

**REPORT OF THE TECHNICAL REVIEW PANEL ON THE CONCEPT NOTES
SUBMITTED IN THE FIRST AND SECOND WINDOWS OF THE NEW FUNDING MODEL**



Purpose:

This report summarizes the observations, lessons learned and recommendations from the TRP's review of concept notes submitted in the first and second review windows of the new funding model.

INTRODUCTION

The Technical Review Panel (TRP) met 15-20 June and 27 July-1 August 2014 to review the concept notes submitted in the first and second review windows of the new funding model respectively. The TRP made funding recommendations on concept notes, including recommendations on incentive funding.

The first review meeting consisted of 40 TRP members and 38 members at the second. Both were chaired by Mr Shawn K. Baker. Dr George Gotsadze and Dr Lucie Blok served as Vice-Chairs. Across the two review windows, the TRP reviewed 32 new concept notes and 42 regional expressions of interest.

At both meetings, the Review Panel consisted of both existing members as well as new members. This helped ensure a level of consistency with funding recommendations in years past. A number of members were also present at the reviews for both windows, ensuring consistency between windows.

Having completed the TRP replenishment in 2013, the TRP purposefully invited more reviewers than was necessary in window 1 to ensure that all new serving TRP members would be fully literate in all aspects of the new funding model.

The TRP reviewed concept notes for strategic focus and technical soundness to ensure limited resources are positioned to achieve maximum impact on the diseases¹. The TRP reviewed:

- **Program elements to be funded within the country allocation²; and**
- **Program elements to be funded if additional money is available, which is the above allocation amount.³**

¹ In line with the Board decision (GF/B27/DP7) and the TRP terms of reference.

² The country allocation funding is an amount of funding that has been derived from an allocation formula for each country and communicated by the Secretariat at the beginning of the replenishment period. Please refer to the [Overview of the Allocation Methodology](#) on the Global Fund website for more information on how country allocations have been calculated.

³ The above allocation request refers to the amount that is over and above the country allocation communicated by the Secretariat. This request is reviewed by the TRP for strategic focus and technical soundness, which may be recommended for funding through any incentive funding available and/or kept on a register of unfunded quality demand.

The TRP also prioritized elements within the concept notes in order to facilitate the allocation of resources becoming available through efficiencies found during grant-making or through future, additional resource allocations to a country through the register of unfunded quality demand.

This report does not provide the TRP funding recommendations for each concept note, which have been provided to the Grant Approvals Committee (GAC). Instead, this report provides observations, lessons learned and recommendations drawn from the concept notes reviewed in the June and July windows.

This report is structured as follows:

Part 1: Observations, lessons learned and recommendations

Part 2: Review process

PART 1: OBSERVATIONS, LESSONS LEARNED AND RECOMMENDATIONS

During its review in June and July, the TRP identified key areas of improvement for countries, partners, the Secretariat and others.

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

- **Recommendations for countries**
- **Technical and disease-specific recommendations**
- **Observations for the Global Fund Board and Secretariat**
- **Observations and recommendations on regional applications**

RECOMMENDATIONS FOR COUNTRIES

The TRP pinpointed key lessons emerging for countries. By following these recommendations, tailored to the individual country context, applicants may avoid requests for another iteration.

Applicants should keep in mind that these lessons emerged from the applications reviewed in windows 1 and 2, and that the situation for any particular country will warrant an approach tailored to the specific context.

1. Prioritize within the allocation amount

Applicants must present a clear and prioritized concept note. The TRP appreciated concept notes in which interventions were prioritized early on in the narrative, which facilitated its recommendations with regards to the allocation and above allocation amounts. The TRP did see a marked improvement in the prioritization within concept notes from windows 1 to 2, with more applicants presenting strong, evidenced-based rationale for prioritization. There were two particularly good examples of concept notes that presented the different levels of impact to be achieved with different levels of investment, one of which undertook the exercise of prioritizing interventions before the country allocation was announced.

Applicants need to show the strategic choices they made, given limited resources, to maximize the impact of Global Fund investments, along with national investments and other donor support, against the three diseases and to further strengthen health systems. The lack of an evidence-based prioritization in a concept note for the allocation amount was one of the major reasons the TRP would request to see another iteration of the concept note before moving to grant-making.

The TRP noted that several applicants had trouble shifting to the new funding model approach of using “scarce” allocated resources in a way that maximizes impact. In the past rounds-based system, applicants had no funding limit to their requests. Under the new funding model with country allocations, applicants have to make

tough choices with the limited resources, so it is imperative that they provide well-prioritized requests within their allocation amounts. Even if applicants are eligible for incentive funding, the awarding of incentive funding is competitive, not guaranteed, and the overall amount available is relatively modest. Therefore applicants should write their funding request for the allocated amount as if they will not receive any additional funds.

Prioritization needs to be based on evidence. The TRP will look for CCMs to justify their prioritization based on sub-national and sub-population epidemiological data and lessons learned from past implementation. CCMs should consider the geographic and sub-population distribution of prevalence, incidence, risks and service access in deciding how to deploy their allocated funding for maximum impact. Concept notes that moved directly to grant-making without a request for another iteration were well-focused, strategic applications with funding directed toward geographic areas and/or key populations based on epidemiological evidence.

2. Separate the above allocation request

For some countries, developing an above allocation request represented an undue burden, with 11 components that did not request above allocation funds, including three that were eligible for incentive funding.

For those that did include an above allocation request, it was sometimes hard for the TRP to assess the technical merit if the concept note was not clear about which interventions were proposed within the allocation amount and which were proposed within the above allocation amount.

CCMs must describe separately their allocation request and their above allocation request in section 3.2 of their concept note narrative as well as in the modular template.

Critical program components need to be included in the allocation request, if the allocation is large enough to cover them. Otherwise, if placed in the above allocation request, the TRP may request their reprioritization into the allocation request. On top of those essential program components, the above allocation request should rank choices with corresponding budgets and expected impact.

The above allocation request should be reserved for additional interventions beyond the minimum level, such as expanding geographic coverage or scaling up services/interventions. Funding for those activities might be possible through incentive funding, if the country is eligible, or through the register of unfunded quality demand. The TRP noticed that, in some cases, critical elements were included in above allocation requests, seemingly to make a more compelling case for incentive funding. While the TRP acknowledges that for some countries the allocation amount along with national and other donor funding is insufficient to cover all basic life-saving programs, it is essential that the highest priority elements be put within the allocation funding request, since, as discussed above, incentive funding is not guaranteed.

The TRP needs a costed ranking of activities in the above allocation so it can make incentive funding recommendations. The TRP uses the cost estimates to distribute incentive funding more strategically. Otherwise, the TRP may not be able to clearly identify where incentive funding can go when it is available.

The TRP recommends the Secretariat revise the concept note form and guidance to make these requirements clearer to applicants.

3. Improve the quality of concept notes

The TRP small review groups were asked to rank concept note quality after each review using a structured questionnaire developed jointly by the TRP and Technical Evaluation Reference Group (TERG). Results indicate overall good quality between the two windows (see Figure 1), with 75 percent deemed “good” or “very good” quality.

Figure 1: TRP survey responses on overall concept note quality



In order to achieve a higher and consistent level of quality in concept notes, the TRP believes that applicants would benefit from more guidance in a number of areas. For example, some concept notes had been lengthened with extraneous information, while others did not contain enough information to judge technical soundness. As part of its engagement with countries during concept note development, the TRP recommends the Secretariat ask countries to shorten concept notes where necessary and/or include critical information that is clearly absent. While annexes are welcomed, applicants are expected to develop self-contained concept note where critical information about the program is complete and well presented (and not in the annexes) and dully referenced/supported with the annexes, where necessary.

Perhaps of most concern for the TRP was the number of poor quality concept notes coming from countries that have, apparently, relatively weak systems and capacity. It is imperative that appropriate technical assistance be prioritized for countries with low resources and/or weak systems to facilitate development of high-quality concept notes and subsequent robust implementation of grants.

Budget and modular template

There were a number of issues related to applicants' use of budgets and the modular template that the TRP would like to highlight for future concept notes.

While the TRP does not wish to return to the detailed budgets reviewed under the rounds-based system, the TRP notes the varying degree of detail in the budgets presented through the modular template and the fact that the budget is mixed with targets and indicators. This was exacerbated by the absence of clear linkages between the narrative, the budget and program priorities. This often made the review of concept notes challenging, particularly when the TRP needed to re-prioritize intervention packages and identify the associated budget.

The TRP also saw examples of concept notes that included targets, but had not committed to impact indicators. In order for a country to justify the funding request for a certain intervention, it must be able to link the proposed investment to the impact expected to be achieved over the life of the grant, including related information on the baseline and processes that need to be put in place for this to be measured. One applicant did an excellent job of modeling the expected impact based on the level of investment in the proposed program. While the TRP recognizes that disease modeling has its limitations in certain contexts, it can be beneficial for applicants to think through the issues and ensure that appropriate processes are in place to achieve the desired impact.

With regards to value for money, the TRP reminds applicants that the budgets presented in the modular template should be aligned to the program priorities. The TRP urges applicants to include sufficient level of detail in cost assumptions in the modular template, for both the allocation and above allocation amounts requested, with reasonable program management costs. It also requests applicants to link the relevant piece of the modular template per intervention within the narrative for the allocation and above allocation amounts. All proposed interventions should be linked to appropriate impact indicators that will be measured through a reliable health management information system (HMIS). Justification for the exclusion of impact indicators should be included if necessary.

4. Demonstrate learning and evidence from previous experiences

The Global Fund has been supporting countries for more than a decade. In the concept notes, the TRP would like to see applicants explain previous investments in disease programs, the impact of those programs, and – most importantly – how lessons learned from those programs have been used to shape future investments. CCMs can present a very compelling case for investment when they included this information in their concept notes.

CCMs should analyze the results of past programs and recognize how the proposed interventions build on them, maximizing impact. Concept notes should not signal “business as usual,” simply repeating and extending past programs without good reason. Based on evidence, programs should be adjusted to focus more strongly on the most effective approaches used in the past, while removing components that

have not proven effective. This information can be provided in section 1.1 of the concept note narrative, and should use section 3.2 of the concept note as justification for prioritized interventions.

5. Focus on key populations

Most concept notes described key populations, but the focusing of interventions on these populations was often too vague. In a resource-constrained environment, such focus is essential in order to maximize the impact of programs to fight AIDS, TB and malaria. Therefore, CCMs should identify 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.

Since pilot projects for key populations exist in most countries, it is important that concept notes reflect these lessons learned in order to boost funding for currently underfunded innovative approaches to reaching key populations. The TRP would like to remind applicants that both successful and unsuccessful interventions can be used to inform national policy.

6. Improve quality of data and increase its use in program decisions and concept notes

The TRP had some concerns about the quality of the epidemiological, surveys and study data presented in some concept notes. There were particular concerns about the lack of robust data on the epidemiological and risk profiles of key populations, which are central to making informed investment decisions. It further noted a continuing weakness in reporting data on measured outcomes and intervention effectiveness across all populations. In light of this, the TRP requests that partners and the Secretariat explore the provision of expanded support to countries for strengthening their data systems and ensuring that this data are used to guide programs.

Countries are also requested to ensure that implementers are regularly tracking the outcomes of interventions in the field through routine program management data collection, e.g. through small client polling booth surveys or client service quality surveys in intervention settings. It is important to note that such data will often be intervention-specific, more fine-grained and on a shorter timescale than the high-level indicators in the modular template for tracking the entire grant, although they may be linked where appropriate. Program designers and managers should ensure that this data are feeding back into intervention management to make course adjustments that improve the quality and impact of their efforts. Such routine program management data will be most helpful if it is designed to parallel the program logic model on which the intervention is based. The outcome data from these efforts could also be referenced in future concept notes to demonstrate the strategic value and potential impact of the support requested. Partners should support capacity building efforts for use of data in program management, as many smaller nongovernmental organizations and community-based organization have limited experience with using data to monitor and strengthen their own efforts.

In general, the TRP finds that data are being underused in preparation of concept notes and that some countries are not using many sources of information, provided to or known by the TRP, in geographically prioritizing and informing program targeting and design. Countries should consider investing in a central data hub, which gathers the multiple sources of epidemiological, behavioral, programmatic (cost, coverage effectiveness) information available in the country in one location, regardless of funder or implementer. This would contribute to increased use of these data to guide programs. Countries should also seriously consider investing Global Fund resources in building sustainable national analytic capacity to use the large amount of data collected to guide future program decisions, rather than relying too heavily on external consultants.

7. Initiating use of electronic medical records

The TRP noted that some countries are trying out electronic records under individual projects. Before doing so, the TRP strongly recommends that:

- Countries consult successful examples from other places so that they can benefit from lessons learned;
- PEPFAR and Centers for Disease Control and Prevention more broadly share their experiences with such systems; and
- These records systems are linked to the national health management information systems (HMIS) and logistics management information systems (LMIS), e.g. drug procurement or condom and syringe distribution and consumption, etc.

This will help to ensure that maximum utility is obtained from the data collected and that commodities are available at the point of service in a timely manner. It is particularly critical that the needs of key populations, e.g. for condoms and lubricants, are incorporated into the countries forecasting systems as appropriate. Given the renewed emphasis on integrated TB/HIV services, every attempt should also be made to ensure that electronic records systems integrate information on both TB and HIV.

8. Concept notes should cover the period to the end of 2017

The TRP acknowledges that under the Board's decision to approve the 2014 allocation⁴, "while each disease component's portion of the total allocation will typically cover a period of four years starting from 1 January 2014, the Secretariat, working together with countries and/or regions, has the operational flexibility to structure longer or shorter grant implementation periods while applying the principles of the allocation model⁵ to guide funding levels towards the amounts derived from the allocation formula."

The Secretariat has informed the TRP that a shorter grant implementation period may be appropriate for certain grants. On a case-by-case basis, there is some

⁴ Refer to Board decision GF/B31/DP09.

⁵ Refer to Board decision GF/B28/DP04.

flexibility to shorten or lengthen grants, with the aim to achieve greater impact and in consideration of the country-specific context. As a result, the Secretariat will take into consideration ambition to achieve increased impact and sustain gains, and whether a country has received less or more than its formula-driven allocation, when making a decision about grant lengths.

Accordingly, the TRP reviewed the relevant concept note based on the following understanding: the resulting grant(s) implementation period(s) will end on or about December 2016 and the technically-sound and strategically-focused elements of the request for funding beyond such end date will be treated as an above allocation request to be funded from resources available now or in the future.

The TRP's position is that concept notes with shortened grant duration should explain where funding will come from to cover the period until the end of 2017, if not from the Global Fund, or the country should ensure the above allocation request covers the remaining period (keeping in mind that even when a country is eligible for incentive funding, above allocation funding is not guaranteed). The TRP may request another iteration of a concept note if it has unanswered concerns that a shorter timeframe puts the continuity of programs at risk in the event that the funding does not materialize or falls short.

9. Show evidence of counterpart financing compliance and willingness-to-pay commitments at the time of concept note submission, and include focused interventions for key populations in these commitments

In window 1, nine out of 10 concept notes showed evidence countries will satisfy the counterpart financing requirements and willingness-to-pay commitments. The Global Fund informed the TRP it anticipated most countries would meet these conditions. One country, however, did not meet these conditions at the time of the TRP review, although it subsequently met its commitments in time to be considered for the second review window. In window 2, all 22 concept notes showed evidence countries will satisfy these requirements.

In order for the TRP to effectively assess the request for the allocation amount and to prioritize the above allocation request, it is important that countries meet all counterpart financing requirements at the time of concept note submission. Compliance with those requirements is determined by the Secretariat and is a requirement of receiving any funding from the Global Fund. While TRP may review such applications, the TRP would not consider the concept note for incentive funding unless willingness-to-pay commitments have been agreed in principle at the time of concept note submission.

Government support for key populations

While most countries are meeting counterpart financing and willingness-to-pay conditions, they are doing so in a manner that largely excludes key populations, i.e. men who have sex with men, transgender people, people who inject drugs, criminalized populations and female and male sex workers. The TRP remains seriously concerned by the continuing absence of government financial support for

these populations such as through community-based organizations. As such, the TRP strongly recommends:

- The Board and the Secretariat consider building direct government support for key population services into counterpart financing and willingness-to-pay conditions. This might be done on a sliding scale so that by the end of the grant, the government is absorbing a significant fraction of the overall cost of these services and associated capacity building. This is especially important in countries which will be transitioning off Global Fund support over the next few replenishment periods or there is a serious risk of the unintended consequence that these essential programs will be discontinued with the ending of Global Fund support. Direct government support to key population programming – such as through community-based organizations – will encourage development of systems through which civil society can be supported by government funds in a sustainable manner.
- The Board, Secretariat and country teams consider adopting guidance or rules fostering joint government/nongovernmental organization implementation of activities instead of separate activities. By requiring the government and nongovernmental organization/community-based organization sectors to work together on actual program implementation, government services can become increasingly cognizant of and sensitive to the needs of affected communities, nongovernmental organizations and community-based organizations can open the door to more sustained government support for their activities, and the sustainability of these programs will be improved. Where feasible, this will also encourage a transition from high cost vertical approaches to lower cost, integrated activities that will be more sustainable and can have greater reach through their reduced costs.
- The Secretariat executive management and country teams continue to seriously address existing barriers to government support of key population interventions, including direct legal barriers to funding nongovernmental organizations and community-based organizations, institutional rules preventing hiring outreach workers, requirements that all staff be trained medical personnel, and other limiting factors.

Highest impact interventions

Currently, the Global Fund policy, referred to as the “focus of application,” only requires upper-middle income and lower-middle income countries to focus 100 and 50 percent (respectively) of the total funding request on “underserved and most-at-risk populations and/or highest-impact interventions within a defined epidemiological context.”⁶ The TRP would like to highlight that in the new funding, all investments are to achieve maximum impact and target gaps in programs for the populations most-at-risk in the context of a country’s epidemic. The TRP recommends that this section be removed from the concept note or that it be amended to include reference to low income countries, which currently may submit applications without any restriction to the scope of interventions.

⁶ As defined in the Global Fund’s [Eligibility and Counterpart Financing Policy](#) (GF/B30/6 Revision 1, Attachment 1).

10. Describe program split

In window 1, the program split information provided to the TRP was insufficient for it to make high-level comments concerning the equity of the country portfolio. While acknowledging that the program split is the country's responsibility, the TRP felt it would benefit from a greater understanding of the program split dialogue and rationale. The TRP therefore requested that the Secretariat provide more complete information concerning program split dialogue and rationale, which was provided in the second review window.

The TRP found the additional information very useful. From its review of this documentation, the TRP noted that CCMs often stated that they had "endorsed the program split recommended by the Global Fund," indicating that the information contained in the allocation letter was often interpreted as the recommended program split and taken as the default position. Applicants are reminded that the program split communicated in the allocation letter is based on the calculation of total allocations and is for informational purposes only; it should not be seen as a recommendation from the Global Fund. Instead, the CCM should take this opportunity to seriously debate the program split that is most appropriate in the specific country context.

In some cases, the TRP was concerned that it did not appear that all relevant stakeholders were given a voice in the program split discussions. It is important that a rigorous and inclusive country dialogue process is in place to determine how to achieve optimum impact in responding to the three diseases and strengthening the health system as a whole. This process should include a broader range of stakeholders than those on the CCM.

The lack of stakeholder input to discussions may have contributed to the continuing under allocation of funds to TB (based on a lower historical split) or health systems strengthening (HSS) programs during the program split discussion, for example. In other cases, the TRP had more general questions about the efficiency of the program split, but because concept notes for the three disease components and HSS are submitted separately, members lacked the context to determine whether the country allocation was being strategically prioritized to achieve the most significant impact.

The TRP recommends that all key technical stakeholders be engaged in the program split discussions, including HSS experts, and requests CCMs to include a detailed description of the program split rationale, regardless of whether the CCM chooses to submit the program split contained in the allocation letter or to make significant modifications. Furthermore, inadequate investment in health systems was clearly an impediment to implementing disease programs. The TRP therefore recommends that HSS investment for band 1 countries be made mandatory unless there is demonstrated absence of the need to do so.

11. Focus on sustainability

Applicants should focus on ensuring the long-term sustainability of programs, regardless of how much longer the country expects to receive Global Fund support. Developing a strong, independent program requires time, planning and support, and the TRP encourages applicants to make full use of Global Fund resources to move in this direction.

The second window included the first concept note from a country that voluntarily exited from Global Fund funding. The TRP applauds this applicant for its efforts to move to domestically funded programs while maintaining the gains achieved under Global Fund financing. The TRP strongly encourages other applicants to consider ways in which programs can be made more sustainable, with the goal of eventually transitioning away from Global Fund support.

The TRP recognizes that some countries lack the resources and capacity to sustain their own programs in the near future but nonetheless urges these applicants to demonstrate measures taken to ensure the sustainability of proposed interventions. Particular attention should be paid to integrating disease programs and HSS efforts into the national health system, to building national capacity, and to strengthening health data collection and monitoring and evaluation systems.

Furthermore, in addition to focusing on key populations in Global Fund-supported interventions, countries should develop national mechanisms to support prevention and care services for key populations through domestically funded programs, ideally via civil society organizations. The TRP believes that civil society organizations are well placed to provide effective and sustainable services to key populations on a long-term basis. All countries should include a plan to steadily increase national resources for funding of key population programs over time. In particular, countries transitioning off Global Fund resources should demonstrate that this process will be complete before the transition occurs.

If countries identify areas of weakness that might jeopardize their ability to ensure program sustainability, they should seek technical assistance to address short-term bottlenecks or longer-term capacity issues.

TECHNICAL AND DISEASE-SPECIFIC RECOMMENDATIONS

Lessons relating to technical topics also emerged from the review.

1. Malaria

The TRP reviewed eight malaria concept notes in the June review, and 14 in the July review (one of which was a second iteration from the previous window).

The TRP praised a number of concept notes for clear efforts to enhance disease programs to uphold the new funding model objective of investing for impact. Throughout their applications, some countries clearly embraced the challenge of prioritizing strategically, using evidence and past experiences, to further the impact of Global Fund funding support and save more lives.

However, among some applicants, the TRP found a lack of clear vision and strategy to stratify countries epidemiologically, allowing for intervention targeting and prioritization to maximize efficiency and enhance impact. In the new funding model only the allocated amount is guaranteed; applicants need to establish an essential package of services within that amount.

In these resource-constrained environments, applicants therefore have to think strategically to maximize impact of investments, using sub-national epidemiological data to prioritize geographically, and considering high-burden areas and population groups at highest risk.

The TRP encourages applicants, where appropriate, to collaborate with bordering nations. In pre-elimination areas along borders, countries should take a more collaborative and cross-border approach so that gains made are not undermined and reintroduction of malaria is prevented.

The TRP recommends applicants to clearly justify and explain their strategic choices and targeted interventions, supported by a presentation of all available data in a synthesized fashion. The data used should come from the whole range of available sources (e.g. health management information systems (HMIS), malaria indicator surveys) and include epidemiological and operational data. If data are not available, the development of country stratification should be included in the concept note. The TRP sees the need for greater investment in monitoring, evaluation and surveillance so that the use of resources is evidence-based and achieves maximum impact.

In the context of limited funding, the TRP questioned co-deployment of indoor residual spraying (IRS) and long lasting insecticidal nets (LLINs) unless there is evidence of additive impact or proven resistance.

Applicants need to ensure that all relevant partners and key actors providing funding and activities are consulted during concept note development and that those consultations are summarized in the concept note.

Given that the private sector is a key service provider in some countries, including for-profit establishments, a clear long-term strategy is needed for the role, involvement and support of the private sector in Global Fund-supported programming.

The TRP found that the Global Fund lacks a clear policy vision on funding for malaria elimination in the context of global guidance, given the Global Fund's emphasis on strategic investment for impact. In light of limited resources, the Global Fund should provide policy guidance on whether maximizing lives saved is prioritized over activities that will eventually lead to disease elimination. For example, in countries with both higher burden and pre-elimination areas, active case detection in the pre-elimination areas may not be considered as high of a priority if it diverts resources from higher burden areas. Clearly, the potential for transmission bouncing back in low transmission/pre-elimination areas should be considered when targeting and prioritizing interventions in those areas.

The TRP also identified the lack of global normative implementation guidance around scaling back interventions in low-transmission settings. The Global Fund should clarify whether a country can request funding for programs in low endemic areas, or whether it should go only to high-burden areas; and whether the Global Fund should be investing in momentum for malaria elimination. These issues highlight a clear need for a policy on Global Fund priorities regarding malaria elimination.

2. HIV

The TRP reviewed six HIV concept notes across the two windows and four TB/HIV concept notes. It should be noted that these were predominantly from countries outside Africa. While fewer than the number of malaria concept notes, there is still value in drawing lessons learned and making recommendations for future review windows.

The TRP found that some of the proposed HIV programs tended to be “business as usual.” The TRP found insufficient analysis and use of existing epidemiological and programmatic data in the concept note narratives to justify program choices and refocus programs strategically. In the concept note, applicants also urgently need to provide data on the measured effectiveness of the interventions being proposed in a local context. This information should then be used to justify the mix of prevention interventions proposed (both program type and population focus) and estimate their impact on new infections. In identifying weaknesses in treatment and care and efforts to rectify them, applicants should examine major gaps along the entire implementation cascade.

Applicants need to make better use of epidemiologic data to guide the choice of prevention components of their programs. The TRP found the distribution of new infections among different populations and by age and gender were not driving program selection as might be expected. It also found that programs were not refocusing to maximize impact based on geographic variations in prevalence and service access. Inadequate detail was presented on the content of proposed

programs, the barriers faced by those programs and how to address those barriers. This sometimes left the TRP with insufficient information to properly assess proposed efforts and their likely impacts.

Applicants must also strategically address gender, residence and geographic inequities in service access for HIV counseling and testing (HCT), sexually transmitted infection (STI) treatment and antiretroviral treatment (ART). For example, the TRP found that expansion of services was not targeted to low-access areas and there was little discussion of improving service access by key populations.

Technical partners should strongly emphasize prioritization of interventions, focusing on the most affected populations, and expansion of coverage levels when providing support for concept note development. They should also provide guidance on strategies to better address key populations with overlapping risks, such as female sex workers who inject drugs.

Adoption of the World Health Organization 2013 antiretroviral treatment guidelines

The TRP continues to have concerns about the plans presented in concept notes for adoption of the WHO 2013 Guidelines on ART. Applicants should focus on maintaining prevention gains and achieving good treatment coverage and quality at CD4 levels of 350 before attempting to rapidly scale up ART. However, submitted concept notes do not always holistically consider the country's readiness to move to a CD4 threshold of 500, nor do they appear to acknowledge the aspects of the WHO guidance that allows for prioritization of people with CD4 less than 350 and for discordant couples and key populations.

The TRP notes reports of extremely low viral load suppression in individuals on treatment for over 12 months, weak procurement and logistics management systems, low retention in care of individuals on treatment, low treatment coverage of individuals from key populations relative to the population as a whole, limited availability of financing to ensure long-term sustainability, and insufficient human resource capacity to deliver and monitor treatment. Any of these issues can seriously impact successful adoption of the guidelines.

Countries should closely review the guidance for program managers offered in chapter 10 of the WHO guidelines and factor those considerations into their implementation plans. Partners are also strongly encouraged to work closely with countries to realistically assess their readiness to implement different components of the 2013 guidelines at scale and to develop realistic plans to move to fuller implementation at a pace which is appropriate given capacity, local epidemiological and programmatic realities and resource constraints⁷. It looks as if countries are under external pressure to adopt these guidelines more rapidly than may be appropriate, which raises the TRP's continuous concerns about feasibility, sustainability and possible unintended negative consequences arising from such decisions.

⁷ See, for example, "Antiretroviral therapy recommendations for the global community: Aspiration versus reality." Philips et al, AIDS 2014, 8: 939-941.

In addition, the TRP remains concerned about countries finding the appropriate balance between primary prevention and treatment under the serious resource constraints faced. Without appropriate primary prevention efforts, ART will ultimately prove unaffordable and, therefore, unsustainable. Thus, the TRP wishes to reiterate the urgent need for partners and others to develop operational programmatic guidance on how countries should manage the scale-up of new treatment guidance while ensuring an appropriate balance of treatment and primary prevention, taking into full consideration the current epidemiological situation, the existing health system capabilities, the actual coverage and effectiveness of prevention efforts, treatment programs and resource availability now, over the life of the grant and beyond. If a major portion of the resources requested is going to antiretroviral therapy scale-up, the concept note should make clear how essential primary prevention services are to be sustained and scaled-up through other resources.

Government support for key populations

The TRP remains seriously concerned by the continuing absence of government financial support for primary prevention among key populations, as evidenced in the HIV concept notes reviewed. Please refer to the TRP's general observations on key population support above for more detailed recommendations on this issue.

Lack of interventions to support young women in generalized epidemic settings

The TRP notes a major gap in programming to support the needs of young women, who are at extremely high risk, in generalized epidemic settings. The lack of specific interventions to address the needs of these women has been apparent for over a decade, but countries and international partners have yet to develop much in the way of effective programs to protect them, except for recent efforts on cash transfers. The TRP therefore recommends that:

- Partners and researchers urgently prioritize the development of effective programs to lower incidence among these young women. The TRP appreciates that the partners do plan to include this population in the next set of prevention guidance, but more is needed immediately.
- In their concept notes, countries specifically include interventions to address the needs of adolescents at risk, especially young women, and include appropriate data collection to monitor changes in behavior and prevalence changes in these interventions. Doing so increases the chances that successful approaches will be found with lessons learned that can be transferred to other countries.
- In focusing prevention efforts for maximum impact, countries may also want to consider approaches such as the Priorities for Local AIDS Control Efforts (PLACE) methodology⁸, which puts more emphasis on places where new infections are occurring.

⁸ Refer to a [PLACE manual](#).

PrEP as a component of intervention packages, especially for men who have sex with men

The TRP welcomes the new guidelines for HIV prevention released by WHO at the 20th International AIDS Conference in Melbourne. For the first time, they recommend pre-exposure prophylaxis (PrEP) for men who have sex with men (MSM) as one element of a comprehensive set of primary prevention interventions for men who have sex with men. While no countries included PrEP for men who have sex with men in this review, at least one was in a position to consider whether it was appropriate under the prevailing circumstances, although others were at a very different place in terms of their ability to adopt it.

It is anticipated that country requests for support of PrEP for men who have sex with men and other populations will be forthcoming in the near future. In light of this, the TRP wishes to call countries' attention to the "additional considerations" for PrEP introduction on page 46 of the WHO guidelines, which highlight a number of factors to be considered in deciding whether PrEP is appropriate in their settings or not. As with the 2013 ART guidance, countries must realistically consider the issues raised there, including:

- The readiness of their medical services to prescribe, deliver and monitor the appropriate drugs (including the role that task shifting may take in enhancing accessibility);
- The acceptability of PrEP to the communities served and the willingness and capacity of nongovernmental and community-based organizations to support PrEP;
- Levels of success of the rest of the package of interventions; and
- The effects that stigma and discrimination may have on access to and sustainability of the intervention.

If such considerations lead to a decision to implement PrEP with Global Fund resources, countries should either have an existing pilot or do so on a more limited pilot scale at first, before moving to scale. In addition, partners should encourage and support more operational use trials under actual developing country conditions to provide a solid set of lessons learned to inform PrEP rollout in those settings.

Appropriate quantification of commodities for prevention

The TRP notes positively the inclusion of appropriate numbers of prevention commodities (e.g. condoms per day for female sex workers) in at least one concept note. It strongly encourages other countries to follow this example in validating that the commodities requested for key populations realistically meet prevention needs. The TRP recommends partners assist countries in developing and implementing HIV commodity security plans for key populations as part of their general procurement and supply management (PSM) plans. In setting targets for

commodities, countries may want to consult WHO guidance for setting targets for people who inject drugs⁹ and comprehensive programming for sex workers.¹⁰

3. Tuberculosis

The TRP only reviewed three TB concept notes in the second window (none were submitted in the first window) and four joint HIV/TB concept notes across the two windows. Interpretation of the lessons learned should consider the relatively small number of concept notes reviewed during these two windows.

The funding for the allocation amount was mainly requested to maintain current activities. Incentive funding was therefore required to support:

- Increased case finding of smear negative/culture positive TB and timely detection of drug-resistant TB by using new diagnostic tools;
- Scaling-up treatment of multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB); and
- Incentives and enablers to increase uptake and reduce loss-to-follow-up.

The TRP expressed concerns about the fact that the program split was insufficient for TB. Applicants should balance responses to all diseases in their program split and can consider changing the amounts communicated by the Global Fund.

Scale up case detection and addressing multidrug-resistant tuberculosis

The TRP suggests that countries, while maintaining and enhancing the performance of their basic TB program and when building or expanding their MDR- and XDR-TB capabilities, prioritize case detection and the immediate treatment of newly identified cases.

Barriers to accessing diagnostic and treatment services for general and key populations should be carefully assessed and addressed, and the TRP encourages inclusion of technically-sound alternative service models to improve TB case detection and treatment support. The TRP expects countries to draw on lessons from pilot projects (implemented at country level or in similar contexts) for improved services for different key populations.

Innovative protocols to improve case detection are encouraged, and countries should seriously consider investing in piloting alternative approaches of service provision and technology such as GeneXpert for easier disease identification. Countries should ensure the provision of a comprehensive package of services for MDR- and XDR-TB that includes case detection, treatment and adherence rather than just treatment.

⁹ Refer to "[Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users.](#)" 2012.

¹⁰ Refer to "[Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions.](#)" 2013.

4. TB/HIV

The TRP reviewed four joint TB/HIV concept notes in windows 1 and 2. Most of the observations and lessons learned from the HIV and TB concept notes were also applicable to the joint TB/HIV concept notes.

The TRP noted that applicants need to focus their strategic interventions on key populations and geographic priorities, particularly demonstrating how gains will be sustained, impact enhanced and high-risk populations reached. In particular, one joint concept note demonstrated little attention to MDR-TB despite evidence of needs. The TRP encourages applicants to address MDR-TB, as appropriate for their specific context and without sacrificing the quality of basic TB programs.

The TRP reminds applicants to ensure that both TB and HIV programs are fully and jointly engaged in the joint concept note development, such that TB, HIV and TB/HIV activities are technically sound, well-coordinated and aligned with national strategic plans, correspond to local epidemiology and reflect a response to funding gaps. Costed extensions should also be considered rather than rushing through the concept note process.

The TRP encourages applicants to describe quality enhancement issues in their concept notes, to overcome challenges in past technical performance or to achieve further epidemiological impact. When there is context-specific evidence for impact of nutritional or other social support, the TRP supports the evidence-based and clearly targeted use of such interventions.

The TRP expressed concerns about the fact that, in some of the concepts note reviewed, the program split was insufficient for TB and not appropriately balanced between TB and HIV, given the epidemiology and financing gaps of the two diseases. The small budget allocated to TB may have resulted in a disincentive to invest in needed cross-cutting HSS, such as monitoring and evaluation, human resources and laboratory infrastructure.

While the TRP observed the positive trajectory from the first window to the second – which included one good example of strong TB/HIV integration – there was an overall lack of robust TB/HIV collaboration in the joint TB/HIV concept notes reviewed. It appeared in one case that participation from TB representatives and experts may have been lacking during country dialogue and concept note development.

5. Health systems strengthening

The TRP reviewed no stand-alone concept notes for health systems strengthening (HSS), but HSS was included in several disease-specific concept notes.

The TRP applauds applicants that presented within their disease-specific concept notes a clear proposal for refocusing HSS. The TRP, however, largely found HSS interventions across concept notes weak and overly focused on a specific disease.

Proposed interventions showed limited focus on holistic and systems-wide approaches.

As a general recommendation, the TRP suggests countries critically consider funding during the program split discussion for HSS, where needed and applicable. The TRP suggests that countries identify critical HSS bottlenecks and ensure that appropriate interventions to address these bottlenecks are funded adequately in the concept notes.

Strategic investments in health systems can help maximize the impact of disease-related interventions and contribute to sustainability. Whether linked to a disease or to a cross-cutting health systems issue, interventions should be integrated into the national system (for example, integrated with reproductive, maternal, newborn and child health), show consistency across the disease components and be in line with the national strategic plan. The TRP notes national disease scale-up may result in inefficiencies due to a lack of concomitant expansion of systemic delivery capacities, as well as weak geographical prioritization. In addition to addressing disease-related systems issues, funds may also be allocated toward health information systems, monitoring and evaluation frameworks and other key components of a strong health system.

Furthermore, when applications contain single-disease HSS-type interventions (for example, strengthening TB laboratory support), consideration should be given to designing them to be more cross cutting in nature, thus achieving a broader impact and avoiding fragmented HSS support.

The TRP recommends that the Global Fund review its HSS guidance to further encourage high-quality, focused HSS investments. The TRP further requests that partners provide countries with focused technical assistance to ensure integrated, robust and holistic responses to health system weaknesses across the three diseases, consistent with countries' national strategic plans.

More specifically, the TRP would like to recommend the revision of the information note on HSS (issued in March 2014) to provide more guidance on supporting key HSS activities. This should address:

- Quality assurance in service provision, especially for fragile states;
- Improving patient referral system;
- Community HSS;
- Budget for support to identify community systems strengthening activities and indicators;
- Retention of community health workers;
- Reduction of barriers to accessing services, e.g. insurance and transport vouchers;
- Monitoring and evaluation beyond specific diseases to support overall integrated health management information systems; and
- Improved guidance on mobilizing private sector staff and financing (e.g. private sector licensing, reporting, access to public sector resources, etc.) and the use of incentive funding to encourage private sector innovations and engagement. The

TRP also felt that there was a missed opportunity to fully engage with both the for-profit and nonprofit private sector.

The Global Fund should additionally encourage WHO to sensitize both CCMs and donors on the need to more fully and explicitly address HSS issues, to promote appropriate and adequate allocations in concept notes to fund HSS interventions. The TRP would also appreciate the development of HSS-focused indicators that are consistent across donors.

Technical partners should be encouraged to engage with CCMs to bring stakeholders together to talk about health systems challenges, constraints, gaps and each stakeholder's role. CCMs need to assess, in each country context, the need for HSS investments. In order to do this, CCMs need to ensure that all key players for HSS are included in country dialogue. The applicant should provide clear evidence on how this involvement has been used in arriving at the program split.

While the new funding model allows for applicants to submit different disease/HSS components at different review windows, the TRP encourages countries to submit multiple concept notes simultaneously, wherever possible. This will give a clearer picture of HSS needs. When this is not possible, concept notes should provide the full funding and implementation landscape, especially with respect to HSS contributions from other donors.

Even when an applicant is not requesting funding for HSS interventions in a concept note, the TRP requests applicants to describe the national health system in a holistic manner and explain how HSS is otherwise being addressed, in order to facilitate the TRP's evaluation of the investments proposed. The TRP draws applicants' attention to the need to consider HSS scale-up when scaling up the disease response. If there are gaps (for example, in procurement and supply chain management or in health information systems), applicants need to describe how these constraints will be addressed and by whom.

6. Key populations, human rights and gender

In terms of concept notes' inclusion of key populations, human rights and gender issues, during its review the TRP mainly focused on human rights, men who have sex with men and people who inject drugs, and on equitable access to services within the three diseases. In the concept notes that did discuss these issues, limited attention was paid to the female sexual partners of men who have sex with men, which should be included in programs for men who have sex with men. The TRP also encourages the applicants to continue to include female sexual partners of people who inject drugs in programs that focus on this population.

There were a number of malaria concept notes that accurately identified issues related to human rights and key populations, and included activities that adequately addressed their vulnerability. However, the TRP also noted that applicants paid less attention to gender, gender-based violence, women's rights and girls, with virtually all references limited to HIV concept notes.

Other concept notes included activities related to critical enablers on human rights and key populations, but there was often no budget associated with these activities; others correctly identified these issues, but did not connect them to key populations and appropriate activities. Any human rights or gender issues relevant to programming must be presented and then addressed firmly and concretely where they impede the programs proposed or affect the ability to successfully execute them.

The TRP wishes to emphasize that social and human rights interventions that focus on key populations should not be ignored in favor of purely biomedical interventions. CCMs should analyze the role of both approaches in explicitly focusing interventions on key populations.

Reproductive, maternal, newborn and child health

The TRP found that the concept notes reviewed included only limited vertical program actions on reproductive, maternal, newborn and child health (RMNCH). The TRP recommends that applicants thoughtfully consider interventions with linkages to family planning, maternal mortality, neonatal mortality and nutrition.

Gender-based violence

None of the concept notes reviewed addressed gender-based violence or proposed structural interventions to address gender equality as well as violence prevention and response.

The TRP found that interventions to change social norms were missing. Applicants focused on biomedical interventions without placing enough importance on social and human rights interventions.

OBSERVATIONS FOR THE GLOBAL FUND BOARD AND SECRETARIAT

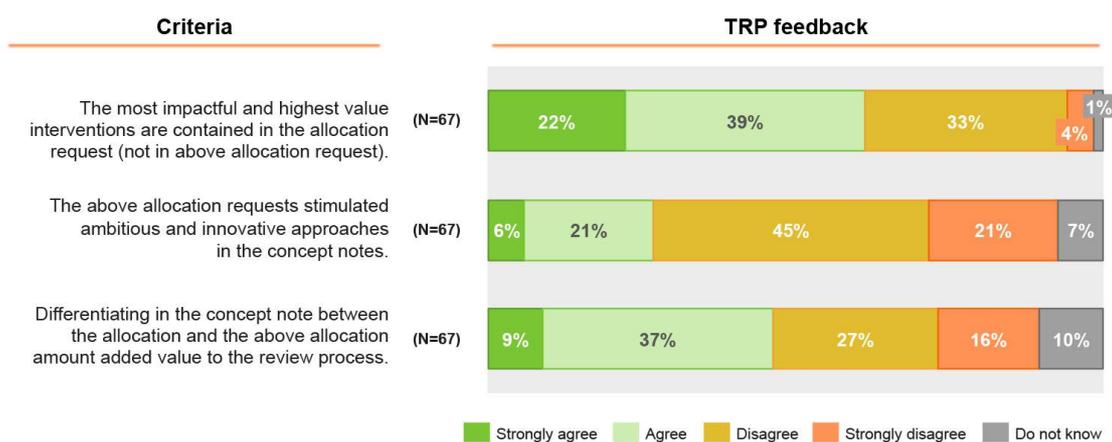
Throughout the review process, the TRP found subjects needing additional attention and discussion within the Secretariat or at the Board level.

1. Reevaluate incentive funding

The TRP found incentive funding is not achieving its desired outcome but rather creates additional burdens for countries, the Secretariat and the TRP; its concerns observed from window 1 were reinforced from experiences in window 2. The TRP recommends the Board eliminate incentive funding and instead allocate additional resources to the countries that need it most to avert deaths. This recommendation is linked to those made on allocation methodology.

In a survey taken by TRP members present at both reviews (see Figure 2), 37 percent disagreed or strongly disagreed that the most impactful and highest value interventions were contained in the allocation request versus the above allocation request. Members questioned whether some countries included core programming in the above allocation request in order to make the case for incentive funding more compelling. Furthermore, 66 percent of respondents felt that the above allocation requests had failed to stimulate ambitious and innovative approaches in the concept note, and 43 percent disagreed or strongly disagreed that differentiating in the concept note between the allocation and the above allocation amount added value to the review process.

Figure 2: TRP survey responses on allocation requests



The TRP noted that in window 1, countries eligible for incentive funding tended to produce less strategic and compelling concept notes. This is perhaps because they did not have a clear total allocation amount to work with. Many countries proceeded with “business as usual” and relied on incentive funding to finance core programs without using epidemiological and operational data to prioritize and improve proposed interventions. This undermines the goal of the new funding model, which is to invest more strategically in the context of limited funds to realize the greatest possible impact in disease reduction.

In both window 1 and 2, the TRP observed that incentive funding encouraged applicants to attempt to secure additional incentive funding by placing attractive core programming in the above allocation request. This resulted in more concept notes being sent back for iteration, creating an additional burden on CCMs, country teams and the TRP. It appears that the potential promise of the above allocation amount undermined a country's ability to meaningfully prioritize interventions, since a country's choice of interventions should largely be informed by the limited country envelope (allocation) from which they would be financed. This requires a change in mindset, from the rounds-based model to an allocation-based model, for which there is now a limited amount of resources available for each country.

Furthermore, because incentive funding must be awarded to countries from a competitive pool of applicants and because many countries eligible for incentive funding were asked to iterate on their concept notes, the TRP was unable to award incentive funding to any concept notes during the first window. This creates delays that impede countries that have demonstrated sufficient strategic prioritization from moving forward with financial and operational planning.

The TRP made recommendations to award incentive funding at the second review, which included the above allocation amounts requested from concept notes submitted in previous review windows.

After prioritizing interventions within the above allocation requests of the concept notes, the TRP's recommendations on incentive funding took into account potential to leverage more domestic funding, potential for impact and past performance. Since many countries' allocations were insufficient to cover the entirety of the basic life-saving programs needed, the recommendations for incentive funding were weighted towards a country's need to cover programmatic gaps and its capacity to absorb those additional funds.

There is evidence that developing above allocation requests and allocation requests represents an undue burden on countries, given that a number of applicants did not request above allocation funds.

The incentive funding process does not favor strategic investment decisions for impact across whole portfolio. There was no evidence to suggest that incentive funding encouraged innovative, creative approaches, but rather was proposed to fill gaps in essential services. The TRP also found that the process of recommending incentive funding did not favor strategic investment decisions for impact across whole portfolio, since the amount of incentive funding available and the number of competitors in a given window depends on the number of eligible disease components that have submitted in that window, which makes whole system of incentive funding arbitrary.

The TRP's recommendations for incentive funding were therefore heavily influenced by "gaping holes" in basic life-saving programs due to a country receiving less than its formula-driven allocation.

The TRP recommends that the Board dispense with incentive funding and instead award fixed sums of additional resources to high-burden countries with demonstrated financial gaps and potential for impact.

Nevertheless, as long as incentive funding continues to be a core part of the new funding model, it is imperative that the translation of the TRP recommendations on incentive funding into budgeting, grant-making, grant implementation and results are documented as part of the ongoing learning process.

Finally, the TRP noted the potential for unintended consequences with regards to unfunded quality demand, particularly as the unrealistic expectation of resources can undermine the leverage and mobilization of domestic financing, and reduce a country's drive to aggressively pursue other donor funding.

2. Reevaluate the allocation methodology

The TRP recommends the current allocation methodology be revised during the next replenishment because it awards disproportionate funding to countries with relatively low impact on reducing mortality.

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. The Secretariat should consider using more recent malaria data for the next allocations. For the 2014-2016 allocations, the Secretariat used 2000 data, which was based on mostly clinical case numbers which can overestimate the true malaria burden. Outside of Africa in particular, this seemed to result in allocations that did not correspond to the global burden.

Successful efforts to reduce or eliminate diseases over the past 10 years have meant that allocation amounts, based in part on historic funding and in part on outdated disease burden data, may no longer reflect the most strategic investment of resources if the goal of the Global Fund is to reduce mortality and morbidity rather than to eradicate a disease.

The TRP asks that the Board and Strategy, Investment and Impact Committee clarify the Global Fund's objective. If the Global Fund's purpose is to save the maximum number of lives, the TRP believes that the Board should consider revising the allocation methodology for the next replenishment period.

3. Continue to engage country teams

The TRP applauds the country teams' contributions to the new funding model process and appreciates the value of enhanced country team engagement with the CCM, which the TRP considers critical to its decision making. However, the TRP noted in the first review window that the increased country team engagement in concept note preparation may have contributed to some country teams advocating on behalf of applicants. The TRP requested that country teams avoid making

technical recommendations and focus instead on delivering objective critical analysis of concept note development and country context.

The TRP believed that the program scorecards for window 1 contained too much technical opinion, unlike the previous country team information note, which the TRP found extremely useful. Following the first review, the Secretariat revised guidance around program scorecard development and introduced, in its place, the Secretariat briefing note in the second review.

The TRP found this new document very useful, and commends the Secretariat for the strong improvement in the quality of input from previous windows. The TRP was impressed by the level of knowledge of the country teams and appreciated their desire to provide information in a neutral way. The Secretariat briefing notes contained well-structured information on the background and political context of the country, as it related to the applicant's funding request. In future reviews, the TRP believes briefing notes would benefit from being more succinct, with an executive summary, and should include specific country team analysis of the budget to provide further cost breakdowns of program management costs and overheads.

4. Develop a transition strategy for countries (development continuum)

The TRP acknowledges the need to develop transition strategies for countries to eventually rely on domestic resources to fund the response to the three diseases and continue to strengthen health systems. In this context, the current three-year transitional funding period may not be enough for some countries to transition from Global Fund funding. The TRP has highlighted a number of areas that will require early consideration if programs are to remain sustainable and gains maintained.

In the context of HIV and TB, the TRP identified the contracting of community-based organizations by governments to provide services for key populations as a particular risk area. The Global Fund currently supports many community-based organizations that are often uniquely placed to provide prevention services. Given the lack of willingness of many governments to fund such organizations, the Global Fund should support the development of strong national mechanisms to fund civil society involvement in grants that are yet to transition to domestic resources in order to protect the long-term interests of key populations. As mentioned earlier, changes in counterpart financing and willingness-to-pay criteria, along with government and civil society co-implementation requirements, could accelerate the creation of such mechanisms.

In the context of TB, the TRP was concerned over the impact of very costly MDR-TB drugs and diagnostics on a country's ability to transition. To mitigate this risk, the TRP believes the Global Fund should encourage early planning of the sustainable provision of MDR-TB drugs, and tackle issues of intellectual property early on to ensure there is a competitive market. Further headway could be made working with technical partners to negotiate price reductions for drugs for MDR-TB and GeneXpert platform equipment.

In the context of malaria, the TRP raised concern over the massive expansion of access to long lasting insecticidal nets (LLINs), given lack of guidance on pre-elimination situations. The response to malaria has seen significant gains, but transmission levels are changing and countries need help to reprioritize programs in light of these gains. The TRP believes the Global Fund should commission guidance from technical partners on options for the financing of sustainable malaria control (e.g. negotiated prices, co-payments and social marketing). It is also evident that some countries are making significant advances towards elimination, while their neighbors are not. Countries should therefore consider building regional approaches into country grants as part of a phased exit strategy in a region, so as not to jeopardize the gains already achieved. There is also a need to check the quality of essential functional surveillance and response systems as part of an exit strategy.

In light of this, The TRP recommends that the Global Fund encourage the planning for eventual exit in pre-transition grants. The Global Fund should develop a clear transition strategy for countries in the disease elimination phase, which includes encouraging countries to develop their national strategies and share best practices

The TRP also noted that the Secretariat currently lacks a clear policy on transitioning low-burden countries from Global Fund support to government and/or other sources of financing. As countries that have traditionally received allocations for certain diseases move closer to elimination, the TRP encourages the Secretariat to divert resources to countries that still experience high disease burdens and can demonstrate a funding gap. As this occurs, governments of low burden countries will need a plan to ensure the uninterrupted funding of core programs required to maintain the gains achieved under Global Fund grants.

The TRP suggests that the Secretariat devise a clear policy on transitional financing, part of which would require countries in the disease elimination phase to present evidence in their concept note submissions that their governments are reducing their reliance on Global Fund financing while not jeopardizing reductions in morbidity and mortality. With regards to technical partners' work in this area, the TRP encourages the development of guidelines for "scaling down" activities when changes in the epidemiological situation call for such action.

5. Consider sub-national engagement with large countries

With regards to the overall investment approach of the Global Fund and its increased focus on funding interventions that maximize impact, it is evident that the Global Fund needs to develop country-specific strategies to differentiate its approach to effectively address the issues in large, federal countries.

The TRP believes the Global Fund should develop country-specific analyses of engagement options in large, highly decentralized countries, which consider the burden of disease, political power, national structures and policy, recognizing the country views on engagement, efficiency in delivering programs, and cost implications for the Secretariat.

A possible approach could be to negotiate directly with subnational units in countries whose states are somewhat independent, having 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 evidenced-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.

The TRP noted that operational implications should also be considered, since solutions to dealing with large countries may lie in the way grants are managed, as opposed to with which entities grants are signed.

6. Strengthen support for fragile states (development continuum)

The TRP noticed that weaknesses in a country's capacity appeared to relate to weak concept notes, which resulted in poor programming. Drawing from this experience, the TRP observed that the Global Fund needs a specific approach to deal with fragile states. The TRP recommends the following:

- The Global Fund should have the flexible use of the country's program split to maximize gains across all areas;
- The Global Fund should differentiate between fragile states. The somewhat binary approach of development funding and emergency funding calls for a more nuanced approach to the funding of fragile states, such as:
 - Strengthening health systems in countries whose systems are weak or nonexistent;
 - Flexibility to shift funds to implement different activities in countries with rapidly changing situations; and
 - How to continue treatment and when to stop funding in countries experiencing wars, displacement or invasion.
- In order to avoid the emergence of vertical health systems, the TRP encourages investments to be made more broadly across the health system, as opposed to insisting on exclusive country programming around the three diseases; and
- The Global Fund should learn from and potentially expand the use of the "emergency fund" and be guided by international good practice on human rights of displaced groups.

It was clear from the review of concept notes from fragile states that the Global Fund must work through partners to ensure the delivery of services.

7. Consider alternative models of investment

In window 2, the TRP reviewed two concept notes that were using a results-based financing model. The TRP's observations with regards to different models of investment are based on these reviews and those of previous windows as well as a presentation made by the Secretariat. Results-based financing is an evolving funding model, in which the dominant drive is towards differentiation.

The TRP believes that the Global Fund's vision and objectives regarding results-based financing are clear and worthwhile supporting, which are to improve results and performance, simplify grants execution, strengthen health systems and incentivize impact to achieve value for money.

However, the TRP is concerned that there are too many models being piloted concurrently without being comprehensively modelled and understood by all concerned. The TRP recommends there be more time devoted to the assessment, elaboration and lessons learned from each model during this piloting phase.

The TRP also identified potential risks of such models. Since Global Fund contributions would be part of a larger pool of donors, and its ability to influence other partners may therefore be constrained. Moreover, the results envisaged may not materialize if commitments are not kept by other partners, affecting outputs.

It is paramount that appropriate targets and indicators, and the mechanism by which disbursements are linked to the achievement of targets are agreed upon, taking into consideration contingencies for adverse events and external factors that the implementer may not be able to influence.

OBSERVATIONS AND RECOMMENDATIONS ON REGIONAL EXPRESSIONS OF INTEREST

The TRP reviewed all 42 eligible regional expressions of interest submitted to the Secretariat. Its recommendations were then sent to the Grant Approvals Committee (GAC). This report does not state the final outcomes of the review.

During the review, the TRP identified areas of improvement for current regional applicants, future applicants, the Global Fund and other parties. Those observations and recommendations are described in this section.

1. Characteristics of quality expressions of interest

The TRP identified a number of elements of a strong regional expression of interest. Future applicants should keep these characteristics in mind:

- Regional activities need to be well justified in the expression of interest, taking into account complementarity and synergy with country activity and ensuring subsidiarity (providing services at the lowest level).
- Expressions of interest need to reference past evaluations, reviews and lessons learned and substantiate continuation, scaling up and/or refocusing of interventions.
- Often the complexity of the interventions places a high demand on the Principal Recipient to connect and arrange actions in a regional arena.
- The expression of interest should explain the applicant's legitimacy in the eyes of country stakeholders to play the role proposed.
- The expression of interest should contain clear, measurable goals and outcomes that address gaps and encourage accelerated impact against disease. They should align with country programs and regional Global Fund strategy, leveraging, where possible, other Global Fund investments and domestic contributions.

The TRP recommends applicants more clearly capture the rationale for regional implementation in their expressions of interest. Examples of strong rationale include:

- Systemic government failure or unwillingness to provide certain services or to acknowledge the need for such services;
- Sensitive issues (such as legal or capacity) related to key populations or policy/advocacy;
- A particular service that can be delivered more efficiently at the regional level, such as a technical service offered by a regional reference laboratory;
- Population mobility (such as refugees, internally displaced persons and migrants) and cross-border issues while referring to international health regulations provided by WHO;
- Knowledge management;
- Empowering key populations at a regional level who are marginalized in their countries; and
- Potential to eliminate malaria in a region.

2. Recommendation to revise criteria

Future expressions of interest should include information on performance, impact and lessons learned from past implementation to provide fuller information about the capacity of the applicant to undertake the proposed activities. However, the TRP recognizes the importance of keeping the expressions of interest short and simple to avoid requiring a significant amount of effort for the applicants.

The TRP suggests that the Global Fund may wish to give further thought to how to “incubate” strategic regional initiatives; particularly given that those tackle sensitive cultural or legal issues at the regional level are composed of vulnerable populations and tend to have weaker capacity. This could involve partnering with strong groups outside the region or providing a “formative grant” to certain promising, well-engaged and active civil society organizations that have weak management or implementation capacity. This could be, for example, an initial grant for building capacity followed by a project grant later (bringing in capacity).

3. Reflections on the review process

The first regional expression of interest window under the new funding model represents a learning exercise. The TRP can play a valuable role in reviewing expressions of interest. It is suggested that the Secretariat should screen for eligibility for TRP review and do a short summary including provision of relevant background information, such as previous similar regional initiatives, past grants to Principal Recipients and sub-recipients referenced in the expression of interest, and their performance and complementarity with regards to existing national interventions.

If the Secretariat has done an assessment of the expressions of interest, it is preferable to share this only after the TRP assessment. The TRP suggests that it works closely with the Secretariat to further define the review process and criteria.

PART 2: REVIEW PROCESS

This section provides an overview of TRP membership, review approach and criteria applied during the review process.

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 from which the TRP leadership can call upon to serve in the review of funding applications.

Upon careful consideration of technical review needs, the TRP Chair and two Vice-Chairs identified 55 members to serve in 2014. Of the total 58 serving members, 33 are continuing TRP members and 25 are new members.

The membership identification process was informed by the following considerations:

- The need to ensure a range in areas of expertise in view of the variety of applications expected in 2014;
- Ensuring diversity in terms of geographic expertise and origin;
- Gender balance;
- Language skills;
- The availability of TRP members to participate in at least two review windows during the year; and
- The importance of safeguarding consistency in reviews through gradual retiring of veteran members and onboarding of new members.

Membership of the TRP for the June review meeting consisted of 40 experts, including the Chair and two Vice-Chairs. The July meeting was attended by 38 experts. 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, ethics, human rights, gender and supply chain management.

MEETING MODALITIES

The TRP met 15 to 19 June to review 10 concept notes and 42 regional expressions of interest. It met again 27 July to 1 August 2014 to review the 22 new concept notes submitted in the second window.

The first TRP meeting under the new funding model was planned to also serve as a TRP retreat to discuss internal TRP matters and introduce all 55 serving TRP members to changes in the application review process under the new funding model. However, due to the last-minute significant decrease in the number of

concept notes submitted for the review window, the number of TRP members and overall meeting arrangement were reconsidered and adjusted.

The TRP understands that the deferral of concept note submissions between windows may be a strength and is a result of the more flexible funding model that is aligned with country cycles. It may be that applicants are seizing the opportunity of the multiple review windows per year and taking adequate time to prepare their concept notes before submission for TRP review. However, deferrals close to the TRP review meeting have a very negative impact on planning for the review.

The TRP understands the Secretariat has taken steps to ensure better forecasting in order to minimize the disruptions and costs associated with last-minute changes. Better forecasting will help the TRP to align TRP membership and meeting modalities with the needs for each review window.

As part of preparing TRP members – both new and continuing – for the concept note reviews, two identical remote induction sessions were organized by the Secretariat prior to the review meeting. The objective was to equip TRP members with background information on the Global Fund's principles and strategy, the new funding model and the TRP's review modalities, tools and expected outputs of the review process. The first day of the window 1 meeting was dedicated to additional briefings that provided more details on these topics.

As per prior review meetings, technical partners from HIV, TB and malaria were invited to provide briefings to the TRP and engage in discussions on previously jointly agreed topics. These sessions are an opportunity for technical partners to provide updates on the latest developments in the global policies and strategies as well as discuss guidance provided to applicants. The TRP noted that the technical briefings continue to provide valuable input to its review of concept notes. The TRP particularly appreciated the opportunity to have a dialogue with technical partners and found it useful to know the advice that had been provided to countries during concept note development.

As in past TRP reviews, the Secretariat provided specific country team input through the Secretariat information 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.

Immediately after the June meeting, Secretariat staff and technical partners were invited to attend a debriefing session on 20 June, in which the TRP Leadership presented the key findings, recommendations and lessons learned contained in this report. A similar session occurred after the July meeting. This was to ensure the Secretariat and partners were aware of the overall TRP observations and feedback prior to publication of this report.

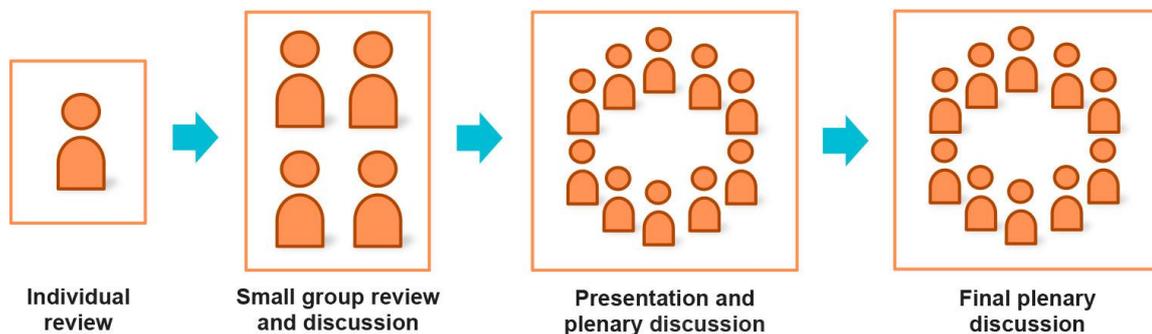
The TRP Chair and one Vice-Chair also provided a debriefing session at the Board's Strategy, Investment and Impact Committee (SIIC) on 23 June 2014 after the June

meeting and the Vice-Chair participated in further related discussions later in the week. There were a number of fundamental strategic issues that emerged during the review process where strategic guidance from the Board and the SIIC is required to have a framework for the TRP assessment and recommendations.

CONCEPT NOTE REVIEW METHODOLOGY

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

Figure 3: TRP review process overview



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 and HIV experts 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 TRP discussion of the overall review process, consistency between findings; and 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. Providing recommendations to the Grants Approvals Committee (GAC) in the form of individual concept note review and recommendation forms.

The TRP has continued to receive highly professional and impartial support from the Access to Funding Department. Analysis of a survey on meeting organization and support showed that TRP members highly valued the support provided. It is essential that the Secretariat continue to provide this type of support, considering the large number of applications envisioned in subsequent review windows in 2014.

CONCEPT NOTE REVIEW APPROACH AND CRITERIA

The TRP reviewed concept notes for strategic focus and technical soundness to ensure the limited resources are positioned to achieve maximum impact on the disease. The following review criteria were applied in the review: 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 is expecting 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. 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 builds on lessons learned when assessing the strategic focus of the funding request.

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 allocation of resources becoming available through efficiencies found during grant negotiations or through future, additional resource allocations to a country (through the register of unfunded quality demand).

The TRP made recommendations on the technical quality of the allocation and the above allocation funding requests, including its recommendations on prioritization. These outcomes are captured in the individual review and recommendation forms.

A fundamental change in the new funding model process provides opportunities for iterations to ensure timely and quality outcomes for concept note review. In cases the TRP requested a further iteration, the revised concept note may be reviewed at any future window. Reviews are more frequent in the new funding model – up to four times a year. Applicants can submit another iteration at least one week before a review meeting for concept notes in English and at least two weeks in advance for non-English concept notes.

The TRP once again purposefully delegated more actions to the Secretariat in recognition of the rigorous scrutiny anticipated during the grant-making process and only in four cases asked for further clarifications to be provided for the TRP review.

Incentive funding recommendations

Prior to review of individual concept notes, the TRP deliberated on the approach to assessing above allocation requests and recommending incentive funding.

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

1. “Leverage contributions from domestic and other sources”: The TRP will only consider for incentive funding those applicants that meet or exceed willingness-to-pay conditions.
2. “Potential for increased, quantifiable impact”: Greatest weight is given to countries where the allocation does not 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 around these criteria of the above allocation requests for incentive funding.

Decisions regarding recommendations for incentive funding were made in two 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 weighed against awarding very small amounts of incentive funding across all eligible concept notes that could not readily cover discrete investments.

Based on these criteria, the TRP provided recommendations on incentive funding to the GAC. The TRP recommended funding to eight programs overall.

REGIONAL EXPRESSIONS OF INTEREST REVIEW PROCESS

The TRP review of expressions of interest followed the Secretariat screening and the GAC discussion with technical partners. The purpose of the TRP review was to inform GAC deliberations regarding which concept notes to prioritize for available funding, provide feedback on strategic and/or policy issues and identify lessons learned from the review windows that can be integrated into the following window.

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