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For SIIC Information

REPORT OF THE TECHNICAL REVIEW PANEL WORK in 2013

PURPOSE: This paper presents the report of the Technical Review Panel on TRP work in 2013.

EXECUTIVE SUMMARY

1. The year 2013 has been a year of transition and preparation for the launch of the new funding model in 2014.
2. Although there were no large Technical Review Panel (TRP) review meetings in 2013, the TRP has deliberately engaged in as many review processes as possible and explored differentiated approaches under the new funding model. Shawn Baker continued to serve as the TRP Chair, Lucie Blok and George Gotsadze as Vice Chairs. Thirty four TRP members were called upon in 2013 to participate in different reviews (Annex 1). The TRP Leadership also called on TRP Focal Points and Alternate Focal Points Tim Brown and Samson Radeny (HIV), Christy Hanson and Marina Tadolini (Tuberculosis), Ahmed Awad Abdel-Hameed Adeel and Patricia Graves (Malaria) and Bola Oyeledun and Tore Rose (Cross-cutting/HSS) to support the TRP's work.
3. In 2013, the TRP finalized review of six revised applications submitted under the Transitional Funding Mechanism, 19 applications under the transition to the new funding model as early and interim applications, and three reprogramming requests.
4. The new approach to TRP review, designed to arrive at positive review outcomes through an iterative process with applicants and the Secretariat, has been embraced by the TRP as an important improvement to the Global Fund's model. The review process is now even more appropriately geared towards the assessment of strategic focus and technical soundness of a funding request, ensuring that the limited resources are positioned to achieve maximum impact. In line with its role of an independent 'quality assurance mechanism', the TRP continues to rely on the Secretariat and technical partners to assist applicants during the proposal development process by providing the necessary information and tools to facilitate strategic decisions. The TRP notes and applauds the tremendous effort in 2013 by all stakeholders – applicants, the Secretariat and technical partners – as evidenced by the improved strategic focus and technical quality of funding requests submitted in 2013.
5. The TRP also underscores the importance of a continuous critical review of the Global Fund's grant portfolio, so that active grants are reprogrammed as needed to ensure that investments remain strategic and designed to achieve maximum impact in changing epidemiological contexts.
6. The TRP also continued to contribute to and report on broader strategy and policy discussions through:
 - a. the TRP Chair and Vice Chair participation at the governance meetings, notably the Strategy, Investment and Impact Committee (SIIC) and the Board;
 - b. de-briefings to the Secretariat and technical partners following each review meeting;
 - c. two reports on lessons learned from the TRP's review of applications under the transition to the new funding model¹;
 - d. other key strategic and thematic discussions (e.g. Human Rights) ; as well as
 - e. ad hoc meetings with the Secretariat Senior Management, the Inspector General and the Technical Evaluation and Reference Group

¹ Available at: <http://www.theglobalfund.org/en/trp/reports/>

7. The TRP provided input into the development and design of the concept note template and guidance for early applicants and the new funding model review processes for both early and interim applicants. The TRP's input was also critical to the development of the revised Terms of Reference of the TRP and the process of recruiting new TRP members.

8. The TRP notes that this year of transition provided valuable learning for all stakeholders. However, as the number of test cases was limited, there will necessarily be more learning over the course of 2014 with consequent refinements to the application and review processes. The TRP is confident that the more iterative and focused approach for funding will yield great benefits to the people the Global Fund serves.

2013: Transition to the New Funding Model and the TRP

9. In line with the Global Fund's 2012-2016 strategy, in February 2013, the Global Fund launched the new funding model,² designed through extensive consultation with technical partners, donors, and implementers. The new model aims to ensure that Global Fund resources are invested more strategically to achieve maximum impact and includes changes in the way applicants apply for funding, get approval of their requests and then manage their grants.

10. 2013 was a transition year for the Global Fund which afforded stakeholders the opportunity to test out key elements of the new funding model prior to the full roll out in 2014. In 2013 a total of US\$1.9 billion of uncommitted funds were made available for the transition phase over the period 2013 to 2014. Participation in the transition phase of the new funding model was by invitation-only and in total 70 disease programs were invited to access additional funding either as an 'early' or 'interim' applicants. Applicants were selected based on criteria approved by the Global Fund Board at its Twenty-Eighth Meeting (GF/B28/DP5) and considered those programs that were positioned to achieve impact, at risk of service interruption, and/or were underfunded based on allocation formula calculations.

11. The outcome of the Global Fund's fourth replenishment was announced in December 2013. The resources pledged by donors will now be invested through the new, impact focused approaches promoted by the new funding model over the 2014-16 periods.

2013 TRP review processes

12. In line with the overall objectives of the new funding model under the Global Fund's Strategy, the TRP incorporated and tested some of these elements into its processes and engagements already prior to the official transition phase. For instance, the TRP adopted a more iterative and flexible approach for the 'Category 4' Transitional Funding Mechanism (TFM) proposals, i.e., revised proposals, for which a second TRP review and approval was required prior to funding.

13. The review of revised Category 4 proposals was done remotely by small TRP review groups when each applicant was ready with their re-submission. The TRP also engaged with the Secretariat Country Teams to go through the TRP recommendations and to answer any questions regarding the clarifications and revisions requested. The TRP built on this experience

² GF/B27/DP7, Annex 1 "Elements of New Funding Model"

during the transition phase and will continue to explore ways to engage with the Secretariat and streamline/tailor its review processes.

14. During the transition, six countries and three regional initiatives were designated as 'early applicants' and invited to submit a concept note for the invited disease component(s)³. These applicants advanced their 2014-2016 application and single country applicants were eligible to compete for incentive funding. Of the total US\$ 1.9 billion available in the transition, US \$364 million was allocated as indicative funding and US\$ 87 for incentive funding to the early applicants.

15. As part of the learning process, the TRP engaged with applicants (through the Secretariat) prior to the submission of the final concept notes ('early engagement'). The purpose of this early engagement was to provide high level technical guidance and steer on the overall strategic direction of the requests. While this approach worked well for the purposes of the transition, the increased frequency of review windows and the possibility to resubmit a revised application should already allow for an effective iterative process (as the system was designed to accommodate) and dialogue with applicants when needed in 2014-15⁴.

16. The TRP reviewed concept notes for strategic focus and technical soundness and made funding recommendations to the Secretariat's Grant Approvals Committee (GAC) and the Board. To date four country applicants (El Salvador, Myanmar, Philippines and Zimbabwe) and all three regional applicants (Mesoamerica Malaria, Regional Artemisinin Resistance Initiative and European Harm Reduction Network) have been through the TRP and GAC review processes. The remaining two applicants, Kazakhstan TB and Congo (Democratic Republic of) HIV are expected to be reviewed in the first half of 2014.

17. Funding requests from early applicants were reviewed during two in-person meetings in April and in October. Following each of the review meetings, the TRP had de-briefing sessions with the Secretariat and technical partners, reported to the SIIC and the Board⁵ and issued reports on its observations and lessons learned as regards different elements of the new funding model as well as other aspects such as implications of new technical guidance on strategic investment, Secretariat policy advocacy engagement, regional applications. These reports are available on the Global Fund website⁶.

18. The largest share of available funding during the Transition Phase (US\$ 1,507 million) was allocated to interim applicants. Interim applicants included 44 countries and one regional program that have accessed additional funds either through an existing grant renewal, reprogramming or grant extensions. In total 12 countries and 15 components (9 HIV, 2 TB, 4 malaria) amounting to approximately US\$1.1 billion were scheduled for TRP review based on the agreed upon triggers with the Secretariat which included volume of financing (US \$ 50

³ Congo (Democratic Republic of) HIV; El Salvador HIV; Kazakhstan TB; Myanmar HIV, TB and Malaria; Philippines TB, Zimbabwe HIV, Regional Artemisinin Resistance Initiative (Malaria), Eurasian Harm Reduction Network (HIV); and Regional Malaria Elimination Initiative in Mesoamerica and Hispaniola (Malaria).

⁴ Exception could be when a new approach is being tested (like results-based financing approach in 2013) to accommodate for learning.

⁵ Only after the first review meeting in June

⁶ <http://www.theglobalfund.org/en/trp/reports/>

million or above) and countries with high, severe or extreme disease burden⁷. To date the TRP has completed review of applications from 9 countries for 10 disease components⁸. There are still 5 interim applicant reviews which are on-going (Mozambique TB and Uganda HIV) or yet to be initiated (Niger Malaria, Tanzania TB and Cameroon HIV).

19. The TRP noted the importance of applicants making a critical review of their portfolio to ensure previously approved funds are adequately responding to the disease(s) and are achieving maximum impact as they relate to the context of the countries' often changing epidemic(s). The TRP also noted with concern that in certain cases financial commitments made by national governments were not honored and therefore welcomed the Secretariat's efforts to strengthen the tracking of counterpart financing commitments. The TRP made disease-specific recommendations following the two review meetings that are included in the respective reports and should be considered by applicants, technical partners and the Secretariat. For HIV, interim applications that have been reviewed since the last meeting continue to demonstrate a worrying trend of an increased focus on scaling-up treatment not being met with an equal commitment to primary prevention. When reviewing interim applications the TRP also reminded applicants of the importance of seeing each request as a continuum, in particular as regards treatment vs. primary prevention programs and how the proposed program is complementary and builds on existing efforts and lessons learned.

Approval of the revised TRP Terms of Reference (TORs)

20. The TRP Terms of Reference were revised to align with the new funding model and the outcomes of the 2011 Global Fund governance reform. This work was facilitated through a Working Group of the SIIC on TRP Matters⁹, with participation of the TRP Leadership and Focal Points. The revised TORs were approved by the SIIC in October 2013¹⁰.

21. The TRP's core principles remain under the TRP's revised TORs. The revised TORs allow the TRP to continue to operate as an independent and impartial panel of technical experts and include provisions ensuring collective decision-making and shared responsibility for funding recommendations and a transparent and documented review process. The revised TORs continue to permit the Board and its Committees' to assign other functions to the TRP consistent with its mandate. However, the revised TORs also reflect a number of significant changes to the overall TRP role and review process.

22. Different from the Rounds-based system,¹¹ the new funding model is designed to work towards fundable high impact programs. It predicates that the funding application process should enable applicants to access, at a minimum, their pre-allocated 'indicative' share of the overall funding available when it is needed and ensure that Global Fund's investments are positioned to achieve highest impact. This emphasis on 'getting to yes' and investing for impact

⁷ Agreed triggers were funding amount: US\$ 50 million or above, disease burden high or extreme, historical implementation challenges, lack of clear NSA, material reprogramming lack of progress towards impact or lack of evidence that investments demonstrate potential for impact and challenging cases, where there is lack of agreement in the normative guidance, significant gaps in data, or difficult trade-offs in decision making.

⁸ These reviews (with one exception) occurred remotely

⁹ SIIC09/10 "Terms of Reference of the Technical Review Panel"

¹⁰ The revised TRP Terms of Reference are available at : <http://www.theglobalfund.org/en/trp/>

¹¹ To recall, the success rate of applications under the Rounds-based system was overall around 50% and the TRP had to make a 'yes' or 'no' funding recommendation based on technical soundness of a request, not considering resources available

implies a fundamental shift from the role the Board required the TRP to fulfill under the Rounds based model as well as changes to the TRP review modalities.

23. The revised TORs provide for a more iterative approach to the review process and include provisions for enhanced TRP engagement with the Secretariat and technical partners. It also requires more frequent TRP reviews (up to 4 windows per year) so that countries can choose when to apply for funding. As the funding model will continue to evolve, flexibility is built into the TORs so that the TRP may adjust its membership and review modalities, as needed.

Recruitment of New TRP Members

24. As part of the preparations for the full roll out of the new funding model in 2014, under the oversight of the SIIC Working Group on TRP Matters, the Global Fund launched an open recruitment process to replenish the TRP membership pool. This process was managed by the Secretariat with the support of HLSP, an external company. The process called upon the TRP Chair and designated focal points (representing the three disease areas and HSS) to provide input into the recruitment process including the communication strategy, the criteria for selection and the application form, as well as to participate in the selection process.

25. Following the multi-step process which included screening by HLSP, a shortlisting process that involved an external consulting company, persons nominated by technical partners and the TRP and the SIIC Working Group's final review, the SIIC approved 111 new TRP members to join the TRP pool of experts in November 2013.

26. Overall, the SIIC Working Group considered that the process undertaken was inclusive and objective and resulted in a robust pool of experts being identified for the TRP to complement the existing membership. The new funding model will require more TRP members to be engaged and will call even more on different experience and expertise that the TRP brings, including language skills. Consequently having a sufficient pool of experts to call on is critically important for an efficient and effective TRP going forward.

Ongoing Policy Development and Strategic Discussions

27. During 2013, the TRP Leadership actively engaged in various policy discussions, most notably through its representation on the SIIC, but also through other forums. TRP Leadership and TRP Focal Points also provided input to development and design of the concept note materials.

28. Over the years, the TRP has consistently provided feedback regarding human rights in the context of global financing through its reports on the review of funding requests¹². As the Global Fund Secretariat continued to work on defining and implementing its human rights strategies in 2013, Lucie Blok as TRP Vice Chair participated in a number of meetings on how to address the risk of human rights violations in Global Fund-supported programs. With the creation of a new department in the Global Fund focusing on Community, Gender and Rights, this work will continue in 2014. It is envisaged that a TRP focal point will be identified to support this important work¹³.

¹² Available at: <http://www.theglobalfund.org/en/trp/reports/>

¹³ This would be in addition to current disease and cross-cutting/HSS focal points and alternate focal points

29. The TRP also had the opportunity to engage in testing new ways of structuring grants in 2013. In two instances, Mesoamerica Malaria (early applicant) and Rwanda HIV (reprogramming), the TRP reviewed grants which are moving to a results-based financing approach. In principle the TRP has welcomed these new approaches and is willing to contribute to discussions and provide input for ways to streamline and differentiate the grant application and management processes.

Support and engagement with the Secretariat

30. The TRP continues to appreciate the highly professional and impartial support from the Access to Funding team which has been key in enabling the TRP to deliver on its tasks. The TRP is also encouraged by the continued commitment demonstrated by the Global Fund's Senior Management during their engagement with the TRP in 2013 and looks forward to further strengthening relations in 2014 to ensure continued effective functioning of the TRP under the new funding model.

31. The TRP valued country-specific contextual information provided by the Secretariat Country Teams to support the TRP's review processes in 2013. As part of the learning process during the transition, the TRP engaged with Secretariat Country Teams through structured written input (Program Scorecard), in-person presentation and, where required, follow-up questions managed through the Access to Funding team. The TRP will continue its engagement with Secretariat Country Teams in 2014 in order to receive valuable input into its review processes, and efforts to enhance the effectiveness of this engagement will also be pursued.

32. The TRP also appreciated receiving more information on the work and decisions of the Secretariat's Grant Approval Committee (GAC) as well as the grant making processes that follow TRP review. The TRP notes the progress as regards defining working arrangements for appropriate and efficient TRP-GAC engagement. As the TRP continues to review various forms of requests coming through, new issues emerge and are discussed with the GAC. It is expected that with full roll-out of the New Funding Model there will have to be continued flexibility in identifying and addressing issues in the TRP-GAC continuum. Moving forward, the TRP would appreciate continued dialogue with the GAC and is committed to further improve the TRP-GAC review processes (for e.g. clear processes to facilitate the TRP 'check-in' where this is requested by the TRP or in case of material reprogramming and for concept notes which are not deemed ready to advance to the grant making stage by the TRP (i.e. require re-submission)).

Looking forward to 2014

33. The learnings from 2013 have been critical for informing how the TRP will operate under the new funding model. However, due to the very limited amount of early applicants coming through the full process and the limited number of interim applicants, 2014 will continue to be an important learning year for the Global Fund and the TRP.

34. The TRP has agreed to have four review meetings in 2014 to accommodate the request for more frequent funding windows during the first year of the full roll-out¹⁴. A first review meeting in June is envisaged to serve also as a TRP retreat to discuss internal TRP matters, on-board new TRP members expected to serve in 2014, hold TRP leadership elections, and

¹⁴ For application windows 2014-2016, please refer to <http://www.theglobalfund.org/en/fundingmodel/single/dates>

introduce all TRP members (existing and new TRP members) to the various aspects of the new funding model, thereby setting the stage for consistency across review meetings during the year.

35. Managing workload and expectations is anticipated to be the biggest challenge for the TRP in 2014. The TRP also believes that having clear communication and guidance on different elements of the new funding model, including issues around allocation, incentive funding, unfunded quality demand is critically important.

36. As the new funding model is rolled out in 2014, the TRP will continue to document the lessons learned and further refine the review process as well as its engagement with the Secretariat, applicants and external stakeholders. As of 2014 the TRP will also establish a more formal annual assessment of the TRP's effectiveness in fulfilling its terms of reference.

List of TRP members who served in 2013 (by area of expertise)

TRP Leadership

1. Shawn Baker, USA, TRP Chair
2. George Gotsadze, Georgia, TRP Vice-Chair
3. Lucie Blok, Netherlands, TRP Vice-Chair

HIV/AIDS experts

1. Anupong Chitwarakorn, Thailand
2. Cristina Pimenta Oliveira, Brazil
3. Jabulani Nyenwa, Zimbabwe
4. Gina Dallabetta, USA/Italy
5. Lilian de Mello Lauria, Brazil
6. Michel Etchepare, France
7. Nomathemba Mazaleni, South Africa
8. Samson Radeny, Kenya
9. Stephen Mills, USA
10. Tim Brown, USA

Cross cutting experts

1. Andrew McKenzie, South Africa
2. Anne Austen, UK
3. Beatriz Ayala-Ostrom, UK/Mexico
4. Bola Oyeledun, Nigeria
5. Claudia Surjadjaja, Indonesia
6. Daniel Tarantola, France
7. Jose Cardona, Spain
8. Katya Burns, USA/Canada
9. Peter Barron, South Africa
10. Ondina Leal, Brazil
11. Mari Nagai, Japan
12. Marie Sardie, Australia
13. Stephanie Simmonds, UK
14. Tore Rose, Norway

Malaria experts

1. Ahmed Awad Adeel Abdel-Hameed, Sudan
2. Blaise Genton, Switzerland
3. Martin Alilio, Tanzania
4. Patricia Graves, UK/Australia
5. Richard Reithinger, Germany

Tuberculosis experts

1. Abdul Hamid Salim, Bangladesh
2. Christy Hanson, USA
3. Ichiro Itoda, Japan
4. Marina Tadolini, Italy
5. Marijke Bleumink, Netherlands