



Investing in our future

**The Global Fund**

To Fight AIDS, Tuberculosis and Malaria

# Report of the Portfolio Committee

*Thirteenth Board Meeting  
Geneva, 27-28 April 2006*

# Decision Points

- Eligibility Criteria
- Round 6 Guidelines and Proposal Form
- Appointment of TRP Members and Support Group
- Length of Term for the TRP Chair and Vice-Chair
- Phase 2 Decision-Making Policies and Procedures
- Funding of the Green Light Committee

# Eligibility Criteria for Upper-Middle Income Countries

- Sub-Working Group on Eligibility developed options for consideration by the PC
- Current eligibility criteria - upper-middle income countries must face a high national disease burden:
  - HIV/AIDS: country's ratio of adult HIV sero-prevalence to GNI per capita exceeds five;
  - Tuberculosis: country is included on WHO lists of high-burden countries or countries comprising 97% of TB cases w/ HIV
  - Malaria: if mortality rate is more than one death per 1000 people

# Eligibility Criteria for Upper-Middle Income Countries

- Rationale to expand eligibility criteria:
  - Contain spread of epidemic from vulnerable population to general population
  - Enable cost-effective interventions
  - Catalyze national responses to epidemics
  - Address limited healthcare spending capabilities of small island economies

# Eligibility Criteria for Upper-Middle Income Countries

- The Portfolio Committee recommends expanding eligibility criteria for upper-middle income countries, regardless of national disease burden, to include:
  - Small island economies
  - Countries where vulnerable populations have an HIV sero-prevalence rate of more than 5%

# Decision Point – Eligibility Criteria for Upper-Middle Income Countries



*The Board decides that proposals from applicants whose economies are classified by the World Bank as “Upper middle income” may become eligible if:*

- a) the applicant falls under the “small island economy” exception to the International Development Association lending eligibility requirements, regardless of national disease burden; or*
- b) there is an HIV sero-prevalence rate of more than five percent in a vulnerable population in the country regardless of national disease burden, provided that:*
  - (i) the proposal targets the vulnerable population;*
  - (ii) the applicant provides a definition of the vulnerable population, including the size of the population and evidence of the sero-prevalence rate within such population;*
  - (iii) the evidence provided by the applicant is validated by the WHO or UNAIDS; and*
  - (iv) they demonstrate counterpart financing with a progressive increase from 30% in Year 1 to 50% over the duration of the proposal.*

# Decision Point – Eligibility Criteria for Upper-Middle Income Countries



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***This decision does not affect the applicability of other eligibility requirements.***

***The Board requests the Portfolio Committee to review eligibility criteria for upper-middle income countries for Round 7.***

***There are no material budgetary implications for this decision.***

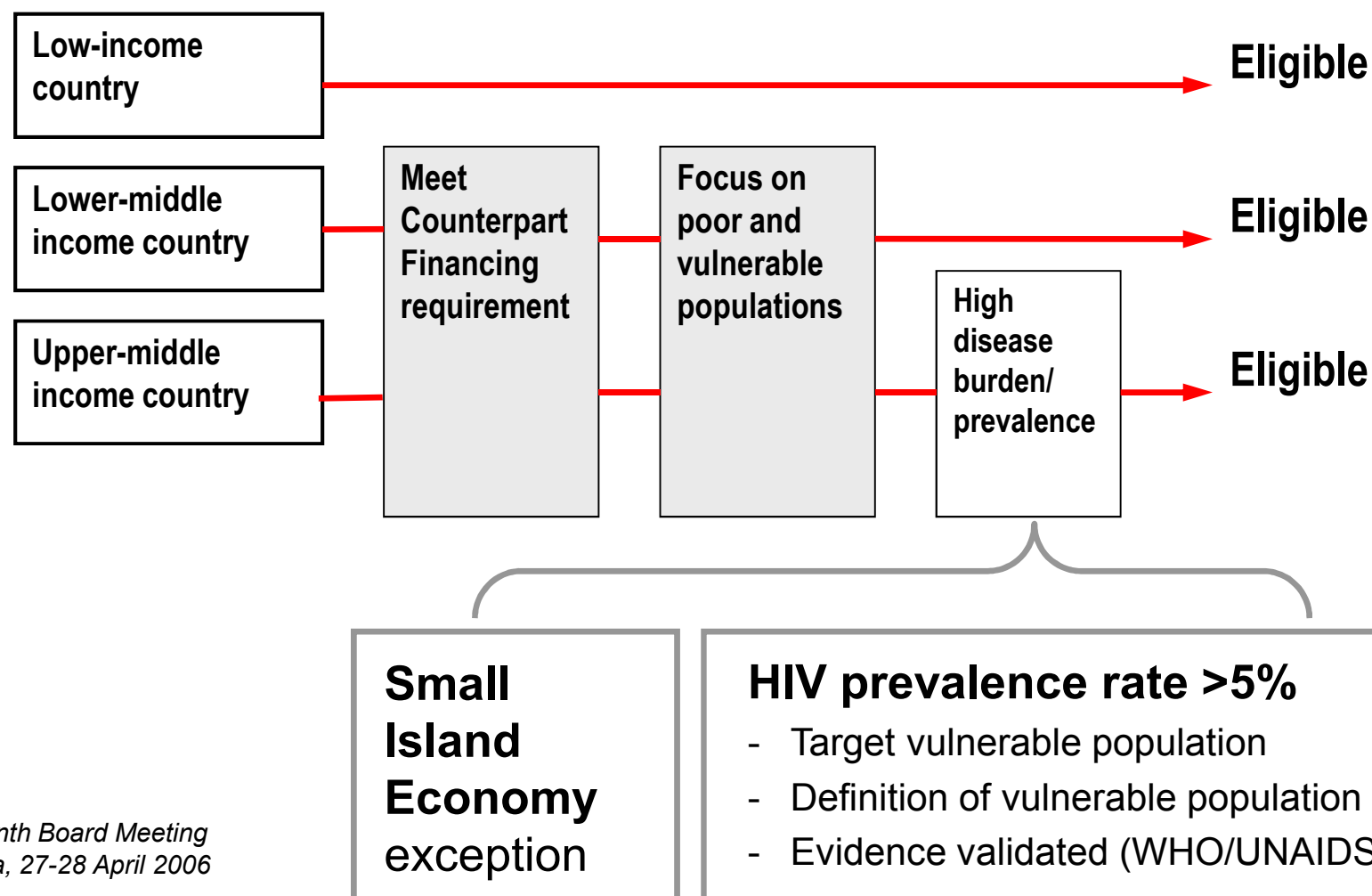
# Round 6 Guidelines and Proposal Form

- Documents revised and improved
- Guidelines and Proposal Form aligned
- Key changes
  - Expanded Eligibility Criteria for Upper-Middle Income Countries
  - Health Systems Strengthening
  - Content Revisions



# Round 6 Guidelines and Proposal Form

## Eligibility Criteria subject to Board decision



# Round 6 Guidelines and Proposal Form

## Health Systems Strengthening

- No separate component – funding for HSS activities can and should be applied for as part of disease components
- Encouragement to apply for funding for HSS activities within disease components
- More guidance on HSS in both documents
- Non-exhaustive list of activities that can be funded



## Content Revisions

- Linkages to existing programs
    - Performance of and linkages to current GF grants
    - Linkages to other donor-funded programs
  - Common funding mechanisms
    - Issues to consider and information required
  - Counterpart financing
    - Clearer guidance and correct mathematical formula
  - CCM eligibility requirements
    - In line with Revised CCM Guidelines (April 2005)
  - Attached tools and templates
    - Targets and Indicators Table, Budget Analysis Template, Preliminary Procurement List of Drugs and Health Products
- New sections**
- Revised sections**

# Decision Point - Round 6 Guidelines and Proposal Form



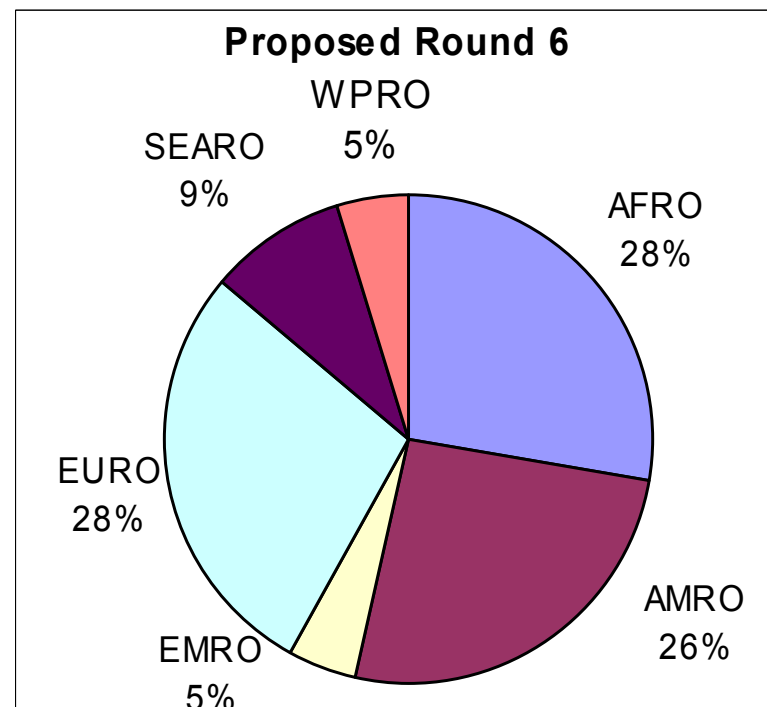
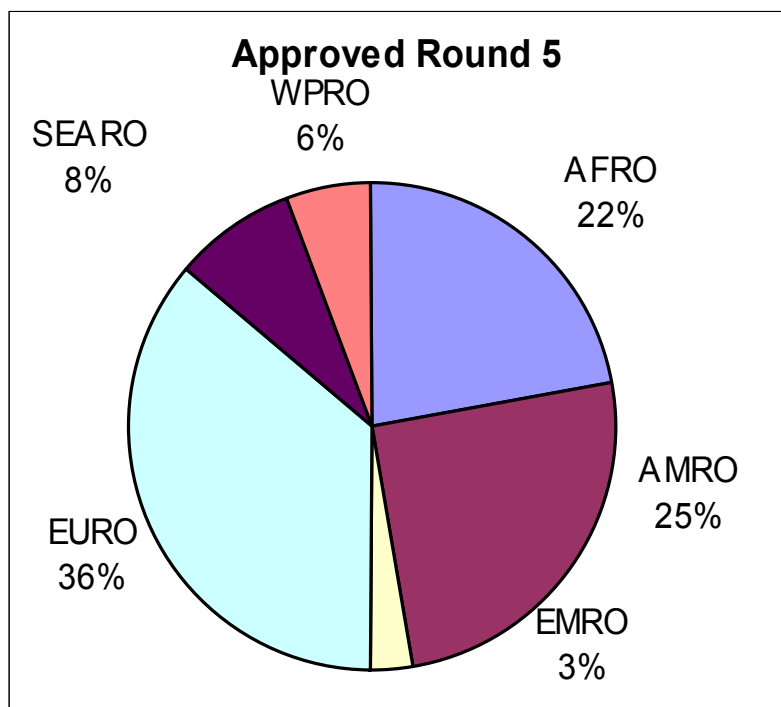
***The Board approves the Guidelines and Proposal Form for the Sixth Call for Proposals (as presented in Annex 4 and Annex 5 of GF/B13/8).***

# Appointment of TRP Members and Support Group

- Recruitment and Replenishment process:
  - One malaria expert to fill TRP member vacancy
  - TRP Support Group from which to draw Alternate Members for Round 6 and fill vacancies for Rounds 7 and 8
- Short-listing managed by Health Systems Resource Centre
- PC worked in collaboration with the World Bank, WHO & UNAIDS through Per-Selection Panel to develop recommendation
- Trend in regional distribution and gender balance favourable

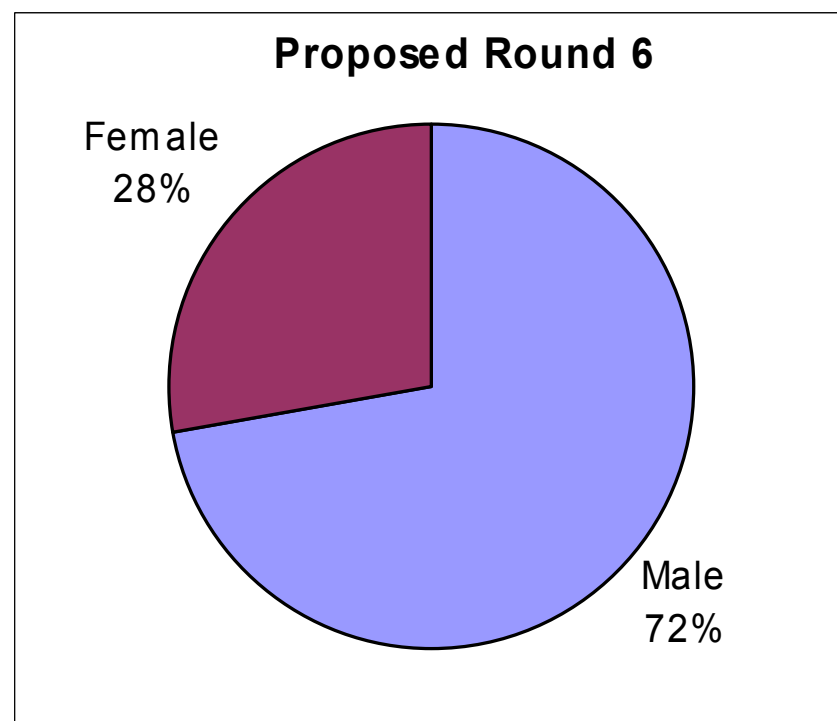
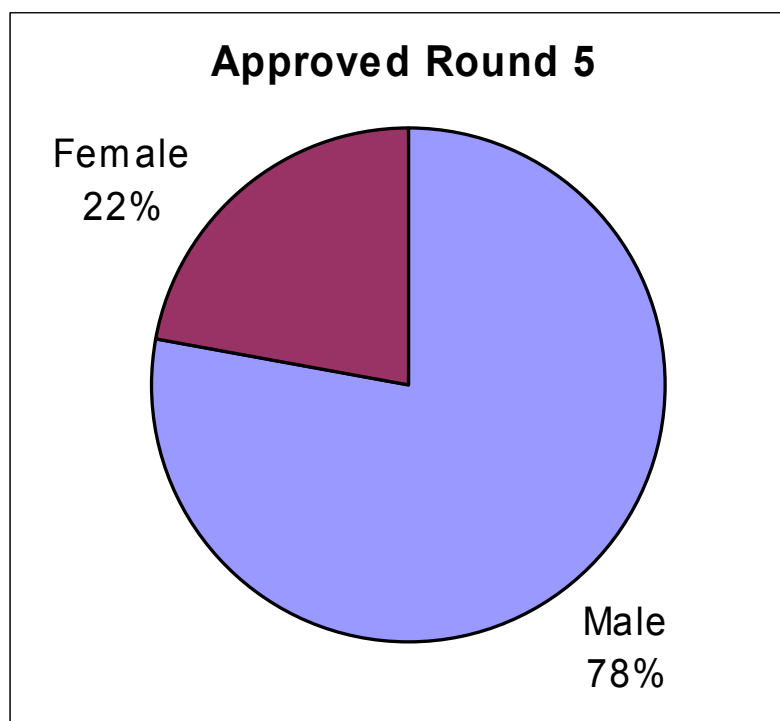
# Appointment of TRP Members and Support Group

## Regional breakdown of Members and Alternates



# Appointment of TRP Members and Support Group

## Gender breakdown of Members and Alternates



# Decision Point – Appointment of TRP Members and Support Group

*The Board approves:*

- a) *Dr Blaise Genton as a new Technical Review Panel (TRP) member to fill the vacancy of a Malaria expert commencing from Round 6;*
- b) *In respect of Round 6, seventeen (17) Alternate Member positions in total, and specifically in respect of the 2006 TRP replenishment process, those persons recommended by the Portfolio Committee and the Executive Director from the Support Group to fill the fourteen (14) Round 6 TRP Alternate Member position vacancies (as presented in Table 1 of Attachment 1 to this Annex 7 of GF/B13/8); and*
- c) *A Technical Review Panel Support Group (as presented in Table 1 of Attachment 1 to this Annex 7 of GF/B13/8), comprising the group of experts from which TRP membership will be replenished in the event of TRP member vacancies as they may arise.*



# Length of Term of the TRP Chair and Vice Chair

- Decision required otherwise TRP-elected Chair for Round 7 cannot fulfill role
- Extension of term should be possible beyond four round limit, however, tenure should not be limitless
- Rationale – to ensure most experienced TRP members can be nominated for important role

# Decision Point - Length of Term of the TRP Chair and Vice Chair



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*The Board approves:*

- a) *the Chair and Vice Chair of the Technical Review Panel are exempt from the limitation that Technical Review Panel members may serve for no more than four rounds; and*
- b) *the Technical Review Panel Chair may serve as Chair for no more than two rounds.*

# Phase 2 Decision-Making Policies and Procedures

- As adopted at the Seventh Board Meeting:
  - Board delegated Secretariat to make Phase 2 decisions with Board confirmation of No Go decisions
- As adopted at the Ninth Board Meeting:
  - New interim procedures adopted
  - Board to approve decisions based on Secretariat recommendation
  - Existing provisions expire at the Thirteenth Board Meeting

# Phase 2 Decision-Making Policies and Procedures

- Options for Board to consider for decision:
  - Continue with current procedures requiring decision of the Board (adopted at Ninth Board Meeting); or
  - Revert to original procedures requiring decision of Secretariat with Board confirmation of No Go decisions (adopted at Seventh Board Meeting); or
  - Choose to adopt an alternative set of procedures
- PC recommends first option

# Phase 2 Decision-Making Policies and Procedures

- Further consideration necessary of decision-making procedures adopted at the Twelfth Board Meeting
  - Decision-making process working effectively for affirmative funding commitment decisions
  - Process for No Go decisions not effective: protracted timeline and 12 of 14 Secretariat No Go recommendations have been blocked by the Board

# Decision Point - Phase 2 Decision-Making Policies and Procedures

## *The Board approves:*

- a) *The Board decides to extend the application of the Phase 2 Decision-Making Policies and Procedures set out in Annex 1 to the Report of the Portfolio Committee to the Twelfth Board Meeting (GF/B12/6) and as amended at the Twelfth Board Meeting beyond the trial period specified therein and to delete the final paragraph of such document.*
- b) *The Board requests the Portfolio Committee to review the Phase 2 Decision-Making Policies and Procedures and develop recommendations for the Board to consider at its fourteenth meeting.*

# Funding of the Green Light Committee

- Board Decision (Third Board Meeting) requires Global Fund grants to procure second-line anti-TB drugs through GLC
- The Green Light Committee:
  - Provides procurement and quality assurance services to meet a global need for centrally-managed MDR-TB treatment;
  - Has rapidly expanded operations to meet increased demand by Global Fund-related projects;
  - Faces a funding gap for coming years.

# Funding of the Green Light Committee

- Sub-Working Group on the GLC developed options for consideration by the PC
- The PC recommends that the Board approve funding of the GLC in two components:
  - GLC costs are to be incorporated into budgets for grant applicants of:
    - Round 6 and beyond, and
    - Phase 2 renewals for Round 1-5 grants reviewed from January 2007
  - Secretariat to explore mechanisms to cover funding gaps for Round 1-5 grants (except Phase 2 Renewals covered above) for 2007 and beyond.



# Decision Point - Funding of the Green Light Committee



***The Board recognizes the essential service provided by the Green Light Committee as a unique entity that ensures the quality of multi-drug resistant tuberculosis control programs. The Board reaffirms its decision taken at the Third Board Meeting, which requires recipients of Global Fund grants to procure second-line anti-tuberculosis drugs through the Green Light Committee, and recognizes that the Green Light Committee provides a package of services for multi-drug resistant tuberculosis control treatment that cannot be disaggregated. The Board urges the Green Light Committee to develop a proactive resource-mobilization effort to attract other donor funding.***

# Decision Point - Funding of the Green Light Committee (continued)



- a) *The Board decides that applicants:***
- i) applying for grants with multi-drug resistant tuberculosis control components in Round 6 and beyond; or***
  - ii) submitting a Request for Funding for grants with multi-drug resistant control components as of January 2007,***  
***must include a cost-sharing element for Green Light Committee services. To limit transaction costs, this will be defined by the Secretariat in consultation with the Green Light Committee as a flat rate per grant per year that will not exceed US\$ 50,000 per grant per year. This figure is subject to review by the Portfolio Committee.***

# Decision Point - Funding of the Green Light Committee (continued)



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- b) The Board requests the Secretariat to explore mechanisms to apply these cost-sharing principles for Green Light Committee services to programs funded by grants in Rounds 1 through 5 that are not already covered by paragraph (a) (ii) of this decision and report back to the Board at the Fourteenth Board Meeting.***