

## Round 7

# Technical Review Panel Report and Recommendations

Prof. Peter Godfrey-Faussett  
Chair of the Technical Review Panel

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# A.1 Overview of Round 7 Applications

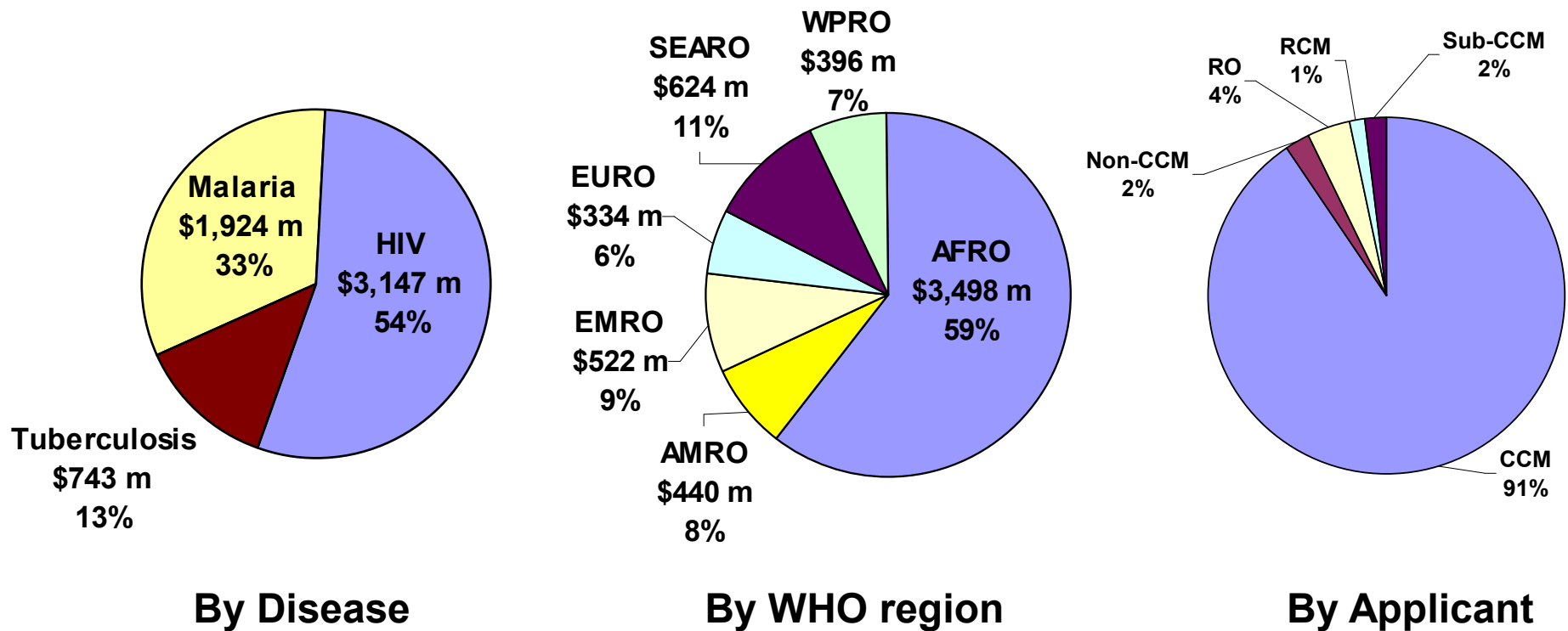
	Eligible in Round 7	TRP Recommended
<b>Number of Components</b>	150 (in 110 proposals)	73
<b>First time applicants</b>		West Bank and Gaza
<b>Phase 1 Upper Ceiling</b>	US\$ 2.398 billion	US\$ 1.119 billion ***
<b>Lifetime Budget Ceiling</b>	US\$ 5.814 billion	US\$ 2.762 billion ***

Funding requested maintains strong demand seen in Round 6

\*\*\* Updated to reflect the United Nations official exchange rate for Euro to US\$ conversions at 1 November 2007 for all Euro denominated proposals

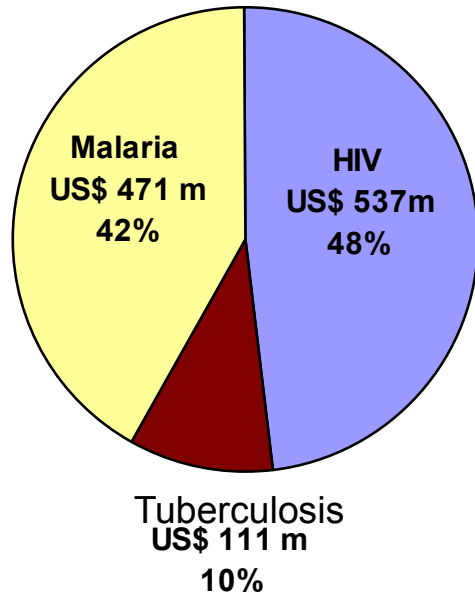
# A.2 Eligible applications by Region, Disease and Applicant Type

150 Eligible components = Requested lifetime budget US\$ 5.814 billion

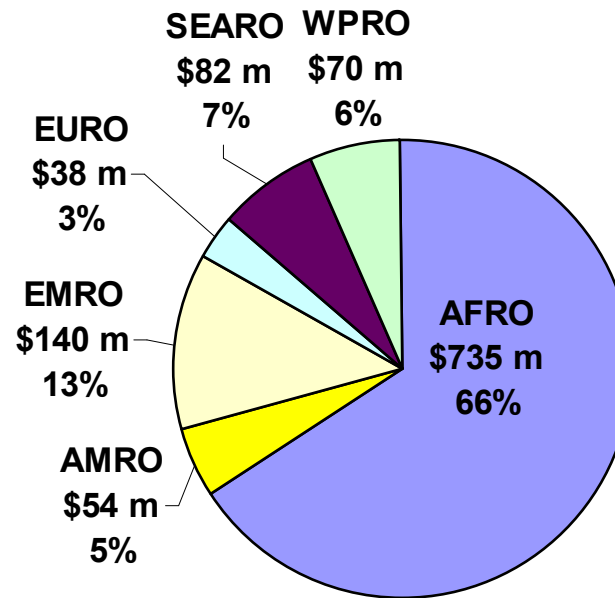


# A.3 TRP Recommendations by disease and Phase 1 upper ceiling funding

73 components recommended = US\$ 1.119 billion

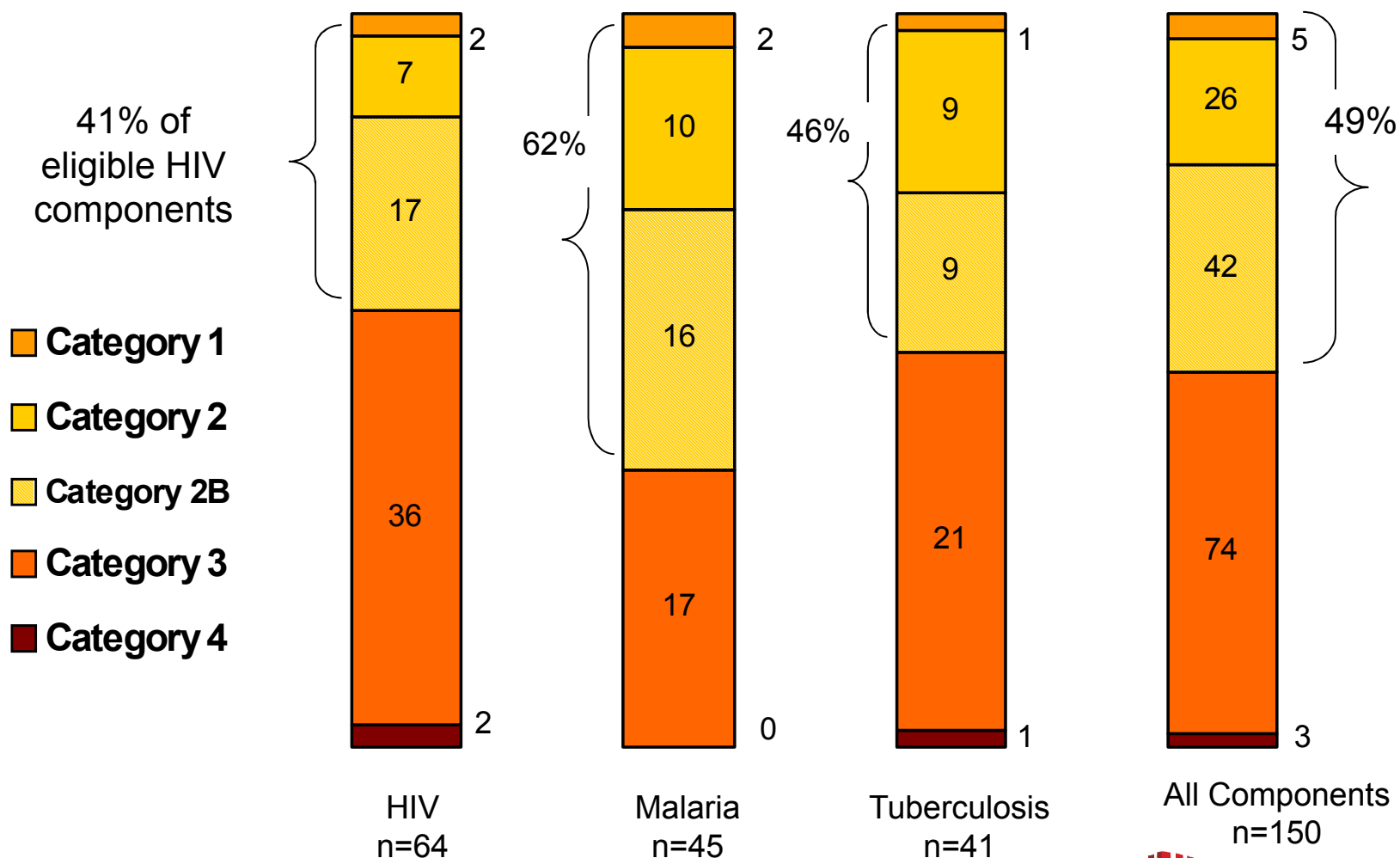


By Disease



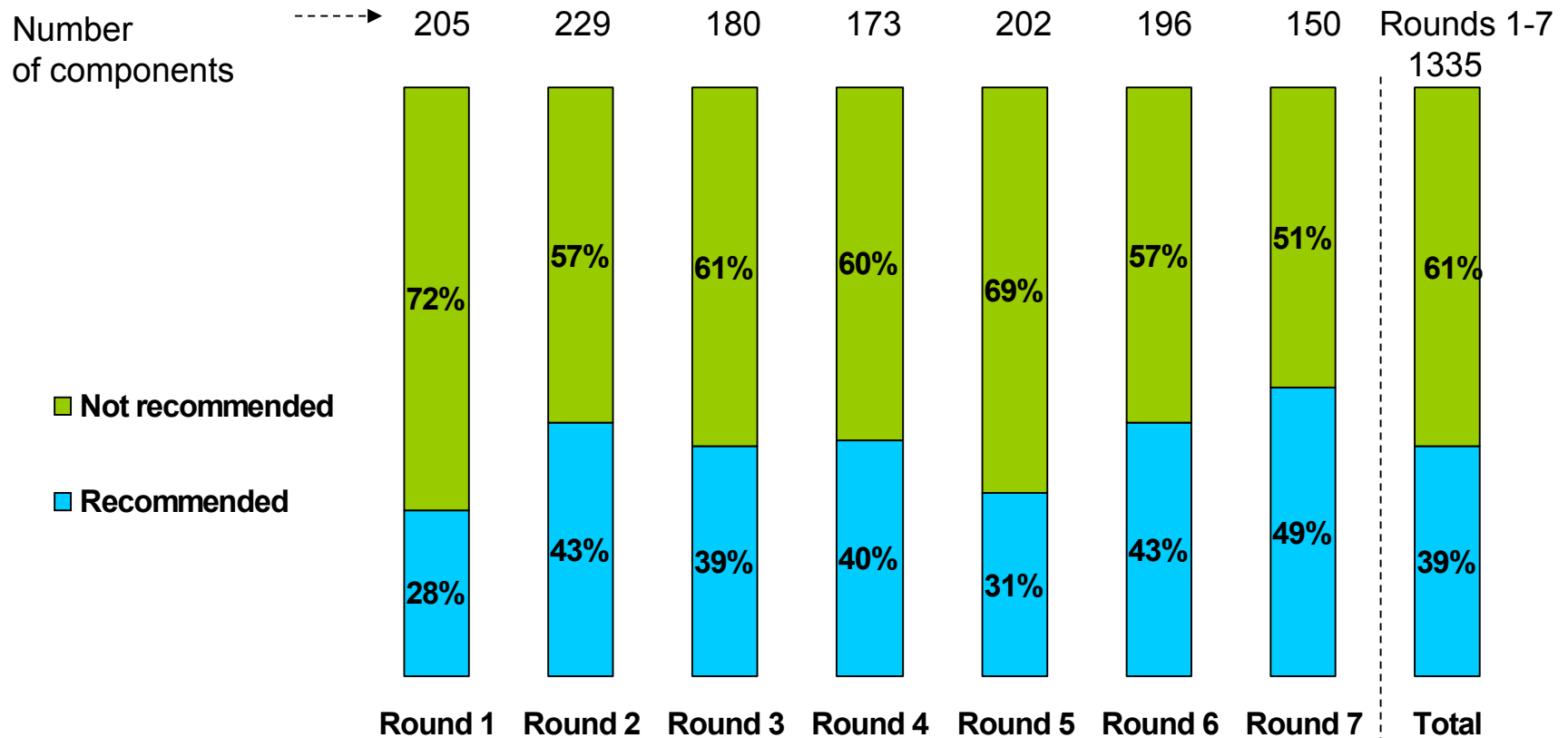
By WHO region

# A.4 Outcome by Disease and Category

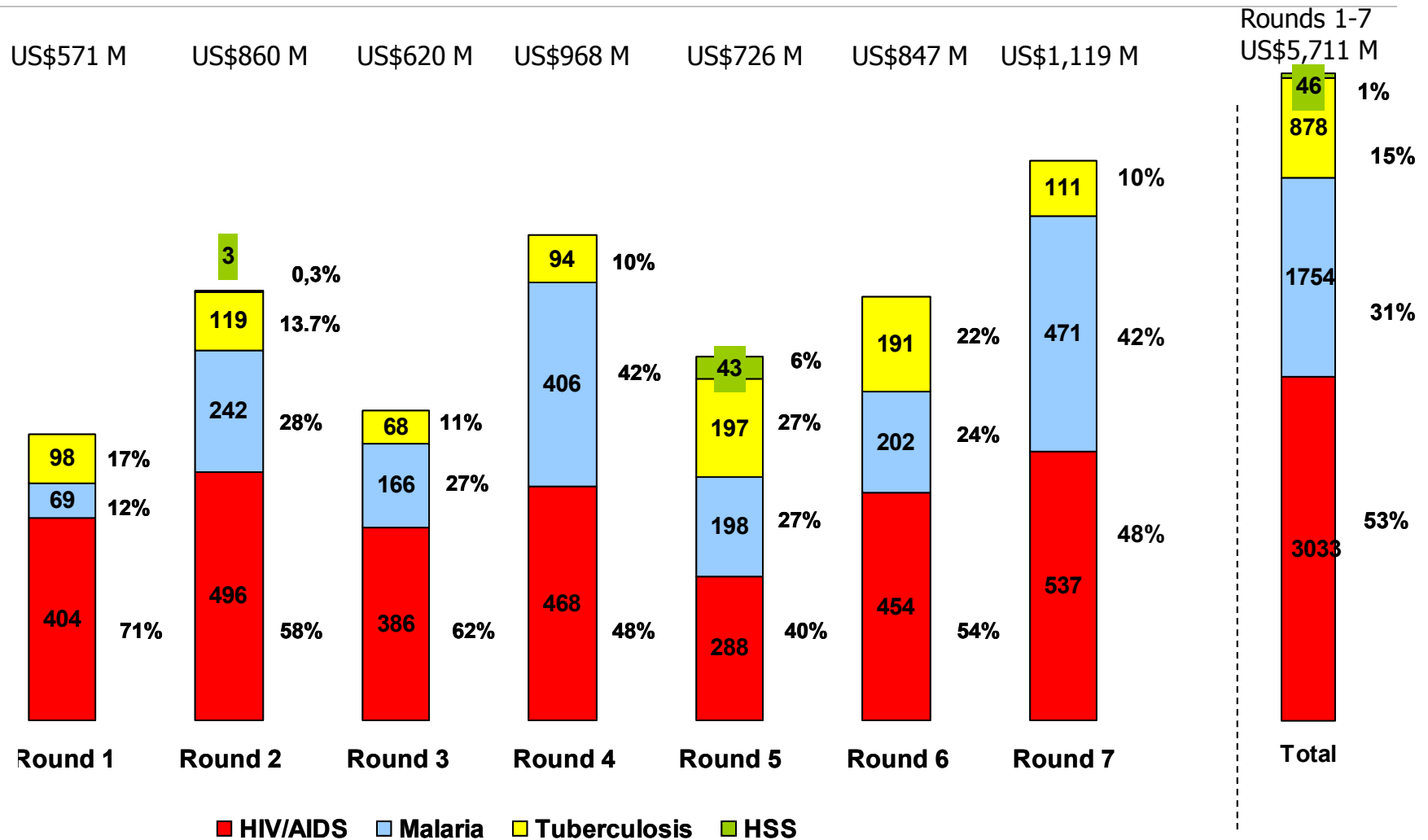


# A.5 Comparison: Proportion of proposals recommended over Rounds 1 to 7

Round 7 success rate of 49% higher than average of past six Rounds (37%)



# A.6 Comparison: TRP recommendations by Disease across Rounds 1 to 7





## **B. Synopsis of lessons learned and issues for discussion and endorsement by Board**

1. Quality and Scope of Proposals
2. Health Systems Strengthening
3. Proposals submitted within pooled funding mechanisms
4. Role of Existing Grants and Global Fund data
5. Operations research to achieve scale-up
6. Multiple Principal Recipients
7. Standardized budget template and quantification of commodities
8. Categories in which proposals are recommended for funding
9. Quality assurance of TRP processes
10. Briefing meetings with technical agencies and logistics
11. TRP Membership in future Rounds
12. Linkages and future of Rolling Continuation Channel



## B.1(i) Quality and Scope of Proposals

Round 7 was characterized by:

- Substantial number of well written, feasible and appropriate proposals
- Malaria proposals were especially strong
  - Clear evidence of technical support from well-organised partnerships
- Small number of countries with multiple, consecutive Category 3 recommendations. TRP has endeavored to provide detailed comments on areas for attention:
  - (i) Lack of clarity in objectives and strategy and/or weak linkages between objectives and work plans.
  - (ii) Additional high quality and appropriately focused technical assistance required

**TRP recommends that sufficient resources are identified to build local capacity relevant to submitting strong, fundable proposals**

## B.1(ii) Regional/Multi-Country Proposals

As in Round 6, most regional proposals had a number of key weaknesses

- Unable to demonstrate true added value beyond country proposals
- Some appear to be opportunistic and designed to serve needs of implementing organizations rather than countries
- Often expensive with high overheads not explained
- Proposals suffer from being developed by external organizations outside the context of needs and priorities of recipient countries

The TRP is strongly supportive of concept of regional and multi-country proposals where the rationale is well described.

**TRP recommends the Secretariat explore the development of a multi-country specific proposal form, and work with partners to assist the partners to reinforce that the focus of such proposals should be on regional needs/benefits for the countries.**

## B.2(i) Health Systems Strengthening (HSS)

Round 7 HSS demonstrates a stronger framework resulting from considerable Secretariat, partner and TRP post Round 6 collaboration

Focus of Round 7 – encouraging applicants to identifying significant, underlying HSS needs to support the scale up of effective interventions

In summary:

- \$363 million of 'HSS strategic actions' recommended for funding by the TRP over the lifetime of proposals
- Terminology still causes confusion – improving health service delivery vs. strengthening health systems

### 2 recommendations from the TRP:

1. **An intensified effort at country level to improve the understanding of what HSS is, and is not, and to strengthen CCM capacity and oversight of the subject.**



## B.2(ii) TRP Recommendations on HSS cont'd

2. The Global Fund and/or its partners should focus support on:
  - (i) Enlarging the scope of the current coordination system to allow for better integration of strengthening the fight against the three diseases into the general framework of health development.
  - (ii) Involving health systems/institutional development expertise in any regional briefing sessions before and during proposal preparation.
  - (iii) Providing intensive technical assistance support for Round 8 similar to that for Round 7 malaria in Africa;
  - (iv) Making a small number of revisions to the HSS section in the Guidelines and Proposal Form to better highlight the difference between systems strengthening issues and the tools necessary to implement the systems.
  - (v) Adding further health systems indicators to the monitoring and evaluation framework.



## B.3 Proposals submitted within pooled funding mechanisms

- Current format of proposals is not well suited to applications for funding of sector wide approaches (**SWAps**).
- TRP assesses the budget submitted and relates budget lines to activities, service delivery areas and objectives.
- TRP also assesses whether these activities are appropriate to achieve the targets in the indicators proposed by applicants.

**TRP recommends that as part of the Secretariat's revisions to the Round 8 call for proposals framework, consideration is given to an application format that facilitates a more focused approach on SWAp mechanisms.**

## B.4 Role of Existing Grants and Data

Many applicants have one, and typically more than one, existing grant (including multiple grants for the same disease component):

- Grant Performance Report (GPR) data on current grant performance less helpful than Round 6
- Against the context that a good track record of successful implementation regarded as positive evidence of absorptive capacity (*TRP Terms of Reference direct the TRP to the GPR data*)
- Conversely, poor track record and/or large grants unsigned or at very early stage raised concerns regarding feasibility and absorptive capacity

**The TRP recommends the secretariat improves its Grant Reports in such a way that they assist the TRP in determining the feasibility of a Principal Recipient to expand their activities with a new grant.**



## B.5 Operations/Implementation Research

Considerable funding being contributed to the three diseases:

- Resulting in an increasing focus on 'monitoring and evaluation'
- However:
  - seemingly low level of resources being expended at the national level to review **appropriateness of current interventions** and **how to achieve increased scale up of those most effective** (*i.e., operations research*)
  - Removal of bottlenecks to achieving national coverage of prevention and treatment targets is likely to be constrained in this environment

**The TRP recommends the Secretariat make adjustments to the Round 8 documentation to explain more clearly where operations research may be included in proposals, subject to country context.**



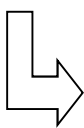
## B.6 Multiple Principal Recipients

### From the Fifteenth Board meeting:

*Global Fund will modify future proposal forms and guidelines (starting with those for Round 8), to encourage the use of dual-track financing and the inclusion of funding requests for strengthening community systems in proposals.*

**Round 7:** 13 of 73 proposals have multiple Principal Recipients (86 grants)

**TRP recommends the Round 8 documentation requests applicants to focus on, not only coordination at the CCM oversight level, but also day to day integration of activities, and the harmonization of key reporting and disbursement dates to the extent possible.**



**The TRP also encourages applicants to clearly outline the ways in which coordination between the multiple Principal Recipients will be achieved, in much the same way that they are currently asked to explain the inter-relationships between different sub-recipients**



# B.7 Standardized budget template and quantification of commodities

- A common reason for “Category 3” recommendations is that the budget submitted includes substantial calculation errors, lacks clarity on what is being requested, or lacks details that preclude an informed assessment on the likely feasibility of the proposal.
- In situations where a substantial proportion of the requested budget arises from a small number of commodities, there should be a detailed attempt to quantify how many of these commodities will be needed over the course of the proposed activities. (e.g., number of anti-retroviral or anti-malarial drugs, long-lasting insecticide treated nets etc)

**The TRP therefore recommends that the Secretariat develops a standardized budget template for applicants to complete as a required part of future proposals (with applicant flexibility to provide supplementary information in other formats).**



# B.8(i) Categories in which proposals are recommended for funding - Existing

Category	Recommendation	Timeframe for Clarifications
1	Recommended for funding with no or minor clarifications	Within 4 weeks of notice
2 incl.2B	Recommended for funding with clarifications and/or adjustments to be met within a limited timeframe <i>(2B: Relatively weaker on grounds of technical merit, issues of feasibility, likelihood of effective implementation)</i>	6 weeks to provide an initial response <b>and</b> up to a further 3 months to complete
3	Not recommended for funding in its present form but encouraged to resubmit following major revision	N/A
4	Rejected	N/A

## B.8(ii) TRP Recommendations on Categories

- Category 1 is now rarely used
  - Can be a disadvantage to the applicant as the time for clarification is shorter than for category 2, although the proposal has a stronger strategy, approach and/or plan for achieving programmatic outcomes
- Category 4 usually reserved for proposals felt to be inappropriate in the context of the country/region, while weaker but appropriate proposals are recommended in category 3

**The TRP recommends further discussion on the interpretation of the categories between the TRP, the Secretariat and Portfolio Committee before Round 8 proposals are reviewed by the TRP.**

## B.9 Quality assurance of TRP processes

Responding to recommendations of the TERG for an internal quality assurance mechanism within the TRP to be established, **several mechanisms have been formalized or introduced** to further reinforce the quality of the review process:

- **Training and induction of new members** by experienced TRP members.
- A **mentoring system has been formalized** so that for the first three days of review, each new member is shadowed by an experienced member.
- **TRP Review Forms for Round 7 were re-reviewed for overall detail and consistency** after plenary discussion

**As in prior Rounds:**

- **There is a rotation within the small review groups** to ensure that TRP members are each exposed to as many other members as possible to maximize consistency in interpretation
- **Borderline proposals are re-reviewed by additional TRP members and their conclusions compared with those of the original group.**  
(Round 7, 14 of the 150 components were re-reviewed through this process)

# B.10 Briefing meetings with partners and TRP meeting logistics

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To prepare for Round 7:

- In advance, the TRP identified technical areas where there is currently debate regarding policy or best practices, or which have been contentious in previous Rounds.
- Partners were invited to provide input into the TRP's review process on these topics – through:
  - Prior circulation of a presentation on a TRP secure portal
  - Discussion of partner guidance on the TRP's first day
- In this and other respects, logistics for the TRP reviews are handled very efficiently by a small team within the Secretariat

## B.11 TRP Membership in Round 8

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### Round 8 TRP leadership will continue unchanged:

- Peter Godfrey-Faussett (HIVAIDS expert, UK) - Chair
- Indrani Gupta (HIV/AIDS expert, India) – Vice-Chair

### Eight Round 7 members leave the TRP after clarifications:

- **HIV:** David Hoos, Papa Salif Sow
- **Malaria:** Andrei Beljaev
- **Tuberculosis:** Antonio Pio, Lucica Ditiu
- **Cross-Cutters:** Malcolm Clark, Stephanie Simmonds, Michael Toole

### Health Systems Strengthening:

Anticipating a Board decision on the Global Fund's strategic approach to HSS moving forward, the TRP is supportive of the Round 8 membership strengthening its already existing HSS expertise

## B.12 Linkages and future of RCC

- TRP is confident in the Round 7 and Wave 1 RCC recommendations
  - TRP approach with RCC was with intention of recommending the continuation of technically sound interventions
- However, it is also recognized that:
  - Significant burden on applicants to 'strategize' about best avenue through which to apply for funding, with uncertainty as to qualification providing a stimulus to dual applications
  - TRP mechanisms are sufficiently flexible to permit two or three 'larger' meetings per year
  - Although important differences exist in two channels, there are many similarities also

**TRP recommends the Board explores merging of two channels at an appropriate time after lessons learned are considered**



## C. Decision Point Summary

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Decision Point 1: 73 components recommended for funding:

- Category 1: US\$ 53.5 million upper ceiling
- Category 2: US\$ 656.9 million upper ceiling
- Category 2B: US\$ 408.4 million upper ceiling
- **Total Phase 1: US\$ 1.119 billion \*\*\***

Decision Point 2:

Recommendation to take lessons learned into account

\*\*\* Based on 1 November 2007 exchange rate for EURO denominated grants.