



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

Twenty-First Board Meeting
Geneva, 28-30 April 2010

GF/B21/5, Revision 2
Decision

REPORT OF THE PORTFOLIO AND IMPLEMENTATION COMMITTEE

OUTLINE:

1. This report summarizes the deliberations of the Portfolio and Implementation Committee (PIC) at its meeting on 2-3 March 2010 and its extraordinary meeting on 26 April 2010 (see Annex 2) as well as its recommendations to the Twenty First Board Meeting.

PART 1: INTRODUCTION

1.1 The Portfolio and Implementation Committee (PIC) met in Divonne, France on 2-3 March 2010. Ms. Michele Moloney-Kitts and Ms. Blandina S.J. Nyoni served as Chair and Vice Chair, respectively.

1.2 This report contains the following sections:

- Part 2: TRP Matters;
- Part 3: Round 10 Matters;
- Part 4: Technical Assistance Options;
- Part 5: Other Items

PART 2: TRP MATTERS

Decision

Revisions to the TRP Terms of Reference

2.1 The Terms of Reference (TOR) of the Technical Review Panel (TRP) were last amended in May 2009¹. The TOR require further revision to reflect recent Board decisions and improvements in the TRP review modalities based on lessons learned. The changes are administrative and technical in nature and mainly include:

- i. deleting references to the Rolling Continuation Channel (RCC) and the associated review modalities and outcomes as a result of the Board decision to discontinue RCC as of Wave 8². However, the existing TOR will apply for the final re-submission wave of RCC proposals;
- ii. capturing the Gender Equality and Sexual Orientation and Gender Identities (SOGI) strategies through amendments in the composition and formation of the TRP and the TRP leadership and in the proposal review criteria;
- iii. introducing improvements in the TRP review modalities such as the formation of parallel plenary sessions to manage the large volume of proposals for TRP review as well as the exclusion of TRP Vice-Chair(s), in addition to Chair, from proposal review to increase the TRP's capacity to implement quality assurance measures; to allow for additional review when there is no consensus among the initial reviewers and for coaching new TRP members; and
- iv. increasing the maximum number of experts in the TRP Support Group from 80 to 100 to ensure a sufficient number of experts with the appropriate skills mix and regional expertise.

2.2 The PIC endorsed the proposed revisions to the TOR and suggested additional changes to capture the conflict of interest policy³ of the TRP, and the Gender Equality and SOGI strategies. The review criteria for value for money were also to be considered for Round 10. In addition, based on a recommendation by the Secretariat, the PIC requested a comprehensive review of the TOR ideally by Round 11 to reflect any new TRP roles under the new architecture and further clarify TRP review criteria where needed. Annex 1 to this report contains the revised TRP TOR.

¹ GF/B19/DP16: Additions to Technical Review Panel (TRP) Leadership and Membership

² GF/B20/DP31: Architecture Review - Transition Provisions

³ Subsequent to the PIC Meeting in March, some PIC members raised issues on the ineligibility of staff of the UN and its specialized agencies to serve in the TRP. The PIC will discuss this issue in its April 2010 meeting (immediately before the Twenty First Board Meeting).

Decision Point 1: Revisions to the Terms of Reference of the Technical Review Panel

The Board decides to amend the Terms of Reference of the Technical Review Panel, as set forth in Annex 1 of the Report of the Portfolio Implementation Committee (GF/B21/5).

The Board decides that for the final re-submission wave of the Rolling Continuation Channel (RCC) the Terms of Reference as amended at the Nineteenth Board Meeting (GF/B19/DP16), will be applicable.

The budgetary implications for this decision point in 2010 are estimated at approximately US\$36,000 for TRP travel expenses, accommodation and honoraria for the review of Rounds-based proposals. The Secretariat will endeavor to absorb the incremental costs in 2010 by making commensurate savings within the approved budget.

Exception to the TRP TOR for Round 10: Term Limits

2.3 In the TRP TOR, Permanent TRP Members may only serve a term of up to four Rounds of proposal review. Based on this rule, the terms of some Permanent TRP members will expire with the launch of Round 10.

2.4 The PIC endorsed the TRP's request to extend the term limits of some existing Permanent TRP members to allow them to serve more than four Rounds. This is to ensure that the Round 10 TRP Permanent Membership has sufficient institutional memory given that Round 10 will occur during a critical transition period. In Round 10, applicants will, for the first time, be able to submit consolidated proposals which include existing Global Fund grants, and the TRP will be able to recommend proposals to be approved conditional upon the removal of a limited set of elements.

Decision Point 2: Exception to the Terms of Reference of the Technical Review Panel for Round 10: Term Limits

The Board decides to make an exception to Article 17 of the Terms of Reference of the Technical Review Panel (Annex 1 of GF/B21/5) only for Round 10 to permit existing Permanent TRP Members to serve more than four Rounds to ensure that a sufficient pool of experienced TRP Members are available on which to draw on for Round 10.

This decision point does not have budgetary implications.

TRP Support Group Replenishment

2.5 The TRP support group is the pool of experts from which TRP permanent members are chosen and replenished from time to time. At full capacity, it comprises a maximum of 80⁴ experts across HIV, tuberculosis, malaria and health systems and cross-cutting disciplines. Currently, there are approximately 20 experts remaining in this pool. The last full replenishment took place in early 2006 with partial replenishments undertaken in 2008 to strengthen TRP health systems strengthening (HSS) expertise and in 2009 to strengthen TRP gender expertise.

⁴ The PIC has endorsed the request of the TRP to increase this number to a maximum of 100, see paragraphs 2.1 and 2.2 of this report.

2.6 To support the replenishment process, the PIC established a sub-working group composed of the PIC Chair and Vice Chair, four PIC members (from Communities, Developing Country NGOs, Italy, and Partners), representatives from WHO, UNAIDS, the World Bank and the TRP Chair or Vice Chair. The sub-working group will review applications and recommend to the PIC and the Executive Director of the Secretariat to enable an electronic Board decision in August 2010.

PART 3: ROUND 10 MATTERS

Information

3.1. At its Twentieth Meeting in November 2009, the Global Fund Board decided that the Secretariat should issue a call for proposals for Round 10 on or about 1 May 2010 with a submission due date of 1 August 2010. The Board also noted that confirmation of this launch will be made at their first meeting in 2010⁵. Should the Board decide to launch Round 10 at the Twenty First Board Meeting, depending on the scope of the changes coming out of the Board meeting, an approximate launch date of 21 May 2010 is expected.

3.2. Prior to the launch of Round 10, there are two important work streams that need to be completed:

- i. **Revision and approval of the proposal forms and guidelines for Round 10.** At its Sixteenth Meeting, the Board delegated to the PIC the authority to approve the Proposal Forms and Guidelines under the Rounds-based Channel⁶.
- ii. **Revision of the existing prioritization rules for Round 10.** Prioritization refers to how TRP-recommended proposals queue for Board approval in case there are insufficient funds to finance all the recommended proposals. The existing prioritization rules are set out in the Comprehensive Funding Policy⁷. Following on the Board retreat held on 2-3 February 2010, the Board leadership tasked the Portfolio and Strategy Committee (PSC) to review the existing prioritization rules and develop options for Board consideration to complement existing measures for Round 10 (in consultation with the PIC leadership, the Secretariat, the TRP, and others as appropriate).

Round 10 Proposal Forms and Guidelines

3.3. The Secretariat presented to the PIC planned revisions to the proposal forms and guidelines for Round 10. Due to the compressed time for applicants to develop proposals (three months instead of four), the proposed changes have been limited and concentrate on addressing new Board decisions and areas of focus. These include elements on Gender Equality and the SOGI strategies, tuberculosis/HIV, prevention of mother-to-child transmission (PMTCT), private donations and in-kind contributions, and value for money. A more comprehensive revision to incorporate changes emanating from the implementation of the new architecture will be deferred to Round 11.

3.4. The PIC agreed to integrate the above elements in the Round 10 proposal forms and guidelines. The Committee requested the Secretariat to include the following additional elements:

⁵ GF/B20/DP30 Launch of the Next Round of Proposals

⁶ GF/B16/DP15 Delegated Authority to Portfolio Committee to Approve Guidelines and Proposal Forms; PIC Terms of Reference: http://www.theglobalfund.org/documents/committees/CommitteeTOR_en.pdf

⁷ http://www.theglobalfund.org/documents/comprehensive_funding_policy.pdf

- i. a recommendation that applicants include a costed technical assistance plan for Phase 1 of the proposal or set aside percentage of the budget for TA, and if not, be requested to provide an explanation;
- ii. guidance on pharmacovigilance to integrate a 2002 Board decision⁸; and
- iii. additional guidance on value for money.

3.5. The PIC established and tasked three sub-working groups (technical assistance, pharmacovigilance, and value for money) to recommend on how the above elements will be integrated into the Round 10 proposal forms and guidelines. Each of the sub-working group has defined outputs and deadlines for providing inputs into the Round 10 proposal forms and guidelines.

3.6. The Secretariat will work on integrating the agreed revisions with inputs from the sub-working groups on the three issues and submit the draft Round 10 proposal forms and guidelines to the PIC. Interim PIC discussions will be undertaken in mid-April 2010. The PIC will have a meeting on 26 April 2010 for final discussions and possible approval.

3.7. The PIC expressed a strong view that the Round 10 proposal forms and guidelines should not be issued unless they included information on how prioritization for Round 10 will work in case of a resource-constrained environment.

Round 10 Prioritization

3.8. At the request of the PSC leadership, the PIC discussed options that could be considered for revised prioritization rules for Round 10 considering the inputs from the background paper⁹ prepared for the Board Retreat, as well as the analysis done by the Working Group on Managing the Tension between Supply and Demand¹⁰. The PIC inputs were shared with the PSC leadership and are summarized below.

3.9. The PIC emphasized that Round 10 prioritization should be separate and distinct from the review of eligibility criteria that will be considered at the Twenty Second Board Meeting in November 2010. In terms of funding requirements, the PIC articulated the need to look at the replenishment and resource needs over time, i.e., consider needs for Phase 2, National Strategy Applications (NSA) and Rounds 10, 11 and 12.

3.10. The Committee discussed the following possible prioritization parameters which could be considered by the PSC:

- i. Consider the implications of different prioritization criteria across regions and across diseases, recognizing that modeling and scenario analysis will be needed.
- ii. Consider the proposals from the Working Group on Managing Tension between Supply and Demand including select areas of refinement of the composite index (in particular disease burden). However, ensure thoughtful discussion that includes modeling of various scenarios and includes consideration of incidence, vulnerability, epidemic dynamics and other key factors.
- iii. The Global Fund has an ethical obligation to give first priority to continuation of essential prevention and treatment services (both commodities and service delivery costs) that are already being supported by the Global Fund.
- iv. Consider funding history as criteria, but with clear definitions.

⁸ Report of the Third Board Meeting.

⁹ GF/Board Retreat 2010/2. Prioritization for Round 10.

¹⁰ GF/B20/12. Report of the Working Group on Managing Tension between Supply and Demand. Annex 2.

- a. priority for repeat failures was discussed with a strong recommendation that those countries still need to submit quality proposal.
- b. give a lower priority to grants that have been recently approved for the same disease (one delegation was not entirely supportive of this proposal).
- c. consider the percentage of undisbursed funds in active grants, per disease.
- v. Consider grant performance: if there is history of poor performance consider giving them a lower priority.
- vi. Consider value for money although more definition is required: possibilities include strong evidence of additionality, leveraging, and effective programming and targeting.
- vii. One delegation expressed the opinion that the TRP rating should not be included in the composite index.

3.11. With regards to process, the PIC stressed that the prioritization criteria should be clearly defined and communicated with the Round 10 proposal forms and guidelines (see also paragraph 3.7). This is to ensure that countries are aware of the prioritization criteria before undertaking the considerable work of proposal development. The PSC should ensure that the consultation process and decision point enables full buy-in of Board delegations, especially implementors, so that agreements on prioritization are not reopened at the Board meeting.

3.12. The PIC and Board leadership discussed a recommendation to ask the Interagency Working Group to work solely on refining the disease burden aspect of the composite index. The group should propose options to refine the index to the PSC with various models on impact. It was agreed that the Interagency Working Group is a technical group and has no comparative advantage in considering funding history and potential approaches and, therefore, that these issues should be left to the PSC and the Secretariat.

PART 4: TECHNICAL ASSISTANCE OPTIONS

Information

4.1. At its Twentieth Meeting in November 2009, the Board approved the Global Fund Partnership Strategy (GF/B20/4 - Attachment 2)¹¹. The strategy outlined a road map for addressing technical assistance (TA) issues, including an options paper on TA to be presented to the Board in its first meeting in 2010.

4.2. To inform the development of the TA options paper, the Secretariat organized a Partners Consultation on 25-26 January 2010 attended by partners from civil society, private sector foundations, implementers, bilateral and multilateral partners, and LFAs working on the three diseases. The Partners Consultation reviewed current TA policies, approaches and practices of the Global Fund and partners, and discussed recommendations to improve the effectiveness of TA.

4.3. It was planned for the PIC to discuss the options paper in March 2010 and recommend a decision to the Twenty First Board Meeting in April 2010. However, the Secretariat needed more time to process the range of recommendations from the Partners Consultations. Instead of the options paper, the Secretariat presented an overview of the problem analysis and proposed options (based on the Partners Consultations), and sought

¹¹ GF/B20/DP27 Global Fund Partnership Strategy

PIC guidance on the solutions and process for finalizing the TA options paper for the Twenty Second Board Meeting.

4.4. In its deliberations, the PIC noted that a more thorough problem analysis and definition is needed. PIC members suggested a clearer definition of the goal of the strategy (e.g., is it lack of funding or lack of access to available funding?) to drive a more focused identification of possible solutions.

4.5. The Committee noted that the proposed solutions are limited and did not adequately capture the range of ideas from the Partners Consultations. The options are also generally focused on the Global Fund's roles and did not sufficiently consider the roles of partners and existing TA mechanisms. Specific guidance were provided as follows:

- i. **TA planning:** The PIC agreed to recommend inclusion of a costed TA plan covering approximately two years (first phase) or setting aside a percentage of the budget for TA.
- ii. **TA coordination:** The PIC did not endorse the option of establishing a TA advisory group covering the three diseases including the option of the Global Fund Secretariat hosting the advisory group. Instead, the PIC requested to focus on strengthening TA coordination at the country level with the CCM taking a lead role.
- iii. **TA funding:** The PIC suggested looking at possible models for TA funding including the PEPFAR model which involves holding five percent of the Global Fund allocation and using it for TA support. The PIC did not support the Global Fund hosting a TA facility.
- iv. **TA quality assurance and evaluation:** The PIC did not endorse the option on the Global Fund managing and evaluating TA. It was also suggested to consider existing web-based TA platforms (e.g., UNAIDS) before creating a new platform.

4.6. The PIC discussed the urgency of moving forward on these issues and agreed on an approach to try to facilitate a decision by the Twenty First Board Meeting in April instead of waiting for the November Board meeting. The PIC tasked a short-term sub-working group on TA to work with the Secretariat in reviewing and revising the draft options paper to have a clearer definition of issues and solutions taking into consideration the guidance provided.

4.7. The PIC will review the revised draft paper at its meeting in April 2010 and determine if it is feasible to recommend a decision point for the Twenty First Board meeting as well as other follow-up actions.

PART 5: OTHER ITEMS

Information

Operations Update

5.1. The PIC appreciated the comprehensive update provided by the Secretariat on portfolio status and challenges, Secretariat processes, and implementation of new initiatives. The PIC members requested additional topics to be covered in the next meeting such as health systems strengthening and its impact on grant performance, an update on implementation of the National Strategy Application, uptake on the CCM funding policy and improvements in CCM oversight roles, among others.

Implementation of the New Architecture

5.2. A brief overview of the features of the new architecture was presented including an update on implementation progress. Currently, the priority is to communicate and reach out to countries to facilitate wider understanding and ownership of the new architecture. The Secretariat is also working on the consolidation of grants into single streams of funding (SSF) through Round 9 and there is keen interest from identified candidates. In its discussions, the PIC stressed the following points:

- i. need a strong communication and outreach strategy ensuring pre-testing with focus groups;
- ii. grant consolidation does not always lead to good performance. Need to consider lessons learned from past experience and to look closely at performance;
- iii. need to pay attention to strategic issues such as harmonization and alignment, linkages with national strategies; and
- iv. consider roles and potential increase in burden for CCMs, LFAs and PRs.

Update on Risk Management Measures: Additional Safeguards Policy and Corporate Risks under PIC Oversight

5.3. The Secretariat provided an update on countries currently managed under the Additional Safeguards Policy (ASP) as well as an overview of the country risk management model. The latter was developed to supplement the ASP to manage portfolio risks. There were concerns that the ASP list does not include all countries where the Global Fund is currently having problems. The PIC also queried on how countries are removed from the list. They asked for more clarity on the process and criteria for ASP and its relationship to the the Global Fund Risk Management Framework and the country risk management model. The PIC requested continued discussion on the ASP. The PIC also asked for more information on how the Office of the Inspector General and the Secretariat work together on issues of risk. Finally, the PIC expressed concerns around transparency on financial reporting and audits when UNDP is serving as a Principle Recipient.

5.4. The Corporate Risk Register sets out the key corporate risks facing the Global Fund. Of the nine corporate risks, four were assigned to the PIC for oversight: financial fraud within grants, results and data verification, independence and objectivity of program oversight, and staff security.

5.5. An overview of the four corporate risks was presented including their risk status and ongoing measures to manage residual risks. The PIC noted that oversight of corporate risks were distributed among the Board Committees and sought clarification on the mechanism for inter-Committee coordination and interface. Further, the Committee urged to fast track improvements in the data quality system given concerns on data verification and the monitoring and evaluation strengthening system.

Financial Resource Needs to Maintain or Expand Global Fund Support for ARV Treatment, LLINs and Orphans and Vulnerable Children

5.6. The Secretariat presented initial estimates on the resource need to maintain or expand Global Fund support for antiretroviral treatment, long-lasting insecticide treated nets, and orphans and vulnerable children under various scenarios.

5.7. The PIC requested inclusion in the projections of the assumptions on treatment coverage for which the costing is based on, and the costs of service delivery. The analysis should also be expanded to cover other treatments such as artemisinin combination therapy

(ACT) as well as the economic benefits of treatment. Committee members requested the Secretariat to present the projections in the forthcoming Board meeting for information.

Preventing Treatment Disruptions and Stock-outs

5.8. The Secretariat presented (i) the boundaries of the Global Fund's work on the issue of stock-outs, (ii) an update on interactions with partners, and (iii) a report on the analysis of risks of treatment disruptions for Global Fund grants. In addition, there was request for funding a risk predictive model.

5.9. The Committee noted that the analysis of risks due to discontinuation of Global Fund financing provides a limited view of the range of issues related to risks of stock-outs and treatment disruptions. The Secretariat was requested to:

- i. do a more comprehensive analysis of possible risks of stock-outs and treatment disruptions and the various underlying reasons (e.g., delayed disbursements, weak procurement and supply management capacities, etc.);
- ii. focus on access to critical medicines for the three diseases (including methadone) and not just on continuity of treatment which is generally interpreted as life saving treatment (i.e., antiretroviral treatment);
- iii. map and consider existing mechanisms used by partners for monitoring and addressing stock-outs to avoid duplication of efforts. The PIC requested more information on the proposed risk predictive model; and to
- iv. re-think the proposal to use CCMs for coordinating stock-outs at country level as CCMs generally do not have capacity for this.
- v. Little value was seen in investing in a risk predictive model at this time

5.10. The Secretariat will develop an issues paper covering the above areas for possible discussion at the PIC meeting in April 2010.

Implementation of the Gender Equality and SOGI Strategy

5.11. Progress on the implementation of the Gender Equality and SOGI strategies were presented and the PIC provided the following inputs:

- i. Be specific on terms used as gender is not easily understood at country level;
- ii. Address the ad-hoc implementation of the advocacy plan;
- iii. Ensure links to community systems strengthening;
- iv. Work on ongoing inclusion of gender issues in proposal development and grant implementation; and
- v. Improve capacities of CCMs and LFAs on gender.

5.12. The Committee requested that the executive summaries of the strategies be made publicly available through the Global Fund website and ensure a review of gender and SOGI program elements at upcoming Committee meetings. The PIC requested that the gender analysis on Rounds 8 and 9 proposals be completed before the Twenty Second Board meeting.

Overview on Governance

5.13. The Secretariat provided a briefing on Global Fund governance structures, roles and responsibilities of Board Committee members as well as Committee operating procedures. This was specifically for the benefit of new Committee members and provided good background for the work planning discussions.

PIC Workplan

5.14. The Committee brainstormed on possible priority areas of attention for PIC along with a process for improved work planning and PIC functioning. The Secretariat will process the suggested focus areas including an agenda for the April meeting and submit to PIC members by 16 April 2010. A calendar and tracking sheet was developed to keep track of all the work streams that need to happen before the PIC meeting in April.

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.

TERMS OF REFERENCE OF THE TECHNICAL REVIEW PANEL

Part 1: Background

1. The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) provides grants in support of technically sound and cost-effective interventions for the prevention of infection and the treatment, care and support of persons infected and directly affected by HIV/AIDS, tuberculosis and malaria.

2. The Technical Review Panel (TRP) is an independent, impartial team of experts appointed by the Global Fund Board to guarantee the integrity and consistency of an open and transparent proposal¹² review process. The TRP, in its various formations outlined in paragraph 4 and 9 below, reviews:

- (a) proposals for financial support submitted through the rounds based channel (Rounds-based channel);
- (b) Requests for Phase 2 Continued Funding that are determined by the Secretariat's Phase 2 Panel to constitute a 'Revised Go' under the criteria specified in the Secretariat's Phase 2 Decision Making Policies and Procedures (Revised Go Requests) as may be amended from time to time; and
- ~~(c) proposals for the continuation of expiring grants submitted through the rolling continuation channel¹³ (Rolling Continuation Channel); and~~
- ~~(d)~~(c) other ad hoc requests by applicants to change implementation arrangements to such extent that the proposed changes are determined by the Secretariat to comprise a material reprogramming request in regard to a Global Fund Board approved proposal (a Reprogramming Request).

3. The TRP's review function is performed against technical criteria as set out in these terms of reference (TORs). Based on these criteria, the TRP makes:

- (a) funding recommendations to the Board of the Global Fund for final decision in respect of Rounds-based Channel ~~and Rolling Continuation Channel~~ proposals, and Revised Go Requests; and
- (b) a final decision to the Secretariat in respect of a Reprogramming Request.

¹² The term 'proposal' refers to each separate component within an application for funding, whether HIV/AIDS, tuberculosis, malaria or such other component as may be approved by the Board from time to time.

¹³ Defined in Global Fund Board decision Global Fund/B14/DP9, as may be amended from time to time.

Part 2: TRP Membership

Definitions

4. In these TORs, a reference to:
 - (a) the **Permanent TRP** means the group of experts whose primary role is to review proposals through the Rounds-based channel, and **Permanent TRP Members** means those experts who primarily review such proposals;
 - (b) **Alternate Members** means those persons identified for each Round of proposal review, who may be requested by the TRP Chair to replace a Permanent TRP Member and serve on the TRP in the event a Permanent TRP Member is not available to review proposals for a specific Round;
 - (c) the **Support Group** means the pool of experts from which TRP membership –is chosen and replenished from time to time;
 - (d) **Former TRP Members** means those TRP members whose term of service as a 'Permanent TRP Member' has expired and who may be requested to participate in review of Revised Go Requests ~~and Rolling Continuation Channel proposals~~;
 - (e) the **TRP** means, collectively, each of the Permanent TRP Members, Alternate Members, the Support Group and Former TRP Members;
 - (f) the **TRP Chair** means the person selected by the Permanent TRP Members as chair of the TRP from time to time;
 - (g) the **TRP Vice Chair** means a person selected by the Permanent TRP Members as vice chair of the TRP from time to time; and
 - ~~(h) a **Rolling Continuation Channel Panel** is a panel constituted to review proposals submitted under the Rolling Continuation Channel; and~~
 - ~~(i)~~(h) an **Ad Hoc Panel** is a panel constituted to review a Reprogramming Request or a Revised Go Request.

Composition of the TRP

5. The TRP membership shall:
 - (a) be representative of a wide array of expertise, both scientific and programmatic, with a preference for extensive program experiences;
 - (b) have geographically diverse experiences and include persons who work or have worked with a broad range of organizations in both developing and developed countries;
 - (c) include a balance of expertise in HIV/AIDS, tuberculosis and malaria prevention, care and treatment, as well as cross-cutting and health systems areas applicable to program implementation in resource-poor settings, including community systems strengthening and value for money and specific expertise on the differential impact of the three diseases and appropriate programmatic interventions for women and men, as well as for key affected populations, including injection drug users, men

- who have sex with men, transgender communities, sex workers, migrants and prisoners;
- (d) include persons with extensive experience in the role of civil society/private sector in the field of HIV/AIDS, tuberculosis and/or malaria; ~~and~~
 - (e) be geographically and ethnically diverse, with balanced male and female representation and meaningful representation of people living with and/or affected by HIV/AIDS, tuberculosis and/or malaria.

6. TRP members will not represent their employer, government or positions of Global Fund partners, in particular the United Nations and its specialized agencies, and will serve in their personal capacities only.

~~7. Members of the Secretariat and employees of the United Nations and its specialized agencies~~ are ineligible to serve on the TRP. Board Members, Alternate Members, Focal Points, Committee Members or individuals who participate in Board Meetings as part of Board constituency delegations and country coordinating mechanism¹⁴ members shall stand down from these roles if selected to serve on the TRP.

~~7.8.~~ The names and curricula vitae of Permanent TRP Members (and Alternate Members or Support Group members selected to serve as a reviewer for a specific Round) shall be made public on the Global Fund website.

~~8.9.~~ Size of TRP:

- (a) The Permanent TRP shall consist of the Chair and the Vice Chair(s) and a maximum of 40 persons, and,
- (a)(b) subject to this paragraph, In addition to the Chair and the Vice Chair(s), the Permanent TRP shall be generally comprised of:
 - (i) eight HIV/AIDS experts;
 - (ii) six tuberculosis experts;
 - (iii) six malaria experts; and
 - (iv) 2016 cross-cutting experts.
 - ~~(v) one additional Permanent TRP Member to replace the TRP Chair during the period that she or he is TRP Chair.~~

The TRP Chair and TRP Vice-Chair(s) may, at their discretion, adjust the number of experts across the different fields of expertise noted above, having regard to the needs of the TRP for a specific Round.

~~(b)(c)~~ The Alternate Member pool shall consist of a maximum of 20 persons for each Round, apportioned between the relevant expertise groups as appropriate.

~~(e)(d)~~ An Ad Hoc Panel or a Rolling Continuation Channel Panel shall consist of the TRP Chair and/or a Vice Chair and appropriate number of reviewers as determined by the Chair or Vice Chair.

~~(e)(e)~~ The Support Group pool shall consist of a maximum of ~~80~~100 persons at any one time (excluding Permanent TRP Members, Alternate Members and Former TRP Members), and respectively apportioned between the relevant expertise groups.

¹⁴ The reference to country coordinating mechanism (CCM) includes regional coordinating mechanisms and sub-CCMs.

Part 3: Process of identification of TRP members

Formation and identification of Support Group

~~9-10.~~ The Board of the Global Fund shall select Support Group members based upon recommendations of the Portfolio and Implementation Committee and Executive Director of the Global Fund made in accordance with these TORs. Before making its recommendation, the Portfolio and Implementation Committee and Executive Director shall agree to a ranking of the Support Group members.

~~10-11.~~ Based on lessons learned, the TRP Chair and TRP Vice Chair(s) may identify perceived gaps in the minimum areas of expertise across the TRP, and provide such input to the Portfolio and Implementation Committee for consideration in regard to the recruitment and selection processes for TRP membership.

~~11-12.~~ Recruitment and selection of Support Group members:

- (a) will be undertaken typically every two years; and
- (b) may also be undertaken, as necessary to fill unexpected vacancies.

~~12-13.~~ The recruitment and selection of Support Group members will be:

- (a) managed by the Portfolio and Implementation Committee through an open, transparent and criteria based process; and
- (b) made through a public call for applications. On behalf of the Portfolio and Implementation Committee, the Secretariat shall invite Board constituencies, lead technical partnerships (including UNAIDS, the Stop TB Partnership and the Roll Back Malaria Partnership), WHO's technical advisory clusters and programs, and TRP members to identify appropriately qualified and independent experts to receive an invitation to apply.

Identification of Permanent TRP Members and Alternate Members

~~13-14.~~ After each Rounds-based review process, the TRP Chair and Vice Chair(s) shall identify persons they recommend as replacements for vacancies in Permanent TRP Members and Alternate Members from the Support Group and shall provide these recommendations to the Portfolio and Implementation Committee and the Executive Director to consider and make recommendations to the Board, using criteria consistent with paragraph 5 above and based upon the following principles:

- (a) identified needs to ensure that the Permanent TRP maintains an appropriate mix of skills and competencies;
- (b) program and regional/in-country experiences and academic experiences are balanced amongst Permanent TRP Members; and
- (c) regard to the rankings of members of the Support Group.

Selection of the TRP Chair and TRP Vice Chair(s)

14-15. The TRP Chair and TRP Vice Chair shall be elected by the Permanent TRP Members from its membership as required to ensure that the position of TRP Chair and TRP Vice Chair are not vacant. The TRP may select a second Vice Chair to facilitate the sharing of TRP leadership responsibilities more broadly. It is anticipated that, typically, the TRP Vice Chair(s) will be confirmed by the Permanent TRP members as the incoming TRP Chair commencing immediately after the completion of TRP clarifications for the final Rounds-based proposal review overseen by the outgoing TRP Chair. The TRP shall establish a voting procedure prior to such a selection. The TRP is encouraged to consider an appropriate balance of male and female members in active leadership roles when voting.

Identification of TRP Members for non-Rounds-based channel reviews

~~15. The TRP Chair and Vice Chair(s) shall determine the size and composition of each Rolling Continuation Channel Panel based on the field of expertise of potential reviewers, and the content of the proposals. Such panels may include Permanent TRP Members, Former TRP Members and where necessary due to member unavailability, Alternate Members and Support Group members.~~

16. The TRP Chair and Vice Chair(s) shall determine the size and composition of each Ad Hoc Panel from Permanent TRP Members, and where necessary due to member unavailability, Alternate Members. The TRP Chair or a Vice Chair determines the size and composition of each panel depending on the particular reprogramming request submitted for review.

Maximum term of service for Permanent TRP Members

17. Permanent TRP Members may serve a term of up to four Rounds of proposal review. A Permanent TRP Member's term of service is not required to be completed over consecutive Rounds.

18. After completion of each Rounds-based proposal review, the TRP Chair and TRP Vice Chair(s) will report to the Portfolio and Implementation Committee on its recommendations for Permanent TRP members.

19. The TRP Chair may serve as chair for no more than two Rounds. The maximum term of service of four Rounds of proposals for Permanent TRP Members referred to in paragraph 18 above is extendable for an additional two Rounds for the TRP Chair.

Conflicts of interests and confidentiality

20. Members of the TRP are covered by the requirements of the ['Policy on Ethics and Conflict of Interest for Global Fund Institutions'](#)¹⁵.

21. The TRP may set internal guidelines¹⁶ on how to comply with the 'Policy on Ethics and Conflict of Interest for Global Fund Institutions'.

¹⁵ Annex 1 (Revision 1) to the Report of the Ethics Committee (GF/B18/8)

¹⁶ These guidelines include, but are not limited to, the restriction of the TRP members to participate in proposal development and advising applicants (CCMs and other mechanisms) during their service as TRP members and a 'cooling off' period as specified in the TRP internal guidelines.

22. A conflict of interest may arise when:

- (a) TRP members are employed by a government, corporation or organization, in particular United Nations or its specialized agencies, that has assisted in proposal development processes or may be a potential beneficiary of funding from the Global Fund (e.g. Principal Recipient, Sub-Recipient, Technical Assistance provider, etc.); and
- (b) TRP members are nationals of countries that have applied for funding as either a single or multi-country applicant.

23. Members of the TRP are responsible for upholding the integrity of the TRP and its independence and are required to declare any actual, potential or perceived conflict of interest. TRP members will disclose all actual, potential or perceived conflicts of interest to the TRP Chair and may be required by the TRP Chair to recuse themselves from proposal review (including in plenary sessions). The matter will be referred to the Ethics Committee if there is any ambiguity as to whether an actual, potential or perceived conflict exists.

24. TRP members with an actual, potential or perceived conflict will be recused from proposal review.

~~22-25.~~ Members of the TRP shall sign a confidentiality statement prepared in accordance with the TRP's internal guidelines on an annual basis if called upon to participate in the review of proposals.

Part 4: Scope of Work of the TRP

Review criteria and recommendations process

~~23-26.~~ The TRP undertakes its review of Rounds-based channel proposals, Revised Go Requests, ~~Rolling Continuation Channel proposals~~ and Reprogramming Requests against the following technical criteria:

- (a) Soundness of approach;
- (b) Feasibility; and
- (c) Potential for sustainability and impact.

~~24-27.~~ Detailed characteristics of the review criteria for proposals ~~submitted after 5 July 2007 are set out in paragraph 24 above~~ are attached as Attachment 1 to these TORs¹⁷.

~~25-28.~~ The TRP undertakes its review ensuring that each of the review criteria are equally considered (no one criterion overweighting any other), without consideration of the amount of resources available to the Global Fund or the income level or burden of disease of the economy targeted by proposal.

~~26-29.~~ TRP members ~~Primary and secondary reviewers~~ may solicit ad hoc assistance from the Secretariat and technical partners, clarifying epidemiological information and/or policies or any aspects of implementation of previous financing concerning the proposal under review.

~~27-30.~~ TRP recommendations are made by consensus in plenary sessions¹⁸. If consensus cannot be reached, the Chair shall call for a decision by majority vote of those present.

¹⁷ The review criteria may change from time to time as approved by the Board

~~28-31.~~ Other than for Reprogramming Requests, the TRP shall provide its funding recommendations to the Board, as well as feedback to applicants regarding the technical quality of their proposal, in a document entitled 'TRP Review Form'. The TRP Review Form shall also specify any clarifications and/or adjustments that the TRP requires, or reasons why a proposal was not recommended for funding.

~~29-32.~~ After a Board decision on funding (or, in the case of a Reprogramming Panel recommendation, the Secretariat's receipt of notice of the recommendation of the TRP¹⁹), TRP Review Forms shall be provided to applicants.

Review and outcomes of proposals submitted through the Rounds-based channel

~~30-33.~~ The TRP shall review eligible proposals submitted through the Rounds-based channel during a in-person meeting.

~~31-34.~~ The TRP shall review each Rounds-based proposal as a whole and not separately evaluate elements within a proposal and recommend some to the Board for funding and not others. ~~The TRP can however recommend modification or even elimination of weak elements in an otherwise strong proposal where those weak elements are not a key or major aspect of the proposal.~~ However, in reviewing a disease component which contains a cross-cutting HSS section, the TRP may recommend for funding either:

- a. The entire disease component, including the cross-cutting HSS section;
- b. The disease component 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 improved HIV, tuberculosis and malaria outcomes.

In addition, the TRP can recommend modification or even elimination of weak elements in an otherwise strong proposal where those weak elements are not a key or major aspect of the proposal.⁷

Commencing with Round 10, the TRP may recommend the approval of a Rounds-based proposal conditional upon the removal of a limited set of elements of the proposal (which removal is not subject to a right of appeal).²⁰

~~32-35.~~ The TRP Chair and/or a TRP Vice Chair shall assign the primary and the secondary reviewers for each proposal. The primary reviewer is responsible for compiling the TRP Review Form and presenting the group's review comments to the plenary session(s). The secondary reviewer supports the group's presentation at the plenary session(s).

~~33-36.~~ The TRP Chair and Vice Chair(s) shall not serve as a reviewers of proposals, but support and facilitates the small group and plenary discussions on a daily basis, as well as facilitate the implementation of quality assurance processes to ensure clarity and consistency of TRP recommendations.

~~34-37.~~ The TRP shall classify proposals according to the four categories set out in part 1 of **Attachment 2** to these TORs and presents its recommendations by category to the Board.

¹⁸ In these TORs the term 'plenary' refers to ~~all of the~~ TRP members participating in the relevant review process (whether a Round, ~~Continuation Channel wave~~, or an individual reprogramming request)

¹⁹ ~~Refer to paragraph 3 in part 1 above.~~

²⁰ Article ~~32-34~~ has been amended in line with Board Decision [GF/B17/DP5](#) and [GF/B18/DP19](#).

~~35-38.~~ After each Rounds-based proposal review meeting, the TRP Chair and Vice Chair(s) shall prepare a report to the Board, which includes an analysis of the outcome of the review process as well as recommendations on lessons learned from that Round.

~~Review and outcomes of proposals submitted through the Rolling Continuation Channel~~

~~36.~~ The TRP shall review eligible proposals submitted through the Rolling Continuation Channel. The TRP Chair shall determine the method of such review.

~~37.~~ The TRP shall determine whether or not the Rolling Continuation Channel proposal is materially different in scope, as defined by the Secretariat²⁴, compared to the scope of the grant it seeks to continue. If the Rolling Continuation Channel Panel determines that there is such a material difference, it shall reject the proposal under Category 4 specified in Part 2 of Annex 2 to these TORs (and will also provide information on any perceived main technical weaknesses in the proposal that the TRP has observed in making such determination). If the TRP determines that the proposal is not materially different, it shall continue to undertake a full review of the proposal for technical merit as specified in paragraph 24 above.

~~38.~~ The TRP may recommend the approval of a Rolling Continuation Channel proposal conditional upon the removal of a limited set of elements of the proposal.

~~39.~~ The TRP shall classify proposals according to the four categories set out in part 2 of Attachment 2 to these TORs and presents its recommendations by category to the Board.

~~Review and outcomes of Reprogramming Requests~~

~~40-39.~~ At any stage after initial Board approval the Secretariat may request the TRP to review changes to the implementation plans for a grant on the basis that proposed changes are so significant that had they been known at the time that the original recommendation was made, may have resulted in a different TRP recommendation (Material Reprogramming).

~~41-40.~~ The TRP Chair or a Vice Chair shall determine the method of review of Reprogramming Requests.

~~42-41.~~ Where the TRP determines that the Reprogramming Request is Material Reprogramming, the TRP reviews the Reprogramming Request against the criteria set out in paragraph 26 above. If the TRP determines that the Reprogramming Request is not a Material Reprogramming, the TRP refers it back to the Secretariat. The decision of the TRP represents a final decision on the Reprogramming Request.

~~43-42.~~ Where a Reprogramming Request is approved by the TRP, the TRP may request an applicant to provide clarifications or adjustments to the TRP within the certain timeframe prior to final approval. Such adjustments or clarifications must be completed, as evidenced by approval of the TRP Chair or a Vice Chair.

²⁴ ~~The Guidelines accompanying a Rolling Continuation Channel Proposal Form will define 'Materially different' for the purposes of the application.~~

Review and outcomes of Revised Go Requests referred by the Phase 2 Decision Panel

44.43. The TRP shall review Revised Go requests and make recommendations to the Board using the Phase 2 decision making categories set out in part 3-2 to Attachment 2 to these TORs. Other than when a 'No Go' recommendation is made, the TRP also recommends an upper ceiling for the incremental funding amount for continued funding.

Part 5: Proposal Clarifications and Adjustments Process

45.44. The TRP's funding recommendations to the Board (or, for Reprogramming Requests approved by the TRP) may require clarifications and adjustments. The TRP may request an independent budget review as a part of the clarification process.

46.45. Board decisions for funding of Rounds-based channel proposals, ~~Rolling Continuation Channel proposals~~ and Revised Go Requests are subject to such clarifications and adjustments being finalized within the limited timeframes set out in ~~Annex~~ Attachment 2 to these TORs. The TRP clarifications process commences as soon as possible following a Board decision on funding.

47.46. The primary and secondary reviewers²² of a proposal or Revised Go Request shall evaluate information provided by the applicant in response to the clarifications and adjustments requested by the TRP. The TRP Chair and/or TRP Vice-Chair(s) shall give final approval of the proposal or the Revised Go Request based on consultations with the primary and secondary reviewers.

48.47. During the TRP clarifications 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 the grant negotiations.

49.48. Successful appeals are subject to the same clarification process as described in this part 5.

Appeal Process

50.49. Board decisions on the funding of Rounds-based ~~channel and Rolling Continuation Channel~~ proposals are made by reference to TRP recommendations, and may be subject to appeal consistent with the Appeal Policy.

Part 6: Logistics

51.50. TRP Members may receive an honorarium for their services, as approved by the Global Fund Secretariat, in addition to travel expenses and per diems.

52.51. The TRP is supported by the Secretariat to support and facilitate its activities, in particular with regard to the arrangements for the TRP meetings as well as provision of the relevant documentation for review.

²² ~~For clarifications for successful appeals requiring clarifications, at least one of the TRP members who participated in the review of that appeal must participate in the TRP clarifications process.~~

Attachment 1 - Proposal Review Criteria

The TRP looks for proposals that demonstrate the following characteristics:

Soundness of approach:

- Use of interventions consistent with international best practices (as outlined in the Stop TB Strategy, the Roll Back Malaria Global Strategic Plan, the WHO Global Health-Sector Strategy for HIV/AIDS and other WHO and UNAIDS strategies and guidance) to increase service coverage for the region in which the interventions are proposed, and demonstrate a potential to achieve impact;
- Use of a situational analysis to assess the risk of, vulnerability to, and impact of the three diseases on women and girls, as well as boys and men, and adopts appropriate programmatic responses, empowers women, girls and youth, promotes gender equity, addresses the structural and cultural factors that increase risk and vulnerability, and contributes to changing harmful gender norms;
- Give due priority and appropriately target with programs to key affected populations, including, although not restricted to, injection drug users, men who have sex with men, transgender communities, sex workers, migrants and prisoners;
- Give due priority to strengthening the participation of communities and people infected and affected by the three diseases in the development and implementation of proposals;
- Demonstrate that interventions chosen are evidence-based;
- and Show that interventions represent good value for money (which can be defined as using the most cost effective interventions, as appropriate, to achieve the desired results);
- Involve a broad range of stakeholders in implementation, including strengthening partnerships between government, civil society, affected communities, and the private sector;
- Address issues of human rights and gender equity and use human-rights based approaches to address the three diseases, including by contributing to the elimination of stigmatization of and discrimination against those infected and affected by tuberculosis and HIV/AIDS, especially populations that are marginalized or criminalized, such as injection drug users, men who have sex with men, and transgender communities, sex workers and other key affected populations; and
- Are consistent with ~~national law and applicable~~ international obligations, such as those arising under World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights (the TRIPS Agreement), including the Doha Ministerial Declaration on the TRIPS Agreement and Public Health, and encourage efforts to make quality drugs and products available at the lowest possible prices for those in need while respecting the protection of intellectual property rights.

Feasibility:

- Provide strong evidence of the technical and programmatic feasibility of implementation arrangements relevant in the specific country context, including where appropriate, supporting decentralized interventions and/or participatory approaches (including those involving the public, private and non-government sectors, and communities affected by the diseases) to disease prevention and control;
- Build on, complement, and coordinate with existing programs (including those supported by existing Global Fund grants) in support of national policies, plans, priorities and partnerships, including National Health Sector Development Plans, Poverty Reduction Strategies and sector-wide approaches (where appropriate);

- Demonstrate successful implementation of programs previously funded by international donors (including the Global Fund), and, where relevant, efficient disbursement and use of funds. (For this purpose, the TRP will make use of Grant Score Cards, Grant Performance Reports and other documents related to previous grant(s) in respect of Global Fund supported programs);
- Utilize innovative approaches to scaling up prevention, treatment and care and support programs, including to key affected populations, such as through the involvement of the private sector and/or affected communities as caregivers in service delivery and/or community strengthening;
- Identify in respect of previous proposals for the same component submitted to the Global Fund through the Rounds-based channel but not approved, how this proposal addresses any weaknesses or matters for clarification that were raised by the TRP;
- ~~Identify for proposals submitted through the Rolling Continuation Channel, how his proposal addresses the implementation challenges and sustainability issues identified by the Secretariat during the Rolling Continuation Channel qualification process;~~
- Focus on performance by linking resources (inputs) to the achievement of outputs (people reached with key services) and outcomes (longer term changes in the disease), as measured by qualitative and quantitative indicators;
- Demonstrate how the proposed interventions are appropriate to the stage of the epidemic and to the specific epidemiological situation in the country and are appropriately targeted to communities most affected (including issues such as drug resistance and gender differentiated vulnerability and impact);
- Build on and strengthen country impact measurement systems and processes to ensure effective performance based reporting and evaluation; and
- Identify and address potential gaps in technical and managerial capacities in relation to the implementation of the proposed activities through the provision of technical assistance and capacity building.

Potential for sustainability and impact:

- Strengthen and reflect high-level, sustained political involvement and commitment, and an enabling policy and legal environment, including through an inclusive and well-governed CCM, Sub-CCM or RCM;
- Demonstrate that Global Fund financing will be additional to existing efforts to combat HIV/AIDS, tuberculosis, and malaria, rather than replacing them;
- Demonstrate the potential for the sustainability of the approach outlined, including addressing the capacity to absorb increased resources and the ability to absorb recurrent expenditures;
- Coordinate with multilateral and bilateral initiatives and partnerships (such as the WHO/UNAIDS “Universal Access” initiative, the Stop TB Partnership, the Roll Back Malaria Partnership, the “Three Ones” principles²³ and UNICEF’s “Unite for Children. Unite against AIDS” campaign) towards the achievement of outcomes targeted by National Health Sector Development Plans (where they exist);
- Demonstrate that the proposal will contribute to reducing overall disease, prevalence, incidence, morbidity and/or mortality; ~~and~~
- Demonstrate how the proposal will contribute to strengthening the national health system in its different components (e.g., human resources, service delivery, infrastructure, procurement and supply management);

²³ One agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners, one national AIDS coordinating authority with a broad-based multi-sectoral mandate, and one agreed country-level monitoring and evaluation system. See www.unaids.org for more information. Proposals addressing HIV/AIDS should indicate how these principles are put into practice.

- Demonstrate how the proposal will contribute to the sustained strengthening of civil society and community systems in its different components (e.g. management capacity, service delivery and infrastructure) with an emphasis on key affected populations.
- Demonstrate how continuous process and impact monitoring and evaluation will be implemented in order to improve on-going actions and determine overall program impacts.

Attachment 2: Recommendation Categories of the TRP

Part 1 - Recommendation categories relevant to Rounds-based channel proposals

Category	Description of Recommendation
1	Recommended for funding with no or only minor clarifications, to be met within eight ²⁴ weeks of receipt of notice to the applicant of the Board decision on funding, as evidenced by the documented final approval of the TRP Chair or TRP Vice-Chair.
2	Recommended for funding provided that adjustments and clarifications are met within a limited timeframe, as evidenced by the documented final approval of the TRP Chair or TRP Vice Chair (based on consultations with the primary and secondary reviewer). The applicable timeframe is that the initial reply to any clarifications or adjustments must be received by the Global Fund within six weeks of the applicant's receipt of notice the Board decision on funding, and any further adjustments and clarifications should be completed within three months of the Global Fund's receipt of the initial reply from the applicant. <i>As a subset of Recommended Category 2 Proposals, 'Recommended Category 2B Proposals' - Proposals 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 Proposals and Recommended Category 2 Proposals. Recommended Category 2B Proposals are relatively weak 'Recommended Category 2 Proposals', on grounds of technical merit and/or issues of feasibility and likelihood of effective implementation. The same timeframe for clarifications applies to these proposals as for Recommended Category 2 Proposals</i>
3	Not recommended for funding in its present form but encouraged to resubmit a revised version of the same proposal, taking into account the issues raised by the TRP, for consideration in the next round of proposals ²⁵ .
4	Rejected.

~~Part 2 – Recommendation categories relevant to Rolling Continuation Channel proposals~~

Category	Description of Recommendation
4	Recommended for funding with no clarifications.
2	Recommended for funding provided that adjustments and clarifications are met within a limited timeframe, as evidenced by the documented final approval of the TRP Chair or TRP Vice Chair (based on consultations with the primary and secondary reviewer).

²⁴ The deadline for Category 1 proposals have been extended from four to eight weeks in line with the Board Decision GF/B18/DP14

²⁵ Amended in line with the Board Decision GF/B18/DP19 (applicable commencing with Round 10)

	The applicable timeframe is that the initial reply to any clarifications or adjustments must be received by the Global Fund within four weeks of the applicant's receipt of notice the Board decision on funding, and any further adjustments and clarifications should be completed within two months of the Global Fund's receipt of the initial reply from the applicant.
3A (Applicable only upon initial submission)	Not recommended for funding based on technical merit but strongly encouraged to resubmit a revised proposal, taking into account the issues raised by the TRP, for consideration in the next wave of Rolling Continuation Channel proposals.
3B (Applicable only upon re-submission)	Not recommended for funding based on technical merit but encouraged to resubmit through the Rounds-Based Channel following major revision.
4	Materially different and rejected as a Rolling Continuation Channel proposal.

Part 3-2 - Recommendation categories during the Phase 2 Revised Go Request review process

Category	Description of Recommendation
Go	Recommended commitment of additional resources.
Conditional Go	Recommended commitment of additional resources provided that certain time bound conditions are met, or provided that adjustments to the Revised Go Request for Continued Funding are provided within a limited timeframe set by the TRP as evidenced by final approval of the TRP Chair or TRP Vice Chair.
No Go	Recommended discontinuation of funding.

**SUMMARY REPORT ON THE
PORTFOLIO AND IMPLEMENTATION COMMITTEE EXTRAORDINARY MEETING
26 April 2010**

PART 1: INTRODUCTION

1.3 The Portfolio and Implementation Committee (PIC) met in Geneva, Switzerland on 26 April 2010 to discuss critical issues required for the Twenty First Board Meeting and urgent PIC matters. Ms. Michele Moloney-Kitts and Ms. Blandina S.J. Nyoni served as Chair and Vice Chair, respectively.

1.4 This report provides a summary of the PIC discussions at this extraordinary meeting. The PIC leadership also presented the outcomes of this meeting during the PIC pre-briefing and the PIC report at the Twenty First Board Meeting.

PART 2: TECHNICAL ASSISTANCE**Information**

4.8. Since the March 2010 meeting of the PIC, the Secretariat has worked under the guidance of the PIC sub-working group on Technical Assistance (TA) in refining the problem analysis and proposed solutions on TA planning and coordination; TA funding; and TA evaluation and quality assurance. A revised TA paper was submitted to the PIC and was discussed at the PIC extraordinary meeting.

4.9. The PIC endorsed the following solutions for implementation by the Secretariat. These solutions do not require Global Fund Board approval and are within the PIC or Secretariat's authority to approve and implement:

- i. Recommendation to include a summary of a TA plan in the Round 10 Proposal Forms and Guidelines (Section 4.7.5) within an indicative range of 3-5%, if appropriate, of the proposal amount allocated for TA depending on in-country context. The summary of the TA plan will be reviewed by the Technical Review Panel (TRP) within the overall context of the proposal strategy and budget. If the proposal is recommended for funding by the TRP and approved by the Board, then the applicant will be requested to submit a detailed TA plan during the grant negotiation process or one year from program start date. The appropriate language in the Round 10 Proposal Forms and Guidelines related to this summary of a TA plan was approved by the PIC.
- ii. Secretariat to review and streamline its operational policy on reprogramming to make the process more efficient to reprogram funding for TA when necessary. The Secretariat will report progress on this at the next meeting of the PIC.
- iii. Implementation of all TA plans will be monitored through ongoing grant monitoring processes while effectiveness of TA plans will be evaluated in selected countries.

4.10. The PIC recommended that the Secretariat undertakes further consultations especially focusing on the demand side of TA (e.g., implementers and other in-country partners) on the following proposed solutions:

- i. Possible funding solutions: fund managed by the Secretariat to respond to emergency and ad hoc TA needs and financing of regional operational plans;
- ii. Development of multi-stakeholder regional operational plans;
- iii. Inclusion of financial support for TA coordination within the Expanded CCM Funding mechanism;
- iv. Nomination of a CCM convener for TA coordination; and
- v. Establishment of a user-driven online TA marketplace.

4.11. The Secretariat will develop a consultation plan and share this with the PIC for information. Based on the results of the consultations, the Secretariat will work with the PIC sub-working group on TA to develop recommendations on the above issues to be presented at the next PIC meeting.

PART 3: ROUND 10 PROPOSAL FORMS AND GUIDELINES

Information

3.13. Following guidance from the PIC at its March meeting including the inputs of the PIC sub-working groups on TA, value for money and pharmacovigilance, the Secretariat revised the proposal forms and guidelines for Round 10 and presented to the PIC for approval.

3.14. The PIC approved the Round 10 Proposal Form and Guidelines. Revisions to the proposal forms and guidelines include:

- i. Incorporation of recent Board decisions such as on Gender Equality and Sexual Orientation and Gender Identities (SOGI) strategies, TB/HIV, prevention of mother-to-child transmission (PMTCT), private sector in-kind donations;
- ii. Additional guidance on TA, value for money and pharmacovigilance; and
- iii. Optional transition into single stream of funding.

3.15. A fuller review of the Round 11 Proposal Form and Guidelines will be undertaken to further incorporate the new architecture and other issues as well as possibly reduce the size of the forms and guidelines.

PIC Decision Point: Approval of the Round 10 Proposal Forms and Guidelines

Under its delegated authority (GF/B16/DP15), the Portfolio and Implementation Committee approves the Proposal Forms and Guidelines for the Tenth Call for Proposals.

The PIC requests the Secretariat to ensure that the Round 10 prioritization mechanism adopted by the Board at its Twenty First meeting is clearly communicated to applicants at the same time as the Round 10 Proposal Forms and Guidelines.

This decision point does not have material budgetary implications.

Value for Money

3.16. While value for money is part of the review criteria for evaluating proposals for Global Fund financing, the concept of value for money had not been clarified and there was no guidance in the proposal forms and guidelines on how countries should address this issue.

3.17. The PIC agreed to use Round 10 as a starting point for greater focus on value for money by:

- i. Defining value for money. Definition emphasized that value for money does not equal the least expensive, rather those that have the biggest impact for money spent and that value for money must be considered in the short, medium, and long-term. Additionality and leveraging are key aspects for Global Fund's investments and were defined to be part of the value for money suite of questions. Including reference price ranges for selected health commodities as a tool for applicants while ensuring that the Secretariat can still negotiate commodity prices of successful proposals based on changes in prices during negotiations;
- ii. Requesting applicants to include information on service delivery unit costs if available. If not provided, applicants should include information on how they will obtain the data moving forward. For Round 10, the TRP will not penalize applicants for not including service delivery unit cost data in the proposal;
- iii. Issuing a value for money information note developed by the Secretariat to provide guidance to countries.

3.18. More work is required to move forward on this issue. The PIC has requested the Secretariat to continue working with the PIC sub-working group on value for money on the following areas:

- i. Since current modalities for tracking additionality and leveraging are limited, more work is needed to develop and apply a consistent methodology and approach.
- ii. Work further on how service delivery unit costs will inform program decision making, not just proposal development.
- iii. The development of appropriate methods for service delivery unit cost measurement in conjunction with technical partners and other donors who are working on this issue. Countries' ability to provide and use value for money information is inconsistent and there is debate on appropriate measures. Availability of agreed methodologies varies between interventions, for example TB program component costs are fairly well understood while HIV prevention service unit costs are not.
- iv. Examine the implications of value for money for the TRP and CCMs to ensure that they have sufficient knowledge and capacity to do costing and financing.
- v. Ensure that grant consolidations and the national strategy applications (NSAs) better embrace value for money in the grant life cycle by reducing transaction costs.

Pharmacovigilance

3.19. The Round 10 Proposal Forms and Guidelines have been updated to give higher visibility to pharmacovigilance and to ensure consistency with WHO standards. There is also guidance for countries to submit costed pharmacovigilance plans as part of the Procurement and Supply Management plans.

3.20. The Secretariat will work with partners on issuing a pharmacovigilance information note for countries, informing TRP about pharmacovigilance and reviewing how pharmacovigilance can be captured in the performance framework.

3.21. The Secretariat and the PIC sub-working group on pharmacovigilance will also continue to work on strengthening the 2002 Board decision point on pharmacovigilance (GF/B4/2) and present recommendations to the PIC in its next meeting. The PIC emphasized the importance of communication with the Market Dynamics Committee to avoid duplication of efforts on this work stream.

PART 4: TRP MATTERS

Decision

4.1. At the request of some PIC members, the PIC discussed the eligibility of employees of the United Nations (UN) and its specialized agencies to serve on the Technical Review Panel (TRP).

4.2. The PIC also sought the views of the TRP leadership on this issue. To safeguard the independence and integrity of the TRP, the TRP leadership was not in favor of changing the existing policy and allowing employees of the UN and its specialized agencies to serve on the TRP. UN agencies play vital roles in developing policies and guidelines for the three diseases, in providing technical assistance during proposal development and implementation, and sometimes serving as the Principal Recipient or Sub-recipient. Considering their role in many Global Fund related areas and the global nature of the involvement, the TRP leadership believes that it would be challenging for UN employees serving in the TRP to divest themselves from real or perceived conflicts of interest.

4.3. The PIC unanimously recommended strengthening the conflict of interest provisions set out in the TRP Terms of Reference (TOR).

4.4. While considering the concerns of the TRP, the PIC also decided to recommend to the Board to allow employees of the UN and its specialized agencies to be eligible to serve as TRP members within the context of the strengthened conflict of interest provisions. This was done to broaden the pool of experts across the three diseases that could serve in the TRP. The decision was not unanimous. The Communities and Private Foundations delegations requested that their dissent on the eligibility of UN staff be recorded in the meeting report. Any issues that arise from this change should be reported back to the PIC.

4.5. These changes are in addition to the revisions to the TRP TOR that were discussed and endorsed at the PIC March meeting. The relevant Board decision point is contained in Part 2 of the main report and the complete revisions to the TRP TOR approved at the Twenty First Board Meeting is contained in Annex 1.

PART 5: PIC PRIORITIES

Information

5.1. The PIC also discussed and agreed on priority areas for the next calendar year. These include:

- i. Priorities related to Round 11, National Strategy Application and Grant consolidation
 - a. Review of eligibility criteria (jointly with PSC);

- b. Follow-on to value for money: additionality, cost sharing, leveraging and service delivery costs;
 - c. Simplification of proposal forms and guidelines (linked to reporting simplification);
 - d. Review of TRP TOR;
 - e. Technical assistance.
- ii. Interface of Global Fund entities on the ground: PR, LFA, CCM and the Secretariat. This is linked to the ongoing CCM guidelines review by the Secretariat.

GUIDANCE ON LOCATION OF FURTHER INFORMATION

The table below indicates where further information on items dealt with in this report can be found:

Where indicated documents are available on the Board Members Extranet site username and password-protected website: <http://extranet.theglobalfund.org/board>.

Item:	Further information available:
1. Part 2	GF/PIC02/06: Technical Review Panel Matters Annex 1 of this document
2. Part 3	GF/PIC02 /05: Planned Revisions to Proposal Forms and Guidelines for Round 10
3. Part 4	Powerpoint Presentation on Technical Assistance Options
4. Part 5	GF/PIC02/03: Update on Additional Safeguards Policy and Background on Overall Country Risk Management GF/PIC02/04: Prevention of Treatment Disruptions and Stock-outs GF/PIC01/08: Implementation of the Gender Equality Strategy and the Sexual Orientation and Gender Identities Strategy GF/PIC01/09: Overview of Corporate Risks Assigned to PIC for Oversight
Annex 2	GF/PIC02/10: Technical Assistance Paper GF/PIC02/11: TRP Matters (UN Participation in the TRP) GF/PIC02/12: Round 10 Proposal Forms and Guidelines