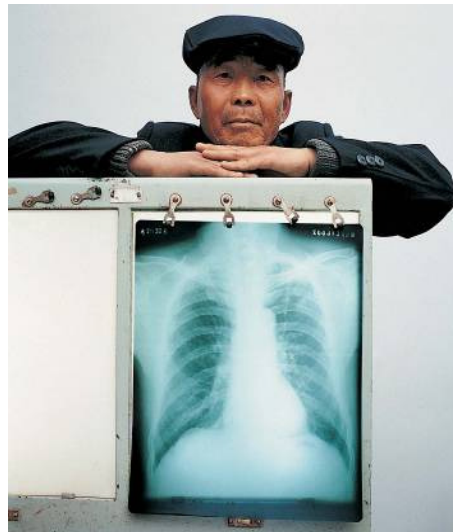


*18<sup>th</sup> Stop TB Partnership Coordination Board Meeting*  
Hanoi, May 5<sup>th</sup>, 2010

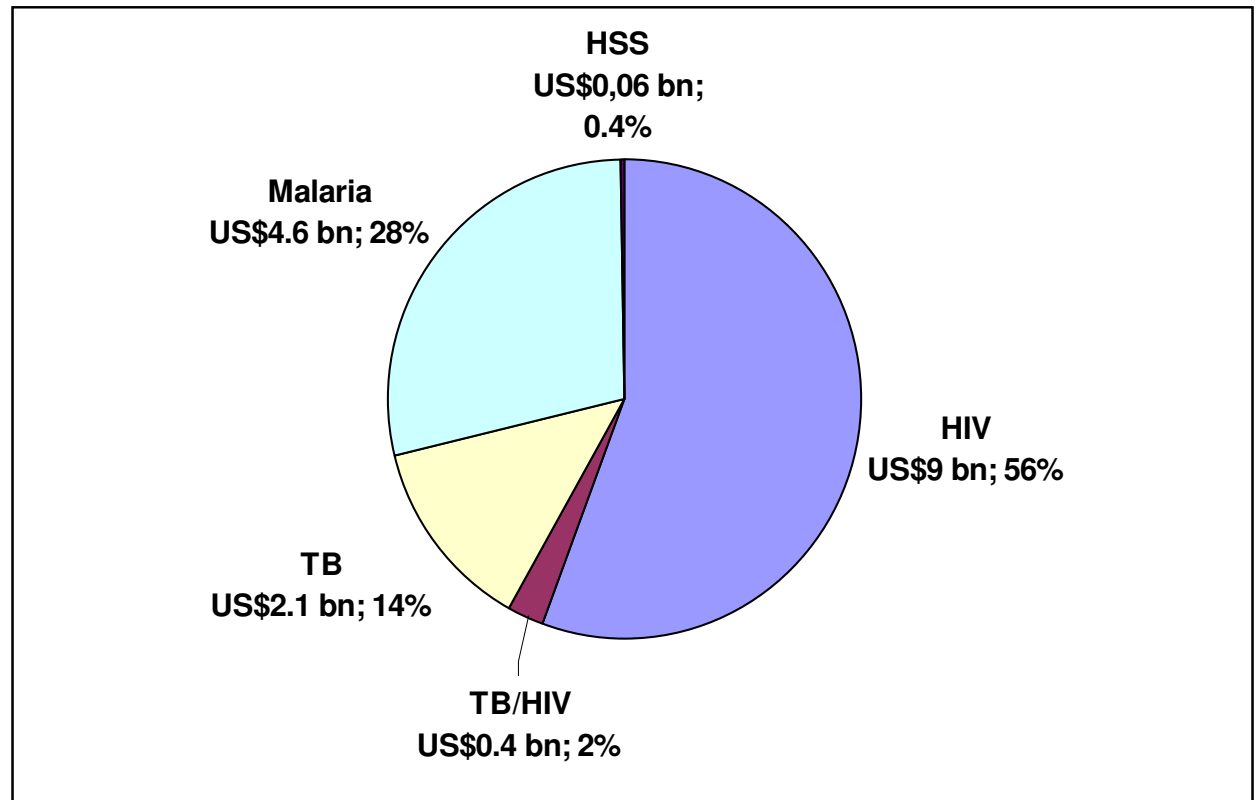
## Global Fund Issues: An Update



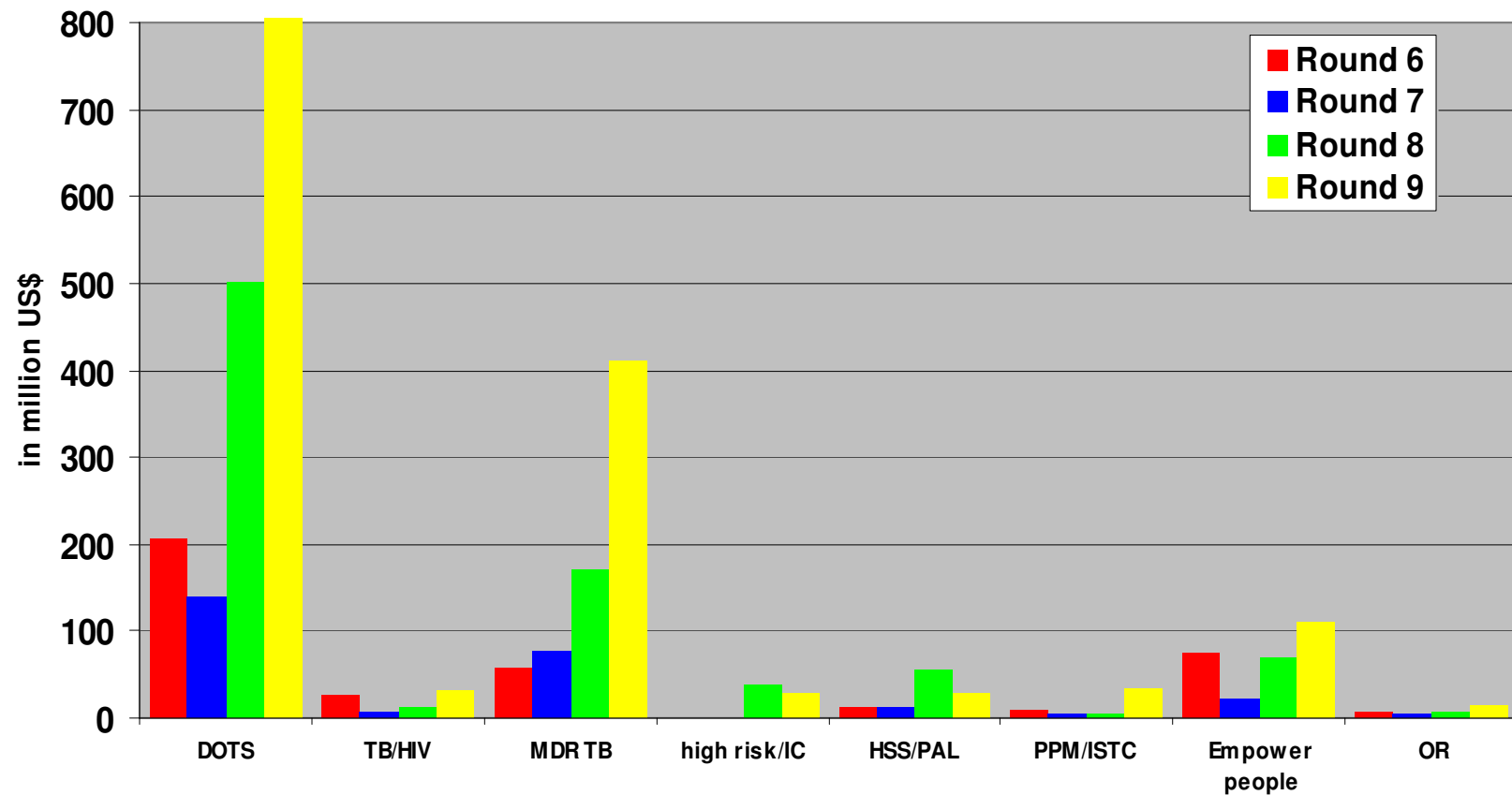
*Paul Nunn, Rifat Atun, Mohamed Abdel-Aziz*

# Current status for TB

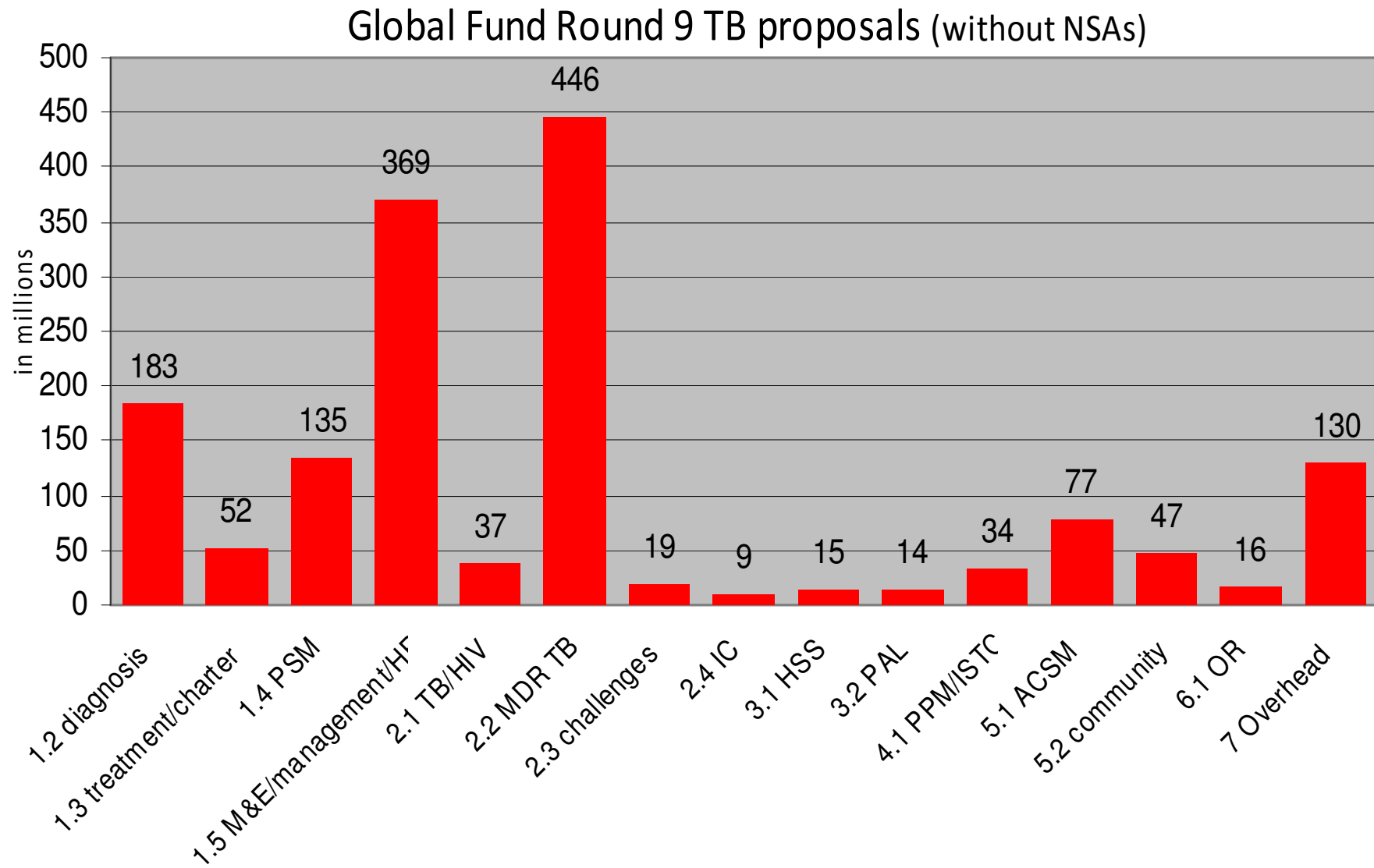
- Between 2002 and 2009 (Rounds 1-8 plus the Rolling Continuation Channel), Global Fund has approved \$16.2bn, of which \$2.5 bn (14%) for TB



# TB components in Rounds 6-9



# TB components in Round 9



# Issues

- Round 10
- Prioritization and Eligibility
- Technical Assistance
- Replenishment



# Round 10

- Will be announced "on or about May 20, 2010"
- Deadline, "on or about August 20, 2010"
- Therefore, 75% previous preparation period

# Round 10 Funding Gap

- Partners require funds for:
  - Gap analyses
  - Preparation workshops (WPR, AFR, AMR)
  - Support to national writing teams (national workshops)
  - Direct support to countries
  - Proposal finalization workshops
  - Desk review (AFR, AMR, EMR, SEAR)
- Total needed at 6 May - \$300,000 (through TB-TEAM)

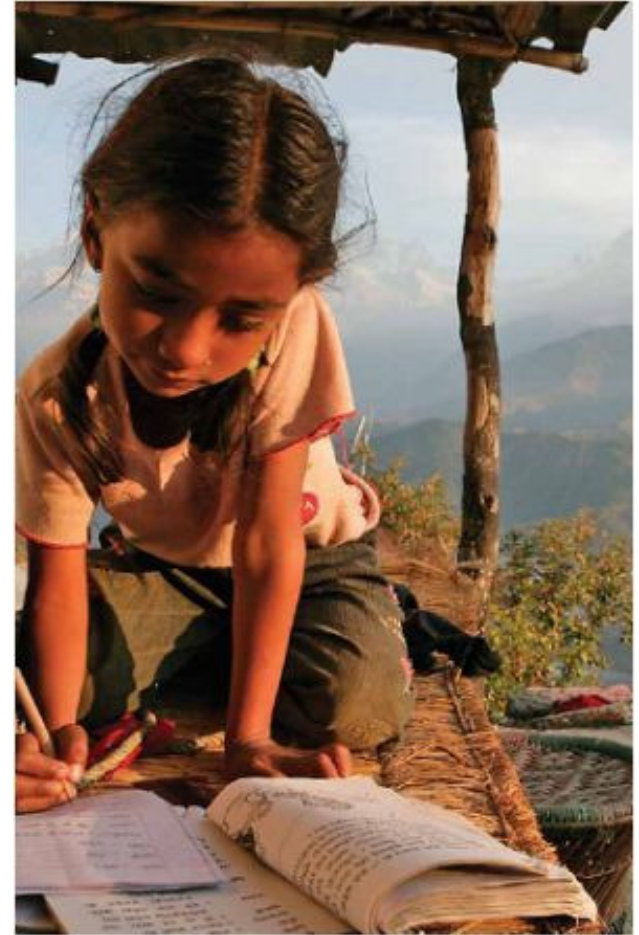
# Prioritization and Eligibility

- Eligibility criteria are those that select the countries that can apply, and are unchanged for Round 10
- For TB they are:
  - All low income countries
  - For lower-middle income countries:
    - Focus on poor or vulnerable populations
    - Cost-sharing – GF contributes up to 65% of "national disease programme"
  - For upper-middle income countries:
    - Focus on poor and vulnerable populations
    - On list of 22 high burden TB countries
    - On list of high TB/HIV burden countries that account for 97% of all new cases attributable to HIV
    - Cost-sharing – GF contributes up to 35% of "national disease programme"
- Major revision of eligibility criteria planned in next 6 months for Round 11 and beyond



# Prioritization

- Prioritization is the process by which proposals from eligible countries are prioritized for funding
  - If enough funds (eg Rounds 8-9), this amounts only to a queuing system – all proposals are eventually funded
  - If insufficient funds for all proposals, it becomes a means for excluding some countries' proposals



# Prioritization - for Round 10

- GF Board foresaw possibility of insufficient funds for Round 10
- Composite index as follows (max. 12 points):

Criteria	Indicator	Value	Score
TRP Recommendation	TRP Recommendation Category	Category 1	4
		Category 2	4
		Category 2B	3
Disease Burden	Specific disease burden criteria set forth in paragraph c below		4
			3
			2
			1
Poverty	World Bank Classification	Low Income	4
		Lower-Middle Income	2
		Upper-Middle Income	0

# Disease Burden Criteria for TB

Indicator	Value	Score
Combination of tuberculosis notification rate per 100,000 population (all forms including relapses); and WHO list of high burden countries (TB, TB/HIV or MDR-TB) **	TB Notification rate per 100,000 population $\geq 146$ <b>OR</b> TB Notification rate per 100,000 population $\geq 83$ and $< 146$ and high TB burden, high TB/HIV burden, or high MDR-TB burden country	4
	TB Notification rate per 100,000 population $\geq 83$ and $< 146$ <b>OR</b> TB Notification rate per 100,000 population $\geq 38$ and $< 83$ and high TB burden, high TB/HIV burden, or high MDR-TB burden country	3
	TB Notification rate per 100,000 population $\geq 38$ and $< 83$ <b>OR</b> TB Notification rate per 100,000 population $< 38$ and high TB burden, high TB/HIV burden, or high MDR-TB burden country	2
	TB Notification rate per 100,000 population $< 38$	1

\*\* Source of data: WHO

# Prioritization - for Round 10

- For Round 10 only, funding reserve for Most at risk populations (MARPs) from HIV/AIDS only (not more than \$75 million for first 2 years, not more than \$200 million for full proposals)
- (Some 7 interventions from Board members suggested defining MDR-TB as a "MARP")



# Observations

- No TB representation on the Board
- No TB representation in PIC
- Stop TB Executive Secretary on PSC (about to rotate, but to Board or PIC?)
- Attention should now shift to revision of eligibility and prioritization criteria, (starting in PSC/PIC working group, due to report to PSC and PIC, October/November and Board decision, December 2010)
- Greater inclusion of maternal and/or child health and/or health systems will impact on TB



# Technical Assistance

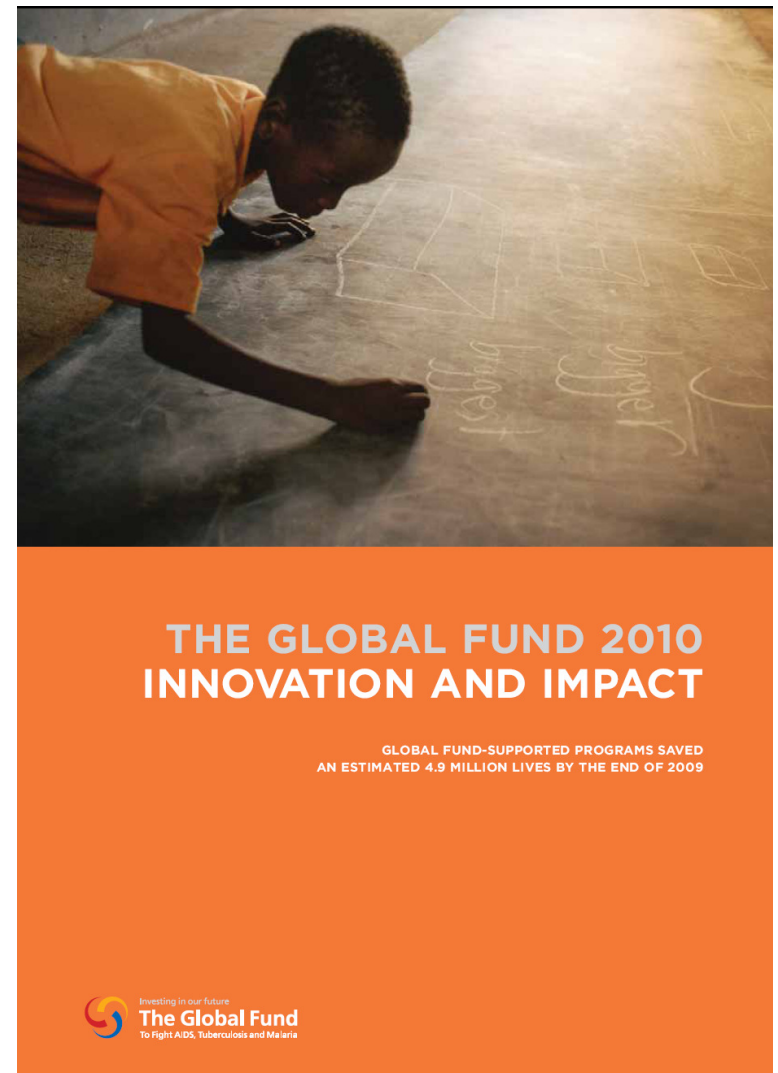
- Many partners are supporting GF processes but without direct remuneration from the GF
- Referred to Portfolio and Implementation Committee (PIC) in September with further analysis by secretariat





# Replenishment

- 3<sup>rd</sup> voluntary replenishment underway for 3 year period, 2010-2012
- \$8.5 bn needed to cover costs of programmes already begun
- Final replenishment meeting in October, 2010



# The Board is requested to:

- Encourage partners to prepare for Round 10
  - Support partners financially
- Vigorously engage in review of eligibility criteria
  - Establish a small working group
- Strongly support the case to the GF for technical assistance
- Energetically support GF replenishment
  - Consider development of a clear set of messages on TB successes, benefits, and unmet need