

SUMMARY SHEET

Agenda Nr. 2.04/1a	Subject	Country support and GFATM related matters	
For Information <input type="checkbox"/>	For Discussion <input type="checkbox"/>	For Decision <input checked="" type="checkbox"/>	
<p>Introduction</p> <p>Sixteen of the 22 TB HBCs were approved in rounds one-two (2 additional HBCs were approved in round 3, and 1 in round 4). The following HBCs have submitted proposals but were not approved: Brazil, Nigeria, and Zimbabwe. In GFATM rounds one-four (approved in 2002-2004), TB proposals have been approved for US\$ 425,049,880 for two years and US\$ 904,210,855 for up to five years.</p> <p>The success of TB proposals has remained more or less the same for all GFATM rounds, therefore, more ambitious submission of TB proposals should be warranted in round 5.</p> <p>We noted in round four that countries submitting to the GFATM who received technical assistance (TA) missions that lasted fewer than five days, had a lower success rate (30%) than those that lasted five days or more (64%). The decision on when to launch round 5 will be made at the next GFATM Board meeting to be held 18-19 November 2004. Although the exact date is not known yet, we would like to plan as if it were to take place the 1st quarter of 2005. Therefore, plans for supporting countries intending to apply more proactively are crucial for improving quality, and ultimately increasing countries' chances of success.</p>			
<p>Summary</p> <p>In preparation for the R5, STB is planning to:</p> <ol style="list-style-type: none"> 1- Determine, in collaboration with WHO Regional Offices and technical partners, the list of countries intending to apply, 2- Match those countries with appropriate individuals to provide technical assistance, 3- Hold a workshop to brief those assisting countries in all elements to consider when preparing proposal and 4- Organize country visits, where needed, by those assisting countries. <p>For items 1 and 2, countries applying to the GFATM in round five may consist of those countries that received a category three rating by the TRP in round four, those that have never applied and those HBCs that currently have an approved grant, but need an additional grant to cover a different area (see annex II). WHO ROs are currently finalizing the process of identifying countries that intend to apply, and appropriate individuals to provide assistance and make a preliminary assessment of which countries will require a country visit.</p> <p>For item 3, the workshop will be directed at ~ 25 selected consultants, composed of WHO staff members, staff members from technical partners, and free-lance consultants with experience in supporting countries in the development of GFATM proposals. The objective of the workshop is to begin to form a pool of consultants, ensure that additional technical areas are addressed in the proposals and that the overall quality of a proposal is high. Technical areas for TB presented at the workshop are as follows: advocacy and communications, DOTS expansion, DOTS Plus and GLC, Drug Resistance Surveillance, GDF, human resources, involving all health care providers in DOTS, laboratory services, National Partnership, TB/HIV. Facilitators will include those who have already supported several successful proposals, WHO and STP staff and GFATM Secretariat staff. CIDA kindly pledged to fund the workshop in full, the cost being roughly 165K USD.</p> <p>Following the workshop, 25 consultants will arrange to travel to their countries of assignment, to provide assistance pending an official invitation from the country authorities. Each consultant will assist in 1-2 countries. Analysis of round four indicated that countries receiving TA missions that lasted fewer than five days, had a lower success rate (30%) than those that lasted five days or more (62%). The optimal time frame for TA of a temporary nature is estimated to be a minimum of two weeks country visit followed by a break of one month during which the countries can make progress and consult all key stakeholders, then one week country visit, followed by one week at home to finalize the proposal. The cost of missions will therefore be about 560K USD, with estimated 40 countries to be visited for a total of 20 days. Contribution from several donors will probably be needed to fund these missions.</p>			
<p>Decisions requested from the Stop TB Coordinating Board</p> <ul style="list-style-type: none"> - Discussion/endorsement of the proactive policy of country support on GFATM related matters - Commitment to raise funding to support missions to countries following the R5 preparatory workshop. 			
<p>Next steps and time frame</p>			
WHAT	WHO	WHEN	FOCAL POINT
<ul style="list-style-type: none"> - Pledges and fund raising for country-missions; - Organization and facilitation of workshop; - Coordination of country-missions 	<ul style="list-style-type: none"> STB Partnership WHO - HQ WHO-HQ 	<ul style="list-style-type: none"> By mid-November now now 	<ul style="list-style-type: none"> Giuliano Gargioni/Lana V. Giuliano Gargioni/Lana V.



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