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The Global Fund

To Fight AIDS, Tuberculosis and Malaria

**Twentieth Board Meeting
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**GF/B20/11 Revision 1
For Information**

**REPORT OF THE TECHNICAL REVIEW PANEL AND THE SECRETARIAT
ON FUNDING RECOMMENDATIONS FOR
NATIONAL STRATEGY APPLICATIONS
OF THE FIRST LEARNING WAVE**

OUTLINE:

This report provides the Board with funding recommendations of the Technical Review Panel (TRP) on the National Strategy Applications of the First Learning Wave. This report also summarizes the First Learning Wave process, the Secretariat's determination of eligibility, the TRP membership for the various stages of review and the TRP's observations from the First Learning Wave.

The National Strategy Application Approach

1.1 As part of its commitment to aid effectiveness principles and in response to country requests for streamlined processes, the Global Fund has committed to introducing a new way to apply for Global Fund resources - known as “National Strategy Applications” (NSAs). NSAs are funding requests to the Global Fund which are based primarily on an existing national strategy that is considered to be sufficiently robust to serve as the basis of an application.

1.2 Under the intended future model for the NSA approach as envisaged by the Board:¹

- Countries could submit their existing national strategies for a ‘joint assessment’. This joint assessment would be a shared multi-partner process, based on a commonly accepted set of criteria (“attributes”) for sound national strategies;
- Countries could then use the ‘jointly assessed’ national strategy as the primary basis for an application to the Global Fund, and to other funders that agreed to recognize the joint assessment process. The ‘National Strategy Application’ to the Global Fund would include limited supplemental funder-specific information requirements.

1.3 The anticipated benefits of the NSA approach are:

- Improved **alignment** of Global Fund financing with country priorities, national programmatic and budgetary timeframes.
- **Reduced transaction costs and paperwork for countries** (in comparison to repeated funder-specific proposal development).
- **Improved harmonization** with other donors that have agreed to use the same criteria for reviewing national strategies.
- In the longer term, **improved quality, consistency and credibility of national strategic frameworks**.

The First Learning Wave of National Strategy Applications

1.4 The Board at its Eighteenth meeting took the decision² to introduce the NSA approach through a phased roll-out, beginning in 2009 with a “First Learning Wave” (FLW). The aim of this First Learning Wave of NSAs is to draw policy and operational lessons to guide the broader roll-out of the new application procedure beyond 2009.

1.5 This First Learning Wave has the following characteristics:

- Participation by a limited number of countries;
- A focus on applications based on national disease strategies;
- Assessment of national strategies exceptionally performed by the TRP - since a shared joint assessment process is not yet operational; however, the basis of this review is the agreed set of attributes developed by the International Health Partnership (IHP+) Working Group on National Strategies;³
- TRP-recommended applications from the First Learning Wave will receive the same funding priority as proposals submitted through Round 9;

¹ Decision Point GF/B15/DP7, “Modified Application Process for Supporting Country Programs.”

² Decision Point GF/B18/DP20, “Phased Roll-out of National Strategy Applications, with First Learning Wave”.

³ A large, gradually expanding membership (by 2009 included the Global Fund; World Bank; GAVI; WHO; UNFPA; DFID; the Dutch Ministry of Foreign Affairs; EC; civil society and implementing countries). The set of attributes, developed by the working group and used for the assessment of the strategies in the NSA FLW may be found in Annex 3.

- Other policies relating to ‘dual track financing,’ the approach to health systems strengthening and the Comprehensive Funding Policy shall apply.

Structure of this Report

1.6 This report presents the TRP’s funding recommendations for the First Learning Wave of NSAs and its key observations. It is structured as follows:

- Part 1: Introduction (**for information**);
- Part 2: TRP Recommendations to the Board on the NSAs of the First Learning Wave (**for information and subsequent Board decision**);
- Part 3: Process for the First Learning Wave of NSAs (**for information**); and
- Part 4: TRP observations from the First Learning Wave of NSAs (**for input**).

1.7 The report should be read in conjunction with the following Annexes:

- Annex 1: List of NSAs reviewed by the TRP, organized according to the category in which they are recommended to the Board;
- Annex 2: List of TRP reviewers for the First Learning Wave of NSAs;
- Annex 3: Attributes of a Sound National Strategy from the International Health Partnership Working Group on National Strategies;
- Annex 4: TRP Review Form for each eligible disease proposal reviewed and full text of all proposals (provided in advance of the Board meeting, on a confidential basis in electronic format as supplementary information to Board members);
- Annex 5: Additional Guidance for the Technical Review Panel for the review of National Strategy Applications.

1.8 Subject to the Board’s funding decision, the NSAs within Annex 4 will be posted on the Global Fund’s website as soon as possible following the Board decision on funding. The TRP Review Forms, consistent with Board policy, will be provided directly to the original applicant.

PART 2: TRP RECOMMENDATIONS TO THE BOARD ON THE NSAs OF THE FIRST LEARNING WAVE For Information

2.1 The TRP at a specially convened meeting reviewed the seven NSAs received. The TRP recommends five of these NSAs to the Board for funding as ‘Category 2’ NSAs. The two other NSAs, not recommended for funding by the TRP, are classified as ‘Category 3’.

2.2 Annex 1 presents the list of the NSA proposals reviewed and the recommendations made by the TRP. The maximum upper ceiling amount recommended by the TRP to the Board for approval for these applications is:

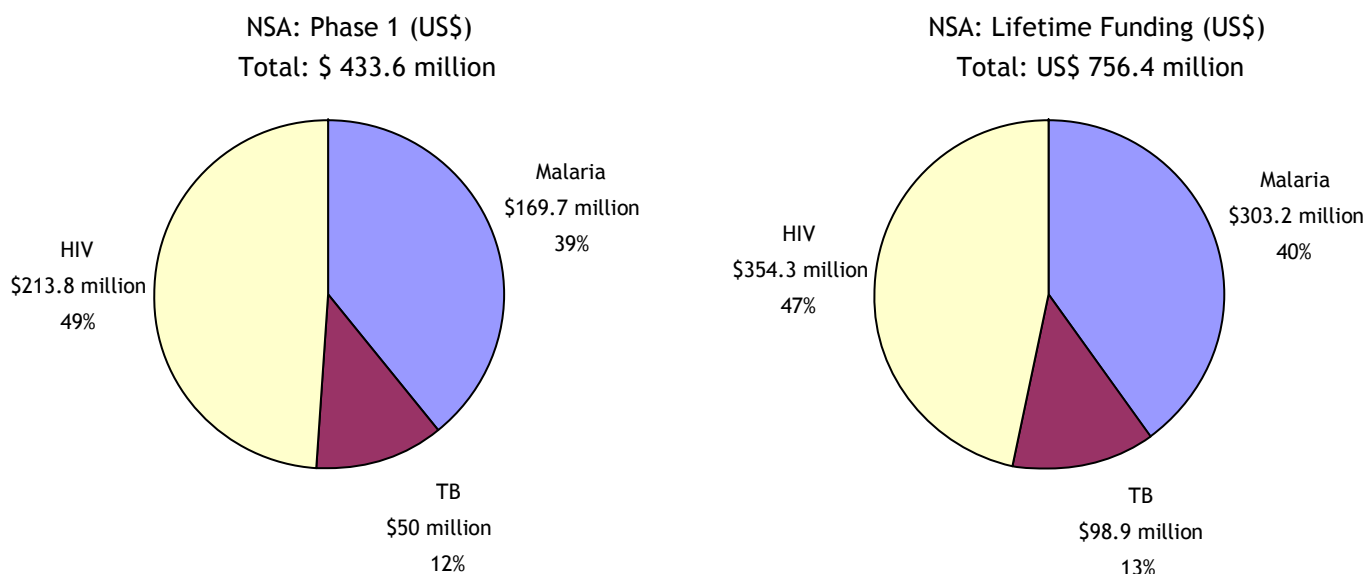
- i. US\$ 433.6 million for 2 years;
- ii. US\$ 756.4 million for the lifetime of the proposals.

2.3 The total upper ceiling amount for the recommended NSAs over Phase 1 (US\$ 433.6 million) represents 58 percent of the Phase 1 funds requested across all NSAs submitted (US\$ 744.7 million). The total upper ceiling amount for the recommended NSAs over the full duration of the funding request (US\$ 756.4 million) represents 53 percent of total funds requested across all NSAs submitted (US\$ 1,431.1 million).

2.4 Two countries submitted requests for cross cutting health systems strengthening representing a lifetime total of US\$ 75.8 million. Both these HSS sections were not recommended for funding. In one case, the NSA disease component was recommended for funding while the HSS interventions were not. In the second case, both the NSA disease component and the HSS interventions were not recommended for funding.

2.5 Figure 1 provides an overview and breakdown by disease of the Phase 1 and total lifetime amounts recommended by the TRP.

Figure 1 - Amount recommended by disease



Decision Point Pending

The TRP recommends to the Board that all NSAs to which it has assigned Category 2 ratings be funded.

The TRP recognizes that the Board at its Nineteenth Meeting established a Working Group on Managing the Tension between Demand and Supply in a Resource Constrained Environment⁴, to provide a funding recommendation for Round 9 and National Strategy Applications. Therefore, no decision point is included in this report. The TRP understands that such a decision (including a decision on funding National Strategy Applications) will be included in the Working Group's recommendations to the Board for consideration at its Twentieth Meeting.

⁴ Decision Point GF/B19/DP26, "Managing the tension between demand and supply in a resource-constrained environment".

3.1 The First Learning Wave of NSAs involved two distinct stages: firstly the review of the *national strategy and its supporting documentation* (collectively referred to as the ‘national strategy documentation’); and secondly the review of the *National Strategy Application*. Within each of these stages there were specific steps as illustrated in Figure 2 below.

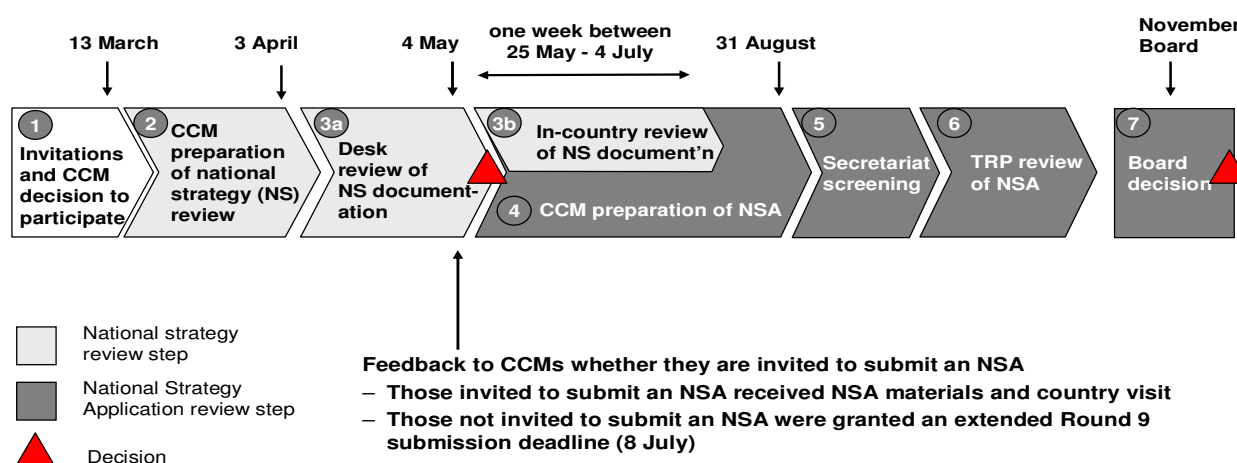
3.2 The **national strategy review** stage comprised the following steps:

- CCM preparation of the national strategy documentation for review (Step 2 of Figure 2);
- Desk review by the TRP of the national strategy documentation (Step 3a). If the outcome of the desk review was favorable the country was invited to submit an NSA.
- For components successful at the desk review, an in-country review of the national strategy documentation (Step 3b) was conducted.

The **National Strategy Application** review stage (applicable only to components successful at the desk review) comprised the following steps:

- CCM preparation of the National Strategy Application (Step 4);
- Secretariat screening of the National Strategy Applications received (Step 5);
- TRP review of the National Strategy Applications (Step 6); and
- Board decision on the recommendations of the TRP (Step 7).

Figure 2 - National Strategy Applications First Learning Wave process



Step 1. Invitations and CCM decision to participate in the First Learning Wave

3.3 The Global Fund invited 22 CCMs (covering 23 disease components)⁵ to express their interest in participating in the First Learning Wave. Countries were invited to participate based on a range of factors, such as the duration of their current national disease strategy⁶, their application history in Round 8, while also ensuring overall geographic and disease diversity.

3.4 Of the 22 invited CCMs, 20 CCMs (covering 21 disease components) indicated their intention to participate in this First Learning Wave.

Step 2. CCM preparation of national strategy review

3.5 CCMs that decided to participate in the First Learning Wave submitted the following documentation:

- The national AIDS, tuberculosis or malaria strategy (as applicable);
- Accompanying documents relevant to the national strategy that would facilitate the review (e.g., yearly operational plans, program review reports, epidemiological reports, etc.);
- A completed form listing the documents submitted and providing a signature by the CCM chair or vice-chair to authorize submission of the national strategy documentation. This form also requested information on the CCM meeting at which the decision to participate was taken and on multi-stakeholder involvement in the development of the national strategy.

3.6 Nineteen CCMs (covering 20 disease components)⁷ submitted their national strategy documentation for desk review.

Step 3. Desk review of the national strategy documentation

3.7 Twenty-one TRP members (listed in Annex 2), including the TRP Vice-Chair⁸ (Dr. Bolanle Oyeledun) who chaired this meeting, convened in Divonne-les-Bains, France, from 19 to 24 April 2009 to review strategy documents submitted by the 19 CCMs (covering 20 disease components). The panel represented a mix of permanent and former members of the TRP.

3.8 The submitted national strategy documentation was reviewed against a subset of the IHP+⁹ list of attributes of sound national strategies (Annex 3).

3.9 In the desk review, the TRP was asked to determine whether it regarded the reviewed national strategy documentation as sufficiently robust to form the basis of a National Strategy Application.

- Where this was the case, countries were invited to submit an NSA and the Secretariat arranged an in-country review to carry out a more in-depth review of the national

⁵ CCMs from 22 countries were invited to express their interest in participating in the NSA FLW for the following 23 disease components (Rwanda was invited to participate with two components - TB and HIV):

- For HIV: Malawi, Nigeria, Rwanda, Swaziland, Kenya, Cuba, Djibouti, Algeria, Cambodia
- For TB: Rwanda, Ghana, Mozambique, El Salvador, Morocco, Nepal
- Malaria: Madagascar, The Gambia, Ethiopia, Guyana, Azerbaijan, Viet Nam, China, Bhutan

⁶ Countries with a national strategy that had an unexpired term at least through the end of 2012. This was to enable a financial commitment of two years for the first phase in the case of funding approval

⁷ Rwanda participated with two components, TB and HIV. Bhutan, though it had expressed interest, did not submit.

⁸ At the time of the desk review meeting, Dr. Oyeledun was not yet the TRP Chair as this was approved in May 2009.

⁹ The International Health Partnership (IHP) Working Group on National Strategies formulated a list of 'attributes' that it believes should be reflected in sound national strategies. Nine attributes were used as a basis for the desk review, on the grounds that these attributes were considered as core. Information pertaining to the remaining attributes was examined during the country visit.

strategy documentation. The Global Fund also held a workshop for such applicants in early May 2009 in Geneva.

- Where TRP members concluded that the national strategy documentation reviewed was not sufficiently robust or complete to support an NSA (e.g., because it did not adequately address several or many of the attributes), CCMs were informed of this outcome. These CCMs were however given the option to submit a regular Round 9 proposal for the relevant disease and were granted an extended submission deadline, until 8 July, to compensate for any time lost during the process of national strategy documentation submission and review.

3.10 Countries were notified of the desk review outcome on 27 April 2009 and given a summary of the strengths and gaps of the national strategy documentation reviewed. Of the nineteen CCMs that submitted the national strategy documentation for 20 disease components, seven CCMs with eight disease components were invited to submit an NSA. These were: for HIV: Kenya, Malawi, and Rwanda; for malaria: China, Madagascar and Viet Nam; For tuberculosis: Nepal and Rwanda.

3.11 On 4 May 2009, those CCMs with a positive desk review outcome received the specially designed National Strategy Application form. The form is lighter than a regular rounds-based application form (on the grounds that much relevant information is already contained in the national strategy documentation reviewed). The form was structured to enable a more holistic approach in formulating a funding request. The deadline for submission of the NSAs to the Secretariat was 31 August.

Step 4. In-country review of national strategy documentation and CCM preparation of the National Strategy Application

3.12 The seven CCMs (with eight disease components) with a positive outcome of the desk review received a week-long country visit from a group of 3-4 TRP members. These TRP members, together with 3-4 national facilitators¹⁰ nominated by the CCM, formed the Strategy Review Team for the review of that country component. The country reviews were conducted between 25 May and 4 July 2009. The objective of the Strategy Review Team was, through discussions with key stakeholders¹¹ :

- to collect information on areas of the national strategy documentation identified, during the desk review, as needing clarification and
- to assess the national strategy documentation against additional IHP+ attributes that were not examined during the desk review.

3.13 The country visits were hosted by CCMs. At the end of each visit the Strategy Review Team conducted a de-briefing with the CCM and other key stakeholders to provide information on the main strengths, gaps and areas identified as needing further clarification in the national strategy documentation. In particular “critical issues” were identified as requiring special attention and CCMs were asked to address these in the NSA to be submitted.

3.14 Following the country visits, CCMs received a written ‘National Strategy Review Report’ produced by the TRP in-country review team with input from the national facilitators. This provided feedback to the CCM on strengths, weaknesses and areas identified for further clarification.

¹⁰ National facilitators were identified by the CCM. They could be national health experts not directly involved in the disease program, locally-based advisors, regional/sub-regional staff of partner agencies, or civil society technical experts.

¹¹ These included meetings with civil society, technical partners, local representatives of other funders, and also site visits.

3.15 The Secretariat received seven National Strategy Applications.¹² Ahead of the TRP's meeting to review these submitted NSAs, the TRP members of each Strategy Review Team remotely reviewed any changes made after the in-country visit to the national strategy documentation to assess to what extent critical issues had been or were planned to be addressed.

Step 5: NSA screening for eligibility and completeness

3.16 The Secretariat undertook a screening process similar to that usually performed on Rounds-based proposals to determine whether each NSA was complete and eligible. Following a review of supporting documents, all submitted NSAs were judged compliant with the minimum requirements for CCM eligibility by the Secretariat's Screening Review Panel. All seven NSAs were thus forwarded to the TRP for review.

Step 6: TRP review of National Strategy Applications

3.17 Fifteen TRP members (listed in Annex 2), including the TRP Chair (Dr. Bolanle Oyeledun) convened in Vevey, Switzerland, from 5 to 9 October 2009 to review the seven NSAs submitted in the First Learning Wave.

3.18 Each NSA was reviewed by at least three, and usually four, TRP members, of whom at least one was a disease-specific expert and at least one a cross-cutting expert. The TRP members who reviewed each NSA had not participated in the in-country visit or desk review for that country.

3.19 The TRP members met in a plenary session to discuss each NSA reviewed, to deliberate on and determine the final rating of the proposal and to document their recommendation in an 'NSA Review Form' (all such forms are set out in Annex 4 to this report). TRP members that had participated in the in-country visit or desk review for the country did not participate in the final decision making and removed themselves from the room. This explicit separation of strategy review and review of the funding application was designed to mirror the future model in which these two steps are anticipated to be undertaken by different bodies.

3.20 The seven NSAs were reviewed to ensure that only technically sound NSAs were recommended for Board approval in line with the review criteria specified in Part 2.12 of 'Additional Guidance for the TRP for the review of National Strategy Applications' (see Annex 5). The cross-cutting HSS sections were reviewed using the same criteria as for cross-cutting HSS sections submitted along with rounds-based proposals. The entire review process did not take into account availability of funds. The TRP could recommend for funding the NSAs using four categories similar¹³ to the categories¹⁴ used for recommending Rounds-based proposals (see Annex 5 for description of categories for NSAs).

3.21 As a result of the NSA review, as mentioned in Part 2 of this Report, the TRP recommends five of the seven NSAs to the Board for funding as 'Category 2' NSAs. The two other NSAs, not recommended for funding by the TRP, are classified as 'Category 3'.

3.22 Figure 3 below provides an overview of the number of components at each stage of the process of the First Learning Wave of National Strategy Applications.

¹² One CCM (Viet Nam, malaria) decided not to submit an NSA in the First Learning Wave.

¹³ Category 3 is slightly amended from the definition used for rounds-based proposals.

¹⁴ Identified in the TRP Terms of Reference, GF/B16/DP8

Figure 3 - Number of components at each stage of First Learning

	Invited to participate in FLW	National strategy submitted and desk reviewed by the TRP	Invited to submit NSA and receive an in-country review of the strategy	National Strategy Application submitted and reviewed by the TRP	Recommended for funding
HIV	9	7	3	3	1
Tuberculosis	6	6	2	2	2
Malaria	8	7	3	2	2
TOTAL	23	20	8	7	5

PART 4: TRP OBSERVATIONS FROM THE FIRST LEARNING WAVE OF NSAs

Feedback on the review of national strategies

4.1 For the desk reviews and subsequent country visits, the TRP used a checklist based upon the attributes and characteristics developed by the IHP+ Working Group to assess the quality of the national strategies. The TRP felt that this checklist was a very useful assessment tool to ensure a consistent and robust assessment. The TRP was mindful that national strategy documents were not developed with this specific assessment tool in mind, and it would be unlikely that the strategies would meet all high standards presumed in the IHP+ attributes.

4.2 The national strategies that, at the desk review stage, were not selected to participate in the next stage of the NSA process were either so incomplete that they could not be adequately evaluated for soundness, or they had weaknesses in a number of key attributes that were sufficiently profound that they could not realistically be addressed within the timeframe established in the First Learning Wave between the desk review and the application deadline.

4.3 Common weaknesses identified among many strategies at the time of the desk review were:

- The process of strategy development was not well described;
- The link between disease control strategies and national health sector strategy was inadequately described;
- Documentation to support the strategy budgets and their relationship to national health budgets and the macro-economic frameworks was weak;
- Operational work-plans were insufficiently detailed to address feasibility;
- The issue of sustainability was not addressed.

4.4 The country visits were an essential step in assessing the strategies. TRP members worked with a team of national facilitators who provided essential insights into issues raised during the desk review. The TRP teams revised some of the findings of the desk review, sometimes because issues had since been addressed by the CCM in response to comments from the desk review, but sometimes also because the country visit helped provide a better contextualized understanding of the issues.

4.5 National facilitators were essential to the success of country visits through providing knowledge of the local context and in facilitating the review. However the roles and responsibilities of the national facilitators need to be clearly defined, especially if they are members of the CCM (or key authors of the national strategy documentation).

4.6 Remaining critical issues in the national strategy documentation were communicated to the CCMs at debriefing sessions at the end of the country visits. The CCMs were subsequently asked in writing to specifically address these critical issues in their NSA. In most cases this resulted in additional refinements to the national strategy or to key supporting documents. The TRP in-country teams were therefore asked to assess just prior to the NSA review, whether critical issues had been, or were planned to be, adequately addressed.

4.7 Recommendations:

The time frame of the First Learning Wave of NSAs was, due to its particular nature, very short which resulted in the submission of many incomplete strategies. Any future NSA waves should be planned with sufficient preparation time to enable greater completeness of the strategy documentation. Countries with incomplete national strategies should not be invited to participate in future National Strategy Application processes.

The strategy evaluation criteria (“attributes”) developed by the IHP+ Working Group should be made available to countries well before the beginning of the NSA process. While it may mean a more standardized approach to strategy development, it is likely to lead to more robust strategies and introduce greater transparency by letting countries know the parameters against which they will be assessed.

A country visit is essential for an appropriate assessment of a national strategy. A carefully chosen team of national facilitators is essential for a successful country visit. In the future members of the CCM should be excluded from participation as national facilitators.

Feedback on the National Strategy Applications approach

4.8 The TRP considers that strategy support through an NSA is an effective and appropriate modality of international support to the national responses to AIDS, malaria and tuberculosis. It provides greater context to the national response than is sometimes evident in the more fragmented Rounds-based project applications hitherto considered by the TRP (acknowledging however that the new architecture will seek to mitigate this shortcoming). NSA funding has the potential of providing a more meaningful and sustainable national response.

4.9 The TRP noted that the process of development, revision and adoption of a national strategy is lengthy. In many cases the changes that were made to national strategies on the basis of inputs from the desk reviews and country visits were expressed in terms of “draft changes” or “statements of intention”. This is understandable as processes for the adoption of modifications to national documents and strategies take time.

4.10 The TRP noted that the situation analyses presented in the strategic documents were generally sound, with frank discussion of the shortfalls of previous and current programs. However, the proposed approaches to overcoming these shortfalls tended to be conservative (“doing more of the same”) rather than taking bold steps to address them. Standard recommendations of the technical UN agencies were often not thoughtfully adapted to new challenges and specific country contexts.

4.11 The TRP noted that its participation in the full NSA process (including the strategy assessment phase) provided a solid basis for a sound technical assessment and introduced a welcome new level of informed decision making. At the same time, the NSA review was to some extent “firewalled” from the strategy review. There are good reasons for this separation given the intent to mirror as far as possible a future model in which the strategy review and the NSA review are anticipated to be undertaken by different bodies. However the TRP feels that the benefits of participating in the national strategy review (including the country visit) should not be completely lost in any future NSA waves.

4.12 The TRP noted that some of the NSA submissions provided very limited information on the strategy itself. There is clearly a need to balance between making the NSA application form as light as possible because it is based on a national strategy that has already been reviewed, and

providing sufficient information to the NSA reviewers to make an informed technical assessment based on the contents of the application. This issue is related to the issue of firewalling the strategy review and the review of the NSA. It supports the argument that the two review processes need to be closely linked.

4.13 Recommendations:

The TRP recommends that countries should be reminded that “knowing your epidemic” should be accompanied by an equivalent effort in “knowing your response”. National programs as well as in-country technical partners should provide contextualized strategy advice and direction rather than promoting global recipes.

A future NSA process will have to find a workable balance between the separation of the strategy review from the review of the application to the Global Fund, and the loss of some intelligence that can result from such a separation. The remit of the TRP is to make a technical recommendation on a funding application. The strategy review is not a typical part of the TRP functions. However, to assure the continuity of information flow, the TRP recommends that one or two former TRP members should participate in the strategy review, and that the team leader of the national strategy review team be available as a resource person during the application review.

Feedback on the strengths and weaknesses of the reviewed National Strategy Applications

4.14 The TRP made the following observations regarding strengths and weaknesses of the seven NSAs reviewed:

Typical strengths of the reviewed National Strategy Applications

- The application form allowed applicants to clearly describe how they have, or were planning, to address the critical issues raised during the in-country visit
- The majority of the critical issues that were raised during the in-country visit were adequately addressed by the time of the submission of the NSA.

Typical weaknesses of the reviewed National Strategy Applications

- Budgetary information was presented in different formats, sometimes with excessive details and in a complex structure. This sometimes made it difficult to review this information.
- Linkages between the funding request to the Global Fund and the information contained in the national strategy were not always clearly described in the NSA.

4.15 Recommendation:

The TRP recommends that NSA guidelines and application forms should be reviewed prior to subsequent NSA waves to attempt to address the above challenges.

Feedback on the inclusion of cross-cutting HSS sections in the NSA

4.16 Two applicants submitted a cross-cutting HSS section together with their NSA. For pragmatic reasons, in the First Learning Wave the application form for these sections followed the exact same format as for the Rounds. These two cross-cutting HSS sections were reviewed by the TRP as part of the disease-specific NSA review.

4.17 Some disease-specific program strategies included a discussion of the health sector implications of the proposed activities, and included measures to provide the necessary health sector support for implementation of the strategy. The two HSS sections, however, appeared to have little relationship to the disease strategy that they accompanied. They were presented as a menu of activities to be supported by the Global Fund with very limited explanation as to how they tied into a strategic vision to improve the response to AIDS, malaria and tuberculosis in the country. The HSS sections were add-ons without a clear explanation on how they would

produce the types of systemic changes necessary to support effective disease control programming and implementation.

4.18 Recommendations:

Based on a limited experience of two HSS sections in NSAs during the First Learning Wave, the TRP considers that these sections in their current form do not add value. The NSA process may not be suited to accommodate a separate HSS section, but if this is desired, then detailed guidelines on how to develop such a section linked to an NSA should be developed and communicated to CCMs.

This document is part of an internal deliberative process of the Fund and as such cannot be made public. Please refer to the Global Fund's documents policy for further guidance.

List of NSAs reviewed by the Technical Review Panel, in the category in which they are recommended to the Board

No	Source	Country	Income Level (Annex 1 in R9 guidelines)	WHO Region	Global Fund Regional Team	Disease	Year 1 Amount (USD)	Year 2 Amount (USD)	Phase 1 Amount (USD)	Total lifetime (up to 5 years) (USD)
Category 2 - USD										
1*	CCM	China	Lower Middle	WPRO	EAP	Malaria	54,097,732	34,622,122	88,719,854	176,459,090
2	CCM	Madagascar	Low Income	AFRO	EA	Malaria, disease part only	35,504,053	45,511,378	81,015,431	126,799,502
3	CCM	Nepal	Low Income	SEARO	SWA	TB	6,170,570	10,541,371	16,711,941	56,329,993
4	CCM	Rwanda	Low Income	AFRO	EA	TB	18,823,466	14,529,775	33,353,241	42,627,519
5	CCM	Rwanda	Low Income	AFRO	EA	HIV	95,444,992	118,355,866	213,800,858	354,272,713
Total Category 2 NSAs					Total in USD		210,040,813	223,600,512	<u>433,601,325***</u>	756,488,817
Parts of Category 2 Proposals Not Recommended For Funding - USD										
	CCM	Madagascar	Low Income	AFRO	EA	CCHSS** part only	14,149,830	10,131,345	24,281,175	46,098,817
Sub-Total Parts of Category 2 Proposals Not Recommended For Funding - USD					Total in USD		14,149,830	10,131,345	24,281,175	46,098,817
Category 3 - USD										
6	CCM	Kenya	Low Income	AFRO	EA	HIV, incl. CCHSS*	32,636,329	61,670,367	94,306,695	329,342,925
7	CCM	Malawi	Low Income	AFRO	SA	HIV	97,042,008	133,619,331	230,661,339	375,123,503
Total Category 3 & Parts of Category 2 Proposals Not Recommended For Funding - USD					Total in USD		143,828,167	205,421,043	349,249,209	750,565,245

* In the NSA FLW, China submitted a consolidated malaria proposal (for US\$ 98,898,744 (total two years) and US\$ 186,637,980 (total 5 years). Given that some of the funding included in this proposal has already been committed by the Board, the upper ceiling for funding for this proposal in Annex 1 refers to the incremental amount requested rather than the consolidated amount indicated in the proposal.

**cross-cutting health systems strengthening

***** This revision corrects the arithmetical error in the total Phase 2 amount for Category 2 NSAs.**

Attributes of a Sound National Strategy
From International Health Partnership working group on national strategies

NOTES:

- Attributes in grey were those considered during the desk review of the NSA First Learning Wave
- Attributes in black are those being additionally considered during the in-country review of the NSA First Learning Wave

Category	Attributes
Situation Analysis and Programming <i>Soundness of analysis/assessment underlying identification of the programming contained in the national strategy</i>	<ul style="list-style-type: none"> • National strategy is based on a sound situational and response analysis of the context (including political, social, cultural, gender, epidemiological, legal, and institutional determinants) • Clearly-defined priority areas, goals, objectives, and interventions that contribute to improving health outcomes and meeting national and global commitments (such as the Millennium Development Goals and scaling up towards universal access) • Planned interventions are feasible, locally appropriate, equitable and based on evidence and good practice, including consideration of cost effectiveness and sustainability (both financial and programmatic) • Both assessment of risks (analysing feasibility of and potential obstacles to implementation) and proposed mitigation strategies (including specifying technical assistance needs) are present and credible
Process <i>Soundness of development/endorsement process of the national strategy</i>	<ul style="list-style-type: none"> • Multi-stakeholder¹⁵ involvement in development of national strategy and operational plans (which is led by government, with a transparent consultative/participative process) and multi-stakeholder final endorsement of national strategy • National strategy consistent with relevant higher- and/or lower-level strategies,¹⁶ financing frameworks¹⁷ and underlying operational plans¹⁸
Finance and Auditing <i>Soundness of financial/auditing framework and systems</i>	<ul style="list-style-type: none"> • Expenditure framework¹⁹ with comprehensive budget/costing of the program areas covered by the national strategy²⁰ • Expenditure framework includes financial gap analysis - including a specification of known financial pledges against the budget from key domestic and international funding sources (specification of sources of domestic funds desirable). It also includes costed scenarios, e.g. low, medium, high - or (results-based, needs-based and resource-based) scenarios. • Expenditure framework includes specification of allocation of funds based on priorities, to sub-national levels (where appropriate) and to non-state actors (including civil society

¹⁵ Including government, civil society (according to the UN definition) and the private sector

¹⁶ E.g., as relevant: national development framework, national health sector strategy, disease- or program-specific strategies

¹⁷ E.g., medium-term expenditure frameworks

¹⁸ E.g., specific disease-related operational plans, district annual workplans

¹⁹ In addition, Medium Term Expenditure Framework desirable

²⁰ Costing to:

- preferably be commensurate with the timeframe of the national strategy and according to more or less optimistic planning scenarios; and
- include all relevant functions (in particular monitoring and evaluation, financial management, procurement and program management).

	<p>organizations, private sector, and across government sectors (where relevant).</p> <ul style="list-style-type: none"> • Description of financial management system (including financial reporting against budgeted costs, and accounting policies and processes) and evidence that it is adequate, accountable, and transparent
<p>Implementation and Management <i>Soundness of arrangements and systems for implementing and managing the programmes contained in the national strategy</i></p>	<ul style="list-style-type: none"> • Operational plans are regularly developed through a participatory process and detail how strategic plan objectives will be achieved • Description of how resources will be deployed to achieve clearly defined outcomes (with attention to staffing, procurement, logistics and distribution. Plan describes transfer of resources [human, commodities] to sub-national level and non-state actors) • Procurement policy that complies with international guidelines and evidence of adequate, accountable, and transparent procurement and supply management systems with capacity to reach target populations • Specification of governance, management and coordination mechanisms/ framework for implementation (describing roles, responsibilities and decision-making of all stakeholders)
<p>Results, Monitoring and Review <i>Soundness of review and evaluation mechanisms and how their results are used.</i></p>	<ul style="list-style-type: none"> • Plan for monitoring and evaluation that includes clearly-described output and outcome/impact indicators, with related multi-year targets that can be used to measure progress and make performance based decisions • Plan for monitoring and evaluation that includes sources of information for indicators and description of information flows • Plan for monitoring and evaluation that includes descriptions of data collection/data management methods, tools and analytical processes (including quality assurance) • There is a plan for joint periodic performance reviews (reporting of results against specified objectives and respective targets explaining any deviations), including Health Systems and development of related strengthening measures • Monitoring and evaluation plan describes processes by which monitoring results can influence decision making (including financial disbursement)

Additional Guidance for the Technical Review Panel for the review of National Strategy Applications

Part 1: Background

1. Further to the Terms of Reference for the Technical Review Panel (TRP), this document provides additional guidance for the TRP concerning the review of National Strategy Applications (NSA) in the First Learning Wave (FLW).
2. As part of its commitment to aid effectiveness principles and in response to country requests for streamlined processes, the Global Fund has committed to introducing a new way to apply for Global Fund resources - known as “National Strategy Applications”. NSAs are funding requests to the Global Fund which are based primarily on an existing national strategy that is considered to be sufficiently robust to serve as the basis of an application.
3. NSAs are being introduced through a phased roll-out, beginning in 2009 with a First Learning Wave in a limited number of countries. The aim of the First Learning Wave of NSAs is to draw policy and operational lessons to guide the broader roll-out of this new application procedure beyond 2009.
4. Following a desk review by the TRP of twenty sets of submitted national strategy documentation,²¹ eight applicants were invited to submit a National Strategy Application in the First Learning Wave. For those eight applicants a “Strategy Review Team”, comprised of TRP members and national facilitators, conducted an in-country review in addition to the desk review. The combined outcome of the desk review and in-country review was captured in a “National Strategy Review Report” for each applicant which describes strengths and weaknesses of the national strategy documentation as well as any critical issues to be considered when developing the National Strategy Application to the Global Fund.
5. The initial funding commitment for approved NSAs will be for a period of two years.²²
6. National Strategy Applications of the First Learning Wave were submitted on 31 August 2009.

Part 2: Scope of Work of the TRP with Respect to the NSA FLW

7. Before the review of NSAs begins, a member of the in-country visit TRP team will present the key findings from the reviews of the national strategy documentation (including the “supplementary review” of changes and additions made to the national strategy documentation after the in-country visit). There will be time for questions and clarifications after each presentation. At this stage, any queries or statements by any member of the TRP regarding the potential success or failure of the overall National Strategy Application should be strictly avoided.
8. FLW NSAs will be reviewed by a group of TRP members drawn from permanent, former and alternate members of the TRP. The TRP group constituted to review FLW NSAs will be

²¹ The term “national strategy documentation” refers to the national strategy and any other related documents (such as an operational plan, a budget or medium-term expenditure framework, a monitoring and evaluation framework) submitted by the applicant for the desk review, the in-country visit or the NSA review.

²² One of the criteria for inviting applicants to participate in the FLW was that the national strategy which forms the basis of the NSA should be valid for at least this duration from the time of grant signing.

composed of HIV/AIDS experts, malaria experts, TB experts and members with cross-cutting expertise.

9. Each NSA shall be reviewed by a group of at least three TRP members, (the “NSA Review Team”) of which at least one is a disease expert and at least one (typically two) is a cross-cutter. None of the members will have participated in the desk review or in-country visit, or have a conflict of interest in relation to that applicant.

10. Where a health systems strengthening (HSS) cross-cutting section has been submitted, the NSA Review Team for that application will be expanded to include a total of three cross-cutters (neither of whom has participated in the desk review or in-country visit, or has a conflict of interest for the country at hand).

11. For each application, in addition to the NSA application form submitted by the CCM, the NSA Review Team will receive the “National Strategy Review Report” and its addendum “Review of Changes to National Strategy Documentation”.²³

12. Given the national strategy documentation has previously been reviewed, TRP reviewers shall apply the following review criteria in assessing FLW NSAs:

- a. Consistency between NSA and national strategy documentation;
- b. Consistency with what the Global Fund will support (see Annex 1);
- c. Value for money of Global Fund requested interventions;
- d. Performance of existing grants that are related to the national strategy;
- e. Feasibility of implementation arrangements, especially organizational and capacity aspects;
- f. Consistency and soundness of updated financial gap analysis and the related funding request to the Global Fund;
- g. Additionality of Global Fund financing to existing funding efforts; and
- h. Whether critical issues, when taken together have been or are planned to be sufficiently addressed.

13. In particular a NSA could be rejected on any of the following grounds:

- a. Major inconsistencies between the NSA and the reviewed national strategy documentation;
- b. Fundamental problems with the NSA funding request (e.g., funding requested for basic science research or large scale capital investments);
- c. Unsatisfactorily addressed critical issues in Section 3 of the NSA form;
- d. Clearly insufficient implementation capacity or organizational arrangements;
- e. Global Fund funding request not additional to existing funding or size of the funding request not adequately justified by the gap analysis.

14. As for rounds-based proposals, the TRP shall review each NSA as a whole, but it may recommend modification or elimination of weak elements in an otherwise strong application, where those weak elements are not a required supporting intervention or any other essential component of the application.

²³ In some cases, countries will have changed their national strategy documentation after the in-country visit, either based on the feedback given in the National Strategy Review Report (especially to address critical issues highlighted in the report) and/or due to other reasons beyond the feedback given in the report. A supplementary review of the national strategy documentation related to each application will then be conducted in advance of the TRP meeting by those TRP members who participated in the in-country visit. The purpose of the supplementary review is twofold: (i) to assess to what extent “critical issues” that were raised in the National Strategy Review Report have been *adequately addressed* (or are adequately planned to be addressed), whether there are any concerns and whether any clarifications might be needed; as well as (ii) to verify, in case of changes not related to critical issues, whether the conclusions of the National Strategy Review Report are still valid.

15. Any HSS cross-cutting section submitted as part of a NSA will be reviewed against the same criteria used to review HSS cross-cutting sections submitted under the rounds-based channel.

16. In reviewing a NSA which contains a cross-cutting HSS section, the TRP may recommend for funding either:

- a. The entire NSA, including the cross-cutting HSS section;
- b. The NSA excluding the cross-cutting HSS section; or
- c. Only the cross-cutting HSS section if the interventions in that section materially contribute to overcoming health systems constraints to improving HIV, tuberculosis and malaria outcomes.

17. The plenary²⁴ discussion of a given application will begin with a presentation by the NSA Review Team. Following this, but before the TRP's plenary discussion of its final recommendation, the TRP Chair may invite TRP members who participated in the in-country visit or desk review for that applicant to provide factual clarifications purely in relation to the national strategy documentation reviewed. However, they should strictly abstain from commenting on the funding request or recommendation. The TRP members who participated in the in-country or desk review or who have a conflict of interest in relation to the country being considered are then expected to exit the room before TRP discussion of its final recommendation.

18. As is the case for rounds-based proposals, TRP funding recommendations will be made by consensus in plenary. If consensus cannot be reached, the Chair shall call for a decision by majority vote of those present.

19. On an exceptional basis, the TRP Chair may serve as a reviewer of NSAs in addition to facilitating the plenary discussions.

20. Should the TRP Chair have participated in the desk review or in-country visit for a country whose application is being reviewed, the TRP Vice Chair should chair the plenary session in which that country is discussed.

21. The TRP shall classify reviewed NSAs according to the same categories used for classifying round-based proposals in Round 9, being Categories 1; 2; 2B; 3 and 4. These are defined as follows:

- **Category 1 NSAs:** Recommended for funding for the [disease only] or [disease and cross-cutting health systems strengthening] or [cross-cutting health systems strengthening only] interventions with no or only minor clarifications
- **Category 2 NSAs:** Recommended for funding for the [disease only] or [disease and cross-cutting health systems strengthening] or [cross-cutting health systems strengthening only] interventions provided clarifications or adjustments are submitted within a limited timeframe.

As a subset of Recommended Category 2 NSAs, 'Recommended Category 2B NSAs' - NSAs identified at the request of the Board to allow for a situation in which there are insufficient funds to meet the commitments required to fund all of the Recommended Category 1 NSAs and Recommended Category 2 NSAs. Recommended Category 2B NSAs are relatively weak 'Recommended Category 2 NSAs', on grounds of technical merit and/or issues of feasibility and likelihood to effective implementation. The same timeframe for clarifications applies to these NSAs as for Recommended Category 2 NSAs.

- **Category 3 NSAs:** Not recommended for funding in its current form.

²⁴ In this document the term 'plenary' refers to all the TRP members participating in the NSA FLW review process, excluding any TRP members who are expected to leave the room for the discussion of a specific application (see paragraph 17).

- **Category 4 NSAs: Rejected.**

22. The TRP shall provide its funding recommendations to the Board, as well as feedback regarding the technical quality of each application, in a document entitled “TRP Review Form for NSA FLW”.

23. The TRP’s funding recommendations to the Board may require clarifications and adjustments. These clarifications should focus on the NSA (rather than the national strategy documentation), including Section 3 of the NSA application form where applicants describe how critical issues raised in the “National Strategy Review Report” are or will be addressed.

24. During the clarification process, there may be several iterations between the TRP and the applicant, which may result in budgetary reductions or changes to objectives and targets. The TRP may also set conditions to be fulfilled prior to funding and indicate matters for the Secretariat’s attention during grant negotiations.

25. The TRP shall handle all clarifications.

26. TRP Review Forms for each application, whether recommended or not for funding, will be provided to the applicant after the Board decision on funding.

27. Following the review of the FLW NSAs, the TRP Chair, Vice Chair, the TRP “NSA focal persons” (who have advised the Secretariat during the FLW) and the Secretariat shall prepare a report to the Board, which includes an analysis of the outcome of the review process, as well as lessons learned from the NSA FLW process.

28. The Board’s decision on a NSA is final and not subject to appeal. However those HSS cross-cutting sections which are eligible for appeal (due to a previous HSS cross-cutting section not having been recommended for funding), may be subject to appeal.