Round 4 – Approved Grants

Eighth Board Meeting
Geneva, 28 – 30 June 2004
Round 4 Analysis

- Overview of new and total grant portfolio
  - Round 4 overview and statistics
  - After Round 4: a consolidated picture & comparisons

- Projected programmatic outcomes
Round Four: In brief

• 173 components were reviewed from 96 countries

• 69 components in 49 countries were recommended for category* 1 or 2

• 7 countries** were recommended for the 1st time

• 94 components were graded in category 3, and 10 components in category 4

• Total recommended for the first two years is US$ 968 million, and US$ 2,912 million for the full five-year budget

* See page 5 for category definitions

** Azerbaijan, Bhutan, Djibouti, Equatorial Guinea, Kosovo, Sao Tome & Principe, Turkey; number of countries does not include two multi-country Americas proposals
Technical Review Panel – Modus operandi

- TRP criteria include: relevance, soundness, feasibility, additionality of requested funds

- Around 20 components reviewed each day

- Each application read by three to four experts.
  - A disease-specific expert served as primary reviewer and a cross-cutting expert as secondary reviewer. Sub-group discussion agreed on a provisional grading and on a first draft of the report. Sub-group composition modified twice during the two weeks of the review process.

- Each application discussed and given a final grade in the plenary session

- On the last day of the session, the TRP reviewed the grades that had been agreed upon during the prior two weeks.
Grading of applications

- Category 1: Recommended with no or minor modifications, which should be met within 4 weeks and given final approval by the TRP Chair or Vice Chair.

- Category 2: Recommended provided clarifications are met within a limited time frame (6 weeks for the applicant to respond, 3 months and not to exceed 4 months to obtain the final TRP approval should further clarifications be requested). The primary reviewer and secondary reviewer as well as TRP Chair or Vice Chair need to give final approval.

- Category 3: Not recommended in their present form but encouraged to resubmit.

- Category 4: Not recommended for funding.
Round 4: Outcome by TRP category

100% = 173 components

Category I
- 2 components
- 1% of total

Category II
- 67 components
- 39% of total

Category III
- 94 components
- 54% of total

Category IV
- 10 components
- 6% of total

100% = US$ 6.2 billion

Category I
- 0.066 billion
- 1% of total

Category II
- 2.846 billion
- 46% of total

Category III
- 3.058 billion
- 49% of total

Category IV
- 0.244 billion
- 4% of total
Round 4: Outcome by disease

100% = 173 components reviewed

<table>
<thead>
<tr>
<th>Disease</th>
<th>Category I</th>
<th>Category II</th>
<th>Category III</th>
<th>Category IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
<td>9%</td>
<td>38%</td>
<td>58%</td>
<td>4%</td>
</tr>
<tr>
<td>Malaria</td>
<td>2%</td>
<td>48%</td>
<td>46%</td>
<td>4%</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>2%</td>
<td>38%</td>
<td>56%</td>
<td>4%</td>
</tr>
<tr>
<td>HIV/TB</td>
<td>0</td>
<td>100%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Integrated</td>
<td>9%</td>
<td>67%</td>
<td>33%</td>
<td></td>
</tr>
</tbody>
</table>

Mean success rate 40%
Round 4: Recommended components

Total number of components = 69

- Tuberculosis: 19 (28%)
- Malaria: 23 (33%)
- HIV/AIDS: 27 (39%)

Total 2-year budget = US$ 968 million

- Tuberculosis: 94 (10%)
- Malaria: 406 (42%)
- HIV/AIDS: 468 (48%)

Total 5-year budget for HIV/AIDS: US$ 1.8 billion

Eighth Board Meeting: 28-30 June 2004
Round 4: Recommended proposals by region

Largest share is towards Africa

Recommended components by region
100%=69 components

- Africa: 34 (49%)
- Western Pacific: 9 (13%)
- Southern Asia: 8 (12%)
- Eastern Mediterranean: 5 (7%)
- Europe: 7 (10%)
- Americas: 6 (9%)

Recommended 2-year budget by region
100%=968 Million US$

- Africa: 663 (69%)
- Western Pacific: 84 (9%)
- Europe: 53 (5%)
- Southern Asia: 111 (11%)
- Americas: 26 (3%)
- Eastern Mediterranean: 31 (3%)

Eighth Board Meeting: 28-30 June 2004
Round 4: Recommended components by World Bank income classification

The majority of funds target lower income countries

Recommended components by WB classification
100% = 69 components

- L = Lower Income Countries
  - 55 components
  - 80%
- M = Lower Middle Income Countries
  - 11 components
  - 16%
- U = Upper Middle Income Countries
  - 1 component
  - 1%
- Others = Multi-America Proposal
  - 2 components
  - 3%

Recommended 2-year budgets by WB classification
100% = US$ 968 million

- L = Lower Income Countries
  - 818 million
  - 85%
- M = Lower Middle Income Countries
  - 138 million
  - 14%
- U = Upper Middle Income Countries
  - 8 million
  - 1%
- Others = Multi-America Proposal
  - 2 million
  - 0%

L = Lower Income Countries
M = Lower Middle Income Countries
U = Upper Middle Income Countries
Others = Multi-America Proposal

Eighth Board Meeting: 28-30 June 2004
Round 4: Budget requests for recommended proposals

Cumulative budgets over 5 years (in US$ millions)

Year 1: 480
Year 2: 968
Year 3: 1,603
Year 4: 2,231
Year 5: 2,912
Round 4: Budget breakdown for recommended components

Expenditure items for recommended components (in US$ millions)

100% = US$ 968 million (2-year budget)

The budget breakdown shows most funds going to drugs and commodities.
Comparison across rounds: success rates

Success rates across rounds

<table>
<thead>
<tr>
<th>Number of components</th>
<th>Round 1</th>
<th>Round 2</th>
<th>Round 3</th>
<th>Round 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>205</td>
<td>229</td>
<td>180</td>
<td>173</td>
<td>787</td>
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<tr>
<td>Not recommended</td>
<td>28%</td>
<td>43%</td>
<td>39%</td>
<td>40%</td>
<td>38%</td>
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<tr>
<td>Recommended</td>
<td>72%</td>
<td>57%</td>
<td>61%</td>
<td>60%</td>
<td>62%</td>
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</table>

Eighth Board Meeting: 28-30 June 2004
Comparison across rounds: two-year approved budget by disease component

Over 50% of funds are going towards HIV/AIDS*

<table>
<thead>
<tr>
<th></th>
<th>Round 1</th>
<th>Round 2</th>
<th>Round 3</th>
<th>Round 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated</td>
<td>22</td>
<td>0</td>
<td>29</td>
<td>0</td>
<td>94</td>
</tr>
<tr>
<td>HIV/TB</td>
<td>54</td>
<td>137</td>
<td>68</td>
<td>94</td>
<td>397</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>98</td>
<td>242</td>
<td>166</td>
<td>406</td>
<td>881</td>
</tr>
<tr>
<td>Malaria</td>
<td>67</td>
<td>0</td>
<td>27</td>
<td>48</td>
<td>85</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>342</td>
<td>496</td>
<td>360</td>
<td>468</td>
<td>1666</td>
</tr>
</tbody>
</table>

* Total 5-year budget for HIV/AIDS: US$ 1.8 billion, 61% of total recommended

Eighth Board Meeting: 28-30 June 2004
Comparison across rounds:
two-year approved budget by region

Over 50% of funds target Africa

Western Pacific
- Round 1: $583 M (59, 56%)
- Round 2: $886 M (69, 12%)
- Round 3: $623 M (99, 16%)
- Round 4: $968 M (111, 11%)
- Total: $3060 M (340, 11.25%)

Eastern Med
- Round 1: $583 M (3, 0%)
- Round 2: $886 M (99, 11%)
- Round 3: $623 M (72, 10%)
- Round 4: $968 M (53, 5%)
- Total: $3060 M (340, 11.25%)

Americas
- Round 1: $583 M (34, 4%)
- Round 2: $886 M (74, 8%)
- Round 3: $623 M (59, 9%)
- Round 4: $968 M (111, 11%)
- Total: $3060 M (340, 11.25%)

Europe
- Round 1: $583 M (55, 9%)
- Round 2: $886 M (72, 10%)
- Round 3: $623 M (59, 10%)
- Round 4: $968 M (111, 11%)
- Total: $3060 M (340, 11.25%)

Southeast Asia
- Round 1: $583 M (84, 9%)
- Round 2: $886 M (31, 3%)
- Round 3: $623 M (26, 3%)
- Round 4: $968 M (53, 5%)
- Total: $3060 M (340, 11.25%)

Africa
- Round 1: $583 M (324, 56%)
- Round 2: $886 M (527, 60%)
- Round 3: $623 M (351, 57%)
- Round 4: $968 M (663, 69%)
- Total: $3060 M (1865, 60.25%)

Eighth Board Meeting: 28-30 June 2004
With Round 4, the Global Fund has approved US$ 3 billion in grants for 129 countries.
Round 4 Analysis

• Overview of new and total grant portfolio
  - Round IV Overview and Statistics
  - After 4th Round: A Consolidated Picture and Comparisons

• Projected programmatic outcomes
Approved Round 4 funding applications include:

• A substantial number of new applications for funding the large and ambitious scale-up of programs delivering antiretroviral therapy

• Strong shift in policies to artemisinin-based combination therapy for drug-resistant malaria

• Significantly improved attention to TB issues in proposals on HIV/AIDS and to HIV-related issues in proposals on TB, as compared with previous rounds (there was only one joint HIV/TB application in Round 4, which was not successful)
Projected program outcomes: antiretroviral treatment

Thousands of people on ARV treatment*

<table>
<thead>
<tr>
<th></th>
<th>Round 1 coverage of ARVs</th>
<th>Round 2 coverage of ARVs</th>
<th>Round 3 coverage of ARVs</th>
<th>Round 4 coverage of ARVs</th>
<th>Total Global Fund coverage of ARVs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other developing countries</td>
<td>85</td>
<td>200</td>
<td>137</td>
<td>592</td>
<td>548</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>147</td>
<td>283</td>
<td>177</td>
<td>1076</td>
<td>1624</td>
</tr>
</tbody>
</table>

* Figures illustrate coverage after the full lifetime of proposed funding (up to 5 years); figures subject to change based on unit costs.

Eighth Board Meeting: 28-30 June 2004
Projected program outcomes: HIV voluntary counseling and testing

Millions of VCT clients (total over the lifetime of approved proposals)

- VCT clients reached with Round 1 funds: 12
- VCT clients reached with Round 2 funds: 16
- VCT clients reached with Round 3 funds: 7
- VCT clients reached with Round 4 funds: 17
- VCT clients reached with all approved programs: 52

Eighth Board Meeting: 28-30 June 2004
Projected program outcomes:
Insecticide-treated nets for malaria

Millions of ITNs (to be purchased over the lifetime of approved proposals)

- Total ITNs purchased with Round 1 funds: 5.8
- Total ITNs purchased with Round 2 funds: 40
- Total ITNs purchased with Round 3 funds: 18
- Total ITNs purchased with Round 4 funds: 44
- Total ITNs purchased by all approved programs: 108

Eighth Board Meeting: 28-30 June 2004
Projected program outcomes: Artemisinin-based treatment of malaria

Millions of artemisinin-based treatments (total over lifetime of approved proposals)

- Sub-Saharan Africa:
  - ACT treatments provided with Round 1 funds: 7.9
  - ACT treatments provided with Round 2 funds: 10.0
  - ACT treatments provided with Round 3 funds: 2.4
  - ACT treatments provided with Round 4 funds: 0.5
  - ACT treatments provided with Rounds 1-4: 140.7

- Other developing countries:
  - ACT treatments provided with Round 1 funds: 8.4
  - ACT treatments provided with Round 2 funds: 10.5
  - ACT treatments provided with Round 3 funds: 0.8
  - ACT treatments provided with Round 4 funds: 3.2
  - ACT treatments provided with Rounds 1-4: 144.9

Eighth Board Meeting: 28-30 June 2004
Projected program outcomes: Tuberculosis treatment with DOTS

Thousands of smear positive cases treated under DOTS (over proposal lifetime) *

- DOTS treatments provided with Round 1 funds: 1,340
- DOTS treatments provided with Round 2 funds: 734
- DOTS treatments provided with Round 3 funds: 757
- DOTS treatments provided with Round 4 funds: 636
- Total DOTS treatments provided by all approved programs: 3,466

* DOTS is the approved treatment strategy for TB; WHO estimates DOTS coverage in 2000 was 834,000 people

Eighth Board Meeting: 28-30 June 2004
Projected program outcomes: treatment for multidrug-resistant TB (MDR-TB) with DOTS+

Cumulative number of MDR-TB treatments provided (over proposal lifetime)*

Treatments to date with GLC
Treatments provided with Round 1 funds
Treatments provided with Round 2 funds
Treatments provided with Round 3 funds
Treatments provided with Round 4 funds
Total treatments provided through Global Fund with GLC mechanism

4,000
350
5,800
1,800
174
12,100

* DOTS+ is the approved treatment strategy for MDR-TB. Rounds 1-2 figures are based on drug purchase approval by the Green Light Committee (GLC), which approves DOTS+ pilot programs, consistent with Board policy on procurement of MDR-TB medicines. Round 3 figures subject to change based on GLC applications and approvals.
In summary – projected outcomes of Rounds 1-4 over five years:

• 1.6 million people on ARV treatment, a six-fold increase over current coverage in developing countries

• 52 million clients reached with VCT services

• 3.5 million additional TB cases treated successfully under DOTS

• 12,000 new DOTS+ treatments for drug-resistant TB distributed

• 145 million ACT treatments for drug-resistant malaria distributed

• 108 million insecticide-treated bed nets financed to protect families from malaria