Global Fund: Latest on Round 11
Dr Christian Gunneberg

Harare 30th Nov - 2nd of Dec
Meeting on TB Technical Assistance Planning including GF in the African Region
I will talk about

- The Global Fund Board decisions
- Round 11 (no new money proposals till 2014)
- Transitional Funding Mechanism (apply by end March)
- New rules for "Phase 2" renewals and funding cuts
- How we can best respond:
  - Prioritisation of essential package.
  - Fully costed strategic plans with partner budgets
  - Technical assistance Plans
  - Monitoring and evaluation plans
  - Country programme Reviews.
1. In light of current resource constraints, adopts the *measures* identified in *Annex 1* in order to make available resources to provide for *continuation of essential prevention, treatment and/or care services by current grantees.*

2. Agrees to establish a *Transitional Funding Mechanism* as described in *Annex 2* in order to provide this continuation funding.

3. Decides to convert Round 11 into a new funding opportunity consistent with the new Global Fund 2012-2016 Strategy, with a view towards *funding proposals under the new model beginning in early 2014.*
ANNEX 2  Transitional Funding Mechanism

Scope;

1. Grantees may apply for up to two years of funding for continuation of essential prevention, treatment and/or care programs currently financed by the Global Fund that will otherwise face disruption between 1 January 2012 and 31 March 2014.

2. The Secretariat, in consultation with partners and the TRP, will develop guidance on components of “essential prevention, treatment and/or care.” (next slide)

3. Applicants must show that there are no alternative sources of funding available to fund the activities proposed.

4. The Policy on Eligibility, Counterpart Financing and prioritization will apply.

5. Applications will be due 31 March 2012.

6. Second Wave NSA applications will also be subject to the criteria above.

7. The Health Systems Funding Platform will be suspended until the new funding model is operational.
Transitional Funding Mechanism

Review and Approval Process

1. The TRP will assess applications demonstrate a risk of “disruption of essential prevention, treatment and/or care” services and activities cannot be funded by alternative sources of funding.

2. The Board will provide guidance on prioritization if demand exceeds supply.

3. Applications will be approved on a rolling basis. Funds may be committed in staggered commitments so as to minimize disruption of activities.
Bridge funding mechanism implementation

• If programs face disruption before funds become available under the Transitional Funding Mechanism, the Secretariat (under the direction of the Board Chair) will develop a to cover the disruption for the minimum amount and time necessary.
ESSENTIALS

as proposed to the Global Fund by STB WHO and STOP TB PARTNERSHIP

• laboratory supplies and equipment,

• First line and second line TB drugs

• high impact interventions that ensure early case detection should be maintained in order to further reduce transmission in the community,

especially that begun in Rounds 6, 7 and 8.
Cutting back on Phase 2 renewals

- Possible Scenario for a 20% fund reduction

<table>
<thead>
<tr>
<th>Grant rating</th>
<th>Possible funding</th>
<th>CUT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>A2</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>B1</td>
<td>78%</td>
<td>22%</td>
</tr>
<tr>
<td>B2</td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td>C</td>
<td>25%</td>
<td>75%</td>
</tr>
</tbody>
</table>

In Oct 2011 of 113 TB grants 2% were C and 12% B2
Approval for Phase 2 renewals as of January 2012

1. Effective 1 January 2012, a revised application and approval process for renewals will be employed

2. New eligibility criteria for renewals:
   a) Group of 20 (G-20) upper middle income countries, with less than extreme disease burden will no longer be eligible for renewals of grants; (affects mainly China grant)
   b) The counterpart financing and focus of proposal requirements under the Policy on Eligibility, Counterpart Financing and Prioritization will apply.

3. There will be transitional measures for countries affected

4. Commitments will be in annual tranches.

5. Over 55% of annual funding window will be for Low income countries
## Eligibility criteria and counterpart financing

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Disease Burden</th>
<th>Funding History</th>
<th>Focus of Proposal</th>
<th>Counterpart Financing (minimum threshold)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income Countries</td>
<td>No Restriction</td>
<td>No recent funding</td>
<td>No Restriction or 100% focus on specific populations/interventions</td>
<td>5%</td>
</tr>
<tr>
<td>Lower Middle Income Countries</td>
<td>No Restriction</td>
<td>No recent funding</td>
<td>50% focus on specific populations/interventions or 100% focus on specific populations/interventions</td>
<td>Lower LMIC = 20%</td>
</tr>
<tr>
<td></td>
<td>Severe or Extreme</td>
<td>No recent funding</td>
<td>100% focus on specific populations/interventions</td>
<td>Upper LMIC = 40%</td>
</tr>
<tr>
<td>Upper Middle Income Countries</td>
<td>High</td>
<td>No recent funding</td>
<td>only 100% focus on specific populations/interventions</td>
<td>60%</td>
</tr>
</tbody>
</table>

* Disease burden classification: “low”, “moderate”, “high”, “severe” and “extreme”

** Recent funding = completed less than twelve months of implementation of previous grant

*** Govt. contribution
How can we best respond:

Transitional Funding Mechanism:
Deadline: 31 March 2012

• List who is eligible
  (funding for essential components runs out before March 2014)
• Obtain Global Fund agreed definition of essential services.
• Need to demonstrate with partners that no alternative budgetary support is available for NTP.
• Obtain application process details from the Global Fund asap.
• List technical assistance requirements to support application between now and March 2012
How can we best respond

For Phase 2 renewals /periodic reviews:

List who is in line for phase 2 renewal in 2012.

• **Strategic Plans** with strong budgeting plans developed with Technical partners.

• **Programme reviews**
  — Desktop component measuring impact
  — advising on strategic direction.

• **Strong National Technical Assistance plans** to support the NTP programme including grant implementation.

• **TBTEchnical assistance** engagement with partners countries, Global Fund, PR & LFAs CCMs, at the right time to influence the grant reprogramming
Strategic plans
5 components:

– **Core elements:**
  - Situation analysis
    - epidemiology
    - impact of measures taken so far
    - Strength Weaknesses, Opportunities and Threats (SWOT) analysis
  - SMART Goals Strategic objectives and interventions

– **Budgetting Plan**
  - Directly relate to each strategic objective
  - Fully identify funding contribution from government and partners
  - Identify funding gap.

– **Operational plan:**
  - quarterly costed activity plan with Process indicators

– **Monitoring and Evaluation Plan**
  - with Impact (GOAL) outcome (OBJECTIVES) and output (INTERVENTION) indicators

– **Technical assistance plan:** in line with strategic plan.
  - Developed and updated annually together with partners
<table>
<thead>
<tr>
<th>Country</th>
<th>Round</th>
<th>Program End Date (Finance)</th>
<th>Type of Review</th>
<th>CCM Invitation Due</th>
<th>CCM Request Due Date</th>
<th>Phase 2 Panel Review</th>
<th>Board Submission Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chad</td>
<td>8</td>
<td>4/30/2012</td>
<td>Phase 2 Review</td>
<td>Oct-11</td>
<td>15-Jan-12</td>
<td>Mar-12</td>
<td>Apr-12</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>8</td>
<td>5/31/2012</td>
<td>Phase 2 Review</td>
<td>Nov-11</td>
<td>15-Feb-12</td>
<td>Apr-12</td>
<td>May-12</td>
</tr>
<tr>
<td>Madagascar</td>
<td>8</td>
<td>5/31/2012</td>
<td>Phase 2 Review</td>
<td>Nov-11</td>
<td>15-Feb-12</td>
<td>Apr-12</td>
<td>May-12</td>
</tr>
<tr>
<td>Madagascar</td>
<td>8</td>
<td>6/30/2012</td>
<td>Phase 2 Review</td>
<td>Dec-11</td>
<td>15-Mar-12</td>
<td>May-12</td>
<td>Jun-12</td>
</tr>
<tr>
<td>Namibia</td>
<td>RCC</td>
<td>12/31/2012</td>
<td>RCC mid-term R.</td>
<td>Dec-11</td>
<td>15-Mar-12</td>
<td>May-12</td>
<td>Jun-12</td>
</tr>
<tr>
<td>Benin</td>
<td>SSF</td>
<td>n/a</td>
<td>Periodic Review</td>
<td>Dec-11</td>
<td>15-Mar-12</td>
<td>Jun-12</td>
<td>Jul-12</td>
</tr>
<tr>
<td>Côte d'Ivoire</td>
<td>SSF</td>
<td>n/a</td>
<td>Periodic Review</td>
<td>Dec-11</td>
<td>15-Mar-12</td>
<td>Jun-12</td>
<td>Jul-12</td>
</tr>
<tr>
<td>Gambia</td>
<td>SSF</td>
<td>n/a</td>
<td>Periodic Review</td>
<td>Dec-11</td>
<td>15-Mar-12</td>
<td>Jun-12</td>
<td>Jul-12</td>
</tr>
<tr>
<td>Guinea-Conakry</td>
<td>SSF</td>
<td>n/a</td>
<td>Periodic Review</td>
<td>Dec-11</td>
<td>15-Mar-12</td>
<td>Jun-12</td>
<td>Jul-12</td>
</tr>
<tr>
<td>Nigeria</td>
<td>SSF</td>
<td>n/a</td>
<td>Periodic Review</td>
<td>Dec-11</td>
<td>15-Mar-12</td>
<td>Jun-12</td>
<td>Jul-12</td>
</tr>
<tr>
<td>Rsorotho</td>
<td>8</td>
<td>9/30/2012</td>
<td>Phase 2 Review</td>
<td>Mar-12</td>
<td>15-Jun-12</td>
<td>Aug-12</td>
<td>Sep-12</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>9</td>
<td>10/31/2012</td>
<td>Phase 2 Review</td>
<td>Apr-12</td>
<td>15-Jul-12</td>
<td>Sep-12</td>
<td>Oct-12</td>
</tr>
<tr>
<td>Cameroon</td>
<td>9</td>
<td>12/31/2012</td>
<td>Phase 2 Review</td>
<td>Jun-12</td>
<td>15-Sep-12</td>
<td>Nov-12</td>
<td>Dec-12</td>
</tr>
<tr>
<td>Congo</td>
<td>8</td>
<td>12/31/2012</td>
<td>Phase 2 Review</td>
<td>Jun-12</td>
<td>15-Sep-12</td>
<td>Nov-12</td>
<td>Dec-12</td>
</tr>
<tr>
<td>Kenya</td>
<td>SSF</td>
<td>n/a</td>
<td>Periodic Review</td>
<td>Jun-12</td>
<td>15-Sep-12</td>
<td>Dec-12</td>
<td>Jan-13</td>
</tr>
<tr>
<td>Rwanda</td>
<td>SSF</td>
<td>n/a</td>
<td>Periodic Review</td>
<td>Jun-12</td>
<td>15-Sep-12</td>
<td>Dec-12</td>
<td>Jan-13</td>
</tr>
</tbody>
</table>
How can we best respond

Work out what the minimum essential requirements of your programme are.  
(e.g. drugs/ monitoring/laboratory)

Advocate for other sources of funding for TB.  
– Government  
– Partners
The new mantra is “informed demand”, gently steering countries to seek funding for programmes that are likely to deliver better results. “There is no option B,” says Mr Atun. “The direction is clear and the journey has begun. We need the right fuel and the drivers to support the process.”