
The Review Approaches of the Technical Review Panel (TRP)

How the TRP Reviews Differentiated Funding Requests

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GENEVA, SWITZERLAND

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1. Introduction

The Technical Review Panel (TRP) is responsible for assessing the strategic focus, technical soundness, and potential for impact of funding requests submitted to the Global Fund, in line with the Global Fund Strategy and guidance from the Board. The TRP’s reviews support the Global Fund to make sure **investments in health are prioritized towards the highest impact interventions within the specific country context** to ensure value for money and sustainability.

For the Global Fund, successfully addressing HIV, TB and malaria requires differentiated approaches that more effectively respond to the country contexts where grants are implemented. **This document describes how the TRP conducts its review for the different application types**, namely:

- Full Review
- Tailored for National Strategic Plans
- Tailored for Focused Countries
- Tailored for Transition
- Program Continuation

Also included is guidance on **how the TRP reviews prioritized above allocation requests (PAAR) and matching funds requests**.

The core documents package submitted by applicants for TRP review include the following:

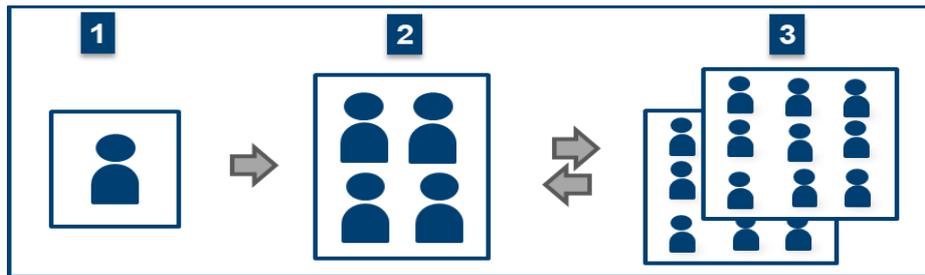
Funding Request Narrative¹	Describes the program the applicant is proposing for Global Fund financing.
Programmatic Gap Table	Highlights key programmatic gaps in the country program that the applicant plans to address in the current allocation cycle.
Funding Landscape Table	Provides an overview of main sources of funding (government and donors) and resourcing gaps remaining in the program.
Budget	Outlines how the applicant intends to invest the allocation funding across modules and interventions.
Performance Framework	Specifies coverage targets (outcomes and impact) to be achieved with the requested funds.
Annexes	Present additional information to support the application. Annexes will be referenced in the Funding Request Narrative.

For each of the application types, the TRP conducts a rigorous assessment of the potential for impact of the investment, in accordance with TRP Review Criteria. The review process consists of the following steps²:

¹ In the case of a Program Continuation request, the funding request narrative is in the form of an Applicant Self-Assessment in which the country presents rationales for its proposal to continue the program.

² The standard review process is modified to include additional steps in case of applications for which exceptional ‘*more in-depth TRP engagement*’ is needed, as described under Section 2 and Annex 1 below.

- **Step 1:** Each TRP members conducts an individual review of the applications assigned to them and documents the strengths and weaknesses of the applications;
- **Step 2:** TRP members meet in small groups to discuss the potential for impact of the applications, and summarize their recommendations for presentation to the TRP plenary. One member of the review group will be designated as primary reviewer who will be responsible for coordinating the review group, and another member will be designated as secondary reviewer to provide support to the primary reviewer of the group³;
- **Step 3:** The TRP plenary discusses the recommendations proposed by the small review groups and makes decisions through consensus on the final review outcome of the review.



The differentiated TRP review approaches described below guide TRP members to conduct reviews that:

- are evidence-informed, building on essential data; including information on existing gaps, challenges, results and impact of previous implementation periods;
- are tailored to different contexts, including epidemiology, operating environment, considerations regarding sustainability and transition, fiduciary and programmatic risks and allocation size;
- take into consideration material changes to disease programs; and
- ensure investments are coordinated with and complementary to those of other development and implementing partners and the country government.

For its review of funding requests, the TRP will take into account the following Global Fund and country context information in addition to the information presented in the application:

- **Global Fund policies and procedures**, including Operational Policy Notes, Technical Briefs and Guidance Notes.
- **Secretariat guidance and information shared with countries**, such as Allocation Letter, Portfolio Analysis and Essential Data Tables⁴ which complement the information received through the application material. The TRP may make reference to this information in their review form if needed.
 - If available from the Secretariat, the TRP should **pay attention to the Portfolio Analysis which highlights the national strategic priorities for the country**, as this information will help the TRP focus its review on impactful and efficient investment opportunities that fit the country context.

³ Refer to the *TRP Operating Procedures Manual* for more explanation of the roles of TRP members in the review process.

⁴ Compiled key data on the country program.

- **A Secretariat Briefing Note (SBN) may or may not be provided to the TRP:** The SBN provides additional contextual information and cannot normally be referenced in the TRP review form as it is not shared with the applicant. SBNs are also often used as a channel to convey messages and information coming from partners.
 - The TRP will note that the SBN for focused countries will be lighter or may not be included in the package of documents for the TRP, as the Country Team may not have any further information or capacity to add to what is presented in the funding request.

- **TRP members' own knowledge and experience about global normative guidance as well as the country context** should also be used to inform the TRP deliberations.

The TRP review also takes into consideration that the Secretariat will engage in thorough grant negotiations following TRP review and recommendation as “grant making”, where budget assumptions and operational details will be rigorously reviewed and fine-tuned before grants are submitted for Grant Approvals Committee (GAC) review and Board approval.

2. Approach for Full Review Applications and Applications Tailored to National Strategic Plans (NSP)

<p>Principle of the review</p>	<ul style="list-style-type: none"> ▪ ‘Full Review Applications’ and ‘Tailored to NSP Applications’ provide the TRP with a comprehensive view of the country strategic priorities and proposed interventions for programming. The two only differ in that Full Review Applications are in the form of a funding request narrative, while Tailored to NSP Applications use the disease national strategic plan(s) as the main application document. The TRP will apply the same review approach to both types of applications as they are similar. ▪ The TRP in its review will assess the applications against the five TRP Review Criteria. The review will verify whether the program proposed for funding is based on robust priority-setting within the context of competing needs; i.e. that it prioritizes the most strategic and most impactful interventions in line with normative guidelines that would set the country on track to end HIV, tuberculosis and malaria by 2030. ▪ Accordingly, TRP recommendations resulting from the review should focus on those programmatic areas where the TRP can add substantive value to achieve impact. ▪ In exceptional cases, the TRP review will entail ‘more in-depth engagement’, to maximize opportunities for the TRP to influence the content and scope of the program for highest impact. <ul style="list-style-type: none"> - More in-depth TRP engagement will take the form of greater time invested in reviewing the application; and greater effort in terms of additional engagement with the applicant, the Global Fund Country Team, and/or technical partners. - The TRP Leadership and the TRP Secretariat will jointly agree on which applications qualify for ‘more in-depth engagement’.
<p>The review process</p>	<ul style="list-style-type: none"> ▪ Review group composition: The TRP group assigned to review a disease component Full Review Application would normally comprise: <ul style="list-style-type: none"> - 2 disease experts - 1 HRG expert - 1 SISF expert - 1 RSSH expert <p>For joint funding requests (for example TB/HIV), the group composition may include additional reviewers with expertise in the other component(s), or use reviewers with experience in more than one area of expertise. For cases that warrant more in-depth or specialized TRP engagement, the review group size may increase as need be.</p> ▪ Time and structure of the review: TRP members will receive application documents 10 days prior to the start of the TRP Review Meeting. Members are expected to conduct their individual review of the funding request and send a summary of the strengths and weaknesses of the funding request to the Primary Reviewer, at the latest one day before the review group is scheduled to meet to discuss the funding request. <p>During onsite TRP meetings in Geneva, group members will have two days for meetings to consult, discuss and complete the review. In the case of onsite TRP meetings, the review process is usually scheduled as follows:</p> <ul style="list-style-type: none"> - Day 1: <ul style="list-style-type: none"> o small review group meeting and deliberations; o meeting the Global Fund Country Team; o consultation of focal points and leadership if needed (e.g. if there is major disagreement among review group members, technical support from focal points, TRP Leadership or other TRP experts should be sought); o working on the TRP Review Form.

	<ul style="list-style-type: none"> - Day 2: <ul style="list-style-type: none"> o finalize the TRP review form for presentation at the TRP plenary; and o discuss the review in the TRP plenary. <p>If the TRP review meeting is remote and not face-to-face, conference calls will be scheduled over an appropriate timeline needed to fully undertake the above tasks.</p> <ul style="list-style-type: none"> ▪ Exceptional ‘more in-depth TRP engagement’: In specific cases that warrant more in-depth TRP engagement, the review process may include the following: <ul style="list-style-type: none"> - <u>A TRP Early Engagement with the Country Team prior to submission of the funding request:</u> The Country Team may request an early engagement with the TRP, and accordingly will submit a high-level concept note of 1-3 pages describing the proposed strategies and interventions for the disease program. The TRP will provide comments and recommendations on the concept note to serve as initial technical steer to the Country Team as they advise the applicant on the development of the funding request. - <u>More engagement with the Country Team during TRP review of the funding request:</u> In addition to meeting with the Country Team on Day 1 of the review, (as noted above), the TRP in some cases may want to meet with the Country Team a second time, to obtain responses on outstanding questions and ensure that more ambitious recommendations in contexts of low performance and/or challenging environments are feasible to implement. - <u>More focused engagement with Technical Partners during TRP review of the funding request:</u> The TRP review group may engage with specific Technical Partners on selected funding requests to understand better how TRP recommendations can best complement work done by other partners, as well as influence partners’ support to countries to achieve synergies and maximize impact. <p>Annex 1 describes: (a) the process for TRP Early Engagement and (b) how greater engagement with the Country Team and partners would fit in the TRP review process of relevant applications.</p>
<p>Indicators definitions guiding the TRP recommendation</p>	<ul style="list-style-type: none"> ▪ Fulfils expectation: The TRP finds the request to be technically sound, strategically focused, feasible and positioned to achieve maximum impact and does not have any material concerns relating to the review criteria. ▪ Minor concern: The TRP finds the request to be technically sound, strategically focused, feasible and positioned to achieve maximum impact, with some minor operational and/or technical issues. The TRP will keep its feedback to applicants at the strategic level, and will therefore consider to not include a recommendation to address a minor concern, except where there is a strong rationale to do so (e.g. in the case of several interrelated minor concerns that acting together can meaningfully affect program impact). ▪ Major Concerns: The TRP is concerned that the proposed program will not contribute to achieving maximum impact due to major weaknesses identified, but the TRP feels the issues could be addressed through discrete recommendations. In such cases, the TRP will recommend the program to proceed to grant-making, and will include in the TRP review form: <ul style="list-style-type: none"> - Recommendations to be cleared by the TRP <i>(i.e. when the TRP feels its leverage as the clearing body would have added value in ensuring a technical recommendation relating to strategic focus or technical soundness of the funding request is adequately addressed)</i> - Recommendations to be cleared by the Secretariat <i>(i.e. for technical and operational recommendations which the TRP is delegating to the Secretariat Country Team to ensure the applicant addresses in line with the directions or requested actions specified by the TRP)</i>

	<p>For each recommendation, the TRP will specify the timeline for clearance, taking feasibility into consideration (and consulting with the Country Teams if needed). The timeline should be either:</p> <ul style="list-style-type: none"> - To be cleared during grant-making; or - To be cleared during grant-making and implementation; or - To be cleared during grant implementation <p>For applications which the Secretariat has identified as eligible for accelerated grant-making, the TRP may consider only providing recommendations “to be cleared during grant implementation” to allow the grant to be signed shortly after the TRP Meeting.</p> <ul style="list-style-type: none"> ▪ Major Concerns triggering iteration: The TRP is concerned that the proposed program will not contribute to achieving maximum impact due to major weaknesses identified. The TRP feels a major strategic refocusing of the request is needed to address the root causes of the issues found, and that these issues cannot be addressed appropriately through independent clarifications. <p>Before deciding to recommend an iteration, the TRP will carefully analyze the benefits versus the implications; e.g. in terms of the potential need for extending the current grant(s) that may be underperforming, and the ability or inability of the country to promptly re-submit a funding request during the allocation cycle.</p>
<p>TRP Review Criteria and their application</p>	<ul style="list-style-type: none"> ▪ The TRP will apply the TRP Review Criteria and associated guiding questions detailed in <u>Annex 2</u> below in its assessment of Full Review Applications. ▪ When applying the review criteria, the TRP will consider the following: <ol style="list-style-type: none"> 1. Does the funding request prioritize the most strategic and technically sound interventions to maximize impact against the disease in the specific country context, and within Global Fund guidance provided to the applicant? <ul style="list-style-type: none"> - For the TRP review to have high strategic value for countries, the review should promote robust prioritization (<i>e.g. some program aspects substantially covered by other sources of funding may not need to be addressed within the funding request to the Global Fund</i>). 2. Are there key program issues or areas where a TRP recommendation would add “<i>substantive value</i>” to achieve highest impact? 3. If yes, the TRP review group should describe the weakness/issues to be addressed and formulate a recommendation which is feasible to implement in the lifetime of the grant. ▪ Furthermore, the TRP review should take the following important aspects into account as relevant: <ul style="list-style-type: none"> - Regression or stagnation: In cases where disease trends are negative or stagnant, the TRP review should attempt to get to the root causes of the situation, through its application of the review criteria in the given country/program context. - Significant changes in allocation amount: In cases where the allocations have been significantly increased or decreased, the TRP should pay special attention to issues related to absorption, sustainability, etc. (presented in the SBN) even in situations of good performance. - COE countries: For countries classified by the Global Fund as a Challenging Operating Environment (COE), the TRP will tailor its review criteria as applicable, by taking into account additional guidelines specified in <u>Annex 3</u>: “Tailoring TRP Review Criteria for COE countries”.

3. Approach for Focused Countries

<p>Principle of the review</p>	<ul style="list-style-type: none"> ▪ As a starting point, the TRP review will consider the characteristics of focused portfolios. All focused countries have: <ul style="list-style-type: none"> - lower diseases burdens; - relatively lower country allocations of less than US\$ 30 million⁵, and with some disease allocations below US\$ 1 million; - low country-level presence of technical partners, and as such limited support from technical partner to address recommendations related to the Global Fund supported program; - limited staff in Global Fund Country Teams working on the portfolio. Typically, one Fund Portfolio Manager (FPM) covers 3-5 focused countries with no Program Officer support and limited support from Health Product Management Specialists and Public Health and M&E Specialists. <p>Most focused countries have:</p> <ul style="list-style-type: none"> - low program risk, and where the Global Fund has greater risks tolerance; - the majority of their program needs covered by domestic resources; and the Global Fund is more open to using result-based financing (payment-for-results) approaches; - a historical high-performance record and are closer to achieving the goal of ending the epidemics by 2030. <p>As the TRP highlighted in its observation report⁶, in many cases grants in focused countries tend to have a high proportion of management costs due to the small allocation funding being spread thin to cover several programmatic areas.</p> ▪ Considering the above, the TRP will streamline its review and focus on the areas that can achieve the highest impact and lead to a grant that is limited to few programmatic areas and/or population groups that can efficiently utilize a small allocation. ▪ Countries have been given key data on their programs (e.g. essential data table) and guidance to prepare focused applications. Moreover, the Secretariat will provide countries and the TRP with a Portfolio Analysis that highlights key challenges and opportunities within the context that can inform the development of the funding request, and eventually the TRP review. ▪ A differentiated review of RSSH is needed for focused countries, to ensure that proposed interventions are appropriate to the context along the “health systems development continuum” (which consists of four stages, namely: Systems start-up, Support, Strengthening and Sustainability – the 4S model⁷), with many focused countries expected to be investing to strengthen or fine-tune the sustainability of health systems.
<p>The review process</p>	<ul style="list-style-type: none"> ▪ Review group composition: The TRP group assigned to review a disease funding request for focused countries would normally comprise 4-6 members. The TRP will aim to ensure all relevant expertise areas are represented in the group (with at least 2 reviewers for the disease being reviewed), by including reviewers with experience in more than one area of expertise. <p>For efficient use of TRP experts, the TRP will adjust the number of reviewers assigned to focused countries depending on the size of the allocation. For instance:</p> <ul style="list-style-type: none"> - Funding requests of less than US\$ 5 million, will be assigned to a review group of 3 members; - Two or more focused countries within the same region that have similar disease trends and guidelines will be assigned to one TRP review group of 4-6 members.

⁵ With the exception of Ukraine with an overall allocation of 36 million

⁶ [Technical Review Panels Observations on the 2017-2019 Allocation Cycle](#), page 4

⁷ [TRP Report on RSSH Investments in the 2017-2019 Funding Cycle](#)

	<ul style="list-style-type: none"> ▪ Time and structure of the review: Prior to the start of the TRP meeting, review group members will have 10 days for individual review of the funding request. During onsite TRP meetings in Geneva, group members will have one day for onsite meetings to consult, discuss and complete the review of the application. In the case of onsite TRP Meetings, the review process is usually scheduled as follows: <ul style="list-style-type: none"> - Morning: <ul style="list-style-type: none"> ○ small review group meeting and deliberations; ○ meeting the Global Fund Country Team; ○ consultation of focal points and leadership if need be (e.g. if there is major disagreement among review group members; if technical support is needed from focal points and other members); ○ prepare the TRP Review Form for presentation at the TRP plenary. - Afternoon: <ul style="list-style-type: none"> ○ discuss the review in the TRP plenary. <p>If the TRP review meeting is remote and not face-to-face, conference calls will be scheduled over an appropriate timeline needed to fully undertake the above tasks.</p> <p>When compiling questions to be discussed with the Country Team, the TRP will note that in line with differentiation, the Secretariat’s engagement in focused countries is at a higher level compared to other types of applicants. This implies the Country Team may not have certain detailed (activity-level) information on some aspects of the country program (for example on RSSH), since in many cases the majority of program needs are covered by domestic resources, and the Global Fund’s contribution is a small fraction of the overall response.</p> <p>Furthermore, the Country Team may be applying a payment-for-results approach in the country, and therefore is putting greater attention on the high-level program areas to be supported and the expected results, rather than on detailed activities of the program.</p>
<p>Indicators definitions guiding the TRP recommendation</p>	<ul style="list-style-type: none"> ▪ Fulfils expectation: The TRP finds the request to be technically sound, strategically focused, feasible and positioned to achieve maximum impact and does not have any material concerns relating to the review criteria. ▪ Minor concern: The TRP finds the request to be technically sound, strategically focused, feasible and positioned to achieve maximum impact, with some minor operational and/or technical issues. The TRP will keep its feedback to applicants at the strategic level, and will consider to not include a recommendation to address a minor concern, except where there is a strong rationale to do so (e.g. in the case of several interrelated minor concerns that acting together can meaningfully affect program impact). ▪ Major Concerns: The TRP is concerned that the proposed program will not contribute to achieving maximum impact due to major weaknesses identified, but the TRP feels the issues could be addressed through discrete recommendations. In such cases, the TRP will recommend the program to proceed to grant-making, and will include in the TRP review form: <ul style="list-style-type: none"> - Recommendations to be cleared by the TRP <i>(i.e. when the TRP feels its leverage as the clearing body would have added value in ensuring a technical recommendation relating to strategic focus or technical soundness of the funding request is adequately addressed)</i> - Recommendations to be cleared by the Secretariat <i>(i.e. for technical and operational recommendations which the TRP is delegating the Secretariat Country Team to ensure the applicant addresses in line with the directions or requested actions specified by the TRP)</i>

	<p>For each recommendation, the TRP will specify the timeline for clearance, taking feasibility into consideration (and consulting with the Country Teams if needed). The timeline should be either:</p> <ul style="list-style-type: none"> - To be cleared during grant-making; or - To be cleared during grant-making and implementation; or - To be cleared during grant implementation <p>For applications which the Secretariat has identified as eligible for accelerated grant making, the TRP may consider only providing recommendations “to be cleared during grant implementation” to allow the grant to be signed shortly after the TRP Meeting.</p> <ul style="list-style-type: none"> ▪ Major Concerns triggering iteration: The TRP is concerned that the proposed program will not contribute to achieving maximum impact due to major weaknesses identified. The TRP feels a major strategic refocusing of the request is needed to address the root causes of the issues found, and that these issues cannot be addressed appropriately through independent clarifications. <p>Before deciding to recommend an iteration, the TRP will carefully analyze the benefits versus the implications; e.g. in terms of the potential need for extending the current grant(s) that may be underperforming, and the ability or inability of the country to promptly re-submit a funding request during the allocation cycle.</p>
<p>TRP Review Criteria and their application</p>	<ul style="list-style-type: none"> ▪ The TRP will apply the TRP Review Criteria and associated guiding questions detailed in <u>Annex 2</u> below in its assessment of Focused Portfolios. ▪ When applying the review criteria, the TRP will be “highly selective” in identifying issues to be addressed and will encourage a limited number of focused interventions. The review will recognize that in Focused Portfolios: <ul style="list-style-type: none"> i.) it may not be feasible for the limited resources to cover all identified gaps; ii.) available resources should not be spread too thin; and iii.) funds should be directed towards a focused set of interventions that are aligned with national strategic priorities that will drive maximum impact while keeping or further reducing the proportion of management costs. ▪ In applying the review criteria to Focused Portfolios, the TRP will be guided by the following considerations: <ol style="list-style-type: none"> 1. Based on data available, what are the national strategic priorities <i>in which investing will maximize sustainable impact</i>⁸, and is the funding request consistent with these priorities? <ul style="list-style-type: none"> - If there is some deviation, has the application provided a robust rationale? 2. Is there any program element beyond the national strategic priorities which the TRP thinks should be added and prioritized for funding within the grant? <ul style="list-style-type: none"> - If yes, what is the TRP’s rationale for this additional program element? 3. Does the TRP see any program element that should be removed or placed in the above allocation request to further focus the investment for impact while also ensuring reduced transaction costs? <ul style="list-style-type: none"> - If yes, what are the interventions that should be removed or be placed in the above allocation request? 4. Based on potential removal of some interventions (question 3), and potentially other efficiencies identified by the TRP or that may be identified during grant making/implementation, does the TRP recommend to scale-up other focused intervention proposed in the funding request? <ul style="list-style-type: none"> - If yes, which intervention(s)? If recommending scale-up, the TRP should clarify how the interventions should be financed (e.g. from resources

⁸ Noting that it is not necessarily the case that interventions included in National Strategic Plans are programmatically sound or aligned with normative guidance.

	<p>freed up by other interventions that the TRP recommends to be removed; through efficiencies that may be identified during grant making and implementation; or through new resources that may become available to cover Unfunded Quality Demand).</p> <ul style="list-style-type: none"> ▪ The outcome of the TRP review will be a limited number of recommendations (0 of 4) that focus on a few programmatic areas, and which are feasible and cost effective to implement in the given context, and take into account the Global Fund's higher risk appetite in focused portfolios.
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4. Approach for Transition Applications

<p>Principle of the review</p>	<ul style="list-style-type: none"> ▪ As the basis for its review, the TRP will note that transition is: <i>the process by which a country, or a country-component, moves towards fully funding and implementing its health programs independent of Global Fund support while continuing to sustain the gains and scaling up as appropriate.</i>⁹ ▪ Consequently, the TRP will tailor its review by placing a specific focus on how the proposed program will sustain the gains achieved and enable the national program to implement interventions that are essential to end the epidemic and/or prevent resurgence after Global Fund support comes to an end. ▪ The TRP will note that the application is guided by the country's transition workplan (which may come in a variety of formats, including a transition-focused section of the National Disease Strategic Plan). The transition work plan is designed to identify and proactively address key transition bottlenecks and/or sustainability challenges. Accordingly, the review will assess the extent to which the funding request effectively identifies key challenges, and supports implementation of, aligns with, and responds to the transition work-plan. ▪ In particular and as appropriate to the specific context, the TRP will assess whether the transition application: <ul style="list-style-type: none"> - Supports maintaining gains and continued scale-up of priority interventions by identifying and addressing key transition related financial and / or programmatic challenges. This may include adequate measures to sustain financing for specific programs or interventions; - Supports transition from Global Fund financing of effective and evidence-informed interventions for key and vulnerable populations, and interventions relate to human rights and gender; - Enables strengthening of priority health system components or addresses key RSSH related challenges that are essential to long-term sustainability and continued success of the disease responses post-transition. ▪ The TRP will also note there are differences among transition country applications, including the following: <ol style="list-style-type: none"> a) Country/components that became ineligible for the first time and are receiving transition funding from the Global Fund. b) Country/components that were in transition in previous cycles, became newly eligible, but are requested to build on the previous application and continue on the transition application approach, although they may still receive funding in the future. c) Country/components that are requested to be part of this approach for other contextual reasons, e.g. to submit a joint proposal with another component that is in transition, because the country is projected to move to high income and may be ineligible for future Global Fund support, etc.
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⁹ [The Global Fund Sustainability, Transition and Co-financing Policy](#)

<p>The review process</p>	<ul style="list-style-type: none"> ▪ Review group composition: The TRP group assigned to review a disease funding request for transition applications would normally comprise 4-6 members. The TRP will aim to ensure all relevant expertise areas are represented in the group. As a key principle, a review group member with expertise in strategic investment and sustainable financing (SISF), HRG or RSSH will assume the primary or secondary reviewer role given the emphasis on the transition work plan of this application type (while noting that Global Fund financing in transition contexts and Global Fund transition financing is often limited in scope, and thus either finances very narrow aspects of the national disease response or can only address prioritized RSSH related challenges). <p>For efficient use of TRP experts, the TRP will adjust the number of reviewers assigned to transition countries depending on the size of the allocation. For instance:</p> <ul style="list-style-type: none"> - Funding requests of less than US\$ 5 million, will be assigned to a review group of 4 members; - Two or more focused countries within the same region that have similar disease trends and guidelines will be assigned to one TRP review group of 4-6 members. <ul style="list-style-type: none"> ▪ Time and structure of the review: Prior to the start of the TRP meeting, review group members will have 10 days for individual review of the funding request. <p>During onsite TRP meeting in Geneva, group members will have one day for onsite meetings to consult, discuss and complete the review of the application. In case of onsite TRP meetings, the review process is usually scheduled as follows:</p> <ul style="list-style-type: none"> - Morning: <ul style="list-style-type: none"> ○ small review group meeting and deliberations; ○ meeting the Global Fund Country Team; ○ consultation of focal points and leadership if need be (e.g. if there is major disagreement among review group members; if technical support is needed from focal points and other members); ○ prepare the TRP Review Form for presentation at the TRP plenary. - Afternoon: <ul style="list-style-type: none"> ○ discuss the review in the TRP plenary. <p>If the TRP review meeting is remote and not face-to-face, conference calls will be scheduled over an appropriate timeline needed to fully undertake the above tasks.</p> <p>When compiling questions to be discussed with the Country Team, the TRP will note that in line with differentiation, the attention should be on transition-related issues. Since countries receiving transition funding are normally Focused Countries, consistent with the case of Focused Countries, the Country Team may not have detailed (activity-level) information on some aspects of the the country program, since in many cases the majority of program needs are covered by domestic resources, and the Global Fund’s contribution is a small fraction of the overall response.</p> <p>Furthermore, the Country Team may be applying a payment-for-results approach in the country, and therefore is putting greater attention on the high level program areas to be supported and the expected results, rather than on detailed activities of the program.</p>
<p>Indicators definitions guiding the TRP recommendation</p>	<ul style="list-style-type: none"> ▪ Fulfils expectation: The TRP finds the request to be technically sound, strategically focused, feasible and positioned to enable the country to achieve a successful transition (as defined in the principles above) and does not have any material concerns relating to the review criteria. ▪ Minor concern: The TRP finds the request to be technically sound, strategically focused, feasible and positioned to enable the country to effectively mitigate challenges and support a successful transition (as defined in the principles above), with some minor operational and/or technical issues. The TRP will keep its feedback to applicants at the strategic level, and will consider to not include a recommendation to address a

	<p>minor concern, except where there is a strong rationale to do so (e.g. in the case of several interrelated minor concerns that acting together can meaningfully affect program impact).</p> <ul style="list-style-type: none"> ▪ Major Concerns: The TRP is concerned that the proposed program will not effectively mitigate identified challenges to help support a successful transition (as defined in the principles above) due to major weaknesses identified, but the TRP feels the issues could be addressed through discrete recommendations. In such cases, the TRP will recommend the program to proceed to grant-making, and will include in the TRP review form: <ul style="list-style-type: none"> - Recommendations to be cleared by the TRP <i>(i.e. when the TRP feels its leverage as the clearing body would have added value in ensuring a technical recommendation relating to strategic focus or technical soundness of the funding request is adequately addressed)</i> - Recommendations to be cleared by the Secretariat <i>(i.e. for technical and operational recommendations which the TRP is delegating the Secretariat Country Team to ensure the applicant addresses in line with the directions or requested actions specified by the TRP)</i> <p>For each recommendation, the TRP will specify the timeline for clearance, taking feasibility into consideration (and consulting with the Country Teams if needed). The timeline should be either:</p> <ul style="list-style-type: none"> - To be cleared during grant-making; or - To be cleared during grant-making and implementation; or - To be cleared during grant implementation <p>For applications which the Secretariat has identified as eligible for accelerated grant making, the TRP may consider only providing recommendations “to be cleared during grant implementation” to allow the grant to be signed shortly after the TRP Meeting.</p> ▪ Major Concerns triggering iteration: The TRP is concerned that the proposed program will not effectively mitigate identified challenges to help support a successful transition (as defined in the principles above) due to major weaknesses identified. The TRP feels a major strategic refocusing of the request is needed to address the root causes of the issues found, and that these issues cannot be addressed appropriately through independent clarifications. Before deciding to recommend an iteration, the TRP will carefully analyze the benefits versus the implications; e.g. in terms of the potential need for extending the current grant(s) that may be underperforming, and the ability or inability of the country to promptly re-submit a funding request during the allocation cycle.
<p>TRP Review Criteria and their application</p>	<ul style="list-style-type: none"> ▪ The TRP will apply the tailored TRP Review Criteria guiding questions detailed in <u>Annex 4</u> below in its assessment of applications from Transition Countries. ▪ In applying the review criteria to Transition Countries, the TRP will be guided by the following considerations: <ol style="list-style-type: none"> 1. Based on available data, analysis of transition readiness, and the country’s transition workplan, does the funding request prioritize the right interventions to support the transition process and support sustainability of interventions in the given context? <ul style="list-style-type: none"> - If there is some deviation, has the application provided a robust rationale? 2. Are there key program issues or areas where a TRP recommendation would add “substantive value” to strengthen the transition financing and/or overall transition process and strengthen sustainability and impact?

	<p>3. If yes, the TRP review group should describe the weakness to be addressed and formulate a recommendation which is feasible to implement.</p> <ul style="list-style-type: none"> ▪ The outcome of the TRP review will be a limited number of clarifications and/ or recommendations focused on maximizing the potential for impact of the transition grant. The recommendations should be feasible and cost-effective to implement in the context of transition from Global Fund financing.
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5. Approach for Program Continuation

1. Principle, review process and key information guiding the TRP review	
Principle of the review	<ul style="list-style-type: none"> ▪ The TRP will note that the rationale for the program continuation approach is to enable well-performing programs which require no significant changes to continue implementation with minimal distraction. ▪ Program continuation is a fast track application approach that reduces burden and time in preparing applications and increases time spent on implementation. Country programs eligible for applying for program continuation are those that: <ul style="list-style-type: none"> ○ Demonstrated good grant and program performance during the 2017-2019 funding cycle; ○ Did not use program continuation approach in the 2017-2019 cycle; ○ Have an allocation change of less than 30 percent for the disease component when compared to the 2017-2019 funding cycle; ○ The Secretariat does not envision a need for a material change in programming¹⁰. ▪ The focus of the TRP review will be to validate whether the program that was previously approved by the TRP and is currently in implementation can deliver highest impact, if it continues implementation under essentially the same goals, strategic objectives and programmatic interventions. ▪ Program continuation is a lighter application approach with comparatively less information provided and comparatively less level of effort for applicants to complete. The TRP will consider, as main sources of information for its review, the applicant's self-assessment of whether the program will continue to deliver impact if it continues in its current form. In terms of documentation, one important assumption is that the elements that were presented in the past TRP review are still valid, as such the complementary documents submitted in the form of the program continuation request are limited in scope.
The review process	<ul style="list-style-type: none"> ▪ Review group composition: A TRP review group comprising 5 members would normally be assigned review of 2 program continuation requests. The TRP will aim to ensure all relevant expertise areas are represented in the group (with at least 2 disease experts for the disease component being reviewed), by including reviewers with experience in more than one area of expertise.

¹⁰ As part of its review, the TRP will advise whether any material changes to the current program should be carried out. A program revision is considered material when;

- Changes to the program contradicts the original TRP's recommendation on the funding request, or there is a significant redesign or shift from the original approved funding request/grant); OR
- There is a lack of agreement in the normative guidance or significant gaps in evidence to support the programmatic changes under consideration; OR
- There is unexplained lack of impact or difficult trade-offs in decision making that need to be made, which therefore requires an independent technical review of the program revision request.

	<ul style="list-style-type: none"> ▪ Time and structure of the review: Prior to the start of the TRP meeting, review group members will have 10 days for individual review of the funding request. <p>During onsite TRP meetings in Geneva, group members will have one day for onsite meetings to consult, discuss and complete the review of the application. In case of onsite TRP meetings, the review process is usually scheduled as follows:</p> <ul style="list-style-type: none"> - Morning: <ul style="list-style-type: none"> ○ small review group meeting and deliberations; ○ meeting the Global Fund Country Team, if requested by the TRP; and ○ consultation of focal points and leadership if needed (e.g. if there is major disagreement among review group members; if technical support is needed from focal points and other members); ○ prepare the TRP Review Form for presentation at the TRP plenary. - Afternoon: <ul style="list-style-type: none"> ○ discuss the review in the TRP plenary. <p>When program continuation requests are from COE countries and/or the allocation funding is substantial, the TRP will complete the review over a period of two days – i.e. one day for the review group deliberations and discussions with the Country Team and partners as applicable, and one day for the plenary discussion.</p> <p>If the TRP review meeting is remote and not face-to-face, conference calls will be scheduled over an appropriate timeline needed to fully undertake the above tasks.</p>
<p>Indicators definitions guiding the TRP recommendations</p>	<p>The TRP will review applications against review criteria for Program Continuation (listed in the section 2 below) using the following indicators as a guide:</p> <ul style="list-style-type: none"> ▪ Fulfils expectation: The TRP finds the request to be technically sound, strategically focused, feasible and positioned to achieve maximum impact and does not have any material concerns relating to the review criteria. ▪ Minor concern: The TRP finds the request to be technically sound, strategically focused, feasible and positioned to achieve maximum impact, with some operational and/or technical issues that need to be resolved through recommendations. ▪ Major Concerns: The TRP is concerned that the proposed program will not contribute to achieving maximum impact due to major weaknesses identified. <p>For applications where the TRP review has found major concerns in one or more areas, the TRP will decide depending on the nature of the concerns whether to:</p> <ul style="list-style-type: none"> ▪ Validate the application for grant-making with or without clarifications to be addressed, or ▪ Recommend re-submission under a non-program continuation funding request approach. <p>The TRP decision will be guided by the following definitions:</p> <ul style="list-style-type: none"> ▪ Validated for grant-making: Despite the concerns found, the proposed program is technically sound, strategically feasible and positioned to achieve highest impact. The operational and/or technical concerns identified can be resolved individually in the course of grant-making or implementation and do not require a strategic refocusing of overall the program. As part of its validation, the TRP will include in the TRP review form: <ul style="list-style-type: none"> - Recommendations to be cleared by the TRP <i>(i.e. when the TRP feels its leverage as the clearing body would have added value in ensuring a technical recommendation relating to strategic focus or technical soundness of the funding request is adequately addressed)</i> - Recommendations to be cleared by the Secretariat

	<p><i>(i.e. for technical and operational recommendations which the TRP is delegating the Secretariat Country Team to ensure the applicant addresses in line with the directions or requested actions specified by the TRP)</i></p> <p>For applications which the Secretariat has identified as eligible for accelerated grant making, the TRP may consider only providing recommendations “to be cleared during grant implementation” to allow the grant to be signed shortly after the TRP Meeting.</p> <ul style="list-style-type: none"> ▪ Recommended to re-submit under a non-program continuation application approach (i.e. tailored or full funding request): The TRP does not find that the proposed program will contribute to achieving maximum impact due to major weaknesses in several areas that cannot be addressed in isolation. The TRP finds that the program requires a major strategic refocusing (major program revision), particularly to: <ul style="list-style-type: none"> - ensure alignment with country epidemiological trends, program reviews, lessons learned and normative guidance; - ensure appropriate prioritization of the main programmatic gaps, key populations, human rights and gender; and - inclusion of measures to effectively address important funding shortfalls, implementation barriers and health systems challenges that if left unaddressed would compromise overall potential for impact, value for money and sustainability.
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2. TRP Review Criteria and Guiding Questions

<p>Operationalizing the review criteria</p>	<ul style="list-style-type: none"> ▪ Using the indicators above (i.e. fulfills expectations; has minor concerns; has major concerns), the TRP will assess the Program Continuation request against the following review criteria/guiding questions: <ol style="list-style-type: none"> 1. Does the program demonstrate continued relevance to achieve impact (i.e. interventions are appropriate and effective), if its implementation continues given the epidemiological and programmatic context? 2. Have TRP recommendations raised in the previous allocation cycle (2017-2019) been addressed or are progressively being implemented within the current program? 3. Overall, are implementation arrangements still appropriate, and have effective measures to address key risks been considered to ensure the program is on track to achieve the anticipated results and impact? 4. Does the investment include an appropriate focus on addressing issues related to resilient and sustainable systems for health (RSSH), including measures to strengthen integration across the diseases and other health programs? 5. Does the investment address human rights and gender-related barriers, and ensures appropriate focus on interventions that respond to key and vulnerable populations – including if there is need for intensifying or modifying efforts? 6. Does the continuation request include efforts to strengthen sustainability of the program, and/or provide clear descriptions of the extent to which co-financing commitments for the current implementation period have been realized, and clear descriptions of overall domestic co-financing for the next implementation period? <p>The TRP Validation Form for Program Continuation is structured in a way that enables the TRP to systematically enter its assessment for each of the above review criteria.</p> <p>Depending on its assessment, the TRP will decide whether to: (a.) validate the application for grant-making or (b.) recommend re-submission of a funding request for TRP review.</p>
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	<ul style="list-style-type: none"> - <u>As part of this validation for the program to continue</u>, the TRP may identify issues or strategic actions to be addressed by the applicant during grant-making, including specific areas recommended for reprogramming, to further maximize the impact of the program. The TRP validation may, in addition, highlight areas where partner engagement and technical assistance will be critical in addressing implementation challenges, improve program quality, efficiency and performance, and maximize impact against the disease(s). - <u>If the TRP is recommending that the applicant re-submit under a non-program continuation application approach</u>, it will clearly specify the major concerns/weaknesses identified and the strategic refocusing that it recommends in the revised funding request.
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6. Approach for Prioritized Above Allocation Requests

<p>Principle of the review</p>	<ul style="list-style-type: none"> ▪ A prioritized above allocation request (PAAR) represents important program needs beyond those presented in the allocation request, which the applicant will implement if additional resources become available. ▪ Countries are required to submit the PAAR together with their allocation request, regardless of whether the allocation request is a full review application, tailored to NSP application, focused country application, transition country application, or program continuation. ▪ Similar to the allocation request, the TRP review of PAAR aims to ensure the proposed interventions are technically sound and strategically focused. Importantly, the review will check: <ul style="list-style-type: none"> - Complementarity – that the PAAR builds on and complements the allocation request. - Prioritization – that the PAAR prioritizes needs that if funded will further maximize impact, within the framework of ending HIV, tuberculosis and malaria by 2030. ▪ Importantly, the TRP review will check that the applicant has budgeted essential program interventions under the allocation request, and has not placed these under the PAAR for which funding has not yet been secured and is not guaranteed. ▪ The budget information in the PAAR is at a higher level compared to the budget information in the allocation request. The level of information required of applicants is kept at a higher level since a PAAR request does not guarantee funding will be made available to cover the proposed interventions. However, the higher level budgeting will include sufficient details / granularity on interventions costs (as opposed to budget lump sums) to allow for effective TRP review of the PAAR. <p>The TRP review will be based on the understanding that should funding become available to cover PAAR interventions recommended by the TRP, the Secretariat will scrutinize the budgets linked to these interventions as part of due diligence during grant making.</p> <ul style="list-style-type: none"> - PAAR interventions which the TRP review finds to be “quality demand” could potentially be funded through: <ul style="list-style-type: none"> - Savings found during grant making; - Additional Global Fund resources that may become available through portfolio optimization; or - Funding from other donor sources, including private sector.
<p>Steps of the review</p>	<p>The TRP review will include the following steps/questions:</p>

	<ol style="list-style-type: none"> 1. Do the proposed interventions build on or complement the allocation funding request? 2. Are the proposed interventions technically sound and strategically focused, and have potential to maximize impact if resources become available to fund them? 3. What is the TRP's view on the priority ratings that the applicant has assigned to the respective interventions? The TRP will specify whether it considers the respective interventions to be: <ul style="list-style-type: none"> - <i>High priority;</i> - <i>Medium priority;</i> - <i>Low priority; or</i> - <i>Not recommended (i.e. not considered to be quality demand)</i> 4. What are the rationales for the TRP's recommendation? The TRP will provide a clear rationale when: <ul style="list-style-type: none"> - <i>The priority rating specified by the TRP for an intervention is different from the priority rating assigned by the applicant in the request;</i> - <i>the TRP does not recommend an intervention or module for funding.</i> <ul style="list-style-type: none"> ▪ The TRP may comment on the budget of those PAAR interventions it considers to be high, medium or low priority. The Secretariat will scrutinize the budgets linked to PAAR interventions as part of due diligence during grant making if resources become available to fund them. ▪ The TRP will ensure that the amount for those interventions that it does not recommend (i.e. interventions not considered to be quality demand) is not included in the total amount recommended for PAAR in the review form.
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7. Approach for Matching Funds

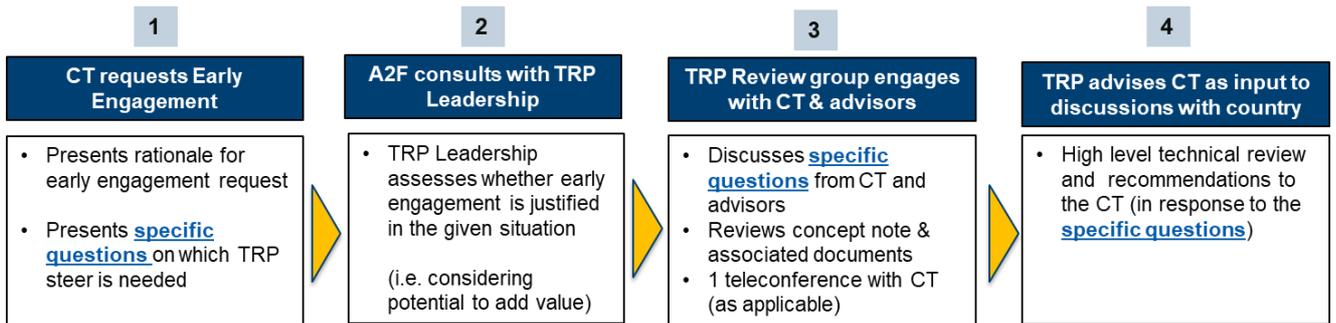
<p>Principle of the review</p>	<ul style="list-style-type: none"> ▪ Matching funds is a stream of funding additional to the country allocation that is provided to a sub-set of countries to incentivize the programming of country allocations towards priority areas that are critical to driving impact and achieving the Global Fund Strategy. ▪ The matching funds priority areas in the 2020-2022 funding cycle include: <ul style="list-style-type: none"> - <i>HIV prevention: Adolescent girls and young women in high prevalence settings</i> - <i>HIV prevention: Scaling up community-led key population programs</i> - <i>HIV prevention: Condom programming</i> - <i>HIV: TB preventive treatment for people living with HIV, with a family approach</i> - <i>TB: Finding missing people with TB</i> - <i>TB: Strategic engagement in Western and Central Africa</i> - <i>Cross cutting: Programs to remove human rights-related barriers to health services</i> ▪ Countries eligible for matching funds are designated specific amounts for the relevant priority areas. To access the earmarked matching funds, eligible countries are required to meet pre-defined matching funds conditions. ▪ Applicants are required to submit their matching funds requests for TRP review together with their allocation request.
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	<ul style="list-style-type: none"> ▪ The TRP review aims to assess whether the proposed matching funds request demonstrates potential to catalyse the impact in conjunction with the programmed allocation request. In this regard, the review will check: <ul style="list-style-type: none"> - Complementarity – that the request builds on and complements investments in the priority area programmed under the allocation funding request. - Catalytic potential – that the request invests in technically sound and strategically focused interventions; includes evidence-based interventions directly linked to the priority area; and clearly demonstrate the incremental impact that will be achieved. ▪ As part of its independent review, the TRP will comment in case the applicant does not meet one or more of the pre-defined matching funds conditions.
<p>Steps of the review</p>	<p>The TRP review will structure its assessment of matching funds requests in the TRP review form as follows:</p> <ol style="list-style-type: none"> 1. What is the TRP’s overall recommendation on the matching funds request? <ul style="list-style-type: none"> - Recommended for grant making; or - Recommended for further iteration <p><u>Note:</u> The TRP can iterate the matching funds request even if it is recommending the allocation request for grant making. Meanwhile, the TRP cannot recommend the matching funds for grant making if it is recommending the allocation request for iteration.</p> 2. What is the rationale – strengths and weaknesses (as applicable) – that informs the TRP’s overall recommendation on the matching funds request? The TRP rationale will address the following: <ul style="list-style-type: none"> - The extent to which the allocation request invests in the priority area, and whether the matching funds request builds on and complements the allocation funding request; - Whether the proposed request is technically sound and strategically focused, prioritizes evidence-based interventions and high impact interventions, and/or includes innovative approaches to address needs and challenges; - Whether the proposed investment will catalyze impact; and whether expected achievements are clear in terms of increase in programmatic targets and/or improvements in program quality. <p>In particular, if the TRP recommends that an intervention should not be funded, the rationale for doing so should be clear.</p> 3. If the applicant does not meet one or more of the matching funds conditions, does the TRP have any comments in relation to this? 4. Are there any actions related to the matching funds request that the TRP wishes to recommend for the applicant? If yes, the TRP will include this in the section for “issues and actions” of the TRP review form.

Annexes

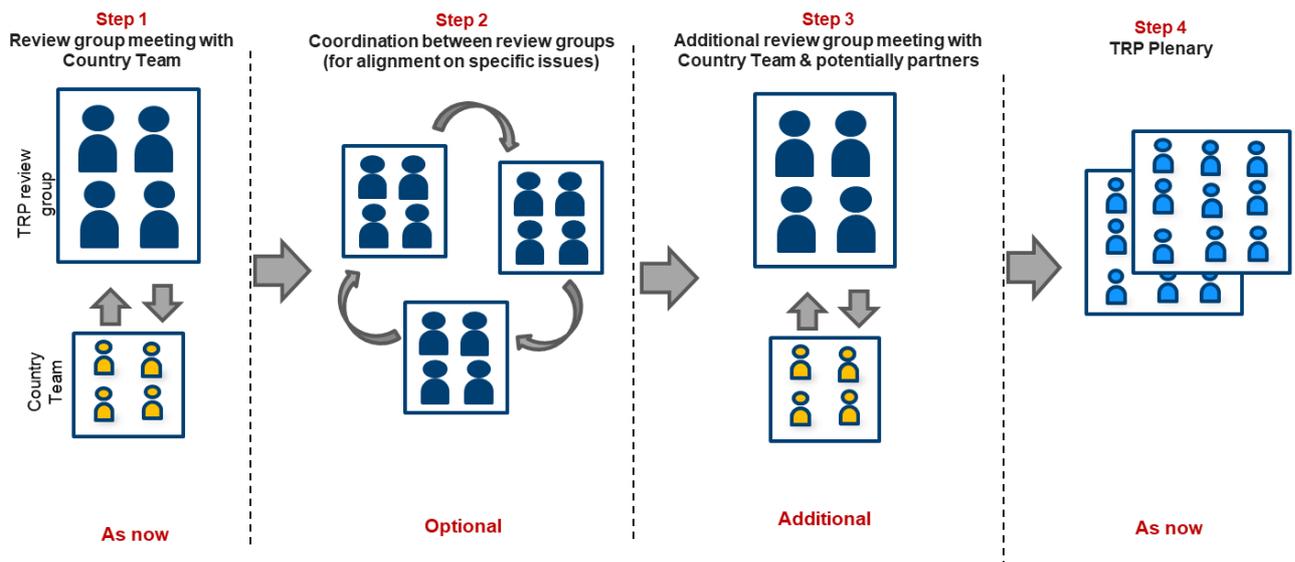
Annex 1: Process Steps for 'More in-depth TRP Engagement'

a) TRP Early Engagement



TRP early engagement will be offered by the TRP only in cases where the value added of engaging the TRP is clear, and will be guided by specific questions from the Country Team.

b) Modified TRP review process for specific applications requiring an enhance engagement with the Secretariat Country Team and Technical Partners



Annex 2: TRP Review Criteria and Guiding Questions

1. Maximizing impact against HIV, TB and malaria towards ending the epidemics	
Strategic focus	<ul style="list-style-type: none"> ▪ Is the application based on a comprehensive situational analysis (including country context and epidemiology), most recent available sex and age disaggregated data and lessons learned, and also aligned with the national strategic plan or investment case? ▪ Does the funding landscape analysis clearly present gaps in investments in HIV, TB and malaria and RSSH? And is the funding request appropriately designed to fill resource gaps critical to ending the diseases? ▪ Has the applicant identified the right critical gaps in programming, including gaps in RSSH, based on data disaggregated by sex, age, geography and relevant population groups? ▪ Has the applicant identified barriers to services for key and vulnerable populations, and how those barriers will be overcome? ▪ Are the goals, objectives, expected outcomes and impact clear, measurable and achievable? ▪ Does the application reflect greater ambition in terms of prevention targets in line with national prevention plans/strategies, if these exist (in many cases this will require an adjustment in focus and level of investment)? ▪ Does the application include a stronger focus on interventions that reduce incidence, such as latent TB infection (LTBI) management for priority populations and active case finding (or finding people with TB) in TB, partner tracing, and comprehensive prevention program for at-risk adolescents or key populations in HIV, among others? ▪ Are there efforts to expand community engagement in response to the three diseases, particularly addressing critical barriers (especially those related to human rights and gender) to access and improve quality of services? ▪ Are the proposed RSSH investments mostly focused on health systems start-up and support (i.e. short-term funding of inputs) or are they aligned with health systems strengthening (i.e. activities that last beyond the funding cycle) and sustainability (where domestic resources are used and health systems improvements are institutionalized)?
Technical soundness	<ul style="list-style-type: none"> ▪ Has the applicant chosen modules and interventions that are aligned with normative guidance/international standards, national strategies and priorities, and best practices, which are appropriate to the context? Does the funding request follow the Global Fund technical guidelines for applicants? ▪ Are globally accepted interventions for key populations that fit the epidemiological context being applied? ▪ Does the application include evidence-based, rights-based and age and gender-sensitive programs for key populations appropriate to the epidemiological context? ▪ Does the application prioritize investment, geographical areas and priority populations based on robust analysis of data and strategic information? ▪ Does the application include interventions fostering community engagement and participation? ▪ What kind of innovations, including for RSSH, have been introduced recently in the country? Have any evaluations been carried out? ▪ What kind of innovations, including for RSSH, are being requested? Have they planned evaluations of the innovations? Are the innovations likely to be sustainable?

<p>Prioritization</p>	<ul style="list-style-type: none"> ▪ Does the application, including the budget distribution, appropriately prioritize high burden geographies and highest risk and vulnerable / key populations? ▪ Is the budget aligned with the strategic priorities described? ▪ Are RSSH priorities clearly identified, and are they based on the situational analysis? ▪ Does the prioritization of interventions in the funding request include the key needs of most affected populations? ▪ Are proposed RSSH activities adequately coordinated across the disease programs and health system or are they fragmented/unlinked and likely difficult to implement?
<p>Scale-up and ambition</p>	<ul style="list-style-type: none"> ▪ Is there sufficient scale of proposed interventions to achieve highest impact? ▪ Is there sufficient coverage and saturation of the package of interventions within the target sub-national area?
<p>Leveraging partnerships</p>	<ul style="list-style-type: none"> ▪ Does the application clearly highlight synergies with other investments, including from the government, civil society, donors and other implementing partners? ▪ Is there an analysis of the size and importance of the private sector and/or affected communities in providing services for the three diseases and primary health care? Based on analysis, are there any ongoing or planned activities with the private sector (e.g. public-private mix in TB, malaria, HIV, primary health care) and/or with community delivered services (e.g. social contracting or other partnership models)?
<p>Monitoring and evaluation plan for impact</p>	<ul style="list-style-type: none"> ▪ Does the application clarify that appropriate investments or provisions are in place for effective measurement of expected outcomes and impact? ▪ Does the funding request identify specific indicators by which to measure the effectiveness of RSSH investments? If yes, do the RSSH indicators support progress on HIV, TB, malaria? ▪ Does the funding request identify how data collection for the indicators, including RSSH indicators, will be financed and carried out? Is there a reasonable schedule for data collection?

<p>2. Building resilient and sustainable systems for health</p>	
<p>Community systems strengthening</p>	<ul style="list-style-type: none"> ▪ Are community systems strengthening (CSS) activities comprehensive, scaled large enough to make a difference, and effectively targeted at increasing the engagement of communities in addressing gaps in coverage across the three diseases, especially for key and vulnerable populations? ▪ Is the investment likely to improve access to services, community engagement and overcoming stigma/discrimination/other human rights, gender and age-related barriers? ▪ Is there evidence the applicant has analyzed its CSS needs and developed effective programs to meet those needs, including legal empowerment and community-based monitoring activities that go beyond service delivery? ▪ Is there improved sustainability planning for community systems and responses compared to the previous implementation period?
<p>Opportunities for integration, including links to RMNCAH</p>	<ul style="list-style-type: none"> ▪ Have opportunities for integration and entry points for integration been identified across the health system at different levels (governance, financing, management, service delivery)? ▪ Does the funding request explore opportunities for integrated approaches, as relevant, at the service delivery level, supply chain, labs, health management information system (HMIS), and human resources for health (HRH) systems? To what extent is service delivery integrated, with a focus on ante-natal and post-natal care; child health, including integrated community case management; sexual and reproductive health; and adolescent health services?

	<ul style="list-style-type: none"> ▪ To what extent is service delivery integrated, with a focus on ante-natal and post-natal care; child health, including integrated community case management; sexual and reproductive health and HIV; and adolescent health services? ▪ Have there been additional efforts at integration, for example supervision and training of polyvalent health workers, and supporting more integrated lab, supply chain and data systems? ▪ Will proposed investments enhance sustainability of disease and RMNCAH outcomes?
Health products management systems	<ul style="list-style-type: none"> ▪ Are gaps and barriers in national pharmaceutical and diagnostic policy, legislation and regulation that impact access to affordable and quality-assured health products identified, and do proposed interventions address them? ▪ Does the request include required support to transition (or when co-procured) with domestic financing, without commensurate attention given to the systems readiness to support this transition? ▪ Is performance data for access to health product (OSA), inventory (national and district) and expiries available at a quarterly level? If not, are investments in place, to create this data and report it to relevant stakeholders? ▪ Are root causes identified, for underperforming (parts of the) supply chains? ▪ Are investments in planning, innovation, supply chain segmentation and/or private sector engagement identified to address challenges and ensure maximum performance? ▪ Are investments in supply chain coordinated between disease components, and with other donors, and/or are there plans to do so? ▪ Does the funding request propose to invest in procurement of 'services' where these would be better solutions compared to procurement of 'assets'? For example, procuring available logistics services instead of procuring trucks; leasing buildings for storage instead of constructing warehouses, etc. ▪ Does the request contribute to developing more integrated supply chains, and address and contribute to sustainable health care waste management systems? ▪ Is capacity (human resources) to plan, manage and deliver procurement and supply chain services, and information systems to collect, analyze and report data, properly addressed?
Laboratory systems	<ul style="list-style-type: none"> ▪ Does the request demonstrate integration of laboratory systems (common specimen transport systems, lab information systems, quality management systems, supply chain systems, etc.)? ▪ Does it demonstrate efficiencies across lab service delivery areas? ▪ Are investments based on a national laboratory strategic plan, and is there evidence of coordination by the national director of lab services? ▪ Is there provision for maintenance of lab equipment?
Human resources for health (HRH)	<ul style="list-style-type: none"> ▪ Are proposed disease-specific human resources for health (HRH) investments based on sound interventions that are part of the national HRH strategy? Is there an appropriate mix of HRH investments? ▪ Are payments to health workers justified given the country context (e.g. low gross domestic product)? ▪ Is there a transition plan that outlines how the country plans to absorb recurrent HRH costs, and is this based on an analysis of the labor market and fiscal space? ▪ Do the proposed investments accelerate the development and adoption of an integrated health workforce involving development of integrated community approaches, including the use of multi-disciplinary community (health) workers that deliver health services for more than one disease? ▪ Is there an indication of how payments to program management staff will be linked to performance? ▪ Are investments for in-service training and supervision likely to increase health worker skills and performance? ▪ Are investments in HRH coordinated between disease components, and with other donors, and/or are there plans to do so?

<p>Health management information systems</p>	<ul style="list-style-type: none"> ▪ Does the funding request include adequate funding to strengthen and/or maintain the integrated national health management information system, including disease specific data reporting and use? ▪ If appropriate to the country systems and disease context, does the funding request include adequately planned activities for patient level reporting systems and use? Are the use cases for the system(s) adequately specified, and is it clear how this fits within the national HMIS/HIS/eHealth Strategy and will be coordinated/integrated with existing systems? ▪ Are there required surveys to report on impact/outcome indicators planned: population-based surveys such as DHS and/or, disease specific surveys such as IBBS, MIS, MICS and (iii) TB prevalence surveys? ▪ Are there appropriate measures to monitor and assure program and data quality planned and included in the funding request? ▪ Did the country request support for periodic national and sub-national data analysis including national program reviews, annual reviews, quarterly review of sub-national data, program evaluations, support for analytical capacity building, etc? ▪ Does the funding request include investments in administrative and financial data sources such as Master Facility List, database for health facilities and health workers, national health accounts, etc? ▪ What are the activities planned for strengthening Civil Registration and Vital Statistics, as appropriate? Are there adequate interventions and investments requested to collect data related to births and deaths and cause of death analysis? ▪ Are there any interventions proposed for strengthening data demand and data utilization that foster program implementation decision-making?
<p>Health sector governance and planning</p>	<ul style="list-style-type: none"> ▪ Does the funding request consider capacity and weaknesses in leadership, governance, policy-making, planning, programming, management and coordination and provide relevant support where needed? ▪ Is there alignment between health sector strategy and disease national strategic plans (NSPs), and promotion of cross-program and service delivery integration? ▪ Have cross-cutting management, governance and motivation approaches been considered? ▪ Is there appropriate support for the development of policy and regulatory frameworks? ▪ Does the funding request consider challenges in healthcare financing policies and regulations to ensure equitable coverage, access and utilization of services?
<p>Financial management systems</p>	<ul style="list-style-type: none"> ▪ Are gaps in financial management systems identified and do the proposed interventions address these gaps in an effective manner? Is funding provided for strengthening public finance management (PFM) systems' component(s) and if not, why? ▪ Does the funding request explain how investments in financial management systems are coordinated across disease components and donors (or the approach to do so)? ▪ Is there support for the use of country or public financial management systems' components for financial management of the Global Fund grants in the short, medium or long term, based on country context, including their PFM strategy? If certain PFM systems are not used, do they include a justification? ▪ Where a program implementation unit is deemed necessary, does the funding request support, as relevant, the use of donor and/or Global Fund disease/RSSH-harmonized implementation arrangements that includes, but is not limited to, the financial management function?

3. Promotes and protects human rights and gender equality	
Human rights and gender-related barriers	<ul style="list-style-type: none"> ▪ Does the application include age and sex-disaggregated data to identify sub-populations at greatest risk? Does it use these data to identify inequities in service delivery and program outcomes, and propose approaches to redress these inequities? ▪ Does the application demonstrate applicant's understanding of who is most vulnerable and why; how to address the core factors that surround this vulnerability; and how to reach those individuals with prevention, care and treatment services in a compassionate and safe environment? ▪ Does the application clearly identify gender and human rights barriers to accessing services (including stigma and discrimination), particularly for key and vulnerable populations, and does it propose solutions to those barriers? ▪ Does the application indicate how financial barriers to access will be addressed? ▪ Does the application have legal/institutional analyses of barriers and constraints affecting implementation of programs? ▪ Is there any indication of backsliding or worsening of the human rights situation of key populations? If so, how is the problem addressed in the program?
Engages key and vulnerable populations in decision-making	<ul style="list-style-type: none"> ▪ Does the program design and other information demonstrate that key and vulnerable populations were engaged in the development of the program and will be engaged in the elaboration and monitoring of the grant?
Empowers and engages key and vulnerable communities	<ul style="list-style-type: none"> ▪ Does the application clarify that appropriate investments or provisions are in place for a package of interventions to enhance community empowerment to increase demand for services, improve community involvement in program design in service delivery as well as for advocacy and accountability? ▪ Does community empowerment include measures to improve legal empowerment, rights literacy or access to justice, especially for key populations?

4. Invests in increasing program quality and efficiency of program implementation through shared ownership and mutual accountability	
Technical and implementation capacity	<ul style="list-style-type: none"> ▪ Do the proposed implementation mechanisms seem feasible? ▪ Are implementation arrangements sound and designed to minimize program management costs and respond to programmatic risks and bottlenecks?

Value for money	<p>Does the funding request represent concrete effort to maximize and sustain equitable and quality health outputs, outcomes and impact for the level of resources available?</p> <ul style="list-style-type: none"> ▪ Economy: Does the funding request reflect efforts to ensure that the lowest costs are obtained for quality health products and other key inputs (e.g. human resources) necessary to provide services? <ul style="list-style-type: none"> ▪ Are decisions to invest in advanced technology (e.g. GeneXpert) or new drugs based on a sound feasibility and sustainability analysis? ▪ Are programs delivered in ways that reflect good use of existing infrastructure and health system capacity? ▪ Efficiency: Does the funding request maximize health outputs, outcomes and impact for the level of resources available? <ul style="list-style-type: none"> ▪ Does the funding request demonstrate allocative efficiency? <ul style="list-style-type: none"> - Are available resources strategically allocated across interventions, geographies and population groups to maximize impact of respective disease programs? - Are adequate resources allocated to strengthen the health and community systems to address shared bottlenecks for the delivery of health services, including those for all three diseases? ▪ Does the funding request demonstrate technical efficiency? <ul style="list-style-type: none"> - Is service delivery optimized through choice of appropriate strategies to provide quality services? - Are there ongoing or planned efforts to improve the efficiency of the health system by integrating parallel and duplicative disease specific management systems (e.g. health information systems, human resources, laboratory systems, and supply chains)? ▪ Equity: Does the funding request include programmatic efforts to address inequities in vulnerability to diseases and in service access, uptake and retention?
Programmatic risk	<ul style="list-style-type: none"> ▪ Are potential programmatic risks identified and are there concrete plans proposed to address them?
Strategies to address bottlenecks	<ul style="list-style-type: none"> ▪ Has the application identified challenges and barriers to implementation? ▪ Are there clear actions, including innovative approaches as applicable, to address enduring implementation barriers/challenges?

5. Strengthened Sustainability and Co-financing	
Co-financing	<ul style="list-style-type: none"> ▪ Does the application provide a robust overall analysis of the financing needs of the national disease response and/or health systems, and outline strategies to increase domestic resource mobilization for health and / or the three diseases? ▪ Are there clear descriptions of the overall domestic financing commitments being made by the country to address existing funding gaps and access the full Global Fund allocation? This may include: <ol style="list-style-type: none"> a) descriptions of trends in domestic expenditure on health, b) descriptions of increased uptake of program costs, or c) specific commitments toward programmatic areas / interventions necessary to strengthen the sustainability of the national program.
Application Focus	<ul style="list-style-type: none"> ▪ Does the application effectively demonstrate that Global Fund resources are invested in line with the Global Fund’s application focus requirements, which are differentiated by income level and specify the high level focus areas where Global Fund financing should be invested? Are there any concerns regarding interventions (or a lack thereof) related to the application focus requirements?

<p>Sustainability</p>	<ul style="list-style-type: none"> ▪ Does the application provide a clear analysis of the country-specific financial, programmatic, and/or other sustainability challenges faced by the country? ▪ Does the application provide clear strategies for addressing the sustainability challenges outlined, either via the design of the national program, the Global Fund funding request, co-financing commitments, joint work with other development partners, and/or health sector, disease specific, or other national planning? ▪ For those countries who are either transitioning or preparing to transition, does the applicant provide a clear analysis of the likely challenges that may arise with the reduction of external financing, and activities / strategies to address those challenges? ▪ Does the application provide details on efforts to coordinate, as relevant, with other Global Health partners on efforts to strengthen domestic financing and/or overall sustainability? ▪ Does the application address sustainability challenges specifically related to programs for key and vulnerable populations (as defined by country context)? ▪ Does the application show how program targets, priorities and strategies will be maintained and integrated into domestic programs to ensure that gains are sustained and further scaled-up? ▪ Given the importance of robust sustainability planning linked to long-term systems strengthening and political commitment, does the application describe efforts to strengthen financial and programmatic sustainability via national planning, regardless of proximity to full transition from Global Fund financing? ▪ Does the application include activities or actions to strengthen the use of or strengthen the capacity of national systems? ▪ Does the application include strategically targeted RSSH investments that address key sustainability challenges (as per the country context)? ▪ If CSOs play a strong role in service provision (including to key and vulnerable populations) and or other aspects of the national response, does the application include activities to strengthen the capacity or sustainability of services provide by CSOs?
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Annex 3: Tailoring TRP Review Criteria in COE Countries

Preamble	<p>COEs are particularly critical to the Global Fund mission and objectives: they account for a third of global disease burden for HIV, TB and malaria, and for a third of Global Fund investments. Programmatic challenges in COEs require a differentiated approach to increase health impact, blending development and humanitarian approaches.</p> <p>In countries classified by the Global Fund as challenging operating environments (COEs), risks and operational challenges are significantly higher when compared to other countries – and this calls for differentiated approaches, to ensure maximum impact and greater accountability for Global Fund investments. In the context of differentiation, the TRP will tailor the standard TRP review criteria, as appropriate, when assessing funding requests from COE applicants. In this regard, the TRP will apply '<i>review criteria considerations</i>' on a case-by-case basis for COEs, cognizant of the fundamental principle that COE applicants, like other applicants, must strive to achieve the best possible outcomes and impact and value for money within their given setting.</p> <p>Refer to the Operational Policy Manual for additional information and the list of countries classified as COE¹¹)</p>	
Definition	<p>COEs are countries, parts of countries or regions characterized by a combination of the following factors: weak governance or state legitimacy crisis, poor access to health services, limited capacity, and fragility due to man-made or natural crises, any of which make them complex and high-risk settings for program operation. For the most part, they show growing concentrations of absolute poverty, disease burden, inequality, and threats to human rights and the rule of law, and lag behind with respect to achieving the Sustainable Development Goals, as they often lack the robust institutions, the social cohesion and the financial means needed to overcome systemic challenges that keep them unstable and underdeveloped.</p>	
Classification and general traits (indicative and not exhaustive)	Acute emergency	Chronic instability
	<ul style="list-style-type: none"> • Ongoing humanitarian crisis due to armed conflict, disease outbreak or natural disaster; • Volatile security situation, with large numbers of internally displaced populations and/or refugees, with women and children especially vulnerable; • Health system significantly destroyed or overwhelmed by crisis; • Major constraints to accessing certain areas and populations, due to crisis; • Rapidly evolving context, resulting in huge challenges with data availability and accuracy; • Disease strategic plans not available or are not a reliable reflection of the context and epidemiology; or capacity to develop disease strategic plans do not exist; 	<ul style="list-style-type: none"> • Precarious security situation relating to periodic or continuous political strife, governance change, weak leadership or localized conflict; • Accessibility challenges due to insecurity; • Protracted economic crisis, low political will, and high levels of corruption; • Health system weak and/or is in the process of rehabilitation; • Essential Service coverage levels are low; • Data collection and analysis systems may be weak, outdated or not established in certain cases; • Disease strategic plans are not available or are not robust;

¹¹ [Operational Policy Manual](#), December 2019, page 63-79

	<ul style="list-style-type: none"> • CCM is not functional or is not well placed to coordinate country disease response in the crisis; • National institutions may lack legitimacy and capacity for implementation, including systems to ensure adequate fiduciary control and accountability. 	<ul style="list-style-type: none"> • Coordination is led by a provisional stakeholder coordination forum; or CCM has long-standing challenges with respect to leadership, inclusiveness and transparency of decision-making; • National institutions have low capacity for implementation, with sustained weak performance.
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Guidance on how TRP Review Criteria could be tailored when reviewing applications from COEs countries

<p>1 Maximizing impact</p>	<ul style="list-style-type: none"> • <u>Strategic focus</u>: Epidemiological data, national strategic plans, and program reviews may not be up-to-date or available in some COEs, in which case other relevant strategic documents, data from program assessments and in-country partners may serve as the basis for development of funding requests. In acute emergencies, for instance, guidelines for operating in humanitarian settings (e.g. Sphere), and more recent data such as ad-hoc needs assessments grounded in disease surveillance may inform application development. • <u>Technical soundness</u>: Where applicable, evaluation of the soundness of programming in COEs will also consider whether and how the funding request applies appropriate evidence-based and/or innovative approaches and tools, including strengthening partnerships to overcome capacity constraints and/or service delivery bottlenecks. • <u>Prioritization</u>: Acute emergency settings may require that the funding request prioritize provision of essential services and improvement of coverage – for example but not limited to PMTCT, PITC and safe blood transfusion – and that contingency plans are presented describing how the scope of the program will be adjusted when the context changes. • <u>Scale-up and ambition</u>: Capacity and security constraints may require that COE applicants balance ambition against what is realistic or feasible in the given setting. In certain COEs, a project-based approach or a phased approach to program scale-up that builds on lessons learned and informs subsequent reprogramming and course corrections may be more appropriate. • <u>Evidence-based programs for key populations</u>: Barriers to accessing services for key and vulnerable populations are typically high in or exacerbated by COE contexts. This requires that COE applications put greater focus on ensuring inclusion of appropriate interventions for key and vulnerable populations, where feasible. Due to changes in the social, economic, political and health system context in COEs, populations that were not 'vulnerable' may become so, therefore requiring greater attention. • <u>Leveraging partnerships</u>: As programs in COE contexts tend to be challenged by multiple structural constraints, it is crucial that COE funding requests put greater emphasis on efforts to broaden and strengthen partnerships where feasible, with the objective of supporting national capacity for coordination and access to technical assistance and resources, for more effective program design and implementation. • <u>Monitoring and evaluation for impact</u>: Assessing impact may be extremely challenging in COEs contexts that are characterized by weak M&E systems, high cross-border population movements and frequent shifts in the security situation. To avoid overloading the stretched health system, COE contexts may therefore require use of simpler M&E frameworks that include the following: a limited number of indicators that track outputs and outcomes; realistic indicator targets; as well as indicators that can signal a need for program adjustments or material reprogramming.
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<p>2 Resilient and sustainable systems for health</p>	<ul style="list-style-type: none"> • <u>Leadership and governance</u>: The governance and leadership weaknesses common in COEs call for increased attention to capacity-building measures to strengthen national and sub-national institutions to effectively provide leadership, coordination, planning, implementation, management and oversight. This may involve supporting the devolution of responsibilities beyond the Ministry of Health system and ensuring that sufficient funds for technical assistance are included in the funding request budget. In some situations, e.g. in acute emergencies, funding to support temporary external governance mechanisms (such as health cluster) may be acceptable. Such a coordinating mechanism may be critical in ensuring investments from different partners in the country complement each other, hence avoiding duplication and maximizing outcomes. • <u>Strengthen community systems and responses</u>: Community-led approaches may be well placed to strengthen service provision in COE contexts, as such review of COE applications may require greater emphasis on measures for strengthening critical community systems. • <u>RMNCH and integrated service delivery systems</u>: Joint programming and service delivery hold high potential for enhancing efficiency and effectiveness of programs. Every effort should be made to assure coordination and integration of RMNCH services and other essential health services, where feasible. In cases where an integrated approach is not feasible, due to the context of the COE, the primary focus would be strengthening of service delivery systems. • <u>Health information systems (HIS)</u>: Considering the weaknesses and gaps in data that are common in COEs, greater emphasis on strengthening programmatic data systems is important – while noting that the type of data needed may vary depending on whether the context is acute emergency or chronic instability. The timelines within which large-scale surveys can be conducted may also vary, depending on the type of COE. Ensuring, at a minimum, availability of a simplified and streamlined HIS or HMIS that provides essential data for decision-making is recommended, whether in acute emergency or in chronic instability settings. Efforts should be made to integrate HIS across health services for efficiency and reduction of burden for frontline workers. Depending on the specific situation in acute emergency settings, rapid assessments may be sufficient for gathering baseline/monitoring information. • <u>Procurement and supply management systems (PSM)</u>: Interventions to build national PSM systems may be unrealistic to undertake within the program lifetime in certain COE contexts, e.g. in acute emergencies. In these cases, procurement activities could be managed by the pooled procurement mechanism, or procurement services of international principal recipients or other international procurement agents. For in-country supply chain activities, international principal recipients or private service providers may be relied upon to offset PSM-related risks. However, every effort should be made to develop an integrated PSM system that can respond to the supply needs of all health programs. • <u>Human resources for health (HRH)</u>: In COEs that have significant gaps in HRH, the Global Fund may consider well-justified requests for higher and time-limited contributions to salaries, incentives and trainings, that for instance, would help ensure effective program implementation and sustain program gains while allowing time for planned transition of responsibility to the government. • <u>Financial management systems</u>: High fiduciary risks in COEs warrant greater attention towards inclusion of appropriate measures to strengthen financial management capacities of national implementers, to enhance transparency and accountability.
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<p>3</p>	<p>Human rights & gender equality¹²</p>	<ul style="list-style-type: none"> • <u>Invests in programs to reduce human rights-related barriers to accessing services:</u> Efforts to reduce human-rights violations and barriers to services should be included and appropriately prioritized and tailored to the COE situation. • <u>Invests to understand and reduce gender-related barriers to accessing services, and advance gender equality:</u> Women and girls face elevated disease risks and high stigma and discrimination in COE contexts, associated with gender-based violence threats, among others. This requires that COE applications put specific emphasis on measures to mitigate gender-based violence (GBV) and provide appropriate gender responsive services to women and girls and services to GBV survivors. • <u>Engages key and vulnerable populations in decision-making:</u> Considering that sensitivities around engaging some key and vulnerable populations may pose additional risks for these populations in some contexts, COE funding requests should clearly articulate measures to ensure confidentiality and safety of consultations, and appropriate services for key and vulnerable populations. • <u>Empowers key and vulnerable communities:</u> ‘Needs assessments’ focused on key and vulnerable populations may need to be incorporated in COE funding requests to ensure planned community empowerment interventions are aligned with local realities and the preferences of affected populations. Depending on context, achieving meaningful empowerment of key and vulnerable communities will require use of targeted and/or innovative approaches, including decentralization of management.
<p>4</p>	<p>Effective and efficient implementation</p>	<ul style="list-style-type: none"> • <u>Technical and implementation capacity:</u> Ensuring appropriate capacities for program implementation is paramount in COEs considering that operational challenges are usually major in these contexts. In acute emergencies, the nominated implementer may be an international organization pre-approved by the Global Fund. • <u>Value for money:</u> In addition to ensuring appropriate distribution and utilization of available resources across disease programs and health systems to maximize impact and sustain, COEs with significant cross-border population movements due to crisis may need to use part of their allocation to support cross-border coordination mechanisms and services for displaced populations in relevant host countries where they reside. Program implementation costs in such humanitarian and/or emergency settings may be significantly higher than in other contexts. Efforts however should be made to reduce the implementation costs where possible without lowering the quality of services provided. • <u>Programmatic risks:</u> Given the high-risk nature of programs in COEs, special focus on risk mitigation measures is important, to ensure effective and efficient implementation. However, the COE context may require that distinction be made between risks that must be prioritized/addressed and risks that can be accepted or tolerated within the lifetime of the grant. In acute emergency settings, the approach to risk mitigation may include identifying which factors or changes within the context will trigger re-programing or a shift to contingency plans. • <u>Strategies to address bottlenecks:</u> As operationalization of programs is a common concern in COE contexts, COE applicants are expected to pay particular attention to implementation bottlenecks and ensure that their funding request outlines clear and specific actions to address them.

¹² For details refer to the: [Human Rights and Gender Programming in Challenging Operating Environments Guidance Brief](#)

5 Sustainability and co-financing	<ul style="list-style-type: none">• <u>Co-financing</u>: Specificities of the COE context may require the Global Fund to provide flexibility for government co-financing. In acute emergency settings, exemption from co-financing requirements may apply, as a number of factors, including, severe capacity weaknesses, governance and security challenges, resource constraints may make it impossible for the country to take over program costs covered by the Global Fund. The Secretariat will provide information to the TRP when exemptions or flexibilities to co-financing requirements have been granted.• <u>Application Focus</u>: COE funding requests are required to demonstrate compliance with the Global Fund application focus requirement, which depending on the country income level, specifies the proportion of the funding request budget that must be assigned to interventions for key and vulnerable populations and/or highest impact interventions.• <u>Sustainability</u>: Long-term strategic planning could be challenging in COE contexts that change frequently, and in this case, the approach to enhancing sustainability may take the form of contingency/scenario planning, including implementation flexibilities that allow for rapid course-correction or reprogramming when needed.
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Annex 4: Tailoring TRP Review Criteria for Transitioning Countries

<p>Definition</p>	<p>Transition is defined as the process by which a country, or a country-component, moves towards fully funding and implementing its health programs independent of Global Fund support while continuing to sustain the gains and scaling up as appropriate. In light of this, the Global Fund has developed the Tailored to Transition application modality, to be used for country components receiving Transition Funding, those projected to move to high income, and/or otherwise using a Transition Work Plan as a basis to apply for funding, based on country context.</p>
<p>General traits</p>	<p style="text-align: center;">Transition grant (Eligible only for transition funding)</p> <ul style="list-style-type: none"> • The funding request for a Transition Tailored Review is utilized for country-components that are eligible for transition funding, projected to move to high income, and or using a transition work-plan as the basis to apply for funding, based on country context. • Given that these disease components are moving towards fully funding and implementing their national disease responses programs independent of Global Fund support, the transition funding request places a specific focus on how a disease component will sustain the gains achieved and maintain interventions and coverage that are essential to end the epidemic after Global Fund support comes to an end. • Guided by a Transition Work-Plan (which may take various forms, including a transition focused section of the National Disease Strategic Plan), the funding request should be aligned with the prioritized country strategy and should describe the country’s transition-related priority programmatic and financial gaps and strategies / activities to address them. It should be supported by in-country data and technical guidance that provides a strong rationale for the proposed approach. • Given the particular challenges related to at risk populations in transition contexts, the transition funding request should specifically address sustainability of interventions for key and vulnerable populations (which are often supported by external financing), as defined by country context, including advocacy for human rights and gender equality relevant to continued program success. In addition, given that many transition challenges relate to underlying health systems issues, the transition funding request should highlight the key RSSH challenges (based on country context) and the extent to which they are addressed by the application.
<p>‘Priority’ objective of The Global Fund for transition grants</p>	<ul style="list-style-type: none"> • Support maintaining gains and continued scale up of priority interventions and coverage levels essential to ending the epidemics, by identifying and addressing key transition-related financial, programmatic, or other challenges and bottlenecks (based on country context). • Support transition from Global Fund financing of effective and evidence-informed interventions for key and vulnerable populations, as defined by country context. • Enable strengthening of health systems components that are essential to long-term sustainability and continued success of the disease responses post-transition. This may include addressing key RSSH related challenges that may negatively affect successful transitions from Global Fund financing, including (but not limited to): (a) effectively strengthening linkages between non-state actors or civil society organizations and health systems, including public financing / contracting of non-state actors (i.e, “social contracting”); (b) ensuring the availability of robust programmatic and financial data for program planning and monitoring both during and after the transition process; (c) ensuring the alignment and transition of procurement and program capacities into national systems and processes; etc.

TRP Review Criteria Considerations for Transition Application

Note: Given the often limited funding included in transition funding, it is particularly important that national programs identify and focus resources on the most essential transition challenges. While many criteria are included here to guide the TRP review, the limited size of transition funding may require focus on only a smaller set of priorities, as determined by country context.

1	Maximizing impact and sustaining gains	<ul style="list-style-type: none"> • Strategic focus: Building on an analysis of transition readiness and lessons learned from previous implementation periods, identifies priority financial, programmatic, and/or other challenges to be addressed in order to sustain the gains achieved and continue strengthening coverage in the fight against the disease and efforts to end the epidemic. • Technical soundness: Uses evidence-based interventions that will support necessary actions to address transition challenges, strengthen resilient health systems and sustainable disease responses. • Prioritization: Uses epidemiological information, analysis of transition readiness, lessons learned from previous implementation periods, and data on transition and sustainability gaps to prioritize investments that will help sustain the most relevant and impactful interventions and coverage that reduce new infections and provide quality services to people living with the diseases. • Evidence-based programs for key populations: Invests in epidemiologically appropriate, rights and evidence-based interventions to sustain programs that are needed to improve access to prevention, care, and treatment services amongst key and vulnerable populations that are disproportionately affected by the three diseases, and supports the successful transition of these programs to domestic financing and management. • Scale-up in the absence of GF financing: Promotes the ability of the country to scale up, where appropriate, high-impact interventions and acceleration of programs with guidance provided in global strategies and plans, without Global Fund financing. • Leveraging partnerships: Supports effective country-level partnerships and alignment with other donors to enhance coordination around transition challenges, including partnerships with networks of people living with and affected by the three diseases, and networks of key populations being served. • Monitoring and evaluation for impact: Invests in strategies to sustain national epidemiological surveillance, program monitoring and data analysis, and program evaluation to document impact of programs at the country level, particularly for key and vulnerable populations.
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<p>2</p>	<p>Resilient and sustainable systems for health</p>	<ul style="list-style-type: none"> • Leadership and governance: Ensures that a strategy or framework (as defined by country context) that reflects transition priorities is in place and adequately manages the overall transition process. • Strengthen community systems and responses: Includes adequate investments in sustaining systems for community responses including planning, management, funding (including public financing) mechanisms, monitoring and evaluation, advocacy and accountability efforts. • Health information systems: Invests in aligned national data systems for monitoring and evaluating programs at country level to enable evidence-based strategic investments. This includes addressing key deficiencies/bottlenecks in community-level reporting systems, to effectively monitor and advocate for health-related issues and address human rights, gender and other barriers that impact access to health services. • Procurement supply management systems: Invests in supporting integrated national procurement and supply chain management systems, including removing or mitigating barriers to accessing high-quality lowest-price health products and to their effective delivery from the supplier to end user. Where relevant, improves institutional capacity to conduct health product forecasting/quantification for effective risk management (e.g. mitigate stock-outs), increased accuracy and visibility of future demand. Effectively addresses the risks of price increases or quality concerns following transition from Global Fund financing. • Human resources for health: Ensures that key Human Resources for Health (HRH), skills and functions essential to the national disease response are integrated and absorbed by national authorities. This includes, but is not limited to, the institutionalization of any critical capacity development required to advance the national disease response and the integration and alignment of any disease specific financial or non-financial incentives within existing overall HRH incentive policies. • Financial management systems: Strengthens public financial management systems for transparent and accountable use of national and donor resources. Ensures alignment with the public financial management system.
<p>3</p>	<p>Human rights & gender equality</p>	<ul style="list-style-type: none"> • Invests in programs to reduce human rights-related barriers to accessing services: Ensures that human rights-related barriers to accessing services are identified, and invests in maintenance of programs to reduce these barriers without Global Fund financing. • Engages key and vulnerable populations in decision-making: Ensures that key and vulnerable populations disproportionately affected by HIV, TB and/or malaria can meaningfully engage in decisions that affect their lives at all levels, including beyond their current involvement in the national response as a result of Global Fund financing. • Empowers and engages key and vulnerable communities: Invests in critical community empowerment interventions to facilitate and finance community involvement in program design, in service delivery as well as advocacy and accountability, including in relation to the oversight transition process¹³.

¹³ 2017-2022 Strategy, Investing to End Epidemics

		<ul style="list-style-type: none"> • Invests to understand and reduce gender-related barriers to accessing services, and advance gender equality: Ensures that gender-related barriers to accessing services are adequately understood and addressed through evidence-based interventions to achieve the set targets and advance gender equality, where appropriate and based on country context. Encourages, where possible and appropriate, that these interventions are sustained beyond the end of Global Fund financing.
4	<p>Effective and efficient implementation</p>	<ul style="list-style-type: none"> • Technical and implementation capacity: Has the necessary implementation capacity, including human resources, to implement the proposed interventions in the transition work plan. • Value for money: Demonstrates strategic resource allocation and utilization in transition priorities, disease programs, and /or health systems so as to maximize the possibility of a successful transition and maintenance of key programs / service coverage after transition. • Programmatic risk: Identifies adequate risk mitigation and assurance measures to ensure implementation of proposed interventions, including mechanisms to influence and monitor domestic co-financing commitments and other activities aiming at improving transition preparedness. • Strategies to address transition bottlenecks: Understands and responds to programmatic constraints and bottlenecks that could potentially prevent key activities and / or coverage levels from being maintained beyond transition, by outlining specific actions, leverage and expected outcomes.
5	<p>Sustainability and co-financing</p>	<ul style="list-style-type: none"> • Co-financing: In line with Global Fund policies, demonstrates a continued shift from external to domestic expenditure on national disease and health sector strategies to meet national universal health coverage goals, and ensures the progressive uptake of key program costs of national disease plans (with a particular focus on all remaining interventions financed by the Global Fund). Clearly identifies specific interventions in transition work-plans that will be co-financing by national authorities in order to support a successful transition from Global Fund financing and maintain coverage levels for priority interventions. • Sustainability: Builds on robust, inclusive, evidence-based national disease interventions that will ensure sustained national ownership and outcomes, including scale-up where appropriate, for continued control/elimination of the disease(s), particularly related to addressing the specific needs of key and vulnerable populations. Identifies priority sustainability challenges and clearly outlines how the overall funding request and transition work-plan addresses these challenges.

Annex 5: Information Sources

TRP TORs and Lessons Learned Reports

- [Terms of Reference of the Technical Review Panel](#)
- [The Technical Review Panel's Observations on the 2017-2019 Allocation Cycle](#)
- [Report on RSSH Investments in the 2017-2019 Funding Cycle](#)
- [Report of the Technical Review Panel on the Funding Requests Submitted in the First and Second Windows of the 2017-2019 Allocation Period](#)

Core Information Notes

- [HIV](#) ([Español](#) | [Français](#))
- [Tuberculosis](#) ([Español](#) | [Français](#))
- [Malaria](#) ([Español](#) | [Français](#))
- [RSSH](#) ([Español](#) | [Français](#))

Technical Briefs and Guidance Notes

- [Guidance Note on Responding to COVID-19](#) ([Español](#) | [Français](#))
- [Matching Funds – Consolidated \(HIV Prevention, Tuberculosis, Human Rights and Data Science\) Guidance Note](#) ([Français](#))
- [HIV, Human Rights, and Gender Equality Technical Brief](#) ([Español](#) | [Français](#) | [Português](#) | [Русский](#))
- [Adolescent Girls and Young Women in High-HIV Burden Settings Technical Brief](#) ([Español](#) | [Français](#) | [Português](#) | [Русский](#))
- [Assessment and Best Practices of Joint TB and HIV Applications](#)
- [Community Systems Strengthening Technical Brief](#) ([Español](#) | [Français](#))
- [Harm Reduction for People Who Use Drugs Technical Brief](#) ([Español](#) | [Français](#) | [Português](#) | [Русский](#))
- [Gender Equity Technical Brief](#) ([Español](#) | [Français](#) | [Русский](#))
- [Human Rights and Gender Programming in Challenging Operating Environments Guidance Brief](#) ([Español](#) | [Français](#))
- [Tuberculosis, Gender and Human Rights Technical Brief](#) ([Español](#) | [Français](#) | [Português](#) | [Русский](#))

- [Programming at Scale with Sex Workers, Men who have Sex with Men Transgender People, People who Inject Drugs, and People in Prison and Other Closed Settings](#) (Español | Français)
- [Malaria, Gender and Human Rights Technical Brief](#) (Français | Português | Русский)
- [Malaria Case Management in the Private Sector Technical Brief](#)
- [Guidance Note for Developing a Resilient and Sustainable Systems for Health Funding Request](#) (Français)
- [In-Country Supply Chains Technical Brief](#) (Français)
- [Laboratory Systems Strengthening Technical Brief](#) (Español | Français)
- [Strategic Support for Human Resources for Health Technical Brief](#) (Español | Français)
- [Strategic Support for Strengthening Reproductive, Maternal, Newborn, Child and Adolescent Health Technical Brief](#) (Español | Français)
- [Sustainable Health Care Waste Management Technical Brief](#) (Français)
- [Value for Money Technical Brief](#) (Español | Français)

Application templates and Instructions (Available on the website by clicking: Funding & Implementation, Applying for Funding, Funding Request Applications, Funding Request Forms and Instructions)

- [Full Review Funding Request Form](#) (Español | Français)
- [Full Review Funding Request Instructions](#) (Español | Français)
- [Program Continuation Funding Request Form](#) (Español | Français)
- [Program Continuation Funding Request Instructions](#) (Español | Français)
- [Tailored for Focused Portfolios Funding Request Form](#) (Español | Français)
- [Tailored for Focused Portfolios Funding Request Instructions](#) (Español | Français)
- [Tailored for National Strategic Plans Funding Request Form](#) (Español | Français)
- [Tailored for National Strategic Plans Funding Request Instructions](#) (Español | Français)
- [Tailored for Transition Funding Request Form](#) (Español | Français)
- [Tailored for Transition Funding Request Instructions](#) (Español | Français)
- [Applicant Handbook](#)
- [Modular Framework Handbook](#) (Español | Français)

Annex 6: List of Standard Abbreviations and Acronyms

- **A2F:** Access to Funding Department
- **ACT:** Artemisinin-based combination therapy
- **ADMF:** Annual decision-making form
- **AFC:** Audit and Finance Committee
- **AGYW:** Adolescent girls and young women
- **ART:** Antiretroviral therapy
- **ARV:** Antiretroviral
- **CBO:** Community-based organization
- **CCM:** Country Coordinating Mechanism
- **CP:** Condition precedent
- **CRG:** Community, rights and gender
- **CSO:** Civil society organization
- **CSS:** Community systems strengthening
- **CT:** Country Team
- **DFID:** Department for International Development (UK)
- **DOTS:** The basic package that underpins the Stop TB strategy
- **EECA:** Eastern Europe and Central Asia
- **EGC:** Ethics and Governance Committee
- **FISA:** Finance, IT, Sourcing and Administration Division
- **FBO:** Faith-based organization
- **FPM:** Fund Portfolio Manager
- **GAC:** Grant Approvals Committee
- **GFS:** Global Fund System
- **GHC:** Global Health Campus
- **GOS:** Grant Operating System
- **GPS:** Grant Portfolio Services and Solutions Department
- **HCV:** Hepatitis C virus
- **HPM:** Health product management
- **HPV:** Human papillomavirus
- **IRS:** Indoor residual spraying
- **LAC:** Latin America and the Caribbean
- **LFA:** Local Fund Agent
- **LGBTI:** Lesbian, gay, bisexual, transgender and intersex
- **LLIN:** Long-lasting insecticidal net
- **M&E:** Monitoring and evaluation
- **MDR-TB:** Multidrug-resistant tuberculosis
- **MEC:** Management Executive Committee
- **MECA:** Monitoring Evaluation & Country Analysis Team
- **MENA:** Middle East and North Africa
- **MNCH:** Maternal, newborn and child health
- **MOH:** Ministry of Health
- **MRL:** Minimum required level
- **MSM:** men who have sex with men
- **NCD:** Non-communicable diseases
- **NGO:** Nongovernmental organization
- **NSP:** National strategic plan
- **ODA:** Official development assistance
- **OIG:** Office of the Inspector General

- **GMD:** Grant Management Division
- **OPN:** Operational policy note
- **PAAR:** Prioritized above allocation request
- **PEPFAR:** President's Emergency Plan for AIDS Relief (U.S.)
- **P&Is:** Privileges and immunities
- **PMTCT:** Prevention of mother-to-child-transmission
- **PPM:** Pooled Procurement Mechanism
- **PR:** Principal Recipient
- **PSE:** Private sector engagement
- **PSM:** Procurement and supply management
- **PFM:** Public financial management
- **PU/DR:** Progress update/disbursement request
- **PWID:** People who inject drugs
- **QA:** Quality assurance
- **RBF:** Results-based financing
- **RBM:** RBM Partnership to End Malaria
- **RCM:** Regional Coordinating Mechanism
- **RDT:** Rapid diagnostic test
- **RMNCAH:** Reproductive, maternal, newborn, child and adolescent health
- **RSSH:** Resilient and sustainable systems for health
- **RO:** Regional organization
- **UQD:** Register of Unfunded Quality Demand
- **SAGE:** Strategic Actions for Gender Equality
- **SC:** Strategy Committee
- **OPM:** Operational policy manual
- **SIID:** Strategy, Investment and Impact Division
- **SR:** Sub-recipient
- **STC:** Sustainability, transition and co-financing
- **STI:** Sexually transmitted infection
- **TA:** Technical assistance
- **TAP:** Technical Advice and Partnerships Department
- **TERG:** Technical Evaluation Reference Group
- **TRP:** Technical Review Panel
- **TOR:** Terms of reference
- **UNAIDS:** Joint United Nations Programme on HIV/AIDS
- **UNDP:** United Nations Development Programme
- **UNOPS:** United Nations Office for Project Services
- **VFM:** Value for money
- **WHO:** World Health Organization
- **XDR-TB:** Extensively drug-resistant tuberculosis