

New Issues for Round 10

RBM Harmonization Working Group
3rd Mock TRP
Dakar, 29 June – July 1 2010



Prioritization for Round 10

- For the first time, TRP approved proposals will be prioritized for reasons other than TRP ranking
- A composite index comprising: TRP ranking (1, 2, 2B); Disease Burden; Income Level (World Bank standards) will be used to prioritize Round 10 grants
- A US\$75 million set-aside (US\$200 over both phases) has been approved for “Most At-Risk Populations” for HIV AIDS concentrated epidemics. Cap of US\$5 million for Phase 1 and US\$12 million for Phase 1 + Phase 2



Prioritization criteria for Round 10

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

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2

Revised Malaria Disease Burden Scoring (2000 burden levels to be used)

Indicator	Value	Score
Combination of mortality rate per 1000 persons at risk of malaria; morbidity rate per 1000 persons at risk of malaria; and contribution to global deaths attributable to malaria (source WHO)	Mortality rate ≥ 0.75 and morbidity rate ≥ 10 OR Contribution to global deaths $\geq 1\%$	4
	Mortality rate ≥ 0.75 and morbidity rate ≥ 10 OR Mortality rate ≥ 0.1 and < 0.75 regardless of morbidity rate OR Contribution to global deaths $\geq 0.25\%$ and $< 1\%$	3
	Mortality rate < 0.1 and morbidity rate ≥ 1 OR Contribution to global deaths $\geq 0.01\%$ and $< 0.25\%$	2
	Mortality rate < 0.1 and morbidity rate < 1 OR Contribution to global deaths $< 0.01\%$	1

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3

Round 10 Financing Cap

- **Debate on how to balance obtaining clear demand for GF resources with desire to note spend replenishment commitments in one round.**
- **Conclusion is a financing cap for Round 10**
 - The cap equals the amount of money that donors give to the Fund for use by the end of 2011 (after setting aside money to pay for Phase 2 of grants approved in previous rounds).
 - If the TRP recommends for approval proposals whose total cost for Phase 1 (i.e., Years 1 and 2) exceeds this amount, not all of those proposals will be approved.
- **This measure is only approved for Round 10**

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4

Round 10 and MDG 4/5 Discussion

- **Board encouraged the Global Fund to focus on its core mandate, rather than seek expansion at this time**
- **Recognition that much could be done within the existing mandate to support MDGs 4 and 5**
- **As a result, Board recognised the links between Millennium Development Goals 4, 5 and 6, and that strongly encouraged CCMs to identify opportunities to include maternal and child health issues in their proposals**
- **RBM HWG has received clarification for Round 10 on what is clearly “in and out of bounds” - - commodity costs remain highly tied to malaria-specific commodity costs (see Frequently Asked Questions sheet)**

RBM HWG R10 Mock TRP, Dakar: 29 June – July 1 2010



5

Management and Technical Assistance

It is now recommended that Round 10 applicants include a request for funding for management and technical assistance in section 4.7.5. If a request is not included in the proposal, the applicant must provide a narrative justification explaining this.

At the time of proposal submission, an applicant is only requested to include a summary of the TA plan. If an applicant has a detailed costed TA plan, it may be submitted with the proposal. If this is not available, the plan will be requested during grant negotiations, contingent upon Board approval of the proposal. If a plan is not available during grant negotiations, the detailed plan may be submitted within one year from program start date.

The Board has suggested an approximate 3-5% of the total amount sought for Technical Assistance, though this is purely indicative – neither a minimum nor maximum



Value for Money (VFM)

•Questions will focus on both commodity unit costs (with reference ranges provided) as well as on service delivery costs for interventions proposed in the application

•Section 5.4.4

- *where available, estimates of recent average service delivery unit costs at the program-level for key services with an explanation of how the estimates were developed;*
- *estimates of the expected average service delivery unit costs for key services that are included in this proposal; and*
- *a description of how key service delivery unit costs will be measured at the program-level, over time throughout the lifecycle of the grant;*



VFM: Measuring Service Delivery Unit Cost

In general, the expected service delivery unit cost should be the relevant proposal budget items divided by the number of corresponding outputs, with adjustments added to include relevant cost components covered by other funding sources. While there is not a single correct or preferred calculation, the methodology used should be clearly explained.

In cases where portions of the service delivery costs will be funded through other sources, adjustments need to be added to arrive at the full service delivery unit cost.

HWG recommends that after estimating service delivery unit costs for key malaria control interventions, namely LLIN and IRS deployment, applicants make mention of cost-effectiveness analyses that will be conducted to monitor service delivery unit costs prior to Phase 2 review



VFM: Unit Costs

Sample Unit Costs for key commodities have been provided to applicants by the Global Fund. While applicants are not required to adhere to these costs, it is important to explain deviations from these costs carefully.

Consider providing available contextual information for these expected unit costs. For example, it may be helpful to explain why an expected unit cost appears high or low, or why a trend over time is expected. Also consider including comparisons to reference points that the program used when determining its budget and interpreting any significant differences.

Include sample unit costs for key cost drivers, not every intervention. I.e. LLINs, ACTs, RDTs.

HWG suggests that each applicant note how these costs will be measured and monitoring during the grant lifetime



VFM: Cost-effectiveness analyses

Given the focus on obtaining Value for Money in Round 10, HWG recommends that countries plan and budget for cost-effectiveness analyses in proposals, but it is not necessary to conduct them in the application itself.

For instance, a cost-effectiveness analyses could entail determining the cost per death averted (perhaps a better measure than cost per life saved given the relatively higher morbidity from malaria as compared to mortality)

Given limited expertise in carrying out such analyses in many settings, this is a prime area for which management and technical support could be planned and budgeted



Sample VFM Measurements

Level	Type of Measurement	Example
1	Unit Price per health product	<ul style="list-style-type: none"> ○ Price per ARV tablet ○ Price per insecticide-treated bed net
2	Unit Cost per service delivery (output) <i>Please see Appendix B for GFATM benchmark costing</i>	<ul style="list-style-type: none"> ○ Cost per person on ART ○ Cost per LLIN distributed ○ Cost per patient treated under DOTS
3	Unit Cost per service delivery (outcome)	<ul style="list-style-type: none"> ○ Cost per LLIN hung ○ Cost per patient cured under DOTS
4	Cost-effectiveness (impact)	<ul style="list-style-type: none"> ○ Cost per life saved by ART, DOTS, LLIN (or cost per death averted)

Round 10 Focus



AMFm and ACT cost calculation

A country participating in AMFm Phase 1 that wishes to apply to R10 should cost its ACTs in the following way:

- ACT Procurement plans from the date of R10 grant signature up to 30 June 2012 (end of AMFm Phase 1) should budget for ACTs at the co-paid price (full treatment price minus co-payment).
- ACT Procurement plans beyond 30 June 2012 should budget at the full treatment price.
- Any future of AMFm beyond its current first phase will only become clear following the Board decision expected to be made in May 2012. For more information on how to calculate the co-paid price, please refer to the RBM ACT Pricing Fact Sheet

RBM HWG R10 Mock TRP, Dakar: 29 June – July 1 2010



12

Grant Consolidation

The Round 10 proposal form allows for countries that wish to submit a consolidated application (for instance, if there is a PR for which there is significant life left in previous grants – i.e. 2+ years – and additional money is being requested for that PR) in the proposal form itself

After Round 10, consolidation will be mandatory, not optional in order to help streamline reporting and management arrangements

Given the inherent complexities in the application form already, RBM HWG suggests that applicants for whom consolidation is appropriate, do so during the grant negotiation process, rather than in the application form itself

Applicants will be asked to indicate this in the Round 10 form itself

RBM HWG R10 Mock TRP, Dakar: 29 June – July 1 2010



13