

Briefing of the Technical Review Panel on Round 8

Board Pre-Meeting Session

6 November 2008



Eighteenth Board Meeting
New Delhi, India 7-8 November 2008

18th Board - TRP delegation

- **Peter Godfrey-Faussett:** Chair (served six Rounds)
- **Indrani Gupta:** Vice-Chair (three Rounds)
- **Bola Oyeledun:** 2nd Vice Chair (GAVI IRC member for HSS, one Round)
- **François Boillot:** HSS (served three Rounds)



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Summary of TRP Terms of Reference

TRP's mandate is to look for proposals **that demonstrate:**

- (a) Soundness of approach
- (b) Feasibility
- (c) Potential for sustainability and impact

**Detail - refer to
Annex 2 to the
Round 8 and 9
Proposal Guidelines**

Round 7	Round 8
<ul style="list-style-type: none"> • Disease proposals reviewed as a whole (<i>don't "select the good bit"</i>) • TRP can recommend a proposal for funding if up to 20-25% is "weaker" 	<ul style="list-style-type: none"> • Disease proposals reviewed as disease portion <u>and</u> distinct s.4B HSS cross-cutting part • TRP can recommend: <ul style="list-style-type: none"> a. Disease part + s.4B HSS b. Disease only c. HSS only

← Same Rule →



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1. Overview of Success Rates

- **Overall success rate: 54% (94 of 174)**

Within the three diseases:

- Malaria: 68%
- Tuberculosis: 51%
- HIV: 49%

- **Health systems strengthening 'parts' also fared well**

Success rate: 56% (25 of 45 'distinct parts' submitted)

In summary:

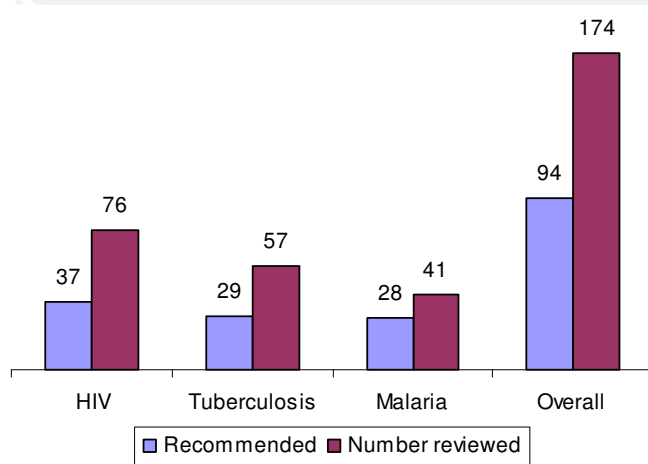
- The largest demand of any Round to date
- Nearly 3 times the size of the Round 7 recommendations
- Particularly successful for malaria



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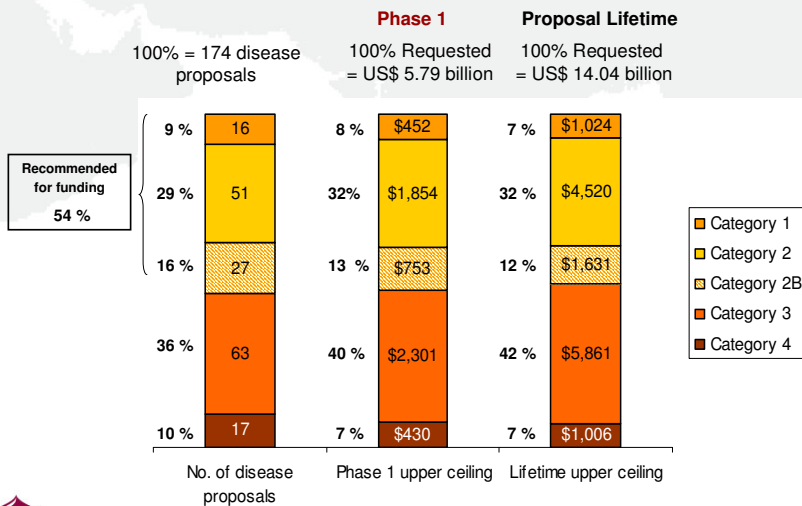
1.1 Number of Proposals Recommended



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1.2 Two and Five Year Upper Ceiling



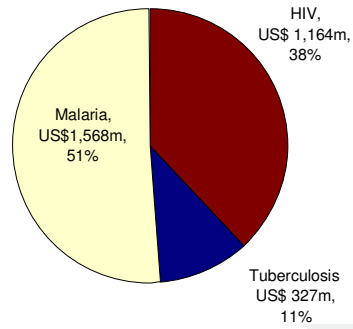
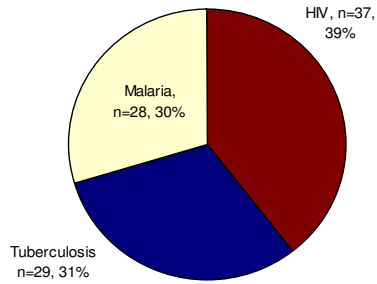
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1.3 Disease funding recommendations

100% = 94 disease proposals

100% =Upper ceiling of US\$ 3.059 billion



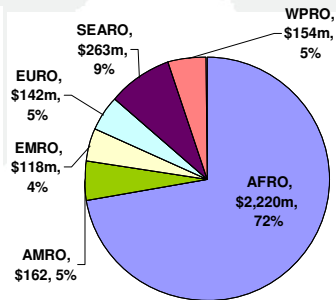
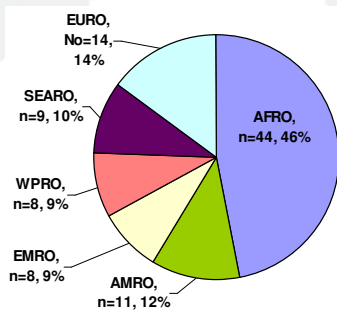
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1.4 Region and 2 Year Upper Ceiling

100% = 94 disease proposals

100% =Upper ceiling of US\$ 3.059 billion



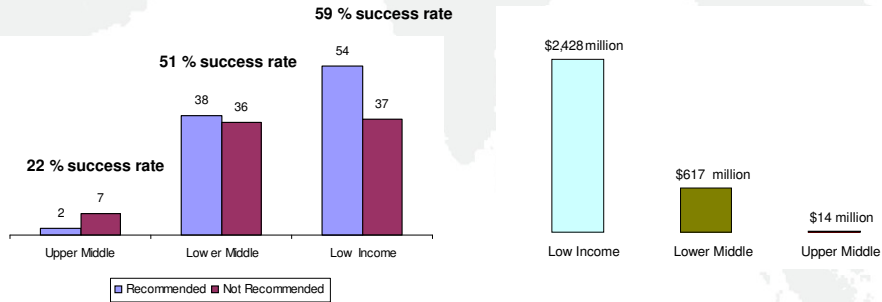
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1.5 2 Year Upper Ceiling by Income Level

100% = 94 disease proposals

100% = Upper ceiling of US\$ 3.059 billion

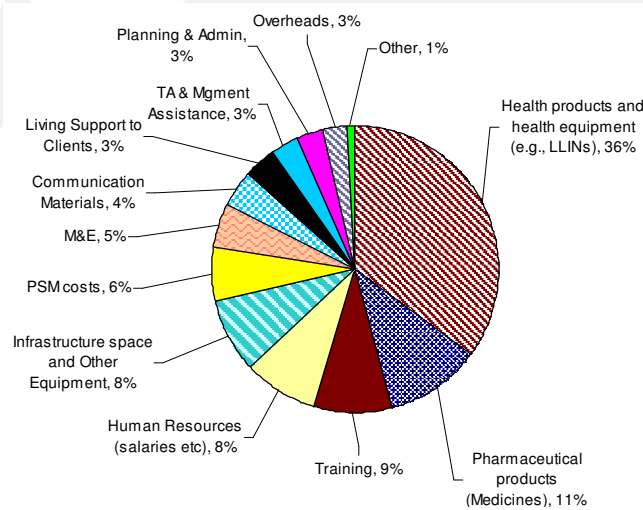


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1.6 2 Year Upper Ceiling by Cost Category

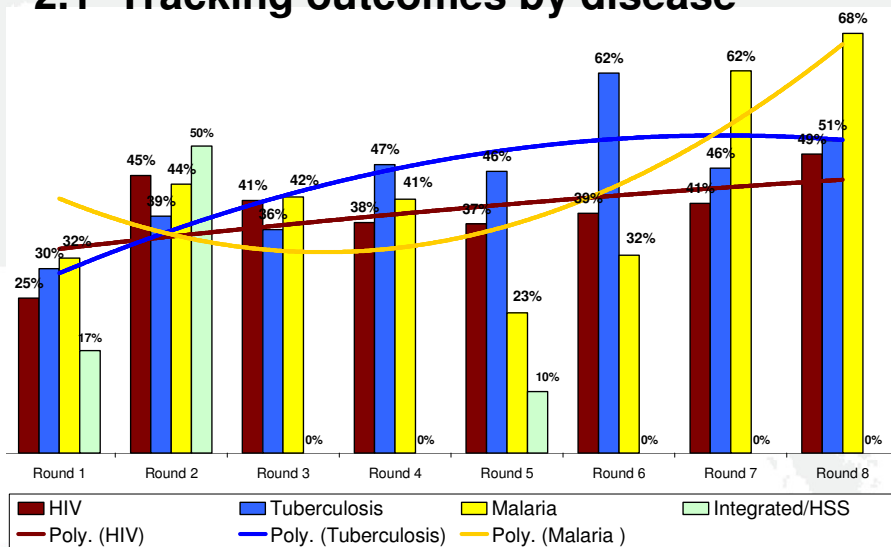
100% = Upper ceiling of US\$ 3.059 billion



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2.1 Tracking outcomes by disease



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3. Key Outcomes - Amounts

- Using UN Official Exchange Euro/\$ Rate* (1 November 2008) :
 - US\$ 3.059 billion two year upper funding ceiling**
 - US \$ 7.175 billion proposal lifetime upper ceiling
- Two year funding ceilings by TRP category: (Cumulative)
 - Category 1 (n=16): US\$ 452 m**
 - Category 2 (n=51): US\$ 1,854 m (US\$ 2,306 m)**
 - Category 2B (n=27): US\$ 775 m (US\$ 3,059 m)**
- * Funding recommendations decreased by some US\$ 100 m (Round 8 includes recommended proposals for up to €609m)



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4.1 Health Systems Strengthening requests

- New in Round 8: cross-cutting HSS requests in 1 disease
- Submitted by **45 of 98 eligible applicants**

	Requested	Recommended	Percent
2 Year Upper Ceiling	US\$ 603 million	US\$ 283 million	46%
Number of HSS requests	45	25	56%

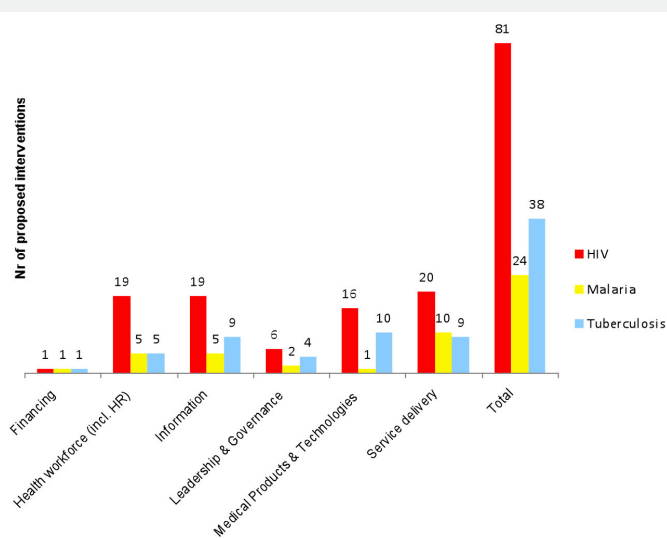
- Amount requested = **10%** of overall Round 8 funding request over two years (*also 10% of five years*)
- Amount recommended = **8%** of overall Round 8 outcomes for two years (*also 8% of five years*)



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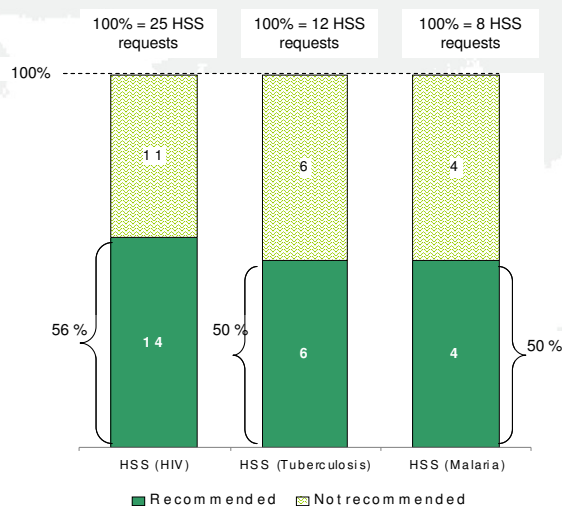
4.2 Use of WHO building blocks by disease



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4.3 Success of HSS requests by disease



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4.4 TRP Approach to 45 'HSS requests'

- **One funding recommendation given by 'proposal'**
 - Consistent with Board's 'HSS is not a separate component'
 - Strongest examples: Ethiopia Malaria and Zambia HIV
- **Specific outcomes:**
 - 17 instances: Both disease and HSS request supported
 - 7 instances^{**}: Only the disease 'part'
 - 8 instances: Only the 'HSS part' (for HIV & tuberculosis)
 - 13 instances: Neither

^{**} When making this recommendation, the TRP was comfortable that the HSS 'part' was not required for Rd 8 disease outcomes



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5. Stronger Round 8 examples

- **Know the epidemic**

Country A – Category 1

The proposal presents a very sound response to the weaknesses identified in the RCC proposal review. It builds on a strong epidemiological background, and presents a coherent implementation plan. The TRP recommends the proposal (the disease specific part and the HSS interventions) in Category 1.

- **Have a coherent, logical and consistent methodology throughout**

Country B – Category 1

Presentation of section 4.5.1 (interventions) is a model in clarity ensuring complete alignment of objectives, SDAs, indicators and implementing partners.

- **Budget robustly, and accurately**

Country A (again)

Outstanding budget presentation with listing of all assumptions made and data on which the budget has been based on.



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6. Challenges to a 'fundable' proposal

- **Not drawing on lessons learned**

Country C – Category 3

The proposal states that it is inspired by the 2007 experience in mass distribution of LLINs for children under 5 years of age. However, the proposal fails to show the lessons learned from previous distributions and how the system has functioned previously.

- **Evidence lacking to demonstrate clear need and no risk of duplication**

Country C (again)

There is not a clear accounting of the LLINs that are already in the system (including those distributed in 2007, those to be distributed to pregnant women in 2008 and those from the Presidential Malaria Initiative in 2009) and there is potentially a major overestimation of needs. The program coverage gap analysis (4.4) needs careful review.

Country D – Category 3

The additionality between Round 8, Round 5, and other funding sources is not clearly demonstrated and poses a risk of major duplication of activities.



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7. Focus for Board session

1. Multiple applications through Rounds and RCC
2. Addressing health systems constraints
3. Ensuring 'best value' for commodities/pharmaceuticals
4. Country selection criteria in multi-country proposals
5. Gender focus of Round 8 proposals
6. Enlarging the TRP Leadership Group



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8. New Global Fund policies

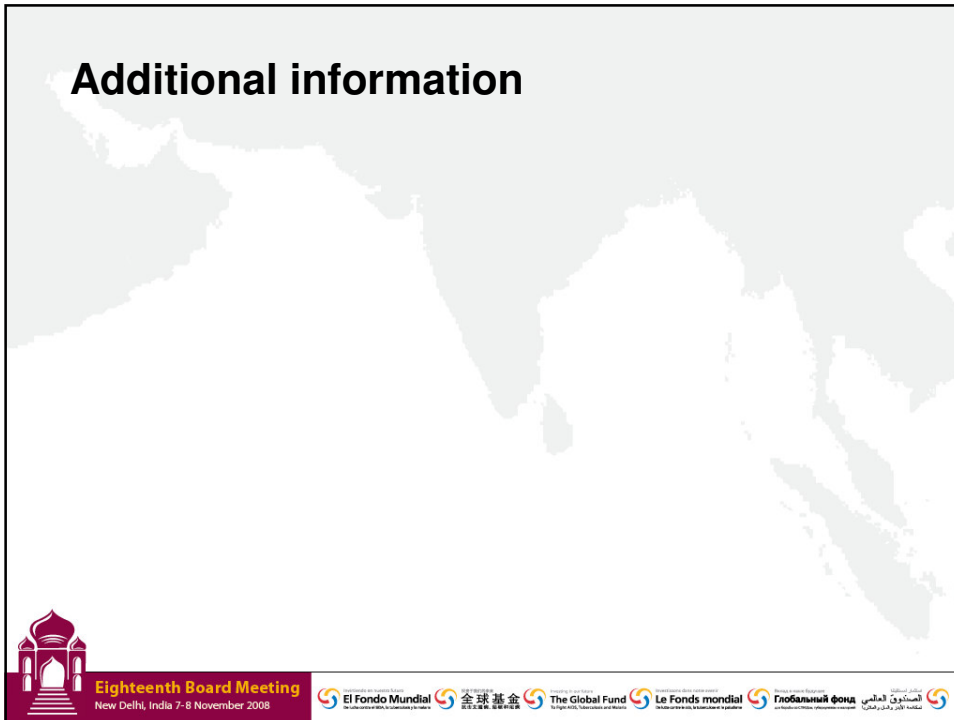
- **Gender**
 - Overall, fewer proposals were 'gender transformative'
 - However, more diversity (and strength) when included
 - Proposals still recommended absent a gender focused approach if otherwise strong ('gender weakness' listed)
 - Opportunity for 'case studies' to be released for Rd 9
- **Grant consolidation** – insufficient focus by countries
 - TRP sees this as a missed opportunity to bring national 'programs' to the Global Fund to support national scale-up
- **Community Systems Strengthening**
 - Most proposals included some level of CSS activity
 - Covered the full range of activities
 - However, not easily 'extracted' for analysis/proof of concept
- **Dual track financing** – majority of proposals had both government and non-gov't PRs



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Additional information



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A. Proposal Review Methodology

Sunday Pre-meeting session – induction and HSS approach

First day session – (i) recent Global Fund strategy developments
(ii) partner emphasis in Round 8 proposals
(iii) internal TRP operational matters

Daily review in small expert groups and draft recommendations

- Round 8 = 22 'proposals' per day
- 2 proposals per reviewer (over 9 days)

Daily plenary discussion and agrees on a consensus grading

Last day's plenary: (i) confirmation of recommendations
(ii) review of lessons learned



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B.1 Round 8 TRP membership overview

Round 8 - 35 Members:

- 7 HIV experts (4 teams for HIV)
- 5 Tuberculosis & Malaria (3 teams for each)
- 17 cross-cutting budget, work plan and HSS experts

Split largely reflects number of 'disease proposals' received

- Post Round 8 experience shows that 'HSS part' was substantial additional work

To draw on partnerships and strengthen HSS expertise:

- ➔ Two Round 8 Global Fund TRP members were HSS experts serving on the GAVI 'Independent Review Committee' for HSS requests.

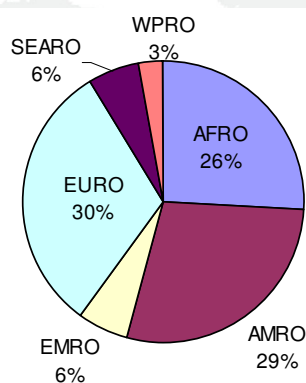


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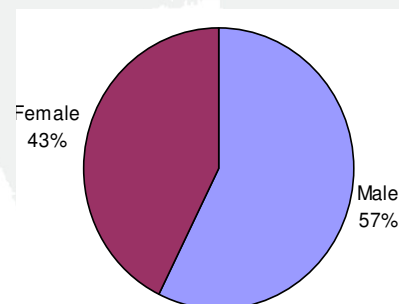


B.2 Regional and Gender proportions

WHO region (n = 35)



Round 8 – Gender (n = 35)



TRP Chair – Dr Peter Godfrey - Faussett (HIV expert, UK)

Vice Chair – Dr Indrani Gupta (HIV expert, India)



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C.1 Prioritization of resources – Policy

Criteria	Indicator	Value	Score
Disease Burden	Eligibility criteria for proposals from Upper-middle income countries (applied to all proposals)	"Very High"	4
		Not "Very High"	1
Poverty	World Bank Income Level Classification	Low Income	4
		Lower-middle income	2
		Upper-middle Income	0

Noting:

- Countries benefiting from the 'grace period' for Round 8 eligibility stay at the same income level for this policy



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C.2 Prioritization of resources – Practice

Funding Category	Number of Proposals	2 Year Upper Ceiling US\$ (millions)	Cumulative 2 Year Upper Ceiling (US\$ millions)
1	16	452	452
2	51	1,854	2,306
2B Total	27		
Composite index 8	6	443	2,749
Composite index 6	6	99	2,848
Composite index 5	8	125	2,974
Composite index 3	7	85	3,059
	2B Sub-total	753	
All recommended	94	3,059	3,059

Using UN official exchange rate at 1 November 2008



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D. Appeals, re-submits, grant signing

- Round 8 - 25 eligible appeals
- **Board decision on funding:**
 - TRP Paper presented to the Board, with Decision Point
 - Flags a potential resource shortfall for 'Category 2B'
 - Historically: same position as Round 5 and 6
- **Round 9 re-submits: TRP to look at whole proposal**
- **Repeat failures:**
 - 13 countries have not been funded three, four or five times
 - Require targeted, skilled technical assistance to address fundamental issues of epidemiological basis and priorities



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 El Fondo Mundial
The Global Fund for HIV, Tuberculosis and Malaria

 全球基金
GLOBAL FUND FOR HIV, TUBERCULOSIS AND MALARIA

 The Global Fund
The Global Fund for HIV, Tuberculosis and Malaria

 Le Fonds mondial
Le Fonds mondial pour le VIH, la tuberculose et le paludisme

 Глобальный фонд
Глобальный фонд для борьбы со СПИДом, туберкулезом и малярией

 المنظمة العالمية
للوقاية من فيروس نقص المناعة البشرية، والسل، والملاريا