

TRP

REPORT OF THE TECHNICAL REVIEW PANEL ON THE CONCEPT NOTES
SUBMITTED IN THE THIRD AND FOURTH WINDOWS OF THE FUNDING MODEL



Purpose:

This report summarizes the observations, lessons learned and recommendations from the Technical Review Panel's assessment of applications for funding submitted to the Global Fund in the third and fourth review windows of the fully implemented funding model in 2014.

INTRODUCTION

The Technical Review Panel (TRP) met on 28 September-4 October and 15-22 November 2014 to review the concept notes submitted to the Global Fund in the third and fourth review windows of the funding model.

The TRP reviewed the concept notes for strategic focus and technical soundness to ensure that the resources are positioned to achieve maximum impact against HIV, TB and malaria and to support health systems strengthening. The TRP reviewed:

- Program elements to be funded within the country allocation
- Program elements to be funded from an incentive pool
- Program elements to be funded if additional money is available, the latter two forming the above allocation amount

The TRP ultimately made funding recommendations on the concept notes, including recommendations on incentive funding and unfunded quality demand.

The window 3 review consisted of 48 TRP members reviewing 39 applications. Vice-Chair Dr Lucie Blok chaired the meeting and Dr George Gotsadze served as Vice-Chair. The meeting concluded with the election of Dr Blok as Chair and Dr Evelyn Ansah as Vice-Chair.

Dr Blok and Dr Ansah assumed their roles at the beginning of the window 4 meeting, with outgoing Chair Shawn K. Baker present for a handover ceremony. Forty-seven members attended and reviewed 50 concept notes during the window 4 meeting. Dr Gotsadze and Dr Ansah served as Vice-Chairs.

This report provides observations, lessons learned and recommendations drawn from the applications reviewed. The report does not provide the TRP funding recommendations for each concept note, which have been provided to the Grant Approvals Committee and will be shared as each grant is recommended to the Global Fund Board for funding.

This report is structured as follows:

Part 1: Observations, lessons learned and recommendations

Part 2: Review process

Annexes

PART 1: OBSERVATIONS, LESSONS LEARNED AND RECOMMENDATIONS

During its window 3 and 4 reviews, the TRP identified key areas of improvement for applicants, partners, the Global Fund and others.

This section elaborates on these and other lessons organized in the following categories:

- General recommendations
- Technical and disease-specific recommendations
- Observations and recommendations for the Global Fund Secretariat and Board

GENERAL RECOMMENDATIONS

The TRP pinpointed emerging key lessons for applicants, partners, the Global Fund Secretariat and the Global Fund Board. By considering these recommendations, tailored to their individual context, all parties can help applicants put forth quality, potentially successful applications and ensure the use of Global Fund resources to maximize equitable impact.

The lessons presented here emerged from the applications reviewed in windows 3 and 4, and the situation for any particular country will warrant an approach tailored to the specific context. The TRP also drew on observations and lessons from windows 1 and 2 that were reinforced in the subsequent windows.

TRP reflections on the funding model

The TRP notes that the funding model of the Global Fund, as it has evolved, is a great improvement over the rounds-based system. The TRP also notes many of the concerns raised by the TRP during its review of proposals up to and including during round 10 are addressed under the funding model.

The current model not only supports all eligible countries to be successful in accessing Global Fund support, it assists in achieving a clear focus and prioritization of interventions that maximize impact. The TRP therefore wishes to point out that observations shared in this report are to be understood in light of a desire to contribute to further strengthening the operationalization of the funding model.

1. Ensure sustainability of scale-up plans

The TRP welcomes ambitious plans to scale up evidence-based, effective interventions. However, in windows 3 and 4, the TRP noted examples across all three disease components of proposed program scale-up without due consideration to the feasibility of the proposed scale-up in a given country context and the sustainability of the interventions in the future. In parallel, the TRP noted that these scale-up plans sometimes risk other equally critical program elements being deprioritized. Concerns on scale-up are multidimensional:

Financial sustainability

The TRP observed a growing dependence on the Global Fund to finance and maintain scale-up of HIV treatment, MDR-TB treatment and distribution of long-lasting insecticidal nets for prevention of malaria. Ambitious requests were made even when past grant performance was poor. Furthermore, many applicants appeared to do little proactive planning on how to support and sustain scale-up beyond current donor funding. The TRP is extremely concerned that unless there is a stronger emphasis on financial sustainability, some applicants are approaching the point at which programs will begin to collapse or major components disappear. If ongoing and expanding costs of scale-up are not sustained, the TRP sees a high risk of loss of access to treatment for people in countries scaling up, increase in disease morbidity and mortality, and potential development of drug resistance, especially for HIV. There is also a need to monitor the quality of care provided in such countries.

Feasibility

Suggested scale-up plans have often not fully accounted for the operational feasibility of delivering services on an increased scale. This is especially the case for most-at-risk populations (e.g. sex workers, men who have sex with men, people who inject drugs, young females, prisoners, children, migrants, mine workers, etc.), where major barriers to implementing effective programs remain, and preventive, curative or care delivery infrastructure remains weak. Concept notes often fail to analyze failures to achieve high coverage and effectiveness in the past as a foundation for developing more effective approaches before scaling up. This is especially of concern when past implementation strategies did not manage to provide quality services for these groups or achieve adequate coverage for impact. Consequently, high-risk groups are sometimes deprioritized in favor of scaling up programs for populations with potentially far less impact on the epidemic.

System capacity

Suggested scale-ups often fail to account for existing challenges in the health systems of the country, which could potentially constrain the ability to scale-up rapidly. These include constraints on human resources for health, procurement and supply chain management, health management information systems, etc. In many cases, interventions to address these weaknesses are not provided as part of scale-up plans, even when it is obvious that scale-up cannot be successful without addressing these most critical health system bottlenecks in a holistic and coordinated manner.

Comprehensiveness

Scale-up plans often focus on only one or two aspects of scale-up, e.g. scaling up MDR-TB treatment or ART services. The applicants, however, fail to clearly conceptualize and operationalize the entire continuum of care needed to ensure access to these services, including detection, referral, enrollment in care, retention and adherence in a comprehensive manner. In order to ensure better health outcomes it is critical that scale-up plans comprehensively address the full continuum of care, addressing the major weaknesses in the prevention, diagnosis, treatment and care cascade.

In several cases, the TRP observed other equally critical programs being deprioritized in order to fund the proposed scale-up. The TRP is very concerned that crucial programs will be discontinued, patient care may suffer, inequities could be further reinforced and key populations may remain unreached if scale-up is undertaken without sufficient consideration of the longer-term implications. Specific risks and examples are elaborated later in this report by disease component.

Recommendations

The TRP recommends that applicants, technical partners, the Secretariat and the Board consider the following suggestions, in order to foster sustainable scale-ups.

The TRP recommends that applicants:

- Ensure that interventions that focus on key populations and prevention are included in plans for scale-up and that lessons learned from existing programs and current interventions are used to develop more effective approaches. Scale-up should not lead to equally critical program elements being deprioritized (e.g. budget allocations for primary prevention in HIV or TB programs cut to support ART or MDR-TB), with key populations remaining unreached.
- Comprehensively analyze ongoing costs of scale-up for a longer period and identify ways to sustain them financially before embarking on large scale-ups.
- Demonstrate a clear sustainability plan when requesting funding for scale-up. This should describe how the applicant will:
 - Secure ongoing funding, with a realistic projection of future national health investments, accounting for other potential resources, e.g. individual and private sector health expenditures.
 - Develop appropriate health and community systems support and capacity to reach important populations and sustain prevention and care (assure programmatic sustainability).
 - Undertake a careful financial and capacity analysis to more accurately assess viable rates and levels of scale-up in both the short term and long term. Active engagement of government stakeholders in this process has to be assured to encourage them to commit to the resources needed for building a sustainable program. This analysis should inform the rates of program scale-up included in the concept note.
- Identify efficiencies to further maximize funding and support the highest-impact investments.
- Ensure coordination and collaboration among different components funded by Global Fund, to maximize the impact of the investment.

The TRP recommends that partners:

- Assist applicants to develop a realistic understanding of costs and benefits of scale-up, with enhanced thinking about “sustainability assessment” that considers realistic/limited financial resources and the capacity constraints for sustainably delivering quality services.
- Work with countries to better understand past failures and successes and build on lessons learned to develop stronger and more effective programs before taking them to scale.
- Provide operational guidance for scale-up, which assures that the needs of the epidemiological priority groups are adequately met and sustained, before embarking on universal scale-up approaches.
- Provide more technical cooperation to identify and mobilize other sources of funding. Also set funding priorities, while locating and removing inefficiencies in order to maximize the benefits of current sources of funding.
- Reinforce technical and normative guidance as outlined in key international recommendations for each of the three diseases.

The TRP recommends that the Secretariat:

- Carefully monitor the quality of care in programs being scaled up.
- Support more comprehensive analysis of unit and program costs to identify and remove inefficiencies.
- Encourage applicants to analyze and consider the long-term impact of scale-up during country dialogue and subsequently include the analyses in their concept notes.
- Advocate for and encourage stronger domestic contributions in situations where the country may be at risk of unsustainable scale-up.

The TRP recommends that the Board:

- Move health financing to the center of the agenda, with more emphasis on developing sustainable financing systems. Specifically, consider strengthening the counterpart financing policy by:
 - Requiring submission of long-term sustainability plans with measurable indicators
 - Requiring financial commitments from national budgets for interventions for key populations;
 - More strongly encouraging annual domestic funding increases in countries embarking on ambitious scale-up
 - Including a new “co-financing/matching funds” requirement for any scale up of activities that results in major “continuity of services” obligations for the Global Fund
- Consider incorporating sustainability requirements for programs into the next allocation model.

2. Address gaps in continuum of prevention, diagnosis, treatment and care

The TRP applauded those concept notes in windows 3 and 4 that reflected analysis of the continuum of care – from prevention and case identification to patient enrollment and retention in treatment and care. The TRP, however, noted that these concept notes were the exception while most applicants did not include a concrete description of program interventions particularly for HIV and TB that take into consideration patient flows along the continuum of care in a comprehensive way.

The TRP noted an inadequate focus in concept notes on quality of care and patient retention within the diagnosis, treatment and care cascade at and across all levels of health care systems.

The following examples reflect the kind of gaps in quality and the continuum of care that the TRP observed in a number of concept notes:

- In HIV programs it was not clear how HIV cases detected among key populations (e.g. sex workers, people who inject drugs or men who have sex with men) are enrolled in treatment and how continuous support is provided to assure retention on ART.
- In TB programs, investment requests for expansion of TB case finding did not include clear strategies that ensure all cases detected are placed on treatment with appropriate adherence support to ensure high treatment success rates.
- In TB/HIV programs, HIV treatment for co-infected patients was only guaranteed for the duration of the TB treatment without clear guidance on how treatment would be sustained after TB treatment was completed, demonstrating inadequate integration and linkages in service delivery.
- In malaria programs, pregnant women initiated on intermittent preventive treatment for malaria do not necessarily complete the subsequent doses resulting in a progressive decrease in coverage as the doses increase.

The TRP draws the attention of applicants to the fact that patient monitoring along the diagnosis, treatment and care continuum is just as important as the completion of each step in the treatment cascade. Monitoring and evaluation frameworks should therefore incorporate indicators for tracking the continuum of care for patients. Furthermore, the TRP encourages applicants to take a more holistic view of the health system recognizing that various parts contribute differently to the treatment and care continuum. Applicants should also recognize the important contributions of community systems and incorporate interventions to strengthen and integrate them in programs to improve treatment outcomes.

The TRP recommends that applicants:

- Submit concept notes that show the flow of TB, HIV patients and pregnant women on intermittent preventive treatment through each step of the continuum of care and design their programs in such a way as to minimize losses at each stage and for each level of the health care system (including at the community, primary health care and hospital levels).
- Take a more holistic view of the health system to identify and address the health system bottlenecks impeding delivery of services across prevention, diagnosis, treatment and care continuum.
- Design monitoring and evaluation frameworks and enhance health management information systems that include indicators to help programs track progress along each stage of the continuum of care.
- Integrate community systems as a way to strengthen continuum of care and ensure better treatment outcomes. Concept notes with community systems strengthening (CSS) components must show both how communities will be involved and how their involvement will be adequately supported and lead to improved outcomes.
- When investments in health and/or community systems strengthening are proposed, applicants should show how these contribute to ensuring continuum of care and achieving the overall disease outcome objectives.

The TRP recommends that partners:

- Help applicants design monitoring and evaluation systems and enhance health management information systems that measure the flow of patients across the continuum of care.
- Support programming that strengthen and take advantage of community systems to ensure a sustainable continuum of care.

3. Refocus efforts on community systems strengthening

The TRP recognizes CSS as critical to improving health outcomes across all disease components and HSS. Community networks and key population networks are uniquely situated to lead by accurately identifying needs and reacting to them quickly, engaging with affected groups, and interacting with communities to sustain programs in the long term. Their contributions toward leading the fight against AIDS, TB and malaria and toward saving lives cannot be understated. Strong community systems are needed to advocate for the specific needs of communities and different population groups, as well as to engage in the design, management, implementation and monitoring of effective and strategic programs.

The TRP noted some positive and promising examples of CSS programming that could be emulated by future applicants:

- Some HIV concept notes included strategic investments in community-based organizations to support them to advocate for their own needs.
- Some concept notes indicated a strong effort to decentralize TB services and involve community health workers or community-based organizations to increase case notification and treatment support.
- Some TB concept notes included former TB patients as peer educators.
- Some concept notes indicated a strong effort to decentralize TB services and involve community health workers, including peers, to increase case notification and treatment support.
- One concept note showed a positive and particularly strong community health strategy of training and increasing the number of community health workers including peers. The plan included a stipend for community health workers co-financed by the government and more accessible supplies throughout the country.
- Some concept notes planned to increase community uptake of intermittent preventive malaria treatment in pregnancy by partnering with community mobilizers and providing job aids for their information, education and communication/behavior change communication activities in the communities.

Despite the strong focus on CSS in some concept notes, the TRP was concerned about the lack of CSS interventions in the majority of the concept notes from windows 3 and 4. Many did not include CSS at all. Other concept notes referenced CSS but without an appropriate budget or lacked a strong community-based monitoring system and thus an evidence base for the scale up of innovative CSS approaches as well as efforts to measure impact and effectiveness of interventions. The TRP was also concerned to see CSS deprioritized and placed in the above allocation request in many concept notes.

The TRP also noted missed opportunities for strengthening CSS especially where efforts can be maximized to provide an integrated approach to service delivery rather than focus on vertical interventions. For example, the TRP found volunteer community health care workers working in HIV but not in other diseases.

The TRP has the following recommendations for applicants:

- Communities and community organizations must be engaged in the country dialogue, program design, concept note development, grant-making and beyond. At all stages, strong efforts should be made to involve communities and groups, including:
 - Networks of key populations: Rather than referring to key populations only in terms of being a subject, key populations and their networks should be active participants in the development of the concept notes as well as the design and implementation of interventions.
 - Community health providers: Often community health providers (often paid or unpaid volunteers) contribute substantially to health systems in the country. The TRP encourages applicants to ensure that community health providers from community-based organizations have appropriate support. They can also be leveraged to provide services across multiple diseases, maximizing their unique engagement with households and local community groups.
 - Community-based and civil society organizations: Concept notes should provide sufficient funding and support to build the capacity of community-based and civil society organizations sustainably, both in terms of technical and organizational needs. Applicants should also work with governments to ensure laws and policies allow such organizations to operate effectively and to seek and receive government funding.
- Operational details on how programs would actually engage communities should be described in the concept note.
- Effective integration of community services is encouraged, where appropriate, while recognizing the need to engage key populations to tailor services to their specific needs.
- Applicants should provide evidence of the effectiveness and impact of past CSS interventions. If evidence does not exist, applicants should request resources to document the lessons and scale up evidence-based CSS interventions. This should be clearly stated in the proposal.
- Applicants should demonstrate the coordination between formal health care systems and community systems, helping ensure community systems expansion plans are sustainable.
- The TRP encourages applicants to consider adopting existing guidelines to bolster CSS (e.g. the World Health Organization's ENGAGE-TB Approach).

The TRP recommends that partners continue support to applicants in the following ways:

- Partners should continue to streamline and build their guidance on CSS to incorporate updated evidence as it becomes available.
- Partners are often closely involved in the development of concept notes and subsequent programs. They should therefore encourage applicants to involve, for example, community-based and civil society organizations at each stage.
- Partners should offer to coordinate technical support for capacity building of community-based and civil society organizations.

What the TRP looks for in a concept note

The essential document through which an applicant makes a funding request is the concept note. To provide guidance to those preparing concept notes, the TRP offers a new guidance document. It outlines what the TRP looks for in each of the four sections of the concept note. The information in the concept note should form a self-contained narrative that tells the complete story of how the applicant will make use of Global Fund investments to achieve the highest impact possible. “What the Technical Review Panel looks for in a Concept Note” is provided in Annex 1 of this report.

4. Other lessons

The TRP identified other lessons in windows 3 and 4 that are primarily for applicants, but also relevant to partners, the Global Fund and others. The TRP elaborated a number of these lessons during and after the first two windows.¹ They have remained relevant and are reinforced by the larger sample size of concept notes reviewed to date.

A. Match appropriate interventions and activities to situational analysis, demonstrating learnings from previous grants

The TRP applauds a notable improvement from windows 1 to 4 of situational analysis and programmatic gap analysis in concept notes, as well as a better discussion of geographic variations of epidemiology and program access.

However, stronger situational analysis has not always translated into program interventions and budgets. Here are examples of shortcomings by component:

- **HIV:** Key populations and programmatic challenges are identified in many concept notes, but the concept notes lack corresponding interventions to address the programmatic challenges.
- **Malaria:** Sub-national epidemiological variations are described but not always linked to stratified program interventions.
- **TB:** Low case detection levels are acknowledged in some concept notes, but adapted strategies for increasing case detection are not always proposed.
- **TB/HIV:** Even when collaboration between TB and HIV programs is noted, a comprehensive response to TB/HIV that ensures the availability of full services for clients whether entering through TB or HIV platforms is not articulated. For example, in settings where ARV is started at the TB clinic, the description of continuum of care and strategies to retain the co-infected patients on ARV after the end of anti-TB treatment is often lacking.
- **Health systems strengthening:** Weak data systems are identified but not accompanied by adequate requests for health management information system funding or explanations of how weaknesses will be addressed by other donors or with government funding.

¹ See the [Report of the Technical Review Panel on the Concept Notes Submitted in the First and Second Windows of the New Funding Model](#).

Priority populations are well recognized, but adequate interventions are lacking

In one country, the largest and most problematic group at high risk of malaria consists of international migrants. The majority of these workers is employed by large private companies, live in unauthorized housing developments and work as seasonal agricultural laborers. The remainder of the workers seek jobs as informal forest workers. Since many of these migrants are unregistered, they avoid contact with authorities and are not covered by health care.

Vector control was a main strategy adopted in this applicant's concept note, based on long-lasting insecticidal net distribution through mass distribution and antenatal care. While this intervention would cover the static population, the concept note acknowledged that bed net distribution to the mobile populations is complicated by the fact that these men are either on the move or are living in remote locations. The concept note did propose a number of bed net distribution schemes based on a community system for worker registration, but no details were given on these schemes.

In the absence of details about the distribution channels that should focus on these priority groups, the TRP was not able to assess the effectiveness of this intervention and therefore recommended more clarification through an iteration. Applicants should be sure to include details of proposed country-specific interventions.

The TRP recommends the narrative in the concept note makes the link between the programmatic gaps, priorities and proposed activities. The modular template should support the narrative with budgetary details.

When applicants are unsure which activity is best suited to address issues identified, the TRP encourages the inclusion of pilot programs and operational research to test and develop effective interventions. By analyzing past programs, applicants should build on the most effective approaches while removing ineffective components. Demonstrating learnings from previous grants and adequately applying it to the interventions proposed makes a compelling concept note.

B. Plan for the transition from Global Fund support

In many countries anticipating an eventual transition or that are currently transitioning from Global Fund support, the TRP noted a lack of description of an exit plan in the concept notes. The TRP encourages applicants to demonstrate adequate planning for the transition – not only looking at financial aspects but also at programmatic and technical cooperation aspects.

There is particular concern around interventions in some countries that are aimed at key populations. The TRP noted these interventions (primarily preventive and support) are delivered by community and nongovernmental organizations and still being funded out of Global Fund grants. The TRP found their concept notes lacked details on:

- How these interventions will be supported after transition from Global Fund support
- If government systems are prepared to deliver budget financing to nongovernmental organizations in order to sustain coverage with services
- How multistakeholder engagement facilitated by the Global Fund through the Country Coordinating Mechanism could be sustained
- How adequate monitoring of service delivery (preventive, curative and care) for key populations will be assured
- How essential commodities supplied by the Global Fund at a comparatively low prices will be sustained by the government

Applicants should encourage increased government investment in key population programs and activities sooner rather than later, and applicants likely to transition from Global Fund funding in the near future should plan for this process to be complete before the transition occurs. Preparations for transition should start much earlier before the country reaches the graduation phase and Global Fund policies should mandate such transitions to take place.

Furthermore, applicants should promote active government collaboration and co-implementation with community-based organizations and nongovernmental organizations. These should be joint activities – not just the contracting of civil society organizations.

Refer to section of this report on observations and recommendations for the Secretariat and Board for further guidance on this topic.

C. Separate the allocation request from the above allocation request, prioritizing within each one

The TRP recognizes an overall improvement in prioritization within concept notes from window 1 to window 4. The TRP reiterates it is appropriate to put interventions beyond the minimum level, such as expanding geographic coverage or scaling up services/interventions, in the above allocation request. The above allocation request should include a prioritization of modules/interventions, corresponding budgets and expected impact. Funding program elements placed and prioritized in above allocation request may be possible through the competitive incentive funding process, if the country is eligible, or through the Register of Unfunded Quality Demand.

Despite the improvements in prioritizing, applicants are expected to more clearly prioritize within the allocation and above allocation requests and to provide justification for each decision. Essential interventions should be placed within the allocation request. Including such interventions in the above allocation request does not make the case more compelling when incentive funding recommendations are considered by the TRP. If essential interventions are placed in the above allocation request it may appear that the concept note has not been well prioritized or strategically focused, and the TRP may ask for an iteration.

Refer to section of this report on observations and recommendations for the Secretariat and Board for further guidance on this topic.

TECHNICAL AND DISEASE-SPECIFIC RECOMMENDATIONS

Lessons relating to technical topics also emerged from the review.

1. Human rights and gender

The TRP also made human rights- and gender-related observations and recommendations during its window 3 and 4 reviews. See the section on community systems strengthening in this report for more on community-related matters.

Human rights and key populations

The TRP is concerned that many concept notes lack meaningful and effective interventions to address human rights barriers. Some concept notes lack prevention and advocacy activities focused on key population, despite evidence of concentrated epidemics among key populations. Others fail to present epidemiological data for key populations. Identification and analysis of key populations tended to be weaker in TB concept notes than in HIV concept notes. In a number of concept notes, the TRP noted that human rights issues were articulated in the background section, but that applicants did not follow through with activities designed to address the specific issues raised. Targets and budgets for interventions presented in concept notes were rarely broken down by key population, sex and age groups, which limited the TRP's ability to assess focus of proposals. For example, ART access and treatment success targets are aggregated so that it is not possible to tell whether key populations – such as people who inject drugs, men who have sex with men, and sex workers – have equitable access to treatment. The TRP recommends that applicants include such disaggregated indicators under ART modules and the Secretariat monitors them closely. In the absence of this option, the TRP recommends applicants include this information under the “comments and assumptions” portion of the modular template.

The lack of specific activities for key populations in some concept notes suggested to the TRP that, in some cases, human rights issues were not adequately discussed in the process of concept note development and that key populations were not adequately represented in Country Coordinating Mechanisms.

The TRP encourages applicants to recognize key population leadership as crucial in the design and implementation of interventions and key population engagement as critical in concept note development. Applicants should additionally identify all key populations based on a thorough analysis of epidemiological data and clearly explain how the proposed interventions will focus on these key populations or will be covered by resources outside of the proposed grant.

Barriers to implementing prevention programs for key populations need to be systematically analyzed and addressed

One concept note emphasized the goal of attaining good coverage of prevention services among sex workers, men who have sex with men, and truck drivers. However, the programs that had already been implemented for several years among men who have sex with men were experiencing extreme challenges in achieving adequate coverage and results. These included a very low coverage of condoms distributed, low HIV testing rates in the previous year, and only half of intended men who have sex with men using condoms. Similar issues were described for sex workers (with low condom use) and truck drivers (with minimal uptake of HIV testing and counseling, and with challenges in reaching them).

The concept note provided neither an analysis of the factors driving the limited success of these programs nor a description of plans to address the implementation barriers experienced by past interventions. This raised questions from the TRP around the potential impact of the proposed programs, unless implementation was to substantially improve using new modalities and/or approaches for service delivery. These kinds of modified or new approaches to focusing on established key populations need to be elaborated.

The TRP recommends that applicants clearly articulate human rights issues in their concept notes, and that activities and interventions that specifically address human rights barriers to service access should be proposed and their effectiveness be closely monitored.

The TRP requests both partners and the Secretariat renew efforts to ensure key population engagement in decision-making during country dialogue and concept note development processes.

Monitoring progress in addressing key population needs

The TRP recommends that applicants identify methods that allow monitoring interventions that address both general population and key population with regard to their effectiveness in reaching different key populations and the quality and appropriateness of the approach taken. For example, targets, such as treatment success, should be disaggregated by key populations across the three diseases. The TRP recommends that applicants include this information.

Gender

The TRP identified a number of concept notes that proposed concrete gender-specific interventions. As in the case of key populations, however, the TRP also noted that some concept notes limit discussion of gender issues to the background section, and corresponding concrete gender-specific interventions are not listed among proposed activities or in the modular template. Programming for young women and girls remains underdeveloped in countries where they are disproportionately affected by disease. In concept notes that discuss key populations, limited attention was paid to the female sexual partners of men who have sex with men, or to sexual partners of people who inject drugs. The TRP also noted that more substantive efforts are needed to address gender-based violence.

Concept notes also often lack sex-disaggregated data. The TRP also noted a general lack of gender-sensitive and gender-specific indicators and data, as well as a lack of budgeting for gender-related interventions. Concept notes should also provide data on gender-based violence, and interventions to combat it need to be stated in all appropriate parts of the concept note, and appropriately budgeted.

Additionally, applicants often seem to offer generic solutions to address gender-related issues. The issue appears to be less related to political will but rather a lack of understanding of effective interventions. Interventions to change social norms were missing, with applicants focusing on biomedical interventions without placing enough importance on social and human rights interventions.

When gender-specific needs are identified, corresponding activities should be proposed

In one concept note, gender disaggregation was well presented in the situation analysis, and it indicated a substantial male-female disparity in disease prevalence – especially among young women. The interventions described in the concept note and modular template, however, primarily involved meetings through women's associations and did not include specific activities to address the needs of young women nor budget for such activities.

The TRP asks technical and civil society partners with expertise in gender issues to engage with Country Coordinating Mechanisms during country dialogue to identify appropriate interventions and ensure they are included. The TRP encourages partners to assist countries bringing known effective interventions to scale and where evidence is still lacking to develop pilots as needed.

The TRP recommends that data be disaggregated by sex and age. This includes providing disaggregated data in the background section, disaggregating targets by sex, and reporting sex-disaggregated data to the Global Fund as a part of the normal course of grant management. Applicants should propose gender-specific interventions with respective budgets aimed at empowering and creating equal access and demand for vulnerable women, girls, men and boys. Applicants need to address not only women and girls but should also explore gender-specific

vulnerabilities of men and boys and should suggest gender-focused interventions, which can assure that gender-related gaps are eliminated/reduced and appropriately monitored.

The TRP recommends partners and the Secretariat provide guidance to applicants on how to operationalize gender-focused interventions throughout concept notes. The Secretariat should also consider a new requirement for countries with a low ranking on the Gender Inequality Index of the Human Development Report 2014² to address the identified gender issues with concrete activities.

2. HIV

The TRP reviewed 19 HIV-specific concept notes in windows 3 and 4, creating an adequate sample from which to form lessons and observations for future applicants and to reinforce lessons from previous windows. Of the eight concept notes reviewed in window 3, none were iterations resubmitted from past windows. Of the 11 reviewed in window 4, two were iterations. The TRP also drew HIV-related lessons from the TB/HIV concept notes reviewed.

Sustainability of ART

In window 4, for the first time, the TRP saw an applicant for which the demands of ART scale-up will exceed available resources within the next year. Given the rapid rate at which ART has been scaled up in Sub-Saharan Africa, this situation will soon affect more applicants. The TRP noted national plans for ART scale-up have been prepared without sufficient consideration of the fiscal constraints faced. This may soon result in a situation in which not only is ART scale-up unsustainable given available domestic resources, Global Fund allocations and other donor resources, but other programs including essential HIV prevention activities and TB care and treatment will suffer. The TRP did see examples in window 4 in which these activities were being crowded out. Furthermore, there is a growing dependence on donors for ART support with limited national resource mobilization to support ART scale-up in many countries. Countries must further increase their contributions if they expect to sustain their currently anticipated rates of ART scale-up.

This situation may soon put countries in an ART triage that might produce several negative consequences:

- Some people will no longer be able to receive ART services. There may be repeats of a situation observed in one country in which people were being given suboptimal doses of ART because of the limited supply. This will only decrease retention and adherence while increasing resistance.
- The larger number of individuals at higher CD4 counts on ART may result in some of those with the greatest needs, i.e. those with CD4s well below 200 being unable to receive urgently needed treatment.
- Finally, the crowding out of critical HIV prevention programs, especially among epidemiologically important key populations, will result in a continued influx of new infections, making ART even more unsustainable in the long term.

² Refer to the United Nations Development Programme's ["Gender Inequality Index" and Human Development Report 2014](#).

In order to address this, the TRP feels strongly that in developing their concept notes, Country Coordinating Mechanisms, with support from technical partners, must prepare projections of the financial implications of ART scale-up over the next five to 10 years. Taking into account realistic estimates of available financial resources, and health systems and human resources constraints, they should balance proposed scale-up plans so as to ensure sustainability and access for those with the greatest need. This planning should also take into account that women being put on Option B+ will require lifelong ART as well. This is an essential factor in ensuring that they will be alive to care for their children.

The TRP recommends technical partners support applicants in incorporating financial constraints into their prevention and care planning to produce programs that will have long-term sustainability. Finally, the TRP requests applicants requesting ART scale-up provide a solid sustainability plan.

ART scale-up without due consideration of the country context

In a concept note submitted in window 4, the applicant stated it had adopted the World Health Organization 2013 ART guidelines – a move that was expected to result in a significant surge in treatment caseload. However, despite the concept note describing myriad serious challenges in the health system, little information was provided on how these weaknesses would be addressed so as to strengthen the country's health system to support the expected significant increase in treatment coverage.

A comprehensive situation analysis of the current state of ART services was also not provided, including descriptions of current capacity to deliver ART services, retention in treatment and adherence rates, and CD4 at ART initiation. Furthermore, there was no discussion of the critical prioritization decisions that must be made in considering a shift to a higher CD4 threshold, such as prioritizing TB/HIV co-infected patients, discordant couples, pregnant women and children.

The absence of this crucial information made it difficult for the TRP to assess the effectiveness and quality of the current ART service delivery and the likelihood of success in rapidly scaling up ART further, requiring iteration. These considerations and details need to be made clear in such concept notes, especially when ART constitutes a major portion of or even the majority of the funding request.

What the TRP expects to see when HIV scale-up is proposed

In HIV concept notes proposing ART scale-up, the TRP expects to see:

- ***A careful situation analysis of the current ART system that:***

- Explains what has been achieved, who is currently being served, current levels of retention and adherence (even if based on a rapid assessment or review of records in major health care settings), and the geographic extent of ART availability. It would be important to note how key affected population access ART and how their ART coverage rate compares to that in the general population.
- Describes existing problems and major challenges in delivering quality ART services, including procurement issues, access and equity issues, human resource and health care system constraints, capacity for service delivery, barriers to care (including poor access to treatment centers, impacts of stigma and discrimination, cost) and any other problems faced.

- ***A plan for program expansion building on the situation analysis:***

The activities, as described in the concept note, should be supplemented by a description of how the barriers and challenges described in the situation analysis will be addressed. There should also be a description of how past experience and successes or failures inform proposed approaches for scale up. The plan should set realistic targets based on the ability to scale capacity to deliver services, including capacity building where needed. It should address issues of patient support, retention and adherence.

It should also have a clear prioritization scheme based on the recommendations in the World Health Organization 2013 guidelines, of how to prioritize access for key populations, TB/HIV patients, children, discordant couples, etc. Sustainability should be a central part of the expansion discussion, both in terms of financial sustainability of the level of scale-up proposed and of building sustainable capacity to deliver quality services as the scale increases.

Primary prevention in generalized settings

The TRP noted that primary prevention programs are weakening in generalized settings. There is an increasing emphasis on biological interventions at the cost of behavioral ones, including an apparent assumption that treatment as prevention eliminates the need for strong prevention efforts. However, if ART scale-up rates decline, as fiscal constraints may soon dictate, many of these benefits will not be realized. Consequently, the TRP is greatly concerned that condom use remains low or is even declining in a number of countries. This results from limited promotion of condom use through behavioral interventions; ongoing issues with procurement and supply chain management resulting in repeated stock-outs; and the general trend to deemphasize prevention.

Furthermore, countries infrequently use the locally-measured effectiveness of prevention programs in concept notes to justify the composition of their proposed prevention packages. This

occurs even when there have been long running Global Fund investments or when the concept note mentions prevention programs currently funded by other donors that have been in place for some time.

The TRP requests Country Coordinating Mechanisms analyze and include this data in their concept notes to justify the inclusion of specific activities in their allocation request, to estimate the expected impacts of those proposed activities, and to highlight the gains to be made from activities included in their above allocation requests.

The TRP is also concerned about maintaining an appropriate prevention and treatment balance in the light of the fiscal constraints faced. If rapid ART scale-up is over prioritized, it will leave insufficient resources to sustain essential prevention programs. This will result in continued high levels of new infections and ultimately unsustainable national programs. Future analyses used to inform the preparation of concept notes during country dialogue should carefully consider how to maximize the prevention impacts of activities within their allocations, while ensuring ART access to those with the most urgent needs. The TRP feels strongly that primary prevention must be re-energized and it must be based on proven locally-effective prevention efforts.

Size estimates for key populations

The TRP noted that size estimates for key populations remain a critical gap in many countries. The lack of size estimates or unrealistic size estimates are affecting calculations of the contribution of key populations in modes of transmission analyses. This in turn affects the choice of the appropriate prevention package mix for the observed country situation. This lack of data is sometimes used as a reason to deprioritize or not include activities for key populations. To address this, the TRP requests that applicants carefully review all data on key populations, including size estimates, relative prevalence levels compared to the population as a whole, and other sources of information when determining the set of prevention efforts that will produce the greatest impact within their specified allocations.

The TRP is further concerned that it continues to see concept notes containing low-impact programs in concentrated epidemic settings, including for example, life skills training for low-risk youth. The TRP wishes to emphasize that low-impact programs should not be priorities in funding requests to the Global Fund even if they are a part of national strategic plans.

Innovations in prevention

The TRP is pleased to note that one applicant did highlight the effectiveness of its prevention efforts for some key populations had plateaued, and it proposed to shift to more innovative means of using social media to increase effectiveness.

However, the TRP noted that much of the prevention it sees is “business as usual” with little analysis of the weaknesses and failures of existing interventions, few efforts to use such learning to improve intervention effectiveness, and little piloting of innovative approaches. This continues despite a lack of proven interventions for some populations, including young women in generalized epidemic settings. The TRP wishes to reiterate its desire to see strong analyses of the strengths and weaknesses of existing interventions used to redirect prevention efforts for more impact. It further wishes to note that it welcomes innovative pilots whether funded through allocation or above allocation requests.

3. Tuberculosis

The TRP reviewed 18 TB concept notes³ in windows 3 and 4 (8 in the third window and 10 in the fourth), creating an adequate sample from which to form lessons and observations for future applicants and for Secretariat and Board and to reinforce lessons from previous windows. The TRP also drew TB-related lessons from the joint TB/HIV concept notes reviewed.

Increasing case notification

Reviewing concept notes through the first four windows, the TRP noted the growing focus on the need to increase case notifications. The effort to increase case notification is meant to fill current case detection gaps and to address higher than previously estimated burden of disease as observed in recent TB prevalence surveys.⁴ The TRP acknowledges with satisfaction that the additional data from the recent surveys had been incorporated in concept notes of respective countries, complementing the published World Health Organization data.

The TRP noted the efforts described in many concept notes to increase TB case detection, notably through the decentralization of TB services at the community level and the involvement of community health workers.

Beside increasing case finding, applicants are also encouraged to streamline the case notification process (case reporting) after case detection, as some of the “missed cases” could actually be cases identified and put on treatment but not notified to the national TB program.

In addition, case finding expansion plans should be paired with strategies to maintain/increase treatment success rate and patient support, to ensure quality of service and prevention of further MDR-TB development.

Geographical prioritization

The TRP noted good examples in concept notes of geographical prioritization, where applicants focused on high-burden and/or underserved regions or districts. The prioritization decision has been based on epidemiological situational analysis informed by routine surveillance activities and TB prevalence surveys (where results are available).

Operational details

The TRP had difficulties making recommendations on investments proposed in the modular template, because operational details of selected modules were not adequately presented in concept notes. This was even more challenging for the above allocation request. In general, details such as diagnostic algorithms, rationale for equipment placement decisions and specimens transport network were not provided alongside the introduction of new technologies, e.g. GeneXpert. The link between interventions and program objectives was not always clear with and the lack of justification for purchases and targets’ selection continuing to be a persistent problem.

³ One TB concept note was submitted in the third window and resubmitted for another iteration in the following window.

⁴ Refer to the World Health Organization’s [Global Tuberculosis Report 2014](#).

Although concept notes have proposed interventions to facilitate childhood TB diagnosis (e.g. GeneXpert use), the expected improvement in diagnostic capabilities often lacked a detailed description of the proposed interventions and connections with reproductive, maternal, newborn and child health remain largely unclear.

Although key populations were identified in most of the concept notes (e.g. children, TB contacts, prisoners, people living with HIV, and migrants) prioritization and differentiated intervention approaches focusing on the identified populations were not systematically described or planned.

MDR-TB expansion plans

While many concept notes addressed MDR-TB and requested funding to expand MDR-TB services, most did not provide clear plans for this expansion, such as linking the increased use of the Xpert MTB/RIF assay (GeneXpert) to entry into MDR-TB care. Many concept notes proposed to shift MDR-TB treatment from hospitals into the community, which is more cost efficient. In many situations, however, there was a weak narration of the community component in terms of preparedness of the system to accommodate the shift, patient and community support to ensure adherence to treatment, strategies to limit transmission of MDR-TB in the community and the development of further resistance. In addition, the modalities of the switch from hospital-based to outpatient/community-based treatment were often poorly described and not sufficient to assess the feasibility and appropriateness of the proposed approach.

Applicants continue to request funding to set up MDR-TB treatment projects using shorter regimen under operational research conditions as advised by the World Health Organization but often they don't provide sufficient details of the rationale/operational approach of their plans and do not take into consideration the advances that have already been made in this area by initiatives such the STREAM trial.

Some applicants have a significant burden of pre-XDR-TB and XDR-TB (with high rates of fluoroquinolone resistance in MDR-TB patients), yet the concept notes were silent on these forms of TB and the modalities to treat them. The TRP noted that there were no funding requests for new drugs such as bedaquiline to manage difficult to treat forms of MDR-TB. If new drugs are required, pharmacovigilance should also be planned.

The TRP would also like to see applicants for TB grants focus on the effectiveness and sustainability of their TB programs before scaling up MDR-TB case detection. Windows 3 and 4 demonstrated ambition on the parts of some applicants to scale up case detection for MDR-TB, even when faced with weak case management and patient care in existing TB and MDR-TB patients. The TRP would like to reinforce the concept that the scale up of MDR-TB cannot be successful in the long term without a simultaneous reinforcement of the "core" TB system, to prevent the emergence of further MDR-TB. The TRP is also alarmed by the deprioritization of funding for essential TB programs in countries that start to face funding shortages while expanding ART to patients with CD4 counts above 350.

Funding for TB

As stated in the TRP's report on windows 1-2, the TRP reiterates the concern that TB programs remain chronically underfunded. This underfunding seriously affects the capacity of global response to the disease, also considering the recent revision of disease burden arising from new TB prevalence surveys data and the extremely high costs associated with MDR-TB.

However, the TRP noted that applicants did not propose higher allocation to TB programs, nor requesting significant funds in the above allocation request; some eligible applicants for incentive funding did not request above allocation funding at all. This may reflect a scarce absorptive capacity of TB programs in many countries.

The TRP therefore recommends that applicants:

- Based on the national TB program's absorptive capacity, applicants may reconsider their program splits with internal discussion to reallocate more funds to TB.
- Analyze (together with technical partners) the national TB programs' capacity constraints, address systemic barriers for quality scale up, promoting internal discussion aimed to allocate enough funds to TB, also engaging additional donors/partners.
- Promote strong coordination, both with HSS interventions and other donors/partners, to maximize the impact of available resources, and increase the quality of health service and TB related activities.

The TRP recommends that partners:

- Support countries to develop costed operational plans detailing the TB service expansion plan, lab network strengthening, MDR-TB scale-up and more.
- Support applicants to analyze experiences and lessons learned available at country level and provide adequate justification for scaling up pilot projects – such as TB REACH projects – as part of routine program interventions.
- Support countries to plan appropriately for systematic screening of high-risk groups (other than for intermittent active case finding activities), taking cost/effectiveness into account.
- Offer guidance on a more targeted CSS approach to tap into networks that are already in place.
- Address pre-XDR and XDR-TB where relevant.

Nutritional support

While there is no hard scientific evidence for the effectiveness of nutritional support on TB treatment adherence and outcomes, nutrition assessment and nutritional support for TB patients in need is strongly recommended by the World Health Organization.⁵ The TRP recommends that applicants prioritize nutritional support to eligible TB patients (i.e. adults and children with severe acute malnutrition, pregnant women and children with moderate under-nutrition, MDR-TB) and ensure that nutritional support to such patients is linked to other nutritional and social programs in the country.

⁵ Refer to the 2013 World Health Organization report [Guideline: Nutritional care and support for patients with tuberculosis](#).

The TRP encourages applicants to analyze the types of nutritional support available, noting that nutritional powders are an option that has not been adequately explored and have proven to be more successful than food that is eaten by the whole family.

Community systems strengthening

The details of the CSS approaches were often missing, with only rare mention of the ENGAGE-TB approach. Applicants are encouraged to further elaborate on the proposed modalities of CSS, the available networks and the proposed targets.

Where country experience related to community engagement and CSS has been already gained through pilot projects, applicants are encouraged to include the lessons learned in concept notes and use that evidence to accelerate the scale up of community involvement and case notification.

Disease split

The TRP expressed concerns about the insufficient funds allocated to TB programs when using the actual allocation formula, which doesn't sufficiently consider the high cost of MDR/XDR-TB component and the higher disease burden, as detected by the recent TB prevalent surveys in African and Asian countries. A revised (more appropriate) allocation formula is needed in the near future.

Pediatric formulation

The TRP noted several concept notes that referenced pediatric formulation, but it was unclear whether those formulations followed World Health Organization guidelines. The TRP recommends that the Secretariat verify that countries are using World Health Organization-recommended pediatric formulations of TB drugs such as those supported by the Global Drug Facility of the Stop TB Partnership.

4. TB/HIV

The TRP reviewed 20 joint TB/HIV concept notes in windows 3 and 4. In window 3, one of the nine concept notes reviewed by the TRP was an iteration; and in window 4, two of the 11 concept notes reviewed were iterations. The TRP also drew lessons from the TB- and HIV-specific concept notes reviewed.

The TRP applauded a number of TB/HIV concept notes that reflected strong collaboration between the two programs both in developing the concept notes and in highlighting the enhanced coordination, harmonization of program activities and integrated services at the country level. Still, the TRP noted that many concept notes still did not reflect the desirable level of coordination, collaboration and integration between the two programs.

Many other lessons previously identified by the TRP for TB/HIV applicants remain relevant, including:

- When applicants identify weaknesses and gaps, they should be more specific in their concept note on how they intend to address them.
- There is a need to strengthen screening for TB among people living with HIV.
- The TRP found integrated service delivery is frequently not clearly defined in concept notes. The current state of screening, diagnosis and treatment of patients within integrated TB and HIV programs should be well described in the concept note along with specific plans to address any weaknesses identified. In detailing plans for integrated service delivery, attention to infection control is an absolute necessity, in particular to minimize the risk of spreading TB among people living with HIV.
- Prison populations have not been well addressed despite evidence of high TB and HIV infection rates.

The TRP also observed some positive examples of collaboration and integration across other disease programs, such as between TB and malaria. This demonstrates the appropriate use of opportunities presented by Global Fund grants to increase the potential for efficient use of resources.

5. Malaria

The TRP reviewed 25 new malaria concept notes in windows 3 and 4. In the third window, three of the 13 concept notes reviewed were iterations resubmitted from a past window while in the fourth window one of the 12 concept notes was an iteration.

The TRP applauded the overall improvement in the quality of the concept notes reviewed compared to those reviewed in windows 1 and 2. Many applicants appropriately selected interventions based on sub-national epidemiological variations and stratification. Another strength of most concept notes was, where appropriate, a greater level of investment in community-level structures and services that increase access to health care.

Monitoring and evaluation and health management information systems

The TRP noted that monitoring and evaluation as well as health management information system strengthening are often included in concept notes as systems strengthening interventions to support control or elimination efforts. These interventions, however, often lack a clearly described strategy. Budgeting for these important HSS components is also proportionally low.

The TRP encourages applicants to focus on monitoring and evaluation, health management information system strengthening (and not only for malaria but across three diseases) and use information derived for evidence-based targeting of interventions. This should be reflected through a clear articulation of activities and a more realistic budget allocation.

The TRP noted that a robust surveillance system is key in the context of the changing epidemiology of malaria. In areas of high/moderate transmission moving to low transmission with weak surveillance systems, applicants should demonstrate efforts to strengthen their surveillance system, particularly in areas where malaria transmission has been reduced to low/very low levels.

Pharmacovigilance

The TRP noted too few mentions of pharmacovigilance systems in concept notes. Interventions to strengthen these systems were also lacking. Even when seasonal malaria chemoprevention is proposed as one of the interventions, the pharmacovigilance system to support the intervention was not described.

The TRP recommends that applicants give more attention to establishing and supporting pharmacovigilance systems. Concept notes that propose seasonal malaria chemoprevention as one of the interventions should include a clear description of their existing pharmacovigilance system and its capacity to meet the demands of the expected massive deployment of antimalarial drugs.

Provide pharmacovigilance details

One applicant presented plans for the deployment of seasonal malaria chemoprevention for children for the first time. The concept note provided some details about where this intervention would be implemented and later expanded to all health districts. However, the applicant did not give any details about the existing pharmacovigilance system in the country and its readiness to handle such a massive deployment of antimalarial drugs for children.

Applicants embarking on deployment of seasonal malaria chemoprevention should give a detailed description of their existing pharmacovigilance systems with a clear plan for strengthening any weaknesses in the system in order to meet the high demands of seasonal malaria chemoprevention.

Larviciding

Some concept notes included larviciding as a vector control intervention either alone or as supplementary to other vector control measures. Unlike interventions with universal evidence of high impact on malaria transmission like long-lasting insecticidal nets and indoor residual spraying, the value of larval control is highly contextual. Applicants adopting this intervention as a vector control intervention should therefore present a justification for its deployment in their own context, including evidence that it has significant impact on malaria transmission in the proposed implementation area.

Appropriate use of interventions and strategies

Although many applicants identified populations with elevated risk in their concept notes, interventions were often not tailored to them. For example, when mobile migrant populations and populations in remote areas are described as having greater risk, it would be pertinent to explain how interventions like long-lasting insecticidal net distribution will be carried out to effectively cover these populations. Applicants should go beyond identifying most-at-risk populations by proposing interventions focused on them, especially in low-transmission settings.

Guidance on strategies in areas of decreased malaria transmission

Some countries with high/moderate transmission have adopted a strategy of universal coverage of interventions. Due to the impact of their control program, over time, the intensity of malaria transmission has seen a reduction to low/very low levels. The TRP requests that technical partners provide guidance to these countries on how long to maintain universal coverage and how to target their interventions in the context of inadequate resources for the achievement of maximum impact and value for money.

The TRP has seen a number of countries being faced with funding constraints for an adequate malaria response resulting in requests for shortened grant duration. This may be the case for many other countries if universal coverage in low/very low transmission area is maintained without guidance. The TRP requests technical partners to offer guidance on prioritization in order to avoid sustainability risks due to funding shortages.

Survey tools for areas of low/very low malaria transmission

The TRP notes some of the concept notes from countries with areas of low or very low transmission of malaria propose the use of survey tools and indicators designed mainly for areas of moderate/high transmission. The standard survey tools mainly focus on children younger than the age of five and may not give adult populations their due attention in areas of low transmission where all ages are affected by the disease.

Use malaria indicators appropriate to the transmission levels in a given country

Generally, areas of high or moderate malaria transmission see a higher incidence of malaria episodes in children under the age of 5 than in other age groups. In contrast, people of all ages are affected by malaria episodes in areas of low or very low malaria transmission.

In one concept note, the applicant used the age distribution of malaria incidence that is typical of low transmission areas as background information, but proposed using indicators that focus on malaria episodes among children under 5. Specifically, the applicant proposed the use of percentage of children under 5 years who seek treatment within 24 hours of fever onset as the indicator for treatment seeking behavior in an area of low transmission where all age groups including adults are at risk. This would therefore miss the bulk of adult malaria episodes because of the use of an indicator that is more appropriate for areas of high transmission.

Applicants should use indicators that suit their epidemiological context.

Strengthening malaria surveillance especially in low- and very low-transmission areas

The progress made globally in reducing malaria levels and moving parts of the countries into pre-elimination places new demands on the national surveillance systems, which have to track malaria cases on low/very low transmission areas and assure malaria control through adequate surveillance. The TRP is concerned that concept notes that note significant reduction of malaria transmission in parts of a country fail to adequately consider surveillance strengthening interventions.

The TRP recommends technical partners support the strengthening efforts of national malaria surveillance systems, especially in the epidemiologic situation of areas with low/very low transmission.

Strengthening malaria surveillance especially in low- and very low-transmission areas

In the case of one applicant, one part of the country with low malaria transmission has been classified as being in the pre-elimination phase while the rest of the country is under malaria control. The protection of gains made in these pre-elimination areas and the extension of those gains is very important in such a context. The concept note, however, was silent on how surveillance in these areas will be implemented and financed. It was also silent on how detected cases will be monitored and managed. Additionally, the concept note made reference to recent malaria outbreaks that set back recently achieved gains in malaria control, underlining the importance of ensuring gains are maintained.

In the absence of such crucial information, the TRP was unable to determine whether the proposed interventions would result in sustainable gains in malaria control in the whole country. The TRP therefore requested that the applicant outline a clear strategy including program activities for areas of the country that have reached pre-elimination classification. The plan should also ensure that the gains already achieved will be preserved and extended, specifically in pre-elimination areas and subsequently for the whole country.

Assessment of durability of bed nets under operational conditions

The TRP noted that technical partners encourage countries to conduct studies on the durability of insecticide-treated nets in their own context and to use the findings of these studies to inform the procurement and distribution of bed nets. None of the concept notes reviewed during the period, however, indicated that such studies have been done or are being planned even with interventions that include large bed net components.

The TRP recommends that technical partners support countries to conduct studies on the durability of bed nets in their own context and assist them in using this information to guide distribution and procurement of bed nets.

6. Health systems strengthening

The TRP reviewed seven standalone HSS concept notes – two in window 3 and five in window 4. The TRP drew lessons from these concept notes, as well as from many disease-specific concept notes that included HSS components or elements.

The TRP continues to find that, overall, applicants tend to treat health systems as discrete, almost stand-alone entities. TRP reviewers, on the other hand, are looking for solid and well-integrated approaches complementary to the disease focus.

The TRP affirms that health systems and capacity are the fundamental basis for the success of all health programs, including HIV, TB and malaria. The TRP strongly recommends applicants ensure sufficient focus on cross-cutting HSS that benefits all three diseases, along with progress on disease-specific interventions.

For example, the TRP encourages applicants to consider HSS when scaling up its disease responses. When HSS investments are utilized to fill identified gaps, concept notes should clearly show this. The TRP also recommends applicants work closely with colleagues in other development fields to ensure linkages to family planning, maternal mortality, neonatal mortality and nutrition. Finally, the TRP encourages Country Coordinating Mechanisms to involve individuals with strong health system expertise in concept note development and country dialogue to adequately highlight and address HSS issues.

Sustainability and financing

The TRP noted many applicants are still not providing clear information on the funding request and on overall health care financing. There were limited descriptions in concept notes of how the overall health sector financing was considered in relation to interventions. Applicants should present a clear picture of the funding landscape at the country level, including sustainability considerations and plans, especially when ambitions scale-up plans are considered with limited national budget financing.

Challenging operating environments

The TRP saw a wide diversity in quality among concept notes, but particularly those submitted in challenging operating environments. The TRP is concerned about the capacity of these applicants to develop well-focused concept notes given their challenges and possible capacity gaps. These applicants include countries in conflict or post-conflict settings, with environmental or geographic challenges, or in a fragile state.

These applicants require technical support adapted to their specific needs. The TRP recommends stakeholders and technical partners urgently consider facilitating peer support for these applicants. This exchange could be between applicants in previous challenging operating environments that have now presented successful concept notes and with applicants currently in such situations. The goal would be to help the applicants in need build strong health systems. This support should be early and targeted to help the country dialogue and concept note development processes.

The TRP also recommends the Global Fund define additional mechanisms of support for these applicants, including additional criteria for review.

Linkages with reproductive, maternal, newborn and child health

As in previous windows, the TRP noted the low quality of integration of reproductive, maternal, newborn and child health (RMNCH), CSS and HSS issues across disease-specific concept notes. There were also several missed opportunities for synergies and cost-effective interventions that will further help countries attain Millennium Development Goals.

The TRP recommends the level of involvement and representation from HSS, CSS and RMNCH communities increases at the Country Coordinating Mechanism level. This involvement should go beyond disease advisers in order to help provide a full disease and HSS view in the country dialogue and concept note development processes.

The TRP recommends the Secretariat provide more emphatic guidance for applicants with low MNCH indicators on the need to demonstrate how proposed HSS and/or disease-specific intervention will address RMNCH issues and strengthen these indicators. This will help applicants demonstrate and fund linkages with the RMNCH platforms for service provisions for greater access to health care for women and children.

Service delivery

The TRP found the integration of key strategic service delivery components was not clearly laid out in many concept notes. There were missed opportunities to invest in cross-cutting human resources for health, health management information systems, procurement systems and community systems integration in service delivery across disease-specific and HSS concept notes from the same applicant. Most programs described by applicants tend to work in “silos” and, as a consequence, the impact is seen in terms of fragmented service delivery at the field level.

The TRP recommends the Secretariat, technical partners and stakeholders consider cost-effective approaches that can help make connections in service delivery, such as between human resources for health, infection control, supervision, quality assurance (including service quality beyond external quality assessment for labs and data quality audits) and referral systems.

Human resources for health

The TRP noted disease-specific and HSS concept notes with significant investments for capacity building and strengthening. Most challenges described in the area of human resources for health across the different concept notes revolve around shortages and skills deficiencies. The main cause of this is often insufficient human resources production while attraction and retention is the most sustainable measure to address it. Besides, increasing recruitment with external funding is often unsustainable as countries are not able to absorb the new workers within their establishment. Applicants also continue to address insufficient skills almost always with capacity building (in-service training) for human resources for health who are already in the field with little attention given to quality of training with almost no attention to the quality of pre-service training. Furthermore, while concept notes include incentive strategies to improve retention, often these are not evidence based and sustainable. It is well known that monetary incentives alone have a short-term impact on motivation.

The TRP strongly recommends that human resources issues be holistic and based on national policies related to human resources for health (e.g. a national health policy, national human resources for health development strategy and national community health strategy) as well as a human resources for health legal framework (e.g. which cadre is allowed to conduct which activity) with clear linkages on how funding requests to the Global Fund are embedded in those policies and legal framework. Furthermore, given the strong interdependency of the different elements within the health workforce, it would be very important applicants ensure that human resources for health interventions across specific concept notes for different diseases and HSS are well coordinated, are complementary and do not overlap.

Additionally, the TRP is concerned about the long-term sustainability of programs when funding for core personnel is dependent on donors rather than governments. When designing programs with recurrent human resource costs, applicants should be sure that they can independently maintain these costs, rather than increasing their reliance on Global Fund and other donor funding.

Health management information systems

The TRP noted many applicants are moving to electronic health management information systems.

While the TRP applauds applicants taking advantage of new technologies, it urges them to recognize that electronic health management information systems are not a failsafe solution. Instability of power supplies and communication systems need to be accounted for in the design. Furthermore, before implementing, applicants should recognize such systems bring additional workload. They, for example, may result in constraints revolving around data migration. Assessments and operational research should first be done, and the findings should be included in the concept note as programmatic or operational justification. There are also data integrity and ethical considerations, which should also be accounted for in the concept note. Applicants should also take steps to avoid duplication, such as with DHIS 2, and outline how different systems will interface on completion.

Lessons learned should inform scale up of electronic health management information systems, with clear plans of how data will be utilized for decision-making at all levels.

Drugs, procurement and supply chain management

The TRP noted concept notes continually highlight drug stock-outs as a critical issue and many propose large procurements of drugs, other goods and services. However, there is often very limited reference to proper analysis in country on what the problems are, how they are being resolved, what the linkages with other supply chain management funders are and how Global Fund HSS investments will add value and help resolve the problems. The TRP also noted that some countries are starting to use innovative approaches for drug stock management (e.g. RX-Solutions) and other information and communication technology-dependent technology. These initiatives, when successful, could be very beneficial, but are high risk in many areas.

The TRP recommends that the Global Fund strongly encourage investment in national strategies beyond disease-specific ones for procurement and supply chain management. Where there are large grants going into countries with procurement and supply chain management challenges, it is imperative that HSS investments are also focused on strengthening strategies with clear indicators and means of verification to monitor success of these investments including funds from the Global Fund grant.

The TRP recommends that applicants presenting any information and communication technologies innovation (especially the more expensive ones) mandatorily attach an operational research and evaluation to it in the concept note so that lessons can be captured and disseminated before scaling up considering the high costs.

OBSERVATIONS AND RECOMMENDATIONS FOR THE GLOBAL FUND SECRETARIAT AND BOARD

In the general, technical and disease-specific sections of this report, the TRP has already raised a number of issues and made recommendations for the Global Fund Secretariat and Board. The TRP would now like to draw the attention of the Secretariat and the Board to other, more policy-related topics.

Many of these observations and recommendations were elaborated in the TRP report covering windows 1 and 2. Through subsequent windows, the TRP found the larger sample size of concept notes reviewed validated the panel's previous findings. The TRP would therefore like to again stress the importance of addressing these issues while introducing new information and insight.

Refer to the TRP report on windows 1 and 2 for more detail.

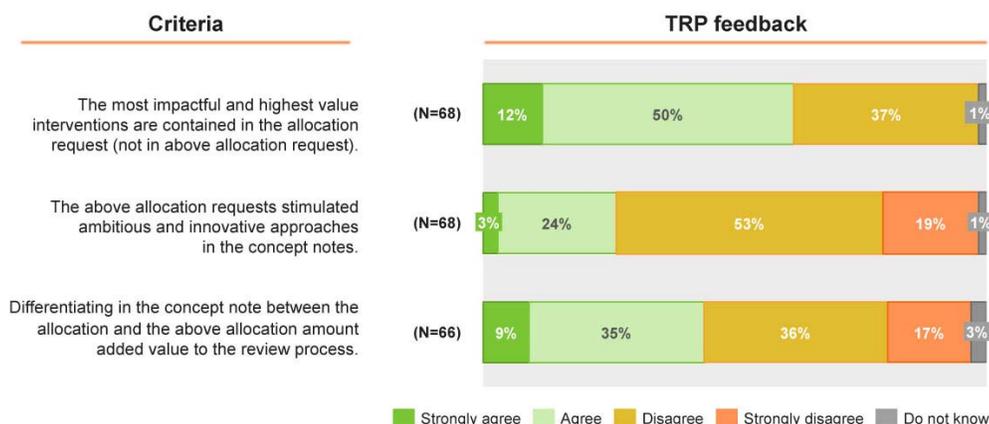
1. Reconsider incentive funding, the above allocation request and the full expression of demand

As elaborated in the previous report, the TRP has highlighted challenges in implementing some elements of the funding model. The TRP continues to find that incentive funding and the above allocation request are, in practice, not achieving the desired outcome of encouraging ambitious, innovative and prioritized interventions. The TRP maintains these concepts continue to, instead, create undue burden on applicants, the Secretariat and the TRP.

In a survey taken by TRP members at the window 3 and 4 review meetings, 37 percent of members disagreed that the “most impactful and highest value interventions” were contained in the allocation request of the concept notes (see Figure 1). This was a similar reaction as during the windows 1 and 2 reviews. The TRP also expressed increasing disagreement with the idea that “above allocation requests stimulated ambitious and innovative approaches in the concept notes.” Sixty-six percent of members disagreed that was the case for concept notes in windows 1 and 2. That increased to 72 percent (including 19 percent that strongly disagreed) in the following windows. Lastly, only 53 percent of members found the differentiation between the allocation requests and above allocation requests in concept notes “added value to the review process.”

The survey results indicate that applicants still have trouble differentiating their allocation request from their above allocation request in their concept notes. The TRP also notes that not all applicants include above allocation requests. Evidence suggests this absence or the lack of clarity between the allocation request and the above allocation request is possibly due to the complexities and undue burden this process presents. A result is that a number of applicants are ultimately not presenting ambitious, strategic and forward-thinking plans as envisioned.

Figure 1: TRP survey responses on allocation requests in windows 3 and 4



Furthermore, when above allocation requests were present in concept notes, the TRP noted applicants had often included essential services or “attractive core programming” in the requests. In some cases, these essential services could have been included in the allocation demand, which prompted the TRP to send a number of these concept notes back to applicants for further iteration – specifically to reprioritize their proposals. This resulted in an additional unnecessary burden on Country Coordinating Mechanisms, the Secretariat and the TRP, undermining a goal of the funding model to create a faster, simplified application process. In other cases essential interventions had to be included in the above allocation request because of the limited allocation funding envelope. This resulted in, as in the past, the TRP making recommendations on incentive funding not based solely on ambitious plans that demonstrate the greatest potential for high impact, as originally intended, but heavily on filling essential gaps in basic, life-saving programs.

With regards to the issue of the full expression of demand, the TRP again notes the misunderstanding among applicants and others. In many cases, the above allocation request is not the full expression of demand. Instead, applicants frequently write a limited above allocation request that represents a subset of the full expression of demand that is considered as highly competitive and having potential to be funded by the Global Fund under incentive funding or unfunded quality demand. The TRP has increasingly noted cases where applicants have left out important components of their full need when writing their above allocation request. The full expression of demand also creates additional workload for applicants, as it is significant work to articulate the full demand in the modular template and concept note narrative, especially when no funding is guaranteed beyond the allocation.

Finally, as in previous windows, the TRP noted the above allocation request, incentive funding and the Register of Unfunded Quality Demand may contribute to unrealistic expectations of funding levels, which may:

- Decrease mobilization of domestic financing. Reduce a country's drive to aggressively pursue other donor funding.
- Undermine a country's interest in meaningfully prioritizing interventions, as described above.

In summary, the TRP notes these funding model components have not favored strategic investment decisions for impact across the whole portfolio. The TRP again recommends the Secretariat and Board re-examine these concepts, their complexities and their implications, which are now clearer as the funding model has progressed. These discussions should take place ahead of the next replenishment and help form the basis of revised, more streamlined processes.

In particular, the TRP again urges the Board to consider the challenges created by requiring applicants to split their funding request into the allocation request and the above allocation request. They should consider policy changes as necessary to simplify the process and reduce the burden on applicants, the Secretariat and the TRP while upholding the goals of the funding model.

As in previous windows, the TRP recommends that the Board dispense with incentive funding in its current format and defines different modalities to stimulate ambition and innovation.

2. Consider operational challenges stemming from shortened grant duration

The TRP reviewed a number of concept notes in window 3 and 4 with shortened grant durations. With each review, the TRP's significant concerns around the complexities of implementing this Board decision were reaffirmed.

The TRP's concerns revolve around:

- **Equity:** Some applicants had an advantage over others and ultimately received more funding by being able to shorten their grants and thus increase the annual funding in the years covered.
- **Prioritization:** It was difficult for the TRP to prioritize proposed above allocation activities and recommend incentive funding due to challenges in pinpointing activities in the final year of a grant that were considered priority for continued funding versus those that represented scale-up in 2017. Furthermore, while the TRP was asked not to consider continuity of services elements for funding through incentive funding, the fact that no guarantees could be given that these elements will be covered through other resources made it difficult to recommend incentive funding beyond the end date of the shortened grant duration.
- **Allocation:** In some cases, covering continuity of services meant a further increase in funding for applicants already receiving more than the formula-driven amount.

Given the size of the obligation to cover shortened grant durations, the TRP expects it is unlikely that additional Global Fund resources will be available for other applicants that have unfunded quality demand, calling into question the value of registering unfunded quality demand for the Global Fund.

The TRP has noted with great concern that the incentive funding allocations it has recommended during window 4 have subsequently been adapted by the Grant Approvals Committee to cover gaps in ART coverage for 2016 for countries with shortened grant duration. This was done through substantial pro-rata reductions of the incentive award to other disease components. While the TRP understands the risk of insufficient funds being available to cover the 2016 gap, it would have preferred to be appraised of the actual available incentive funding up front so that the TRP could take this into account during its incentive funding award. The pro rata cut not only does no justice to the careful process of prioritization of above allocation funding requests by the TRP, it also indicates the risk and liabilities stemming from the minimum funding requirement that leave high-burden countries under allocated with sizable gaps in coverage and shortened grant duration policies.

The TRP cautions the Board to seriously consider the consequences of Board decisions such as shortened grant duration. The panel urges the Board to consider less complex ways to fund what is needed for essential services previously covered by the Global Fund or to encourage ambitious program planning.

3. Encourage greater focus on sustainability (financial and programmatic) in countries transitioning from Global Fund funding well before funding ends

The TRP noted as a good example an applicant in window 2 that was voluntarily transitioning from Global Fund support early. The applicant provided a well-thought out, well-defined exit strategy. Since window 2, however, the TRP has noted few other such examples.

To encourage and facilitate greater focus on and increasing sustainability in countries transitioning from Global Fund funding, the TRP recommends the Secretariat and Board define a clearer policy on how the Global Fund transitions programs or program elements to a host country government in a sustainable manner.

The policy should include a framework to develop strategies for countries to eventually rely on domestic resources to fund the response to the three diseases and continue to strengthen health systems. Applicants, to ensure an effective, smooth transition from Global Fund funding, need to begin preparing for transition much earlier before they enter the final transition period.

The following paragraphs are examples of specific areas where the TRP sees opportunities for improvement in Global Fund policy, as stated in the TRP's report on the first and second windows.

The TRP encourages the Secretariat and Board to find and implement ways to foster collaboration between civil society organizations and governments. The TRP identified the contracting of civil society organizations by the government as a potential risk because governments may be unwilling to fund certain organizations that serve key populations. To encourage government funding to key organizations, the Secretariat and Board should consider providing incentives to encourage national mechanisms to fund civil society involvement to ensure continuation of key population services.

The TRP also recommends the Global Fund encourage early planning of sustainable provision of commodities such as ART and MDR-TB drugs and GeneXpert platform equipment.

The Global Fund should articulate a policy for what the Global Fund's role should be in supporting countries as they transition toward malaria elimination, including the relative balance of funding for malaria control and elimination.

Refer to the general recommendations section of this report for guidance and recommendations geared toward applicants in transitioning countries.

4. Evaluate results-based financing models

The TRP again notes the Global Fund's vision and objectives for results-based financing models are clear and worth supporting. It aims to incentivize performance and driving for results/impact; simplify grant execution and strengthen national processes and health systems. However, after reviewing additional concept notes that include these models, the TRP has again seen different models being piloted simultaneously without first developing a clear framework to define how the model would work and ensure an understanding of the models by all stakeholders.

TRP reflections on results-based Financing of the Global Fund

To accumulate learning from results-based financing and to contribute to results-based financing model development, the TRP established an internal working group that produced a paper. "Technical Review Panel Reflections on Results-based Financing of the Global Fund" draws from TRP experiences and offers a set of preliminary recommendations. The paper is provided in Annex 2 of this report.

Beyond specific recommendations detailed in "Technical Review Panel Reflections on Results-based Financing of the Global Fund" (see Annex 2 of this report), the TRP recommends the Secretariat strengthen the evaluation of results-based financing models and share the evaluation with Global Fund stakeholders. Each pilot model needs to be assessed and comprehensively explained while being piloted. In addition, lessons learned by the Secretariat from each model should be shared publically.

5. Develop sub-national strategies to work effectively with large, federal states

The TRP continues to see examples of large, federal countries facing significant challenges following the Global Fund's overall investment approach of focusing on interventions that maximize impact. For each of these large, highly decentralized states, the TRP maintains the Global Fund should develop country-specific strategies to differentiate its approach to effectively address the issues there. The TRP again calls for analyses of engagement options in each country, taking into consideration disease burden, political power, national structures and policy as well as political issues. In the midst of this, the TRP calls for sensitivity to country views on engagement, efficiency in delivering programs and cost implications.

One possible approach could be to negotiate directly with subnational units in countries whose states are somewhat independent and have their own budgetary control. The need to differentiate between types of nations and document the different approaches taken between them is important if best practices and learnings are to be evidence-based, shared and funded. This approach could foster the decentralization of implementation arrangements to simplify and reduce the number of layers in these large countries.

6. Explore more flexible approaches to support challenging operating environments

Through its reviews in the third and fourth windows, the TRP noted additional countries with challenging operating environments putting forth weak concept notes with poor programming. These shortcomings are due in large part to limited capacity in country and challenges with partner support.

As in the previous windows, the TRP observed the Global Fund is uniquely well suited to strengthen health systems and support the fight against the three diseases in challenging operating environments with rapidly changing situations due to conflict, displacement or other situations.

The TRP acknowledges the Global Fund's work on strategy related to the development continuum, as the Global Fund prepares the groundwork for the next strategy by convening a working group that brings together experts from a range of backgrounds, disciplines and organizations to explore how to engage with changing country contexts and the evolving development landscape. There is a clear need to continue to also work through partners to ensure the delivery of services in challenging operating environments.

The TRP encourages the Secretariat and Board to formally adopt a differentiated approach when working in such environments. This could include, for example:

- Adopting a flexible use of program split that maximizes gains across all areas
- Exploring phased planning and grant-making modalities across the three diseases
- Documenting and learning from the experiences of countries operating in challenging conditions

7. Encourage more strategic investment of domestic resources

The TRP noted that, according to Global Fund policies, the Global Fund is not assessing the strategic value of government investments to indicate which are acceptable to satisfy counterpart financing requirements. The TRP has repeatedly seen evidence of sub-optimal government allocation of domestic resources, undermining the Global Fund's focus on investment for impact (e.g. government investing substantial resources into lower impact regions or interventions for political reasons while high impact regions or territories go unfunded).

Additionally, the Global Fund's "focus of proposal" policy seems to discourage domestic funding for key populations in countries close to transitioning from Global Fund financial support. This may reduce the sustainability of programs for key populations in the long term.

In the short term, the TRP recommends the Global Fund advocate for national investments to be invested for greatest impact while noting challenges and limitations associated with trying to influence how sovereign nations spend their own funds. In the longer term, the Global Fund

should adapt the counterpart financing policy to encourage domestic investments in high-impact interventions or services. The Global Fund should also adjust the focus of proposal requirement to encourage domestic funding for key populations in transitioning countries.

8. Re-evaluate the allocation methodology

After reviewing concept notes representing over half of all allocated funding available in the current allocation period, the TRP reaffirms its concerns with the allocation of funds in some areas.

As noted in the previous TRP report, the TRP maintains the methodology used to form the 2014-2016 allocation could have pushed further to award funding to those countries with the highest impact on reducing mortality.

In the first two windows, the TRP observed that malaria allocations represented the starkest examples of countries with minimal mortality receiving significant funding while countries with high mortality were unable to provide basic programs within their allocations. For the 2014-2016 methodology, the Secretariat used 2000 data, which was based on mostly clinical case numbers that can overestimate the true malaria burden. This seemed to result in allocations that did not correspond to the global burden particularly outside of Africa. The Secretariat should consider a different approach that addresses this issue.

In addition, during its reviews in the third and fourth windows, the TRP repeatedly noted concept notes in which it considers the TB response particularly underfunded. A root cause for this was the global split, which allocated 18 percent of funds to TB response worldwide. Applicants often maintained that split or, in some cases, decreased it in support of other disease responses.

The TRP also noted some large, high-burden countries that received less than their formula-driven allocations. In these cases, the TRP found the methodology particularly does not correspond to the global disease burden.

The TRP strongly advises the Secretariat and the Board to clarify the Global Fund's objectives for the allocation and to re-evaluate the methodology before the next replenishment. If the objective of the Global Fund is to reduce mortality and morbidity rather than eradicate diseases, the methodology should more accurately reflect the most strategic investment of resources.

PART 2: REVIEW PROCESS

This section provides an overview of the TRP's operations, membership and procedures.

ADAPTATION TO THE NEW FUNDING MODEL

In response to the new processes and demands accompanying the new funding model, the TRP has adapted the way it operates.

The TRP has adapted its review focus. In addition to reviewing allocation requests in terms of their technical soundness, it now strongly considers the strategic focus and prioritization of the concept notes to maximize the impact of the proposed investments. The TRP also assesses the soundness of above allocation requests to make recommendations on incentive funding among eligible countries competing in a given window or to determine if they can be considered quality demand and placed on the Register of Unfunded Quality Demand – to be considered should funds become available.

Under the new funding model, Secretariat country teams and advisors have increased their engagement with the TRP through briefing notes and briefing meetings. This allows the TRP to consider additional relevant information during the review of concept notes.

The TRP has also taken measures to ensure an efficient process that ultimately results in concept notes being turned into approved grants more quickly than in the past. Frequent review windows help ensure timely outcomes and feedback. And, when concept notes are requested for further iteration, clear comments are provided. The TRP delegates an increased number of issues for clarification and revisions to the Secretariat for follow up, accelerating the clarification process.

The TRP continues to make contributions to future policy development. During reviews, the TRP identifies issues and observations with policy- and strategy-related implications. The TRP communicates those matters to the Secretariat and the Board through its reports and presentations.

In addition, after each window, the TRP shares lessons learned and feedback in a presentation to the Secretariat, partners, and others to help improve the quality of future applications.

The engagement and feedback loop between the TRP and the GAC has been strengthened under the new funding model. The TRP debriefs GAC members on review outcomes after TRP meetings. The GAC also debriefs the TRP on the outcome of GAC deliberations. This ensures a continuous conversation. If there are divergent views, discussions take place between the GAC and TRP leadership. There is an opportunity for reassessment by the TRP if new information becomes available.

In the midst of these and other adaptations, the TRP continues to carefully guard its independence, ensuring decisions are made by the TRP plenary only. Within the TRP, to the extent possible, recommendations are made through a consensus. The strict conflict of interest policy continues to be maintained.

MEMBERSHIP

To prepare for review of applications under the new funding model, a replenishment of the TRP membership pool was done in 2013 to ensure availability of a rich mix of technical skills and experience in the three diseases and cross-cutting HSS and community, right and gender from which the TRP leadership can call upon to serve in the review of funding applications.

Following the replenishment, upon careful consideration of technical review needs, the TRP Chair and two Vice-Chairs identified members to serve in 2014. There were 63 serving members in 2014. The membership identification process is further described online and in the TRP's report on the first and second windows.⁶

TRP members include disease experts on HIV/AIDS, TB and malaria, as well as broader health systems and development "cross-cutting" experts in fields such as health financing, community systems, ethics, human rights, gender and supply chain management. Among the members focal points are identified who assist the leadership in coordinating TRP consensus on technical issues, quality assurance and maintaining consistency throughout its reviews.

Membership of the TRP for the window 3 meeting consisted of 48 experts, including two Vice-Chairs. Forty-seven experts attended the window 4 meeting, including one Chair and two Vice-Chairs.

MEETING MODALITIES

The TRP met on 28 September-3 October 2014 in Geneva, Switzerland to review the 39 applications submitted in window 3. That total includes five iterations resubmitted from previous windows. Two additional applications from early applicants were reviewed. The group met on 15-22 November 2014 in the same place to review the 50 concept notes submitted in window 4. That total includes six iterations.

As in past TRP reviews, the Secretariat provided specific country team input through the Secretariat briefing note. This included the country team's own analysis of the concept note and, where relevant, supplementary information providing additional context not available in the applicants' documentation. This information was complemented by in-person country team discussion upon request of the country team or the TRP.

After the window 3 meeting, Secretariat staff and technical partners were invited to attend a debriefing session on 6 October, in which the TRP leadership presented key findings, recommendations and lessons learned from the review. This was to ensure the Secretariat and partners were quickly aware of overall TRP observations and feedback. After the window 4 meeting, a similar debriefing was held on 24 November.

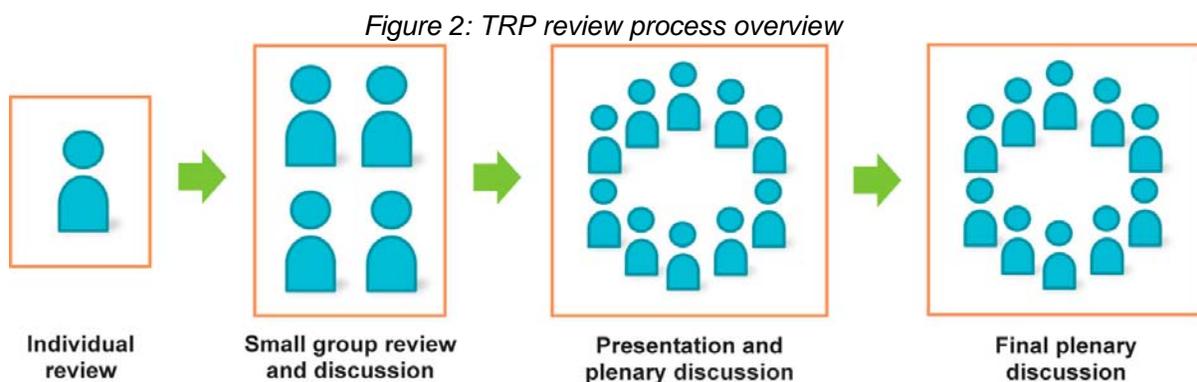
⁶ Refer to [TRP section of the Global Fund website](#) and to the [Report of the Technical Review Panel on the Concept Notes Submitted in the First and Second Windows of the New Funding Model](#).

Following the window 3 meeting, the then incoming TRP Chair provided a debriefing to the GAC. The then incoming TRP Chair further presented TRP findings at the Board's Strategy, Investment and Impact Committee (SIIC) meeting on 7 October, elaborating issues for which strategic guidance was needed. During the window 4 meeting, the new Chair presented strategic issues and observations to the Board during its meeting on 21 November. The Chair debriefed the GAC after the window 4 review on 24 November.

CONCEPT NOTE REVIEW METHODOLOGY

The concept note review methodology has not changed and remains the same as in windows 1 and 2.

The applications for review were shared with TRP members in advance of the meeting to allow more time for individual review before the meeting.



The key features of the TRP's review included:

1. Working in small review groups (with at least two disease experts and two cross-cutting experts) to review each concept note. The small group for review of the TB/HIV concept notes included TB, HIV and cross-cutting experts
2. Engagement with Secretariat country teams through follow-up question-and-answer communications managed through the Access to Funding Department, and where required, remote or in-person discussions with country teams
3. Small group meetings for preliminary recommendations before a daily TRP plenary.
4. TRP funding recommendations finalized through daily TRP plenary sessions, during which the TRP agreed on the assessments and recommendations and content of TRP review forms
5. A final plenary for the TRP to discuss the overall review process and consistency between findings and to discuss recommendations for incentive funding allocation. The final meeting is furthermore used to capture lessons learned and make recommendations on the application process

6. Sharing almost final review and recommendation forms with each country team after the meeting with a particular focus on reviewing the technical issues and requests for clarifications. The aim of the process was not to change or negotiate clarifications, nor was it to modify the TRP review outcome, but rather to ensure that the assessment and actions requested are clear and feasible
7. All review forms are reviewed by the disease and cross-cutting focal points as an internal quality assurance mechanism and ensure consistency across the review forms
8. Providing recommendations to the GAC in the form of individual concept note review and recommendation forms

The TRP has continued to receive indispensable, highly professional and impartial support from the Access to Funding Department.

CONCEPT NOTE REVIEW APPROACH AND CRITERIA

The TRP's overarching review approach and criteria remain unchanged from previous windows.

The TRP reviewed concept notes for strategic focus and technical soundness to ensure the Global Fund resources are positioned to achieve maximum impact on the disease. The following review criteria were applied in the review of technical soundness: soundness of approach; feasibility; potential for sustainability and impact; and value for money. Applying these criteria, there is no predefined "rating methodology" or allocation of quantitative scores for application review. Rather, the TRP draws on its collective experience to make a judgment on the technical merit and strategic focus.

As required under the Global Fund's strategy, the TRP expects the concept notes not only be technically sound, context appropriate and in line with global policies and guidelines, but given the resource constraints, also be strategically focused for the maximum impact. When assessing the strategic focus of the funding request, the TRP considered country context; overall programmatic and financial landscape; data, including the sub-national data; how the funding request is informed by evidence; and how it builds on lessons learned.

The TRP reviewed program elements to be funded within the allocation amount and reviewed program elements to be funded if additional money is available, which is the above allocation amount. The TRP also prioritized elements within the concept notes in order to facilitate the appropriate use of any resources becoming available through efficiencies found during grant negotiations or through possible incremental funds that become available from the Global Fund or other donors using the Register of Unfunded Quality Demand.

The TRP's recommendations on the technical quality of the allocation requests and the above allocation requests as well as recommendations on prioritization are captured in the individual review forms.

A fundamental change in the new funding model process allows opportunities for iterations to ensure timely and quality outcomes for concept note review. In cases in which the TRP requested a further iteration, the revised concept note may be reviewed at any future window. Reviews are frequent in the new funding model – up to four times a year. Applicants can submit an iteration a few weeks before a TRP review, provided they meet the deadline for each window that is communicated by the Secretariat.

The TRP once again purposefully delegated more actions to the Secretariat in recognition of the rigorous scrutiny anticipated during the grant-making process and, in a number of cases, asked for further clarifications to be cleared by the TRP.

Incentive funding recommendations

The TRP followed the same approach to assessing above allocation requests and recommending incentive funding as in the first two windows.

The TRP based its recommendations on the Board-approved criteria for the prioritization of incentive funding, but paid particular emphasis on three criteria as interpreted here:

1. **“Leverage contributions from domestic and other sources”**: The TRP will only consider for incentive funding those applicants that meet or exceed counterpart financing future commitments.⁷
2. **“Potential for increased, quantifiable impact”**: Greatest weight is given to applicants where the allocation is insufficient to cover critical program elements which would translate into deaths averted and infections prevented if they are funded.
3. **“Well performing”**: Demonstrate that a country can effectively use incentive funding to address gaps in critical program elements.

The TRP also took into account the share of disease burden as well as the degree to which the component receives less or more than its formula-driven allocation.

Each small review group did an initial prioritization of the above allocation requests for incentive funding with these criteria in mind.

Decisions regarding recommendations for incentive funding were made in plenary sessions. Each concept note was discussed in plenary on its own merits, including whether it was a strong candidate for incentive funding.

Finally, the TRP reviewed all potential incentive funding requests together at one time in plenary, weighing them against the criteria described above and the funding available. An additional consideration was a desire to fund meaningful portions of programs, such as scaling up interventions to specific zones. This formed one consideration for not awarding small amounts of incentive funding across all eligible concepts, which would result in amounts too small to cover complete investments.

Based on these criteria, the TRP provided recommendations on incentive funding to the GAC. The TRP recommended funding to 13 programs overall in window 3 and 15 in window 4.

⁷ Should an applicant make sufficient counterpart financing commitments at a later date, the TRP will consider recommending incentive funding for the concept note in a future window.

ELECTION PROCESS

An election for the TRP Chair and Vice-Chair positions was held during the window 3 review meeting. Nominations were announced during the review meeting and members voted through an in-person or electronic ballot.

At the conclusion of the meeting, the TRP elected a new Chair, Dr Lucie Blok, and a Vice-Chair, Dr Evelyn Ansah. For both the incoming Chair and Vice-Chair, their induction and service began the first day of the window 4 review meeting.

An election for the remaining Vice-Chair position – currently held by Dr George Gotsadze – is scheduled for the beginning of the window 6 meeting. All TRP serving members are eligible to participate in the election process.

The TRP would like to thank outgoing Chair Shawn K. Baker for his outstanding eight years of service to the TRP. In recent years, he expertly guided the TRP during the transition to the new funding model. On behalf of the TRP, he also provided invaluable input to the SIIC and Board to inform key policy decisions. The TRP recognizes his commitment to the group and his dedication to fighting HIV, TB and malaria.

ANNEX 1

WHAT THE TECHNICAL REVIEW PANEL LOOKS FOR IN A CONCEPT NOTE

February 2015

Introduction: the TRP's role

The Technical Review Panel (TRP) of the Global Fund is an impartial team of experts responsible for providing a technical assessment of funding requests for strategic focus and technical merit. The TRP reviews requests for funding to ensure that Global Fund investments achieve the highest impact. The review criteria – laid out in the TRP's terms of reference – include technical soundness, feasibility, sustainability and value for money. Based on these criteria, the TRP reviews submitted concept notes and makes recommendations to the Global Fund Board and to the Secretariat (through the Grant Approvals Committee) on:

- The funding request
- The priority of its various components
- Any adjustments to those priorities necessary to maximize impact in the country context and to strengthen alignment with the Global Fund's aims and strategic guidance

This document seeks to provide guidance to those preparing concept notes about what the TRP looks for as it reviews concept notes.

The essential document through which an applicant makes a funding request is the concept note. The TRP reviews the concept note in conjunction with national disease-specific strategic plans and the overall national health plan to determine if the funding request is strategically focused, aligned with existing national plans and Global Fund policies, likely to achieve its objectives, and positioned to achieve high impact. While other documents (e.g. the modular template and the financial gap analysis) are also reviewed, the concept note receives the closest scrutiny in TRP review and should be a self-contained document. This makes it essential that the concept note:

- Presents the current epidemiological and programmatic situation in the country, highlighting significant gaps in the response, especially those to be addressed by the funding request
- Makes a compelling case that the activities selected for Global Fund support will fill critical gaps in a way that is likely to achieve high impact
- Clearly shows how the activities proposed for funding complement existing programs funded by the government or other donors
- Concisely but completely describes the activities to be funded, who will carry them out, how they will address barriers and challenges to implementation, how they respond to existing gaps and needs, and what impact they are expected to achieve based on observed outcomes and effectiveness of past efforts in country
- Shows the feasibility of achieving its goals through a clear and thorough analysis of the country's capacity to implement the proposed activities or providing a clear strategy for addressing any capacity gaps identified
- Demonstrates a strategy for achieving long-term sustainability of the activities, eventually reducing the dependence on external funding

Ideally, the length of concept notes should be less than 40 pages. The concept note must be self-contained, i.e. it should extract, analyze, synthesize and briefly summarize the relevant information from the annexes. While annexes can be submitted for TRP review, they should be selectively chosen to provide essential background and contextual information that directly supports the funding request.

To maximize the utility of annexes only annexes that are referenced in the concept note itself should be submitted. Also, the preference is for not more than 10 annexes. Information contained in the annexes should not be copied and pasted into the concept note. Instead, the relevant information in the annex should be summarized as concisely as possible (for example, in a short paragraph), and a reference to the specific page in the annex should be provided where more information may be found. As not all annexes may be read, it is critical that the concept note itself concisely, coherently and completely presents the funding request.

A well-composed concept note is essentially a narrative, telling the complete story of how the applicant will make use of Global Fund investments to successfully implement the proposed activities and achieve the highest impact possible.

What the TRP looks for in each section of a concept note

Section 1: Country context: the situation analysis

This section of the concept note must provide a comprehensive situation analysis of the disease(s) being addressed and the challenges in responding to them in country. This situation analysis should focus on three key elements:

1. A **concise, up-to-date epidemiological summary** of the disease situation, which includes a discussion of key populations and significant geographic variations (section 1.1). If significant gaps in knowledge exist (e.g. prevalence of disease or size of key populations), they should be highlighted here and plans must be included in the request (section 3) to address those gaps relevant to proposed activities.
2. A **summary of the most critical constraints and barriers to effective responses** in the country. These include highlighting populations with low access to prevention and treatment, describing laws, societal norms and other key barriers and inequities that impede access to health services, and laying out weaknesses in health systems and community systems that deliver services (section 1.1).
3. A **description of the disease-specific national strategic plan(s)**, very briefly summarizing each of the key program areas in the national strategic plan, ongoing challenges to success and how they are expected to be addressed, which build on lessons learned and successes in implementation to date (section 1.2).

The focus in this section is to give the TRP an understanding of those populations and geographic locations where programs can have the greatest impact, while highlighting existing inequities, barriers and challenges that need to be addressed to improve the national response.

Section 2: Funding landscape, additionality and sustainability: current funding for national strategic plan program areas and remaining gaps

This section of the concept note should paint a clear picture of where existing national and donor resources are currently targeted in terms of the major program areas of the national strategic plan (section 2.1). The primary goal of this section is to lay out for the TRP those parts of the national response that are adequately funded by government or external donors, while focusing attention on the most critical response gaps in need of increased financial support.

If critical gaps remain in some national strategic plan program areas and they are not being addressed within the current funding request or by other funding sources, the concept note should clearly explain how they will be dealt with through other national and/or donor resources. This will assist the TRP in understanding why certain program areas have been prioritized in the funding request. Additionally, the applicant is asked to identify ways in which Global Fund resources have helped to leverage other donor resources (section 2.1) and to show that national support for programs meets Global Fund counterpart financing requirements (section 2.2).

Sections 1 and 2 should together, clearly explain the epidemiological, programmatic and funding contexts and the current responses to the epidemic(s). There should also be a clear picture of the existing funding landscape, the gaps in it and how they are to be addressed. The most essential gaps in and challenges to effective national responses should be clear, providing the background for justifying the selection of each major component of the request as described in Section 3 of the concept note.

Section 3: Funding request to the Global Fund: What is the Global Fund being asked to support and what impact will it have?

This is the most important section of the concept note. In this section, the concept note should describe in a self-contained manner the priority areas selected, the major activities to be undertaken under each priority area, and the expected impacts from Global Fund support of these priorities.

In developing section 3, the applicant should select a limited number of priority program areas to be supported by the funding request from among the identified programmatic and funding gaps. The choice of these priority areas should flow logically out of the summary of the current epidemiological situation and responses provided in the first two sections and those linkages should be made clear in the narrative. The selected priority program areas should be positioned to achieve high impact by clearly targeting the most essential epidemiological priorities and response gaps identified. Once these are defined, the applicant must provide three sets of important information for each priority program area:

- A **programmatic gap table** (section 3.1) quantitatively describing the current gaps in coverage in the area, the amount of coverage available through other resources, and the additional coverage to be provided through this funding request. If some program areas cannot be easily quantified in tabular form, they should be described in narrative form (section 3.1).

- A **funding request narrative** (section 3.2) which describes each of the major program areas selected for support and what is to be done in the area. For each program area, this narrative should provide:
 1. The overall goal and objective of the program area
 2. The major activities to be conducted under the program area to achieve the program goals and objectives
 3. A brief description of the implementers of each key activity and their relevant experience (section 4 can provide more detail on their capacity and experience)
 4. An explanation of how the proposed activities build off lessons learned and past experiences in country. In particular the way in which they will deliver services and address gaps, inequities and barriers identified earlier in the concept note to ensure successful implementation
 5. Estimates of the expected key outcomes and impacts of the activities based on evidence of the proven effectiveness of these activities from past programs in the country, pilots or response analyses. If no country specific measures are available, global best practice estimates can be used

- A **modular template** (section 3.3) describing the program areas chosen, proposed indicators and targets, specific activities and investments in each program area, and expected costs. The modular template should be accompanied by a narrative in section 3.3 of the concept note, which describes:
 1. The costs and prioritization of each program area within the allocation amount and the impact it will achieve
 2. The costs and prioritization of additional activities within each program area or of additional program areas within the above allocation amount and the additional impact they will achieve over related activities in the allocation amount

The funding request narrative should be self-contained, providing sufficient detail for the TRP to review the proposed activities for appropriate focus, technical soundness, feasibility and sustainability, value for money and expected level of impact. The funding request narrative must clearly explain what is to be achieved in each program area, the major activities through which these achievements will be realized, who will carry them out, how these activities will be implemented and how previously identified issues and problems are to be addressed, and what the likely impacts of the Global Fund's support will be.

This narrative should be provided for each program area in both the allocation request and the above allocation request. The modular template will normally provide more detail on specific activities, costs and indicators in each of these program areas, but the funding request narrative should stand on its own as a description of the major components in each program area.

The narrative accompanying the modular template (section 3.3 of the concept note) must contain at a minimum the following:

- A **prioritized list of the modules and interventions to be funded by the allocation amount:** The most important elements should be presented first with cost figures (both annual and total), a summary of the specific activities covered by that cost, and the expected impact and/or coverage gains clearly delineated by year

- **A second prioritized list of the modules and interventions to be funded by the above allocation amount:** Again, the most important above allocation elements should be presented first, with cost figures (annual and total), a summary of the additional activities to be conducted using these additional resources; and a description of the additional expected impact and/or coverage clearly delineated by year

It is also extremely helpful if prioritized summary budget and coverage/outcome tables for the activities in both the allocation and above allocation funding requests are provided in this section. Providing costed and prioritized lists in section 3.3 is critical as the TRP must review the prioritization proposed in the concept note and may choose to recommend changing the priority order, moving items between the allocation and above allocation requests, or ask that additional priorities be considered in an iterated concept note. If such costed and prioritized lists are not provided, the TRP may need to request an iteration of the concept note.

The TRP is increasingly expecting to see more concrete evidence and documentation of improved outcomes and impact for the proposed activities and better assessments of the overall impacts to be achieved in each program area. It is therefore critical that the applicant draws upon lessons learned implementation experiences and past impact assessments, while simultaneously ensuring that newly supported activities under the funding request are adequately described and explained to assess their outcomes and impacts. The TRP will be supportive of requests for data system improvements to ensure that measures of the outcomes and impacts of supported programs are available to inform future national strategic planning and concept note development.

Section 4: Implementation arrangements and risk assessment

The TRP will also assess the feasibility and sustainability of Global Fund supported activities. Central to this assessment is the ability of the Principal Recipient and other key implementers to deliver the proposed activities. In the final section of the concept note, the applicant is asked to discuss the management experience and capacity of the Principal Recipient, the arrangements to be made for identifying and recruiting sub-recipients, including active engagement of people living with the three diseases and key populations, and the mechanisms for ensuing coordination among these bodies.

Section 4 provides the applicant the opportunity to explain these arrangements to the TRP, highlight the strengths and limitations of the Principal Recipient and other key implementers in managing major activities of this type, and describe measures being put into place to mitigate any identified risks. If relevant, this section should also describe how the funding request will integrate with ongoing Global Fund grants or other disease requests from the applicant, ensuring efficient implementation and avoiding duplication of efforts.

Concluding remarks

The TRP recognizes the amount of effort that goes into the country dialogue and concept note preparation processes and trust that guidance in this document will assist applicants in preparing more focused, self-contained and successful concept notes to request Global Fund support.

Applicants preparing concept notes are requested to factor the above considerations into their deliberations and concept note development and writing activities. Concept notes must start with a clear situation analysis, leading to a comprehensive assessment of gaps and challenges in the current response. Use these analysis and assessments to select the program areas and specific activities that build upon past experiences and lessons learned and are likely to maximize the impact of the Global Fund investment in the country. Describe the program areas concisely and clearly within the narrative section of the concept note and be sure to summarize them in two separate, prioritized and costed lists for the allocation and above allocation portions of the funding request. Completely describe the capacity in country to carry out these activities successfully, describing any risks and proposing adequate risk mitigation strategies.

Taking these steps will help to strengthen the content of submitted concept notes, while also greatly reducing the need for iteration. The TRP looks forward to working with applicants and countries as they strengthen their national responses.

ANNEX 2

TECHNICAL REVIEW PANEL REFLECTIONS ON RESULTS-BASED FINANCING OF THE GLOBAL FUND

February 2015

Introduction

“Results-based financing” (RBF) “refers to any program that rewards the delivery of one or more outputs or outcomes by one or more incentives, financial or otherwise, upon verification that the agreed-upon result has actually been delivered.” Payments or other rewards are not made unless and until results of performance are satisfactory and independently validated.⁸

RBF is gaining support within the Global Fund as a new program financing modality geared toward:

- Driving better program results and rewarding good performers to incentivize value for money and maximize impact
- Simplifying grant management processes, consequently reducing transaction costs to the Global Fund while still achieving its objectives and achieving impact
- Facilitating improvements in health system functionality with greater national ownership

The Global Fund expects that effective design and implementation of RBF will allow it to evolve and diversify its funding model, invest more strategically and actively support successful grant implementation that delivers better outcomes and impact for the fight against the three diseases.

In development literature, RBF is a collective name for different approaches used to finance development programs and/or service provision. Furthermore, in the RBF field, different labels exist for essentially the same concept or are associated with different incentives and payment arrangements.⁹ Therefore, it becomes important to clearly define what different modalities of RBF mean for the Global Fund and for this paper¹⁰:

- **National strategy financing** is used to fund a robust and costed national strategic plan using a small set of outcome and/or impact indicators (four to six indicators at most and linked to the strategic priorities) for funding disbursement, if the program achieves agreed targets, which are externally verified. For national strategy financing, the Global Fund advances funds to the country. At the end of every year, and after reporting achievement of the agreed set of indicators, the next tranche of grant funds is disbursed, with or without adjustment.

⁸ Philip Musgrove. “Rewards for Good Performance or Results: A Short Glossary 2011.” The World Bank.

⁹ See the [RBF Health website](#).

¹⁰ Based on the Global Fund presentation from 14 November 2014: “Results-based Financing in the Global Fund: Status and Next Steps.”

- **Cash on delivery** links financing with one indicator. If achievement of this indicator is reported, funds are disbursed. This model is similar to national strategy financing with the difference that no advance payment is made; achievement of the indicator is primarily achieved with initial national financing of the program; and, instead of several indicators, only one indicator of achievement is used.
- **Verified service delivery** is based on linking a portion of grant funding to the successful delivery of services (i.e. “packages of preventive/curative interventions”). These packages are costed and reimbursement levels are based on a reported number of “service units” delivered. This model is primarily used by a Principal Recipient to finance the work implemented by sub-recipients and can be of particular use for targeting high-risk, under-served communities.

While the RBF modalities – piloted by the Global Fund – vary conceptually, they all have common aspects, which were taken into account by the TRP when developing this paper. Namely:

- RBF refers to programs that **finance the delivery of results** of some kind, rather than paying for inputs with the assumption that those inputs will produce outputs with desirable outcomes for patients and beneficiaries. Consequently, a clear **definition of the result** is necessary for the Global Fund Secretariat and for the TRP to engage in the review of any RBF proposal.
- The Global Fund makes financial payments upon achievement of a result. Consequently, **measurement of the achievement of the result** is critical for the RBF model to perform well.
- Finally, any result reported by a program/Principal Recipient to the Global Fund has to be **validated independently** with the appropriate methodology and tools to assure the Global Fund that the achievements are verified and sufficiently robust to enable the disbursement of funds.

Purpose

RBF financing in the context of the Global Fund is an evolving modality that is being shaped using pilot experiences from different countries and with different RBF approaches, as described earlier in this paper. Therefore, the TRP considers there to be a need to capture and document its RBF review experiences, with the following objectives:

- To reflect on experiences and communicate its learnings to the Secretariat, partners and countries involved in RBF model development
- To elaborate technical and process-related recommendations aimed at informing RBF model development for the Global Fund
- To highlight issues that need further discussion between the Secretariat and TRP

Consequently, this paper builds on the RBF experiences of the TRP during the early learning window in 2013 and the new funding model rollout in 2014, with four review windows during which the TRP was engaged in reviewing RBF funding applications. These experiences include the following:

- Five experiences with the **national strategy financing** model (Rwanda TB/HIV/malaria, Ethiopia malaria and El Salvador TB)
- Three experiences with the **cash on delivery** model (Solomon Islands TB/malaria and the regional Malaria Elimination Initiative in Mesoamerica and Hispaniola)
- One partial experience with the **verified service delivery** model contemplated for Panama TB/HIV, which has not yet completed the TRP review process. Therefore, the TRP observations related to verified service delivery are not complete and are only preliminary

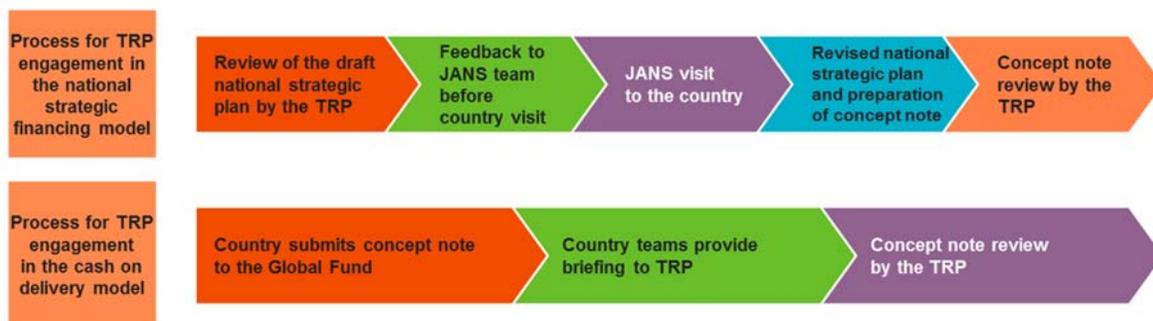
TRP learning

This section addresses three broad issues related to RBF, including the process used to prepare for TRP engagement and review, the set of documentation supplied to the TRP for review and preliminary observations on the verified service delivery model.

TRP review process

The process of TRP engagement for the review of national strategic financing and cash on delivery modalities was developed ad hoc during the early learning window in 2013. The TRP was brought into the process at later stages of development, when most decisions were already made and the value of the TRP's input was marginal, if any. However, active and continuous consultations with the Secretariat and country teams have helped evolve the process over time. There is now a standardized TRP review process for national strategy financing, with the critical stages described in Annex Figure 1. The TRP review process for cash on delivery (also described in Annex Figure 1) follows the usual TRP concept note review process.

Annex Figure 1: TRP engagement with results-based financing



Preparing for TRP engagement

Until now, initial TRP engagement has occurred through the TRP reviewing the draft national strategic plan before a Joint Assessment of National Health Strategies (JANS) mission to the country. There was also engagement as the TRP produced a brief document highlighting critical technical areas. These related primarily to the scope and scale of the proposed interventions, appropriateness of the selected indicators to measure achievement of the strategic priorities, and/or weaknesses in the national monitoring and evaluation systems that will be used for measuring the attainment of the outcome and impact results. This feedback had been communicated to the JANS team through the Secretariat. During the country visit, the TRP expected the JANS team and the country to consider the concerns raised by the TRP.

During the TRP review meeting, the TRP has received the concept note – based on the national strategic plan (ideally revised) – and the national strategic plan and the JANS report as an annex to the concept note. While the Secretariat initially proposed that the Global Fund’s representative debrief the TRP about the JANS outcomes, achievements and challenges, as well as critical recommendations, this proposal has not been routinely followed. There have been cases where the documents provided to the TRP did not explicitly explain whether earlier TRP and/or JANS concerns were addressed by the country. There have been cases where the documents did not provide assurances that the revised national strategic plan had sufficient strategic focus with an appropriate monitoring and evaluation framework and that the plan was adequately costed. This issue is a concern for the TRP relating to RBF as well as the overall funding model. Specifically, in the broader partnership model of the Global Fund, it is not fully clear who bears ultimate responsibility for assuring the national strategic plans are “high quality,” strategically focused and appropriately costed. The TRP considers achieving greater clarity on these responsibilities as critical for the success of the new funding model, as well as for rolling out RBF models.

In early experiences, the TRP’s engagement before the JANS was for learning purposes and in response to requests from the Secretariat and the respective country team. These pilot experiences have not provided sufficient evidence to fully confirm the value added by the TRP by being involved at this stage. Similar early engagements of the TRP were tested during the new funding model pilots in 2013. However, the TRP in agreement with the Secretariat, and based on these pilot experiences, decided not to continue engagement during the concept note preparation stage. This is due to the fact that it complicated the process and increased the burden on country teams and the TRP. Furthermore, consulting only with individual TRP members undermines the principle of consistency of TRP comments and recommendations that is assured by the TRP. The TRP has concluded that its participation did not add significant value in the process. While the TRP could remain open to engaging with countries contemplating RBF models prior to the JANS, going forward, it will be important to make an informed decision on the added value of the TRP’s input at this early stage.

While the process for TRP engagement for national strategy financing and cash on delivery seems clear (with the caveat noted earlier), it is less clear how verified service delivery models will be reviewed by the TRP and whether there should be an earlier engagement of the TRP in the process. Thus far, for the verified service delivery proposed for Panama, the TRP has only received an initial briefing from the Secretariat

that provided a high-level overview of the expected model, without sufficient details for the TRP to offer well-informed technical input. Nevertheless, this preliminary engagement around verified service delivery discussions allowed some TRP viewpoints to emerge, which are detailed in the outcomes section of this paper.

Documentation for TRP Review

For the Global Fund to achieve strategic impact by supporting RBF models, it is important that programmatic as well as financial arrangements for RBF are technically sound and appropriate. Therefore, the TRP can add value by evaluating technical soundness of the contemplated RBF model by reviewing a set of documents that provide complete and sufficient information on the following issues:

- What are the expected **results** of the program (i.e. indicators proposed)? Can they be attained with the help of interventions elaborated in the national strategic plan and in the given country context?
- What are the financial incentives to be paid by the Global Fund upon achievement of the result (i.e. amounts, frequency, potential to incentivize national action, etc.)? **How will the achievement of the results be measured** using a country's routine health management information system and/or planned studies (i.e. frequency of reporting, indicator measurement methodology, etc.)?
- What is the **independent validation** mechanism for the achievement of the results envisioned by the country and/or the Global Fund? What will be its scope and methodology? How will it be used to improve program quality?

Experiences as well as the documents reviewed by the TRP are detailed in Table 1.

Table 1: TRP's experiences with RBF documentation

Countries and components	Set of documents reviewed by the TRP	Comments
Rwanda HIV	Documents included mainly Secretariat-produced notes: <ul style="list-style-type: none"> – annex of data verification for the pilot and disbursement methodology – proposed list of indicators without detailed information for measurement – brief description of planned fiduciary arrangements – already-approved national strategic plan – final JANS report 	TRP review occurred quite late in the process – after major decisions were already made and agreements had been reached between the country and Secretariat.

Rwanda TB Rwanda malaria El Salvador TB	Documents included: <ul style="list-style-type: none"> – draft national strategic plan for TRP’s early engagement – concept note with respective attachments – JANS report – Secretariat-prepared briefing note 	While the TRP reviewed the draft national strategic plan and provided inputs/questions for the JANS team to consider, it was not clear whether the country addressed the comments from the JANS review or the TRP in the revised national strategic plan. Also, the TRP review found the suggested indicators and disbursement schedule were not fully elaborated. Mechanisms for independent verification were also missing.
Ethiopia malaria Solomon Islands TB Solomon Islands malaria Malaria Elimination Initiative in Mesoamerica and Hispaniola	Documents included: <ul style="list-style-type: none"> – concept note with respective attachments – final national strategic plan – Secretariat-prepared briefing note 	The TRP reviewed the concept note and supporting documents and had no engagement earlier in the process. The TRP review of the concept note and supporting documentation found the package of documentation offered limited information on indicator selection, measurement and disbursement schedule, as well as independent verification.
Panama TB/HIV	High-level presentation on the verified service delivery model prior to concept note submission is expected during next review window	The TRP had an opportunity to engage with the Secretariat team and discuss the process and future steps.

Based on these experiences, the TRP is of the opinion that there is a need for a complete review and redesign of the package of documents to be submitted for TRP review of RBF models.

Preliminary observations on the verified service delivery modality

As noted earlier, the TRP has only had very preliminary experience with reviewing the verified service delivery approach. However, engagement with the Secretariat has allowed some initial considerations to emerge. Namely:

- Verified service delivery, being a payment mechanism to sub-recipients and/or service providers, based only on performance, raised significant issues for the TRP and may require a more balanced approach including fixed and variable remuneration.
- Inaccurate population size estimates (a recurrent weakness in concept notes) are of particular concern in the verified service delivery modality. This is the case if payments are made on the basis of not only the number of service packages delivered, but also coverage achieved within the targeted population.
- To maximize the value of TRP review, as an independent technical body, there must be a precise and unequivocal definition of the elements of the service packages to be delivered and upon which payments are made to avoid misunderstanding or discrepancies arising at the time of verification.
- The integration of TB and HIV services delivery (as in the case of Panama TB/HIV) also needs to be clearly described as it has consequences for unit costs (e.g. the populations and geographic location in which the community promoters and/or service providers will be undertaking HIV and TB activities and the costed “service package”).
- Relying on a single measurement may pose significant limitations if payments are based only on a number of “service packages delivered” and/or coverage achieved, and the quality of services is not considered. An indicator measuring the quality of the package of services delivered would contribute to greater grant impact.

Outcomes of the TRP deliberation

Areas of concern

As the RBF modalities to be supported by the Global Fund are still in development, it is critical for the TRP to reflect on its learnings. Therefore, the TRP discussed its RBF review experiences internally and observed the following generic weaknesses that require action:

- While the TRP and Secretariat worked together on revising the concept note template to tailor it to RBF needs, the **structure of the concept note** in its current form seems inadequate to respond fully to the needs of RBF models. In general, the RBF approach should aim to reduce transaction costs, in particular in countries with a good track record of grant management and performance. RBF should reduce unnecessary administrative burden by using a simplified concept note template for funding requests and by using more national documentation (as annexes) to back up the summary statements on the national strategic plan, results, verification, incentives and Global Fund disbursements.

The RBF concept note can be significantly strengthened by:

- Requiring a clear explanation of how the proposed RBF model(s) links to the national strategic plan priorities in a given country context, as well as the benefits RBF could afford to the national program/government
- Highlighting the results to be achieved, along with the indicators for measurement of the program progress and triggering grant disbursement
- Changing the template to facilitate the adequate description of the routine monitoring and evaluation systems, a clear description of the indicators and how frequently the indicators can be

collected and reported and what challenges, if any, could emerge and how these challenges are planned to be addressed

- Requiring a clear description of the proposed disbursement schedule (i.e. timing, amounts and financing arrangements between the Global Fund and the country/Principal Recipient), especially for countries using the cash on delivery modality. Where pre-financing from the national budget is required, it is critical to understand what activities will be funded and how prior to the cash on delivery disbursement by the Global Fund. This becomes even more important for the countries where health sector financing is decentralized and depends on local budget financing
- Describing the country expenditure tracking system and how it could provide an adequate assurance mechanism for the disbursement of grant funds and to ensure that funds are used for the programs and not diverted. This issue becomes even more important where the health care financing system is devolved/decentralized and national tracking of health care spending by sub-national entities are not adequate
- Adequately explaining the donor/funding landscape for the program in a given country and how changes in a donor funding flow could affect (positively or negatively) the achievement of results, and how this may affect the proposed RBF model. As the Global Fund becomes a key stakeholder interested in the achievement of the results of the national strategic plan for the particular disease, it needs reassurance that all partners will make their committed contributions effective and the national strategic plan will be fully funded to achieve its claimed results
- Going forward, **result and indicator selection** remains a technical concern for the TRP and the Global Fund. Two issues are highlighted by the TRP. The first is adequate consideration of the time horizon between the program intervention and the achievement of results, as many results may only emerge over a longer period of time and disbursements are planned annually or even more frequently. The TRP observed that in some instances the suggested indicators, while having annual targets, may not reflect program results over a given calendar period (e.g. reduction of mother-to-child transmission of HIV among children 18 months old).

The second issue is adequately capturing the results chain by the indicator so that the achieved results reflect health outcomes occurring within the population. For example, while indicators measuring mother-to-child-transmission of HIV could show some progress, this progress might be misleading if antenatal coverage and/or HIV testing rates among pregnant women are declining. Similarly, TB treatment success rates may reveal positive results, although case detection rates may be declining and most-at-risk population groups may not be reached.

Based on the reviewed documents, the TRP considers both issues significant and requiring further discussion to assure that the proposed results and respective indicators for the RBF modality assure the improvement of program functionality.

- **Result verification mechanisms** that assure that the results are actually achieved are an essential feature of any RBF model. The documents reviewed thus far by the TRP largely failed to clearly convey how independent verifications would be accomplished and what arrangements would be put in place. In addition, the verification arrangements were not tailored to the indicator measurement methodology, some of which may allow ex-ante verification prior to payment, while others will require ex-post assessment, because they emerge with significant time delay (e.g. if they require population-based surveys).

- Finally, the RBF modalities reviewed by the TRP risk ignoring the needs of **key populations** because the suggested results/indicators for RBF do not adequately capture the needs of these groups. This could be addressed by careful use of the verified service delivery variant, but the TRP review experience is too limited to assess this potential.

Where the TRP could add value in the Global Fund's application of RBF

The introduction of the RBF models indicates a major change in the way the Global Fund will do business in the future, hopefully reducing transaction costs in better performing countries, allowing the Secretariat to increase its focus on monitoring funds and results, and engaging more actively with governments on policy issues and less on the process undertaken in country. In such situations, a TRP review brings less value in commenting on the choice of interventions and more value on what result indicators have been chosen, at what costs and how this will be monitored. Based on the limited TRP review experience to date, summarized earlier, this section advances some initial views on where the TRP could add value in the RBF process:

- **Guidelines for applicants on RBF:** The responsibility for developing these guidelines rests primarily with the Secretariat in consultation with technical partners with RBF experience at the global and country levels. However, there is some experience among TRP members in developing and implementing RBF approaches in countries. The TRP can therefore be consulted on early and advanced drafts of the RBF guidelines as these are in development to allow the TRP to provide views and advice relevant to the TRP's work. These guidelines can also be used to brief the wider TRP group on the RBF approach, why in some situations it is the preferred option, and what benefits are to be gained from RBF.
- **Concept note format for applicants using RBF approaches:** The RBF approach, at least initially, is likely to be used in countries with relatively good performance, specifically where there are high levels of assurance that funds will be used appropriately and where there are good working relationships with international development partners. Hopefully, this will lead to more reliance on country strategies and plans as well as to a significant reduction of additional documentation specifically for the Global Fund, including what is required to be submitted by the applicant for the TRP to assess the concept note. The TRP needs to be involved in the discussion of how the concept note format will be simplified while essential information for grant-making and TRP review is retained, and how supplemental documents will be reduced as part of the submission of concept notes including RBF modalities.
- **Choice of RBF model:** The decision on which RBF approach is chosen should be made in country with the involvement of the country team. The TRP should not be involved in the decision of which RBF modality type is appropriate as this may compromise the TRP's ability to provide an objective review of the concept note. However, during concept note review, the TRP may provide suggestions to be considered as part of its feedback where RBF modalities are not being used to their full potential. Additional approaches could be considered to make grant implementation more efficient.
- **JANS process:** If the choice of an RBF modality will be based on a national strategic plan that will go through an in-country JANS (or similar) process, this should be the prime process for amending the national strategic plan. Development partners, including the Global Fund, should be active participants. Currently, there is no clarity in terms of the added value of the TRP

providing detailed comments on national strategic plans and the Global Fund contribution to the JANS process. For these reasons, the TRP should be engaged through the Global Fund's participation in the JANS process only if invited by the country team. The TRP should provide comments on the national strategic plan as it is supplied to the Global Fund. The TRP's recommendations should be used by the country team to inform the JANS process in country. The country team should provide feedback to the TRP and explain why key decisions to revise the national strategic plan were made. The TRP would then focus on the review of the concept note.

- **Early assessment of RBF model:** The country team and applicant will need to decide when to seek a TRP review of the proposed RBF model. There is some flexibility in identifying the right time for assessment. If the country team and applicant are confident on the approach, for example, because of previous successful use of RBF grants, then a complete concept note and accompanying documentation could be developed. However, if this is a new approach in the country and the Global Fund is still exploring the utility of the different RBF modalities, then the TRP could be approached to give an early assessment, recognizing that the concept note has not yet been developed. As the RBF models become more developed, early engagement of the TRP will probably not be required routinely.
- **Concept note review:** When a concept note proposing an RBF modality is ready for TRP review, the concept note should be submitted for the TRP's usual review. At this point, the TRP can make recommendations for the concept note to progress to grant-making or request amendments to be made, with or without further TRP review. However, the TRP will not make recommendations on the national strategic plan or in-country decisions on the choice of interventions, once these have been chosen following a robust review in country (e.g. JANS or similar process). While there will obviously be exceptions, the TRP value will be to provide feedback on the choice and use of indicators, their measurement and verification, and how this is used to provide incentives for increased performance and impact.
- **Learning from RBF experience:** The TRP will collate its lessons gained from reviewing RBF modalities to help the Global Fund gather its experiences and improve RBF programming. This could be a standalone collation of experience by a small sub-group in the TRP focusing on RBF together with the members of the Secretariat. The TRP should also engage in broader Global Fund evaluations and reviews of RBF.

Preliminary conclusions and recommendations

This section presents preliminary lessons learned and insights on the TRP involvement in the ongoing RBF pilots. It also points out some open issues and suggests possible ways to address them. As the pilots are not yet completed, these comments are provisional and are subject to further exchanges and discussions with the Secretariat and may need to be revised as the RBF pilots progress.

1. RBF modalities have the potential to further improve the outcomes and impact of Global Fund grants using simpler mechanisms. As RBF can promote country ownership, as well as the engagement of the Global Fund with other health partners, it is likely to get support from the international development community. In addition, the expectation of the RBF pilots under implementation, when they are fully established, is that they should have lower transactional costs for the Global Fund than regular grants.

2. The three RBF modalities piloted – national strategic financing, cash on delivery and verified service delivery – seem adequate to accomplish the Global Fund objectives for RBF. The TRP notes that the experience with verified service delivery is thus far more limited than the other two modalities and that additional modalities could be piloted in the future. It is important, however, to set clear criteria for the selection of countries for each of the RBF modalities and for consultation with the TRP when developing new modalities. This would be to assure expectations are aligned and appropriate processes are put in place.
3. RBF modalities linked to a national strategic plan, such as national strategy financing, and some cases of cash on delivery, would benefit from the involvement of country teams in the JANS. In most national strategy financing pilots, the TRP has been involved prior to the JANS and considers it important to obtain the country team's views on the added value of this early TRP engagement, and proceed based on emerging learnings with clear identification of the most appropriate timing of the TRP review, to ensure maximum added value to the process. Given that RBF initiatives are still in pilot phase, the TRP is open to be involved in early engagement through the review of new drafts of national strategic plans before JANS missions at the invitation of the country team.
4. In cases where there is no JANS (or similar process) or no Global Fund involvement in the national strategic plan, the TRP engagement can begin with a briefing by the country team on the national strategic plan at the time of concept note review. The concept note format could be simplified, focusing on: the expected results of the program and indicators to measure its degree of achievement; the amounts and schedule of payments by the Global Fund if the results are achieved; and the scope and methodology of the independent verification of results. Early experience suggests that the concept note should clearly explain how the country's health management and information system will generate these indicators.
5. TRP discussions on the current RBF pilots suggest that the assessment of the validity and appropriateness of the indicators proposed in a RBF concept note is an area in which the TRP can offer important added value. Although there seems to be a consensus that Global Fund payments linked to the achievement in a single indicator is the preferred option, there will be cases where a single measurement does not capture important dimensions of the result. Additional conditions may need to be set. This point requires further testing in the pilots and discussion with the Secretariat and partners.
6. It seems that an important contribution of the TRP to the assessment of indicators proposed in a concept note is to check that they can be appropriately disaggregated to measure program results, especially among key populations, particularly in concept notes that are required by the eligibility, counterpart financing and prioritization policy to focus on these populations. As national strategic plans may not offer sufficient detail to make this assessment possible, the concept note format for RBF will need to provide a complete results framework. It would be useful to have an interim assessment of this point in the pilots currently underway.

7. Finally, there are preliminary indications that the TRP can also make an important contribution by commenting on the design of the independent verification of results (i.e. suggested methodologies). The RBF pilots so far contain few details on what is planned for independent verification to allow an informed assessment of this point. Therefore, if the country team provides an outline of its plans for independent verification, the TRP can deliberate on the technical soundness of the proposed approach and methodology.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Chemin de Blandonnet 8
1214 Vernier
Geneva, Switzerland

Tel : +41 58 791 1700
Fax : +41 58 791 1701

www.theglobalfund.org
info@theglobalfund.org

 www.facebook.com/theglobalfund

 www.twitter.com/globalfundnews