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# The Technical Review Panel's Observations on the 2017-2019 Allocation Cycle

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GENEVA, SWITZERLAND

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# 1. Executive Summary

The Global Fund's Technical Review Panel (TRP) reviews the strategic focus, technical soundness and potential impact of funding requests to ensure that resources are best utilized to achieve the Global Fund's objectives for ending the HIV, Tuberculosis (TB) and malaria epidemics. During the 2017-2019 allocation cycle, total number of 225 funding requests and 30 multicountry applications were submitted to the Global Fund and reviewed by the TRP. This report summarizes the key findings from the TRP's consolidated learning, observations and experiences during this allocation period, presenting key recommendations for improving future funding requests and contributing broader insights for the next Global Fund strategy and its operationalization.

The TRP found an overall improvement in funding requests for this allocation period based on the review criteria. A majority of the funding requests were based on disease-specific, costed National Strategic Plans (NSP) or National Health Plans (NHP); they largely adhered to normative guidance on disease interventions and were guided by epidemiological and programmatic data. There were also some improvements in use of data to better target interventions to key and vulnerable populations. Health systems concerns were increasingly identified and addressed. Financial sustainability, and to a lesser extent, programmatic sustainability, also received greater attention in number of applications.

The differentiated application and review processes have also helped both countries and the TRP to better focus on critical issues. While the TRP strongly recommends continuing differentiation, some adjustments have been made for the upcoming funding cycle.

While these achievements are laudable, the report also identified overarching concerns with regards to effectively meeting the objectives of the "Global Fund Strategy 2017-2022: Investing to End Epidemics" (the Global Fund Strategy). The TRP notes that funding requests reviewed for the 2017-2019 period reflected the potential fragility of programs in maintaining gains made and the challenges of scaling up and enhancing the quality of programs. A number of countries had slowed or stalled progress on TB some have registered increased incidence for malaria and HIV. While there have been improvements in addressing the needs of key and vulnerable populations, significant policy barriers, ongoing gender disparities and inadequate attention to community systems continue to impede progress. Drug and insecticide resistance, for TB and malaria respectively, is also a growing concern. There remain significant gaps in both program and systems integration where integration could improve service efficiency and effectiveness. The challenges of achieving sustainability were also evident with several countries that had previously transitioned from Global Fund financing submitting new funding requests for a variety of reasons, including changes in national income, spikes in disease incidence or program-specific issues such as the need to address key populations, including migrants.

Overall the funding requests reviewed in the 2017-2019 allocation cycle reflect a shifting role for Global Fund financing, as countries are committing to financing larger portions of the programs. The funding requests also reflect underlying shifts in global health and national health systems towards achieving Universal Health Coverage (UHC). While these shifts are welcome, they also require an evolution in Global Fund support, with greater attention to partnership and leveraging to achieve the Global Fund's strategic objectives.

Several areas of critical concern were observed across review windows, program areas, and countries, which, from the viewpoint of the TRP, pose some constraints in achieving Global Fund strategic objectives. These include the need to:

- improve priority setting;
- increase focus on prevention and reducing incidence;
- strengthen cross-cutting programming for Resilient and Sustainable Systems for Health (RSSH);

- strengthen community systems; and
- increase attention to sustainability of programs, domestic resource mobilization, and preparation for transition from Global Fund support.

These issues are interrelated, but warrant specific, separate recommendations:

## 1.1 Improve Priority Setting

Better prioritization of activities, both for Global Fund grants and domestic financing, is essential to ending the three diseases, particularly given resource constraints and competing needs within and beyond the health sector. For many funding requests, the TRP found it difficult to understand the process and the basis on which countries were making choices for investment. In some cases, it was not clear if countries selected strategic interventions to achieve the greatest impact and remove the most critical barriers and bottlenecks or if choices were based on other factors. While technical approaches followed normative guidance, the guidance itself is often quite broad and may not provide sufficient direction.

### *Recommendations:*

- The prioritization of interventions and activities to be funded should be improved and be based on empirical data that provides a sound basis for assessing contributions to results.
- Funding requests should be based on national strategies and health plans that identify clear funding priorities in the event that resources are not available to fully support the programs.
- Interventions should be selected based on value for money in achieving results or in improving the equity of outcomes.
- Particularly in countries where Global fund investment has been reduced, applicants should show how program targets, priorities, and approaches will be maintained and integrated into domestic programs to ensure that gains are sustained and further scale-up enabled.
- Program management costs represent an important opportunity for cost savings and greater attention should be paid to ensuring the most efficient implementation arrangements during funding request development. Costs should also be fully harmonized with unit costs used in national systems.
- Every effort should be made to ensure that interventions contribute to long-term systems strengthening to the greatest extent possible. Guidance to help applicants understand this issue, including examples of suggested interventions along the development continuum within each health system component, would be helpful.

## 1.2 Increase focus on prevention and reducing incidence

Reducing incidence is essential to make progress towards ending the three diseases and achieving Global Fund targets. While there are proposed investments across the three diseases, as well as in RSSH, to impact prevention; they do not generally convey a sense of boldness, innovation or ambition in setting targets or design; and they lack the urgency to quickly “move the needle” towards ending epidemics. For example, at current trends of decline in incidence, it will take 130 years to end TB. The report discusses how this lack of focus impacts each of the three diseases. Key recommendations include:

- Funding requests should include a stronger focus on interventions that reduce incidence, such as latent TB infection (LTBI) management and active case finding in TB, partner tracing, and comprehensive prevention program for adolescents in HIV, among others. Scaling-up such programs is essential if we are to end these epidemics.
- Funding requests should reflect greater ambition in terms of prevention targets. In many cases this will require an adjustment in focus and level of investment.
- To implement programs at scale, it is essential to better understand who is the most vulnerable and why; to address the core factors that surround this vulnerability; and to reach those individuals with prevention, care and treatment services in a compassionate and safe environment. To accomplish this, country programs and associated funding requests must

pay increased attention to human rights and gender equality and continue to stress community programming that reduces barriers to access.

### 1.3 Strengthen Cross-cutting RSSH programming

RSSH is a central pillar of the Global Fund Strategy and an area of significant investment, encompassing an estimated 28 percent<sup>1</sup> of overall funding to countries in the 2014-2016 period. The TRP's comprehensive review of funding requests found that most investments focused on data systems (boosting the adoption of the district health information system 2 (DHIS2) and other interoperable systems for disease and public health program monitoring); human resources for health (including the development of multi-disciplinary cadres at community levels); and supply management systems (such as improving access to diagnosis and medicines at 'last mile' facilities. This review identified a number of important RSSH issues including that:

- investments were largely focused on support activities more in keeping with early stages of health systems development (for example salary support and short-term training);
- monitoring indicators for RSSH were weak;
- integration was lacking, both across the three diseases and within RSSH systems (for example commodity procurement);
- gaps remain in comprehensive engagement beyond the Ministry of Health (for example with the Ministry of Finance); and
- very little attention was paid to other areas of health systems strengthening like governance, financial management and community systems.

These findings, together with reviews undertaken by the Technical Evaluation Reference Group and the Office of the Inspector General, have contributed significantly to the Global Fund's RSSH Roadmap reviewed by the Board in May 2019. This roadmap provides a strong direction to ensure that RSSH activities will further strengthen systems for the Global Fund supported diseases and other public health programs, thereby contributing to ability of countries to move towards UHC. The TRP has developed several recommendations for successful implementation of the RSS Roadmap.

#### *Recommendations:*

- Funding requests for RSSH investments in national health systems should be based on stronger country situational analyses that include public and private sector, as well as civil society inputs. Such investments need to be further coordinated and aligned with other partners, such as GAVI, World Bank, multi- and bilateral partners, to maximize the effect of the combined funding for RSSH.
- Proposed RSSH investments should be differentiated along the health systems development continuum and reflect an appropriate shift from health systems support to health systems strengthening and eventually countries sustaining such investments.
- The Global Fund should update the RSSH modular framework and associated guidance notes to promote more targeted health systems investments in line with their national health and overall development strategies.
- Data systems should be improved to enhance the monitoring of Global Fund investments, moving from merely output monitoring to outcome monitoring. Furthermore, strengthening of data demand and utilization activities are encouraged to foster program implementation decision making, as well as strategy and policy development based on timely, complete and accurate data.
- RSSH investments should be leveraged to integrate disease and systems elements, such as in: the adoption of national procurement, distribution and storage systems; integrated support and supervision of disease and public health programs; integration on Global Fund diseases and other public health program services at the facility level; and further development of integrated community approaches, including the use of multi-disciplinary community (health) workers.

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<sup>1</sup> TRP report on RSSH investments in the 2017-2019 funding cycle.

- In an era of dwindling resources and the need for increasing domestic financing to sustain Global Fund investments, the TRP recommends the Global Fund to strengthen up front guidance on operational costs to countries and subsequently review recurrent/operational costs in future funding requests. It is particularly important to pay attention to human resource costs funded by the Global Fund, ensuring that they are in line with national systems, as well as with the overhead costs of international and large local non-governmental organizations that act as Principal Recipients (PR).

## 1.4 Community Systems Strengthening

The TRP noted that only a small number of funding requests proposed community systems strengthening activities that are comprehensive, scaled large enough to make a difference, and effectively targeted at increasing the engagement of communities to address gaps in coverage across the three diseases. Even fewer included funding to support communities in advocating against unsound and inequitable policies, laws and regulations, which are often linked to a structural, political, and cultural reticence to provide or scale-up services for key populations.

This is important because strengthening community systems and responses promotes the development of informed, capable and coordinated communities, community-based organizations, groups, networks and structures. It enables them to contribute to the effectiveness and sustainability of health and other interventions at the community level, including the development of an enabling and responsive environment. It helps strengthen efforts to reach the “last mile”, increasing the impact of programs and reducing the burden on health facilities. In addition, community systems strengthening is also important for ensuring that programs reach excluded and marginalized populations whose health and human rights are compromised, including key populations.

### *Recommendations:*

- Increase efforts to expand community engagement in responses to the three diseases, particularly addressing critical barriers (especially human rights and gender-related barriers) to access services.
- Strengthen community-based health systems programming in ways that extend coverage to hard-to-reach and marginalized populations.
- Strengthen sustainability planning for community systems and responses.
- Develop and use indicators to track community systems and responses efforts.

## 1.5 Sustainability and Transition

The TRP noted increasing attention to sustainability and transition in funding requests, particularly in Upper Middle-Income (UMI) countries and countries with programs in or near transition. There were also increasing references to country-specific efficiency and costing studies. Co-financing commitments by countries in their funding requests largely met or exceeded the Global Fund’s requirements for health sector and disease program investments. However, further efforts are needed on sustainability, transition and co-financing to ensure the scale-up and sustainability of disease outcomes, particularly as countries take on a greater proportion of disease program financing.

The TRP has formulated a number of recommendations to improve funding requests in the next funding cycle.

### *Recommendations:*

- Sustainability planning should take place for all countries (with the exception of some of those with Challenging Operating Environments), so that funding requests focus on financial and programmatic sustainability, greater use of national systems, and mechanisms for sustaining services for key populations long before transition.
- Transition planning should be undertaken early.

- The alignment between funding request stated priorities and proposed grant budgets should be improved.
- Increased attention should be paid to value for money in proposals, particularly to economy, efficiency, and equity. Efficient, economic and cost-effective procurement of health products with both grant and domestic resources should be ensured.
- The Global Fund should further assess co-financing requirements and ensure that the emphasis on co-financing commodities does not distort program funding away from other budget items and provides adequate leverage to achieve broader program goals. The Global Fund should improve expenditure tracking, budget analysis and costing to ensure sufficient funding of key program interventions.
- The Global Fund should ensure activities in funding requests reflect the broader context of country-specific UHC and the United Nations' Sustainable Development Goals (SDG) commitments and expand efforts to coordinate with other Global Health partners at the country-level on domestic resource mobilization for health and health systems strengthening, particularly public financial management and budgeting.

This report highlights some of the major trends, lessons learned and challenges observed in funding requests during 2017-2019 allocation period.

## 2. Overview of the 2017-2019 Allocation Cycle

### 2.1 Introduction

The TRP evaluates funding requests submitted to the Global Fund to assess their strategic focus, technical soundness and potential for impact to ensure Global Fund resources are positioned to achieve the Global Fund Strategy Objective to end the epidemics.

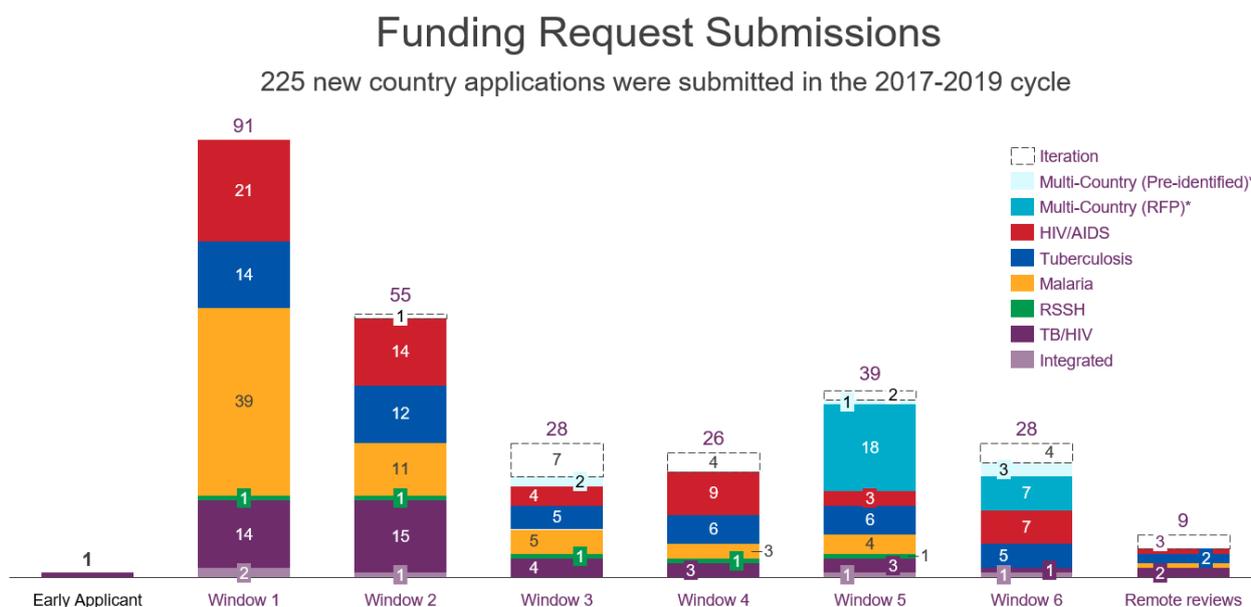
Over the period of the 2017-2019 allocation cycle, the TRP participated in eight review windows; six were in person meetings and two were remote review windows. Additionally, the TRP remotely reviewed standalone prioritized above allocation requests (PAAR) and updates to PAARs as submitted on an ongoing basis. The total number of applications reviewed included:

- 225 funding requests;
- 75 standalone prioritized above allocation requests (PAAR); and
- 42 catalytic investments (multi-country and matching funds requests).

Building on lessons learned from the 2014-2016 allocation period, a differentiated application and review approach was adopted in the 2017-2019 allocation cycle which was an essential change that allows for flexible and tailored funding requests right-sized to match the needs and context of a country. Differentiated approach enabled applicants to develop quality applications more efficiently, and therefore greater time could be spent on implementing grants. Following this approach three main categories of application material were introduced: 1) Full review application; 2) Program Continuation reviews, and 3) Tailored reviews.

During the 2017-2019 allocation period, the 225 applications submitted and reviewed included:

- 50 Full Reviews;
- 93 Program Continuation reviews; and
- 82 Tailored Reviews.



Source: Access to Funding database

\* Using only Multi-Country catalytic investment funds. 53 new funding requests submitted in window 2; however, TRP separated joint funding request

When assessing the strategic focus of the applications, the TRP considered country context, overall programmatic and financial landscape, data including sub-national data, how the funding request is informed by evidence, and how it builds on previous and existing grants as well as lessons learned from implementation of previous grants.

The following review criteria, building on the Global Fund Strategy, were applied to evaluate the technical soundness of the funding requests:

- maximizing impact towards ending the epidemics of HIV, TB and malaria;
- building resilient and sustainable systems for health;
- promoting and protecting human rights and gender equity;
- ensuring effectiveness and efficiency of program implementation; and
- promoting sustainability and co-financing.

This report highlights findings from the TRP's consolidated learning, observations and experiences from reviewing applications during this allocation period, and looks forward, presenting key recommendations to improve funding requests in the upcoming allocation cycle as well as to contribute some thoughts on the next Global Fund strategy and its operationalization.

### 3. TRP Observations on Achieving the Global Fund Strategy

The TRP notes overall improvement in the quality of funding requests based on the review criteria. Almost all of the funding requests were based on disease-specific, costed National Strategic Plans or National Health Plans. The funding requests largely adhered to normative guidance on disease interventions and were guided by epidemiological and programmatic data. There were also some improvements in use of data to better target interventions to key and vulnerable populations. Health systems concerns were increasingly identified and addressed. Financial sustainability, and to a lesser extent, programmatic sustainability, also received greater attention in a number of applications. In general, funding requests showed progress in commitments to domestic resource mobilization and attention to sustainability. Progress was also made in preparing countries for transition. This was particularly notable in funding requests from Upper-Middle-Income countries submitted toward the end of the funding cycle.

The differentiated application and review process has helped both countries and the TRP to better focus on critical issues. The TRP strongly recommended continuing the differentiation approach with some adjustments for the upcoming funding cycle (section 4.1 on differentiation elaborates more on the findings and recommendations on this topic). The TRP reviewed a number of multi-country and country grants that represented innovative approaches to key issues, including addressing sustainability issues on a regional level and constructive partnerships with development banks and others. Multi-country applications displayed considerable improvements in the content and focus of proposed interventions.

While these achievements are laudable, there remain overarching concerns with regard to effectively meeting the strategic objectives of the Global Fund Strategy 2017- 2022: Investing to End Epidemics. Funding requests reviewed in this period reflected the potential fragility of programs maintaining gains and the challenges of scaling up and enhancing the quality of programs:

- A number of countries have slowed or stalled progress on TB (as indicated by a very slow decline in TB incidence and a persistence of large numbers of missing cases for both drug susceptible and drug resistant TB) and a number of countries have registered increased incidence for malaria and HIV.
- While there have also been improvements in attention to key and vulnerable populations, some policy barriers, ongoing gender disparities, entrenched social norms and inadequate attention to community systems impede progress.
- Drug and insecticide resistance for both TB and malaria respectively is a growing concern.
- Program integration remains a significant gap. Evidence shows that TB/HIV integration, an area where there has been the most effort, reflects only an estimated 3 percent of overall funding requested and there is little attention to integration of health systems like procurement and logistics management across diseases.
- Several countries which had previously transitioned from Global Fund financing returned with new requests for a variety of reasons including changes in national income, disease incidence, or due to specific program issues such as the need to address key populations such as migrant population.

Overall the funding requests reviewed in the 2017-2019 allocation cycle reflect a shifting role for Global Fund investment. In many programs, domestic resources are being mobilized to cover Global Fund co-financing requirements and to increase health sector and disease program spending. Meanwhile Global Fund resources have largely remained stagnant or decreased, reflecting a smaller proportion of the total disease program covered by Global Fund funding each year. In most cases, countries are mobilizing sufficient resources to maintain and scale up services. However, domestic funding challenges remain. The funding requests also reflect the underlying shifts in global health and national health systems, with many countries reforming health policies toward achieving UHC and undertaking broader administrative reforms, such as fiscal and administrative decentralization. While these shifts are welcome and represent greater country ownership, they also require an

evolution in Global Fund support, with greater attention to partnership and leverage on domestic commitment to achieve the Global Fund's strategic objectives.

### **3.1 Overarching Concerns**

Several areas of concern were observed across review windows, program areas, and countries, which, from the viewpoint of the TRP, pose constraints in achieving Global Fund strategic objectives. These include the need to:

- improve priority setting;
- increase focus on prevention;
- strengthen cross-cutting RSSH programming;
- strengthen community systems; and
- increase attention to sustainability of programs, domestic resource mobilization, and preparation for transition from Global Fund support.

These issues are interrelated, but warrant specific, separate recommendations. The TRP considers addressing these issues to be a high priority as the Global Fund enters the second and final half of the Strategy period.

These issues are presented in the context of the highly successful history of collaboration between the TRP and various bodies and stakeholders of the Global Fund, including the Technical Evaluation Reference Group (TERG), the Secretariat, technical partners, and with the support and guidance of the Strategy Committee, and aim to provide support to countries as they prepare funding requests, as well as provide input to inform the next Global Fund Strategy.

#### **Improve Priority Setting**

Better prioritization of activities, both for Global Fund grants and domestic financing, is essential to end the three diseases, particularly given resource constraints and competing needs within and beyond the health sector. Many countries face reduced funding envelopes, sometimes from multiple sources including the Global Fund, other donors and domestic resources, where, for example, currency fluctuations impact the availability of funding. Almost all funding requests reviewed, highlighted challenges related to insufficient resources, with often large gaps between identified needs and available funding. These challenges were apparent across countries, from core countries with large funding envelopes to focus countries, where the Global Fund plays a smaller role. Despite this, however, often neither the funding request nor the NSP provided an adequate basis for prioritization of interventions, nor information on how activities were selected given the shortfall between planned needs and available resources.

While there were some funding requests which reflected stronger prioritization, and in some cases, there were clearly very difficult choices being made, these were exceptions. Often it was difficult to understand why countries were making particular choices for investment. It was unclear whether countries had selected strategic interventions that would achieve the greatest impact, remove barriers and address bottlenecks to close the gap; if they had just followed previous areas of investment; or if the choice of activities was a result of in-country negotiations. While technical approaches followed normative guidance, the guidance itself is often quite broad and may not provide sufficient direction. Inclusion of high program management costs in many of the proposals, even for countries submitting proposals for transition grants, was also seldom discussed or justified.

While the TRP saw improvements in the availability of program data, more critical analysis of the data, coupled with other sources of information, is essential to identify program gaps and define the most effective interventions. Local data is critical in the development of effective prioritization and tailoring of activities to be undertaken. For example, in HIV programming routine health facility data may need to be used in conjunction with community level data, implementation research or survey data to identify which populations are being left behind in treatment and prevention cascades. In TB programming, funding requests appropriately mention interventions to find the missing people with TB but omit contextual analysis and granularity of who is missing, where and why. In malaria, funding

requests also faced challenges in using data to drive the prioritization of activities. Of particular note were funding requests where the data indicated areas of malaria resurgence with little insight in how the program would target interventions to address the issue.

Even when data is available and provides strong evidence for program direction and investment strategies, funding requests often do not reflect those priorities. For example, the latest UNAIDS data (from 2018) indicate that globally more than half of all new HIV infections are among key populations and several countries have growing incidence rates. Yet, funding requests do not consistently include the intention to remove policy barriers, scale up appropriate prevention interventions, and/or address entrenched social and religious obstacles to care. In many countries, programs designed and/or delivered by organizations run by and for key populations are the most effective means of ensuring access to good-quality services, including prevention services for the populations they serve. Yet these programs and organizations remain consistently underfunded. In terms of RSSH, although appreciation of the difference between short term support and meaningfully strengthening health systems is improving, many funding requests are still focusing on short-term interventions such as externally driven and sometimes non-essential technical assistance support rather than prioritized interventions that will strengthen and/or sustain the system.

Program management is another area where the TRP noted that costs can be quite high and difficult to fully understand as they may be embedded across areas. Many applications include funding for multiple PRs with little rationale of the additional benefit or value that each contributes. Travel and short-term training costs are areas where costs are often high, with wide variability across program areas and interventions. It is often unclear how these investments will lead to the long-term capacity building that is essential for sustainable programs.

While there are many cases where these costs and approaches may be fully justified, countries, the Secretariat, and partners need to work together to ensure that funding requests include insight into the country context and that clear prioritization of activities is presented. More strategic guidance is needed to ensure alignment of unit costs used for Global Fund budgeting to those used across the health system in that country. For example, salaries, per diems, and logistics assumptions should be harmonized to those used by the national system wherever possible. This would result in greater efficiency and sustainability of programs.

#### *Recommendations:*

- Improve the prioritization of interventions and activities to be funded. Funding requests should provide a better analysis of why interventions and activities are chosen, and how they will sustainably impact disease outcomes. Priorities should be based on data and fully evident.
- As funding requests are based on national strategies and health plans, it is important that those also reflect clear funding priorities in the event that resources are not available to fully support the programs, based on data and maximizing both outcomes and equity. Technical Partners, especially in cases where normative guidance is unclear, can help facilitate prioritization, in both NSPs and funding requests.
- Identify interventions based on value-for-money in achieving results or in improving the equity of outcomes. Increase the use of costing and efficiency assessment tools in identifying appropriate interventions. Provide evidence of tools and reasoning used to make program decisions in the funding request narrative and annexes.
- Particularly in countries where funding has been reduced, applicants should show how program targets, priorities, and approaches will be maintained and integrated into domestic programs to ensure that gains are sustained and further scale-up is enabled. This includes addressing key barriers across a range of issues, from services for key populations, to ensuring access to quality commodities.
- Program management costs represent an important opportunity for cost savings. These costs are often reduced during grant-making; however, greater efforts are needed on the part of countries, the Secretariat and partners to address high program management costs and

ensure the most efficient implementation arrangements during funding request development. Costs should also be fully harmonized with unit costs used in national systems.

- Every effort must be made to ensure that, wherever possible, interventions contribute to long-term systems strengthening. Guidance to help applicants understand this issue, with explanations and suggested examples of interventions along the development continuum within each health system component, will be helpful.

### **Increase Focus on Prevention**

Reducing incidence is essential if we are to make progress towards ending the three diseases and achieving Global Fund targets. While there are proposed investments in prevention across the three diseases and RSSH, that can have an impact on reducing incidence, they do not convey a sense of boldness, innovation or ambition in setting targets or designing interventions and they lack the urgency to quickly “move the needle” towards ending epidemics. For example, at current trends of decline in incidence, it will take 130 years to end TB. Some of the key issues faced are elaborated below.

HIV: There are some positive trends in HIV prevention programming, particularly as funding requests increasingly include biomedical approaches to prevention, including treatment as prevention, medical male circumcision, and Pre-Exposure Prophylaxis (PrEP). These are not yet at the scale, however, to have sufficient impact to end the epidemic and, indeed some countries are still experiencing an increase in new infections. Sustained prevention efforts focused on key and vulnerable populations will be needed in addition to the current attention on treatment as prevention. There is slow progress in removing systemic barriers and increasing access to services. Social norm change is very rarely addressed in funding requests and overall there is a lack of sufficient innovation in prevention programs. While funding requests show modest efforts in addressing the needs of adolescent girls and young women using matching funds and in addressing human rights challenges for key populations, much more must be done to ensure prevention is available for those who are at the highest risk of infection, groups who are often highly marginalized, which lack basic human protection under the law and those for whom accessing services can be very risky, including young adolescent girls, recently released prisoners, people who inject drugs or young male sex workers. Achieving the necessary inroads will only be possible if civil society is fully included in programming and becomes an inherent part of the health systems response to epidemics.

TB incidence rates are presently falling at about 2 percent per year, however, this will need to be accelerated to a 4-5 percent annual decline to meet End TB Goals. The emphasis in TB has traditionally been and often remains on the management of infectious cases, while current analysis suggests that to achieve present targets, prevention must be coupled with universal diagnosis and treatment of all TB cases (pulmonary, extrapulmonary, and pediatric), with greater attention to the diagnosis and treatment of latent TB infection (LTBI). Despite calls to action to eliminate TB at the global, regional and country levels, proposed investments in funding requests, including those to find missing cases, do not often match this ambition.

Similar challenges are faced in Malaria. The TRP notes with satisfaction that all applicants requested funding for proven, highly effective malaria prevention interventions including:

- universal or targeted coverage (control/elimination) for vector control – Insecticide Treated Nets (ITNs) and Residual Indoor Spraying (IRS); and
- malaria chemoprevention for pregnant women (Intermittent Prevention Therapy (IPTp) and Seasonal Malaria Chemoprevention (SMC) for children 6-59 months.

However, resources are generally limited, and countries often need to make difficult choices, such as choosing between IRS, ITNs and treatment. The rationale for these choices are not always fully transparent in funding requests and there are often gaps in data analysis to promote stronger targeting.

### *Recommendations:*

- Funding requests should include a stronger focus on interventions that reduce incidence. Examples include LTBI management and active case finding for TB or partner tracing and comprehensive prevention programs for adolescents for HIV. Scaling-up these programs is essential if we are to achieve the end of these epidemics.
- Funding requests should reflect greater ambition in terms of prevention targets. In many cases this will require an adjustment in focus and investment.
- To implement programs at scale, better understanding of who is most vulnerable and why, addressing the core factors that surround their vulnerability, and reaching those individuals with prevention, care and treatment services in a compassionate and safe environment is essential. To achieve this, country programs, and associated funding requests must show increased attention to human rights and gender equality and continue to stress community programming to reduce barriers.

### **Strengthen Cross-cutting RSSH Programming**

Building resilient and sustainable systems for health is a central pillar of the Global Fund Strategy<sup>2</sup> and an area of significant investment. In the 2014 - 2016 period this was estimated at 28 percent<sup>3</sup> of overall funding to countries. A comprehensive review of funding requests undertaken by the TRP during this replenishment period found that the majority of investments are focused on:

- data systems;
- boosting the adoption of the DHIS2 and other interoperable systems for disease and public health program monitoring;
- human resources for health, including the development of multi-disciplinary cadres at the community level; and
- supply management systems to improve access to diagnosis and medicines at 'Last Mile' facilities.

A number of important issues were identified in the report including:

- investments were largely focused on support activities more in keeping with early stages of health systems development, for example salary support and short-term training;
- monitoring indicators were weak;
- integration was lacking across the three diseases and RSSH systems, for example in commodity procurement;
- gaps remain in comprehensive engagement beyond the Ministry of Health, for example with the Ministry of Finance; and
- there was very little attention to other areas of health systems strengthening like governance, financial management and community systems.

The full findings of the report can be found in the 'TRP report on RSSH investments in the 2017-2019 funding cycle' accessible through the link [here](#).

These findings, together with reviews undertaken by the TERG and the Office of the Inspector General (OIG), have contributed significantly to the Global Fund RSSH Roadmap reviewed by the Board in May 2019. This roadmap provides a strong direction to ensure that RSSH activities will further strengthen systems for the Global Fund supported diseases and for other public health programs, thereby contributing to the ability of countries to move towards UHC.

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<sup>2</sup> The Global Fund Strategy outlines seven areas as critical to ending the three diseases: a. Strengthen community responses and systems; b. Support reproductive, women's, children's, and adolescent health, and platforms for integrated service delivery c. Strengthen global and in-country procurement and supply chain systems; d. Leverage critical investments in human resources for health e. Strengthen data systems for health and countries' capacities for analysis and use f. Strengthen and align to robust national health strategies and national disease-specific strategic plans g. Strengthen financial management and oversight.

<sup>3</sup> The Technical Review Panel's consolidated observations on the 2014-2016 allocation-based funding model.

### *Recommendations:*

- Funding requests for RSSH investments in national health systems should be based on stronger country situational analyses that include the public and private sectors, as well as civil society inputs, complemented by in-depth knowledge and experience from local and international RSSH experts. Such investments need to be further coordinated and aligned with other partners, such as GAVI, World Bank, and multi- and bilateral partners, to maximize the effect of the combined funding for RSSH.
- Proposed RSSH investments should be differentiated along the health systems development continuum and reflect an appropriate shift from health systems support to health systems strengthening and eventually to countries sustaining such investments.
- The Global Fund should update the RSSH modular framework and associated guidance notes to promote more targeted health systems investments in line with their national health and overall development strategies.
- Data systems should be improved to enhance the monitoring of Global Fund investments, moving from merely output monitoring to outcome monitoring. Furthermore, strengthening of data demand and utilization activities should be encouraged to foster program implementation decision making, as well as strategy and policy development on the basis of timely, complete and accurate data.
- RSSH investments should be leveraged to integrate disease and systems elements, such as in: the adoption of national procurement, distribution and storage systems, integrated support supervision of disease and public health programs, integration on Global Fund diseases and other public health program services at facility level, and further development of integrated community approaches including the use of multi-disciplinary community (health) workers.
- In an era of dwindling resources and the need for increasing domestic financing to sustain Global Fund investments, the Global Fund should guide countries and subsequently review the recurrent/ operational cost components in future funding requests. It is particularly important to pay close attention to human resource costs funded by the Global Fund, ensuring that they are in line with national systems as well as the overhead costs of international and large local non-governmental organizations that act as Principal Recipients.

### **Community Systems Strengthening**

The TRP notes that only a small number of funding requests propose activities for strengthening community systems that are comprehensive and at sufficient scale to make a difference. Overall, few applications support to increase the engagement of communities to address gaps in coverage across the three diseases. Even fewer include funding to support communities to advocate against unsound and inequitable policies, laws and regulations, which are often linked to structural, political, and cultural reticence to provide or scale-up services for key populations.

This is important because strengthening community systems and responses (CSR) promotes the development of informed, capable and coordinated communities, community-based organizations, groups, networks and structures. It enables them to contribute to the effectiveness and long-term sustainability of health and other interventions at the community level, including the development of an enabling and responsive environment. It helps strengthen community health programs that reach the “last mile”, increasing the impact of programs and reducing the burden on health facilities. In addition, community systems strengthening is also important for ensuring that programs reach excluded and marginalized populations whose health and human rights are compromised, including key populations.

### *Recommendations:*

- Increase efforts to expand community engagement in responses to the three diseases, particularly addressing critical barriers (especially human rights and gender-related barriers) to access services;
- Strengthen community-based health systems programming in ways that extend coverage to hard-to-reach and marginalized populations;
- Strengthen sustainability planning for CSR;

- Develop and use indicators to track CSR efforts.

## **Sustainability and Transition**

The TRP has synthesized its observations on sustainability, transition and co-financing in funding requests at the end of the 2017-2019 allocation period to identify key lessons learned and recommendations for future action. The TRP noted increasing attention to sustainability and transition in funding requests, particularly in upper middle income (UMI) countries and countries with programs in or near transition. There was also increasing reference to country-specific efficiency and costing studies. Co-financing commitments by countries in their funding requests largely met or exceeded the Global Fund's requirements for health sector and disease program investments. However, further efforts are needed on sustainability, transition and co-financing to ensure the scale-up and sustainability of disease outcomes, particularly as countries take on a greater proportion of disease program financing.

### *Recommendations:*

- Include sustainability planning for all countries (with the exception of some of those with COEs), so that funding requests focus on financial and programmatic sustainability, greater use of national systems, and mechanisms for sustaining services for key populations long before transition. Ensure transition planning is also undertaken early.
- Improve the alignment between priorities included in funding requests and proposed grant budgets.
- Increase attention to value for money in proposals, particularly to economy, efficiency and equity. Ensure efficient and cost-effective procurement of health products with both grant and domestic resources.
- Further assess co-financing requirements and ensure that the emphasis on co-financing commodities does not distort program funding away from other budget items and provides adequate leverage to achieve broader program goals. Improve expenditure tracking, budget analysis and costing to ensure sufficient funding of key program interventions.
- Ensure activities in funding requests reflect the broader context of country-specific UHC and SDG commitments. Expand efforts to coordinate with other global health partners at the country-level on domestic resource mobilization for health and health systems strengthening, particularly public financial management and budgeting.

## **3.2 Strategic Objective #1: Maximizing Impact on AIDS, TB, and Malaria**

Achieving progress in prevention and treatment of the three diseases is the fundamental business of the Global Fund. There is no question that considerable progress is being made, as evidenced by the progress achieved across the three diseases. That being said, gains are fragile and need to be consolidated and there is a long way to go to achieve this strategic objective and maximize the impact of these investments. As noted in the Overarching Issues section of this paper, there are a number of areas that are consistently identified in funding requests across programs and diseases that need to be addressed. Attention to program scale, prioritization in the face of limited resources, addressing growing issues with drug and insecticide resistance, enhanced attention to reaching the most vulnerable, along with a focus on systems strengthening and sustainability will be essential in the next allocation cycle.

While each section will include data on applications, this section only highlights submissions for integrated and joint TB/HIV requests. Apart from the standard forms of application, in 18 cases, applicants submitted an integrated application to more fully align with the strategic focus of national programs and illustrate the gaps. An integrated application refers to the application which presents any combination of diseases except TB/HIV. In all integrated applications, the applicants shared the essential information and documentation, to enable the TRP to undertake quality review and strategic investment recommendations.

Shown within this section are statistics, key findings, and recommendations specific to the funding requests for disease components.

### Integrated Applications

<b>Application Statistics</b>			
<b><i>Integrated Applications</i></b>		Total Request Allocation	US\$ 932,737,971
Full Review	7	Total Approved Allocation	US\$ 877,221,589
Program Continuation	5	Total Requested PAAR	US\$ 334,736,682
Tailored Review	6	Total Approved PAAR	US\$ 278,308,839
Iteration	1	Total Requested Catalytic Funding	US\$ 46,076,592
Total Requests	18	Total Approved Catalytic Funding	US\$ 43,076,592

### Joint HIV/TB Applications

<b>Application Statistics</b>			
<b><i>Joint HIV/TB Applications</i></b>		Total Request Allocation	US\$ 4,636,307,492
Full Review	14	Total Approved Allocation	US\$ 4,161,818,256
Program Continuation	21	Total Requested PAAR	US\$ 2,014,631,323
Tailored Review	23	Total Approved PAAR	US\$ 1,738,040,861
Iteration	4	Total Requested Catalytic Funding	US\$ 161,626,900
Total Requests	58	Total Approved Catalytic Funding	US\$126,244,112

## HIV

### *Positive trends and notable achievements*

The UNAIDS report in 2018 showed progress towards the 90-90-90 goals with global achievements of 79 percent of individuals who are tested and know their status, 63 percent who are on treatment and 53 percent who have achieved viral suppression. The progress is uneven though: while new infections are on the decline in East and Southern Africa, a number of regions, including Latin America and the Caribbean, Middle East and North Africa and Eastern Europe and Eurasia are showing increases in new HIV infections, driven largely by a few countries; one out of four people infected with HIV still doesn't know they have it; only half of HIV positive children receive antiretroviral therapy. Prevention needs revamping and scale-up, particularly for young people and increasing access to key populations.

Over the course of the funding cycle, HIV funding requests increasingly utilized recent epidemiological and treatment cascade data to inform the proposed program interventions. A better understanding of the underlying data which allowed gaps in prevention and treatment outcomes to be identified resulted in countries proposing more ambitious targets, particularly in the cascade to treatment scale-up necessary to achieve the UNAIDS 90-90-90 targets. In addition, many of the funding requests reflected an awareness and understanding of current evidence-based interventions such as differentiated service delivery models in order to better target key and vulnerable populations. HIV testing, including self-testing and index testing, was notably targeted in these requests. While HIV treatment programs remained the focus in many applications, there has been some increased attention paid to HIV prevention programming, especially for key populations in the funding requests. Catalytic funding approaches including matching funds resulted in innovative approaches, for example to increase attention to human rights, key populations and adolescent girls.

<b>Application Statistics</b>			
<b>HIV Applications</b>		Total Request Allocation	US\$ 1,143,371,806
Full Review	30	Total Approved Allocation	US\$ 1,113,601,257
Program Continuation	45	Total Requested PAAR	US\$ 503,314,665
Tailored Review	28	Total Approved PAAR	US\$ 397,891,751
Iteration	8	Total Requested Catalytic Funding	US\$ 135,832,727
Total Requests	103	Total Approved Catalytic Funding	US\$ 97,760,302

### *Areas for Further Attention*

Despite these positive trends, strategies to reach populations currently being left behind for HIV testing, treatment and prevention will need to be increasingly focused on evidence-based interventions to achieve demonstrable outcomes and impact. With the focus on priority interventions, there is also a need for more efficient targeting of resources for these interventions to allow countries to get closer to the achievement of UNAIDS goals. Further improvements in data analytics will be needed to more appropriately target innovative interventions to fill gaps in cascades, especially those of gender, age and structural barriers for key populations. Integration of facility-based and community-based data, or operational research may be required to fully understand these gaps: routine data disaggregation in health facilities alone may lead to inaccurate conclusions for key and vulnerable populations.

Further scaling up of universal treatment and switch of first line Antiretroviral therapy (ART) regimens is necessary. While funding requests sought to follow new normative guidance on universal treatment and to increase the adoption of new first line ART regimens, gaps remain in implementation which will need further attention in the coming funding cycle, especially in the roll out

of Dolutegravir. Increased attention to routine viral load measurement and treatment optimization will be required. As countries transition from Global Fund funding, and as resources from other donors are reduced, increased attention will need to be paid to maintaining sustainable ART programs from domestic funding sources, which will benefit from increased rationalization of regimens.

Innovative HIV prevention approaches, designed to reach those most at risk will need to be scaled up. Current HIV prevention interventions requested for funding largely focus on testing, condom programs and harm reduction services. The inclusion of more innovative, biomedical prevention approaches will be needed in order to achieve success with the most vulnerable populations. PrEP programming was largely restricted to pilot programs due to challenges for many countries in translating the normative guidelines to specific contexts. Simplification of the guidelines may help countries to identify those who are most in need and initiate them on PrEP. Additional lessons learned will need to be applied to determine best practices for maintaining individuals on PrEP over the period when they are at-risk.

Overcoming the tendency for programmatic silos for community-based prevention and facility-based treatment interventions, especially in key population programs, remains a challenge. Most resources continue to be focused on treatment and, while key and vulnerable population civil society actors are becoming more engaged in the provision of HIV testing services, they are rarely involved in treatment programs. Opportunities are missed for providing valuable assistance with retention on treatment, for returning patients who are lost to follow up, and for maintaining viral suppression.

Finally, the sustainability of many key and vulnerable population programs remains in doubt as countries are still reluctant to change policies and practices to allow domestic finances to fund activities requiring partnership with civil society.

#### *Recommendations*

- Increase programmatic focus based on better use of data to target gaps in the HIV program. Countries should be encouraged to use their data to prioritize interventions based on need and evidence of effect rather than attempting to implement all interventions for all populations in order to achieve epidemic control.
- Technical partners should actively assist countries with integrating PrEP programming where appropriate, including overcoming policy and procurement barriers. There is also need for assistance with the collection and implications of data on PrEP retention.
- Countries should be encouraged to break down the dichotomies between treatment and prevention interventions and develop an integrated approach which minimizes the need for additional efforts on the part of patients and providers and enhances linkages between interventions where appropriate. This includes encouraging integrated civil society and government programming in order to achieve coordinated, patient-centered services in the cascade from outreach to testing, treatment, retention, monitoring and on-going prevention that would improve the overall HIV cascade.
- Countries should be encouraged to consider options for sustainability, especially in programming for key and vulnerable populations. This should occur earlier in the Global Fund cycle to ensure sustainability during transition.

## Tuberculosis

TB remains the leading cause of death from a single infectious agent. Global attention and advocacy for meeting the End TB Strategy targets were mobilized in September 2018 with the first ever United Nations high-level meeting on Tuberculosis. TB incidence rates are presently falling at about 2 percent per year; however, this will need to be accelerated to 4-5 percent annual decline to meet End TB Goals. Diagnosis and treatment access for Drug Resistant TB (DRTB) remains under-addressed, underscored by the fact that only 25 percent of persons with drug resistant TB initiated treatment in 2017. At the other end of the disease spectrum, TB prevention is also under addressed, both in provision of TB Preventive Therapy (TPT) not only in target high risk populations such as those living with HIV and children less than 5 years old, but in all aspects including infection control and contact investigations. Overarching approaches that are prioritized to the country context with aggressive and bold targets continue to be needed to achieve the end of TB as a global public health threat by 2030.

<b>Application Statistics</b>			
<b>TB Applications</b>		Total Request Allocation	US\$1,054,614,028
Full Review	19	Total Approved Allocation	US\$ 1,045,093,276
Program Continuation	28	Total Requested PAAR	US\$ 638,628,788
Tailored Review	24	Total Approved PAAR	US\$ 493,030,700
Iteration	1	Total Requested Catalytic Funding	US\$127,996,005
Total Requests	71	Total Approved Catalytic Funding	US\$ 121,407,899

### *Positive Trends and Notable Achievements*

Through this three-year funding cycle, the TRP has noted several positive trends and achievements which are contributing to the incidence decline. Access to diagnostic testing, both for initial diagnosis and for screening for MDRTB has expanded dramatically with scale up of molecular diagnostic testing and access to digital radiography. With increasing access to Xpert, identification of drug resistant TB is expanding and countries have matched this with expanded access to treatment for MDR-TB, rapidly adopting new WHO recommendations including the incorporation of new TB drugs, and developing and adapting guidelines for short course MDR-TB patients, resulting in increasing proportions of diagnosed patients initiating treatment; however, MDR-TB detection-treatment initiation gaps continue to persist in some countries. Vulnerable populations are increasingly appearing in country plans. Specifically, pediatric TB has received increased attention both for treatment of disease and also prevention through contact investigation and provision of TPT. TB/HIV co-epidemics are increasing being addressed through collaborative, rather than vertical, activities with bidirectional testing, and antiretroviral therapy/cotrimoxazole preventive therapy (ART/CPT) provisions for co-infected patients. TPT is also being implemented, rather than merely being recommended. TB prevalence surveys carried out in several countries, notably in Indonesia and many parts of Africa, have mapped the epidemic to allow for specifically targeted country strategic plans. Many countries acknowledge the need to engage the private sector to further TB control.

### *Areas for Further Attention:*

Despite these gains, the TRP noted significant areas of concern that need to be addressed if the global targets are to be met. Gaps persist in the organization and provision of patient-centered care and prevention services. In finding TB missing cases, there is room for setting more ambitious targets. Although data is collected (both through routine programmatic management for reporting

cases as well as through the prevalence surveys), the data is not utilized to its full potential to design the differentiated interventions required for ending TB. Finding the missing cases is generally described in funding requests, but data and innovation are not informing a specific roadmap. Diagnostic testing with the Xpert MTB/Rif (GeneXpert) is increasing access, but coverage and utilization gaps remain. Bold policies and design of supportive systems remain scanty. Patient travel to testing sites still contributes to catastrophic costs; transport systems for specimens to reach the lab and the result to reach the patient continue to require development.

Children are acknowledged as a vulnerable population and contributing to the TB burden but the special needs of children, such as the availability and use of pediatric friendly anti-TB medicines, health care worker training in approaches for the identification of pediatric TB, robust contact investigations and wide spread adoption of TPT – are not broadly implemented.

The private sector is acknowledged but meaningful engagement is lacking overall. These gaps still mean that integrated patient centered care and prevention services remain underdeveloped with the overall burden- especially financial- still resting on the patient. Almost all the innovations of the last five years are under-utilized (specimen transportation networks, pediatric formulations, data systems development, rollout of rapid molecular diagnostics and digital radiology, etc.).

Countries appear reticent to be bold in their applications - from target setting - to adoption of new tools - to willingness to attempting innovation. Differentiated care models are critical to put forward; ending TB can no longer have a one-size-fits-all planning approach. Boldness, innovation and differentiation will be necessary in the next round of applications to bend the curve and achieve the strategic goals.

While significant challenges remain, TB/HIV integration has moved forward somewhat during this cycle, with several countries submitting unified applications. HIV-related TPT is increasing but not at the same rates as ART/CPT provision. Integration of TB/HIV care into the primary care system and the alignment with the global call for universal health coverage are still outstanding gaps.

Human rights and gender are still largely absent from TB applications. A few programs are collecting and reporting epidemiological data on gender and age, but again the analysis and use of this data to design programs is lacking.

There has been slow recognition that the entire continuum of TB care must be addressed to bend the incidence curve. Just as in HIV, treatment of disease is not the way out of the epidemic but combined approaches to treatment and prevention of TB is critical. Looking forward, a comprehensive program for prevention of infection and disease, for disease identification and treatment, for contact investigation, for broad provision of TPT, for screening of at risk populations on a routine basis, and for innovative engagement of the private sector.

Chronic underfunding is exacerbated by the lack of prioritization within programs. National strategic plans appear to list all interventions equally while the applications continue to ignore funding gaps. Prioritization and program differentiation must occur and be coupled with a realistic budget; this is true not merely for the TB high burden countries but possibly even more importantly in the countries nearing targets for ending TB and funding transition.

### *Recommendations*

- TB data must be routinely used to evaluate and inform programs other than at the time of the development of the NSP. This must be a continuous process.
- Slow adoption of innovation and lack of bold targets are limiting efforts towards ending TB on and must be reversed. Innovation should be embraced not avoided.
- Specificity regarding programmatic interventions that are patient-centered along the entire diagnostic and management Drug Sensitive/ Drug Resistant TB (DS/DR-TB) care cascade as well as in key populations (children, migrants, prisoners, people living with HIV) is required.
- The management of latent TB infections among people living with HIV, household contacts and other high-risk groups should be prioritized.

- Linkages between the TB Program and primary health care systems need to be developed and delineated, especially to align with the global call for the development of universal health care.
- Human rights and gender should require specific plans, not generic ones.
- Funding gaps in TB continue due to chronic national underfinancing. These gaps require not only ongoing advocacy but also realistic budgets and prioritization within NSPs.

## Malaria

Global mortality from malaria has decreased in recent years with an estimated 435 000 deaths from malaria globally in 2017, compared with 451 000 estimated deaths in 2016, and 607 000 in 2010. However, despite this success in reducing mortality, notified cases of malaria have increased in recent years. In 2017, an estimated 219 million cases of malaria occurred worldwide (95 percent confidence interval [CI]: 203–262 million), compared with 239 million cases in 2010 (95percent CI: 219–285 million) and 217 million cases in 2016 (95 percent CI: 200–259 million). These increases should be viewed with caution as some of this increase may be due to better reporting systems and case detection, especially at the community level.

<b>Application Statistics</b>			
<b>Malaria Applications</b>		Total requested Allocation	US\$ 2,993,441,870
Full Review	20	Total Approved Allocation	US\$ 2,821,517,869
Program Continuation	64	Total Requested PAAR	US\$ 1,482,067,373
Tailored Review	19	Total Approved PAAR	US\$ 1,174,198,952
Iteration	7	Total Requested Catalytic Funding	US\$ 145,000,000
Total Requests	103	Total Approved Catalytic Funding	US\$ 145,000,000

### *Positive Trends and Notable Achievements*

In general, the TRP notes that more funding requests demonstrate that countries have made significant progress in the fight against malaria, resulting in substantial reductions of the malaria burden. Overall funding requests build on improved malaria control programs aligned with normative guidelines and national strategies based on programmatic achievement and gaps, with a clear description of interventions to scale-up efforts against malaria.

The majority of funding requests reviewed were aligned with country-national strategies aimed at accelerating progress towards malaria control and elimination by scaling up key malaria control interventions (LLINs, artemisinin-based combination therapy (ACT), rapid diagnostic tests (RDT) and IRS); and strengthening health systems for service delivery. Further, in recognition that malaria knows no borders, amongst successful applications were several funding requests that addressed cross-border malaria challenges. These included applications from two Southern Africa malaria regional platforms:

- the Elimination 8<sup>4</sup> and the MOSASWA <sup>5</sup> multicountry grants, aimed at combining efforts to scale up cross-border interventions for the improvement of malaria surveillance, mobilization of domestic, and private financing for malaria elimination in Southern African countries; and
- two Western Africa countries who are part of the Sahel Malaria Elimination (SaME) initiative, aimed at combining efforts to scale up malaria control interventions and addressing cross-border issues by fast-tracking the introduction of innovative technologies to combat malaria.

During this period, the majority of funding was requested to procure LLINs, RDTs, and ACTs. In addition, resources were also requested to procure insecticides for IRS to spray structures. Countries in the Sahel region included in their funding requests, the WHO recommended chemoprevention intervention - Seasonal Malaria Chemotherapy (SMC), demonstrated to be effective, cost-effective

<sup>4</sup> Elimination 8 regional grant, is a cross-border initiative between eight countries in the Sahel region (Angola, Botswana, Eswatini, Mozambique, Namibia, South Africa, Zambia, and Zimbabwe).

<sup>5</sup> The MOSASWA malaria regional grant, is a public-private cross-border initiative between Mozambique, South Africa and Eswatini focusing on addressing regional malaria elimination in Southern Africa.

and safe for the prevention of malaria among children less than 5 years of age in areas with highly seasonal malaria transmission.

The use of malaria preventive and curative interventions through integrated service delivery provides an excellent opportunity to maximize the impact of Global Fund support for the health of women, newborns, children and adolescents. In recognition of this, a number of applicants included integrated service delivery of sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) priorities in their funding requests. This platform integrates malaria interventions into support for (RMNCAH) programs and is critical for deployment of key malaria interventions, including IPTp, through antenatal clinics (ANC), diagnosis and treatment. It also integrates case management at a community level by community health workers (CHWs) through the integrated community case management approach. In this regard, multiple applications included funding for training CHWs, aimed not only at improving access to and uptake of malaria services at the community level, but to also increase the quality of services provided by CHWs, with a particular emphasis on case management of uncomplicated pneumonia and diarrhea through scaling up of Integrated Community Case Management (iCCM). While these findings are highly positive, there are still missed opportunities in efforts to scale up iCCM. In addition, as noted in the RSSH report, it is important to pay further attention to community health systems, and to ensure that community health workers are multidisciplinary and integrated into national systems.

The TRP noted an increase in the availability and use of surveillance data in funding requests including efforts to integrate malaria within national Health Information Systems (HIS). However, as noted below, amongst applicants there were significant issues in the use of epidemiological and programmatic data to evaluate gaps and prioritize malaria control interventions targeting key populations and other factors driving malaria transmission.

Anti-malarial drug and insecticide resistance continue to be the leading threat to ongoing malaria control and elimination efforts and require continued monitoring in order to inform decision-making. To ensure effective malaria case management, several applicants included routine therapeutic efficacy testing of anti-malarial drugs in their funding requests, while some included insecticide resistance monitoring in their funding request. For example, use of insecticide resistance data informed applicant's request for funds to enable their programs to switch to different types of insecticide for IRS interventions, albeit more expensive ones. Unfortunately, this means the number of structures targeted for IRS have declined, while the budget allocated to this activity has increased considerably. In addition, several applicants requested funds to procure next generation LLINs to also address insecticide resistance issues.

Learning from experiences with drug resistance to earlier generations of antimalarials and the threat of resistance to current drugs have informed malaria programs in endemic countries. Multiple applicants have included activities to establish systems for pharmacovigilance for antimalarial drugs currently in use. Identification of rare and unexpected adverse events and evaluation of antimalarial medicines treatment safety will ensure correct dosing, appropriate treatment, and management of interactions with different medicines, thus improving malaria case management.

Many applications used the opportunity of the PAAR to request additional resources for malaria control interventions to fill identified gaps and accelerate the achievement of strategic objectives and targets described in their main allocation request. PAAR requests during this cycle increased the scale up of malaria control interventions with additional LLINs, ACTs, RDTs as well as expansion of iCCM, SMC and IRS for applicants.

To ensure effective case management and facilitate complete and timely reporting of all malaria cases, some applicants also included activities aimed at engaging private providers wherever the private sector was a major source of care for malaria. In some funding requests, the private sector had been shown to be best suited to provide case management for mobile and hard-to-reach populations, in high-risk communities or in border areas.

### *Areas for Further Attention*

The progress and achievements described above notwithstanding, the TRP noted several challenges and weaknesses in numerous funding requests. Despite the scale up of malaria control interventions, the TRP observed that a number of applications recorded increased incidence of malaria. However, many of the funding requests did not identify this as an issue, nor did they request support to investigate factors that may have contributed to the increase. As a result, in a number of cases, the TRP requested a further examination of causes of the resurgence from applicants to better inform the investment approach which not only informed the TRP about factors that needed attention, but also provided direction on an appropriate set of interventions to address the immediate problem and avoid future malaria resurgence.

**Resistance to artemisinin and insecticides:** The potential expansion of artemisinin-resistant *P. falciparum* from the Southeast Asia, particularly the Mekong sub-region to other parts of the world, and especially to Africa remains a global threat. The TRP recommended funding of a regional surveillance network (AIM) designed to foster collaboration between countries in monitoring malaria drug resistance, as well as recommending rapid strengthening of monitoring systems for drug resistance in several applications.

Further, the spread of insecticide resistance is a major issue globally and was noted in multiple funding requests. In response, the TRP requested these applicants to routinely monitor and adopt the rotational use of insecticides as per WHO guidelines. Issues raised and recommendations for the applicants by the TRP focused on the need for strong processes of insecticide resistance monitoring, quality assurance of products, and resistance management strategies, as well as for innovative strategies to prevent and address the spread of both drug and insecticide resistance.

**Challenges in controlling and eliminating *P. vivax* malaria:** In South East Asia and North America regions, where *P. vivax* transmission is widespread, the TRP noted countries' difficulty in controlling and eliminating of *P. vivax* malaria. Countries demonstrated challenges, particularly in the case management in areas with *P. vivax* transmission singly or as mixed infections with *P. falciparum*. The TRP recommended that applicants ensure adherence to appropriate management of patients with *P. vivax* malaria as per WHO guidelines. In addition, regional cooperation networks were encouraged to share best practices related to the control of *P. vivax* malaria.

**Reaching more isolated communities and migrants:** The TRP noted that in several funding requests, a significant part of the malaria burden was driven by isolated, hard to reach communities and migrant populations (forest workers, miners, among others) living in difficult to access trans-border areas such as the Thai-Myanmar, Thai-Cambodian, and Guyanese-Brazilian borders, among others. However, some funding requests lacked targeted interventions to meet the needs of these communities, even in applications that identified them as key drivers of malaria transmission. In these applications, the TRP requested clarifications and recommended that applicants implement targeted malaria control interventions focused on these key populations. To reach isolated populations, strengthening the integration of malaria with other health delivery services (such as immunization) was recommended, as was, where feasible, the strengthening of community level systems.

**Cross-Border Malaria transmission:** Cross-Border malaria has been seen as a perennial problem arising out of uncontrolled migration, poor health delivery systems and lack of coordination along the border districts in countries in the malaria elimination momentum. The TRP observed weak linkages between country and regional malaria efforts. The TRP recommended that applicants implement targeted malaria control interventions through cross-borders activities aligned with country priorities in order to sustain national malaria control efforts and bring the disease under control.

**Data-informed programming:** As indicated above, robust data is the cornerstone of strong health information systems able to inform program interventions and investments. In addition, it is important that programs benefit from a range of information sources, including routine reporting but also including surveys and other evaluation and implementation research. Several applications showed weak data mining and management capacity. Applicants were encouraged to ensure the availability

of disaggregated information from surveys and routine data where feasible, to assist them in better identifying key and at-risk populations. This would inform the development of programs and interventions that would have the maximum impact for these populations.

**Ongoing government commitment to malaria program funding and support:** The TRP further noted in several applications the difficulty of maintaining long-term malaria funding and political support, particularly in countries where successful control has led to low burden, as they approach malaria elimination as well as in smaller countries with a focused portfolio. As part of their transition plans, the TRP requested applicants in this category to consider increasing national funding, and/or seek new innovative funding initiatives to address this difficult situation. This is an extremely important factor, especially in places where donor support is limited or declining. Countries demonstrating their willingness to maintain political and financial support for their malaria response will strengthen Global Fund and other international advocacy efforts for continued funding.

**Prioritizing interventions:** Due to limited budgets and ambitious coverage targets, the TRP observed that many applicants faced difficulties in prioritizing and rationally selecting malaria control interventions for specific epidemiological strata, as well understanding at which level to scale them up. The TRP recommended that applicants continuously use and analyze data for decision-making to best prioritize the most cost-effective packages of interventions to ensure effective allocation of resources for malaria control and elimination based on local evidence. This would maximize the impact for each given investment. Integration of malaria with other health service delivery programs, where feasible, was also highly recommended.

**Private Sector:** Although many applicants recognized the private sector's important contribution to the ongoing malaria response, especially the opportunity to deliver services, the TRP observed that no interventions targeting this sector were clearly defined in many funding request applications. The TRP recommended that applicants increase private sector engagement and involvement wherever feasible to further expand the reach of malaria services in endemic countries.

### *Recommendations*

- Resistance to drugs and insecticides are significant and growing issues. Strengthened surveillance, including at a district and regional levels, quality assurance of products and strong innovative resistance management strategies to prevent and address the spread of both drug and insecticide resistance are critically important.
- Data use for decision-making in malaria programming is critical. Increased use of robust data in identifying and targeting individuals most at risk and establishing program priorities will enhance all areas of malaria interventions. This is especially important not only for populations, like migrants, but also hard-to-reach geographic areas as well as those that may be experiencing resurgence. Choices for program investments, based on data, and in keeping with WHO guidelines, should be made clearer in funding requests.
- Integration of health services cannot be over-emphasized. To scale up programs and reach particularly vulnerable and isolated populations, strengthening integration of malaria efforts with other health delivery services (such as RMNCH) and immunization (EPI) as well as with community level systems is critical for malaria control and elimination and must be strengthened.
- Malaria recognizes no borders. To maximize benefits of cross-border initiative, member countries should ensure better alignment and interface between cross-border and national malaria control and/or elimination activities.
- Countries are encouraged to strengthen the funding base for malaria programs through increased national investment of domestic resources as well as strengthening engagement with the private sector.

### 3.3 Strategic Objective #2: Build Resilient and Sustainable Systems for Health

#### *Positive Trends and Notable Achievements*

In this three-year funding cycle, the TRP noted some positive trends in countries' requests for funding to improve resilient and sustainable systems for health. These findings are well documented in the TRP report on RSSH Investments in the 2017-2019 Funding Cycle, an extensive review of funding requests from Window 1 – 5 including a deep dive into 50 applications. Increasingly countries are seeking investments to increase the effectiveness and sustainability of national health services and stating that RSSH investments underpin more effective HIV, malaria and TB programs. A number of funding requests demonstrated an increasingly sophisticated understanding of the components of health systems, and the complex interaction between the health system components.

This was apparent, for example, in a number of proposals seeking coordinated investments in supply chain management, diagnostic tools, and data for decision-making; and in funding requests where community health systems were addressed more comprehensively than by merely funding community health workers (a notable weakness of earlier requests).

<b>Application Statistics</b>			
<b>RSSH Applications</b>		Total Request Allocation	US\$ 119,750,326
Full Review	17	Total Approved Allocation	US\$101,570,374
Program Continuation	2	Total Requested PAAR	US\$ 67,633,270
Tailored Review	1	Total Approved PAAR	US\$ 52,447,997
Iteration	5	Total Requested Catalytic Funding	US\$ 48,533,060
Total Requests	20	Total Approved Catalytic Funding	US\$ 31,335,844

#### *Areas for Further Attention*

The TRP noted several areas for further attention to improve efficiency and effectiveness of RSSH investments. There is a need for better coordination with other development partners' on RSSH investments, to improve efficiency, avoid duplication, and to ensure complementarity of approaches. Sometimes program logic is not well articulated, and it is not clear how proposed interventions will strengthen the health system, or how success will be measured. In an emerging issue, RSSH funding is secured for the broader health sector but administered by a particular disease program: careful design and monitoring is required to mitigate the risk that such RSSH funds and benefits will be dominated by the single disease program and not be used as intended. Large investments are also going into human resources, usually outside the framework of a comprehensive national human resource strategy for health and national guidelines for salaries etc. and often as a part of a highly verticalized program. Separately, despite progress, much funding continues to be sought for often high-cost investments like program management (salaries, travel, administration) and recurrent operational costs which ideally should be catered by national budgets rather than for strengthening resilient and sustainable systems. Finally, there is a need to help countries appreciate that complementary health systems investments do not weaken disease programs by diverting funds which could otherwise be spent directly on a disease program, but rather enhance the efficiency and effectiveness of integrated health service delivery.

#### *Recommendations*

The TRP has previously articulated the majority of recommendations for this area in the TRP report referenced above. Many of these have already been incorporated into the RSSH Roadmap which is in the process of being implemented. Highlighted below are recommendations that tie most closely

to recommendations for country programs in the development of funding requests for the upcoming period. To address these areas for attention, the TRP recommends:

- The Global Fund Secretariat should encourage countries to conduct landscape mapping of RSSH investments and other resources by all development partners, and that such landscape mapping is included in substantial RSSH funding requests.
- Where an RSSH investment is intended to support integrated health service delivery and is embedded in a particular disease program for management efficiency, the funding request should clearly explain the intention that resources are to be shared, and how, and should elaborate mechanisms for RSSH program administration and the oversight of funds.
- The funding request templates should be further adapted to request applicants to demonstrate a compelling case for how requested RSSH investments will lead to the strengthening of health systems. Funding requests should also show how recipients will measure success.
- Applicants and the Global Fund Secretariat should ensure HRH requests are framed within broader HRH plans with commitments and plans to absorb recurrent costs.
- Applicants should incorporate health system strengthening components in their NSPs and use them as the basis for their RSSH (stand-alone or modular) funding requests.
- The TRP should complete the work started in the RSSH report: and elaborate the “4S<sup>6</sup>” analysis for each RSSH module along the health systems continuum.

### **3.4 Strategic Objective #3: Promote and Protect Human Rights and Gender Equality**

Along with recognition of the urgent need to reduce incidence and strengthen prevention of HIV, TB and malaria, there is also recognition in funding requests that national responses must do better to ensure access to health services for stigmatized, criminalized and marginalized key populations. In many countries the effectiveness of national responses to the three diseases is impeded by the many forms of exclusion from services faced by key populations. It is difficult to achieve effective national responses without concerted efforts to reduce human rights-related and gender-related barriers to health services faced by these populations.

#### **Human Rights-Related Barriers Unaddressed**

##### *Positive Trends and Notable Achievements*

An important mark of progress is that human rights and gender-related barriers were often explicitly analyzed in funding requests in the last cycle. Stigma and discrimination in health services and other domains, undue criminalization and repressive policing, intransigent gender inequality, and social exclusion based on gender identity and sexual orientation were frequently noted in HIV funding requests as barriers to services. Through its guidance to Country Coordinating Mechanisms (CCM), the Global Fund along with technical partners have highlighted the need to address some of these same barriers in national TB responses and in joint TB/HIV programming, and they are beginning to appear in TB funding requests. There is also an emerging recognition of the many ways in which gender inequality undermines access to malaria services, and several funding requests included sound analysis of the human rights-related barriers to malaria services faced by migrant workers and other mobile populations.

##### *Areas for further attention*

However, analysis of human rights issues in funding requests often seems not to translate into well-resourced, sustained programs to reduce human rights-related barriers. Programs meant for the most marginalized persons are often underfunded and small-scale or not included in funding requests. In some funding requests, data remain inadequate on the size and location of key

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<sup>6</sup> Systems start, systems support, systems strengthening and systems sustainability, phases along a health systems development continuum.

populations and there are information gaps on the impediments to health services that they face. Transgender persons, prisoners and detainees, and mobile populations are especially neglected in programs. The range of HIV and TB prevention services long recommended by WHO and UNODC for people who inject drugs continues to be absent or underfunded in national responses.

More attention is needed in funding requests to address repressive policing, though there are some promising initiatives from which to learn from in this allocation period, particularly in matching grant programs. The Global Fund has been a leader in supporting TB, HIV and malaria services among key populations, and through the matching funds stream introduced in this allocation period such efforts have been strengthened. The TRP however notes that there is still much room for improvement specifically in the case of prisons and pretrial detention where such services are limited in scale and quality is uneven. Political, social and religious obstacles to programs for key populations are strong and entrenched in many countries; factors which undermine the effectiveness of national disease programs.

In many countries, organizations run by and for key populations are the most effective approach for ensuring access to good-quality services, including prevention services, for the populations they serve. Funding requests in the 2014-2016 period show that these organizations are often under-resourced and may need assistance to build their program management capacities<sup>7</sup>. Policy reform is needed to ensure that the organizations most suited to reach these populations (for example sex worker organizations, groups of people who use drugs and lesbian, gay, bisexual, and transgender (LGBT) organizations) can be registered as legitimate NGOs. This will enable them to access funds from the Global Fund and other donors to provide services to their peers.

The TRP key priority messages for recommendations going forward are:

#### *Recommendations*

- The Global Fund's catalytic funding for reducing human rights-related barriers has begun to address resource shortages for well-defined programs to reduce these barriers. The Global Fund and in-country partners should leverage the catalytic funding to draw other donors to provide sustained funding for these programs (which have been highlighted for the three diseases in technical briefs to CCMs).
- The Global Fund and technical partners should continue to push for meaningful representation and participation of key populations on CCMs, as program implementers, and in decision-making at all levels of national responses.
- The Global Fund should also support high-level advocacy among religious and thought leaders, political champions and others who influence the public to highlight the harm of demonizing key populations and the urgency of prevention and treatment services for all who need them.

### **Insufficient focus on gender in disease programming**

#### *Positive Trends and Notable Achievements*

In the 2017-2019 cycle, the TRP appreciated seeing funding proposals, particularly for HIV and TB, that included sex-disaggregated data. In general, however, there is a long way to go to address gender inequality in HIV, TB and malaria programming as reflected in the funding requests the TRP has reviewed.

#### *Areas for further attention*

Gender analysis is frequently missing, particularly with respect to TB and malaria. Though there has been some progress on sex disaggregation of data, countries should need a broader range of data disaggregated according to age, sex, gender and key population status. Attention is inadequate to the intersectional needs of women, girls and transgender persons who are also members of other key populations. Legal and policy frameworks that disadvantage women, adolescents, transgender persons and men who have sex with men are often not well analyzed, and measures to reform them

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<sup>7</sup> The Technical Review Panel's consolidated observations on the 2014-2016 allocation-based funding model.

are missing. In addition, there are gaps in other areas of programming that are particularly critical for women as well as tied to the three diseases, for example cervical cancer screening, a key issue for HIV positive women.

Greater priority is needed for a varied range of programs to address the disproportionate burden of HIV carried by adolescent girls and young women (AGYW) in most countries. Global Fund guidance encourages adolescent-friendly prevention and sexuality education programs along with school-based empowerment activities. The TRP noted that the inclusion of these interventions in funding requests was often disproportionately low when compared to the observed in-country needs and were rarely at scale. In addition, programs to address gender-related barriers to health services frequently do not address norms of masculinity that lead boys and men to engage in risky sexual behavior, poor health-seeking behavior, and subordination of women and girls.

Nearly all countries report some activities related to gender-based violence, but often they do not seem to be coherently linked to national responses to HIV, TB or malaria, for example the availability of post-exposure prophylaxis for survivors of rape to prevent HIV, nor are they at sufficient scale to address the problem. Adolescents are often excluded from gender-based violence interventions. There is a need for improved inclusion in funding requests of all forms of given the direct risk of gender-based violence to health and as a barrier to seeking and utilizing health services, it is important that funding request strengthen support to prevention of violence and services for survivors and move to scale up programs.

#### *Recommendations:*

- Instructions to Global Fund applicants should request sex- and gender-disaggregated data on key indicators for the three diseases, and the Global Fund should support efforts to improve collection of these data, as is noted in “The Global Fund Strategic Framework for Data Use for Action and Improvement at Country Level” as well as guidance for gender analysis, including use of disaggregated data for program planning which would support countries improve targeting of interventions and prioritization of funding in the programs.
- The Global Fund matching funds for adolescent girls and young women programs are an important step forward, and applicants should be encouraged to bring good adolescent girls and young women programs to scale with other funding as well, including Global Fund main allocations.
- Given the direct risk of gender-based violence to health and as a barrier to seeking and utilizing health services, it is important that funding requests strengthen support to prevention of violence and services for survivors and move to scale up programs.
- In general, there continues to be a need with respect to all three diseases to strengthen support for gender-transformative programming that leads to empowerment of girls and women and meaningful engagement of boys and men. Addressing legal, policy, cultural and religious barriers to health services should be part of this crucial work.

### **Community systems strengthening not prioritized, harming the most vulnerable populations**

#### *Positive Trends and Notable Achievements*

It is encouraging that some funding requests have proposed strong support to civil society as part of building and sustaining community health systems. A notable example is the HIV funding request from Albania reviewed by the TRP in June 2019, which proposed that the government would contract civil society organizations to continue providing decentralized HIV prevention services when Global Fund support is no longer available. This decentralized social contracting scheme is based on an explicit recognition of the unique capacity of civil society to gain the confidence of certain key populations.

#### *Areas for further attention*

Though strong community systems are essential for effective control of all three diseases and for resilient health systems, the TRP is concerned that they are not prioritized in funding requests. Civil

society organizations are a proven approach for engaging women, adolescents and marginalized key populations in health services and community-level decision-making on health. Where community systems strengthening (CSS) does appear in funding requests, it is often limited to service delivery, whereas it should include such activities as engaging communities in monitoring access to and quality of health services, ensuring that communities know their health rights, and establishing community-based mechanisms of redress for people facing discrimination and other barriers to care.

#### *Recommendations*

- CCMs should be encouraged to analyze their CSS needs and develop effective programs to meet those needs, including legal empowerment and community-based monitoring activities that go beyond service delivery.
- Global Fund secretariat often help to identify and mobilize technical assistance for CCMs; there should be an effort to ensure that a broad vision of CSS is a focus of such assistance.
- Countries nearing transition should also be encouraged to develop – well before transition – institutional, policy and legal structures for sustainable CSS.

### **3.5 Strategic Objective #4: Mobilize Increased Resources**

#### *Positive Trends and Notable Achievements*

The addition of a cadre of strategic investment and sustainable financing (SISF) experts to the TRP during the 2017-2019 allocation period has helped draw additional focus to these areas in the funding request reviews. The SISF team complements the work of the other TRP expert groups in ensuring that proposed activities represent value for money in use of grant resources. While the TRP has long assessed proposals for technical efficiency and adherence to program norms, the SISF team looks more closely at issues of program budgeting, financing, allocative efficiency and long-term sustainability. Building on these efforts, the TRP recommended inclusion of a new question on value for money in the application materials and is currently revising the TRP review criteria for the 2020 - 2022 allocation period to strengthen the value for money lens for developing and reviewing the funding requests.

Country applicants are expected to develop proposals with strategic investments that consider future financial sustainability through use of data for decision-making, prioritization of interventions, and achieving high impact outcomes. However, the TRP found the proposals in early TRP reviews often weak in this area and with little or no mention of financial sustainability. There was a notable improvement in financial sustainability analysis in most funding requests in later TRP reviews in terms of understanding the funding landscape for the three diseases and more discussion of realistic co-financing limits. In addition, the latter proposals provided greater information on the context of domestic financing, fiscal and macroeconomic settings and reforms in health financing in the context of UHC.

National applicants about to phase out of Global Fund financing improved their transition readiness assessments (TRAs). These TRAs were reflected in both NSPs and funding requests. In the majority of TRAs, there were notable discussion on the need for domestic financing mechanisms for CSOs providing services to key populations.

During the 2017-2019 allocation cycle, the TRP observed more funding requests proposing new innovative financing mechanisms and models (blended finance mechanisms, loan buy downs) and increasing attention given to value for money.

Funding requests also increasingly focused on interventions for key populations. These also included references to costed NSPs, better funding landscapes, and more discussion on the country budgetary decision-making processes in the allocation of financing for the three diseases.

### *Areas for Further Attention*

Despite increased attention to financial sustainability, the TRP notes that the funding requests often lack attention to programmatic sustainability (health systems strengthening, public financial management (PFM), and program governance) needed to sustain key population-related advocacy and prevention activities. Programmatic sustainability includes systems strengthening and the legal environment, financing and mechanisms for social contracting for CSO delivered services.

UHC is a key aspect of discussion in funding requests but these proposals need to emphasize greater use of national health systems, including alignments to government planning and budgeting cycles. The potential of private sector in complementing public sector health care delivery as well as Health Technology Management cannot be underscored enough.

Funding requests are increasingly discussing value for money, particularly in relation to economy, efficiency and equity. However, in some cases there are still inconsistencies in commodity pricing, access to PPM, rational use of technologies and integration of services. High program management costs, salaries, travel and per diems with limited resources to RSSH investments even as funding requests strive to align priorities and budgets, were observed.

Domestic resource mobilization processes also need to scale up through improving tracking of co-financing as well as increasing financing commitments to country health budgets over the program cycle. Government health budgets should gradually absorb costs on specific items such as community health worker salaries (often nonexistent in funding requests).

### *Recommendations*

- Global Fund investments in the three diseases should be linked to long-term systems strengthening and increased political commitment.
- Increased attention should be paid to efficiency, including integration of services (e.g., integration with RMNCH) and systems (e.g., one HIS); service delivery models; procurement; commodity pricing; rational use of technologies.
- The Recommendations in the RSSH roadmap should be operationalized to strengthen key intervention outcomes.
- Increased attention should be paid to political economy, governance, institutional and contextual challenges to meeting disease program objectives.
- The TRP and the Global Fund Secretariat should continue to knowledge share on innovate finance and domestic resource mobilization initiatives.
- Future funding requests should be improved by:
  - strengthening guidance notes on sustainability, value for money, funding landscapes, NSP costings (Secretariat/partners);
  - providing additional technical support to guide countries on how best to link budgets, available and needed financial resources with disease programs;
  - better articulating how disease programs fit within overall national health, health care financing strategies and UHC plans;
  - better aligning between budgets and strategic priorities;
  - better legal/institutional analyses of barriers/constraints affecting implementation of programs both in proposals and in Secretariat country briefing notes; and
  - addressing the role/use of private sector in health care service delivery as a means of meeting NSP targets.

## 4. Differentiated Approach and Catalytic Investments

### 4.1 Findings of the Review Process: Differentiation and Refined Application Process

Building on lessons learned from the 2014-2016 allocation period, an essential change in the review approach was introduced for the 2017-2019 allocation, namely the introduction of differentiated applications and review modalities allowing for flexible and tailored funding requests right-sized to match the needs and context of a country. Differentiated approaches enable quality applications to be developed more efficiently, and therefore greater time can be spent implementing grants.

During 2017-2019 allocation period, the TRP reviewed 225 applications through the following review modalities:

- 50 Full Reviews;
- 93 Program Continuation; and
- 82 Tailored Reviews.

During 2017-2019 funding cycle the TRP noted an improved quality of funding requests. Funding requests reviewed by the TRP during the 2017 - 2019 cycle had a 10 percent overall iteration rate, compared to 22 percent of funding requests requiring iteration during the 2014-2016 funding cycle. The iterated funding requests showed much better prioritization, potential for impact and quality of concept note.

The TRP notes that differentiation has achieved the intended changes in decreasing the number of programs requiring extension, decreasing the burden on countries in preparing funding requests and in right-sizing the level of effort and time required for preparation to the type of review, as well as introducing a high degree of flexibility to meet country cycles in submitting PAARs.

- **The number of programs requiring extension decreased:** the percentage of programs requiring extensions for the 2017-2019 funding cycle to date is currently 4 percent, compared with 54 percent of programs requiring extension for the 2014-2016 funding cycle.
- **The burden on the country in preparing the funding request has decreased:** the average number of pages for a funding request was 29 (min 7 – max 80) compared with 60 pages (min 27 – max 169) for the 2014-2016 funding cycle.
- **TRP had successfully tailored its review approaches to the type of funding requests.** The TRP has had six in-person windows in 2017-2019 compared to nine review windows in 2014-2016 and introduced remote windows. The level of effort and time for review and clarifications were right-sized, notably for the depth and scope of review, the TRP review process, and review outcomes templates. The composition of the review group was tailored to the type of funding request, for the most effective use of TRP expertise.

While recognizing the value of the differentiated application and review process and emphasizing on the achievements of this approach, the TRP observed areas for further simplification and getting better quality of information for TRP review and framed its recommendations for the following allocation cycle as the Refined Application Process (RAP). These refinements are in line with the 2017 to 2022 Strategy and aim to optimize technical expertise, skills and time utilization of TRP members as well as to streamline the process for applicants.

The TRP acknowledges that considerations for a differentiated approach based on the epidemiological context will allow focused and targeted interventions to maximize impact. Throughout the 2017-2019 funding cycle, The TRP observed that Tailored for Material Change review modality did not bring the expected added value. Additionally, the TRP noted that countries with Challenging Operating Environments had too many intricacies to have a one-size-fits all approach. As a result, for the upcoming allocation cycle these two of the application approaches

least appreciated, are removed. While keeping four approaches that were found to be the most efficient, one approach particularly for Focused countries was added.

#### *Recommendations*

- Evolve the application approaches and adapt the 'most streamlined': evolve Program Continuation and introduce application for Focused portfolios.
- Expand cohort eligible for Tailored for NSP, and seek to align timing with national cycles.
- Integrate matching funds into allocation and allocation request. PAAR to be submitted with allocation request.
- Streamline the end-to-end grant lifecycle, beyond the funding application stage.
- Simplify and improve application templates and guidance.

Moreover, to better illustrate the country context, questions related to RSSH, Sustainability, Transition and Co-Financing (STC), including Value for Money, and community rights and gender (CRG) were integrated into all application approaches.

- RSSH: Regardless of when funding requests are submitted, applicants should ensure that interventions funded through disease specific applications take into consideration the needs across diseases and of the broader health system:
  - describe integration efforts where they make sense;
  - better address measurement of RSSH investments; and
  - better describe the funding and program landscape for RSSH.
- Sustainability: Focus on increases in domestic financing for health, specific uptake of program costs, justifying implementation arrangements and increased attention to efficiency and economy.
- CRG: Standardized and specific questions on interventions related to key populations.

## **4.2 Findings on Catalytic Investment**

### **Address the Complexity of Multi-Country Applications**

In addition to the funding requests, the TRP reviewed 30 multicountry applications which were submitted through continuation, pre-shaping and competitive Request for Proposal (RFP) modalities. The TRP affirms the value of multicountry approaches as a complement to Global Fund country programs in specific circumstances. Compared to the previous funding cycle, the TRP assessment is that predetermining investment topics and regions has been a significant improvement over the previous open call for expressions of interest. The TRP notes that multicountry approaches have good potential to resolve region-specific bottlenecks and they bring catalytic value and potential for impact settings where:

- bottlenecks cannot be resolved by a single country application (e.g. migration);
- the multicountry approach can lead to better efficiency (e.g. supranational labs); and
- there is a potential to drive policy change related to regional barriers through regional dialogue and policy harmonization.

The TRP also observed that although the RFP approach brought in new ideas and potential innovations, the required ambition did not always match with funding envelopes; that the timeframe for implementation may be too short to achieve measurable expected results; and that, and in some cases, applications struggled to make link between inputs and outcomes. While supporting the multicountry review modality and emphasizing on its complementary value to national applications, the TRP provides specific recommendations below.

### *Recommendations*

- The Global Fund should continue a highly selective multicountry approach and should continue predetermining areas and regions for investment in the next funding cycle.
- Similar to the Program Continuation modality in country allocations, the newly approved multicountry grants could be considered for continuation in the next cycle if they meet specific criteria, especially good performance and achieving desired catalytic value.
- Multicountry application processes (both the pre-shaping and RFP approaches) should be strengthened.
- The Global Fund should allow iterations for continuation and for pre-shaping applications.
- The Global Fund should work with partners to define a new monitoring and measurement framework for multicountry grants, more suited to supra-national interventions.
- Applicants should include a sustainability plan to indicate approaches to be used to institutionalize the mechanisms to achieve and sustain results beyond grant life.
- Expected catalytic nature of the responses should be better defined in the RFP with a focus on strengthening national program outcomes. The applications should make a better link between proposed interventions and strengthening services ultimately leading to better results. Furthermore, the ambition of the RFP should be matched to budget and timeframe.

### **Seize the opportunity to maximize impact with Matching Funds requests**

The TRP recognizes matching funds are a significant opportunity that should be maximized to both catalyze and expand the impact of the allocation, and to pilot innovative approaches and interventions. However, the TRP noted that, in a number of occasions, eligible countries did not sufficiently seize the opportunity to capitalize on matching funds requests. The TRP also observed that many matching funds requests did not present a coherent approach likely to catalyze better program performance. A few matching fund applications included long, non-prioritized lists of programs and interventions, which as a result were not likely to have impact.

The TRP found the opportunity to review above allocation requests as a critical one that allows countries to access additional funding through either efficiencies or portfolio optimizations. The TRP notes the importance to develop a well-articulated and contextualized above allocation request that explains its complementarity to the allocation request. Moreover, the TRP found it critical that above-allocation requests come and are reviewed at the same time with the allocation requests.

### *Recommendations:*

- Applications should avoid presenting non-prioritized lists of programs and interventions in matching funds requests and should rather present a coherent investment approach with a limited number of interventions intended to achieve high impact.
- Applicants should use an evidence-based approach for matching funds requests or present a pilot for an innovative approach designed to be scaled-up based on findings.
- When substantial amounts are invested, or innovative ideas proposed, indicators to measure the additional program effect resulting from the matching funding should be identified.
- Finally, the TRP recommends matching funds to be submitted together with the funding request. This recommendation has been taken into consideration under the RAP.