of America, committed itself to reduce by 50% the transmission of malaria by 2010, in accordance with the millennium development goals.

Considering the significant indirect costs generated by the disease in the families and communities affected, the efforts of the control program are boosted with government actions aimed at the development of poor and vulnerable communities. Due to the problem of extreme displacement taking place in the country, state programs are being developed as well as initiatives from multilateral organizations which have the objective of improving living conditions for the displaced population. The Social Action programs of the Presidency of the Republic include a program of "support to the displaced population" that provides integral care and long-lasting solutions for this population, with a humanitarian approach, searching for social and economic integration of homes displaced from their origin or their relocation places. The areas with the highest transmission of malaria in Colombia are consistent with areas of displacement and the activities of networks of organizations that work to provide a solution to this problem. The results of the efficient malaria program actions also contribute to improved living conditions for these vulnerable population groups.

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 malaria outcomes and measuring impact.

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

In Colombia, impact measurement of malaria prevention and control actions is performed by SIVIGILA. This is an information system for the surveillance of public health events, among which are morbidity and mortality caused by malaria. This System has been undergoing a transformation in the last two years, from a consolidated information reporting system, it is becoming a system based upon individual records. The previous system, which functioned until recently, was greatly limited in regard to monitoring impact and management. Consolidated information at municipality level did not allow for stratification of the problem at a managerial level or the observation of variations on a locality level. Planning improvements in the area of diagnosis service by reason of case origin, demanded additional effort to tabulate information with the required level of desegregation. The analysis of fluctuations in malaria in groups by age, gender, place of origin or diagnosis station required a specific tabulation exercise. Monitoring diagnosis access time was a variable that was impossible for surveillance. By transforming the system into one of individual records will allow for monitoring of the principal indicators in malaria management and the impact of actions with any level of desegregation.

In the case of malaria, the system has already adapted the tools and information flow necessary for the exceptional conditions under which malaria diagnosis is performed, which has particular characteristics that are related to other events: confirmatory diagnosis (large drop) performed in disperse areas by microscopists at health units with different levels of complexity and the need to monitor impact and to understand transmission dynamics at local levels. The type of information collected by the system and management of information in databases will allow monitoring of essential variables such as: temporary and spatial variations in morbidity by probable infection location, changes in morbidity by specific age groups according to location or municipality, changes in municipality or diagnosis station standards from the time between the onset of symptoms and treatment delivery, variations in the proportion of malaria per species with any level of desegregation, among others. In the last two years the project, AMI / RAVREDA, has been supporting INS and the Departments of Nariño and Choco in the implementation of automated routines for the analysis of the principal impact and management indicators, using a new tabulation and analysis tool (Tableau software) which adapts to the databases generated by SIVIGILA. In these pilot experiences, the impact of the introduction of ACT, focalized actions with LLITN, and residual spraying, is being monitored at local and municipal levels. This approach will be implemented on a large scale with the support of this Proposal.

The implementation of the new model of SIVIGILA has been slow and the transition has been difficult, which can be seen in the important differences in case reporting between traditional consolidated information and individual information. At local levels, problems are encountered in the adoption of new routines and tools, due to the weaknesses in information management. The departmental epidemiological teams have constraints in accompanying the simultaneous process in many municipalities. A rapid implementation of the system in the 44 municipalities is exactly what this proposal aims to promote.

A priority issue to resolve within this proposal is the under-reporting in malaria morbidity and mortality existing in the regions prioritized by the project. This is being tackled with the idea of improving access to services for unattended populations, strengthening social control, as well as the capacity of the intelligence management team to capture and interpret information from community sources; these improvements complement the implementation of SIVIGILA.

Besides being an essential planning tool, the correct implantation of SIVIGILA will allow monitoring of different variables related with project impact, regarding access to diagnosis, coverage and promptness for services, and the impact of interventions in morbidity and mortality with the levels of desegregation described. The project will also allow complementary systems implementation on a large scale for monitoring impact of the interventions on the stocks of anti-malarial drugs and the implementation of LLITN, which up to now is still in the context of pilot experiences.

4.8.2. Avoiding parallel reporting

o 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)?

With this proposal, no further malaria information system will be created parallel to the one already in existence. The proposal of information management and intelligence management is essentially focused on strengthening the implementation and development of the current SIVIGILA, including new analysis variables, with the logic of a model that in the future may be routinely adopted by health services. What is being proposed is a strategy for improving information flow and case reporting by primary units for data generation (UPGD). These are those hospitals, local health secretariats, heath centers, health stations, medical centers and microscopy stations that carry out malaria case reporting through a public health surveillance system. Therefore, it is deemed that the most pertinent strategy for prompt transmission of data from microscopy stations to local health authorities is by providing equipment that will enable this transmission of data from the rural districts and areas. In turn, the system will incorporate information from the microscopy network, human resources training in large drop readings per municipality and rural locations, rapid tests application, case reporting of malaria diagnosis, treatments administered, entomological surveillance, control strategy with bed nets and communication-mobilization actions in the communities. In doing this, an integrated information system for the malaria program will be strengthened, allowing for intelligent management of disease control, while preventing reports parallel to that of the official information system SIVGILA. It is also intended in this proposal that clear analysis routes exist in correlation between information regarding the disease, including diagnosis and treatment in SIVIGILA, with information on the program's services, resources and control.

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 overcome 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.*

In order to establish analysis routines which enable appropriate decision-making for control, surveillance and control management teams will be formed, one at national level and eight regional teams in five departments. These teams, in coordination with the National Institute of Health, the Ministry for Social Protection and departmental and municipal offices, will: strengthen epidemiological intelligence (management); develop computerized analysis tools and their respective guides which will enable decision making and focus on malaria prevention and control actions; and develop structure, process and outcomes indicators. Developing analysis routines will be the responsibility of the national management team, while implementing them will be the responsibility of regional, municipal and departmental teams.

A information management system for malaria prevention and control will be developed and implemented so that it is easy to consult and access. This will include human resources trained as microscopists, a network of microscopists, rapid diagnosis, treatment, vector control supplies (bed nets, insecticides), surveillance and epidemiological behavior. This system will mean that one single source will provide access to all the information mentioned previously at municipal, departmental and national levels, thus enabling resources to be optimized and allowing follow-up regarding activities and impact of the malaria program throughout the country. Determining variables and sources of information will be the responsibility of the national team working together with the Ministry for Social Protection and the National Institute of Health, with support from a specialist consultant. It includes case reporting from microscopists and community agents that handle rapid tests to national level managed by SIVIGILA from INS.

One of the great weaknesses of the information sub-system is the flow of information from microscopy stations and health institutions to municipal health secretariats, mainly in rural areas and remote communities. In this regard, the most relevant strategy will be identified for the prompt transmission of data from microscopy stations to local health authorities. It is also hoped that the information sub-system can be used to access entomological surveillance data, test results on insecticide resistance and the evaluation of bed net longevity.

Taking into account that the quality and promptness of information sub-system data is the basic material used for the analysis sub-system, it is necessary to provide the departments and municipalities with appropriate tools, such as computer equipment and data transmission network equipment to ensure data is captured and sent.

4.9. Implementation capacity

4.9.1 Principal Recipients

Describe the respective technical, managerial and financial capacities 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 capacity needs should be described in s.4.9.6 below, and included (as relevant) in the work plan and budget.*

PR 1	PR Government - AGREEMENT BETWEEN THE NATIONAL HEALTH INSTITUTE - INS AND THE FINANCIAL FUND FOR DEVELOPMENT PROJECTS – FONADE -
Address	INS: CALLE 26 No. 51 – 20 and FONADE: CALLE 26 No. 13-19 BOGOTÁ D.C.

Considering that the Colombian government applies dual track financing, this proposal is presented through an agreement between INS - FONADE as Government PR, ensuring effective implementation in considering that:
The National Health Institute is a public establishment of National order, with legal entity status, having its own capital and administrative and financial autonomy, belongs to the Ministry for Social Protection; it comprises part of the health system and the science and technology system. It has jurisdiction in all the national territory. Its registered office, headquarters of its administrative bodies, is in the city of Bogota D.C.

The INS contributes to the improvement of people's health by managing knowledge, public health surveillance and control, and the production of supplies and biological products in the framework of the social security health system and the science and technology system.

FONADE is an industrial and commercial Company of the State with a financial nature, linked with the National Planning Department, created by decree 3068 of 1968. In accordance with decree 288 of 2004, its main objective is to be an Agent in any of the phases of project development cycles, by way of preparation, financing and administration of studies, as well as the preparation, funding, administration and implementation of development projects in any of their phases.

Within an operational framework defined for this proposal presentation, the INS, as part of the government PR, will be responsible for the technical component comprising of institutional and programmatic mechanisms as well as of monitoring and evaluation; FONADE likewise, will be responsible for the administrative component comprising activities related to Management and Financial Systems, as well as Purchasing and Supplies Management Systems.

Managerial Capacities.
The INS has been part of the health service in Colombia for 91 years. It began in 1917 when Bernardo Samper Sordo and Jorge Martínez Santamaría founded the Laboratory Samper Martínez to make biological products. It continued in operation until 1928, the year in which it was taken over by the national government. In the 1970s, the Laboratory Carlos Finlay was added, together with other State laboratories, thereby creating the National Institute for Special Health Programs (INPES). In 1975 it became the Institute that we know today.

Some activities in the history of INS that are specifically important to mention are: the research and production of the vaccine that freed the country from smallpox; development of vaccines against rabies, diphtheria, tetanus and whooping cough; the production of the first vaccine in Colombia against yellow fever; the isolation of the Venezuelan equine encephalitis and the development of the vaccine against foot and mouth; epidemiological studies and research into yellow fever, leprosy and Chagas disease, and the development of diagnosis programs in virology and microbiology. As well as the execution of three national health studies and pioneering studies in biochemistry and biology on contagious diseases. This rich inheritance of research and service is always present and active in the thoughts and actions of those who continue the work of the Institute founders today.

The products and services offered to the general population by INS are as follows:

Public health surveillance and control system
A weekly reporting process of 29 events regarding public health defined by the Ministry of Social Protection which allows for the capture of epidemiological information on cases of each of them, and for actions to be taken promptly, to formulate plans, programs, public health projects, and take care of the emergence of outbreaks and epidemics that could affect the Colombian population.

Human resources training
By way of training, courses, workshops, seminars, internships, undergraduate and postgraduate thesis, and the young researchers program (awareness-INS).

Health research development projects
The INS develops basic and applied research projects in biomedical sciences and in public health, in accordance

with institutional guidelines, thereby enabling specific knowledge of disease dynamics and contributing to the solution of the country's health problems.

Reference diagnosis
Confirmatory diagnosis for the following public health events:

- Bacterial. Acute meningitis, acute respiratory infection, acute diarrhea, sexually transmitted infections, whooping cough and micro-bacterial diseases (tuberculosis and leprosy).
- Systematic mycosis
- Vector borne diseases: malaria, chagas, leishmaniasis, dengue, yellow fever, Eastern equine encephalitis and Venezuelan equine encephalitis.
- Parasitic diseases: intestinal parasitism and toxoplasmosis.
- Viral diseases: viral hepatitis: viral hepatitis (A, B, C, and D), viral respiratory infections (influenza A and B, respiratory viruses, adenovirus, parainfluenza 2 and 3).

External evaluation of performance
The INS coordinates external evaluation programs for checking performance of quality control tests performed by departmental public health laboratories and by registered private laboratories. The evaluation includes sending sample material, its evaluation and performance according to the reported outcomes. These programs are supported by Blood Banks, Clinical Chemistry, Virology, Genetics, Microbiology, Mycobacterium, entomology, Parasitology, Pathology and Environmental health. Likewise, INS laboratories are registered for external performance evaluation programs with international institutions.

Pathology in public health
Processing of samples from human sources obtained by way of biopsy, surgical material or necropsy, for the diagnosis of public health events.

Reference collections
Maintains under laboratory conditions colonies of insects, bacteria, fungi, parasites and viruses of epidemiological and health research interest.

Antiofidic Serum
Essential medicine, included in the mandatory health plan. The anti-venoms produced are obtained from purified equine immunoglobulins, effective against poisoning caused by poisonous snake bites of these species: Bothrops, Bothriopsis, Bothrocopbias, Bothriechis, Porthidium and Crotalus. The Institute produces antiofidic (botropic) serum and packages it in a box with 2 flasks containing 10 ml each. The expiry date of the serum produced is 3 years after the date of production.

Culture media
Quality culture media is prepared for maintaining, planting, growing, isolating and identifying microorganisms. These are considered basic material for quality control processes on biological products, foods and drugs; likewise, for research and clinical diagnosis projects among others. Some of the most important media produced in the laboratory are: lamb blood agar, Sabouraud agar, chocolate agar, Ogawa-kudoh medium, Lowenstein Jensen medium, STG media, antibiotics, sugars, sodium thioglycolate culture and soya trypticase culture.

Laboratory animals
The INS has a conventional fenced biotery. The biomodels produced are used in research projects, diagnostic tests, biological tests and quality control of biological products as well as quality control of biological products offered by the Institute.
Laboratory animals offered are:
Mice - ICR (musculus), NIH (musculus) and Balb/c, Wistar rats (Rattus norvegicus), Mongolian gerbil (Meriones unguiculatus), Hartley guinea pig (cavia porcellas), Syrian hamster (Mesocricetus auratus).

Testing rooms service
The National Health Institute biotery has services for housing, maintaining and taking care of the animals, an operating room, necropsy and euthanasia for developing research projects, diagnosis tests, production process tests and biological quality control.

Publications

Biomédica, a quarterly biomedical publication listed in the Index Medicus / Medline of the National Library of Medicine. National Epidemiological Bi-weekly Report IQUEN.

Library
The library offers consultation services in the reading room, consultations through the local network, take-home lending, bibliographic searches, national and international publications exchange service and sale of publications.

FONADE has a wide range of experience in project management, having three lines of business which allow it to achieve its social objective, defined as follows:

1. Structuring, Investment Bank and Project Evaluation: Through this line of service, FONADE supports entities at municipal, departmental and national levels, enabling them to promote and make viable their projects by performing studies where different alternatives are proposed and analyzed from all angles. Finally, being able to identify the specific alternative that falls within the project parameters in all of its components, enabling the obtainment of the necessary resources throughout the different phases, both for pre-investment as well as construction and operation. To this end, cooperation activities are being carried out at different government levels and with the private sector.

With project evaluation, FONADE is assisting public or private entities in their endeavor to speed up the decision-making process regarding project viability in different sectors, presented to them for resource procurement. In this manner, helping them avoid administrative waste which implies information reception, revision, classification, evaluation and approval, ensuring an efficient and ideal resource allocation for viable projects.

2. Project Management: This enables entities to direct their greater efforts in planning and designing their own social operational policies, transferring to FONADE the technical, administrative and legal management for developing their programs and projects and ensuring the improvement of their management indicators. By following a project management scheme, FONADE can channel funds from different sources, and manage each one with the required independence. Project Management may be applied to any of the project phases - preparatory, implementation or evaluation - or it can be developed as a specific activity of any one of them. It is usual that Project Management contracts subscribed by FONADE, are developed subsequent to sub-project definition or to eligible costs previously defined with the client. In this way, FONADE undertakes to consolidate itself as an integral State consultant, providing outsourcing services, offering a solution for management capacity of public entities, and also serving as bridge between authorities at national level responsible for formulating public policies and the executing entities.

3. Project Management with International Resources: FONADE is a leader in implementing programs and projects financed by resources from the Multilateral Bank and other external sources of credit, donation and cooperation. This is done through a professional team with the necessary knowledge and experience in applying policies, standards and procedures of multilateral banks. They perform their activities in a suitable work environment for the implementation of this type of project, comprising of computing tools, methodologies, indicators and processes, adjusted to the specific requirements of each type of program or project. In the implementation of programs and projects financed by the Multilateral Bank and other external sources, the eligibility of the investments and expenditures is conditioned to meeting the standards and procedures specific to each source. In this manner, ministries, territorial entities, public and private entities in general, which are responsible for the operational implementation of credit, donation and cooperation, find FONADE to be an expert ally with technical, administrative and financial capacity to ensure that their programs and projects are carried out with transparency, efficiency and effectiveness, fulfilling the requirements of the funding source.

At the close of December 2007, under the business line "Project management with international funds", there were 17 agreements, in the aggregate of $740,761 million pesos, with funds from the World Bank, the Fund for Development Aid of Spain, the Inter-American Development Bank, the European Community and the national budget.

Currently, FONADE has 172 agreements in execution in the aggregate of COP$ 3.9 billion, 63 of which were subscribed in 2007 in the aggregate of COP$ 839,267 million (168% of the target of that year), coverage in 1099 municipalities, 75 clients at national, departmental and local levels. COP$ 71,986 million return reinvested in projects throughout 2007.

Therefore, FONADE, is focused on strengthening its operational and administrative capacity, in order to become the leading firm in Colombia's development through quality management, meeting the requirements of controlling entities (MECI, Calidad, SARO, and others). Furthermore, by preparing to face one of the greatest challenges which has structural and relevant implications in the manner in which it develops the business and its promise of value, i.e. the adoption of a new legal framework in compliance with stipulations of Law 1150.

Technical Capacities:

1. The National Health Institute has at its disposal a competent human resources team to provide technical and educational consultancy on the surveillance and control of public health events, as well as microbiological, parasitological, and entomological diagnosis and operational research of these.

2. Research experience related to HIV/AIDS, Tuberculosis and Malaria. The following projects are currently being developed:
   - Opportunistic infections in patients infected with HIV in five sentinel cities, Colombia 2007-2009.
   - Malaria control studies in a municipality of Choco department, using bed nets impregnated with insecticide.
   - Tuberculosis research integrated into public health to improve its control.
   - Molecular characterization of clinical isolations of M. tuberculosis of the surveillance study regarding drug resistance.
   - Determining the role of malaria vectors of the Anopheles species in three regions of Colombia.
   - Malaria not complicated by Plasmodium falciparum and Plasmodium vivax in Córdoba, Vichada and Guainía: Efficiency of therapeutic regimes and the genetic diversity of parasites.

3. Experience in academic development processes training epidemiologists in the field.
4. Capacity to train professionals, undergraduate, postgraduate, and masters students, or young researchers, through their participation in developing research projects in order to strengthen their abilities and competence.
5. Knowledge and experience in subjects related to public health
6. Capacity to design and implement preventive strategies for HIV/AIDS, Tuberculosis and Malaria at national level.
7. Active participation in the development of public policies such as the National Development Plan 2006-2010 "Community State: Development for all", Targets and strategies of Colombia to achieve the millennium development goals - 2015 and Vision Colombia 2019, for the prevention and control of HIV/AIDS, Tuberculosis and Malaria.

The National Health Institute, by way of Decree 272 of 2004, modifies its structure, strengthening human resources' competence and profile in public health and biomedical research, as well as surveillance and control and the national laboratories network. Currently it has at its disposal the following work teams, established according to their expertise:

SUBDIRECTORATE OF PUBLIC HEALTH SURVEILLANCE AND CONTROL

Transmissible Group

Transmissible diseases are caused by a specific infectious agent or its toxic products and go from an infected person or animal or reservoir to a susceptible host, directly or indirectly, by way of a intermediary host, person, vegetable, animal, a vector, or through the environment.

In this sense, public health surveillance of transmissible diseases is not limited to the disease and the behavioral knowledge of its causal agent, it also implies surveillance of risk factors or protection factors associated with its presence or absence.

The capacity of a new microorganism to give rise to a public health problem depends upon a number of factors: capacity; ease of transmission between animals and people; possibility of spreading from its place of origin; severity of the disease; degree of availability of efficient tools in order to prevent and control outbreaks; and the likelihood of treating the disease.

This panorama redefines epidemiological surveillance of transmissible events by moving towards surveillance of public health seeking the development, preservation and improvement of health as a whole.
The Surveillance and Control Group for Transmissible Diseases promotes a systematic and continuous process of collecting, analyzing and interpreting specific data, providing systematic and prompt distribution and evaluation of health information, in such a way that the final product consolidates in guiding the action.

Taking into account the nature of transmissible diseases and their importance regarding national public health, their surveillance is a non-delegable task of the State, of a compulsory nature and permanent in all the municipalities and districts of the country (in accordance with their competence).

Non Transmissible Group

Currently, the NTCD (Non transmissible chronic diseases) are the main cause of morbidity-mortality in the country. The importance that these events have obtained, and the specific options for their prevention, have defined them as a priority issue, thereby indicating that actions must be taken to fight them.

Epidemiological research provides evidence of the association between risk factors (RF) and the disease occurrence. These risk factors are modifiable and vulnerable to intervention strategies that intercept the natural course of the disease in which they participate.

Up to now, in our country, efficient strategies have not been developed in order to implement epidemiological surveillance of the NTCD and their risk factors. Along this line, it is essential to have reliable data available, with the purpose of establishing priorities and planning interventions.

The non transmissible chronic diseases Group of the National Health Institute's Sub-directorate of Public Health Surveillance has the goal of developing plans, programs and projects that are devoted to policy decision-making in order to reduce the load of these diseases.

In applying the plans, programs and projects with efficiency, leadership and commitment, the design and implementation of an organized surveillance system is considered that will allow: the necessary information to be defined (its sources, flows, analysis and diffusion) in a continuous and systematic process.

Risk Factors Group

Human beings obtain from resources available within the environment that which is necessary for their survival, health and well-being. In the process of satisfying their needs and improving their economic and living conditions,

they have also created risks for health and survival. This dynamic, open and mutually affecting relationship between people and the environment is the context of reference needed in order to understand the relationship between the environment and health. (WHO)

In this sense, protecting the health of the population is closely related to the knowledge its situation, which needs to include an understanding and monitoring of the environmental factors that determine its structure and dynamics.

The Environmental Risk Factors Group of the Sub-directorate of Public Health Surveillance and Control, has the purpose of contributing to the development of a national epidemiological surveillance system and to the development of specific plans, programs and projects, through the implementation of a surveillance and control system, focused on the main environmental contamination phenomena that might endanger human health.

Therefore the Environmental Risk Factors Group seeks to offer reliable and prompt information, in order to define environmental health policies that will contribute to improving health conditions of the Colombians.

Applied Epidemiology

The Applied Epidemiology Group (GEA) fulfills cross-cutting functions for the Sub-directorate of Public Health Surveillance and Control, among which the following are highlighted: in the area of training, provides training processes for agents in epidemiological surveillance and control through FETP - Field Epidemiology Training Program: Applied Epidemiology Service (SEA)

In the area of communications, progress is being made in designing communication strategies for the diffusion and distribution of important epidemiological information for decision-making regarding public health; designing, diagramming, preparing, editing and correcting texts, publications and the distribution of the National Epidemiological Bi-weekly Report (IQEN), the Epidemiological Bulletin, "¿qué paso esta semana?" ["What happened this week?"], and the technical documents produced by the sub-directorate.

It is also responsible for establishing strategic alliances in order to strengthen the training processes in territorial entities and border areas of the country.

SUB-DIRECTORATE OF RESEARCH

Biochemistry and Cell Biology

Upon the arrival of doctor Moises Wasserman at the National Health Institute in 1980, the Biochemistry Group initiated the study of interactions of the host-parasite which takes place during the infection of human erythrocytes by Plasmodium falciparum. Since then, in the Laboratory of Biochemistry and Cell Biology, 84 projects have been advanced in theses at levels ranging from undergraduate to masters and doctorate and 72 national and international articles have been published. Currently, the group is pursuing three lines of research: Plasmodium biochemistry, Plasmodium molecular biology, and diagnosis and chemotherapy.

One of the main tools for the control of any parasite is understanding its biology. By becoming familiar with the parasite's vital processes it is possible to identify chemotherapeutic targets that enable the disease to be controlled. Considering that the invasion of the human erythrocyte by the parasite P. falciparum is essential in order for clinical manifestations of malaria to be produced, the Group of Biochemistry and Cell Biology has studied for a number of years this process of invasion and liberation, as well as the molecules implicated in them. Knowledge has also been generated regarding the parasite proteins which are involved in the regulating activities of their development. Furthermore, a study is underway that seeks to identify or design molecules that block the activity of the telomerase and the proteins associated with the telomere.

In 1995 the group began to study the problem of the resistance of the parasite to anti-malarial drugs, emphasizing the use of molecular markers. Studies on genetic diversity have also been carried out.

Clinical

Since 1934, the National Health Institute's Entomology Laboratory has been developing studies in Colombia on arthropod vectors in diseases such as yellow fever and leishmaniasis, with the purpose of broadening epidemiological knowledge regarding these diseases.

The first entomological studies were performed under the auspices of the Special Studies Section of the National Department of Hygiene of Colombia in cooperation with the International Health Division of the Rockefeller Foundation. The Special Studies Section functioned in Bogota in a house provided by the National Institute of Hygiene Samper Martinez, and field work was performed in Restrepo, Meta. Subsequently, in 1938, a laboratory was established in Villavicencio, Meta, which would later be called Roberto Franco Institute. In 1939 the Special Studies Institute was inaugurated in Bogota, which after 1944 became known as the Carlos Finlay Special Studies Institute.

Initially, studies were concentrated on research related to jungle yellow fever epidemiology, but once these were suspended in the Llanos Orientales, the Roberto Franco Laboratory Villavicencio was assigned to carry out studies on anopheline mosquito malaria vectors.

Collaboration with the Rockefeller Foundation continued until 1947 and, from 1948 to 1949, the Carlos Finlay Special Studies Institute depended entirely on the Ministry of Public Health; from 1950 an agreement with the Pan-American Health Office was established. It was then decided to resume the epidemiological studies of yellow fever and other arboviruses. Gast-Galvis (1) mentions that "according to the original agreement of 1950, the INS had the responsibility of administrating the Aedes aegypti eradication campaign of in Colombia, but this agreement was amended so that, during the years from 1952 to 1956, the aforesaid administration passed to the Inter-American Cooperation Service and again, in 1957, the Institute took charge of that mission and operated from offices in the same building". In 1969 the Entomology Laboratory transferred to its new headquarters at the National Health Institute. In addition to the studies performed at the Entomology Laboratory on jungle yellow fever vectors, work has been done with insects that transmit urban yellow fever and dengue, malaria, Venezuelan equine encephalitis and leishmaniasis.

Moreover, special attention has been given to establishing cell lines in arthropod tissues and tests on a Rhodnius prolixus predatory insect of as well as attempts to colonize in the laboratory the arthropod species of medical interest.

Since 1994, besides the projects of basic and applied research developed together with national and international entities, the Entomology Laboratory of the National Health Institute in the area of the National Reference Laboratory, along with the Ministry of Health, have been working on the project "Structuring and development of the entomological units in regional and district health management". The objective is to organize vector control groups comprising of medical entomology experts and trained assistants, with a locative infrastructure and equipment that permits the establishment of an entomological surveillance system to monitor vector behavior and implement activities for the prevention and control of vector borne diseases within the national territory. Some of the functions that are being developed are: advising on the organization of the entomological units, research projects for vector control and epidemic outbreaks, referral, counter-referrals and quality control in entomological matters and training.

The work performed by the Entomology Laboratory has had the full support and collaboration of entities such as the Ministry of Health of Colombia, the National University of Colombia, Colciencias, the Foundation for Higher Education-FES-, the Rockefeller Foundation, the Pan-American Health Office, the University of London School of Hygiene and Tropical Medicine, the Department of Epidemiology and Public Health of the School of Medicine at Yale University, the Department of Biology at Youngstown University, the Department of Entomology and Nematology at the University of Florida, the Department of Medicine at the University of Texas, Galveston, Entomology, Cell and Genetic Biology of the University of La Salle in Santa Fe de Bogotá, and close collaboration with other National Health Institute laboratories.

Molecular Physiology

This research group was founded with the purpose of contributing with new lines of investigation for scientific and technological innovation and development regarding health. The Group was the result of one of the most important programs and inter-institutional agreements of the National Health Institute, INS, and the Colombian Institute for the Development of Science and Technology Development Francisco José de Caldas, Colciencias, in order to strengthen research groups and centers.

Our plans and research are in part a consequence of the health panorama in our country, based on a strategic approach and on our scientific and technological strengths and capacities. Cardiovascular diseases and cancer are currently two of the greatest causes of morbidity and mortality, both of them very costly in terms of incapacity, work productivity and investment in health care. In spite of extensive knowledge regarding modifiable risk factors, such as nicotine poisoning, arterial hypertension, diabetes mellitus, obesity, sedentarism and alcoholism, among others, about early detection procedures, abundant conventional drug-therapy and radiotherapy and coronary revascularization procedures, ischemic heart disease and cancer continue being public health problems in the world and in Colombia. Therefore, actions are required in order to intervene in the well-known risk factors, and which have already demonstrated a positive impact. Likewise, research is required so as to develop prediction strategies regarding susceptibility factors, early and prompt diagnosis and therapy, which not only reduce symptoms, but which also reduce morbidity, improve survival and promote a better quality of life. Moreover, molecular and cell physiology has brought about significant advances in diagnosis, in the knowledge of pathogenic mechanisms and, more recently, in new therapeutic strategies and in the prevention of complex diseases, with a great impact on human health. In response to this panorama and within our capacity, the research we are putting forward is meant to contribute to the knowledge of these diseases by pathogenic studies and by the molecular events that determine these diseases.

This research is being developed in coordination with local, national and foreign institutions, and contributes also to human resources training in the areas of science and technology within the field of health. The Group was classified by Colciencias as category A, on the National Scale of Groups and Research Centers 2004-2008 and it also is registered with the Red ScienTI

Among the Molecular Physiology Group's objectives is that of securing national and international recognition by generating scientific knowledge in molecular and cell physiology of chronic diseases, acquiring and transferring scientific technologies that enable achievement of the highest level in the areas of frontier knowledge, in order to make an impact in solving these human health problems.

Mycobacterium

In the light of a growing progression in illnesses and deaths caused by tuberculosis and leprosy, the need to generate new information, new knowledge and the development of new technologies is believed to be imperative. Even though different types of circumstances have been associated with such presentations, there are large knowledge gaps both locally and worldwide, which still prevent the conventional and traditional health sector to modify them rapidly and efficiently. Although the management and knowledge of mycobacterium as germ has been the traditional and current strength of the INS Mycobacterium Group, new knowledge and information generated through their lines of research, with a focus on tackling basic questions, results in the proposal of modern strategies of intervention and epidemiological surveillance for the control and subsequent elimination of these two diseases in the quickest way possible, as a practical response to immediate problems. From this panorama it becomes clear that besides universities, territorial entities, other research groups, the Ministry for Social Protection and the Sub-directorate of RNL (National Laboratories Network), are the main users of Mycobacterium Group commodities, being able to make use of the entire Network on one hand and on the other, establishing regulations based on these.

Such achievements or commodities are:

1. The first documentation on mycobacterium-HIV co-infection in Bogota, determining the frequency of the species implicated and their respective patterns of susceptibility to antibiotics, presenting the trend and developing non-traditional methodologies of bacteriological diagnosis.
2. To initiate in Colombia molecular epidemiological studies on tuberculosis and leprosy, which will produce tools for the two programs of control, along the line of transmissibility in tuberculosis and leprosy and in the distribution of drug resistance and multi-resistant strains of tuberculosis.
3. Development and implementation of rapid molecular and colorimetric methodologies for detecting drug-resistance, especially rifampicin and pirazinamide, for managing multi-resistance as well as rapid molecular methods for identifying mycobacterium species, which will allow for appropriate management of patients, especially those who are HIV carriers.
4. Implementation and standardization of the multiplication model of Mycobacterium leprae in the brachial plexus of mice, necessary for leprosy research.

Extensive contribution for training researchers in mycobacterium, through undergraduate and postgraduate programs.

Microbiology

The National Health Institute's Microbiology group actively participates in generating knowledge regarding bacterial etiological agents of acute respiratory infection, diarrheic diseases and acute bacterial meningitis, as well as others of importance in our country, such as systemic and opportunistic mycosis. This knowledge is generated through different projects along the two research lines of development in the Group.

The purpose of these projects is to continue generating knowledge of the epidemiological situation in our country, and to achieve this, we have the invaluable participation of the public health laboratories. We are also committed to the call of the World Health Organization to contain the antimicrobial resistance, establishing the magnitude of the problem and providing quality control at the different laboratory levels in order to perform proper diagnosis procedures and to determine antimicrobial susceptibility.

We are also making advances in molecular knowledge of the agents of these diseases. This will enable us to offer a local and global vision of clonal circulation or not of their isolations, which will serve in planning control measures

The study of ecological and epidemiological aspects of the etiological agents and the mycosis that they cause will allow us to improve our understanding of the complex host-parasite relationship and consequently we will be able to design suitable interventions.

Microscopy and Image Analysis

In 1970 the Electronic Microscopy Laboratory was created. In 1975 arrived the English electronic microscope brand AEI EM 801. In 1982 the Institute acquired a ZEISS EM 109 microscope, which is the one currently being used.
The promoter of this labor was Dr. Gerzaín Rodríguez, who has devoted himself to work intensively with this technology ever since he joined in 1969.
As a process of scientific-technical modernization and implementation in the INS, in January 1997, a Unit was created which brings together optic, electronic and analytical microscopy in order to provide advice, training and comprehensive service for research in biomedical sciences.

Nutrition

The Nutrition Group was created in 1991, as a response to the nutritional problem which continues to be relevant from a public health point of view. The group performs research in the field of nutritional health, studying topics

related to energetic-protein malnutrition and the deficiency of micro-nutrients; these continue to affect the health and well-being of the Colombian population and is reflected in morbidity-mortality rates, especially of the more vulnerable groups. Likewise, other aspects of the nutrition and health relationship are vitally important and are of government concern due to the fact that they condition a growing demand for health services, affect productivity and, in general, the quality of life of people, as well as non-transmissible chronic illnesses associated with genetic, environmental and cultural factors physical activity and lifestyle.

The Nutrition Group has developed research projects regarding food and nutrition, which have increased knowledge concerning some nutritional aspects of the Colombian population, that are important in formulating public health intervention and nutrition policies; supplementation, a varied diet and fortified food are of particular note. It is involved in and supports various inter-institutional committees such as the National Food and Nutritional Safety Plan (SAN), the Micronutrients Committee (CODEMI), the Bogotá District Food and Nutritional Safety Plan and Updating of the Colombian Food Composition Table (PATCAC).

Parasitology

The Parasitology Group was founded by doctor Augusto Corredor Arjona in 1963. From the very beginning, the Group has maintained a constant commitment to better understand the dynamics of parasitic endemic disease transmission, for which reason it has undertaken research into epidemiological aspects of parasitic diseases with the greatest prevalence in Colombia, taking on the role of a reference and diagnosis laboratory, researching and adapting methodologies for endemic parasitosis diagnosis in Colombia. The Group has also developed research concerning basic aspects of parasite biology, which contributes to the knowledge of diseases caused by them.
The Group is open to the possibility of implementing projects and programs in collaboration with other national and international entities, for the benefit of all the parties involved and the populations affected by parasitic diseases.

Among the groups and research centers in the 2000 Colciencias round, the Parasitology Group was classified as category A (groups of excellence). The group is recognized by Colciencias as a Category A research group, according to the results of the 2002 and 2004 rounds.

Environmental Health

The Society and Health group was created in 1996 with the aim of proposing and implementing social type research into the areas of prevention, control and understanding of the health problems of the Colombian population and the country's medical health care. This has provide support for the decision-making process for the formulation of health policies and the evaluation of problems and actions implemented in the sector.

By generating knowledge, specific queries will be resolved and the processes of planning and health administration will be supported, as well as educational activities in the area of health sciences.

This Laboratory, which is part of the Social Health Research Division, incorporates the following investigations:

- "Intrafamily violence risk factors", which was being developed in the Social Health Research in agreement with Caldas University.
- "Epidemiology of delinquency in five cities", research carried out by the Sub-directorate of Epidemiology, and finally, the project.

SUBDIRECTORATE OF NATIONAL LABORATORIES NETWORK

Blood Banks Network

In 1987, given the extensive track record of the National Health Institute and its great support of public health in coordinating the laboratories network and developing national studies on health and research, it was decided that the National Program of Blood Banks and Blood Byproducts would be structured within this Institute with the purpose of avoiding the transmission of HIV and hepatitis B through blood transfusions, on the basis of the following: primary prevention of a transmissible disease by avoiding exposure to the causal agent and minimizing the dissemination risk of diseases in the general population.

Afterwards, in 1993, the Ministry reorganized the national program of blood and blood byproducts and created the National Coordination of Blood Banks within the National Health Institute. This was done with the purpose of continuing with the program activities and developing the policies of the Ministry and those recommended by the World Health Organization and the United Nations Organization through its AIDS program, and of the regional laboratory program and blood banks of the Pan American Health Organization.

Genetics

During the period from 1998 to 2000, the most significant advancement for Public Health was the initiation of Neonatal Screening for of Congenital Hypothyroidism throughout the entire country. Two decisions made by the Ministry of Health were definitive in this action, the first one was to include congenital Hypothyroidism as a Public Health examination, and the second was the inclusion of Hypothyroidism Testing at the moment of birth as one of the care procedures carried out following birth, determined by resolution 0412 of 2000. This is an activity that signals a quantitative leap in the care given to newborns and is a flagship program not only for the genetics group, but also for the National Health Institute in the prevention of incapacity. In regard to neonatal screening, a program of External

Performance Evaluation has been started, for which 90 public and private laboratories have already registered. The publication of the Circulo de Calidad (Quality Circle) Bulletin was initiated and 6 issues have already been published, the procedures Handbook was prepared, and three workshop seminars have been held with the attendance of officials from all over the country. In total, more than six hundred officials throughout the country have been trained in technical assistance.

In the period from 2000 to 2004, actions of impact on Public Health have been consolidated. A research project was started for the study of genetic and social factors of Gestational Trophoblastic Disease, a project financed by Colciencias, in cooperation with the maternity-child Institute and the Hypophysary Hormones Group of the faculty of Sciences at the National University of Colombia.

In 2004, the structuring of a sentinel network of hospitals was initiated for the Surveillance of Congenital Rubella Syndrome, in order to cooperate with the World Health Organization's target of eliminating this disease before the year 2010.

A fundamental contribution of the Genetic group to the community, has been its participation in the Accrediting Committee of the DNA laboratories for paternity and maternity tests, supporting the Directorate of the Institute. This activity has been developed as from 2001, with the enactment of law 721, which assigns these functions to the Committee.

Today we face a change in the paradigm of public health, as Muin Khoury says, this is because human illness is the outcome of interactions between our genotype and the environment defined in a broader context.

We have developed the best laboratory techniques and we have in mind a Genetic Laboratory with identity and space in the context of public health. Evidence of this ethical assumption, is the Prize from the Colombian Academy of Medicine Grupo Sanofi – Aventis, versión XVI, awarded to the group in 2005 for the multi-disciplinary work on Gestational Trophoblastic Disease, in Collaboration with the hypophysary Hormones Group of the Faculty of Science at the National University of Colombia, the Public Hospital Network of Bogota D.C. and Colciencias.

Mycobacterium

The Mycobacterium Laboratory was founded in November 1978, when the tuberculosis and leprosy laboratories merged into the Samper Martinez National Health Laboratory Samper Martinez, in the Diagnosis, Investigation and Reference (DIR) Section.

In 1993, in order to increase the efficiency of the group, the functions performed by the Mycobacterium Group were distributed under the Sub-directorate of Epidemiology, the National Reference Laboratory and the Sub-directorate of Research, taking into account that our responsibility was to be a National Reference Laboratory (NRL) and head of the Laboratories Network.

As NRL, the Mycobacterium Group carries out external performance evaluation, training, consultations, technology transfer, technical assistance, referral, diagnosis and surveillance for the Program for Prevention and Control of Tuberculosis and the Program for Eliminating Leprosy, to all the territorial entities of Colombia.

The NRL receives technical and administrative advice from PAHO/WHO, and participates in the external quality control program of the Supranational Laboratory of the Public Health Institute of Chile.

Pathology

The Laboratory of Pathology began when the Samper Martínez National Hygiene Laboratory of Hygiene was founded in 1917. In 1930, the diagnosis confirmation work for yellow fever was initiated by way of the viscerotomy procedure, under the program of "Diagnosis, control and prevention of yellow fever", developed by the National Government and the Rockefeller Foundation.

Between 1934 and 1962, the main activities of the group concentrated on viscerotomy as a central axis. The doctor Augusto Gast Galvis, organized a national program of viscerotomy, for which the files constitute an invaluable medical and institutional legacy, not only historic but also extremely useful for understanding the epidemiology and the histopathology of yellow fever. Furthermore, the study of liver samples enabled doctor Gast to describe the first Colombian cases of visceral leishmaniasis, of disseminated histoplasmosis, visceral leprosy, and some parasitic diseases of the liver.

From the beginning of the 60s and for nearly 25 years, the Pathology Laboratory provided technical and professional assistance to the Federico Lleras Acosta Dermatological Centre for the study of skin biopsies. In this area, the task of diagnosis has been performed uninterrupted with research and reference works mainly on leprosy and many other skin conditions.

In 1968, the first Director of the National Institute for Special Health Programs, now the National Health Institute, the pathologist Guillermo León Restrepo Isaza, contributed to the creation of the Electronic Microscopy Unit within the Pathology Laboratory, an activity which is still operational in the INS and which has generated research in the area of viral diseases.

The Laboratory of Pathology has been a reference centre for the entire country regarding infectious diseases, and also a place for training for postgraduate students in pathological anatomy, infectious pathology and dermapathology.

Clinical Chemistry

Within the Consolidation Program of the National Health System and as part of the National Laboratories Network, the Laboratory for Quality Control was created in 1985. In 1987, this laboratory was carrying out activities related to training, technical assistance and consultancy for the Public Health Laboratories within the country, on the matter of Quality Assurance in Clinical Chemistry, thanks to the training received from the Food and Drug Administration (FDA) and the World Health Organization / the Pan American Health Organization PAHO/WHO; at the same time, the Clinical Chemistry proficiency test was initiated for the Public Health laboratories and for clinical laboratories of the official sector. From 1993, the Clinical Chemistry Laboratory extended the program in the area of Quality Control for Hematology. In 1998, the Program of Direct External Performance Evaluation (EEDD) was restructured within Clinical Chemistry and Hematology, which is accessible to all the clinical laboratories in the country. Taking into account the deficiencies found in the outcomes of laboratories in the area of Haematology, training courses were started regarding "Study of peripheral Blood", which has noticeably improved the level of performance in this important area.

Network for the donation and transplant of organs and tissue

The Ministry for Social Protection, aware of the need to improve and regulate the obtainment, donation, preservation, storage, transport, destination and final disposal of the anatomical components, and the procedures for transplanting and implanting them in humans, created in August 2004 the National Donation and Transplant Network.
This Network comprises of a National Coordination Team under the National Health Institute, and five Regional Coordination Teams, under the following territorial entities, each one with a specific area of influence.

Regional Coordination 2, Health Secretariat of Antioquia
Regional Coordination 3, Health Secretariat of Valle
Regional Coordination 4, Health Secretariat of Santander
Regional Coordination 5. Health Secretariat of Atlantico
Regional Coordination 1, Health Secretariat of Bogotá

Regional Coordination	***Jurisdiction***
No. 1	Bogotá D.C., Cundinamarca, Hula, Tomila, Boyazá, Casanare, Meta, Caquetá, Vichada, Vaupés, Guaviare, Guainia, Putumayo and Amazonas.
No. 2	Antioquia, San Andrés and Providencia, Choco, Córdoba and Caldas.
No. 3	Valle, Risaralda, Quindío, Cauca and Nariño-
No. 4	Santander, Norte de Santander, Cesar and Arauca.
No. 5	Atlántico, Bolivar, Magdalena, Guajira and Sucre.

Furthermore, the Donation and Transplant Network (RDT), integrates the tissue banks, the Health Service Provider Institutions (HPI) with transplant or implant programs, the associations of transplant patients and all those actors related with the subject of donation and transplant of anatomical components.
The National Health Institute, by means of Resolution 214 of March 2005 and in compliance with decree 2493 of August 2004, decided to create the Donation and Transplant Group which will be responsible for the National Coordination of the Donation and Transplant Network.
FONADE offers its legal, technical, financial, administrative and human resource infrastructure to the service of projects within the framework of the National Development Plan, in important sectors such as: Transport, Drinking Water and Basic Sanitation, Agriculture and Rural Development, Industry, Institutional Development, Environment, Mining and Energy, Social (Health, Education and Recreation), Communication, Urban Renewal, Cultural, among others.

FONADE is a tool directed towards strengthening management capacity, coordinating national policies with the objectives of departmental and municipal development plans, optimizing the investment transferred from the Nation and own resources, as well as the investment of external credit resources, international cooperation and co-financing destined for regional project implementation of investment. All this is performed through the support given to entities for identifying, formulating and evaluating their projects. In this way, it becomes a linking mechanism for government policies to satisfy the needs of the Departments and Municipalities.

FONADE offers the entities the following advantages:

- A structure adaptable to the particular needs of the projects, speed in the procedures and transparency in the process of selecting contractors;
- Institutional backing which is implied in doing business with FONADE as a state entity linked with the National Planning Department;
- The financial nature of the entity, which enables it to offer an integral portfolio of financial services to the client;

- FONDADE's experience in managing Public Sector projects and its knowledge in managing national and territorial entities;
- FONADE's position as co-executor and financial executor for projects financed by credit from multilateral banks (BID and BIRF) and with resources originating from international cooperation (AID, GTZ, European Union, Development Aid Fund - FAD, etc.);
- A highly qualified human resources team in technical, financial and legal aspects;
- Optimization of the legal procedures for hiring and paying;
- Freeing the client from the operational, administrative, legal and financial burden of the project;
- Proper programming and implementing of resources.
- Satisfaction of the expectations and commitments with the community.

Administrative strength.

FONADE, as an agent in the phases of the project, has the capacity to establish a specific management structure for each Project, in accordance with its requirements, enabling a fast and efficient implementation. This structure is generally comprised of one project manager or director, technical advisors and assistants, professionals and technicians.

Each business unit has autonomy in the implementation and administrative support provided by the Entity's operational areas.

The administrative structure of FONADE comprises of General Management, Technical Sub-management, Administrative Sub-management, Financial Sub-management, Legal Consultancy and Internal Control Consultancy.

The Technical Sub-management is directly in charge of fulfilling the line of service in Project Management and Project Management with International Resources, ensuring operational management efficiency in the administration and control of the projects.

The Technical Sub-management must also coordinate activities related to the negotiation, planning, prior studies, evaluation, hiring, implementation and settlement, always in coordination with the Legal Consultancy and the other areas of Entity support for fulfilling management goals in the lines of business. It also provides technical consultancy services in any of the phases of the project development cycle.

There are three groups comprised within the Technical Sub-management, which exercise their functions independently in order to perform the processes of selection, hiring, implementation and settlement of the projects. These provide all the necessary support requested by the Manager or Director of each Project in order to achieve the objectives of the same. The functions and responsibilities of each one of these work teams is as follows:

Previous Studies Group:
The previous studies group, in coordination with the agreement Manager, will perform the prior tasks pertinent to the pre-contractual phase, until the reception of the bids, and will carry out the following activities, among others:

1. Revision of the project that is to be implemented and formulation of the corresponding recommendations.
2. Recommendations for optimizing the resources of the agreement, procuring economies of scale within the project and in consideration of the required hiring for implementing the projects.
3. Risk analysis of the contract. Among other items, climate, public order and differential exchange rate factors will be taken into account. It will be imperative the express regulation in the participation rules, to provide solutions to each one of these risks, in such a manner that greater sums are not generated on behalf of FONADE's clients.
4. Analysis of method of payment and its correlation with the value in which contracting will be made.
5. Verification of the existence and quality of studies, licenses and permits.
6. Revision of market conditions and prices. To this effect, the costs and the existing values in the place of implementation will be taken into account, along with the payment conditions proposed to the bidders.
7. Preparation of the rules for participation with contractors with clear, objective, fair and comprehensive criteria; to issue clarifications and/or addendum to the rules and receive the proposals.

Evaluation and Hiring Group
The evaluation and hiring group is responsible for evaluating the proposals presented by the participating companies in the process of selection. When the process of proposal evaluation has finished, the group makes a recommendation to the General Management or to the Legal Consultancy, to go ahead with the hiring in accordance with the parameters used to determine the order of eligibility.

The evaluation of proposals is carried out taking into account assessment criteria (technical, legal, economic). In the legal-technical evaluation, the compliance with the requirements regarding participation rules is verified, as well as the parameters and requirements established for implementing the project; likewise the suitability of the personnel and the legality of the proposal. The evaluation and hiring group determines if the proponents comply with all the established requirements (legal and technical elements) and then proceeds to carry out the economic evaluation of the proposals. This is done on the scheduled day by way of a public hearing at the opening of the economic envelope, wherein the acceptance of a proposal is established by a regime determined in the participation rules such as, geometric average, arithmetic average or the least value.
Implementation and Settlement Group

The implementation and settlement group is responsible for performing technical, administrative, legal and financial follow up on the implementation of the agreements and its derived contracts. Likewise, this Group must execute the process of settlement for the finished contracts and agreements.
Follow-up to project implementation is performed through a number of different mechanisms, such as: Through reports from the auditors hired for derived contracts required by the project, field visits, technical committees, among others.

This Group is comprised of a team of Execution Coordinators, a Settlement Coordinator and the agreement Managers. Each one is responsible for different activities to achieve a correct execution and settlement of the contracts and agreements:
Support areas.

Moreover, the Project Management line requires permanent support from all the areas of the Entity, which have a direct impact regarding response times and organization in order to fulfill the objectives proposed in each one of the projects. In general, two types of functions are fulfilled which accompany the line: the support functions, which correspond to the administrative and financial support (supplies, personnel, technology, paying agent, disbursements, accounting) and the mission support functions, for which the Legal Consultancy has an important role of permanent accompaniment in project execution.

Strength in Purchasing and Supplies Management.

FONADE's Legal Consultancy has, as general functions to direct at all the contractual processes carried out in the Entity, provision of legal advice in preparing specifications, reference terms and/or rules for participation, approval of the contract guarantees, among others. Furthermore, this Consultancy legally accompanies the implementation of the subscribed contracts, gives an opinion on the writing of minutes, issues addendum, deals with contract and agreement extensions, and provides support for operational Committees.

Each FONADE agreement and project has the consultancy service of a lawyer throughout the entire execution of the agreement, from legalization until final settlement. This is done through the participation and support in the management of the previous study groups, evaluation, hiring, execution and settlement of Agreements and contracts. Likewise, it accompanies the agreement Manager throughout the entire development of this and its projects.

FONADE contracts workers in compliance with the guidelines established by Law 1150 of 2007 and its statutory decree, standards through which measures are introduced for efficiency and Transparency in Law 80 of 1993, which constitutes the general statute for public contracting. This standard enables the Nation, when subscribing with Multilateral credit Institutions or international cooperation, assistance or aid organizations, or with foreign entities with public rights, to comply with the regulations of such entities in all that which is related to procedures of training and adjudication, special execution clauses, compliance, payment and adjustments. Studies and analysis prior to hiring

In 2007, there were 684 selection processes set forth, of which 346 (51%), were from the selection process through the web site and the remaining 338 (49%) were by invitation. An increase of 55% is shown in relation to the selection processes set forth during the year 2006, which corresponds to the increment of 68% in subscribed agreements.

Evaluation and Adjudication of Selection Processes

In 2007, 356 selection processes in the ordinary course of business were evaluated through the Evaluation and Hiring Group. Of the total processes evaluated, 250 were awarded (70%), 73 were declared void (21%), and 33 are still underway. It is worth pointing out that from the total processes awarded, savings were generated in the aggregate of COP 85,979 million, equivalent to 10% of the official budget as a result of the competition generated by the call to tender.

Hiring in the ordinary course of business

The official budget value of the selection processes in the ordinary course of business amounted to COP 1,067,210 million in 2007 (17% more). The aforementioned is due mainly to carrying out wide ranging processes such as the Tolima Triangle, Phase III of COMPARTEL, COMPARTEL Projects Bank and the construction of prison facilities.

In 2003, the Financial Fund for Project Development - FONADE, created a specialist group for Project implementation, funded by resources from the Multilateral Bank or from other international agencies, either credit or cooperation.

Creating this Group answered the need of the Colombian State to have an entity capable of implementing efficiently the resources coming from loans or donations from the multilateral bank or from other international sources, seeing that the executors, generally Ministries or Administrative Departments, do not have available material and administrative resources for the prompt implementation of the credits. For the State, in spite of creating *Executing Units,* in one Ministry or Administrative Department, the legal, technical, or financial capacity is not achieved for the dynamism necessary for project implementation.

In light of the above, FONADE, through the Multilateral Bank Projects Group offers these entities the possibility of

subscribing to an Inter-administrative agreement, with the aim of supporting the work of Executing Units, with knowledge and experience in the implementation of projects with resources from the Multilateral Bank or from Cooperation agencies. In particular, experience regarding pre-contractual and contractual matters is offered, based on the standards of the Global and Inter-American Banks or from any other type of credit or international cooperation. Furthermore, a financial structure is available to make payments required for the project, as well as the financial reports required by the donors or lenders.

FONADE has the institutional and legal capacity to implement the project, for which the Multilateral Bank Projects Group designs with the client a strategy of project implementation, which includes a revision of what is established in the loan or donation agreement. Likewise it recommends a strategy to harmonize these clauses with the principles of article 209 of the Constitution and the austerity guidelines for public spending fixed by the National Government, with the aim of achieving the targets proposed by the State at the moment of signing the international agreements.

PROCESSES ADVANCED BY THE FONADE MULTILATERAL BANK GROUP	YEAR 2006	YEAR 2007	YEAR 2008 (to June 10 2008)
Open processes	385	360	130
Adjudicated processes	363	312	107
Retrieved by the client	12	32	1
Declared void	9	12	6
In progress	1	4	16

Strength in Management and Financial Systems.

FONADE, by being an entity of a financial nature, is under the surveillance of the Financial Superintendence of Colombia, a technical organization subject to the Ministry of Finance and Public Credit, which has the objective of supervising the Colombian financial system in order to preserve its stability, security and reliability as well as promote, organize and develop the Colombian securities market and protection for investors, savers and the insured.

The Entity has a Financial Sub-management in charge of:

- Planning, directing and controlling the implementation of the Fund's policies and strategies in compliance with the legal regulations and guidelines of the Board of Directors and the Manager.
- To direct, coordinate and be accountable for the proper management and control of the money and titles, which through different concepts are deposited into the Fund, in accordance with the Board of Directors and Management guidelines.
- To direct, coordinate and be accountable for the accounting records and budgets in compliance with the relevant legal dispositions and the instructions given by the competent entities.
- To direct the process of investment negotiation and make decisions regarding the Fund portfolio structure and third party resources managed by the Fund, in compliance with the policies established by the Board of Directors and Management.
- To direct the preparation of financial budgets and control their implementation according to priorities, planning, programs and projects indicated by the Board of Directors and Management.
- To plan, direct, control and be accountable for the accounting management of the Fund, with the aim of obtaining updated financial statements that reflect the reality of the Fund, and which can be used as management tools.
- To verify and be accountable for compliance with tax regulations.
- To prepare financial reports in compliance with current regulations and those required by the Board.
- To prepare and submit for consideration to the Fund Manager, an annual budget preliminary plan for the operation of the entity and, once it has been approved by the Board, direct its implementation.
- To direct and coordinate the Fund's Budget activities.
- To develop regimes for optimizing project cash flow, in accordance with the
- information provided by the technical sub-management.

In order to attend to these needs, it has the following work teams at its disposal:

Project Fund Management Group: in charge of control, monitoring and implementation of the resources of the subscribed agreements.

Accounting and Budget Group: Responsible for preparing, controlling and monitoring the FONADE budget, and the preparation, analysis and conciliation of the financial statements

Investment Negotiation Group: as part of its main function, it is responsible for placing the surplus liquidity in capital market instruments, by establishing investment portfolios with resources from the agreements as well as those of FONADE, within security and minimal risk parameters and by seeking to generate the greatest possible profit and thus the greatest return from the amounts administered, taking into account all the variables of cost, term, liquidity, risk and profitability that may arise.
By the year 2007, a positive operational balance was obtained, achieving net profits in the aggregate of COP$ 11,794

million, surpassing by 16% those obtained in 2006; a result that reflects the commercial dynamics, the greater levels of productivity achieved and the optimization of the processes and resources. Operational profit was achieved in the aggregate of COP$ 19,903 million, which indicates an operational margin of 23%. This behavior is mainly the result of income due to profit from the portfolio, which comprises 66% of the total operational income; it is noteworthy that for this period interest rate behavior had a positive impact on the operational profit, which surpassed by 33% those recorded in 2006.
Likewise, the assets of FONADE grew to COP$1,280,909 million, representing a growth of $320,032 million (33%), as regards to those registered in 2006, due to resources coming in for the implementation of new projects. These assets are backed by 93%, with liabilities for $1,280,909 million and by 7% with capital for $99,939 million.

The information systems which FONADE has at its disposal for monitoring, control and implementation of the financial and accounting component of the agreements are:

- Budget System
- Accounting System (INGEFIN)
- Application of Causation and Payment
- Interface with the SEVINPRO Investments systems and with the portfolio and roster application

In 2007 there were 38,881 operations performed which amounts to 3.5 billion pesos between investments and disbursements. Payment methods were: 133 transactions by cheque, 27,724 by electronic mechanisms, 11,024 by internal transfer. Likewise under the Income heading 15,603 transactions were performed.

In 2007, FONADE generated financial surpluses of more than COP$11,794 million pesos, which were marked for financing projects that stand out due to their social and economic impact for the benefit of populations residing in 26 departments of the national territory. The aforementioned, added to the capital assigned in past periods of validity, reaches a total of COP$ 52,860 million invested in 113 projects since 2003, where initiatives are set-up in regard to urban, education, sports, tourism, road and environmental infrastructures, among others, which contribute to the improvement of the quality of life of these communities.

Likewise, it is important to mention that one of the essential factors of added value of FONADE in the development cycle, consists specifically in the contributions it makes to the projects, as a result of the financial yields obtained from the administration of the investment portfolio. These contributions reached the sum of COP$71,986 million in 2007, representing an increment of 69% compared to the previous year, as a result of the increase registered in the profit of the aforementioned portfolio.

Strength in process management.

FONADE has established, documented and implemented a Quality Management System with continual improvement, the same involves all the requirements described under ISO Standards 9001:2000 and National Standard NTCGP 1000:2004, thanks to which it is possible to satisfy and to exceed the expectations of our clients.

Institutional Strengthening

Currently, a number of actions are being implemented with the objective of continuing with the institutional Strengthening proposed in the strategic plan of 2007. Among these are the following:

- *Risks.* Activities that must be implemented by mandate from the Financial Superintendence of Colombia (SFC), such as the Operational Risk Administration System (SARO), the Basic Financial and Accounting Circular (market risks), Asset Laundering and Funding of Terrorism Risk Administration System (SARLAFT), Market Risks Administration (SARM) and the Liquidity Risk Administration System (SARL).
- *Quality.* Continued the implementation of the Quality Management System (Standards NTCGP 1000:2004 and ISO 9001:2000), where visits/ inspections performed by the certifying entity resulted in the compliance certificate being issued, therefore conserving the quality seal.
- *Leadership Chart.* Within the framework of strategic plan implementation, a group of indicators were formed to measure institutional performance under the principles of the Integral Leadership Chart, with the aim of strengthening the work of the directors in decision-making for the management of the entity.
- *MECI*. Progress was made equal to 129%, compared with the established target.
- *Closing of the Fiscal Account*. Based on the concept regarding areas, processes and actions audited, in the month of August 2007, the dictate of the Fiscal Account Closing was issued for 2006 validity, classifying it in the box D11 (Concept Favourable-Clean).

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The Non-Government Principal Recipient, with the aim of ensuring a good implementation of the program, will strengthen all the components of its organizational structure, according to the needs of the project and what is defined by CCM. These actions of technical assistance are aimed at strengthening the

area of human skills management, with seven professionals in different areas of project support and an appropriate physical and technological structure (see Budget). Monitoring and accompaniment of the processes will be carried out, with the active participation of the system actors.

The technical assistance required for project management and the achievement of general objectives, will be coordinated with the Government Principal Recipient and with the Ministry for Social Protection, regarding strategies, terms and commodities.

The University of Antioquia Foundation, in addition to its financial capacity and resource administration management, has in partnership with the University of Antioquia, the technical and operational capacity for developing projects and programs in areas of clinical, diagnostic, epidemiological, entomological management as well as in the area of public health and its malaria component. This is performed through educators, academic groups and research groups, who provide the required expertise for monitoring and evaluation of the project, in accordance with the aforementioned University Body. The same applies to the training in the area of malaria required by the Principal Recipient.

In order to identify the needs of the different sectors, the Foundation in partnership with the University, generates scientific and social knowledge, transfers the social and human capital through programs targeting society, putting at the disposal of the communities, institutions and society in general, its wisdom, knowledge, learning and infrastructure for its application and service to those who may require it. In this sense, the Foundation places at the disposal of the municipalities, departments, local and departmental health authorities, public and private institutions, social and community organizations, the knowledge and learning necessary to achieve the objectives.

GENERAL OBJECTIVES

The University of Antioquia Foundation will constantly coordinate with the Principal Recipient of the public sector, which is in charge of the malaria component in the country (PR FONADE, Ministry for Social Protection - National Health Institute), and with whom the following agreements may be established:

1. The public sector principal recipient will purchase supplies such as impregnated bed nets, microscopes, rapid tests for diagnosis, among other products, with the purpose of obtaining economy of scale with lower prices by purchasing large quantities for the country. The University of Antioquia Foundation will distribute the supplies to the different Departments and locations, where the proposal will be developed.
2. The public sector Principal Recipient will form part of the national team for developing the information system with intelligent management. In turn, the University of Antioquia Foundation will deal with the necessary contracts with the sub-recipients of each Department and location, to form the regional teams and to implement the project, in accordance with the guidelines provided by the national team, of which the Principal Recipient is part of.
3. The public sector Principal Recipient, which is part of the national team, will provide consultancy service to the regional teams. In this process, the University of Antioquia Foundation will coordinate the departments between the regional teams and the local teams, through a technical-administrative consultancy in order to achieve a suitable development of this proposal regarding the malaria component.

4. The University of Antioquia Foundation, by means of research groups and professors of the University of Antioquia with malaria expertise, will provide the respective consultancy services solicited by the departments and municipalities, regarding the development of the technical operational activities particular to the proposal to be developed in the component of malaria.
5. The University of Antioquia Foundation will hold periodic meetings (quarterly or half-yearly) with the public sector Principal Recipient in order to evaluate the manner in which the project is being developed as a whole, with the purpose of taking corrective measures that may be deemed necessary, throughout the implementation of the proposal in the component of malaria. In this way, the relevant advice derived from this evaluation will be made available for the operational and financial implementation, provided to the sub-recipients and local and regional teams.
6. The University of Antioquia Foundation offers logistic, consultancy and administrative support to the public sector Principal Recipient, in those additional aspects that may be required, in order to ensure an adequate development of the proposal in the component of malaria.

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) Have the sub recipients been determined yet? *(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.

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.

There is no previous experience with these sub-recipients.

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.

Potential Sub-recipients include community-based organizations, patient organizations, ex-patients and relatives, NGOs, universities, scientific societies, civil society and the private sector, among others. For selection, once the proposal has been approved a transparent process will immediately commence in which each Principal Government Recipient and non-Government Recipient will organize a public round process for selecting the sub-recipients, which shall end within the first three (3) months of execution, to avoid delays in executing the program. The following evaluation criteria will be used in selecting the sub-recipients: Institutional and programmatic capacities within the program framework (Legal status; Management, operational structure, planning; Infrastructure, information systems; Supervision and internal control). Financial capacities within the program framework (Legal aspects and work team; Accounting and financial system; Processes, supervision and control). Mechanisms established for the participation of beneficiaries, vulnerable groups - affected key population, and/or civil society representatives in executing the project.

It is foreseen that once the subvention has been approved, a national and regional public information process will be implemented to facilitate knowledge about the proposal and encourage Sub-recipients to apply as operators, based on a public round promoted through the national media. Sub-recipients will be given interview questionnaires for them to fill in the requested information for analyzing certain documents based on the public round's terms of reference.

The requested information and interview will be aimed at identifying:

1. Institutional and programmatic capacities within the Program framework:

Legal status: Information on the name, date created and documents offering legal proof. In an attempt to strengthen the community, no legal conformation documents will be required for community-based organizations and organizations of people living with the disease, and their legal organization will be promoted as part of the development process for the activities contracted.

Human resources available for supporting the program execution**:** people made available for the project on a national scale (director, administrator) and in the territories, names, positions, roles within the organization. Information and evidence of the number of support staff, position and participation in administrative, technical, accounting and financial duties, purchasing, operations, including presence in the territories. Information about the profile of the work team, previous experience, self-training plans. % of staff dedicated to the project by Director and Administrator.

Management, operational structure: analysis of how they will be incorporated into the activities envisaged in the project scope, with the national and territorial policies, plans and strategies on prevention, care, support, responding to the needs of all those requiring it. Information and proof of prior experience will be requested from the potential sub-recipient regarding prevention, care and support to the community, agreements signed with other associations, objectives and the budget executed.

Mechanisms established for obtaining the participation of the key affected population benefiting from the project, vulnerable groups and/or representatives from civil society in the execution. In respect of previous experience with other projects, information will be requested on participating mechanisms of the beneficiaries, general meeting minutes and lists of participants. Other information which shows that the potential sub-recipient has the capacity to generate social and institutional participation.

Activities at central and territorial level for knowing and applying the work procedures and processes agreed in the program and project framework. Information requested and proof of information exchange mechanisms with other social, community, institutional organizations and organizations forming part of the potential sub-recipient. Participation and organization of meetings and seminars for exchanging information. Own observations on the information process in respect of dealing with procedures. Information on mechanisms for transferring knowledge in implementing previous projects.

Activities developed for planning the activities to be carried out within the project framework. Information will be requested about the action plan, purchasing plan, individual M&E plan and budget.

Infrastructure, information systems. The information requested will be provided for the purpose of identifying the communication systems used to execute the project such as postal services, telephone, Internet, information mechanisms and informal communication and available resources (website, press, publications). The relations established with other organizations and institutions will be identified, as well as the work networks to which it belongs. Information on participation and coordination of networks, participation in municipal, regional/national/international meetings.

In respect of the infrastructure facilities and equipment used to execute the project, information will be requested on office facilities, equipment, computers, procedures for acquiring additional capacities.

Supervision and internal control. Identification of the information and coordination mechanisms established with higher instances within the organization/institution itself, and the strategy for offering advice on and supervising the activities of subordinates in executing the project.

2. Financial capacities within the program framework.

Information on people in its charge and responsibilities in the monitoring of financial operations (at central and territorial levels). Experience in previous projects, information on staff made available at territorial level. Names, information on their profiles and duties.

Records, accounting and financial system. Information about the system used to safeguard the filing and recording of accounting and financial documents: computerized system (software) and alternative manual system for controlling accounting records, regular back-up system; guidelines and mechanisms ensuring security in data-processing: copy of the report from the company authorized to certify the application of the data-processing security guidelines, antivirus systems installed and updated, UPS installed, emergency plan in the event of a virus; hard-copy

files. Information on the mechanisms for exchanging financial information with the community and subordinates; participation and organization of meetings and seminars for exchanging financial information.

Activities for preparing budget and control of budget execution. Information on the budget-preparing process.

Supervision and control. Information on how it obtains, records and transmits financial and accounting information within the project framework. Accounting records; mechanisms used to control the monitoring of financial operations. Information on the mechanism for controlling the delivery of invoices to PR and control over the delivery of cheques to suppliers.

Information on audits. Mechanisms for verifying the complete execution of tasks and work plans with the people working for the potential sub-recipient. Information on mechanisms for monitoring expenses against budget at internal level.

3. M&E capacities within the program framework.

Identification and participation in M&E. Information on activities carried out to put forward the individual M&E plan and on how the individual plan is incorporated into the national M&E program. Information on mechanisms for exchanging information with the community, other organizations and people working for the potential sub-recipient, participation and organization of meetings and seminars for exchanging information. Activities foreseen for monitoring the execution of the activities planned within the project framework. Available resources for implementing the individual M&E plan (human resources, equipment, transport, other facilities).

Handling of strategic information, information systems. Information on mechanisms for identifying and designing indicators, if applicable. Mechanisms foreseen for gathering data for monitoring execution. Information on methods for gathering data, sources, ethics code in gathering data, as applicable.

Information management systems used to perform the follow-up and monitoring of the project results. Information on the computerized or manual system used in the case of community-based organizations, existence of a network at centralized and territorial levels, information on how it functions.

Production of programmatic reports, supervision and control. This refers to the mechanisms used for analyzing and issuing information on results, account-rendering reports and M&E reports. Information on supervision mechanisms for complying with the M&E plan based on the agreed timescale.

In addition, to hasten administrative and contractual processes in the country, such as contracting sub-recipients, Colombian law requires having an allocated budget in place prior to contracting, which is known as a Certificado de Disponibilidad Presupuestal (CDP) [Budget Availability Certificate]. In the experience of implementing the Round Two Project for HIV, the contracting of sub-recipients was carried out by adopting the country's guidelines, which are considered as good practice, for guaranteeing transparency.

In this way, the lesson learned in the Round Two Project will be taken into consideration where it showed that selecting local Sub-recipients who are permanently present and working in each of the regions, aided by permanent advisory services and technical assistance, performed efficient work that complied with the targets and results, leaving behind a local installed capacity for integrated work in the prevention of HIV that will serve to implement this proposal more quickly.

For the reasons given, the sub-recipients cannot be selected yet, but many institutions exist that could transparently take part in the proposals round. A list of possible candidates to be sub-recipients is attached. This list is not binding in any way nor does it imply any manner of contractual commitment for the CCM or PR and neither does it exclude other institutions.

Potential Sub-recipient candidates	Sector represented	Main SDA
Pan American Health Organization (PAHO/WHO)	International Organization	1, 2, 3, 7, 8, 9
INPEC - National Penitenciary & Prisons Institute	Government	7, 8, 9
ONIC - National Indigenous Organization of Colombia	Civil society	7, 8, 9
German aid association for those affected by leprosy and tuberculosis	Civil society	2, 4, 7, 8, 9
Rotary Club	Civil society	4, 7, 8,
ASCOFAME - Colombian Association of Medical Faculties	Academic sector	2, 5, 6, 7, 8, 9
ACOFAEN - Colombian Association of Nursing Faculties	Academic sector	2, 5, 6, 7, 8, 9
Colombian Association of Bacteriological Faculties.	Academic sector	1, 2, 5, 6, 7,

Colombian Pneumology Association	Scientific society	2, 5, 6, 7,
Colombian Association of Internal Medicine	Scientific society	2, 5, 6,7,
Colombian Association of Infectology	Scientific society	1, 2, 5, 6, 7,
Colombian Pediatrics Association	Scientific society	2, 5, 6, 7,
Universidad Nacional de Colombia	Academic sector	1, 2, 3, 5, 6, 7,
University of Antioquia	Academic sector	1, 2, 3, 5, 6, 7, 9
University of Valle	Academic sector	1, 2, 3, 5, 6, 7, 9
University of Cauca	Academic sector	1, 2, 3, 5, 6, 7, 9
University of Atlántico	Academic sector	1, 2, 3, 5, 6, 7, 9
Javerian University	Academic sector	1, 2, 3, 5, 6, 7, 9
Industrial University of Santander	Academic sector	1, 2, 3, 5, 6, 7, 9
Metropolitan University	Academic sector	1, 2, 3, 5, 6, 7, 9
CCITB - Colombian Centre for Investigations into TB	Research group	1, 2, 3, 5, 6, 7, 9
Hospital Santa Clara	Government	1, 2, 3, 5, 6, 7, 9
Hospital Universitario del Valle	Government	1, 2, 3, 5, 6, 7, 9
Hospital San Vicente de Paúl	Government	1, 2, 3, 5, 6, 7, 9
Hospital ESE Barranquilla	Government	1, 2, 3, 5, 6, 7, 9
International Red Cross Committee	International Organization	2, 3, 7, 9
National Association of People Affected by Tuberculosis	Civil society	8, 9

In respect of the malaria component of the proposal and considering the clear recognition of the institutions/organizations working on malaria at a national level, I invite them to participate in preparing the proposal, initially based on a broad and transparent scope. However, due to time constraints, the process for selecting sub-recipients will be carried out after the proposal has been approved, taking into account the existence of the government PR FONADE – INS and the non-government PR, the University of Antioquia foundation. The maximum time allowed for the selection will be the first quarter of the first year of executing the project. An open round will be organized, taking into consideration the preliminary list of potential sub-recipients: Health Secretariats of the 5 departments, National University, two centers of excellence at a national research level such as the CIDEIM International Centre for Medical Research and Training and the Colombian Institute of Tropical Medicine and PAHO/WHO.

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).*

According to the process approved by the CCM in the session held on June 13 2008 (See Annex # 54 – Section 2.2.3 (a) - Minutes # 83 of the CCM – June 13 2008), the following is the Scheme of Execution:

1. Coordination Government PR (INS – FONADE)
To facilitate and monitor the execution of the agreement the government PR, formed by the INS and FONADE in addition to having an operations handbook (annex), the planning and execution application is defined as follows:

a. Operational Committee
Committee formed by:

- Two (2) people appointed from the National Health Institute.
- One (1) person appointed from FONADE.

- However, other people from the INC, FONADE or other institutions linked to the project execution may attend as guests, if invited to do so, depending on the topic being discussed at each meeting.

This Committee will exercise, amongst others, the following duties:

a. To ensure that the agreement objective is correctly achieved.
b. To ensure compliance with the activities program defined for the agreement.
c. To approve the terms of reference of the contracts presented by FONADE, based on the contractual requirements referred by the Executive Committee.
d. To submit recommendations and suggestions for developing the agreement.
e. To act as an advisory body on the issue of discrepancies coming from execution of the agreement.
f. To monitor the execution of the Agreement through the management reports submitted by FONADE.
g. To approve the appointment of evaluators from the National Health Institute, for which the agreement supervisor will inform the Grupo de Banca Multilateral Coordinator in writing of the name/s of the person/s appointed to act as evaluators on behalf of the National Health Institute.

Operational Guidelines

The Operational Committee has the following operational guidelines:

- Operational Committee meetings will held whenever deemed necessary and at the discretion of any of the parties; they may be ordinary or extraordinary. The convocation of ordinary meetings will be made by FONADE, with prior notification of the matter to be discussed and the pertinent documentation attached to the convocation.
- Ordinary meetings will be held at least once (1) a month, to deal with the contract requirements for the following month.
- Extraordinary meetings will be held if unforeseen or urgent needs dictate, and will be called by a representative or any of the members. The convocation will be carried out based on the terms and conditions established for ordinary meetings.
- Committee meetings will be held in the city of Bogotá at the FONADE offices. However, they may be held at a different venue provided that all the members are present.
- There will be a quorum in session for both ordinary and extraordinary meetings, provided that all Committee members are in attendance.
- FONADE may appoint its representative on the Committee through written notification addressed to the Operational Committee.
- A record will be kept of all the decisions taken at each meeting in minutes taken by FONADE, which will act as secretary, and which must be signed by party representatives. All decisions taken by the Operational Committee will be by general consent

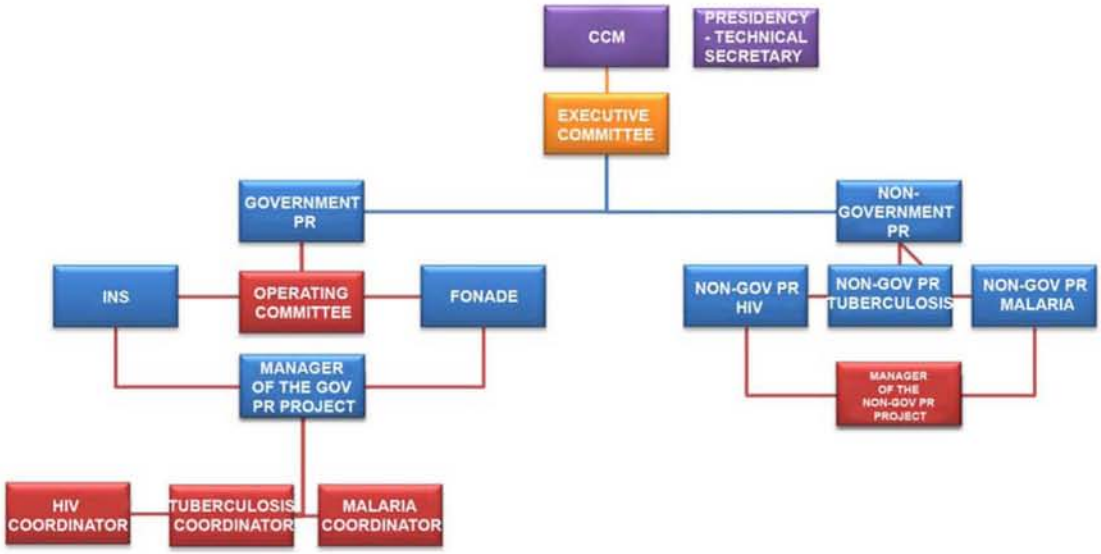
2. Coordination Government PR (INS – FONADE) with Non-Government PR.

The activities and progress made in the project will be coordinated through an application approved by the managers of the principal recipients (Government and Non-Government) and the technical secretariat of the Country Coordinator Mechanism, through monthly meetings held for the purpose of reviewing, analyzing and coordinating the action plan approved by and agreed between the parties, in order to guarantee good project development.

Government PR Organizational Chart - Collaboration with Non-Government PR by

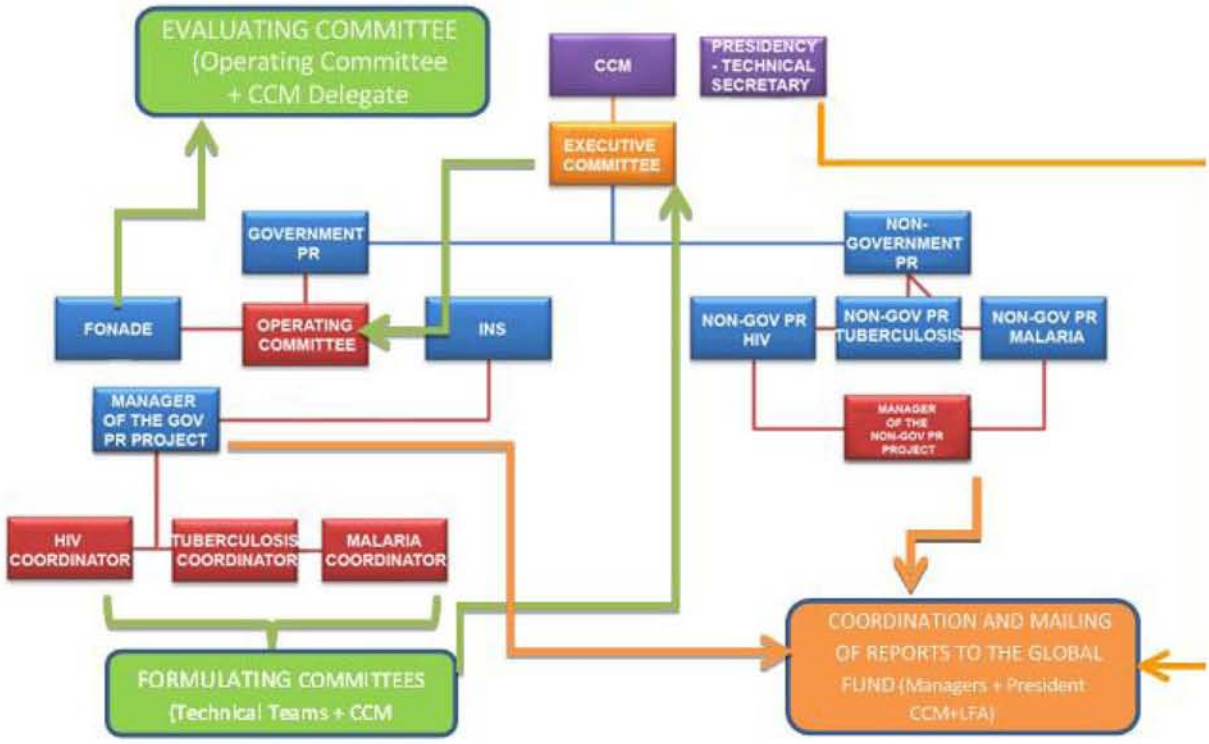
ROUND 8 – Malaria

Disease



Note: the item "NO GOB PR HIV" is not applicable.

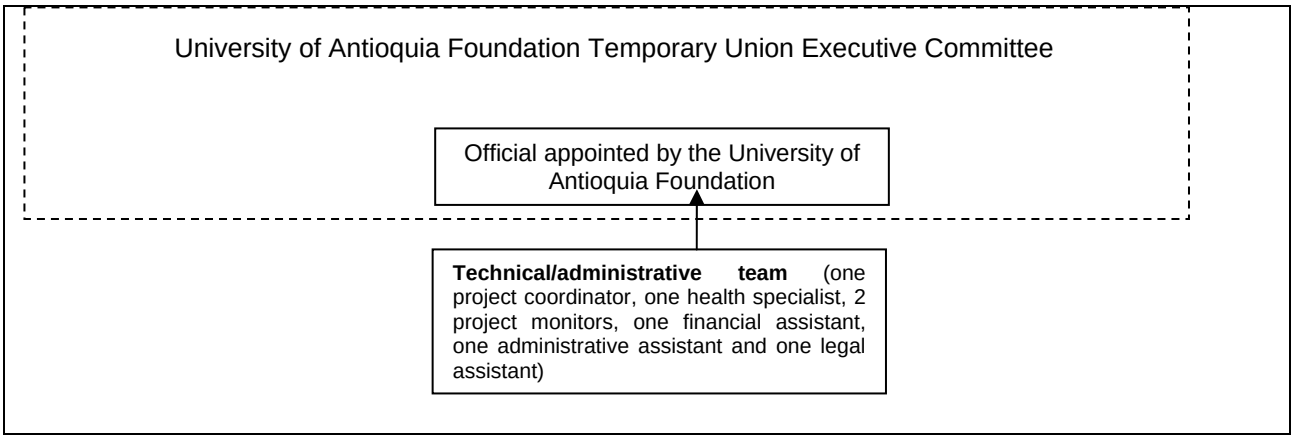
Government PR and Non-Government PR Relations by Disease



Note: the item "NO GOB PR HIV" is not applicable.

Attached: Operational Handbook consisting of a proposal to the GF as a general operative guide for executing the Inter-administrative Agreement between the National Health Institute – Program for the Fight Against Malaria, Tuberculosis and HIV and the Development Projects Financial Fund – FONADE.

In respect of the **Non-Government PR** the following is the organizational chart agreed in the internal coordination process:



4.9.6. Strengthening implementation capacity

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

If the proposal requests finance for technical management and/or assistance to ensure the proper execution of the program, give a summary of:

(a) the foreseen assistance;**

(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 capacity 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.)*

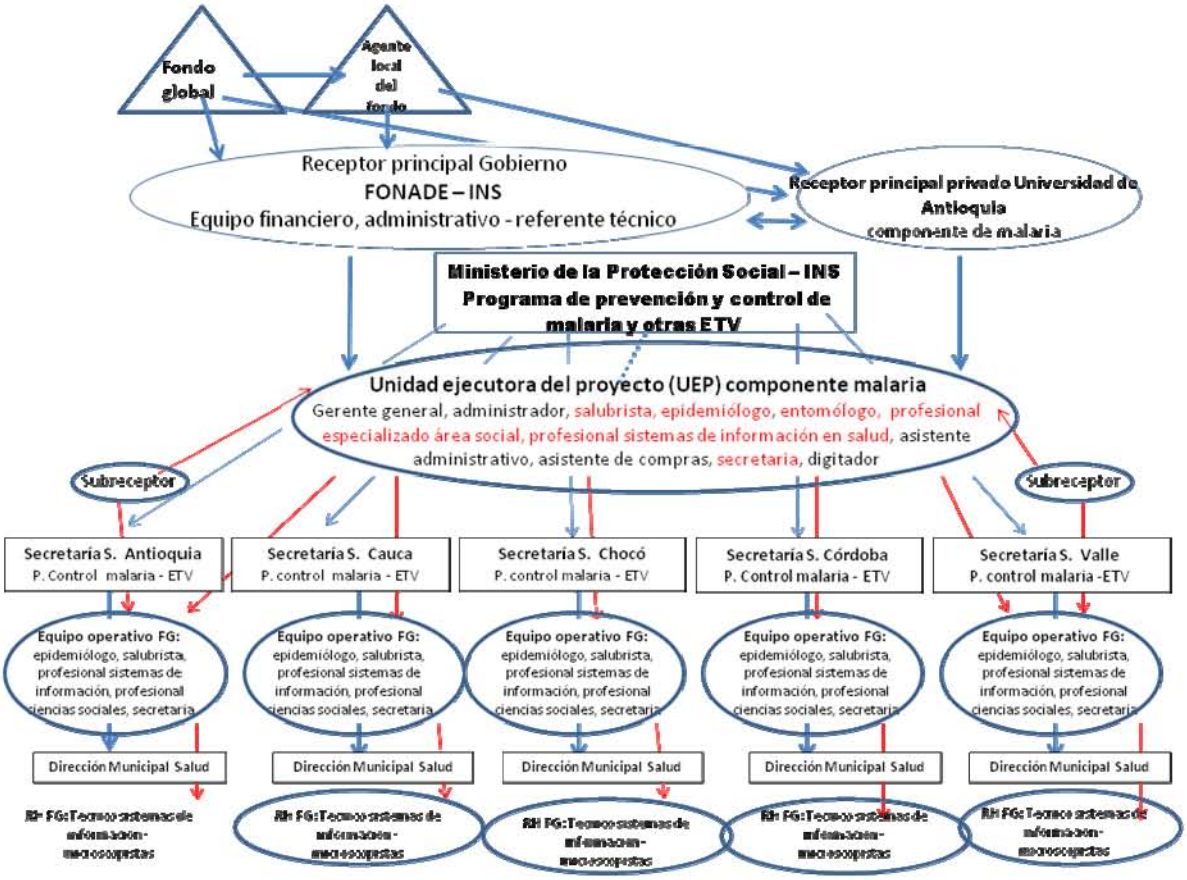
The operational structure of the malaria project for Colombia provides for two principal recipients, one governmental formed by an alliance between the INS and FONADE and one private, which will be University of Antioquia. Both these principal recipients will interact with respect to technical and financial matters with the Project Executing Unit (PEU) which will operate in the Ministry for Social Protection facilities and in turn interact with the Ministry for Social Protection's malaria control and prevention program. This PEU will comprise of a general manager who will lead the team in all technical and administrative matters. One administrator who will manage the administrative process, a health expert, an epidemiologist, a professional specializing in social affairs and an information systems expert who will jointly handle the technical area of the project. This resource will be supported by an administrative assistant, a purchasing assistant, a secretary and a data entry clerk.

The potential departmental subrecipients in turn will have an operational team for the project composed of as epidemiologist, a health expert, an information systems expert, a professional in social affairs and an administrative assistant. This unit will be in charge of all the actions and development of project activities in the municipalities and in each municipality within the priority areas, in accordance with the five objectives of this project. This operational team will also permanently interact with the departmental prevention and control program.

The municipality will have Global Fund human resources comprising of an information systems technician, microscopists and community health agents. This team will carry out the malaria diagnostic tests (rapid testing and large drop), inform SIVIGILA of any positive cases of malaria, assist with the social promotion on the use of awnings and access to diagnosis and treatment. This team will receive technical guidance from the departmental team which in turn will be guided by the PEU.

The municipal team will liaison with the municipal vector technician/s, who carry out the control activities, and with the Municipal Health Authorities.

See diagram below:



The technical assistance activities will be carried out by the project executing unit in agreement with the Ministry for Social Protection, the PAHO and the National Health Institute.
General objective:
To develop a monitoring and accompanying process for territorial entities using strategies that will help to strengthen the malaria prevention and control program with the active participation of the system actors
Specific objectives:

- To support the territorial entities in articulating actions that will involve the HPE, HPI and Data-Generating Primary Units in public health surveillance and control processes.
- To support the territorial entities in actions for introducing the use of long-lasting treated nets in the communities.
- To monitor the execution of the Global Fund project activities.
- To carry out field work in the municipalities in order to strengthen the surveillance system and actions for prompt malaria diagnosis and treatment.

Characteristics:
Taking into account the need for a significant training period for the operation of the malaria control and prevention program in the territorial entities, it is necessary for the technical assistances to comply with the following characteristics: Participatory, Analytical, Realistic, Simple.

Strategies:
The strategies that will allow for satisfaction of the proposed objectives are defined based on public health surveillance and control guidelines and an analysis of common needs in the territorial entities, which are hindering the operation of the surveillance and control system within the national territory.

Likewise, specific needs are identified by each territorial entity, thereby permitting prioritization by taking into account the following aspects: stratification of the risk, entomological study, diagnosis baseline.

In order to optimize both human and economic resources, technical assistance will be given with the participation of groups of workers from the territorial entities and the NHI, and their number will depend on the complexity of each territorial entity.

Based on the defined agenda, coordination is established with the health secretariats for the developing

of activities, in accordance with the general time limits defined by the project executing unit.

The following specific strategies are defined for each technical assistance, based on the planned objectives.

First-line technical assistance: The lines of action will be:

- Raising the departmental and municipal baselines in order to stratify and prioritize actions in addition to training departmental and municipal staff to standardize execution of the project activities.

Second and fourth-line technical assistances: For these assistances the strategies will be focused on the monitoring and evaluation of the execution of the project activities.

Third-line technical assistance: Emphasis will be placed on the fulfillment of the activities defined by the project.
Fifth-line technical assistance: To develop these assistances, monitoring is continued, but emphasis will be on achieving the project targets and activities.

Term:
Each technical assistance will have an average term of 3 to 5 days (2.5 or 4.5 days for payment of travel expenses and allowances) but this does not mean that the project executing unit team will be present in full as this will depend on the business on the agenda and the time limits established in accordance with the topic defined with the territorial entity.

The above means that the technical assistance leader will be responsible for signing the commitment agreement, and must thus remain in the territorial entity at all times.
Commodities:

The commodities resulting from the technical assistances are the following:

Drafting the report, which must contain the structure and be signed by at least the health secretary or his representative and the technical assistance leader and the worker supporting the closing of the activity.

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 Section 4B if applicable, or go directly to Section 5.*** ☉ **Yes** ➔ ***Continue on to answer Section 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 outsourced, identify this in the second column and provide the name of the planned outsourced provider.*

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	MPS	In charge of the whole drugs policy, created clinical guidelines on dealing with malaria, allocates resources for purchasing drugs, purchases the medicines with the support of the PAHO and distributes them to the departments.	☐ Yes ☉ No
Intellectual property rights	INVIMA	In charge of pharmaceuticals patent guidelines in Colombia.	☐ Yes ☉ No
Quality assurance and quality control	Ministry for Social Protection, National Health Superintendence, Departmental Secretariats, INVIMA.	Ministry for Social Protection, National Health Superintendence, INVIMA regulate quality actions on pharmaceutical products. INVIMA also operates the network of laboratories that perform this quality testing. Departmental secretariats practice and operate the quality system for pharmaceutical products.	☐ Yes ☉ No
Management and coordination More details required in s.4.10.3.	MPS	In charge of the whole drugs policy, created clinical guidelines on dealing with malaria, allocates resources for purchasing drugs, purchases the medicines with the support of the PAHO and distributes them to the departments.	☐ Yes ☐ No
Product selection	MPS	In charge of the whole drugs policy, with the support of the PAHO.	☐ Yes ☉ No
Management Information Systems (MIS)	MPS	Receives quarterly reports from the departments on actions carried out for the control and prevention of	☐ Yes

		malaria including treatment, distribution of medicines.	☉	No
Planned	MPS	Based on case history and number of cases, projects the need for drugs for each department.	☐	Yes
			☉	No
Procurement and planning	MPS	In charge of the whole drugs policy, allocates resources for purchasing drugs, purchases the medicines with the support of the PAHO and distributes them to the departments.	☐	Yes
			☐	No
Storage and inventory management *More details required in s.4.10.4*	MPS	In charge of the entire medicines policy, stores and distributes them to the departments.	☐	Yes
			☉	No
Distribution to other stores and end-users *More details required in s.4.10.4*	Ministry for Social Protection and departmental secretariats	In charge of the entire medicines policy, stores and distributes them to the departments.	☐	Yes
		The departmental secretariats store and distribute the medicines to the municipalities.	☐	No
Ensuring rational use and patient safety (pharmacovigilance)	Ministry for Social Protection, INVIMA and departmental secretariats	Operate pharmacovigilance in the Country, but these institutions do not make any advances regarding malaria. Progress in this area is made by the universities.	☉	Yes
			☐	No

4.10.3. Past management experience

What is the past experience of each organization that will manage the process of procuring, storing and overseeing distribution of pharmaceutical and health products?

Organization Name	PR, sub-recipient, or agent?	Total value procured during last financial year *(Same currency as on the cover page of the proposal)*
MPS	Agent	236,038,920 euros

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.

The project aims to promptly supply anti-malarial medicines (Coartem) the malaria diagnosis and treatment stations that are created and in those that are strengthened according to Ministry for Social Protection and PAHO guidelines and taking into account the lessons learned with the RAVREDA project. Upon completion of the project the objective is for the Ministry for Social Protection to continue with a policy of purchase and distribution of medicines that will make it possible to overcome difficulties related to the availability of anti-malarial medicines at all levels; the purchase of anti-malarial drugs over the past few years has not been in keeping with the provisions of the malaria care handbook and in some warehouses there are insufficient resources to obtain data and stock control systems. To overcome this situation it is necessary to implement guideline strategies to improve the diagnosis and treatment activities that involve the private sector, regulatory strategies aimed at reducing the unrestricted sale of anti-malarial drugs, managerial strategies that will help in the planning, programming, purchase, distribution and use of anti-malarial drugs and in training the workers carrying out these tasks.

4.10.5. Storage and distribution systems

(a) Which organization(s) have primary responsibility to provide storage and distribution services under this proposal?

- [x] 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 capacity** 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 percent, and explain what plans are in place to ensure increased capacity.

The Ministry for Social Protection has a warehouse located in Bogotá with storage capacity for 500,000 medicines, 100,000 nets and enough space left over for insecticides to combat malaria and other VBD.

(c) For distribution partners, what is **each organization's current distribution capacity** 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 percent, and explain what plans are in place to ensure increased capacity.

Each department contracts a haulage company with the operating funds sent by the Ministry for Social Protection. The Ministry for Social Protection does not distribute the supplies directly to the departments. Once the departments have the supplies, they transport them to the corresponding municipalities.

4.10.6. Pharmaceutical and health products for initial two years

Complete "Attachment B-Malaria" 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-Malaria ' are not included in the current national, institutional or World Health Organization STG, or Essential Medicines Lists (EML), describe below the STG that are planned to be utilized, and the rationale for their use.

4B. PROGRAM DESCRIPTION – HSS CROSS-CUTTING INTERVENTIONS

Optional section for applicants

SECTION 4b CAN ONLY BE INCLUDED FOR ONE DISEASE IN ROUND EIGHT and only if:

- *The applicant has identified gaps and constraints in the health system that have an impact on HIV, tuberculosis 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 HIV 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')

5. FUNDING REQUEST

5.1. Financial gap analysis - Malaria

Clarified Table 5.1

➔ *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**
Malaria program funding needs to deliver comprehensive prevention, treatment and care and support services to target populations								
Line A ➔ Provide annual amounts	15.500.221	16.626.586	17.502.143	18.643.460	19.756.507	20.648.867	20.608.406	18.493.390
Line A.1 ➔ Total need over length of Round 8 Funding Request *(combined total need over Round 8 proposal term)*								147.779.580
Current and future resources to meet financial need								
Domestic source **B1**: Loans and debt relief (*provide source name*)	0	0	0	0	0	0	0	0
Domestic source **B2** National funding resources	10.000.221	10.126.586	11.002.143	11.294.921	12.107.954	13.116.668	14.116.778	10.252.143
Domestic source **B3** Private Sector contributions (national)				0	0	0	0	0
Total of Line B entries ➔ Total current & planned DOMESTIC (including debt relief) resources:	10.000.221	10.126.586	11.002.143	11.294.921	12.107.954	13.116.668	14.116.778	10.252.143
External source **C 1** (*provide source name*)	0	0	0	0	0	0	0	0
External source **C2** (*indicate the name of the source*)	0	0	0	0	0	0	0	0

ROUND 8 – Malaria

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 source **C3** Private Sector contributions (International)				0	0	0	0	0
Total of Line C entries ➔ Total current & planned EXTERNAL (non-Global Fund grant) resources:	0	0	0	0	0	0	0	0
Line D: Annual value of all existing Global Fund grants for same disease: Include unsigned 'Phase 2' amounts as "planned" amounts in relevant years	0	0	0	0	0	0	0	0
Line E ➔ Total current and planned resources (i.e. Line E = Line B total + Line C total + Lind D Total)	10.000.221	10.126.586	11.002.143	11.294.921	12.107.954	13.116.668	14.116.778	10.252.143
Calculation of gaps in financial resources and summary of total funding requested in Round Eight ***(to be supported by a detailed budget)***								
Line F ➔ Total funding gap (i.e. Line F = Line A – Line E)				0	0	0	0	0
Line G = Round Eight malaria funding request ***(same amount as requested in table 5.3 for this disease)***				**8.348.539**	**8.648.553**	**6.532.199**	**5.491.628**	**3.241.247**

ROUND 8 – Malaria

Part H – 'Cost Sharing' calculation for lower-middle income and upper-middle income applicants

In Round 8, the total maximum funding request for malaria in Line G is:

*(a) For **Lower-Middle income countries,** an amount that results 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 results 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.*

Line H ➔ Cost Sharing calculation as a percentage (%) of overall funding from Global Fund

$$\text{Cost sharing} = \frac{(\text{Total of Line D entries over 2009-2013 period} + \text{Line G Total}) \times 100}{\text{Line A.1}}$$

21,8%

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
- how were the annual amounts budgeted to guarantee the inclusion of governmental, non-governmental and community needs to ensure the full execution of the malaria program strategies in a country.

Line A corresponds to the investment and operating expenses projected by the national malaria control and prevention program for its operation. The Country only has government finance for the program.

5.1.2. Domestic funding – entered in "LINE B" in table 5.1

Explain the processes used in country to:

- prioritize domestic financial contributions to the national malaria program *(including Initiatives in favor of heavily indebted poor countries and other debt relief, and grant or loan funds that are contributed through the national budget); and*
- ensure that domestic resources are utilized efficiently, transparently and equitably, to help implement treatment, prevention, care and support strategies at the national, sub-national and community levels.

Funding for the National Plan of Public Health, which includes a malaria control and prevention program, brings together resources of fiscal nature assigned by the General National Budget Law, according to what is determined by the Development Plan Organic Law- Law 152 from 1994 and likewise governed by what is established in health Laws 715 from 2001, 1122 and 1151 from 2007 and Decreed 3039 from 2007.

During the first semester of 2008, the Ministry of Social Protection (MPS) General Directorate of Public Health (DGSP) updated and presented the National Planning Department (DNP) with the investment records for the malaria prevention and control program corresponding to the resources of 2009. On the 20th of July 2008, the DNP and the Ministry of Finance presented the Budget Law proposal to the Republic of Colombia's Congress for the fiscal year of 2009, and it is expected to be approved in December 2008.

During the first half of 2009 the Social DGSP MPS prepared and submitted to the planning office the following action, contract, purchasing and annual cash plans.

The Planning office carries out the formalities with the Ministry for the Treasury to make the resources effective in June 2009, the start date set in the present proposal for the execution of GF resources, which would correspond to the national tax year.

Plans created by MSP DGSP integrate departmental and municipal (territorial) health plans that articulate the strategic component with investment resources that are transferred annually through inter-administrative agreements from a national level to territories.

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 resources over time during the proposal).* 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)).

The Country only has government finance for the program.

5.2. Detailed Budget

Suggested steps in budget completion:

1. **Submit a detailed 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 that the detailed budget coincides with the detailed work plan of programmed activities.

3. Based on that detailed budget, **prepare a "*Summary by objective and by service delivery area*"** (section 5.3)

4. Based on that detailed budget, **prepare a "*Summary by cost category*"** (section 5.4).

5. This does not include CCM or Sub national CCM operating cost 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/files/apply/mechanisms/CCM%20Funding%20-%20Budget%20&%20Request%20Form_EN.xls

5.3. Summary of detailed budget by objective and service delivery area

Clarifiied Table 5.3

See annex 14: Mal Col Annex 14 Final Colombian Budget

Objective Number	Service delivery area *(Use the same numbering as in program description in s.4.5.1.)*	Year One	Year Two	Year 3	Year 4	Year 5	Total
1	Diagnosis	1.567.272	1.863.498	1.856.614	750.177	495.248	6.532.809
1	HSS: Health Workforce	315.626	421.894	82.489	9.468	9.468	838.945
1	Prompt, effective anti-malarial treatment	711.020	186.228	108.600	21.563	0	1.027.411
2	HSS: Health Workforce	96.606	425.364	47.635	47.635	0	617.240
2	Insecticide-treated nets (ITNs)	1.273.619	1.219.694	535.160	1.742.699	603.770	5.374.941
2	Monitoring insecticide resistance	153.969	52.536	48.615	48.615	0	303.735
3	HSS: Information system	2.842.408	2.198.816	2.199.667	1.472.414	1.448.185	10.161.490
4	BCC - community outreach	457.985	1.258.594	727.754	573.440	0	3.017.773
4	BCC - Mass media	24.361	50.183	50.183	50.183	0	174.911
	Unforeseen expenses	163.697	169.579	128.082	107.679	63.554	632.591
	Programs management and administration costs	11.419	11.762	11.762	11.762	11.762	58.466
Round 8 malaria funding request:		**8.348.539**	**8.648.553**	**6.532.199**	**5.491.628**	**3.241.247**	**32.262.167**

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.)*

Avoid using the "other" category unless necessary – read the Round Eight Guidelines.	*(same currency as on cover sheet of Proposal Form)*					
	Year One	**Year Two**	**Year 3**	**Year 4**	**Year 5**	**Total**
Technical and Management Assistance	998.569	821.558	198.342	209.477	23.171	**2.251.117**
Training	690.407	1.606.451	1.149.899	760.605	561.173	**4.768.535**
Procurement and supply management costs	139.314	667.915	601.085	549.334	-	**1.957.648**
Overheads	762.486	836.418	774.828	692.641	640.029	**3.706.402**
Infrastructure and other equipment	627.008	188.266	37.481	-	-	**852.755**
Communication material	133.224	-	137.220	137.220	-	**407.665**
Monitoring & Evaluation	673.457	566.148	626.141	381.614	250.533	**2.497.893**
Planning and administration	229.731	192.955	301.916	256.093	256.093	**1.236.788**
Health Products and health equipment	2.044.193	1.676.038	1.070.507	1.703.494	858.608	**7.352.840**
Pharmaceutical products (medicines)	709.117	-	-	-	-	**709.117**
Health care products and equipment	59.836	-	-	-	-	**59.836**
Human resources	1.117.500	1.923.223	1.506.696	693.473	588.088	**5.828.980**
Other	163.697	169.579	128.082	107.679	63.554	**632.591**
Request for finance for malaria for Round Eight (*They must be the same annual totals as in table 5.2)*	**8.348.539**	**8.648.553**	**6.532.199**	**5.491.628**	**3.241.247**	**32.262.167**

5.4.1. Overall budget context

Briefly explain any significant variations in cost categories by year, or significant five year totals for those categories.

The most significant cost categories in the budget proposal for the first two years are health care products and equipment, which account for 22.8%, as these entries include the purchase of 600,000 long-lasting nets and 750,000 rapid testing kits. This is followed by the human resources category at 18.1% due to the proposal for strengthening on local , departmental and municipal levels, then training at 17.8% given that the aim is to leave technical capacities installed at departmental and municipal levels that will favor sustainability of the actions once the project is concluded. It also reflects the most urgent needs of the Malaria Prevention and Control Program, detailed in sections 4.4 and 4.11.2.

As mentioned above, the country considers that technical assistance is essential for executing the activities considered in this proposal as there is a significant shortage of national experts on specific issues such as treatment and control of malaria, focalization and stratification of control and prevention activities in vulnerable populations (prison inmates, indigenous communities, refugees) and the poor population, and weaknesses in the M&E technical capacity, operational research, management of purchasing and supplies, information systems and community empowerment.

Health products and health equipment included in the proposal are those necessary to enable the skills to develop the actions of Strengthening of Health Services, that in our proposal makes reference to the management of medications and supplies.

5.4.2. Human Resources

In cases where *'human resources'* represents a significant share of the budget, summaries: (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 resources 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 percentage terms) of time that will be allocated to the work under this proposal.)

➔ *Attach supporting information as a clearly named and numbered attachment*

The cost of human resources during the first two years corresponds to 17.8%. HR costs have been budgeted by taking into account in particular the strengthening of the diagnosis network, M&E in the field and the national malaria prevention and control program.

The HR costs in this proposal will strengthen the capacity of the health systems in the way in which capacity and efficiency of the health system at departmental and municipal levels increase and taking this into consideration, payment is not as high and can be justified by the salary tables for NHI workers. However, it has been established that with the increase in the number of officials trained thanks to the training activities and technical assistance supported by SENA, the government and departmental and municipal health secretariats will be able to gradually absorb the human resources necessary for guaranteeing sustainability at the end of the proposal term. These resources will be guaranteed by the nation's general budget.

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 malaria program.

➔ *Attach supporting information as a clearly named and numbered attachment*

Technical assistance and management (7.0%) is another important entry that looks at national accompaniment at departmental and municipal levels and the carrying out of monitoring and evaluation put forward in the proposal.

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

In this section the **common finance mechanism** refers to situations in which the total finance is included in a common fund, which will be distributed among the associates during the implementation.

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.*
DO NOT COMPLETE SEE SECTION 3.4.2.
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.
DO NOT COMPLETE SEE SECTION 3.4.2.
5.5.3 Additionality of Global Fund request
Explain how the funds requested in this proposal will contribute *(if approved)* in achieving results (direct and indirect) which otherwise would not obtain the support of the resources currently held or to be held in the future by the common finance mechanism. *If the common fund focus is broader than the malaria program, applicants must explain the process for guaranteeing that the requested funds contribute to causing an impact on the results for malaria during the proposal term*.
DO NOT COMPLETE SEE SECTION 3.4.2.

Malaria Proposal checklist

Section	Document description	Attachment Number
4	Mal Col Annex 1 National Public Health Plan 2007	1
4	Mal Col Annex 2 malaria plan 2003-2006	2
4	Mal Col Annex 3 malaria clinical care guidelines	3
4	Mal Col Annex 4 circular 018 of 2004	4
4	Mal Col Annex 5 Brochure - Resistance Study	5
4	Mal Col Annex 6 SWOT Analysis	6
4	Mal Col Annex 7 National Development Plan 2 (2)	7
4	Mal Col Annex 8 decree 3518 of 2006	8
4	Mal Col Annex 9 Chocó Letter	9
4	Mal Col Annex 10 Guidelines_13dec2006_departments	10
4	Mal Col Annex 11 INFORMATION SYSTEM FOR THE MSP (3)	11
4	Mal Col Annex 12 Implementation Plan MINS,06 (2)	12
4	Mal Col Annex 13 decree 2323 of 2006	13
5	Mal Col Annex 14 Final Colombian Budget	14

Attachment A - Malaria Performance Framework

Program Details

Country:	Colombia
Disease:	Malaria
Proposal ID:	

Program Goal, impact and outcome indicators*

*Indirect results in terms of behavioral change (outcome)

	Goals
1	Reduction of malaria morbidity and mortality in at-risk populations of the focus departments and towns
2	
3	
4	
5	

Impact and outcome Indicators	Indicator	Baseline			Targets					Comments*
		value	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	
impact	Laboratory-confirmed malaria cases seen in heath facilities	82'631	2007	Surveillance systems	86'891	93'067	96'856	77'485	61'988	Improvements in the surveillance system are expected to lead to an increase in number of notified cases for the first two years.
impact	Laboratory-confirmed malaria deaths seen in health facilities	19	2007	Surveillance systems	19	19	20	10	2	By improving the monitoring system complications and mortality due to malaria an increase is expected in the first two years of the notification.
outcome	% of U5 children (and other target groups) with malaria/fever receiving appropriate treatment within 24 hours (community/health facility)	30%	2007	Surveillance systems	30%	40%	60%	80%	90%	
outcome	% of households covered by ITN or IRS	14%	2007	Surveillance systems	16%	68%	86%	95%	95%	Mosquito nets will be distributed in year 2, 3 and 4.
please select…	Please Select…			please select…						
please select…	Please Select…			please select…						
please select…	Please Select…		23	please select…						
please select…	Please Select…			please select…						
please select…	Please Select…			please select…						
please select…	Please Select…			please select…						

* please specify source of measurement for indicator in case different to baseline source

Program Objectives, Service Delivery Areas and Indicators

Objective Number	Objective description	Comments
1	Increasing access to timely diagnosis and secure, efficient and appropriate treatment for malaria for the population at risk in the municipalities where intervention is taking place.	
2	Implement mosquito nets treated with long-term pesticides within the vulnerable populations targeted by the intervention.	
3	Structuring and implementing a decision-making and management system based on public health helping with reliable and timely information for the prevention and control of malaria at the municipal, departmental and national levels	
4	Design and implement plans for communication and social mobilization (COMBI) to increase protective factors against malaria.	
5		
6		
7		
8		
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11		
12		
13		
14		
15		

Attachment A - Malaria Performance Framework

Program Details

Country:	Colombia
Disease:	Malaria
Proposal ID:	

Objective / Indicator Number (e.g.: 1.1, 1.2)	Service Delivery Area	Indicator	Baseline (if applicable)			Targets for year 1 and year 2				Annual targets for years 3, 4 and 5			Directly tied (Y/N)	Baselines included in targets (Y/N)	Targets cumulative (Y-over program term/Y-cumulative annually/N-not cumulative)	DTF: Name of PR responsible for implementation of the corresponding activity	Comments, methods and frequency of data collection	
			Value	Year	Source	6 months	12 months	18 months	24 months	Year 3	Year 4	Year 5						
1.0	Prompt, effective anti-malarial treatment	Number of efficacy studies conducted according to Coartem protocol OPS-OMS (2)	0	2007	Surveillance systems	0	0	0	1	1	0	0	N	N	N - not cumulative	NATIONAL INSTITUTE OF HEALTH AND PRIVATE MALARIA SERVICES	Survey sites selected in two representative areas	
1.0	Prompt, effective anti-malarial treatment	Number of sentinel municipalities carrying out surveillance of adverse events for functional antimalarial drugs in the sentinel municipalities (pharmacovigilance)	0	2007	Surveillance systems	0	0	0	1	1	1	0	Y	N	N - not cumulative	NATIONAL INSTITUTE OF HEALTH AND PRIVATE MALARIA SERVICES	Operational network coordinated with the INVIMA national pharmacovigilance system	
1.0	Diagnosis	Number of microscopists and community agents hired to fortify timely diagnosis and treatment. (microscopes and rapid tests).	300	2007	Surveillance systems		280		280	280			Y	N	Y - over program term	NATIONAL INSTITUTE OF HEALTH AND PRIVATE MALARIA SERVICES	HR contracts remain the same from the first year of employment until the final year: see proposal	
1.0	Diagnosis	Number of new diagnostic positions created	1039	2007	Surveillance systems		240		360				Y	N	Y - over program term	NATIONAL INSTITUTE OF HEALTH AND PRIVATE MALARIA SERVICES		
1.0	Diagnosis	Number of laboratories and microscope stations participating in the quality management program.	150	2007	Surveillance systems	150	350	600	1'000	2'000	2'000	2'000	Y	N	Y - over program term	NATIONAL INSTITUTE OF HEALTH AND PRIVATE MALARIA SERVICES		
1.0	HSS: Service delivery	Number of supervised centers for diagnosis and treatment of malaria / total centers for diagnosis and treatment * 100 .	30%	2007	Other reports, specify: Project RAVREDA reports	0%	40%	60%	80%	100%	100%	100%	Y	N	Y - over program term			
1.0	HSS: Health Workforce	Number of microscopists trained and certified with the support of the Nationa Training Service (SENA).	40	2007	Surveillance systems		200		400				Y	N	Y - over program term	NATIONAL INSTITUTE OF HEALTH AND PRIVATE MALARIA SERVICES		
2.0	Insecticide-treated nets (ITNs)	Number of distributed mosquito nets.	50'000	2007	Other reports, specify: technical and administrative reports of the national program for malaria.	0	0	**0**	100'000	200'000	100'000							
2.0	Insecticide-treated nets (ITNs)	Number of tests carried out residual / Number of residual tests scheduled.	1 department	2007	Surveillance systems	1	1		5	5	5	5	Y	N	Y - over program term	NATIONAL INSTITUTE OF HEALTH AND PRIVATE MALARIA SERVICES	Collection will be done twice a year in two focus areas per region studied (8 areas). Some areas of the towns included have some one-off survey information but they are not considered baseline.	
2.0	HSS: Health Workforce	Number of technical surveillance Personnel and control of malaria vectors trained and certified with SENA.	25	2007	Surveillance systems	25	50		150				Y	N	Y - over program term	NATIONAL INSTITUTE OF HEALTH AND PRIVATE MALARIA SERVICES	VTD technician training during the first two years of study	
3.0	HSS: Information system	% Municipal weekly timely notification of cases in archived files.	36337 (32.7%)	2007	Surveillance systems	20%	30%	50%	70%	90%	98%	100%	Y	N	Y - over program term	NATIONAL INSTITUTE OF HEALTH AND PRIVATE MALARIA SERVICES	Weekly	
3.0	HSS: Information system	% timely weekly departmental notification of cases in flat files	20%	2007	Surveillance systems	40%	60%	80%	100%	100%	100%	100%	Y	N	Y - over program term	NATIONAL INSTITUTE OF HEALTH AND PRIVATE MALARIA SERVICES	Weekly	
3.0	HSS: Information system	% Monthly reporting of cases to municipalities for the diagnosis posts (thick smear and rapid test) rural municipal.	25%	2007	Surveillance systems	25%	35%	45%	60%	80%	90%	100%	Y	N	Y - over program term	NATIONAL INSTITUTE OF HEALTH AND PRIVATE MALARIA	Weekly	
3.0	HSS: Information system	number of towns with established monthly analysis routines	0	2007	Surveillance systems	0	0	10	22	44	44	44	Y	N	Y - over program term	NATIONAL INSTITUTE OF HEALTH AND PRIVATE MALARIA SERVICES	Monthly	
3.0	HSS: Information system	% of towns that report all analysis subsystem indicators in accordance with national guidelines	0%	2007	Surveillance systems	0%	0%	22.7%	50%	80%	100%	100%	Y	N	Y - over program term	NATIONAL INSTITUTE OF HEALTH AND PRIVATE MALARIA SERVICES	Monthly	
5.0	BCC - Mass media	Number of municipalities with plans drawn up and implemented COMBI / Total number of municipalities covered by the project .	5	2007	Other reports, specify: technical and administrative reports of national malaria.	0	5		9	15	15	15	Y	N	Y - over program term	NATIONAL INSTITUTE OF HEALTH AND PRIVATE MALARIA SERVICES		
5.0	BCC - Mass media	Number of municipalities with CAP surveys or studies conducted and analyzed.	5	2007	Other reports, specify: technical and administrative reports of national malaria.	0	5		9	15	15	15	Y	N	Y - over program term	NATIONAL INSTITUTE OF HEALTH AND PRIVATE MALARIA SERVICES		
4.0	BCC - Mass media	Number of people with full / Total * 100 people with treatment .	40%	2007	Other reports, specify: Reports project RAVREDA.	0%	50%	60%	80%	90%	90%	90%	Y	N	Y - over program term	NATIONAL INSTITUTE OF HEALTH AND PRIVATE MALARIA SERVICES		
4.0	BCC - Mass media	Number of people who use the mosquito net after 6 months and annually / Total * 100 people with mosquito net .	30%	2007	Other reports, specify: technical and administrative reports of national malaria.	0%	0%	40%	60%	70%	80%	90%	Y	N	Y - over program term	NATIONAL INSTITUTE OF HEALTH AND PRIVATE MALARIA SERVICES		