

## Round 8

# Technical Review Panel Recommendations & Lessons Learned

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New Delhi, India 7-8 November 2008

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## A.1 Overview: Round 8 recommendations

	Reviewed	Recommended (Euro 1 Nov 2008)
Number of 'disease proposals'	174 (110 applicants)	94
HSS 'distinct parts' of disease proposals		25
Phase 1 Upper Ceiling	US\$ 5.79 billion	<b>US\$ 3.059 billion</b>
Lifetime Budget Ceiling	US\$ 14.04 billion	US\$ 7.175 billion ***

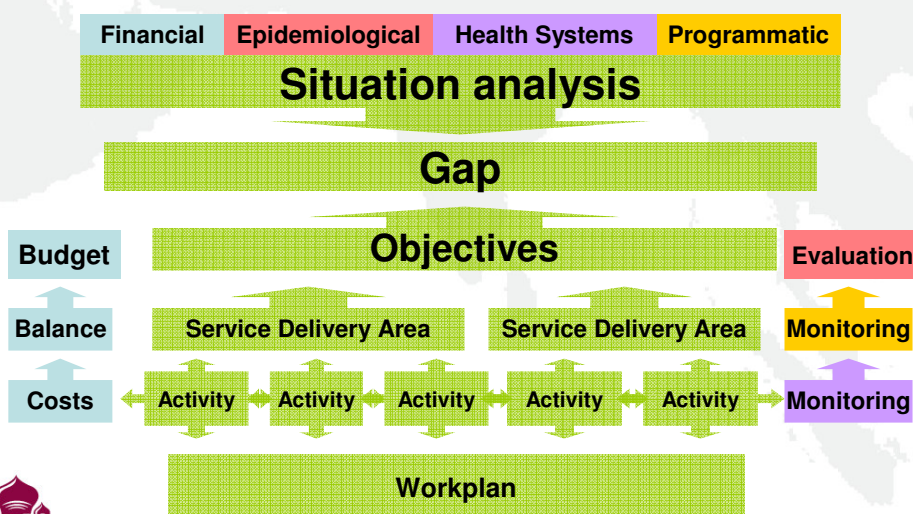
- 94 proposals make significant contributions to MDGs, Abuja targets, and improved equity and efficiency in health systems



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## A.2 What determines which category?



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### A.3 Disease specific topics - Malaria

- Round 8 expands on successes of Round 7
- 50% of all funding is for health products and pharmaceuticals
- Successful implementation will achieve significant impact
  - Nigeria: significant support for national plan
  - Ethiopia: specific campaign to meet Abuja targets
- Proposals are focused, coherent, epidemiologically based and likely to have an impact on public health burden



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### A.3 Disease specific topics - HIV

- Round 8 HIV disease proposal outcome are 49%
- Key issues that remain:
  - Epidemiology does not universally inform programming
  - Absence of coherent plans focused on outcomes/impact
  - HIV/TB co-infection is not being appropriately included

**However:**

- Number of large, comprehensive programs recommended
- Including one 'going to scale' male circumcision program



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## A.3 Disease specific topics - Tuberculosis

- Also seeing a significant upward increase in funding amounts
- US\$ 344 million over two years – including:
  - 9% investment in Monitoring and Evaluation
  - 13 % on infrastructure etc to strengthen delivery
- One area of concern:
  - Formulaic nature of a number of proposals
  - Drawing too heavily on non-country planning tools
  - Insufficient focus on in-country context



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## B. Key issues arising from Round 8

1. Multiple applications through Rounds and RCC
2. Addressing health systems constraints
3. Ensuring 'best value' for commodities/pharmaceuticals
4. Country selection criteria in multi-country proposals
5. Gender focus of Round 8 proposals
6. Enlarging the TRP Leadership Group



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## B.1 Multiple applications and RCC

- **Too many countries applying for funding too soon**  
i.e., Unsigned Round 7 grants or no implementation under Round 6 or RCC proposal
- **Delivers/drives a 'project' approach**, without adequate regard to overlap, opportunities to scale-up, and arising efficiencies
- **RCC gives rise to significant burden on applicants to strategize on 'best avenue'** through which to apply for funding

**TRP recommends accelerated implementation of the access to funding improvements, including the 'one stream of funding by PR' and the NSA approaches, and limiting the eligibility of applicants who have yet to demonstrate strong implementation performance of prior Global Fund grants.**



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## B.2 Health Systems Strengthening (HSS)

- **Funding:** US\$ 283 million over two years
- **Not full extent of 'HSS' recommended for funding**  
i.e., Significant HSS support in disease specific 'parts'
- **Benefits of Round 8 approach:**
  - 'Possible' to include HSS requests inside diseases
- **Less positively:**
  - New approach may have limited breadth of HSS requests
  - Less focus than desirable on 'financing' and 'leadership'
  - Pre-dominant focus on WHO 'building blocks' may lead to overly input-focused approach
  - Many health workforce requests disconnected from HR policies



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## B.2 HSS - TRP Recommendations

The TRP recommends to the Global Fund to:

- Enlarge the 'space' available to elaborate HSS requests
- Consider how to ensure applicants assess their HSS needs in context of existing in-country reviews and Human Resources retention strategies
- Undertake a study of the stronger integrated examples
- Pursue a dialogue with WHO and other organizations *(including academic, multi-lateral and bilateral organizations)* to develop a more operational framework that applicants can use to identify integrated responses to HSS constraints in Global Fund (and GAVI) proposals.



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## B.3 Ensuring best value for prices

- Round 8 saw a number of very clear 'unit cost' examples
- Many applicants using newly introduced 'budget template'
- However:
  - Budgets submitted include substantial calculation errors
  - Excessive unit costs that do not track to historical costs
  - Considerable additional time to 'filter' budget detail
  - Remains common reason for 'Category 3' outcome

The TRP recommends the Secretariat commission a pre-TRP meeting independent financial review for all larger proposals.



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## B.4 Regional/Multi-Country Proposals

Ongoing common weaknesses over Rounds 6, 7 and 8

- No demonstrated added value beyond country proposals
- Appear 'opportunistic' to capture **eligible countries**
- Leading to proposals that do not appropriately address the needs and priorities of target populations – in the context of existing country responses and natural 'borders'
- Often expensive with high overheads not explained

**TRP recommends the Secretariat explore the removal of the income-level eligibility requirements for multi-country/regional proposals.**



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## B.5 Gender focus of proposals

- Majority of 'category 1' HIV proposals:
  - Comprehensive data disaggregated data by age and sex
  - Robust analysis of the underlying reason for increased risk of HIV infection amongst, for example, women and girls.
- Overall, less proposals were gender transformative/sensitive
- More positively: breadth of interventions was considerably expanded beyond 'prevention' focus in Round 7

**The TRP recommends that the Secretariat release, for Round 9, a number of case studies of stronger proposals, and partners ensure that their tools and proposal support are focused on assisting applicants to draw clear and tangible links between the planned interventions and measurable gender indicators.**



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## B.6 Enlarging the TRP leadership group

- TRP workload has significantly increased over 2006 – 2008
- Rounds, RCC, re-programming, ad-hoc and Phase 2 reviews
- 2009 foresees considerable additional participation including:
  - Discussions on NSA approach
  - Architecture and access to funding processes
  - AMFm pilot and other discussions
- TRP has identified need for additional leadership time

**The TRP requests that the Board endorse the TRP's selection of a second Vice-Chair.**



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## C. Synopsis of other lessons learned

1. Impact of existing Global Fund grants
2. Performance Frameworks
3. Research capacity strengthening in proposals
4. Completion of the Proposal Form: coherence and completeness
5. Improving weaker (repeat failure) proposals
6. Infant feeding in context of PMTCT programs
7. Sub-national proposals submitted through CCMs
8. Proposals within pooled funding mechanisms



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