
Technical Review Panel (TRP) observations on 2017-2019 allocation cycle

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Board Information

Purpose of the paper: Briefing on Technical Review Panel's observations and lessons learned from 2017-2019 allocation cycle

Context

1. 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, a total number of 225 funding requests and 30 multicountry applications were submitted to the Global Fund and reviewed by the TRP.
2. The TRP Observation report summarizes the key findings from the TRP's consolidated learning, observations and experiences during 2017-2019 allocation period. The report presents key recommendations for improving funding requests in the next allocation cycle and contributes to broader insights for the next Global Fund strategy and its operationalization. The report was presented to and discussed the 11th Global Fund Strategy Committee meeting in October 2019.

Where are we now? Progress to date

3. 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 a number of applications.
4. The differentiated application and review processes have also helped both countries and the TRP to better focus on critical issues. The TRP strongly recommends continuing differentiation and Secretariat has further evolved the differentiated application formats and review criteria for the upcoming funding cycle.
5. 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 and 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.
6. 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.
7. The report articulates key areas of concerns and recommendations to address these in the 2020-2022 allocation cycle.

Key messages and priorities

8. The following areas of 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:

- i. **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.
- ii. **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.

Recommendations:

- 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 these 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.
- iii. **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 percent¹ of overall funding to countries in the 2014-2016 period. The TRP’s comprehensive review of

¹ TRP report on RSSH investments in the 2017-2019 funding cycle.

funding requests over 2017-2019 allocation cycle found that most investments focused on data systems (e.g., 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);
- very little attention was paid to other areas of health systems strengthening like governance, financial management and community systems; and
- gaps remain in comprehensive engagement beyond the Ministry of Health (for example with the Ministry of Finance).

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 the ability of countries to move towards UHC. The TRP has developed several recommendations for successful implementation of the RSSH Roadmap.

Recommendations:

- Funding requests for RSSH investments should be based on stronger 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, and other multi- and bilateral partners to maximize the impact 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 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 the adoption of national procurement, distribution and storage systems; integrated support and supervision of disease and public health programs; integration of 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.
 - 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).
- iv. **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.
- v. **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.

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.

What are the next steps for Committees and Board?

9. Building on the lessons learned and recommendations in the observations report, the TRP will continue engaging with the Secretariat i) to support operationalization of its recommendations; and ii) to provide input in the process for developing the next Global Fund Strategy to be approved by the Board.

Annex: Further information

- [Here please find the link to the full report](#) .