



Round 6

Technical Review Panel Recommendations

Dr Jonathan Broomberg, TRP Chair

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1. Overview of R6 Applications

	Submitted in Round 6	TRP Recommended
Countries	105	63
Components	248	85
First-Time Applicants	Syria and Turkmenistan	Syria
Repeat applicants not previously funded	Cape Verde, Iraq, Maldives and Tunisia	Iraq, Maldives and Tunisia
2 Year Upper Ceiling	US\$ 2.520 billion	US\$ 846.5 million ***
Lifetime Budget Ceiling	US\$ 6.11 billion	US\$ 2.056 billion ***

*** Updated to reflect the UN official exchange rate for Euro to US\$ conversions at 1 November 2006 for those proposals requesting Euro denominated proposals

2(a). TRP Round 6 Membership

TRP comprised of 29 members (Increase of 3)

Compared to Round 5:

→ Improved gender balance: 20% to 28 % female members

→ Improved regional balance:

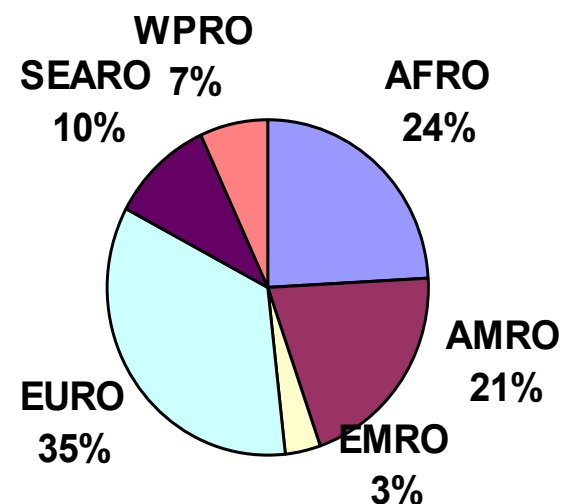
SEARO from 4 % to 10%

EMRO from 0 % to 3 %

→ Good mix of experience and new comers

9 served for the first time

Approximately half served more than two rounds



2(b). TRP Round 6 Processes - 1

Meeting Dates: 4 to 15 September 2006, Geneva

In depth review by 3 to 4 experts of each component

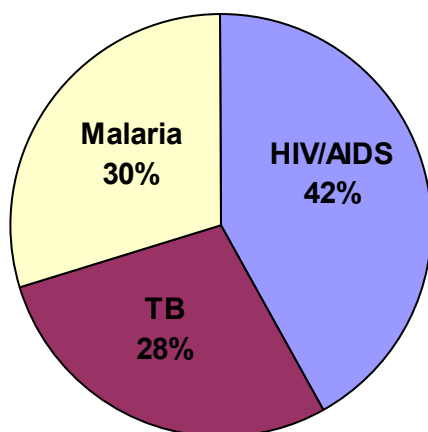
- 8 to 9 review groups (increase on historical 7)
- 22 components reviewed each day over 9 days
- Review groups: discussion, provisional grading and first draft of TRP Review Form
- Each application discussed and given a final consensus grading in the daily plenary session
- Final day: 12 borderline proposals re-reviewed, as well as consistency of all other recommendations

2(c). TRP Round 6 Processes - 2 Grading of Applications

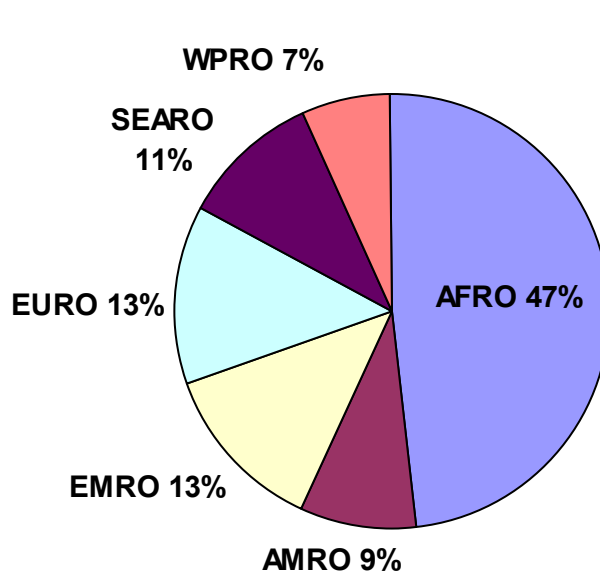
Category	Recommendation	Timeframe for clarifications to be met
1	Recommended for funding with no or minor clarifications	Within 4 weeks of notice
2 (incl.2B)	Recommended for funding with clarifications and/or adjustments to be met within a limited timeframe (2B: Relatively weaker on grounds of technical merit, issues of feasibility, likelihood of effective implementation)	6 weeks to provide an initial response and up to a further 4 months to complete
3	Not recommended for funding in its present form but encouraged to resubmit following major revision	N/A
4	Rejected	N/A

2(d). R6 - Proposals Reviewed

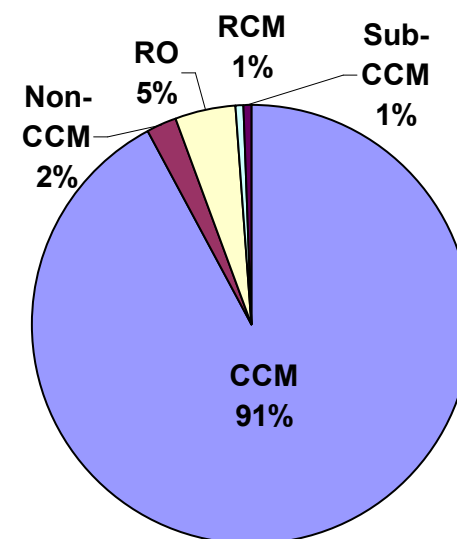
196 Eligible components
(total requested lifetime budget US\$ 6.11 billion)



By Disease



By WHO Region



By Applicant Type

3(a). R6 – Outcomes Overview

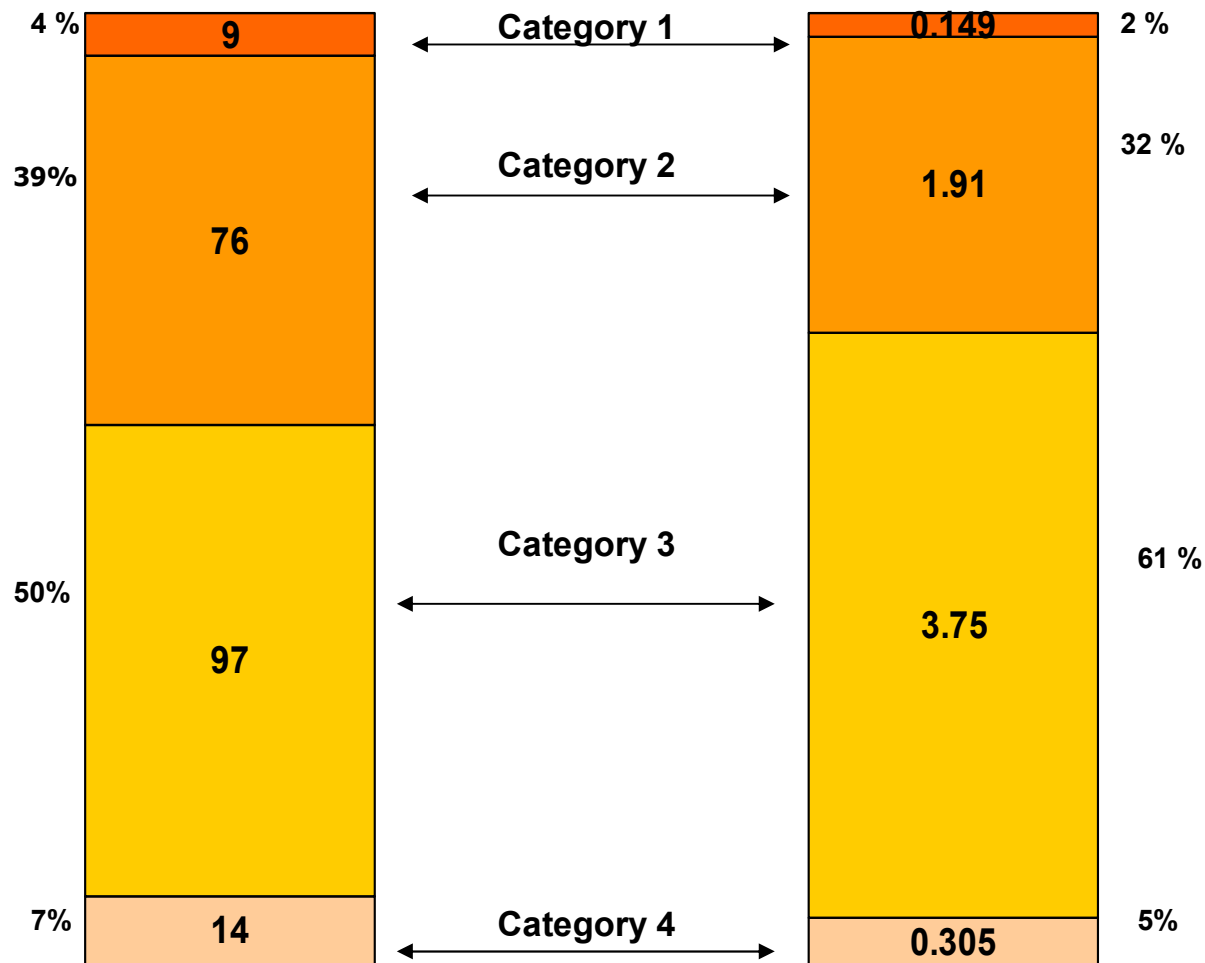
- Overall, the TRP recommends for funding 85 of the 196 eligible components reviewed
 - 2 year upper ceiling of US\$ 846,403,182***
 - Lifetime upper ceiling of US\$ 2.056 billion***
- The following Graphs provide analysis on:
 - Overall outcome by category and disease
 - Distribution of 2 year maximum budgets
 - WHO and Global Fund clusters and World Bank Income level status of applicants

3(b). R6 - Outcome by Category

100% = 196 components

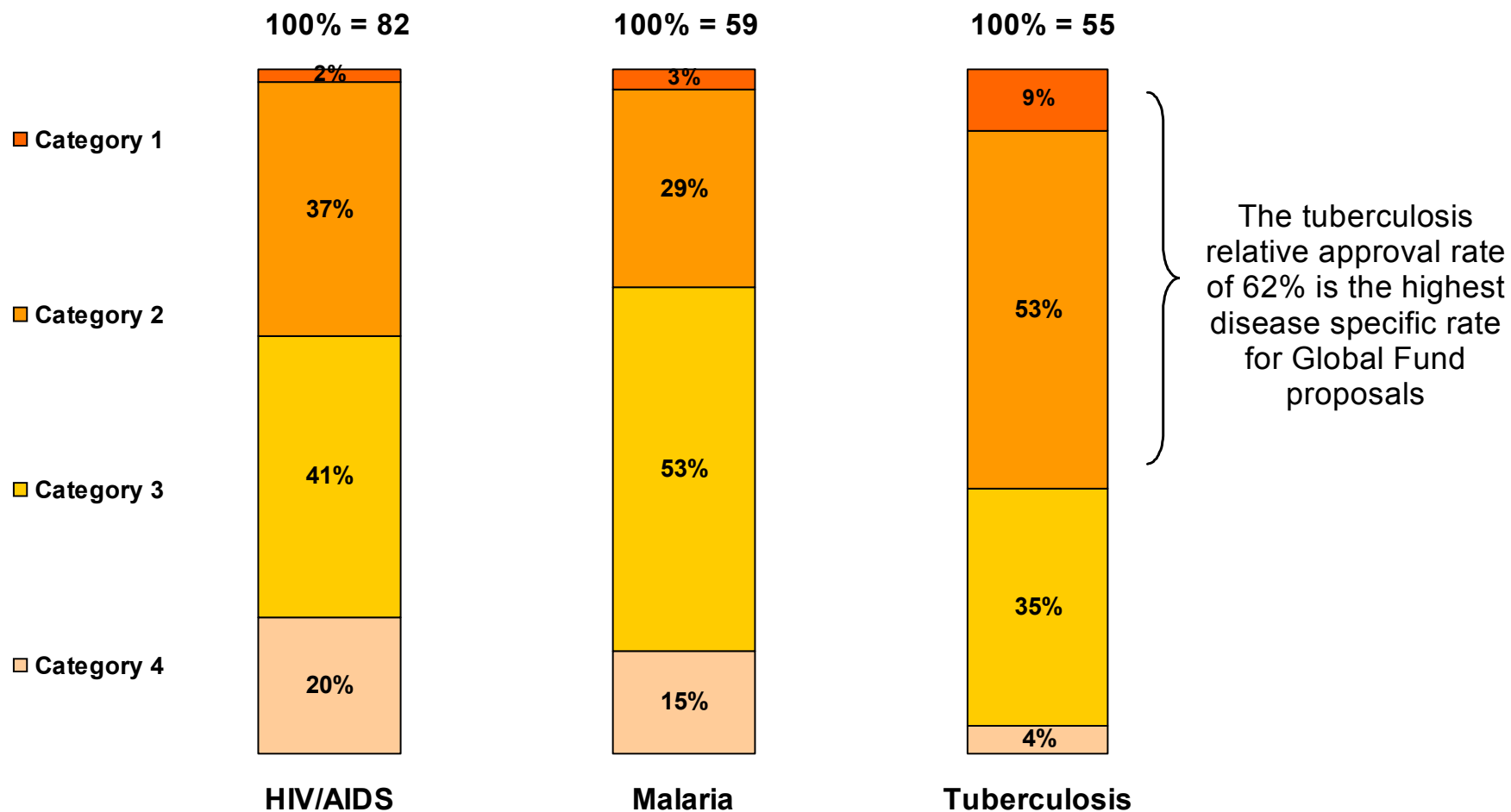
100% = US\$ 6.11 billion

Of the 76
 Category 2
 Proposals
 28 (37%) were
 recommended
 in Category
 2B



3(c). R6 - Outcome by Disease

Total by disease for 196 eligible component proposals

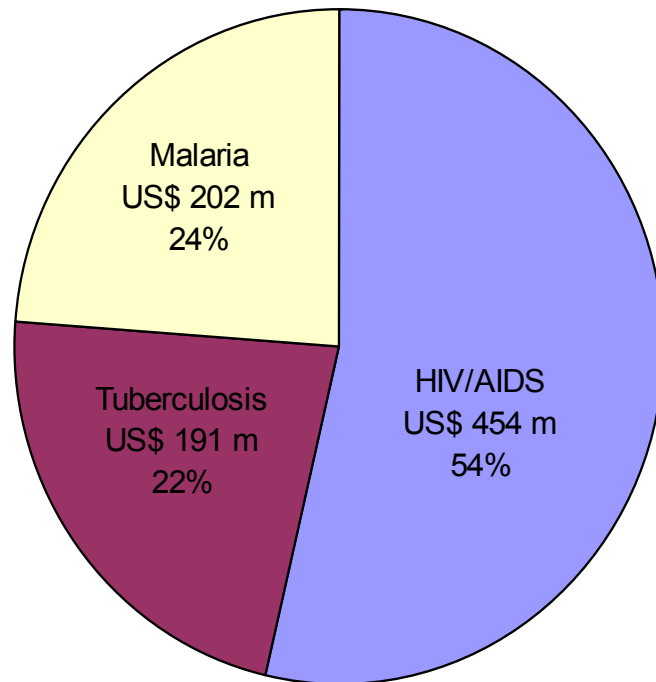


3(d). Distribution of Recommended Components and 2 year Budget

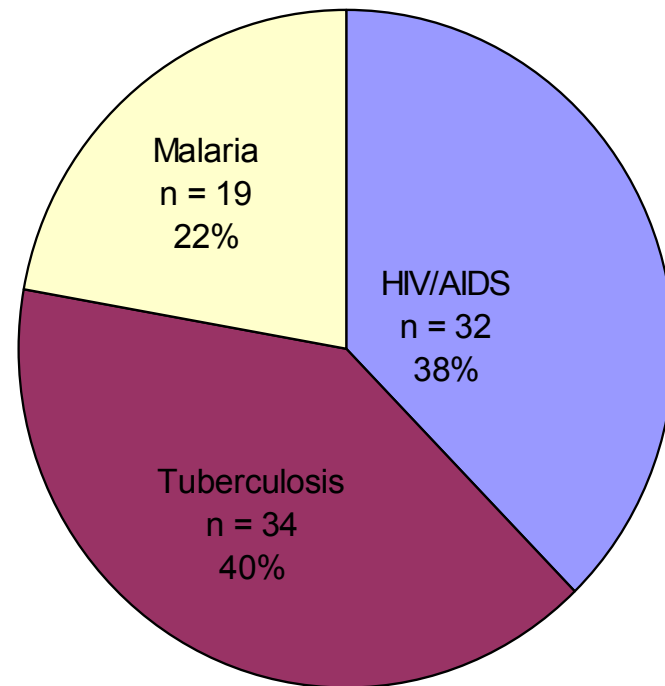


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100% = US\$ 847 million



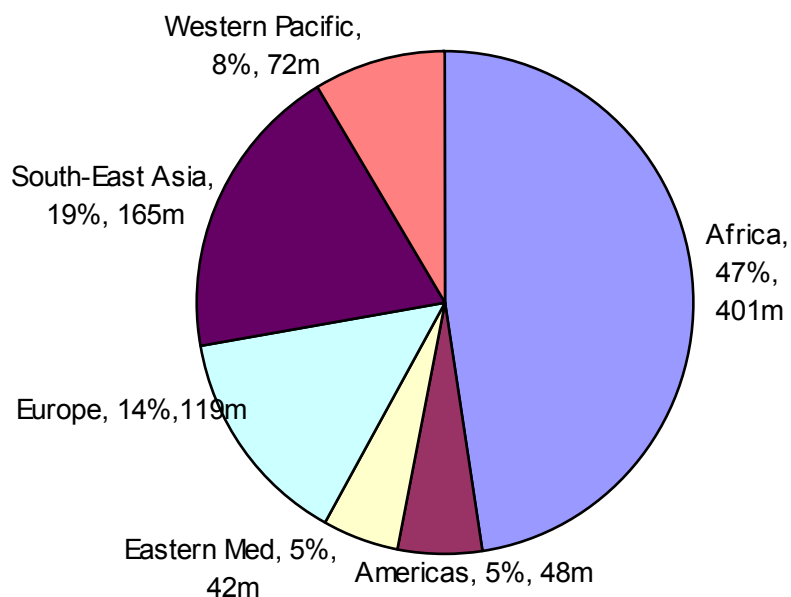
100% = 65 components



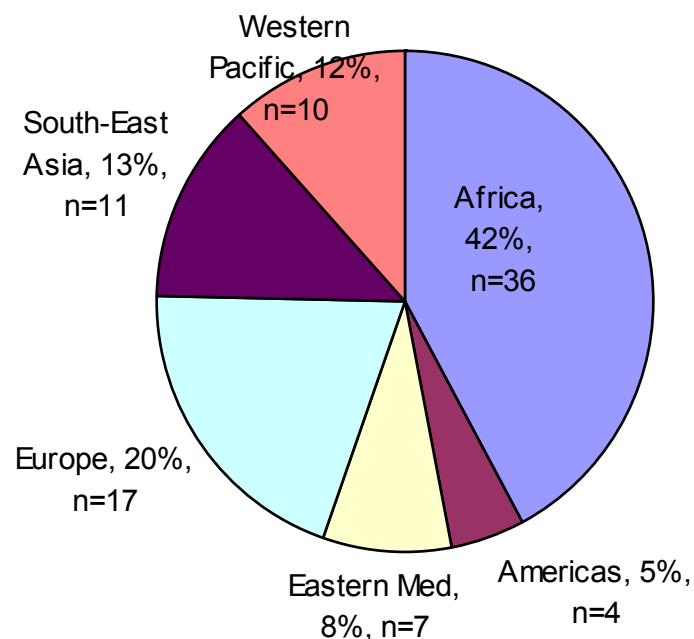
Tuberculosis: smaller share of overall budget due to lower average proposal budgets

3(e). Recommended Components by WHO Cluster and Budget

100% = US\$ 847 million

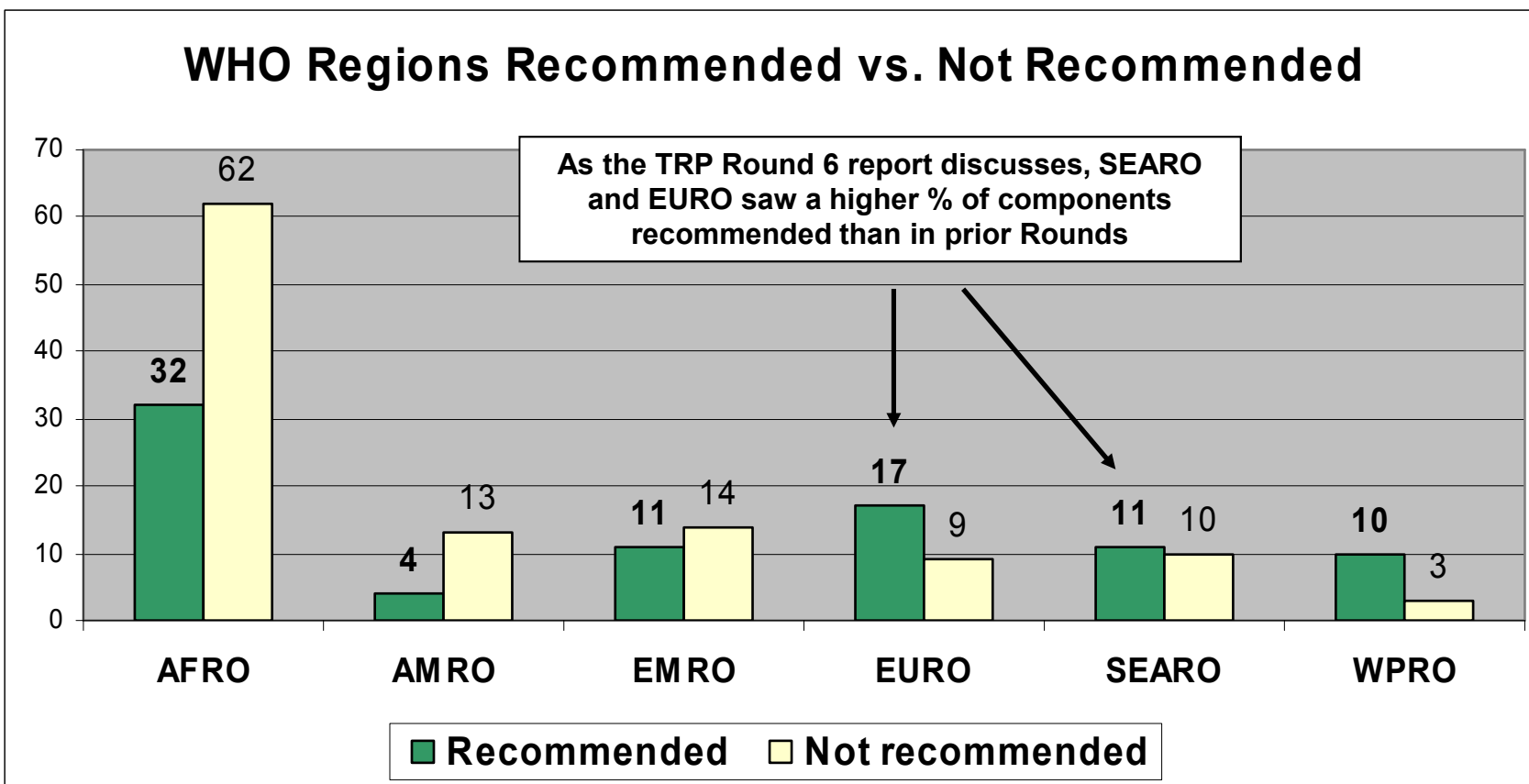


100% = 85 components



As with prior Rounds - Largest Number and Highest Proportion of 2 year upper ceiling budget to Africa

3(f). Proportion of Components Recommended by WHO Cluster



AFRO 35%
(32 of 94)

AMRO 24%
(4 of 17)

EMRO 44%
(11 of 25)

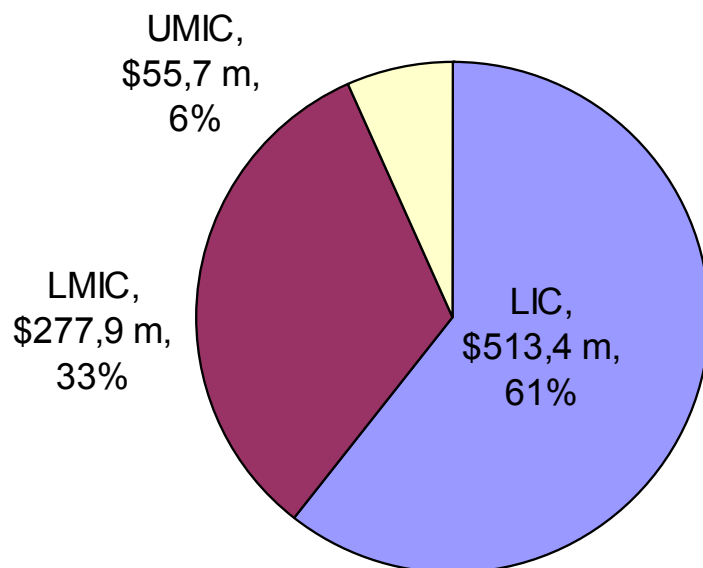
EURO 65%
(17 of 26)

SEARO 52%
(11 of 21)

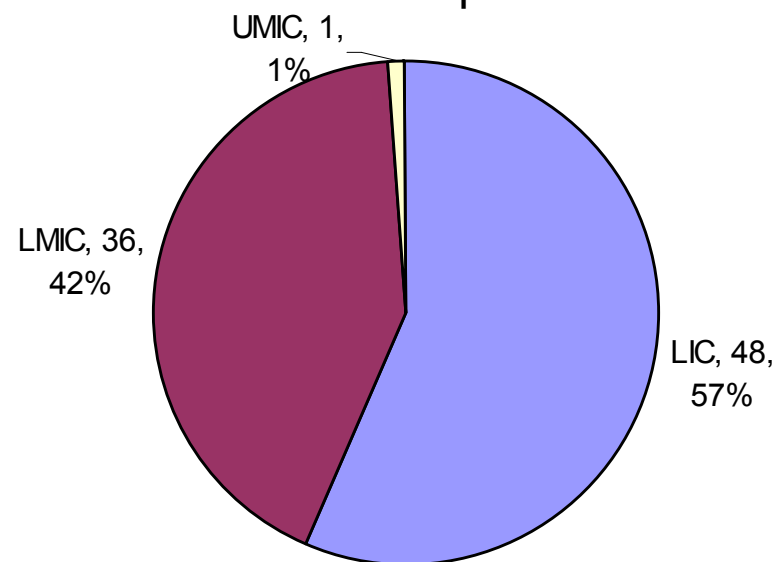
WPRO 77%
(10 of 13)

3(g). Recommended Components World Bank Income Classification

100% = US\$ 847 million

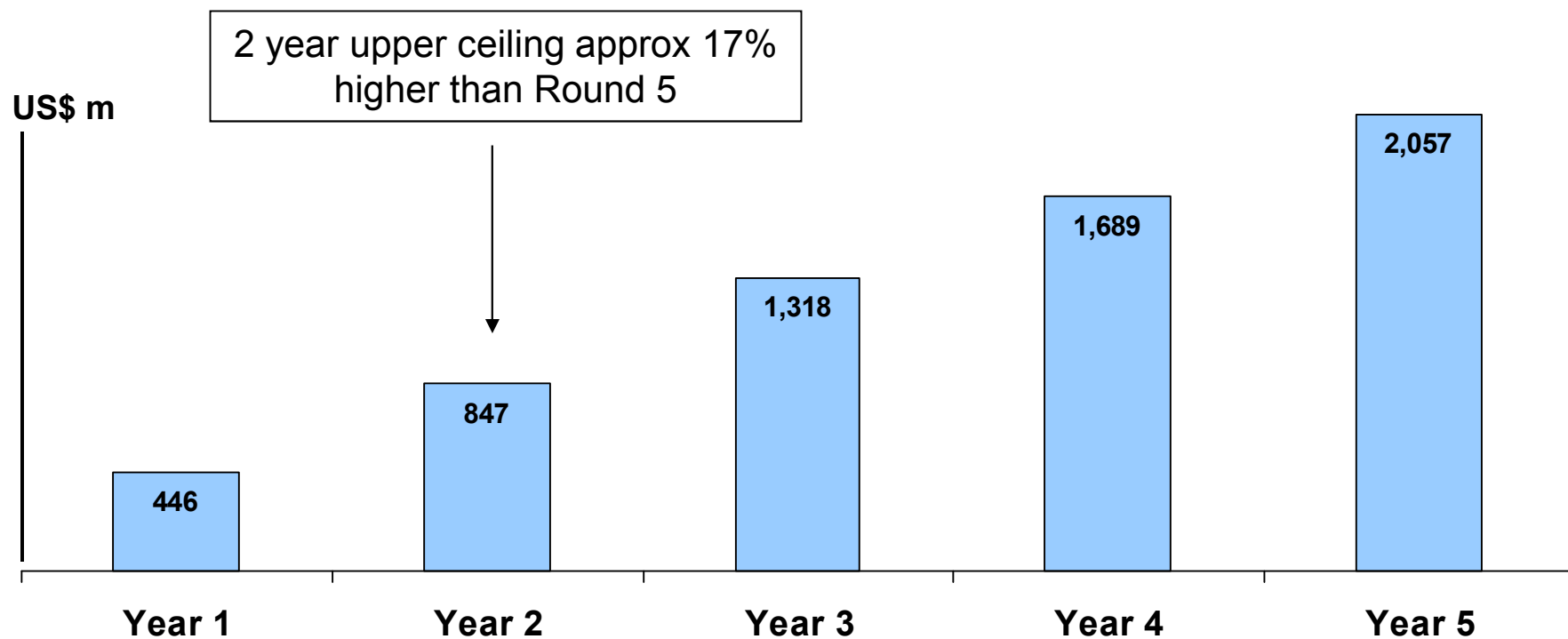


100% = 85 components



1. Upper-middle Income: % share of components unchanged from R5
2. Lower-middle income: Increase on Round 5 (33%): Reflecting larger overall number of components submitted by Lower-middle Income Countries in Round 6.
3. Low Income: Largely unchanged.

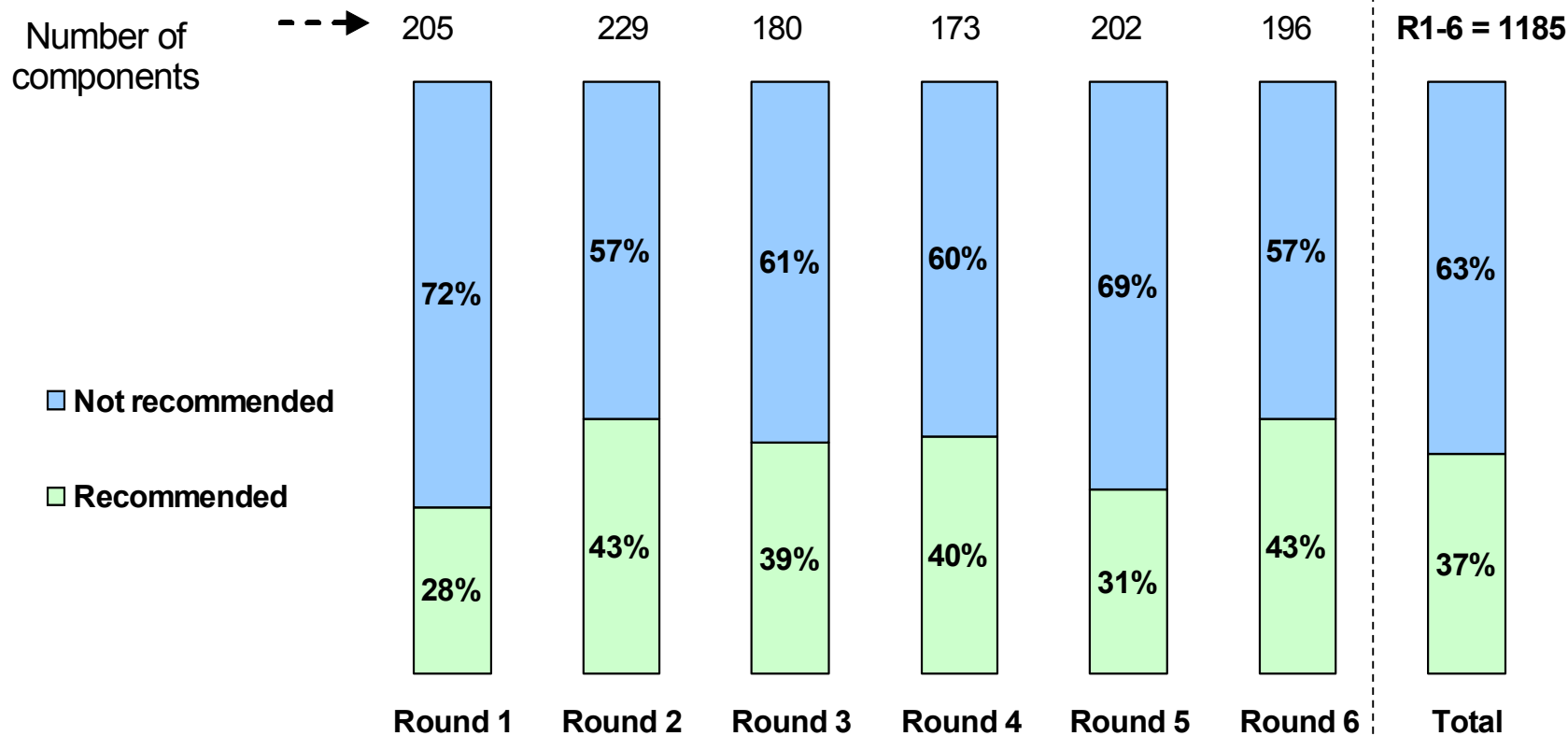
3(h). Recommended Components Total Lifetime Budget Ceiling



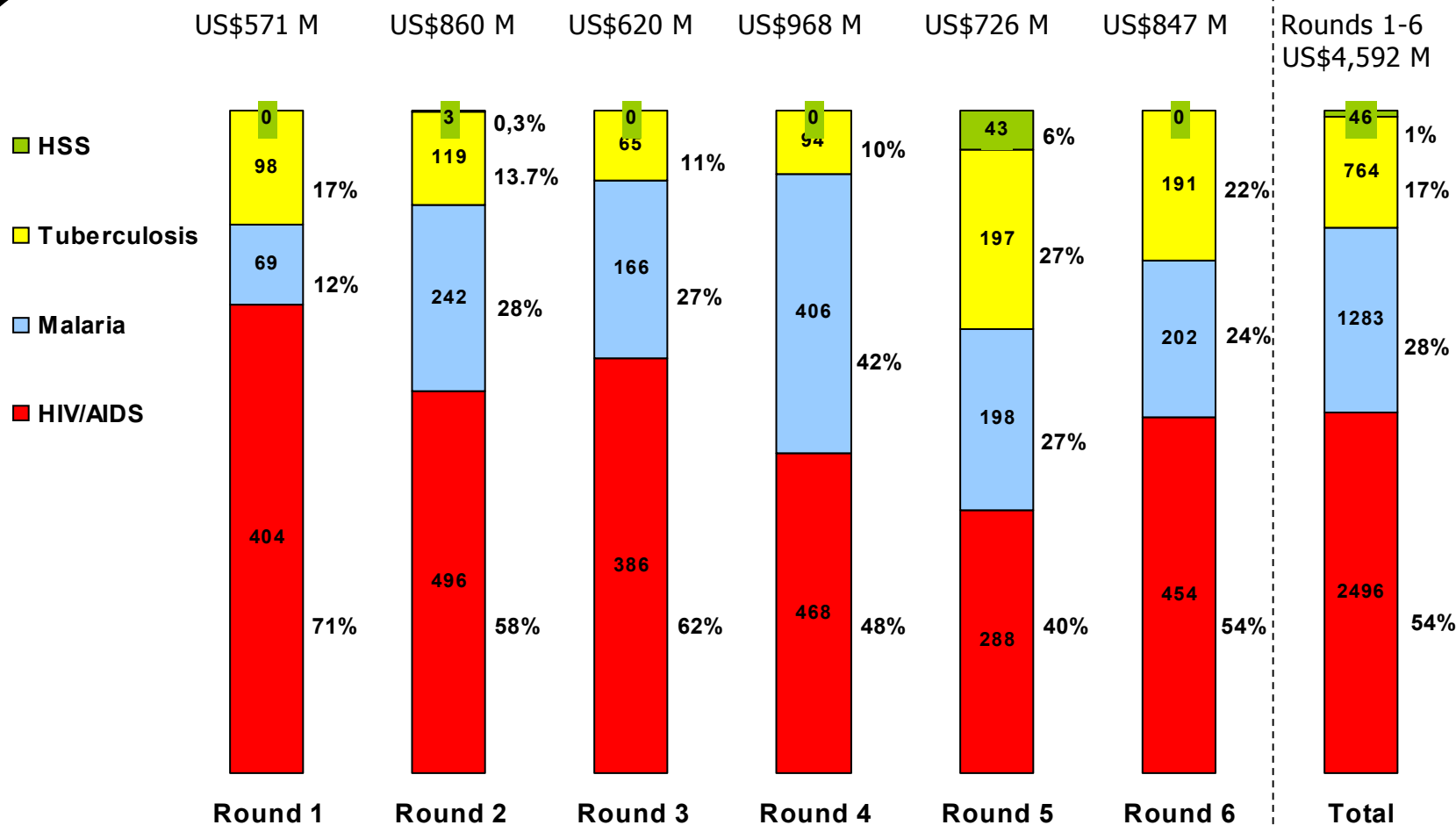
Amounts cumulative over the lifetime of requested budgets

3(i). Rate of TRP Recommendation for Funding across Rounds

Round 6 success rate of 43% higher than average of past five Rounds (36.2%) and in line with highest prior success rate in Round 2.



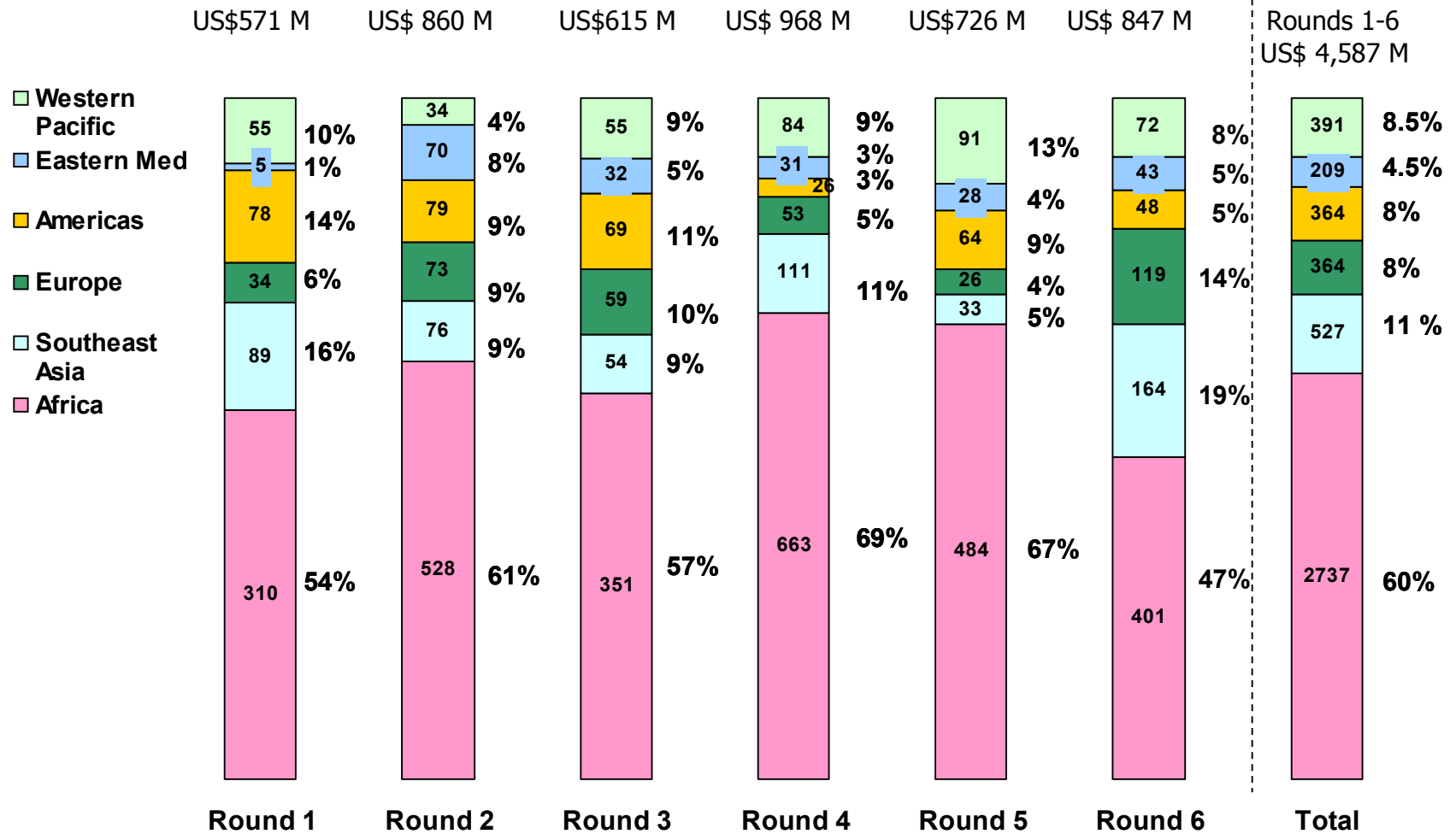
3(j). Comparison Across Rounds 2 Yr Budget Ceiling by Disease



* R1-4 "HIV/TB" grant amounts included in "HIV/AIDS" total, R1-4 "Integrated" grant amounts included in "HSS"

3(k). Comparison Across Rounds 2 Yr Budget Ceiling by Region

60% of cumulative budgets target Africa



4(a). Quality and Scope of Proposals - Overview of Strengths



1. TRP identified trend towards systematic improvement in quality of proposals in Round 6
 - Substantial number of well written, feasible and appropriate proposals
 - Tuberculosis proposals particularly strong
 - Significant enhancement of Proposal Form and Guidelines likely to have contributed to this

2. Successful applications from several countries which had submitted multiple (2 to 4) unsuccessful proposals in prior Rounds
 - Many of these comprehensively addressed TRP comments on previous submissions

4(b). Quality and Scope of Proposals - Remaining Concerns



- ➔ Some countries continue to submit proposals without taking due consideration of prior TRP comments
- ➔ Small number of countries with multiple, consecutive Category 3 recommendations – additional high quality and appropriately focused technical assistance required
- ➔ Many proposals continue to suffer from avoidable weaknesses:
 - Failure to draw linkages to existing Global Fund and other donor supported programs;
 - Lack of clarity in objectives and strategy and/or weak linkages between objectives and work plans; and
 - Weaker budget sections noted in Round 6 than in Rounds 4 and 5.

4(c). Quality and Scope of Proposals - Overview of Review Process



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TRP maintained its prior 'holistic' approach to evaluating proposals:

- Strong elements from within a generally weak proposal were not 'cherry-picked' for funding
- Generally strong proposals with minor weak elements were recommended for funding after suitable modifications are achieved through the TRP clarifications process:
 - Removal of minor, weak elements
 - Scaling down of a proposal with budgetary adjustment
 - General rule: adjustments should be below 20% to 25% of total proposal budget

4(d). Quality and Scope of Proposals - Role of Existing Grants



As in Round 5, information on existing grants played a significant role in the TRP evaluation of Round 6 proposals:

- ➔ Secretariat info on current grant performance highly useful
- ➔ Good track record of successful implementation regarded as positive evidence of absorptive capacity
- ➔ Conversely, poor track record and/or large grants unsigned or at very early stage raised concerns regarding feasibility and absorptive capacity
- ➔ Specific problems identified:
 - Proposals with significantly delayed start dates – late 2008 or beyond
 - Proposals to fund similar activities from an existing grant not yet signed/ very early stage

From Round 7, further detailed guidance is required for applicants on the relationship between existing Global Fund grants and new proposals.

4(e). Quality and Scope of Proposals - Health System Strengthening



TRP - supports HSS remaining within disease specific proposals

However, the overall quality of HSS elements within the majority of proposals remains low for a number of reasons:

- Global Fund has yet to clearly define its funding scope and extent of HSS activities it is willing to fund as HSS: leaves possible scope too broad and vague. Round 6 proposals covered full gamut of health sector activities including human resources interventions, investment in infrastructure and equipment, health information systems etc;
- HR and infrastructure strategies often poorly linked to national context and broader policy frameworks;
- HSS elements must contribute to the strengthening of the overall healthcare system. Some R6 proposals would have impacted negatively on system; and
- Poor linkages with disease specific components of the proposal.

TRP recommends the Board convene a suitable Forum to better define scope of HSS activities and additional guidance be provided to applicants

4(f). Quality and Scope of Proposals Regional/Multi-Country Proposals



As in prior Rounds most regional proposals had a number of key weaknesses

- Unable to demonstrate true added value beyond country proposals
- Some appear to be opportunistic and designed to serve needs of implementing organizations rather than countries
- Often expensive with high overheads
- Some proposals may even have a negative impact on healthcare systems
- Proposals suffer from being developed by external organizations outside the context of needs and priorities of recipient countries

TRP strongly supportive of concept of regional and multi-country proposals

TRP recommends closer and earlier collaboration with CCMs to limit disconnect with country proposals and short term more emergency response proposals

4(g). Quality and Scope of Proposals - Private Sector Proposals



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- As in prior Rounds, little meaningful participation or involvement by the private sector in Round 6 proposals
- Significant focus by Board, Secretariat and Technical Partners will be required to alter this trend

5. Secretariat Role and Background Information provided to TRP

Quantity and quality of background information was substantially improved in Round 6

- Extensive country and grant specific information from Secretariat (Grant Scorecards and Grant Performance Reports)
- World Bank Aide Memoirs
- UNAIDS 'Universal Access' country reports
- Latest policy documents and other materials from WHO, UNAIDS and other Technical Partners

Support to TRP by the Secretariat was at the highest level since Round 1 and was outstanding in all respects

6. Proposal Form and Guidelines

- ➔ Round 6 Proposal Form and Guidelines
 - Much improved and contributed to a higher quality of proposals overall

- ➔ TRP recommends further improvements in a number of areas:
 - Improve or withdraw Budget Analysis Table
 - Simplify and reduce numbers of budget tables
 - Improve Guidelines and Proposal Form in respect of gender and gap analyses
 - A number of disease specific recommendations

7. TRP Membership Beyond R6

TRP leadership

GF/B14/10

- Jonathan Broomberg (cross cutting expert, South Africa) will be leaving the TRP, having served five rounds, including two rounds as Chair
- Peter Godfrey-Faussett (HIVAIDS expert, UK) will serve as Chair during Rounds 7 and 8
- The TRP has elected Indrani Gupta (HIV/AIDS expert, India) as its new Vice Chair

Experts leaving TRP

- David Burrows (HIV expert, Australia), LeeNah Hsu (cross-cutting expert, USA), John Chimumbwa (malaria expert, Zambia) and Pierre-Yves Norval (tuberculosis expert, France)

Members apologized for 2 consecutive rounds

- To be rotated to the Alternate group for the next round