Terms of Reference of the Technical Review Panel

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Terms of Reference of the Technical Review Panel
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1. Background

1.1.   The Technical Review Panel (TRP) is an impartial and independent team of experts appointed by the Strategy Committee in accordance with the delegated authority from the Global Fund Board (Board)[1] with the responsibility of providing rigorous, independent technical assessment of funding requests made to the Global Fund.

1.2.   The TRP serves as an advisory body to the Board and fulfills its mandate under the oversight of the Strategy Committee. The TRP Chair is an ex-officio member of the Strategy Committee and reports on the TRP's work and membership matters, as well as supports the deliberations of the Strategy Committee.

1.3.   The Global Fund "Strategy for 2023-2028: Fighting Pandemics and Building a Healthier and More Equitable World" (Global Fund Strategy) provides the framework for achieving greater impact. The TRP review criteria annexed in this document are consistent with the goals and objectives set out in the Global Fund Strategy.

1.4.   The Global Fund's process for accessing funding is set forth in the Core Guiding Principles for Differentiation[2]. Operationalization of these principles is jointly agreed upon between the TRP and the Secretariat, in close collaboration with the Strategy Committee, and in line with these TRP Terms of Reference. In addition, the Secretariat and the TRP provide regular updates to the Strategy Committee on progress and lessons learned in the operationalization of the Core Guiding Principles for Differentiation.

2. Mandate

2.1.   The TRP performs the following key functions (as outlined below in points 2.2 - 2.13) to fulfill its mandate under the oversight of the Strategy Committee.

Technical guidance on program design

2.2.   In accordance with the Global Fund Strategy and any subsequent guidance from the Board, the TRP is responsible for *assessing the strategic focus, technical soundness, potential for impact of funding requests and the extent to which programs are poised for sustainability.* TRP assessments are based on country context.

2.3.   Through its reviews, the TRP is responsible for advising on how Global Fund investments can achieve the greatest impact and contribute to the goals and objectives set out in the Global Fund Strategy.

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[1] Charter of the Strategy Committee approved by the Board on 28 January 2016 (GF/B34/EDP07) and amended on 13 June 2018 GF/B39/EDP02) and on 14 November (GF/B42/DP06).
[2] Core Guiding Principles for Ddifferentiation.GF/SC01/DP03

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2.4. As part of its recommendations for funding, the TRP may, as appropriate:

   a. Identify issues and strategic actions to be addressed during grant-making and/or grant implementation relevant to country-specific context and feasible to achieve in a certain time frame and effective manner;

   b. Recommend removal of specific interventions, change in strategic focus, prioritization or financing, and/or reprogramming;

   c. Request clarifications or actions on specific technical recommendations requiring support from technical partners to align with normative guidance and best practice, in coordination with the Secretariat; or

   d. Request further iteration or resubmission of specific elements of the funding request.

2.5. Recognizing that program split decisions are made by applicants before TRP review of investment guidance or funding request submissions, the TRP may still provide observations and lessons learned regarding the allocation of funding.

2.6. The TRP provides feedback to applicants regarding the strategic directions, targets and outcomes, and/or quality of funding requests, as well as a clear rationale on its assessment and indication of, if applicable, why funding requests have been recommended for further iteration. The outcomes of TRP review are provided to the Secretariat and the applicant, as part of the process of seeking the Grant Approval Committee (GAC)'s recommendation to the Board to approve the specific grant and its funding. In the event of material changes from the TRP recommendations occurring during grant-making or during grant implementation, as determined by the Secretariat in line with the Global Fund Operational Policy, the Secretariat will refer the request back to the TRP for review. The remaining differences between TRP and Secretariat recommendations will be disclosed to the Board prior to the Board's approval of the relevant grant, and feedback will be provided to the TRP Leadership.

2.7. Subsequent to its review, the TRP provides strategic recommendations to the Board and to the Secretariat, in the following areas:

   a. Programmatic directions to support countries to position programs for maximum impact;

   b. Financing programs or program elements including recommendations on Unfunded Quality Demand;

   c. Prioritizing between competing funding requests (or parts thereof) as appropriate; and

   d. Providing recommendations and/or adjustments vis-à-vis the priorities and technical approach of a funding request, as needed in order to maximize impact in line with the objectives of the Global Fund Strategy.

Advisory function

2.8. In its advisory function, and with the agreement of the Strategy Committee, the TRP may provide technical advice and guidance on strategic focus, technical soundness, potential for impact, sustainability

and value for money (VfM) of new initiatives, innovative projects and/or mechanisms undertaken by the Global Fund to complement the core programs at various points in the grant cycle.

2.9.   Advisory reviews to be undertaken by the TRP, including the scope of the review, will be included in the TRP workplan, and the TRP Leadership will provide regular updates to the Strategy Committee.

Reporting on lessons learned to inform strategy, policy and operations

2.10.   The TRP shall share lessons learned, in particular those that may have broader policy and financial implications. Lessons learned shall be reported to the Board through the Strategy Committee, and coordinated with the Secretariat, as appropriate. As such, the TRP also contributes to the Global Fund's strategy and policy development processes.

2.11.   While maintaining its independence, the TRP will engage with the Secretariat, technical partners and the wider Global Fund partnership, as relevant, to ensure lessons learned and observations from the review of funding requests are shared.

2.12.   The TRP may perform other functions consistent with the provisions of these Terms of Reference, or as otherwise requested by the Board or the Strategy Committee.

3. Membership

3.1.   The TRP is a pool of impartial and independent experts from which members are drawn to serve on review panels as needed. TRP members serve in their personal and technical capacities, and they do not represent their employer, government or any other entity.

Areas of expertise, competencies and skills

3.2.   Collectively, TRP membership shall reflect diversity of gender, race, sexuality, nationality and geographical regions including experts from Global Fund implementer countries. The TRP membership shall have strong technical expertise, in respect of scientific, programmatic, operational, systems and structural contexts of health, in the following key areas: (i) HIV, (ii) tuberculosis (TB), (iii) malaria, (iv) resilient and sustainable systems for health, including community systems strengthening (v) community leadership, equity, human rights and gender equality, (vi) pandemic preparedness, and (vii) strategic investment and sustainable financing.

3.3.   Collectively TRP experts shall have demonstrable experience, understanding, and knowledge of:

   a.   Latest scientific evidence, up-to-date international guidelines and normative guidance, including new developments, approaches and technologies for addressing HIV, TB or malaria;

   b.   Building people-centered, integrated resilient and sustainable systems for health, community systems strengthening; community-based and -led responses, and pandemic preparedness;

   c.   Gender equality, human rights and equity, including inequities related to race, ethnicity and indigenous background, engagement and leadership of most affected communities, notably

people living with and/or affected by HIV, TB and/or malaria including programs for key and vulnerable populations;

d.   Sustainability and transition, value for money, innovative financing mechanisms, partnerships, health finance, market-shaping; and

e.   Developing, implementing, managing, evaluating and/or reviewing programs at the country and/or regional level.

3.4.   Individual TRP members shall possess a range of professional skills necessary to conduct the TRP's mandate including:

a.   Demonstrable high standards of integrity and ethical behavior;

b.   Proven experience, in-depth understanding and ability to interpret programmatic results building on previous investments to inform strategic decision making, including: strategic focus; appropriate mix of interventions and choices on prioritization for maximum impact; program quality, effectiveness and efficiency; development of effective strategies to (i) address health and community systems and service delivery challenges, (ii) build sustainability and prepare for donor transition and (iii) improve yield in programmatic results;

c.   Proven experience and ability to review Funding Requests and associated documentation presented in English and to articulate and communicate effectively in writing review outcomes, complex results and lessons learned in English to key stakeholders including government, technical and development partners, community and civil society at national, regional and global levels; and

d.   Ability to work respectfully and effectively with colleagues, from diverse gender, racial, national, ethnic and indigenous backgrounds, and being sensitive, empathetic, and understanding of country contexts, challenges and opportunities including those related to racial, ethnic and indigenous inequalities.

Eligibility

3.5.   Applicants to the TRP will be requested to submit a Declaration of Interest before being considered for TRP membership by the Strategy Committee.

3.6.   Members of the Global Fund Secretariat are ineligible to serve on the TRP[3]. Board Members, Alternate Members, Constituency Focal Points, members of the Board's Standing Committees[4] or individuals who participate in Board or Committee Meetings as part of constituency delegations and/or Country Coordinating Mechanism members[5] shall stand down from these roles to be eligible to serve on the TRP. In cases where the employment or other circumstances of an individual applying for TRP membership has a strong likelihood of actual, potential or perceived conflicts of interest (COI), which may significantly

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[3] Former Global Fund staff are eligible to apply for TRP membership only after the cooling off period applicable to their specific separation from the Global Fund has passed.
[4] As defined by the Global Fund's By-laws, as amended from time to time.
[5] The reference to Country Coordinating Mechanism includes Regional Coordinating Mechanisms and sub-Country Coordinating Mechanisms.

limit their ability to effectively perform TRP functions, the Ethics Office may advise that the individual not be selected to serve on the TRP.

Selection and appointment of TRP members

3.7.   Appointment of TRP members is the responsibility of the Strategy Committee, with the Secretariat providing support in administering an open and transparent process to recruit and present candidates to the Strategy Committee for appointment, and the TRP Leadership providing input on the process and candidates.

Term duration

3.8.   Once selected to serve on a review panel, TRP members are designated as "Serving TRP Members" and they are eligible to serve for four years from the date of the first formal (virtual or in-person) review in which they participate. This prescribed four-year term may be extended by the TRP Chair for up to two additional years, agreed on an individual basis based on performance criteria and deliberation processes defined by the TRP and approved by the Strategy Committee. This extension allows for a staggered transition of Serving TRP members and effective carryover of institutional memory across allocation periods. All such term extensions must be reported to the Strategy Committee through regular reporting by the TRP Chair. Once a TRP member's term of service has expired, Serving TRP Members are designated as "Former TRP Members" and cannot be Serving TRP Members again until a minimum of three years has elapsed since their last participation, unless otherwise called upon by the TRP Chair if required to fill gaps.[6]

3.9.   **Membership termination:** TRP membership may be terminated upon voluntary resignation submitted by a member. The TRP Chair can also request a member to step down from the TRP before the end of their four-year term (or extended term) based on the TRP's robust performance assessment processes, or in case of breach of applicable ethics or COI rules and policies.

3.10.   **"Cooling Off" Period**. To preserve the independence and integrity of TRP review and to avoid actual, potential or perceived COI, TRP members shall observe a "cooling off" period after they have ended their services to the TRP as further outlined in the Ethics and Conflict of Interest Procedures for Technical Review Panel Members.[7]

Participation of members in the TRP Reviews.

3.11.   Not all Serving TRP Members will participate in every review window. Participation of members in review windows will be determined by workload and required expertise, and seeking a balanced membership considering factors including, but not limited to, nationality, ethnicity, geography and gender, and aiming to fully utilize the membership pool. Drawing on the TRP performance assessment process, the TRP Leadership will consult with the TRP Focal Points (see clauses 4.5 and 4.9 below) and will consider the

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[6] In accordance with GF/B25/DP11.
[7] Ethics and Conflict of Interest Procedures for Technical Review Panel Members.
https://www.theglobalfund.org/media/3047/trp_coi_guidelines_en.pdf

performance of TRP members when identifying Serving TRP Members for each review window or other TRP work.

Replenishment of the TRP members' pool

3.12. Membership of the TRP will be replenished periodically as needed, and replenishment intervals may vary.

3.13. Individuals who have not yet been called to become Serving TRP Members after a four-year period, and have not had an extension of their term in the TRP membership pool, will need to reapply in order to continue their TRP membership.

3.14. On an exceptional basis, and in consultation with the Secretariat, the TRP Chair may invite individuals with specific expertise not available in the TRP membership pool to serve on the TRP as guest experts, if required, in order to fill gaps for specific reviews. All such invitations must be reported to the Strategy Committee through regular reporting by the TRP Chair. Ethics and Conflict of Interest policies, as well as confidentiality obligations applicable to TRP members also apply to such individuals.

4. Governance

4.1. The TRP reports to and is accountable to the Board through the Strategy Committee.[8] The TRP has the responsibility to organize its work and its internal operations and processes in accordance with these Terms of Reference, efficiently and effectively building on achievements and lessons learned.[9]

TRP Leadership selection

4.2. Serving TRP Members shall elect a Chair and two Vice-Chairs from among their membership, constituting TRP Leadership. The TRP Leadership serves a term of two years or until the election of their successor(s). Should the need arise, the Strategy Committee shall have the authority to extend a Chair and/or Vice-Chair's term for a limited time to ensure an orderly Leadership transition.

4.3. If a Serving TRP Member is elected Chair or Vice-Chair in their last two years of service as a Serving TRP Member, the elected TRP Member's term will automatically be extended to cover the period of their service as Chair and/or Vice-Chair. Neither the TRP Chair nor any TRP Vice-Chair may run for a second term. However, either of the Vice-Chairs is eligible to run for the position of TRP Chair.

4.4. In electing their TRP Leadership, serving TRP Members are encouraged to consider whether the Leadership team reflects the diversity of the membership.

Nomination of focal points and mentors

4.5. The TRP Leadership will designate certain Serving TRP Members as key points of contact for specific topics or work-stream leaders (TRP Focal Points).[10] TRP Focal Points are selected by the TRP

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[8] Charter of the Strategy Committee approved by the Board on 28 January 2016 (GF/B34/EDP07) and amended on 13 June 2018 (GF/B39/EDP02).
[9] The TRP describes its internal procedures and confidentiality requirements in the Technical Review Panel Operating Procedures Manual and the Funding Request Review Approach Manual.
[10] The TRP Leadership defines the roles and responsibilities of the TRP Focal Points in the TRP Focal Point Terms of Reference

Leadership based on the relevant technical expertise areas under the Global Fund Strategy and in section 3 above.

4.6. In order to facilitate induction of the TRP members during their first TRP review window, the TRP Leadership may pair new members with an existing member (Mentor) who will provide guidance and mentorship.

Planning and budgeting

4.7. The priorities, annual workplan and budget for the TRP are approved by the Strategy Committee. The TRP Leadership develops the priorities and associated workplan and budget annually in collaboration with the Secretariat. This includes considering the pipeline of TRP reviews scheduled for the upcoming year, emerging trends and needs that will require TRP engagement in its advisory function as well as operational aspects required for the optimal performance of the TRP mandate.

4.8. Annual budgets associated with the work plans are developed through a bottom-up budgeting process, by TRP Leadership with the Secretariat, and will be reviewed by the Strategy Committee and approved by the Board as a component of the Global Fund's annual operating expenses budget. The Strategy Committee will ensure that the resources for the TRP are sufficient to deliver the approved TRP workplans. Material deviations[11] from a TRP workplan and/or associated budgets will be reported to the Strategy Committee for approval.

Oversight and accountability of the TRP

4.9. The TRP will develop a set of prioritized data-driven key performance indicators (KPIs) that provide on an annual basis a holistic assessment of the TRP's performance, using a qualitative and quantitative approach,[12] covering all areas of its mandate. Consistent with its oversight role, the Strategy Committee will review the assessment, evaluate the TRP's effectiveness in fulfilling its Terms of Reference, and respond accordingly, including providing feedback on the KPIs used for the assessment. The Strategy Committee may request an independent assessment of the TRP's work including feedback about the usefulness and relevance of the TRP recommendations to specific country contexts.

4.10. The TRP will work with the Secretariat, Country Teams and other relevant stakeholders in the Global Fund partnership to develop a systematic feedback loop from applicants and partners on the quality, relevance, appropriateness and impact of technical recommendations provided by the TRP.

4.11. The TRP will develop a systematic and structured performance assessment methodology for individual TRP members, including the TRP Leadership, TRP Focal Points and Mentors. These assessments will be used to provide feedback to individuals and to inform subsequent selection of TRP members to participate in TRP reviews and other TRP work.

4.12. The TRP will solicit guidance from the Strategy Committee as needed to inform course correction and enhance the performance and effectiveness of the TRP in delivering on its mandate.

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[11] A work plan or budget revision shall be considered material if it is inconsistent with the rationale provided by the Strategy Committee for approval of the original work plan and budget and/or if it involves a more than 30% change to the total budget.
[12] This may include, but not limited to, feedback from the TRP members, the Secretariat staff and the Country Steered review tool.

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Working groups

4.13. The TRP Leadership may establish and oversee working groups of selected Serving TRP Members to complete specific tasks. Additionally, the TRP may provide technical guidance and/or recommendations on specific topics, as approved by the Strategy Committee, in accordance with these Terms of Reference.

5. Ethics and Conflict of Interest

5.1. TRP members shall demonstrate high standards of integrity and ethical behavior, and uphold the independence and impartiality of the TRP. TRP members must abide by applicable requirements, policies and codes,[13] including, but not limited to, the Global Fund *Code of Conduct for Governance Officials,*[14] the Global Fund *Policy on Conflicts of Interest,*[15] the *Ethics and Conflict of Interest Procedures for Technical Review Panel Members*[16, 17] *and The Global Fund's Operational Framework on the Protection from Sexual Exploitation and Abuse, Sexual Harassment, and Related Abuse of Power.*[18]

5.2. **Confidentiality**: TRP members are bound by an obligation of confidentiality in the conduct of their duties and are required to sign confidentiality undertakings prior to commencing work as a TRP member.

5.3. **Disclosure and Recusal Requirements in relation to Conflicts of Interest**.

    a. Each TRP member is required to submit a Declaration of Interest form to the Global Fund's Ethics Office prior to commencing TRP work, and to update it annually and whenever there is a material change in the information disclosed in the form.

    b. Throughout the period of membership, TRP members shall disclose all actual, potential or perceived Conflicts of Interest to the TRP Chair.

    c. The TRP Leadership shall disclose all actual, potential or perceived Conflicts of Interest they may have in writing to the Ethics Office for a decision. In view of their leadership roles, they may be subject to additional Conflict of Interest restrictions as determined under the Ethics and Conflict of Interest Procedures for Technical Review Panel Members or by the Ethics Office.

    d. Disclosure and recusal requirements are further prescribed in the Ethics and Conflict of Interest Procedures for Technical Review Panel Members. TRP members are required to strictly comply with these requirements, and they shall not be eligible to participate in any review process until such requirements have been fulfilled.

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[13] The Ethics Policy framework relevant to the TRP include the following, as amended and updated from time to time: Ethics and Integrity Framework; Code of Conduct for Governance Officials; Policy on Ethics and Conflict of Interest for Global Fund Institutions; the Global Fund Policy to Combat Fraud and Corruption; Whistle-blowing Policy and Procedures for the Global Fund; and Ethics and Conflict of Interest Procedures for Technical Review Panel Members.
[14] https://www.theglobalfund.org/media/4293/core_codeofethicalconductforgovernanceofficials_policy_en.pdf
[15] https://www.theglobalfund.org/media/6016/core_ethicsandconflictofinterest_policy_en.pdf
[16] https://www.theglobalfund.org/media/3047/trp_coi_guidelines_en.pdf
[17] These procedures include, but are not limited to, the restriction of TRP members from participating in the development of funding requests to the Global Fund, otherwise advising applicants or beneficiaries of Global Fund financing (e.g., Country Coordinating Mechanisms and Principal Recipients) during their service as TRP members, and principles on separation and a "cooling off" period as specified in the TRP internal guidelines.
[18] https://www.theglobalfund.org/media/11239/core_pseah-related-abuse-power_framwork_en.pdf

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5.4. In case of ambiguity or disagreement over the interpretation of the existing policies on ethics and Conflict of Interest, the matter will be referred to the Ethics Office by the TRP Chair or by the Secretariat for decision.

5.5. Conduct-related matters in relation to TRP members shall be raised to the Ethics Office and may be escalated to the Ethics and Governance Committee of the Board as prescribed by the *Code of Conduct for Governance Officials.* The Ethics Office has the responsibility to undertake a preliminary assessment of potential ethical and integrity-related misconduct by Governance Officials of the Global Fund (including TRP members), determine if breaches to the *Code of Conduct for Governance Officials* or other Global Fund policies and procedures have occurred, and advise the Ethics and Governance Committee of the Board.

6. TRP review modalities

6.1. Technical review undertaken by the TRP is an independent, transparent process based on rigorous scientific and programmatic reviews of documentation to determine whether investments are positioned to achieve the greatest impact in a wide variety of epidemiological and country contexts.

Differentiation and review approaches

6.2 The following differentiated review approaches will be used, in line with the Principles of Differentiation, the review criteria presented in Annex 1 of these Terms of Reference, as well as the level of information needed for a cost-effective review process.[19] These approaches are aimed at responding to specific objective(s) and funding request type(s). Moreover, in limited circumstances, ad hoc approaches may be used for innovative mechanisms and in challenging operating environment (COE) contexts that may require it.

a. **Tailored for Focused Portfolio** and **Tailored for Transition:** The TRP will streamline its review process and feedback to the applicant (including TRP group composition, number of recommendations and actions requested, etc.) and limit its review to the identified areas of focus for Global Fund investments.

b. **Program Continuation:** Based on criteria jointly agreed between the TRP and the Secretariat, certain country components may access their allocation through a streamlined process for program continuation. To maximize impact of investments, program continuation components may, in addition, be reprogramed at any time during the grant life cycle, subject to TRP review of all proposed material reprogramming decisions.

c. **Full Review** and **Tailored to National Strategic Plan (NSP):** These Funding Requests provide the TRP with a comprehensive view of the country's strategic priorities and proposed programmatic interventions. The Tailored to NSP application modality may be used for identified components, as communicated in the allocation letter, and directly support elements of NSPs.

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[19] In line with the basis for differentiation and material change triggers jointly agreed by the Secretariat and the TRP, the GAC will assess and determine potential application and review modalities.

In both cases, the TRP conducts a comprehensive overall review of a country's investment approach and the strategic priorities for an identified component.

6.3. In accordance with the Core Guiding Principles, differentiated application and review modalities will be (i) evidence-informed, building on challenges, results and impact of previous implementation periods; (ii) tailored to different contexts including epidemiology, operating environment, considerations regarding sustainability and transition, fiduciary and programmatic risks, allocation size, etc., (iii) take into consideration material changes to disease programs, [20] and (iv) ensure that investments are complementary to those of other donors and domestic financing in implementer countries.

6.4. **Review group composition.** The TRP Leadership will determine, for each application approach or other types of TRP engagement, the size, composition and membership of the group from among Serving TRP Members, consistent with TRP Operating Procedures and TRP Review Approaches Manual, and with due regard to diversity to ensure the most effective review.

TRP meetings

6.5. The TRP will conduct its reviews (referred to as TRP windows) via in-person meetings, remotely or a mix of both. The TRP Leadership may also call meetings to discuss other TRP work or internal TRP matters including organizing retreats.

6.6. The TRP will receive from the Secretariat relevant contextual, operational, and risk information concerning the funding requests under review or investment guidelines requiring their input. Key documents include Core Information Notes, plus Technical Briefs made available to applicants.[21] These should be read by all TRP members as they are the basis for applications to the Global Fund. Additional information includes policy guidance, analysis of lessons learned and the performance of existing programs, as well as feedback mechanisms to set the basis for determining the level and depth of review. The Secretariat is responsible for collecting this input internally and coordinating it with input from Technical Partners. The TRP will take into account and refer to any information and guidance provided by the Secretariat to the countries during review and in the TRP's feedback to applicants.

6.7. To the extent possible, following the assessment conducted by the Serving TRP Members participating in the relevant reviews, the TRP Leadership will facilitate TRP outcomes and recommendations through Panel deliberations, providing objective, transparent, evidence-based decision making and reporting to the Board. TRP assessment outcomes and recommendations on the Funding Requests submitted to the Global Fund, as well as lessons learned presented to the Secretariat, technical partners, Strategy Committee and the Board will be based on the latest scientific evidence, up-to-date international guidelines and normative guidance, assessment of quality of investments, as well as programmatic, epidemiological and country contextual considerations.

6.8. If the TRP Chair determines that review outcomes and recommendations cannot be reached by the deliberations of the TRP, then they may facilitate resolution through additional internal mechanisms (e.g.,

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[20] Changes to scope and scale resulting to material changes in the overall strategic focus, technical soundness and potential for impact of investments in a disease program
[21] All Information Notes and Technical Briefs can be found on the Applicant Guidance section of the Global Fund website

through a peer review approach or parallel independent assessment of the funding request). In addition, they may request additional information from the applicant, technical partners or the Secretariat, as appropriate. In such cases, the TRP Chair may also request additional support from the TRP Vice-Chairs or relevant TRP Focal Points to facilitate the development of final TRP review outcomes and recommendations.

7. TRP engagement with the Strategy Committee and the Board

7.1. The TRP Chair will participate on the Strategy Committee in accordance with the Strategy Committee Charter. At the discretion of the Chairs of the Strategy Committee and Board, the TRP Chair shall have a standing invitation to the Strategy Committee and Board meetings to observe proceedings through an "all areas pass."

7.2. The TRP Leadership will coordinate with the Chair and Vice-Chair of the Strategy Committee to identify matters and methods to report to the Board directly. A summary of the TRP report to the Strategy Committee shall be included as part of the Strategy Committee report to the Board.

7.3. The TRP Chair may, at their request and on the recommendation of the Strategy Committee Chair, have a time slot available as part of the pre-Board briefings to present TRP-related matters to all delegates present at the Board Meeting.

7.4. In the exceptional event that the TRP Chair is unable to attend a governance meeting, they should designate a Vice-Chair to replace them, subject to prior approval of the Chair of the governance meeting (i.e., the Board Chair or the Strategy Committee Chair).

7.5. TRP Leadership also interfaces with Global Fund internal stakeholders. In particular, TRP Leadership will meet with the GAC, ideally at each window, to exchange information on any key issues and/or policy direction. TRP Leadership will report back to TRP members as appropriate to strengthen the feedback loop between the GAC and the TRP. TRP Leadership also interfaces to mutual benefit with the other independent body of the Global Fund, the Technical Evaluation and Review Group (TERG), and its successor the Independent Evaluation Panel (IEP).

8. TRP engagement with other parties

8.1. The TRP Chair and/or Vice Chairs represent the TRP in dealing with other parties, unless they have specifically tasked another TRP member to serve as a TRP Focal Point on a particular matter.

8.2. The TRP will work with the Secretariat and agree on the process and the criteria to ensure effective TRP engagement throughout the grant lifecycle, including engagement before Funding Request submission or check-in during grant-making and implementation as needed.

8.3. The TRP will engage with technical partners that can provide critical resources to inform the TRP review and advisory mandates including through current results reports, updates in scientific evidence,

normative guidance and lessons learned on the best strategies and effectiveness of programmatic interventions for given epidemiological, system and transition contexts. In all its engagement with technical partners, the TRP shall uphold its impartiality and independence.

8.4.   The TRP is supported by various teams in the Secretariat in its review and advisory functions. This includes cascading the TRP's lessons learned and Secretariat support for TRP reviews and analysis of the effectiveness, impact and sustainability of Global Fund investment as well as responses, and implementation challenges at country level.

8.5.   The Secretariat shall facilitate the effective functioning of the TRP and its activities, support communication with other parties, manage logistics and provide analysis in a manner that supports the TRP's impartiality and independence, the confidentiality of internal TRP deliberations and the anonymity of TRP members for specific reviews, including reviews of funding requests.

9. Honoraria and operational costs

9.1.   Serving TRP Members will receive an honorarium, in addition to travel expenses. The amount of honorarium and any additional remuneration will be determined in accordance with policies approved by the Board or committee with delegated authority.[22]

9.2.   The Secretariat shall engage the TRP Leadership in the overall development of the TRP budget which will be approved by the Strategy Committee, as described in section 4.8, and in the management of the TRP budget including when setting the honoraria for remuneration of specific TRP work and activities.

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[22] As per the Global Fund Honorarium Framework approved by the Board on 8 March 2018 (decision point GF/B38/EDP13).

Annex 1: TRP Review Criteria

As presented in the Global Fund Strategy (2023-2028): "Fighting Pandemics and Building a Healthier and More Equitable World" (the [Global Fund Strategy](#)), the Global Fund partnership seeks to achieve its vision of a world free of the burden of AIDS, tuberculosis and malaria with better, equitable health for all. The Global Fund partnership's efforts remain guided by national and global strategies, and the 2030 Sustainable Development Goals (SDGs[23]).[24]

The Global Fund Strategy is more specific about the key areas of focus that are needed to achieve this vision. As highlighted in "What is different about this Strategy"[25] these shifts include an emphasis on placing people and communities at the center of the Global Fund's work; an intensified focus on making catalytic, people-centered investments that spur faster progress against HIV, TB and malaria; an intensified focus on prevention and addressing structural determinants of HIV, TB and malaria outcomes; supporting integrated people-centered quality services and systems for health that address individual's holistic health needs; a new focus on community leadership and engagement (in addition to community systems strengthening, an existing important component of resilient and sustainable systems for health); addressing equity, human rights and gender equality as critical to achieving our vision; and leveraging the Global Fund's unique position to contribute to building countries' pandemic preparedness capabilities, including through strengthening resilient and sustainable systems for health and HIV, TB and malaria programs.

The following technical criteria will be used in the TRP's review processes to ensure that Global Fund investments are positioned to achieve the highest impact, value for money and contribute to the goal and objectives set out in the Global Fund Strategy.[26] Further detail on these criteria is outlined in the Global Fund's Core Information Notes and Technical Briefs,[27] the Core Guiding Principles for differentiation,[28] as well as the TRP Review Approaches Manual. These criteria apply to programs funded through the country allocations as well as to the multi-country grants. Application and operationalization of the TRP Review criteria will be further contextualized for different portfolio types, country contexts and specific priorities as detailed in the internal TRP Operating Procedures.

The TRP review criteria should be applied with an appropriate degree of differentiation as detailed in the Review Approaches of the TRP and in line with portfolio categorization. As appropriate to the context, all Global Fund investments should contribute toward achieving the Primary Goal: Ending AIDS, TB and malaria, and the mutually reinforcing contributory and evolving objectives.

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[23] https://sdgs.un.org/goals

24 These include the UNAIDS Global AIDS Strategy; the WHO Global Health Sector Strategy for HIV, Viral Hepatitis and STIs; the WHO End TB Strategy; the Stop TB Global Plan to End TB; the WHO Global Technical Strategy for Malaria; the RBM Partnership to End Malaria Strategic Plan; and the WHO Framework on Integrated People-Centered Health Services.

[25] Global Fund Strategy 2023-2028. Executive Summary https://www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf

[26] For more information, see the Global Fund Strategy. The implementation feasibility and efficiency of the funding requests is further reviewed by the Secretariat prior to submission of the investment request for the Board approval, as part of the grant making process.

[27] See the HIV, TB, malaria and RSSH Information Notes, as well as the Technical Briefs which provide more information, for instance on specific disease control issues, community rights and gender issues, as well as RSSH issues.

[28] For more information, see GF/SC01/DP03, the access to funding principles of differentiation, COE, STC and other relevant access to funding policies.

To ensure investments are positioned for impact, Global Fund-supported programs should be guided by the following overarching approaches:

- **Catalytic use of resources:** Global Fund resources should be programmed in consideration of how domestic, donor and other resources in country are being used and how Global Fund resources can catalyze the greatest impact within a specific country context. Global Fund investments should be well balanced and allocated to interventions that will contribute to impact in line with national plans and the objectives of the Global Fund Strategy.

- **Communities at the center of programs**: Program design reflects the meaningful engagement, leadership and contributions of communities living with and affected by HIV, TB and malaria on how programs can best be focused and structured to meet their holistic health needs. In particular, this includes programs for key and vulnerable populations, and also how the engagement and leadership of communities can be used to improve access to and retention in quality programs for all populations affected by the three diseases.

- **Leveraging partnerships:** This includes pursuing multi-sector partnerships[29] to address common structural determinants of outcomes of HIV, TB and malaria in an efficient and effective way; leveraging local expertise for tailored technical support; strengthening partnerships across national health, social, community and private sector stakeholders to strengthen integrated people-centered quality services; and working across countries to address challenges for the three diseases including barriers to gender equality, equity, human rights and structural barriers to health equity.

- **Prevention from sexual exploitation, abuse and harassment**: Identifies risks related to sexual exploitation, abuse and harassment (SEAH)[30] in the access to and retention in HIV-, TB- and malaria-related services and embeds mitigation and response measures in the proposed interventions in alignment with the overarching principle of "do no harm."

Noting that all Global Fund investments shall contribute to the **Primary Goal: Ending AIDS, TB and malaria,**[31] the TRP will assess the extent to which funding requests demonstrate the following:

- **Strategic focus:** The Funding Request builds on the challenges, results and impact of previous implementation periods and considers the latest epidemiological and other contextual information, disaggregated by gender, age, geography, socioeconomic and education status, and as appropriate to respond to the needs of key and vulnerable populations. Programs should, as relevant to context, align with the areas of strategy focus on HIV, TB and malaria outlined in the Global Fund Strategy.[32] In particular, across the three diseases there are two overarching focus areas for intensified action:

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[29] For more details, please refer to the Section 8: *Partnership Enablers: How We Work* of the Global Fund Strategy 2023-2028. https://www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf

[30] As defined in the Global Fund's Operational Framework on the Protection from Sexual Exploitation and Abuse, Sexual Harassment, and Related Abuse of Power https://www.theglobalfund.org/media/11239/core_pseah-related-abuse-power_framwork_en.pdf

[31] For more information on HIV, TB and malaria investment guidance, see the HIV, TB and Malaria Information Notes and relevant Technical Briefs.

[32] There are 3 sub-objectives to guide HIV program focus; 5 sub-objectives to guide TB program focus and 5 sub-objectives to guide malaria program focus. For more details, please refer to the Section 5: *Primary Goal: End AIDS, TB and Malaria* of the Global Fund Strategy 2023-2028. https://www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf. These sub-objectives

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- o Focus on incidence reduction of HIV, TB and malaria, and
- o Addressing structural barriers to optimal outcomes of HIV, TB and malaria.

- **Technical soundness**: Uses evidence-based interventions, normative and prioritization guidance for prevention, control, treatment and care including maximizing impact from available resources, and systematically documents their impact on the effectiveness and reach of programs. Programs should be adapted to respond to COVID-19 and future pandemics, including learning from community engagement, and contributing to building resilient and sustainable systems for health.

- **Potential for Impact:** Promotes the ambitious and sustainable scale-up of high-impact cost-effective interventions and acceleration of program implementation, including rapid and equitable deployment of new tools and innovations (approaches, products, tools) as they become available.

- **Program quality:** Supports efforts to deliver high-quality, rights-based services responsive to inequities in access to services across the prevention, treatment and care continuum. Programs should ensure access to safe, effective and efficient service delivery to improve health outcomes, including through a focus on interventions that act to remove human rights- and gender-related barriers. Services should be provided in ways that reduce inequities in access and retention driven by geography, socioeconomic and education status, race, ethnic and indigenous inequalities as relevant to disease and country contexts. Programs should deploy integrated, people-centered approaches that address individuals' holistic health needs (e.g., considering HIV-, TB-, and malaria-related coinfections, comorbidities and related areas of health).

- **Prioritization:** Uses latest quantitative disaggregated data, including by gender, age, geography, socioeconomic and education status, and sub-population groups; qualitative data as appropriate on social context, risk and use practices and vulnerabilities, and other data such as drug and insecticide resistance to respond to epidemiological priorities, highest transmission geographies, comprehensive prevention and treatment service coverage gaps (including for structural, behavioral, biomedical components). Global Fund investments should prioritize interventions and approaches that are most effective in addressing the holistic needs of key, vulnerable and marginalized populations, and reducing inequity, including race, ethnic and indigenous inequities, in a country-specific context, paying attention to cost-effectiveness and those that represent value for money.

- **Evidence-based programs for key and vulnerable populations:** Invests in epidemiologically appropriate, effective rights- and evidence-based interventions to scale up programs to improve access to equitable, gender transformative and/or responsive prevention, care, and treatment services among key and vulnerable populations that are disproportionally affected by HIV, TB and malaria. Programs should take into consideration disaggregated data and, as necessary, address the interconnections and overlaps between and among key and vulnerable populations and subpopulation groups.

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are also highlighted in the Strategy Framework, page 4 https://www.theglobalfund.org/media/11223/strategy_globalfund2023-2028_framework_en.pdf.

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Success in achieving the primary goal of ending AIDS, TB and malaria is supported by the following **mutually reinforcing contributory objectives**. These objectives must be jointly pursued and considered holistically to support the achievement of the primary goal in specific country contexts. The TRP will assess funding requests to consider the extent to which they:

1. Maximize People-centered Integrated Systems for Health:[33]

    a. **Scope of investments:** Resilient and sustainable systems for health (RSSH) investments should support achieving better health outcomes for HIV, TB and malaria and related co-infections and co-morbidities of the three diseases. They should also support building the resilience and the capacity of systems for health, including community systems for health, to prepare for, detect and respond to novel outbreaks.

    b. **Integrated, people-centered quality services and systems:** Wherever possible investments should promote the integration of services for health to address peoples' health needs in a holistic manner and lead to the equitable, efficient, rights-based and integrated delivery of health services across national health, community and private sector providers. Systems should be designed and strengthened to increase equitable access, use and outcomes, with a focus on improving quality of care in health facilities, in the community and private sector. Investments should be programmed in a way that is equitable, people-centered, meets individuals' holistic health needs, maximizes cross-program efficiencies and promotes the integration of HIV-, TB, and malaria-related services with related services including for coinfections and comorbidities of the three diseases. Communities should be engaged in the design of these services to ensure they are well-positioned to meet their needs efficiently and effectively.

    c. **Sexual and reproductive health and rights programs and their integration with HIV services for women in all their diversity and their partners.** Stronger sexual and reproductive health and rights programs are a key component of people-centered, integrated service delivery for improved HIV, TB, malaria and other essential health outcomes. Comprehensive SRHR programs expand the range of available holistic services, which are tailored to the needs of individuals across the whole spectrum of sexual and reproductive health needs, including, but not limited to, prevention of HIV infection and sexual and gender-based violence prevention and response interventions and service.

    d. **Community systems and community-led programming.** Programs should integrate the development and strengthening of community health systems and strategies with national disease responses and grant implementation to expand and improve holistic, equitable, people-centered service delivery for HIV, TB and malaria. Investments should focus on policy and systems strengthening to scale-up and strengthen the capacity of community-based and community-led organizations in service delivery as well as for formalized community health

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[33] For more information, see the technical brief and relevant Information notes here: https://www.theglobalfund.org/en/funding-model/applying/resources/

worker cadres, programs and services, and the development of long-term sustainable financing mechanisms and financing mixes optimized for each context (e.g., domestic, blended finance). Community systems strengthening should include a focus on the underlying capabilities and capacities to scale-up of effective community-led monitoring programs and models, community-led advocacy (e.g., legal and policy reform on decriminalization; domestic budget advocacy, community engagement in decision making), community leadership and engagement, institutional development, community mobilization, as well as innovative sustainability mechanisms for community-based and community-led groups.

e. **Data generation and use**. Programs should strengthen data governance, leadership, and management to promote adherence to national health data strategies, standards, and policies. Investments should strengthen the generation and use of quality, timely, transparent, and disaggregated digital (to the extent possible) and secure data across all service providers (national health, community and private sector), aligned with human rights principles to support decision-making, and improve program management and quality at the point of care. Programs should build and strengthen sustainable data systems for availability, quality and use of these data to drive timely, data-based decision making to improve the quality, efficiency, equity, equality and impact of HIV, TB and malaria programs, as well as to strengthen surveillance for effective pandemic preparedness and response. Ideally, through countries' integrated financial management information systems, investments should systemically capture timely and granular health financing data to support well-costed and prioritized NSPs and their implementation, to improve the visibility of domestic investment and cash flows (especially those directed to human resources for health and commodities) to enable co-financing compliance assessment, enhance sustainability, and guide strategic investment prompting value for money.

f. **Supply chain system strengthening.** Programs should strengthen the ecosystem of efficient, agile, people-centric and sustainable quality supply chains to improve the end-to-end management of national health products and laboratory services and deliver equitable access to quality-assured and affordable health products. Investments should promote innovation through partnerships by connecting industry, in-country procurement decision-makers, communities, academia, development and other partners to improve product-user fit, adoption, use, and cost-effectiveness.

g. **Private sector engagement.** Engage and harness the private sector, and leverage partnerships to improve the oversight scale, quality and affordability of services wherever communities, including key and vulnerable populations, are seeking care and ensure the provision of services is in compliance with national standards. As relevant to the country context, investments should (i) build domestic capacity to enhance the effectiveness and resilience of direct private sector engagement and contracting for service provision and health

system services, and (ii) enhance the efficiency and effectiveness of health systems through better models of public-private engagement.

2. Maximize health equity, gender equality and human rights

a. **Invests in equitable health outcomes.** Uses qualitative and disaggregated quantitative data (such as by gender, age, geography, socioeconomic and education status, racial, ethnic and indigenous disparities and as appropriate to respond to key and vulnerable populations' needs) to identify health inequities, human rights- and gender-related barriers. Programs should respond to these inequities and barriers using approaches that address structural barriers and improve equitable service access and other programmatic considerations to improve equitable health outcomes.

b. **Removal of human rights- and gender-related barriers.** Invests in evidence-based programs that address and remove human rights- and gender-related barriers in access to and retention in the three diseases, pandemic preparedness, and integrated services. These may include programs that support advocacy, reduction of stigma and discrimination, access to justice, respond to sexual and gender-based violence and harmful gender norms, legal literacy, policy and legislative reform in areas such as, but not limited to, decriminalization and protection from discrimination, as well as interventions that monitor reforms to harmful laws, policies and practices.

c. **Youth-responsive programming, including for adolescent girls and young women (and young key and vulnerable populations and their partners.** Invests in tailored, age-appropriate HIV, TB and malaria program approaches for adolescent girls and young women and young key populations, including the use of combination HIV prevention options for adolescent girls and young women and their partners, and foster stronger linkages, especially with prevention programs that recognize their interdependencies and address the fact that many adolescent girls and young women also belong to one or more key or vulnerable populations.

3. Strengthen resource mobilization, sustainability, health financing, and value for money

a. **Co-financing:** In line with Global Fund policies and co-financing requirements, Funding Requests should demonstrate progressive overall increases in domestic expenditure on national disease and health sector strategies to meet national universal health coverage goals; ensure progressive domestic uptake of key costs of national responses supported by the Global Fund; and make sufficient domestic financing commitments for achieving program targets and strengthening financial sustainability of key interventions.

b. **Application Focus:** Funding Requests demonstrate compliance with the application focus requirements for the corresponding country income level as defined in the Global Fund's Sustainability, Transition and Co-financing Policy.

c. **Sustainability:** Investments should strengthen the sustainability of national responses, address key financial, programmatic, and/or other sustainability challenges in the design of national programs, funding requests, co-financing commitments and/or national planning, particularly considering the sustainability of services for key and vulnerable populations.

d. **Health finance:** Investments should strengthen country health financing systems based on country context-specific challenges, such as (but not limited to) reducing financial barriers to access, strengthening resource tracking and the generation and use of health finance data to enhance impact and efficiency, supporting the integration of national responses into UHC financing mechanisms, strengthening purchasing efficiency, enhancing public financing of services provided by civil society and communities (e.g., social contracting) to enhance sustainability/ transition readiness, etc.

e. **Strengthen focus on value for money.** Maximizes and sustains equitable health impact, addressing the five dimensions of VfM: economy, effectiveness, efficiency, equity and sustainability. This includes efficient distribution and utilization of investments in disease programs and health systems so as to maximize impact in a resource-constrained environment. This also means addressing inequities as a programmatic priority, even when the cost of these interventions is higher in certain settings, such as to "reach the last mile". That is, the program is expected to secure the lowest sustainable costs for quality inputs required to provide services, as well as achieve allocative and technical efficiencies at both program and system levels to maximize the long-term return of the investment in an equitable manner, balancing trade-offs where necessary and considering specific country context.

f. **Leverages innovative financing approaches** to attract additional resources for health and channel debt and borrowing into achievement of tangible health outcomes. Funding requests should demonstrate, where relevant, efforts to proactively (a) assess the viability of debt-for-health conversion schemes (b) engage Multilateral Development Banks to identify opportunities for joint investments in shared programmatic priorities. Tools for such collaboration can include Debt2Health, targeted loan buy-downs and joint investments underpinned by use of effective performance-based disbursement mechanisms.

4. Global Fund investments will contribute to **strengthening countries' pandemic preparedness capabilities by building integrated and resilient systems for health** and HIV, TB and malaria programs better able to prevent, detect and respond to new infectious disease outbreaks. This includes promoting community engagement in pandemic preparedness planning, decision making and oversight, and ensuring that program approaches are equitable, gender-responsive and rights-based. In assessing funding requests. TRP will assess:

a. **Basis of investments**: Investments to strengthen essential preparedness capacities should be derived from the International Health Regulations (IHR) and as described in country-specific National Action Plans for Health Security (or similar), recent findings from Joint External Evaluations and State Parties Self-Assessment Annual Reports. They should be informed by learnings from national COVID-19 responses through intra-action and after-action reviews of

recent outbreak responses, including COVID-19, as well as simulation exercises involving readiness-testing of specific preparedness and response functions. Investments may also be drawn from disease-specific preparedness plans (e.g., respiratory pathogens/influenza) or cross-cutting systems-focused strategies (e.g. laboratory strengthening, disease surveillance, workforce capacity development). Imminent risk-based operational readiness gaps and needs, based on the WHO Benchmarks for IHR capacities, as well as longer-term pandemic preparedness planning, where available, should be included.

b. **Focus of investments:** Multi-pathogen investments that contribute to HIV, TB and malaria outcomes and broader preparedness aims, including building the resilience and sustainability of systems for health, the resilience of communities and the prevention, preparedness and resilience to novel outbreaks. These include investments to directly build the resilience of HIV, TB and malaria programs; strengthen front-line health workforce capacity for detection and rapid response at facility and community levels; scale up and integrate community systems capacity for outbreak detection and response, and to address human rights challenges and equity; to strengthen disease surveillance systems (including event- and community-based surveillance); and strengthen laboratory systems, supply chains and diagnostic capacity to meet HIV, TB and malaria program demand and respond to outbreaks. These investments must ensure equitable, gender-responsive and human rights-based approaches as central features of pandemic preparedness and response. They should also promote community and civil society leadership and meaningful engagement in preparedness and response planning, decision-making and oversight. Program design should account for measures needed to prepare for, prevent and respond to a range of threats, including relevant antimicrobial resistance (such as drug and insecticide resistance), as well as measures to mitigate, respond and adapt to climate change. Where relevant, this should be undertaken through One Health[34] approaches, to account for interactions between people, animals and the environment that have an impact on infectious disease transmission and outcomes.

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[34] One Health is a collaborative, multisectoral, and transdisciplinary approach—working at the local, regional, national, and global levels – with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment. https://www.cdc.gov/onehealth/index.html