



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria



Round 4 – Approved Grants

**Eighth Board Meeting
Geneva, 28 – 30 June 2004**

Round 4 Analysis

- Overview of new and total grant portfolio
 - Round 4 overview and statistics
 - After Round 4: a consolidated picture & comparisons

- Projected programmatic outcomes

Round Four: In brief

- 173 components were reviewed from 96 countries
- 69 components in 49 countries were recommended for category* 1 or 2
- 7 countries** were recommended for the 1st time
- 94 components were graded in category 3, and 10 components in category 4
- Total recommended for the first two years is US\$ 968 million, and US\$ 2,912 million for the full five-year budget

* See page 5 for category definitions

** Azerbaijan, Bhutan, Djibouti, Equatorial Guinea, Kosovo, Sao Tome & Principe, Turkey; number of countries does not include two multi-country Americas proposals

Technical Review Panel – Modus operandi

- TRP criteria include: relevance, soundness, feasibility, additionality of requested funds
- Around 20 components reviewed each day
- Each application read by three to four experts.
 - A disease-specific expert served as primary reviewer and a cross-cutting expert as secondary reviewer. Sub-group discussion agreed on a provisional grading and on a first draft of the report. Sub-group composition modified twice during the two weeks of the review process.
- Each application discussed and given a final grade in the plenary session
- On the last day of the session, the TRP reviewed the grades that had been agreed upon during the prior two weeks.

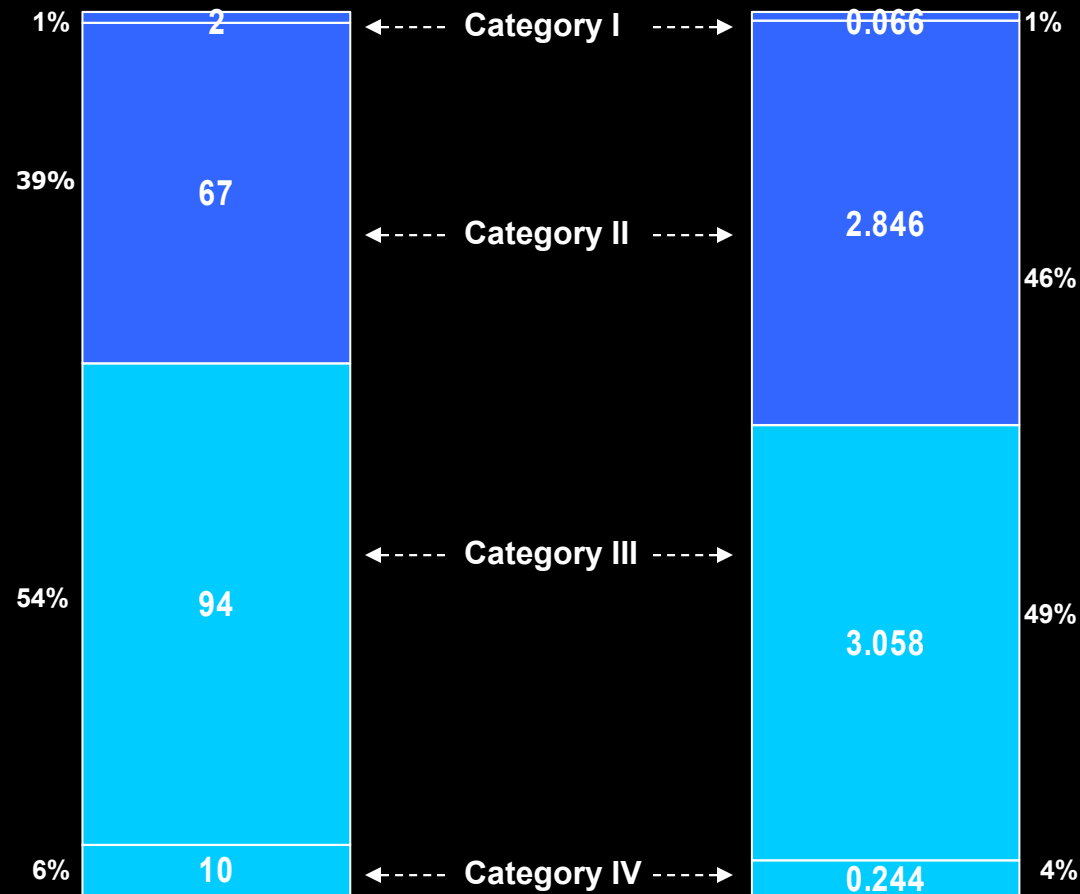
Grading of applications

- Category 1 : Recommended with no or minor modifications, which should be met within 4 weeks and given final approval by the TRP Chair or Vice Chair
- Category 2 : Recommended provided clarifications are met within a limited time frame (6 weeks for the applicant to respond, 3 months and not to exceed 4 months to obtain the final TRP approval should further clarifications be requested). The primary reviewer and secondary reviewer as well as TRP Chair or Vice Chair need to give final approval.
- Category 3 : Not recommended in their present form but encouraged to resubmit.
- Category 4 : Not recommended for funding.

Round 4: Outcome by TRP category

100% = 173 components

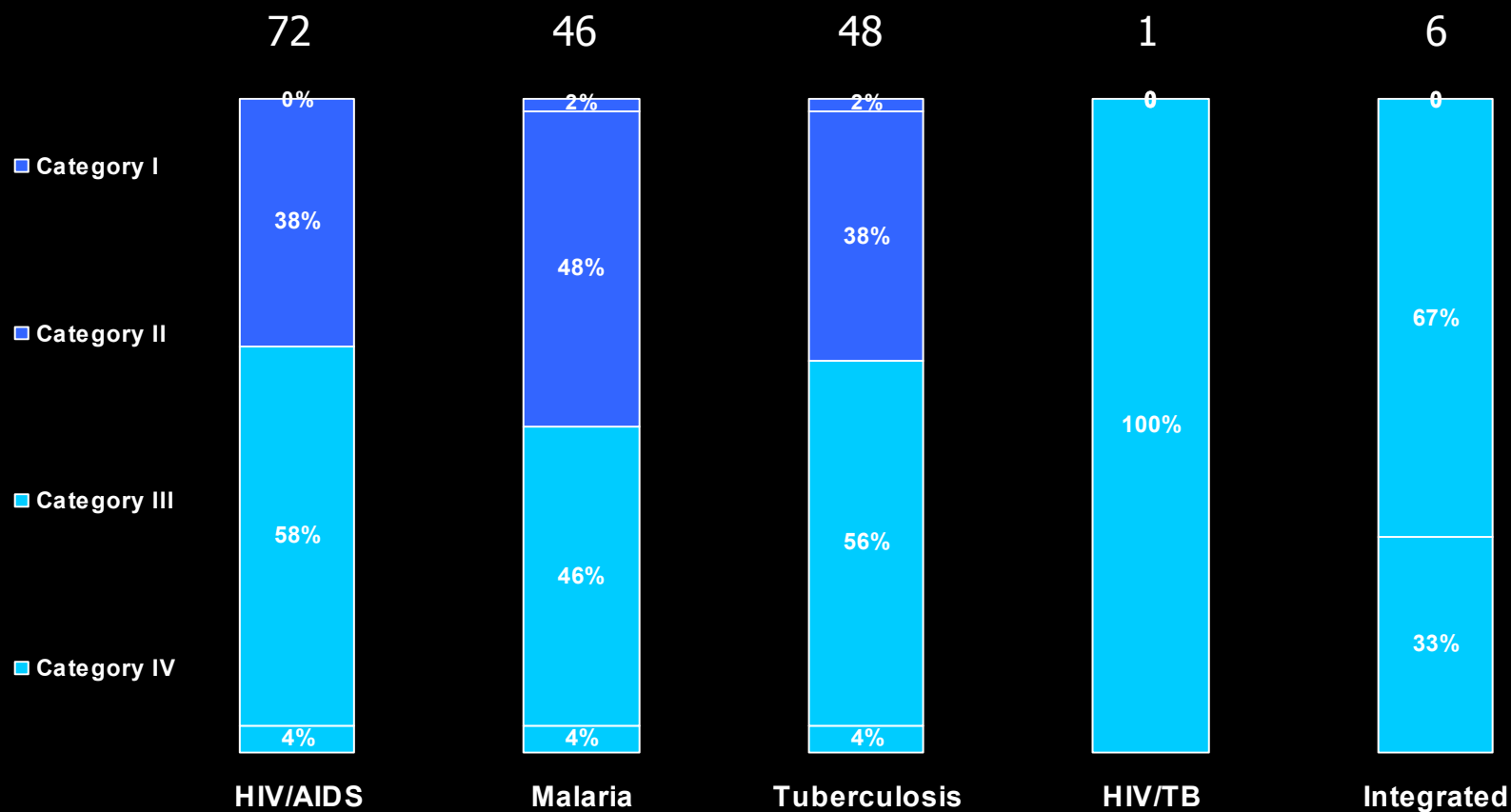
100% = US\$ 6.2 billion



Round 4: Outcome by disease

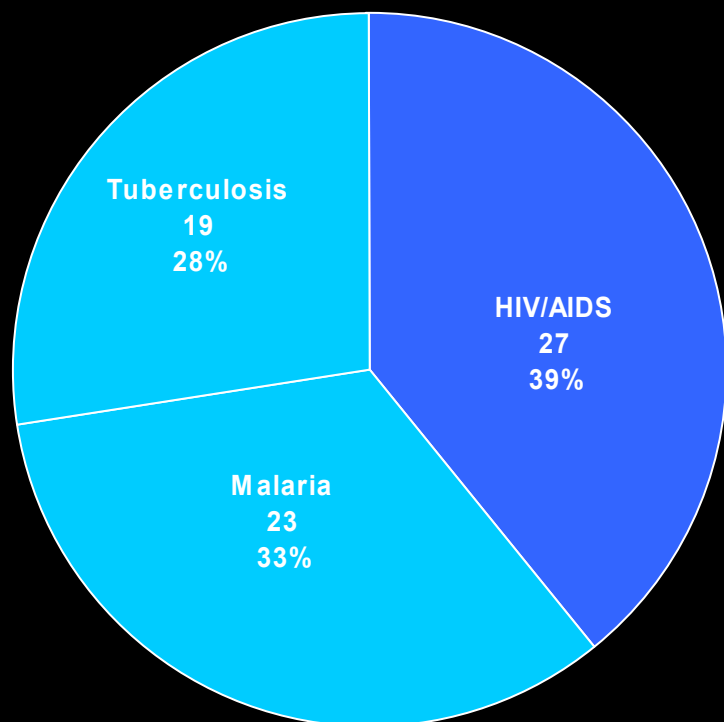
100%= 173 components reviewed

Mean success rate 40%

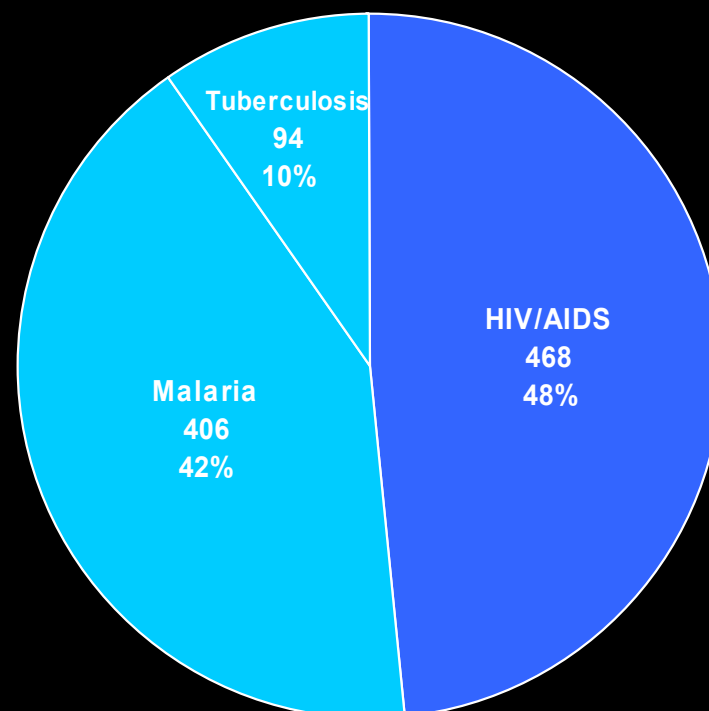


Round 4: Recommended components

Total number of components = 69



Total 2-year budget = US\$ 968 million



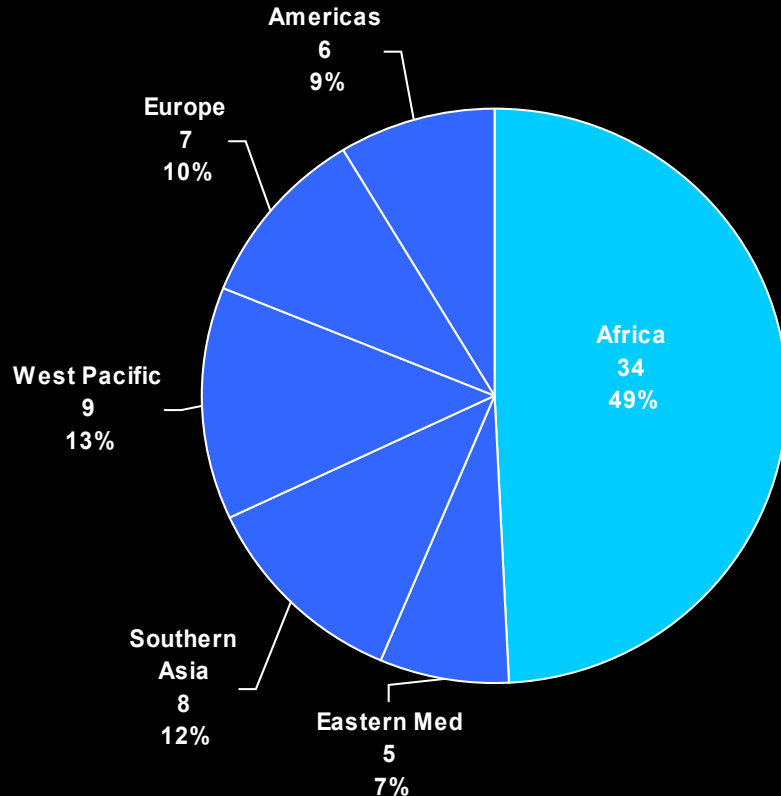
Total 5-year budget for HIV/AIDS: US\$ 1.8 billion

Round 4: Recommended proposals by region

Largest share is towards Africa

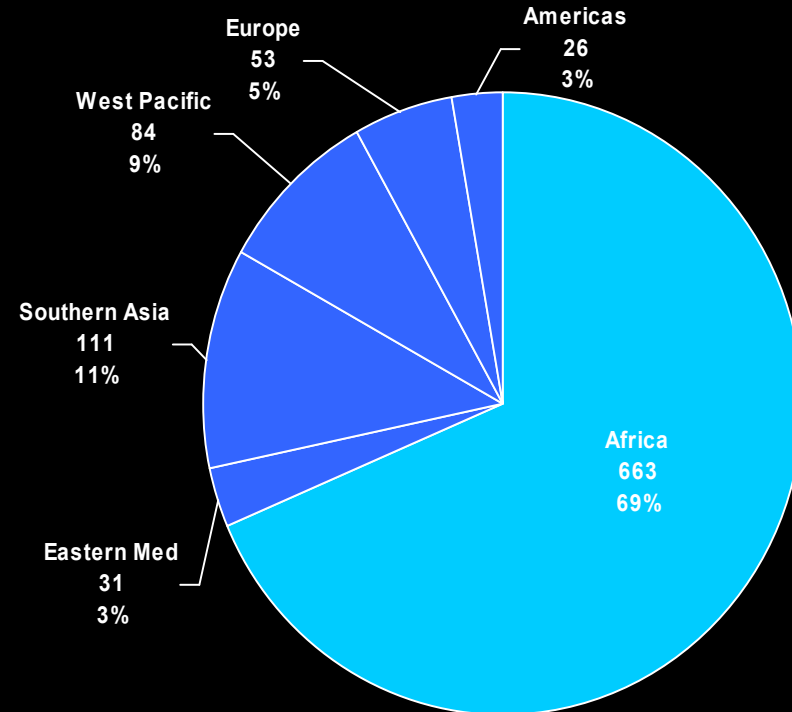
Recommended components by region

100%=69 components



Recommended 2-year budget by region

100%=968 Million US\$

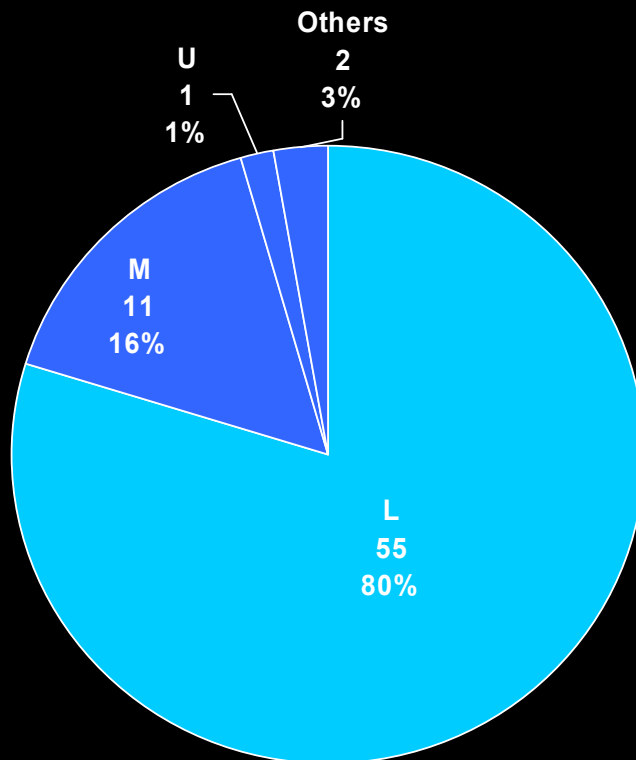


Round 4: Recommended components by World Bank income classification

The majority of funds target lower income countries

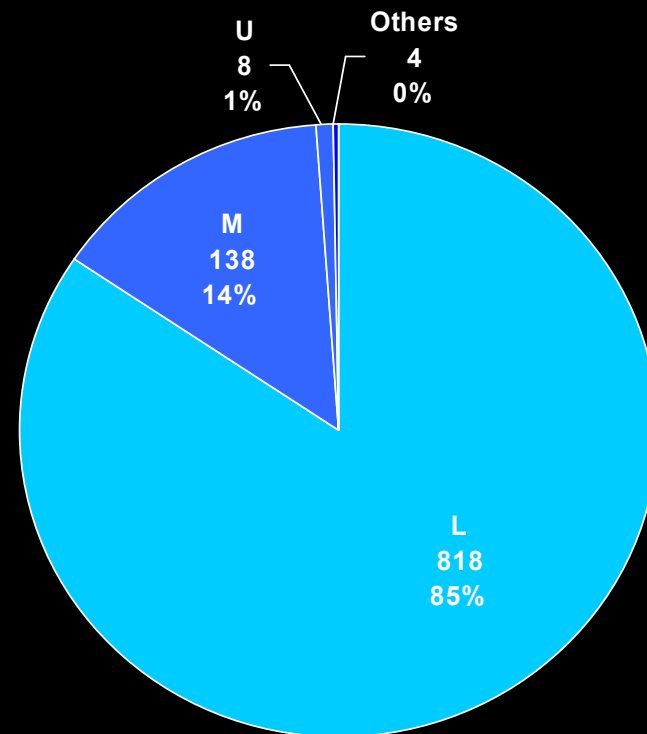
Recommended components by WB classification

100%=69 components



Recommended 2-year budgets by WB classification

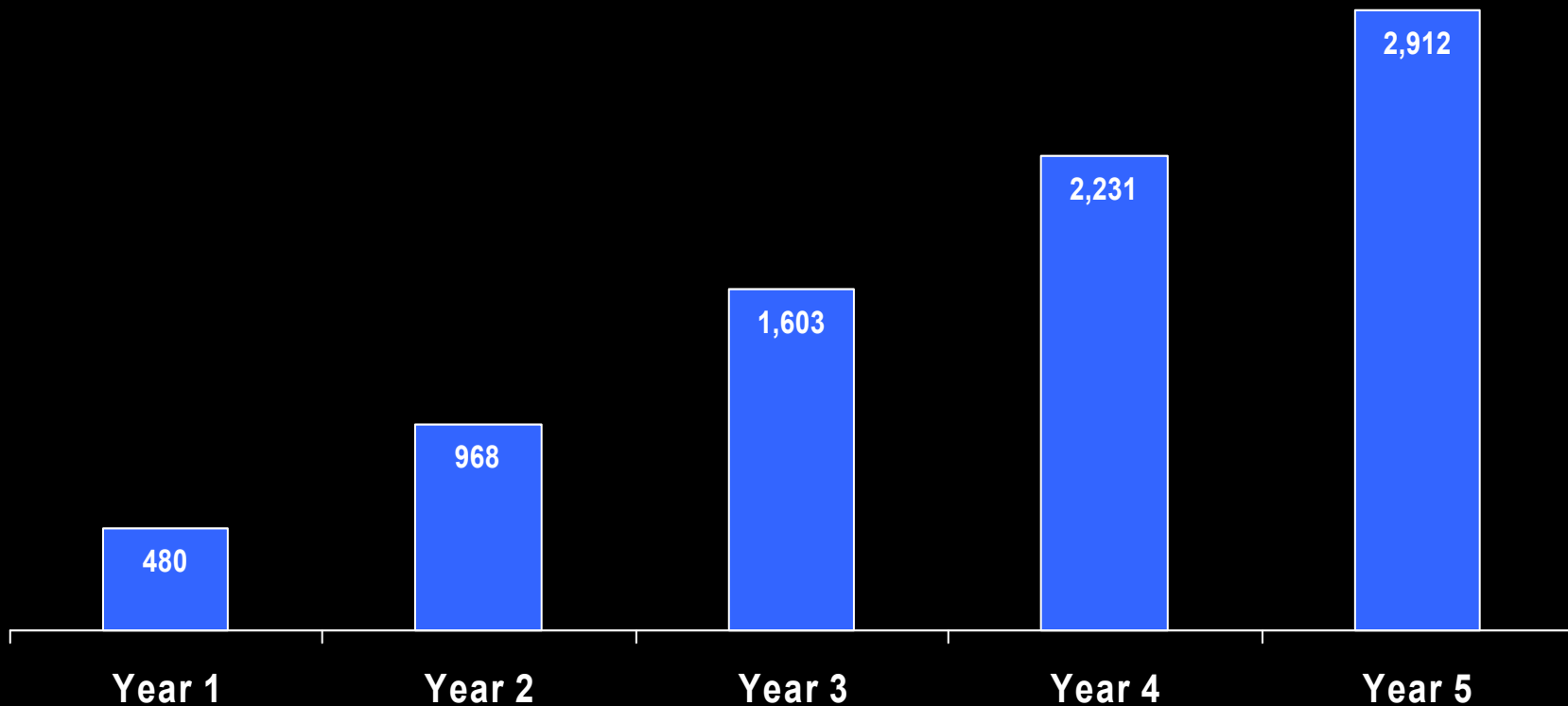
100%=US\$ 968 million



L = Lower Income Countries M = Lower Middle Income Countries U = Upper Middle Income Countries
Others = Multi-America Proposal

Round 4: Budget requests for recommended proposals

Cumulative budgets over 5 years (in US\$ millions)

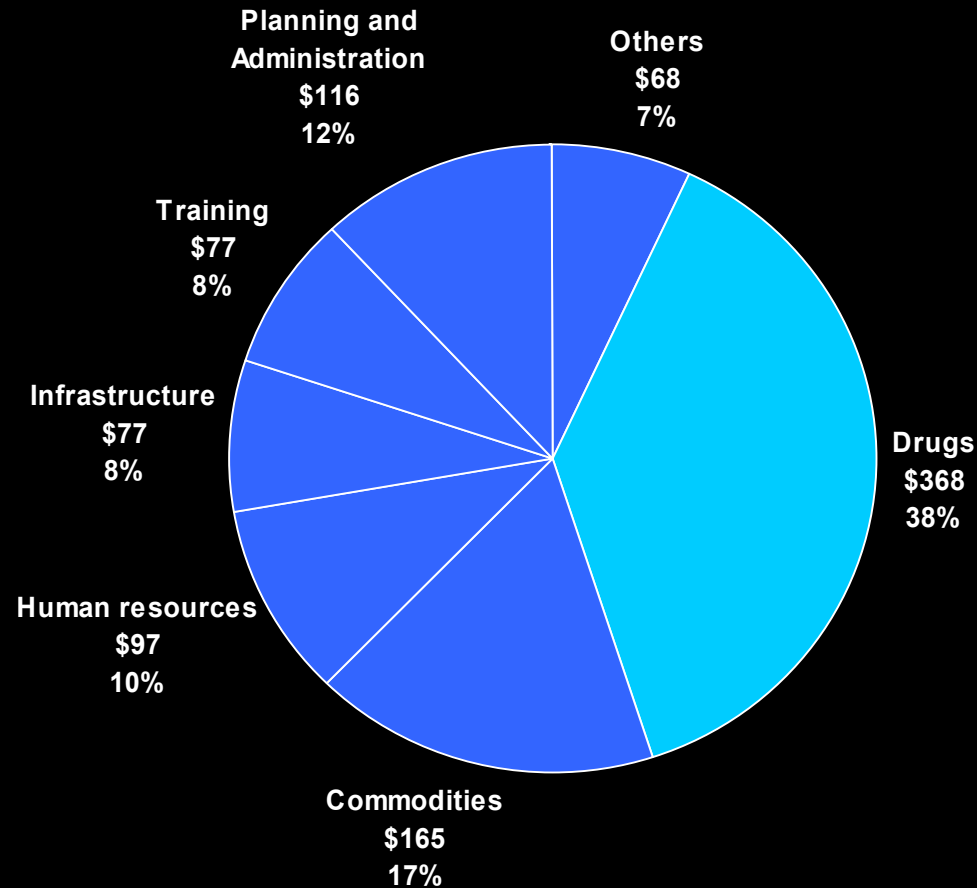


Round 4: Budget breakdown for recommended components

Expenditure items for recommended components (in US\$ millions)

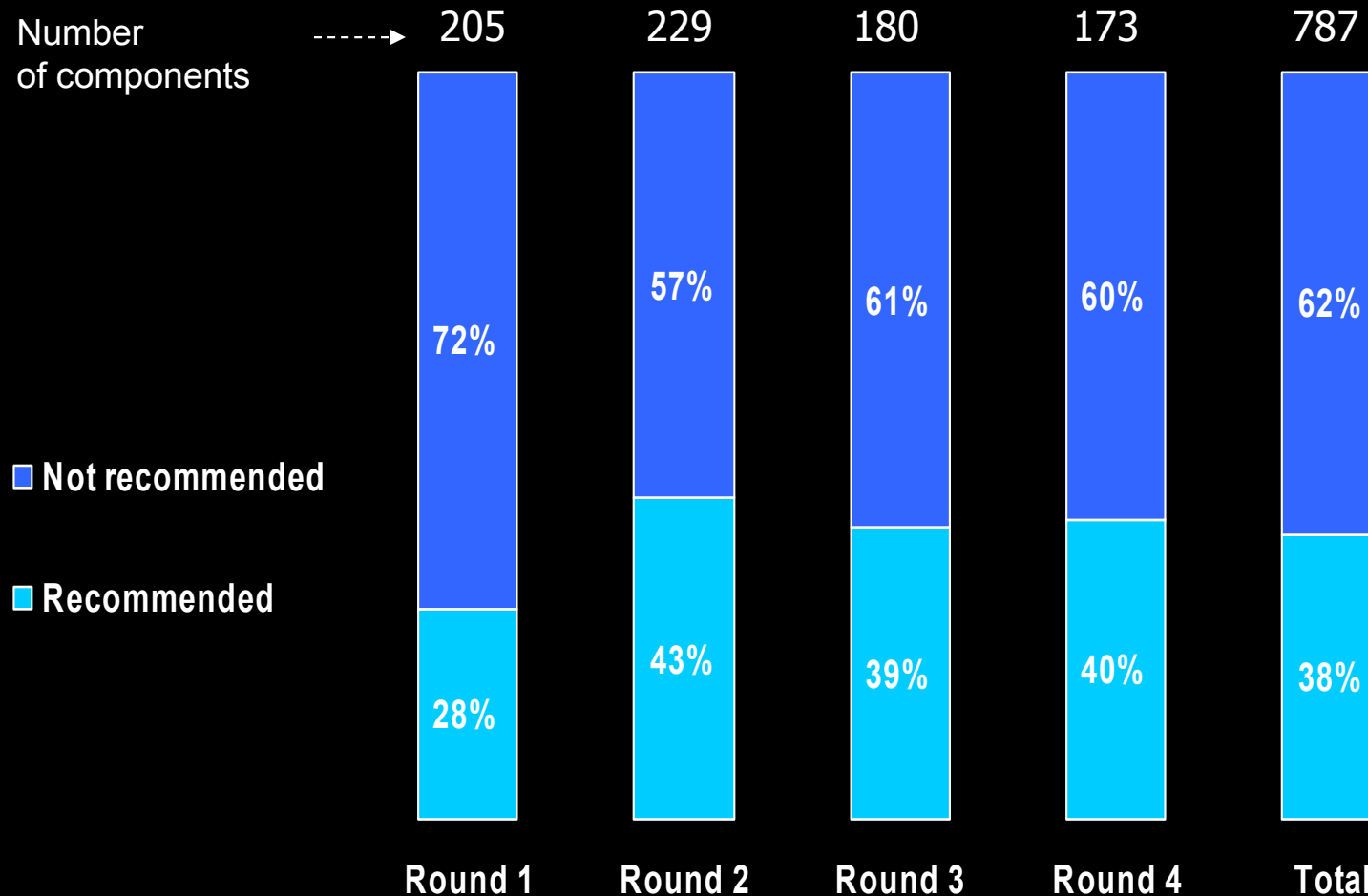
100%=US\$ 968 million (2-year budget)

The budget breakdown shows most funds going to drugs and commodities



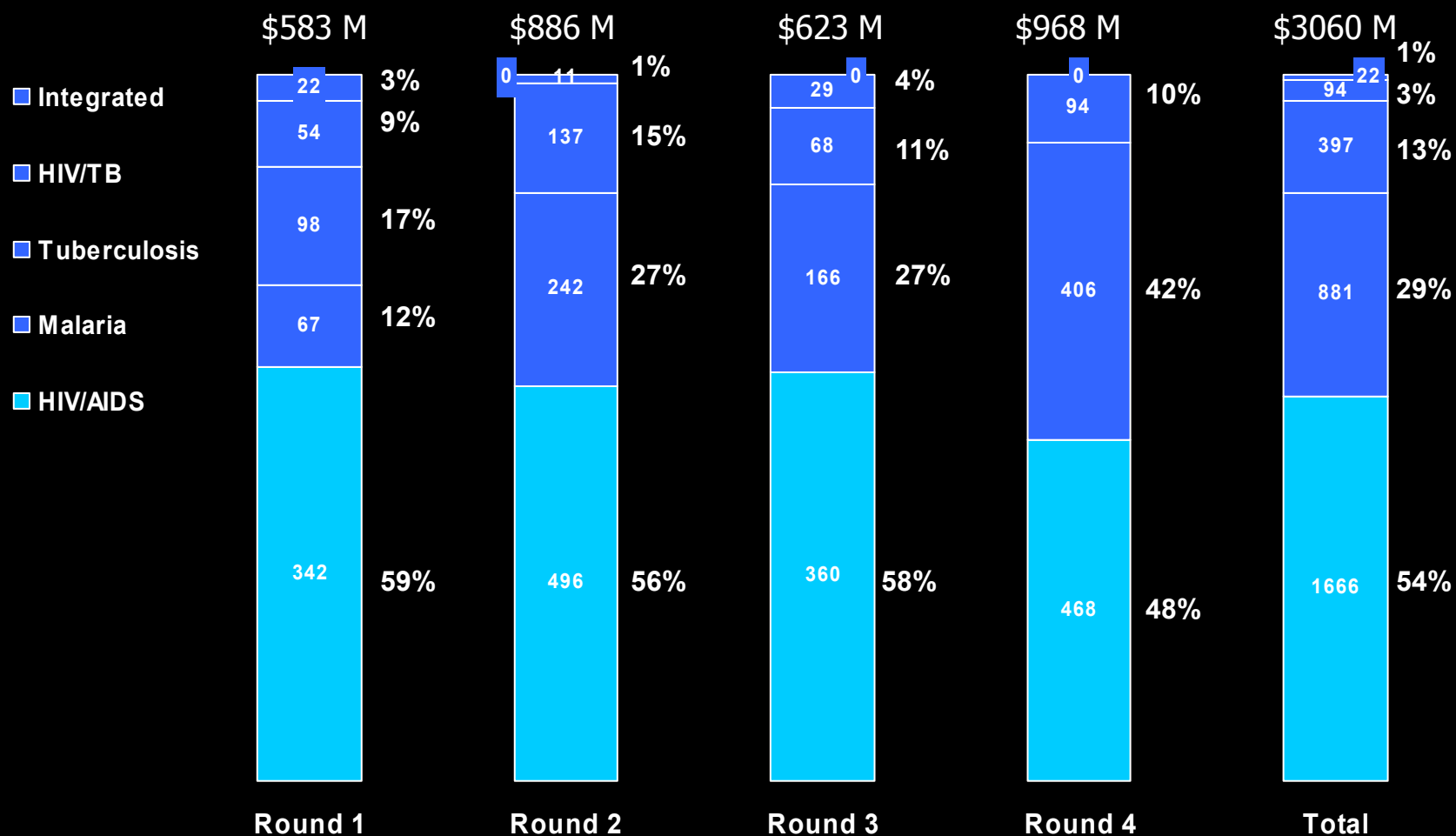
Comparison across rounds: success rates

Success rates across rounds



Comparison across rounds: two-year approved budget by disease component

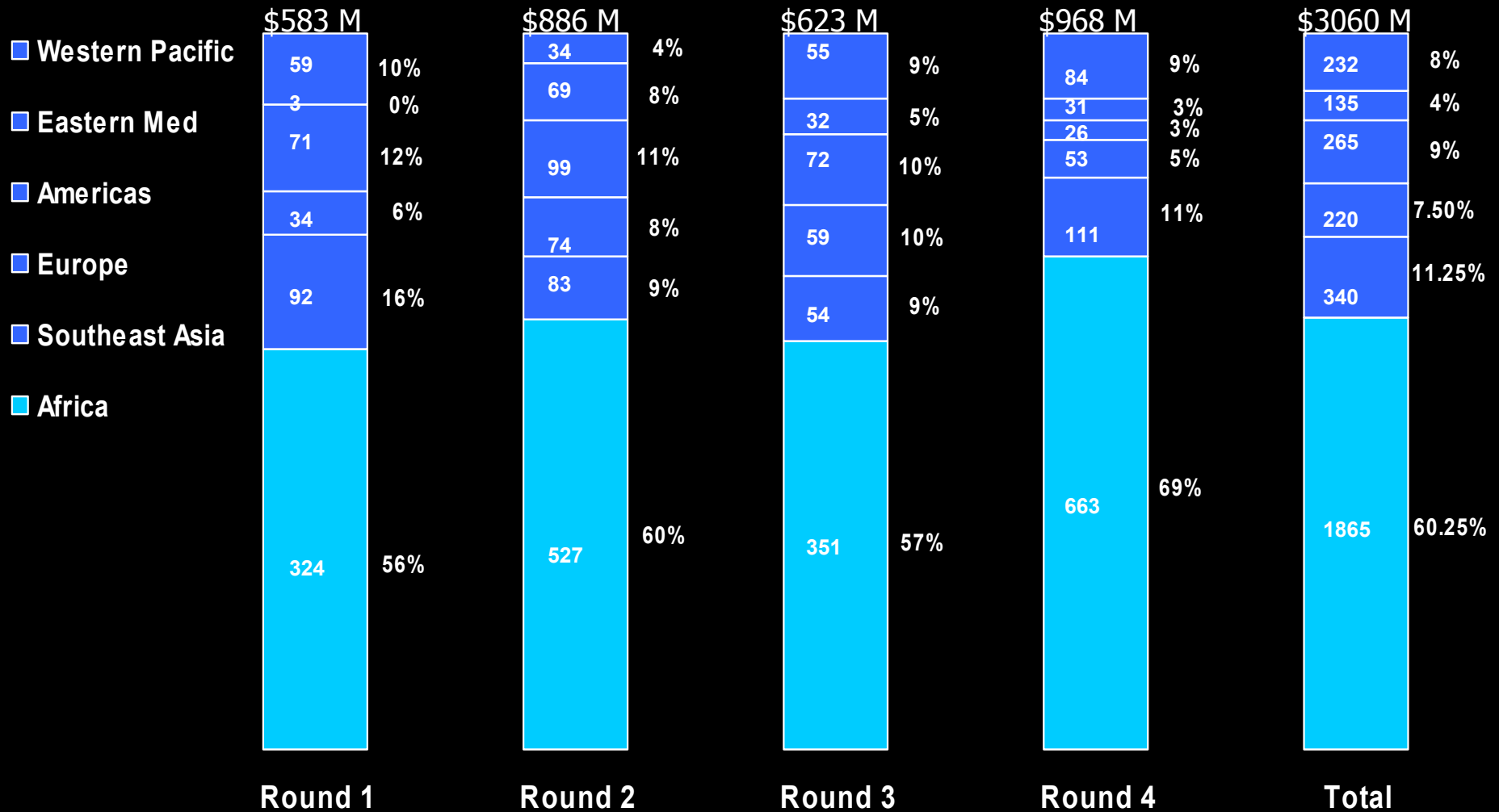
Over 50% of funds are going towards HIV/AIDS*



* Total 5-year budget for HIV/AIDS: US\$ 1.8 billion, 61% of total recommended

Comparison across rounds: two-year approved budget by region

Over 50% of funds target Africa



With Round 4, the Global Fund has approved US\$ 3 billion in grants for 129 countries



* Anguilla (territory), Antigua & Barbados, Bahamas, Barbados, British Virgin Islands (territory), Dominica, Grenada, Montserrat (territory), St. Lucia, St. Kitts & Nevis, St. Vincent & the Grenadines, Trinidad & Tobago, Surinam, Haiti, Jamaica, Guyana, Belize and Dominican Republic.

** Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu

Round 4 Analysis

- Overview of new and total grant portfolio
 - Round IV Overview and Statistics
 - After 4th Round : A Consolidated Picture and Comparisons

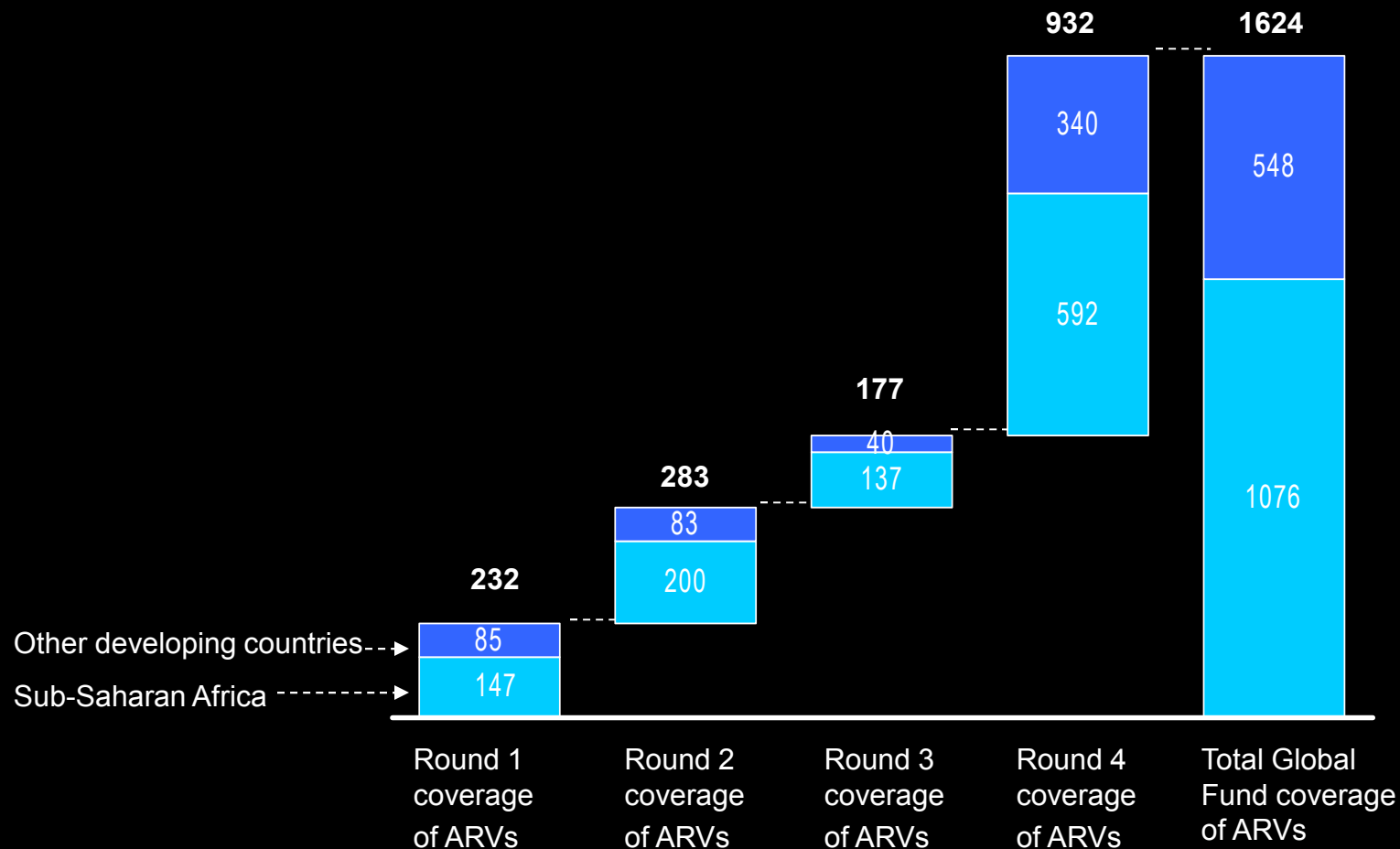
- Projected programmatic outcomes

Approved Round 4 funding applications include:

- A substantial number of new applications for funding the large and ambitious scale-up of programs delivering antiretroviral therapy
- Strong shift in policies to artemisinin-based combination therapy for drug-resistant malaria
- Significantly improved attention to TB issues in proposals on HIV/AIDS and to HIV-related issues in proposals on TB, as compared with previous rounds (there was only one joint HIV/TB application in Round 4, which was not successful)

Projected program outcomes: antiretroviral treatment

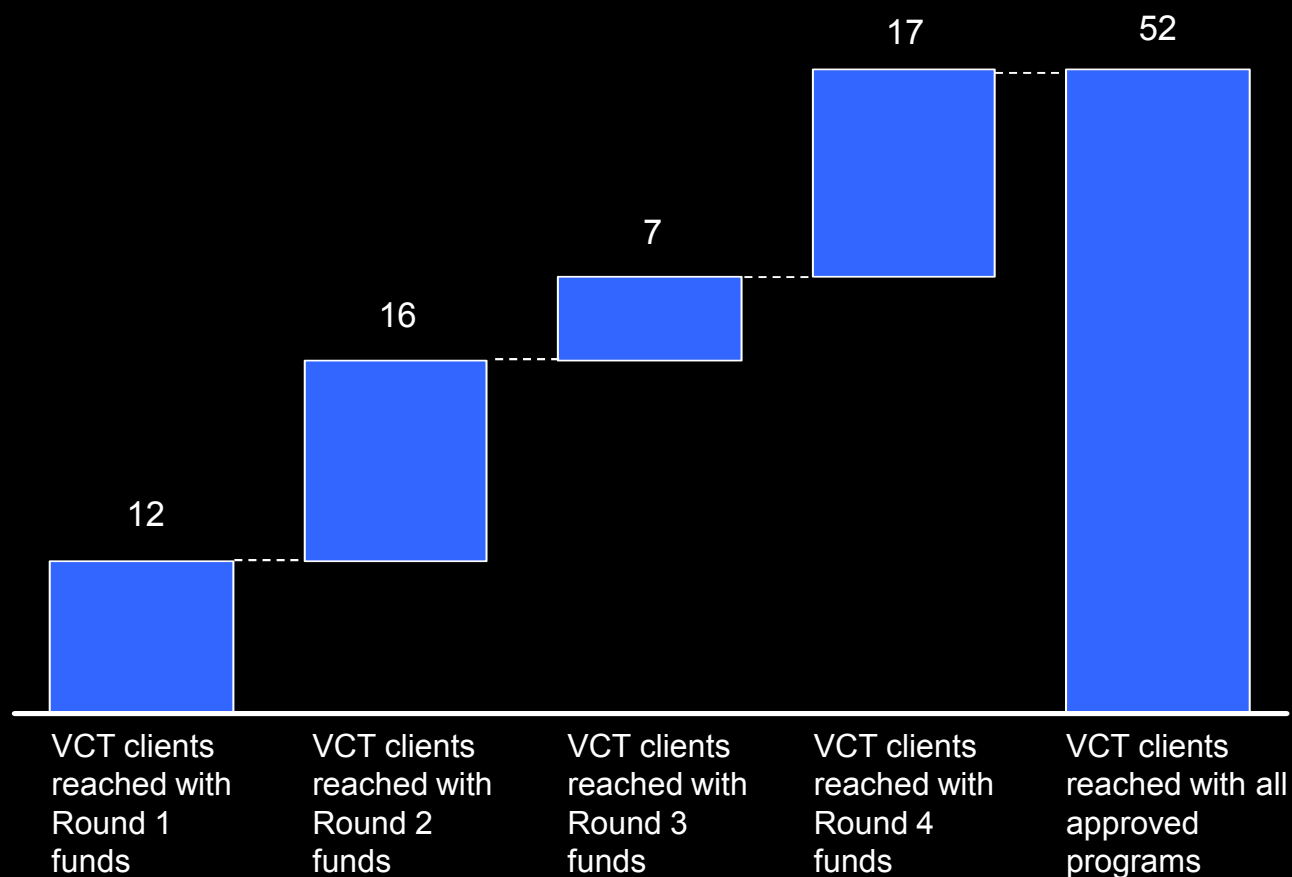
Thousands of people on ARV treatment*



* Figures illustrate coverage after the full lifetime of proposed funding (up to 5 years); figures subject to change based on unit costs.

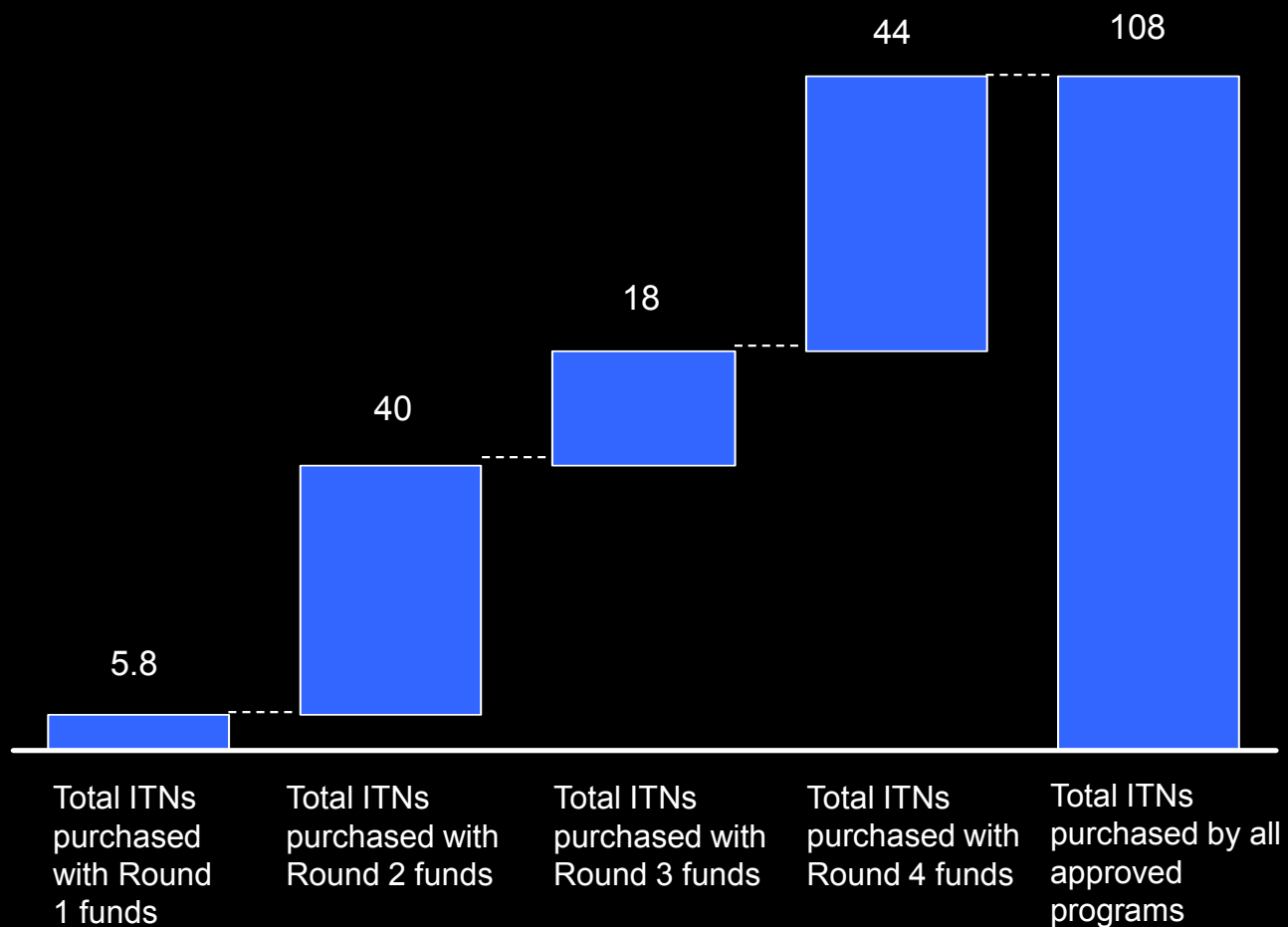
Projected program outcomes: HIV voluntary counseling and testing

Millions of VCT clients (total over the lifetime of approved proposals)



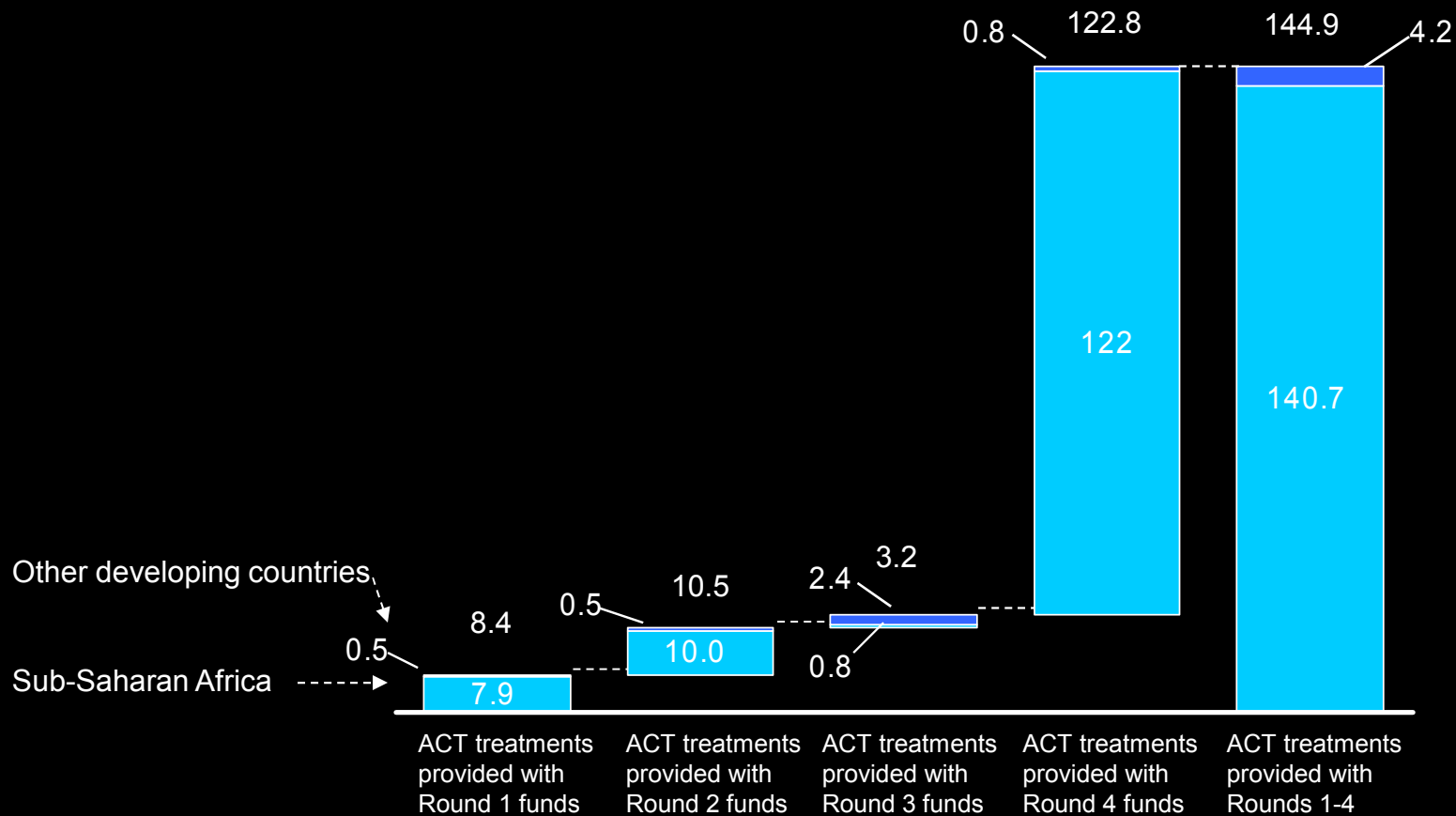
Projected program outcomes: Insecticide-treated nets for malaria

Millions of ITNs (to be purchased over the lifetime of approved proposals)



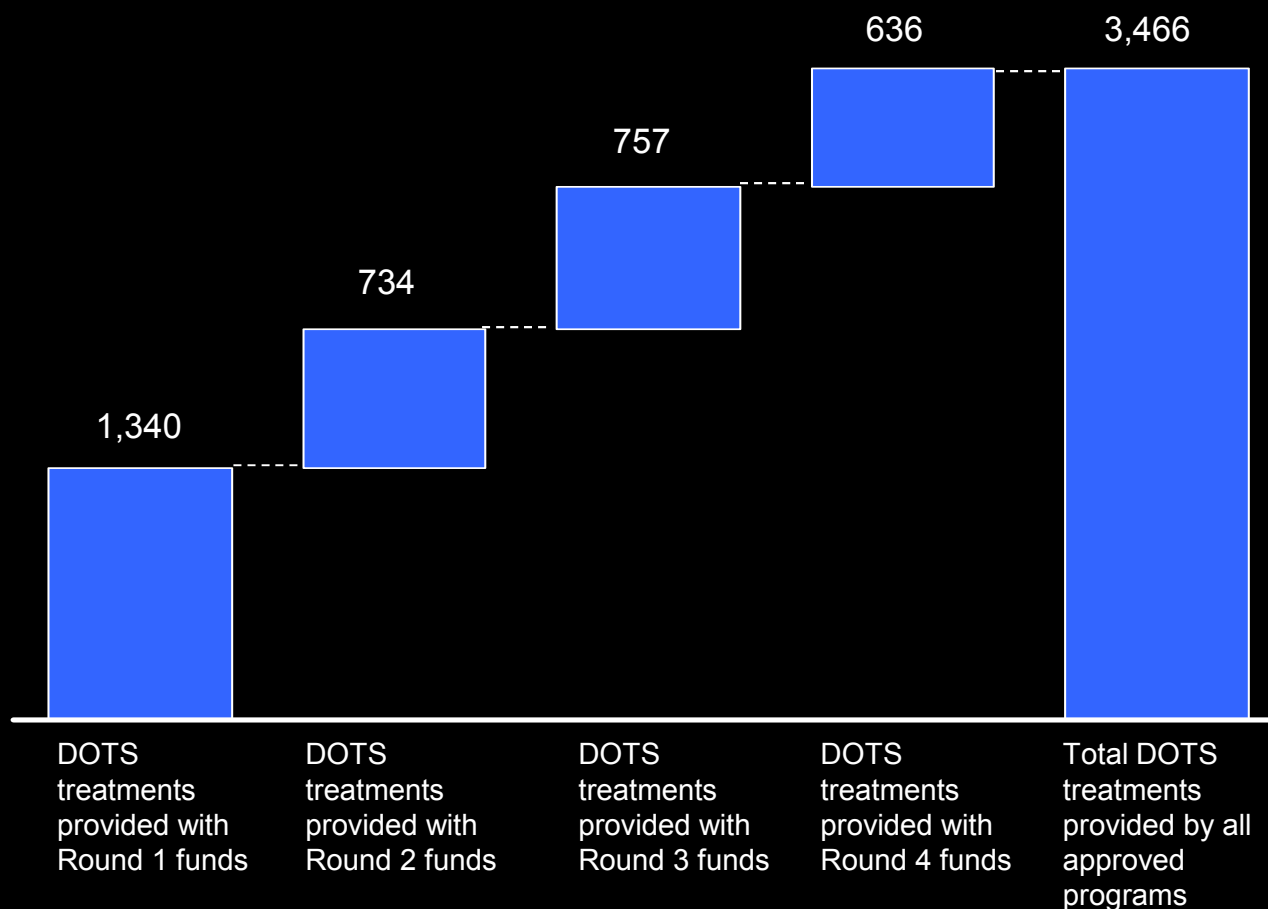
Projected program outcomes: Artemisinin-based treatment of malaria

Millions of artemisinin-based treatments (total over lifetime of approved proposals)



Projected program outcomes: Tuberculosis treatment with DOTS

Thousands of smear positive cases treated under DOTS (over proposal lifetime)*

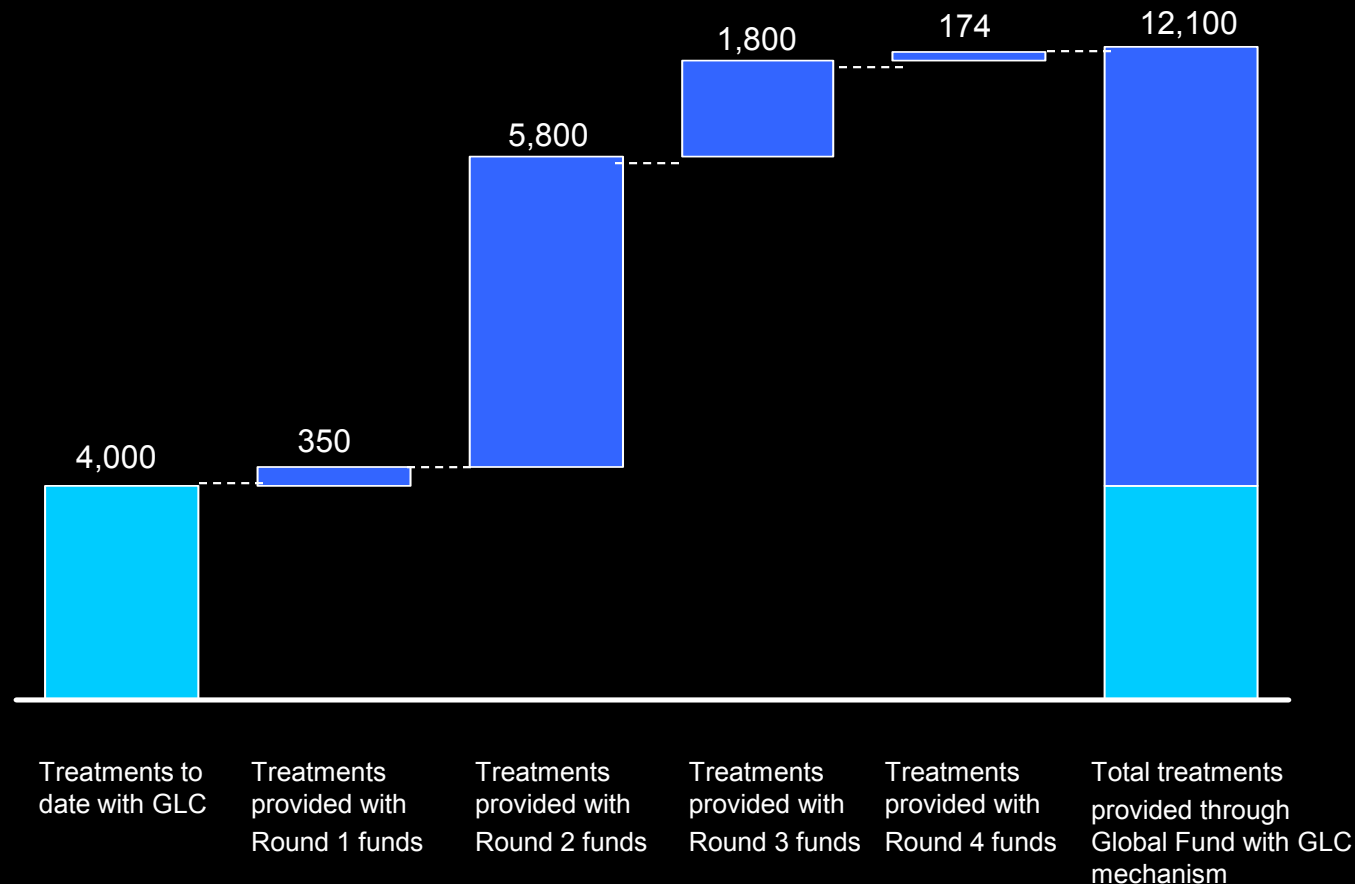


* DOTS is the approved treatment strategy for TB; WHO estimates DOTS coverage in 2000 was 834,000 people

Eighth Board Meeting: 28-30 June 2004

Projected program outcomes: treatment for multidrug-resistant TB (MDR-TB) with DOTS+

Cumulative number of MDR-TB treatments provided (over proposal lifetime)*



* DOTS+ is the approved treatment strategy for MDR-TB. Rounds 1-2 figures are based on drug purchase approval by the Green Light Committee (GLC), which approves DOTS+ pilot programs, consistent with Board policy on procurement of MDR-TB medicines. Round 3 figures subject to change based on GLC applications and approvals.

In summary – projected outcomes of Rounds 1-4 over five years:

- 1.6 million people on ARV treatment, a six-fold increase over current coverage in developing countries
- 52 million clients reached with VCT services
- 3.5 million additional TB cases treated successfully under DOTS
- 12,000 new DOTS+ treatments for drug-resistant TB distributed
- 145 million ACT treatments for drug-resistant malaria distributed
- 108 million insecticide-treated bed nets financed to protect families from malaria