

WHO and Stop TB Partnership strategy for Global Fund Round 11 TB support to countries

1. Background

The purpose of this document is to illustrate R11 strategy aimed at strengthening Round 11 TB proposals preparation to improve TB proposal success. This will be done through reviewing the main challenges in Round 10 and identifying key areas for support for Round 11. TBTEAM will coordinate technical assistance for Round 11 proposal preparation with the support of the "Stop TB Friends for Global Fund issues" to assist with priority country identification and fund raising.

Round 11 call for proposals will be launched on 15 August 2011, with a submission due date of 15 December 2011. The round 11 strategy will consist of directing intensive and timely support in **6 key areas** to an estimated 16 countries¹ to reach the highest proposal success rate (see annex 1 for the provisional list of countries). Selection of countries to support will be based on **3 prioritization criteria** explained below.

Although TB proposals have the highest average rate of proposal success among the 3 diseases since GF inception at 55% success for all rounds, TB grants represent 21% of approved Global Fund support, the lowest of the 3 diseases. Round 11 TB support strategy takes lessons from the R10 malaria support focusing on providing intensive support to a limited number of countries to increase proposal success.

2. Round 11 TB support strategy

2.1. Challenges and Key areas to address in R11

Key areas have been defined based on challenges and weakness observed by the TRP in the last 2 to 3 rounds corresponding to priority and often the weakest part of the Stop TB strategy. Key areas do not prevent countries to identify and develop their own priority interventions in their country proposal.

Main challenges highlighted by the TRP in its report on R10 proposals (GF/B22/13) are the following:

- the feasibility of the MDR-TB scaling up including diagnosis algorithm and follow up were often overambitious and not well operationalized
- the introduction of new diagnosis technologies was not well operationalized. Xpert MTB/RIF roll out was over-ambitious, without a clear strategy on how more patients would be diagnosed and be brought into treatment
- interventions for management of childhood TB did not describe properly diagnosis and management approach nor paediatricians contribution
- ACSM interventions and involvement of community partners was not properly operationalized. ACSM components still displayed a lack of understanding of how critical ACSM can be to project success; proposals often displayed only scale up of token public engagement activities
- Lack of adequate guidance on cost of surveys (prevalence, DRS, KAP).

¹ The number of priority countries is not definitive and might change on the basis of more updated information.

TBTEAM will promote complementary national and external technical assistance focusing on the following **6 key areas**:

1. Operationalizing new diagnostics (Xpert MTB/RIF), including algorithms for use
2. MDR-TB components and scale up
3. Civil society involvement, particularly CSS
4. Supply chain management and prevention of drug stock out (1st and 2nd line)
5. Budgeting (costed national strategy)
6. Childhood TB

2.2. Main TBTEAM R11 preparation steps and activities

The following are key next steps for R11 preparation:

At global/regional/partners level

- Develop list of potential R11 TB applicant countries CCM, non CCM and regional proposal- (by end May) based on feedback from WHO Regional Offices and CCM replies (following TBP letters to CCM Chairs in 74 countries)
- Prioritization of countries that can be supported (see next section)
- Develop network of consultants (by end of June)
- Update R11 planning tools (by end of June),
- Match leading TA provider(s) by potential R11 applicant countries (by end June)
- Define support to offer to countries that are not asking for international TA visit / were not prioritized (e.g. go to meetings, participation to workshop at their own expenses, guidance materials on website, desk review, hotline email and telephone per technical area).
- Provide TA support to countries on gap analysis, mid-term strategic plan, R11 proposal development (from May onward);
- Organization of workshops (decision by end June)
- Organization of go to meetings

At country level

- Establish country writing teams (end July)
- Prepare /update situation/gap analysis and corresponding question in R11 application form (June-July-August)
- Prepare /update mid term plan and corresponding question on interventions in R11 application form (by end July)
- Identify potential TA provider(s) (June and then throughout till end of application period)
- Clear R11 TB submission through CCM (June)
- Call for R11 in country expression of interest (June)

2.3. Support to countries will be prioritized

The round 11 strategy will support national writing teams, local and external technical assistance, and participation to regional workshops with priority given to countries presenting the highest chance of success. The selection of countries supported by partners (see annex) will be based on situation analysis and the following **prioritization criteria**:

1. **Countries without recent TB grants** - Countries with approved R10 and approved R9 grant(s) recently signed who's implementation start date is not earlier than 15 December 2010 (i.e. is not more than 12 months by the deadline for submission of application) will not be eligible for R11 and therefore will not be supported by partners; with possible exception, if granted by the TRP
2. **Income and disease burden** - Priority will be given to countries that have a score higher or equal to 9 according to the GFATM scoring system based on disease burden and income level².
3. **High disbursement rate** - Priority will be given to countries with high disbursement rate in previous GF TB grants (>60%)

Additional criteria on which data will be gathered, and which may help in prioritization

TB notification - Special consideration will be given to countries with higher notification rates.

Existence of Strategic plan - Effort will be made to develop and support Stop TB mid-term strategic plan covering at least period beyond 2013 at the time of the R11 launch time (ie on 15 August 2011). Lack of updated plan by mid August might limit external support

Situational analysis/review - Effort will be made to develop and support countries with recent situation analyses or reviews highlighting gaps at the time of the R11 launch time (ie 15 August 2011). Lack of updated gap analysis by mid August might limit external support

TBTEAM and TB friends will prepare and update regularly a list of potential R11 applicant countries (CCM, non CCM and regional proposals). Status of the country applicant vis a vis the 3 above criteria will be reviewed on regular basis.

² Proposal scores based on Income Level and Disease Burden*

<i>Disease burden score</i>	<i>Income level score</i>			
	Lower income = 4	Lower LMIC = 3	Upper LMIC = 2	UMIC = 1
Extreme = 8	12	11	10	9
Severe = 6	10	9	8	7
High = 4	8	7	6	Not eligible**
Moderate = 2	6	5	4	Not eligible
Low = 1	5	4	3	Not eligible

* Shaded cells reflect the combined score for a proposal

** Not eligible for the General Pool; eligible for the Targeted Pool

Meanwhile, TBTEAM and TB friends should raise and map funds to ensure sufficient and timely funding from various sources. Obtaining sufficient funding will remain critical for the R11 TB support strategy and will serve as a key element of support for success.

R11 applicant countries not prioritized will be encouraged to arrange their technical assistance and their participation to any R11 workshop on their own expense.

3. Budget and fund raising

While there has been a wide range of donors, and annual increases in the funding available, the contributions towards support for proposal preparation have never been timely enough and sufficient to ensure proper planning and support of previous rounds (on contrary to malaria and HIV/AIDS).

Although the timeline for R11 is longer than in previous rounds, the current financial crisis leads to promote early pledge and prioritization of activities.

Current commitments for round 11 (and NSA wave 2) only total about USD 500,000 out of the R11 TB budget of USD 2.265 million. This is nowhere near sufficient to effectively respond to countries. In order to complement the resources within partners and countries and be able to implement a round 11 strategy to support countries to prepare sound proposals to the Global Fund, WHO and partners need to seek additional funding before the end of the first quarter 2011.

TBTEAM activities for Global Fund		
Round 11 proposal preparation	Budget break-down per activity	USD
Technical assistance to countries to update mid term plan and prepare proposal (average 2 weeks in country)	1-2 consultants x 30 countries x \$15,000 x 1-2 missions	900,000
Preparatory workshop	2 people per country x 30 countries + 10 facilitators x \$4,000 per participant	280,000
Finalization-review workshops	2 people per country x 30 countries (60 participants) + 1 external reviewer on MDR/laboratory/general TB for 4 countries (30 participants) x \$6,000 per participant + facilities	540,000
Writing committee	30 countries x 15,000	450,000
Junior consultant (in-country or/and external)	15 countries x 5000	75,000
Desk review	20 desk reviews	20,000
Total Need		2,265,000

The current TBTEAM funding available would be sufficient for:

25 two-week country missions: $15,000 \times 25 = 375,000$ US

15 participants at workshop: 6,000 x 15 = 90,000 US
 Support to 7 writing committees: 5,000 x 7 = 35,000 US

The TB Friends and TBTEAM will attempt to mobilize the necessary financial resources to fully implement this plan. This will include the identification of existing funding among partners that will support countries, and request funding from the Partnership during the next Stop TB Partnership Coordinating Board. Bilateral organizations (USAID, France, Germany, etc.) will be solicited based on the Coordinating Board recommendations. Global Stop TB mechanisms such as GLC, GLI, GDF are expected to contribute to the R11 support strategy allow good value for money to scaling up their respective area of work. In some cases, ongoing GF grants may also support TA to update plan and gap analysis. Bilateral organizations (USAID, France, Germany etc) will be solicited.

Planned financial sources (as of 1st June 2011)	USD
WHO and Stop TB Partnership (Gates, SIDA, Spain UNDP source)	600,000
PATH	1 country
The Union	1 country
MSH	2 countries
GLC/GDF/GLI (Stop TB Partnership)	Tbd
WHO TBS, TME	Tbd
WHO regional contribution	Tbd
Bilateral organization (USAID, GTZ etc)	Tbd
Bilateral organizations France: possibly TA support to 5 countries in AFRO	Tbd
Country GF grant	Tbd

Annex 1

Provisional list of countries planning to apply

TB	LIC	Lower LMIC	Upper LMIC	UMIC
Extreme	Zambia, Zimbabwe, Lesotho	*Swaziland		Botswana
Severe	<i>Cambodia, Burundi, *Kyrgyzstan, Malawi, Mozambique, *Myanmar, Tanzania, DPR Korea, Tajikistan; Sierra Leone; *Kenya, *Haiti; Uzbekistan</i>	<i>Bhutan, Sudan South, Sudan North, Papua NG, *Pakistan, Timor Leste, Moldova; Guyana; *Nigeria</i>	<i>*Angola, *Armenia, Azerbaijan, *Georgia, Ukraine; Gabon</i>	Kazakhstan; Peru
High	Solomon Is, Burkina Faso, Mauritania, Togo	Bolivia		Bulgaria, Romania Brazil
Moderate	Benin	Nicaragua, Sri Lanka Paraguay	Belize, Guatemala *Ecuador	
Low	Comoros	Egypt, Syria	Albania El Salvador Iran	

*** not eligible to apply unless approved by TRP**

countries in italics are re-submissions

Provisional list of TBTEAM supported countries after taking into account the 3 prioritization criteria listed below

Provisional list of TBTEAM supported countries planning to apply for R11

TB	LIC	Lower LMIC	Upper LMIC	UMIC
Extreme	Zambia, Zimbabwe, Lesotho (12)	(11)	(10)	Botswana (9)
Severe	<i>Cambodia, Burundi, Malawi, Tanzania, DPR Korea, Tajikistan, Sierra Leone, Uzbekistan</i> (10)	<i>Sudan South, Sudan North, Moldova</i> (9)	(8)	(7)
High	(8)	Bolivia (7)	(6)	no score/targeted pool
Moderate	6	5	4	
Low	5	4	3	-

countries in italics are re-submissions

Criteria	Prioritization
GF score > 9	16 countries: 8 AFRO; 1 AMRO 2 EMRO; 3 EURO; 2 SEARO; 1 WPRO
full eligibility requirements (countries with more than 12 months grant implementation)	
disbursement rate higher than 60 %	