Aidspan
Independent observer of the Global Fund

New Prioritisation Criteria Give Less Weight to Technical Merit

As mentioned in Article 1, revised prioritisation criteria adopted by the Global Fund Board for Round 10 mean that technical merit will have considerably less weight than it had under the criteria used in previous rounds of funding. Prioritisation criteria are used to rank proposals recommended for funding when there is not enough money to pay for all recommended proposals, or when availability of the money is delayed.

Under the “old” criteria, when there was not enough money, the proposals were first filtered by technical merit, and then a composite index was applied. For example, in Rounds 8 and 9, there was enough money to immediately fund all proposals rated Category 1 or 2 by the TRP, but there was not, at first, enough money to fund all Category 2B proposals. (The TRP rates proposals by technical merit, as Category 1, 2, 2B, 3 or 4. Only proposals rated 1, 2 or 2B are recommended for funding.) So, the Category 2B proposals were ranked using the composite index, which consisted of points awarded for disease burden and poverty level. The maximum score under the composite index was eight (up to four points for disease burden, and up to four points for poverty level).

The Category 2B proposals were formally approved for funding one by one, or in batches, according to their rankings under the composite index, as more money became available. In Rounds 8 and 9, all Category 2B proposals were eventually funded. However, there is no guarantee that in Round 10 all proposals recommended for funding will eventually be funded. It depends on how much money the Global Fund is able to raise from donors by the end of 2011.

Under the new prioritisation criteria to be used in Round 10, proposals will no longer be filtered by technical merit. Instead, points for technical merit will be added to the composite index, and all proposals recommended for funding will be ranked only by the composite index. Technical merit will be worth up to four points in the revised index. Tables 1 and 2 provide details.

Table 1: Description of the composite index

Criterion	Indicator		Score
Technical merit (up to 4 points)	TRP recommendation category	Category 1 or 2	4
		Category 2B	3
Disease burden (up to 4 points)	(See Table 2 for details)		4 3 2 1
Poverty level (up to 4 points)	World Bank classification	Low income	4
		Lower-middle income	2
		Upper-middle income	0
		Eventual score	Between 4 and 12

The scoring for poverty level is unchanged from the old criteria, but there have been modifications to the scoring for disease burden.

Table 2: How disease burden is scored in the composite index

	Indicator
For HIV/AIDS:	

	• HIV national prevalence ? 2%
HIV prevalence in the general population and/orin vulnerable populations	• HIV national prevalence ? 1% and < 2% • OR MARP prevalence ? 10%
	• HIV national prevalence ? 0.5% and < 1% • OR MARP prevalence ? 5% and < 10%
	• HIV national prevalence < 0.5% and MARP prevalence < 5% • OR no data
For TB:	
	• TB Notification rate per 100,000 population • OR TB Notification rate per 100,000 population ? 83 and < 146 and high TB burden, high TB/HIV burden, or high MDR-TB burden country
Combination of tuberculosis notification rate per 100,000 population (all forms including relapses); and WHO list of high burden countries (TB, TB/HIV or MDR-TB)	• TB Notification rate per 100,000 population ? 83 and < 146 • OR TB Notification rate per 100,000 population ? 38 and < 83 and high TB burden, high TB/HIV burden, or high MDR-TB burden country
	• TB Notification rate per 100,000 population ? 38 and < 83 • OR TB Notification rate per 100,000 population < 38 and high TB burden, h TB/HIV burden, or high MDR-TB burden country
	• TB Notification rate per 100,000 population < 38
For malaria:	
	• Mortality rate ? 0.75 and morbidity rate ? 10 • OR Contribution to global deaths ? 1%
Combination of mortality rate per 1,000 persons at risk of malaria; morbidity rate per 1,000 persons at risk of malaria; and contribution to global deaths attributable to malaria	• 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 ? 0.25% and < 1%
	• Mortality rate < 0.1 and morbidity rate ? 1 • OR Contribution to global deaths ? 0.01% and < 0.25%
	• Mortality rate < 0.1 and morbidity rate < 1 • OR Contribution to global deaths < 0.01%

Notes:

1. The source of data for the indicators is the WHO plus, in the case of HIV/AIDS, UNAIDS.

2. MARP = most-at-risk population.

The Global Fund considered including funding history as a parameter in the composite index, but decided not to because it did not want to disadvantage countries that request funding in stages with repeat (but small) applications. Instead, the Board asked the TRP to take into account any significant under-spending on existing grants when making its recommendations as to which proposals to approve.

The Global Fund also considered including "continuation" (protecting the gains of existing investments) as a parameter in the composite index, but decided that it would be too difficult to define the term. Instead, the Board tasked its Portfolio and Implementation Committee with examining the possibility of establishing an exceptional bridge funding mechanism as a safeguard for Global Fund programmes that might fail to secure continuation funding in Round 10. The Committee will report back at the Board's next meeting.

The new criteria apply only to Round 10. There will be further discussions concerning the prioritisation criteria for Round 11 and beyond. In addition, the Board is scheduled to discuss eligibility criteria at its next meeting in December 2010. (Eligibility criteria are used to determine which countries are eligible to apply for funding from the Global Fund.)

As reported in GFO, activists in Latin America and the Caribbean (LAC) expressed concern prior to the Board meeting that changes to the eligibility and prioritisation criteria could disadvantage lower-middle and upper-middle-income countries, including many in the LAC region. See GFO 120 (available at www.aidspan.org/gfo). The activists were concerned about devaluing technical merit as a criterion. They were also concerned that if, in the current resource-constrained environment, not all TRP recommended proposals for Round 10 are able to secure funding, then the prioritisation criteria would become (de facto) eligibility criteria.

In addition, organisations, networks and people working on HIV/AIDS and tuberculosis in LAC and Eastern Europe & Central Asia presented a petition to the Global Fund Board, prior to its meeting, expressing "strong concerns that changes to the existing model could effectively exclude countries with concentrated epidemics from accessing Global Fund resources." Organisers of the petition obtained 1,118 signatures in just eight days. These concerns were to some extent addressed in measures approved at the Board meeting.

Most of the information for this article comes from Decision Point 17 in the Board decision points paper, accessible at www.theglobalfund.org/en/board/meetings/twentyfirst.

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