

# TRP

## REPORT OF THE TECHNICAL REVIEW PANEL ON THE FUNDING REQUESTS SUBMITTED IN THE FIRST AND SECOND WINDOWS OF THE 2017-2019 ALLOCATION PERIOD



## INTRODUCTION

The Technical Review Panel (TRP) of the Global Fund met on 23 April-3 May 2017 and 19-29 June 2017 to review the funding requests submitted in the first and second review windows for the 2017-2019 allocation period.

Across the two review windows, TRP members assessed the strategic focus, technical soundness and potential for impact of:

- 145 funding requests including one iteration,
- 54 prioritized above allocation requests, and
- 37 matching fund requests.

In the 2017-2019 allocation period, the TRP and applicants used a new review approach that involved differentiated applications and review modalities.

Recommended funding for windows 1 and 2 represents 80 percent of the total 2017-2019 country allocation. In addition, recommended matching funds represents 47 percent of the total amount available for 2017-2019.

Dr. Lucie Blok chaired both TRP meetings. Vice Chairs were Dr. Evelyn Ansah and Dr. Subhash Hira. The TRP meeting for window 2 concluded with the election of Dr. Jeremiah Chakaya Muhwa as the new TRP chair. He takes over from Dr. Lucie Blok who has ably served the TRP for the last 3 years.

This report does not provide the TRP funding recommendations for each funding request, which were submitted to the Grant Approvals Committee and the applicants. Instead, this report provides observations, lessons learned and recommendations drawn from the funding requests reviewed in the April and June windows, and on the approaches used to review them. With this report, the TRP fulfills its responsibility to share lessons learned, in particular those that may have broader policy and financial implications.

During its window 1 and 2 reviews, the TRP identified key areas of improvement for applicants, technical partners, the Global Fund Secretariat and others. The report is structured as follows:

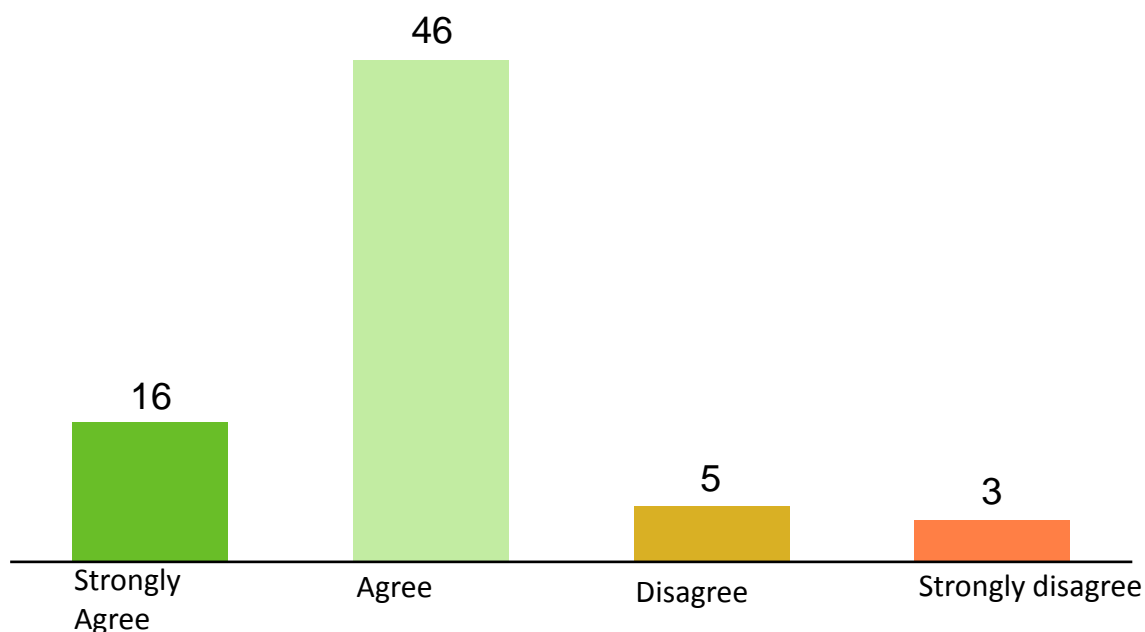
- Part 1, General and policy related observations and recommendations, lists TRP observations and recommendations on improving the quality of the funding requests.
- Part 2, Technical observations and recommendations, focuses on TRP observations and recommendations to strengthen health responses in countries.
- Part 3, Review process, reports on the review processes and modalities of the TRP meetings for windows 1 and 2.

## PART 1: General and policy-related observations and recommendations

### **1. The majority of funding requests are strategically focused and technically sound, despite common areas that require further improvement.**

Following their review of tailored and full funding requests, each TRP review group responds to a survey that includes an assessment of the quality of funding requests reviewed. In windows 1 and 2, TRP review groups agreed or strongly agreed the majority of the funding requests they reviewed were strategically focused and technically sound.

Figure 1: Overall application quality across windows 1 and 2: TRP assessed majority of funding requests as strategically focused and technically sound (n=70)



The TRP observed window 1 saw shorter, more focused application packages overall, building on improved programs from the last funding cycle. In window 2, strong proposals were characterized by good descriptions of epidemiology, programmatic achievement and gaps, with a clear description of interventions to scale-up efforts to end the epidemics.

However, the TRP noted many funding requests had common weaknesses and similar requests for clarification. The TRP noted the following areas as opportunities for improvement based on funding requests submitted in windows 1 and 2:

#### Address the 'how'.

Across both windows, approximately two thirds of funding requests identified various gaps and barriers but lacked sufficient details describing how they would overcome them and reach targets, resulting in requests for clarification by the TRP.

#### Recommendation for applicants:

- Explain how interventions will contribute to achieving the targets and how the proposed strategies, priorities, interventions and budget are all aligned. An indication of timelines should be included as appropriate.

#### Optimize the use of available data in funding requests.

The TRP noted an increase in the availability, quality and use of data in funding requests, but there were some continued weaknesses in the timeliness and gaps in the availability of specific data, such as the size of key populations, gender and age data breakdown and policy or legal barriers to access for key populations.

The TRP also observed applications did not completely analyze and interpret available data. Applicants improved their use of surveillance data, but did not maximize use of programmatic data for program development. HIV applications tended to over-rely on modelling. Applicants should use epidemiological and programmatic data along with survey data and, as the case may be, modeling outputs, to evaluate gaps along the pathway of prevention and care within different disease programs.

*Recommendations for applicants:*

- Avoid overreliance on modeling, but rather use multiple sources of available data including program and epidemiological data to strengthen targets and progress reporting, and tailor responses to specific needs and gaps within countries, populations, and programs. For example, applicants should acknowledge poor epidemiological outcomes in funding requests and attempt to identify the reasons and develop appropriate responses.
- Use, and make decisions based on, complementary empirical data from both national and local health management information systems.

*Recommendations for partners:*

- Support countries to build capacity to compile quality program data to support decision-making on the choice of interventions.

**Resilient and Sustainable Systems for Health applications need more coherence with disease specific plans.**

The TRP noted it is challenging to carry out a comprehensive review of both disease-specific and health-systems funding requests when not submitted at the same time. This also makes it difficult for countries to coherently plan and evaluate disease-specific and health systems strengthening responses. In addition, the TRP noted disease-specific funding requests often lack consistency and coherence regarding resilient and sustainable systems for health requests. It would be helpful if applicants describe how disease-specific funding requests contribute to National Health Plans and how they strengthen health systems.

*Recommendations for applicants:*

- Align, when possible, submission timing for the resilient and sustainable systems for health system components and the disease funding requests.
- If the health systems and disease-specific applications are submitted separately, indicate how disease-specific interventions are supporting health systems and vice versa. For example, it would be helpful if disease-specific funding requests included a clear statement explaining how the interventions help to fill wider health systems gaps and conversely, if resilient and sustainable systems for health applications described how they strengthen disease-specific responses.
- Include resilient and sustainable systems for health expertise in Country Coordinating Mechanisms at a senior level for the development of health systems requests.

*Recommendations for the Secretariat:*

- Use Global Fund influence to encourage health systems reform, and to help coordinate domestic and donor funding resources in order to strengthen health systems effectively.

**Submit and improve the prioritized above allocation request.**

TRP members observed countries did not always submit prioritized above allocation requests with their funding applications, and applications did not always include enough or the right information to allow for a proper review of these requests. For example, often applicants did not provide the epidemiological context or rationale for the choice of strategic interventions proposed. Many also neglected to specify how the additional investments and interventions would accelerate the achievement of the strategic objectives and targets described in the allocation requests.

In addition, TRP members noted the division of interventions between the allocation requests and the prioritized above allocation request was not always optimal. Essential

interventions that should have been in the allocation request were in the prioritized above allocation request.

The TRP notes the benefit for countries of having a prioritized above allocation request that is validated by the TRP, as it allows any savings found during grant making to be re-invested into high impact strategic interventions.

*Recommendations for applicants:*

- Submit a prioritized above allocation request at the same time as funding requests when possible.
- Improve the prioritized above allocation request:
  - Contextualize proposed prioritized above allocation request interventions by providing a summary of epidemiological and coverage data.
  - Include a rationale and explain what incremental impacts the additional funding would achieve if it were available.
  - For each intervention, consider specifying the order of priority per geographic unit, per different population group, and over time.
- Include essential interventions in the allocation request rather than in the prioritized above allocation request.

**Ensure the applications are clear and reader-friendly.**

The TRP noted some funding requests would benefit from improvements in presentation and readability. They observed brief descriptions of the geographic context, size and structure of populations, or the governance situation were missing in some applications. The TRP also saw positive examples of funding requests with clear references to supporting documents that included page numbers, but not consistently.

*Recommendations for applicants:*

- Include a brief description of context: population, size, geography and governance arrangements.
- Specify page numbers in annexes at a minimum. Ideally, funding requests referring to documents in annexes would include a hyperlink to the referenced passage to enable the reader to see the passage directly.

**2. The differentiated application process is a positive development**

TRP members positively received the differentiated application approach in both windows. Across windows 1 and 2, 72 program continuation requests, 38 tailored requests, and 35 full requests were reviewed. The TRP considered this was a robust sample of the types of funding requests. The TRP confirms the value of the differentiated approach to reviewing funding requests, noting some fine-tuning of the differentiated process is still required.

**Program Continuation**

The TRP observed program continuation was broadly successful as an application approach: only three of 72 program continuation requests were asked to resubmit using a different application approach (tailored or full) following review. The TRP also confirmed the validity of eligibility criteria for submitting a program continuation request: well-performing grants in combination with the absence of major changes in allocation size, funding landscape, epidemiology, identified needs, and normative guidance. The TRP considered the program continuation modality most appropriate for grants that recently started implementation.

The Applicant Self-Assessment and the Secretariat Briefing Note, required as background information for program continuation requests, were mostly sufficient to make decisions on funding requests. However, the TRP missed having a modular-level budget, especially when the allocation was significantly reduced. TRP members raised concerns about having to approve program continuation requests without the budget, due to the difficulty in judging how the country prioritizes interventions. Under these circumstances, the TRP relied more on information provided by the country teams for program continuation funding requests assessment.

The TRP confirmed, within the context of program continuation, the use of the previous funding request as a basis for the development of the new grant is a valid approach, given many of the program continuation requests had just started implementation. However, in many countries, new survey data, program reviews and national strategic plan revisions are anticipated in 2017 and 2018, which raises the expectation reprogramming may be required in several countries.

The TRP reiterates a program continuation request is generally not a valid modality for disease components facing a cut in the budget envelope of over 30 percent, as program continuation does not allow countries to clearly describe the impact of the budget reduction and explain how this will be managed.

Finally, the TRP considered the program continuation approach was not as conducive to the inclusion of innovative ideas as the full application (e.g. finding missing cases in TB). However, since program continuation is aimed at portfolios for which a continuation of the current strategy is the best approach, there is no expectation to overly innovate in terms of the strategy, but there can still be innovation regarding service delivery approaches.

### **Tailored Reviews**

Tailored funding requests include national strategic plan based funding requests, material change requests, challenging operating environments requests and transition funding requests.

National strategic plan based requests: The TRP observed it is challenging to assess how national strategic plans, link with the overall health system. National strategic plans also often lack clear gap analyses, which makes it difficult for the TRP to review them as a primary document for a funding request. Finally, TRP members observed the selection of indicators for monitoring progress of the national strategic plan based grants and results based financing modalities could be improved to better reflect the impact of the overall investment. This would allow a fair assessment of whether applicants are reaching their objectives, and appropriately trigger payments.

Material change requests: In material change requests, TRP members observed it is not always indicated which aspect of the funding request constitutes the material change. TRP members noted the threshold for material change may need to be reconsidered, as even a 10 percent reduction in funding for interventions, for example in malaria, can have substantial consequences that requires the refocusing and reprioritization of the program.

Challenging operating environment requests: Challenging operating environments include a wide range of contexts including ongoing conflict, post-Ebola, corruption, and natural disasters. Often applicants do not clearly describe the context and specific challenges they face in the context of their challenging operating environment and how they will respond. The TRP also observed it may not be appropriate to group this diverse range of contexts in the same category, and greater differentiation in the application materials might be helpful.

Transition requests: There were two transition requests submitted in windows 1 and 2. TRP observations on transition are described in section 5 of this report.

*Recommendations for applicants:*

- Anticipate the need for technical assistance to translate new data, as it becomes available, into reprogramming choices.
- Funding requests using national strategic plans as the primary application document should improve the selection of indicators to better reflect the impact of the investment, clearly describe coverage and financial gaps, and explain how the disease-specific program links to the health system and other disease programs.
- Material change requests should clearly describe the change in context or program, provide the TRP with the budget and a description of the full funding landscape, and explain how the proposed strategies and interventions will lead to improved results.
- Applications from challenging operating environments should ensure the narratives clearly explain the specific challenges faced, and articulate how the proposed interventions are structured to address these challenges. In cases where only part of the country qualifies as a challenging operating environment, applicants should explain how the program will differentiate its approach between the challenging operating environment and non-challenging operating environment areas.

*Recommendations for partners:*

- Anticipate the need for technical assistance to translate new data, as it becomes available, into reprogramming choices.

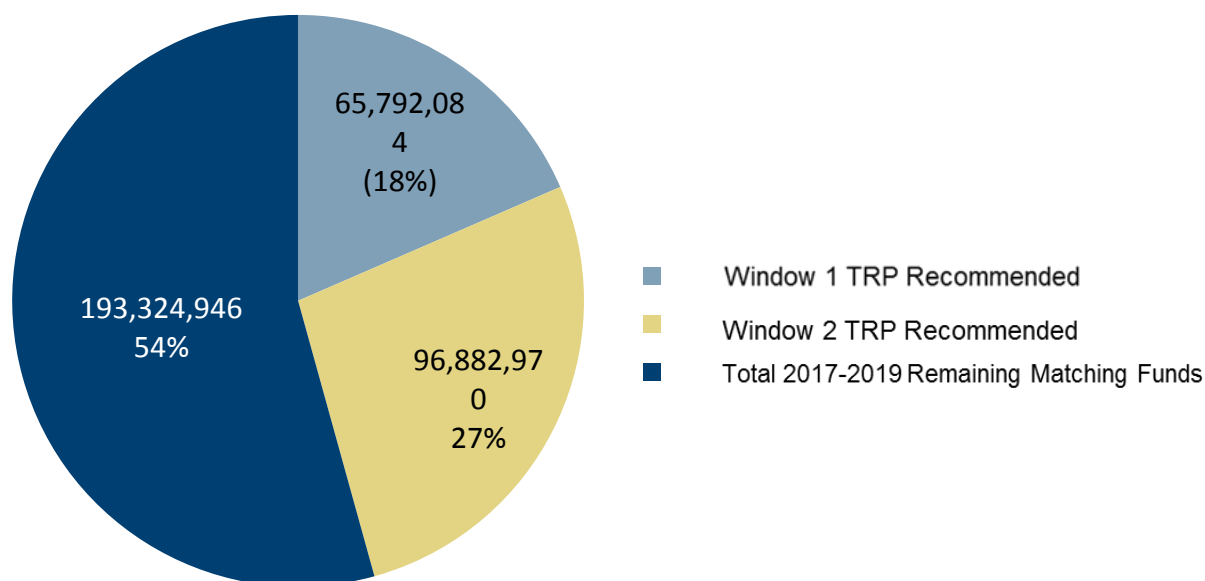
*Recommendations for the Secretariat:*

- Consider more nuance in defining the threshold of material program changes.
- Plan for a substantial increase in reprogramming requests from applicants throughout the allocation period, and ensure the process is simple so as not to distract applicants from implementation.

### **3. Seize the opportunity to maximize impact with Matching Funds requests.**

In windows 1 and 2, 29 of 37 matching funds requests, equaling US\$163 million, were recommended for Grant Approvals Committee review. Window 1 and 2 recommended funding represent 47 percent of 2017-2019 matching funds available.

Figure 2: Matching Funds recommendations in windows 1 and 2



Matching funds requests give eligible countries the opportunity to be granted additional funds if:

- Their allocation request supports a Global Fund designated strategic priority<sup>1</sup>,
- Their allocation investment in the priority area is higher than in the previous period, and
- The funding in the allocation invested in the strategic priority is equal to, or more than, the matching funds requested.

Exceptions to these conditions are considered by the Grant Approvals Committee, however the programs proposed under matching funds must have the potential to accelerate progress in the relevant strategic priority area and to maximize the impact of the overall program.

The TRP recognized matching funds are a significant opportunity that should be maximized to both catalyze and expand the impact of the allocation, and to pilot innovative approaches and interventions. However, the TRP noted in a number of occasions eligible countries did not sufficiently seize the opportunity to capitalize on matching funds requests.

The TRP sent some matching funds requests for iteration because they were not evidence based, or did not innovatively address gaps. For example, TRP members noted TB matching funds applications missed opportunities to propose bold and innovative approaches to find missing TB cases; or, the applications did not analyze where and among whom missing TB cases occurred and did not propose targeted interventions to address the problem. Similarly, TRP members found matching fund requests to address human rights and gender barriers were often explained in broad generic terms, and lacked operational details and a description of measurable impact.

The TRP also observed many matching funds requests did not present a coherent approach likely to catalyze better program performance. Often, the matching interventions were not identified within the allocation, or were included in the prioritized above allocation request instead of in the allocation request. A few matching fund applications included long, non-

<sup>1</sup>Different strategic priorities for matching funds have been assigned to different diseases. For example, Global Fund strategic priorities for HIV matching funds include key populations impact, human rights, and adolescent girls and young women.



prioritized lists of programs and interventions, which as a result were not likely to have impact. The TRP recommended a coherent investment approach with a limited number of interventions, which is more likely to be effective. The TRP also noted it would be useful if applications included a clear framework to measure the anticipated catalytic effect of matching funding as a modality.

Furthermore, applicants submitting a matching funds request after they had submitted a program continuation application often lacked clarity on how the matching funds request builds on the within-allocation funding.

*Recommendations for applicants:*

- Submit matching fund requests in the same window with the allocation request and explain how the funding will lead to greater impact.
- For applicants submitting a matching funds request when they have already submitted a program continuation application: provide greater clarity on what interventions are currently being funded and how the matching funds request builds on the within allocation funding, in order to facilitate the TRP's ability to assess alignment and complementarity.
- Avoid presenting non-prioritized lists of programs and interventions in matching funds requests; rather, present a coherent investment approach with a limited number of interventions intended to achieve high impact.
- Use an evidence-based approach for matching funds requests, or present a pilot for an innovative approach designed to be scaled-up based on findings.
- When substantial amounts are invested or innovative ideas proposed, identify indicators to measure the additional program effect resulting from the matching funding.
- Match matching fund requests against activities within the allocation request and not the prioritized above allocation request.
- If unable to match against interventions within the allocation, identify the other non-Global Fund funding sources that the matching funds are intended to catalyze, and explain how the matching funding will enhance progress towards specific impact targets. Carry out and provide a description of a collaborative monitoring and evaluation effort with the non-Global Fund entity.
- For TB matching funds requests, provide more analysis of where the TB missing cases are likely to be and why they are missing, and propose specific, targeted interventions for the identified populations and geographic locations.
- If applying for matching funds for human rights, include, within the allocation, specific interventions to address locally relevant human rights and gender-related barriers rather than generic advocacy interventions or broad-based training.

*Recommendation for the Secretariat:*

- Develop a monitoring framework to analyze the impact of matching funding across the portfolio.

In one case, the matching fund activities were unfocused and spread across activities and the entire country, making impact unlikely. However, the TRP review and iteration led to a far more focused proposal, likely to have impact.

#### 4. Address the complexity of multicountry applications.

The TRP reviewed three multicountry applications: a malaria funding request from Multi-country East Asia and Pacific (RAI), and two program continuation requests from the Pacific Islands Regional Multi-Country Coordinating Mechanism--one for TB/HIV and one for malaria.

The TRP observed a regional scheme should not be a substitute for, but an extension of, individual member countries' investments. To review a multicountry funding request, the TRP needs to review relevant national contributions to the multicountry scheme and also needs to understand the countries technical and financial capacity for, and commitments to, relevant disease programs and health system components.

##### *Recommendation for the Secretariat:*

- Include a prior analysis of each country's contribution to the multi-country scheme in the funding request itself or separately. To this analysis, the applicants should add a description of the regional funding request body's coordinating role, the technical assistance provided through it, and the region's monitoring and evaluation capacity.

## PART 2. Technical observations and recommendations

### 1. Reach the key and other high-prevalence populations who need to be reached.

#### a. Improve data and data use to better identify and fill coverage gaps.

The TRP noted funding requests across all three diseases neglected to include important data concerning key populations and general populations with high prevalence.

**TB.** The TRP observed TB applications often listed TB key and vulnerable populations, but did not provide any contextual analysis, or estimate the various vulnerable groups' size, geographic distribution, and ability to access services. Funding requests appropriately mentioned interventions to find missing cases, but lacked sufficient detail describing how the proposed specific interventions for intensified TB case-finding will be carried out. Since the health management information system for TB does not disaggregate treatment outcomes by sex, gender or age, the applications do not present gender and age differentiated treatment outcomes.

**HIV.** The TRP observed while countries are working to identify, estimate the size, and address the needs and demands of HIV key populations, disaggregated data for both key and general populations are still infrequently used for prioritization. Furthermore, many funding requests did not consider epidemiological and qualitative data for HIV prevention programs, meaning the prevention needs of groups in the general population that have higher prevalence and evidence of higher risk were likely not to have been adequately addressed. Particularly, in both concentrated and generalized epidemics, HIV funding requests have limited discussion of HIV prevention efforts for young women and girls, and young people at higher risk of HIV.

**Malaria.** Some malaria applicants did not use available empirical data to identify key and vulnerable populations or to design specific activities to reach them. Opportunities remain for malaria applications to make better use of existing data on age, sex, population mobility, and demographics to facilitate identification of the most vulnerable populations, understand whether they access services, and design appropriate activities to effectively reach

populations in need. For example, ‘general distribution’ of long lasting insecticide treated nets does not mean everyone who needs a bed net necessarily has access to one.

*Recommendations for applicants:*

- Plan to provide services to all populations at greater risk of infection and disease, beyond key populations, and ensure all populations at greater risk are able to access and use services.
- Systematically describe and assess the needs of all key, vulnerable and at-risk populations.
- Use available disaggregated information from survey and routine data as feasible, to better identify key and at-risk populations for all three diseases, and to inform the development of programs and interventions that would have the maximum impact for these populations.

The TRP commends the National TB Program (NTP) of one applicant for acting on the data from prevalence surveys showing men of all ages are more at risk for TB, and for planning to adapt services to better meet their specific needs. Though case notifications are disaggregated by gender and age, treatment outcomes are not. The latter would provide important insight in the success of the NTP’s proposed interventions and be a basis for design of future gender and age-sensitive interventions.

*Recommendations for partners:*

- Provide technical assistance and support countries to strengthen collection, reporting, and interpretation of sex and age-disaggregated data<sup>2</sup> in funding requests for HIV, TB and malaria.
- Support countries to better analyze and use available sub national and disaggregated data, qualitative research, as well as country survey and epidemiological data, to identify vulnerable and underserved populations, make an informed choice of strategic priorities, and design enhanced and sustainable interventions for all three diseases.
- National and international stakeholders should revise data collection methods and reporting tools to include age and gender disaggregated treatment outcomes for TB.

*Recommendations for the Secretariat:*

- Strengthen Global Fund guidance to encourage countries to provide evidence-based services to address the needs of identified key populations, vulnerable populations and ‘at risk’ populations.
- Draw up lists of existing tools to support countries to identify key populations and other vulnerable and at-risk populations in generalized epidemics.

**b. Provide tailored services for key populations.**

The TRP noted some funding requests across all three diseases revealed better key population awareness, but many others did not mention key populations or propose specific interventions to address their needs.

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<sup>2</sup> The TRP notes it is not necessary sex, gender, and age disaggregated data be collected routinely; other methods exist to collect and compile data that may signal differential access to, and use of, services, and differential treatment outcomes. Examples are sample surveys of records, individuals or communities, implementation studies, and sentinel surveillance systems.

Some HIV funding requests neglected to mention and address the specific needs of a number of their key populations. These include men who have sex with men, transgender populations, prisoners and people in closed settings, indigenous people, lesbians, gays, bisexuals, and transsexuals, refugees, people who inject drugs, people with a disability, mobile and internally displaced populations, and the military. Statements affirming the whole population has access to services often misrepresent situations where specifically targeted interventions matching sub-population needs and demands are absent, denied, prohibited by law, and under-funded.

In many applications across the three diseases, there was limited discussion of age-appropriate interventions for children in general, and orphans and vulnerable children in particular.

Some funding requests proposed strong and equitable interventions for refugees and migrants. However, International Humanitarian Law holds populations on both sides of the conflict have a right to medical care, and many funding requests did not address needs on both sides of the conflict. Most funding requests did not propose interventions to provide equal access to services for residents, displaced persons, and refugees.

Few funding requests proposed interventions for the military or other uniformed personnel in conflict and post-conflict areas. Some funding requests did not address displaced populations especially those living outside camps.

*Recommendations for applicants:*

- Provide increased domestic financial commitments for key population programming, and include human rights and gender considerations in programming prioritization.
- Provide a 'service provision landscape' analysis per key population to identify gaps in service coverage for key populations in a particular funding request. Such an analysis would indicate which interventions for a particular key population are provided by other donors or by the government. This is particularly relevant for middle-income countries and countries in transition, where a funding request to the Global Fund is less likely to cover a full package of services for certain key populations.
- Use the Global Fund's Human Rights baseline studies and Legal Environment Assessment, (to be released later in 2017) to inform analysis of the needs, demands and rights of key populations.
- Place greater emphasis on the HIV test-treat-retain cascade analysis for HIV key populations. Cascade analysis requires identifying where, along the steps of the continuum of care, programs fail to engage and retain people living with HIV in HIV testing, care and treatment; determining the magnitude of the losses and gaps along the continuum; and identifying and analyzing the causes of the losses or gaps. Similar analyses of the pathway of diagnosis, treatment and care for relevant key population groups should inform the choice of interventions in TB and malaria programs and enhance their impact.
- In conflict areas where the government has limited or no control or cannot reach out to affected populations, make every effort to provide access to services through alternate channels, including international UN agencies, the Red Cross, international non-governmental organizations, or agreements with non-aligned parties, to ensure hard-to-reach populations on both sides of the conflict have equal access to services.

- Include sensitization and capacity-building interventions for Ministry of Justice and Police within proposals for people who inject drugs and people in closed settings, with a budget as per guidelines published by the World Health Organization (WHO), the Joint UN Programme on HIV and AIDS, and the United Nations Office on Drugs and Crime.

*Recommendations for partners:*

- Provide more support to countries with restrictive environments for key populations to overcome political, social or religious barriers to access.
- Support countries to develop specific interventions for transgender populations distinctively from men who have sex with men.
- Support countries to strengthen outcome measures for reporting on Human Rights and Gender outcomes and consider aligning these with some of the Office of the High Commissioner for Human Rights and PEPFAR indicators.
- Support countries to develop strategies to provide services on both sides of a conflict, including through proxies (United Nations system, Red Cross, international non-governmental organizations) or through mutually agreed cross-border or cross-line humanitarian interventions.
- Support countries to develop and implement comprehensive evidence-based interventions for people in closed settings. Ensure the UN Health cluster liaises with the Country Coordinating Mechanisms to support inclusion of interventions for internally displaced populations and refugees in funding requests.

For one application, the TRP observed the HIV epidemic primarily occurred among people who inject drugs. Among transgender sex workers in one city, HIV prevalence was 1.6 percent, but was 27 percent among people who inject drugs. However, the funding request did not propose interventions for people who inject drugs. Given the limited amount of money available, it is important to tailor the interventions to high-prevalence populations. The TRP recommended revising the proposed interventions under the allocation budget to include services for people who inject drugs where, in this setting, the epidemic is clustered.

**c. Use innovative strategies to find and serve missing populations.**

The TRP noted innovative strategies could help to fill gaps in HIV and TB coverage. HIV applications need more focus to prevent HIV among at-risk populations, and a greater focus on innovative case-finding strategies to meet the needs of hard to reach populations. The TRP encouraged TB applicants to use matching funds requests to test new approaches to find missing TB cases at the local level before rollout to the national level.

*Recommendations for applicants:*

- Develop and implement innovative strategies to reach populations with low access to HIV prevention services taking into account their sex, gender, age, risk, and use of new social networking technologies and products. For example, countries should consider new testing approaches such as self-testing, index testing, community-based testing, and sexual network testing, and base the case-finding strategies on data.
- Search for, adopt, and reapply positive examples of finding missing TB cases, using lessons, for example, from TB REACH and other projects.
- Strengthen the role of communities and the private sector, and use information technology for case finding, retention in care, and contact management.

- Strive to expand the sphere of new implementers that go beyond existing Principal Recipients and sub-recipients to stimulate innovative ideas and promote their implementation.

## **2. Address structural barriers for vulnerable populations**

TRP members reviewed six matching fund requests focused on removing human rights barriers to HIV services, and eight HIV matching fund requests focused on adolescent girls and young women.

### **a. Women and Girls' empowerment.**

The TRP observed many funding requests did not include gender-responsive interventions aimed at addressing critical drivers of gender-equality and needed to improve long-term outcomes, such as social norm change, working with men and boys, economic empowerment, and cash transfers for school retention.

The TRP also found the scale of the response to gender-based violence and to violence against women and children is still very limited overall. Harmful practices against women and children such as female genital mutilation, child marriage, widow cleansing, bride price, or dry sex, are generally not discussed in applications, including in countries that conducted a gender assessment highlighting the significance of these issues. Some funding requests discussed harmful practices, with only limited consideration of possible interventions to address these practices. Funding requests seldom explicitly discussed gender-based violence, child abuse, or sexual exploitation as root causes of vulnerability to HIV.

#### *Recommendations for applicants:*

- Strengthen and fund programming for gender-based violence, integrated with disease programs.
- Consider including innovative interventions that focus on social norm change and economic empowerment of adolescent girls and young women and other vulnerable populations (especially for matching funds).

#### *Recommendations for partners:*

- Strengthen technical assistance in gender programming and gender-based violence.
- Continue to scale up technical assistance to address gender-based violence and harmful cultural practices, including among men who have sex with men, transgender and other key populations.
- Consider stronger gender-based violence indicators such as post-rape care and empowerment (aligned with PEPFAR indicators).

## **3. Provide appropriate, targeted, and quality prevention, care and treatment services for malaria, TB, TB/HIV and HIV.**

**Malaria:** The TRP reviewed 50 malaria components. In addition to the recommendations listed in this section, malaria applicants are encouraged to:

- Use available data to target service provision for key and other at-risk populations (see section 1 above),
- Integrate malaria services with antenatal care and reproductive, maternal, newborn, child and adolescent health (see section 4 below)
- Ensure communities and the private sector are involved in the response to malaria (see section 4).

**a. Acknowledge malaria upsurges, analyze possible causes using available data, and adjust response if necessary.**

Despite the overall global decline in malaria incidence, some countries showed an upsurge of malaria morbidity and more rarely, mortality. The TRP expressed concern the applications from affected countries had not yet acknowledged or understood the reason for the significant change in the epidemiological situation of malaria in their countries. Several applicants had compared trends of annual parasitic incidence data in their proposals but stopped short of listing likely reasons for the upsurge. Conversely, one iterated malaria funding request which exemplified this upsurge from window 1 came back in window 2 providing excellent analysis of the epidemiological situation using available data, which the applicant strategically used to select the most appropriate interventions to effectively address the upsurge.

*Recommendations for applicants:*

- While continuing implementation of malaria interventions, countries facing a malaria upsurge should investigate the root causes of the upsurge and propose a way forward to address the epidemiological situation and operational context. A concerted effort across countries in the same region may be needed, in addition to a nationally specific response.
- Increase in-country collaboration to use and analyze information to detect possible epidemics and investigate and activate a prompt response if necessary.
- Consider data disaggregated by sex, gender, key and vulnerable populations, using available survey and routine data as feasible. This is of increased importance where interventions have less than desired programmatic impact.

*Recommendations for partners and the Secretariat*

- Support countries to strengthen their surveillance system, their capacity to analyze programmatic intervention data, and their capacity to respond to epidemics, so they can identify and address programmatic challenges to reduce malaria incidence.
- Work with applicants to encourage an evidence-based and innovative approach to the planning of interventions that recognizes and addresses epidemiological changes making use of available data to guide analysis of population access and impact.

**b. Develop appropriate plans for malaria elimination.**

The TRP observed some countries reaching elimination did not have clear plans for intensified surveillance, service provision for key populations living in border areas, or cross-border collaboration. Few countries on the path to elimination described cross-border mobility and malaria transmission as a critical bottleneck to eliminating malaria. Funding requests included limited information on service delivery for different key populations along border areas.

*Recommendations for applicants:*

- Applicants reaching elimination should establish and engage in strategic partnerships to address cross-border issues including service provision to key populations.
- Consider disaggregation in data analysis, using available survey and routine data as feasible. This is of increased importance to programs near elimination.

*Recommendations for partners and the Secretariat:*

- Support countries reaching elimination to establish and maintain cross-border activities.
- Identify opportunities within regional projects to address malaria along border areas.

**c. Consider rationale and evidence for programmatic decisions on malaria vector-control strategy.**

The TRP observed many funding requests had missed opportunities to use programmatic data and evidence to improve the selection of vector control interventions. Applicants should base their choice of vector control interventions on programmatic data, evidence of efficiency and impact, and on an analysis of the situation and of relative costs and benefits.

*Recommendations for applicants:*

- Provide a rationale for the choice of either long-lasting insecticide treated nets or indoor residual spraying, taking into account evidence on costs, utilization rates, as well as level and extent of insecticide resistance. This should include: net type, ratio of nets to humans where variance from WHO recommendation is strongly justified, and mix of long lasting insecticide treated net and indoor residual spraying, in line with WHO guidance<sup>3</sup>.

*Recommendations for partners and the Secretariat:*

- Work with applicants to build the evidence-base, or collate and analyze existing evidence to make rational decisions on the mix of vector control interventions, noting the high proportion of overall budgets these interventions commonly comprise.

**e. Include essential impact indicators in funding requests.**

The TRP observed some applicants have failed to include indicators essential to monitor impact, such as indicators related to severe malaria or malaria mortality.

*Recommendations for applicants:*

- Include impact indicators in funding requests, in line with WHO guidance<sup>4</sup>.

*Recommendations for partners:*

- Encourage capacity building to enable collection and analysis of the priority impact indicators recommended by the WHO Global Malaria Programme, and relevant to the epidemiological and programmatic context.

**TB:** The TRP reviewed 26 TB components across windows 1 and 2. In addition to the specific recommendations listed below, the TRP encourages TB applicants to:

- Carry out epidemiological and programmatic analysis to identify missing TB cases, and to develop appropriate interventions to reach them (see section 1 above),
- Involve communities and the private sector in the TB response (see section 4 below).

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<sup>3</sup> [http://www.who.int/malaria/publications/atoz/who-guidance-combining-irs\\_llins-mar2014.pdf](http://www.who.int/malaria/publications/atoz/who-guidance-combining-irs_llins-mar2014.pdf)

<sup>4</sup> <http://www.who.int/malaria/publications/atoz/9789241511988/en/>  
<http://www.malariasurveys.org/documents/Household%20Survey%20Indicators%20for%20Malaria%20Control.pdf>



**a. Set targets that are more ambitious and develop differentiated responses addressing key gaps and barriers.**

The TRP noted many applicants are not setting sufficiently ambitious targets, particularly for case notifications, and therefore are unlikely to overcome the challenge of finding missing cases. With regard to multi-drug resistant TB treatment outcomes, many applications are only committing to low or very conservative treatment success rates. Similarly, coverage for latent TB infection is low in many countries and many applicants have not set any targets to address this problem.

The TRP observed many performance frameworks in TB applications do not contain the full range of key indicators to monitor the End TB Strategy with the most commonly missing indicators being latent TB infection coverage, contact investigation coverage, and drug susceptibility testing coverage.

*Recommendations for applicants:*

- Set targets that are more ambitious, aligned with the push to end TB by 2030.
- If lower or less ambitious targets must be set, outline the constraints and present a plan to overcome them.
- Align performance framework indicators with the End TB Strategy priority indicators.

*Recommendations for partners:*

- Work with countries to set ambitious, yet realistic targets for case notification and treatment outcomes, supporting alignment with the End TB Strategy priority indicators.
- Revise the recording and reporting tools to ensure progress with WHO recommended End TB Strategy priority indicators can be tracked.

**b. Optimize use of diagnostic tools.**

The TRP noted all applicants plan to expand GeneXpert and some also plan to expand digital radiography. However, descriptions of how to operationalize this expansion and how to address costs in both the short-term and the medium-term were largely missing from funding requests. Many applications did not describe where and how they will use the new machines to be procured with Global Fund resources, and did not sufficiently consider how to improve the specimen transport system, for example, by linking this service to other health or private sector programs in which transport systems are already in place. Applicants had not adequately addressed many of the TRP's concerns from previous cycles around results transmission, laboratory, and radiological equipment maintenance and repairs.

*Recommendations for applicants.*

- Develop a diagnostic capacity expansion plan with clear indicators for numbers of machines, and an explanation of how they will help to reach intended outcomes such as the proportion of patients diagnosed with a molecular test.
- Procure GeneXpert as a package includes costs and plans for maintenance, connectivity, power supply, and sputum transport.
- Adapt screening and diagnostic algorithms to incorporate new diagnostic tests such as those developed by the Global Laboratory Initiative; and promote the

effective and efficient use of these tools, in order to ensure the equipment is used to its capacity to maximize diagnosis of TB<sup>5</sup>.

- Include the development of clinical management capacity in future applications.

*Recommendations for partners:*

- Work with countries to help them assess, quantify, and provide a rationale for their exact needs with regard to GeneXpert machines. For example, they should provide the numbers of machines available in the country, and estimate the numbers of tests that need to be done, and the numbers of new machines needed.

**c. Provide material and nutritional support to patients who need it.**

The TRP observed many TB applications included requests for nutritional support to TB patients in the allocation or above allocation request. However, groups of TB patients who would benefit most from nutritional support—including malnourished patients, patients with multi-drug resistant and extensively-drug resistant TB, those on short-course regimens or those prescribed new drugs that require being taken with a meal to ensure absorption—are not prioritized. Rather, many funding requests propose nutrition support broadly for all TB patients to support adherence to TB treatment.

*Recommendations for applicants*

- Provide a list of priority patients to receive nutritional support.
- Include a proposal for a monitoring and evaluation system that assesses the type of nutritional support that reaches patients, whether the right patients are receiving the support, the outcomes of the intervention, perverse effects, and whether they were addressed. This is particularly relevant for applicants from challenging operating environments, who are encouraged to prioritize such support.

*Recommendations for partners:*

- Support countries to assess when nutritional support in TB care is needed, how to address perverse effects, and to provide a rationale for this request.

**d. Expand multi-drug resistant-TB programs.**

All applications included plans to expand diagnosis of multi-drug resistant-TB, and plans to adopt short regimens and to increase the proportion of diagnosed patients that start treatment. However, the TRP observed detection and treatment gaps persist. Active drug safety monitoring and management as a priority intervention was included in only a few requests.

*Recommendations for applicants:*

- Accelerate detection of multi-drug resistant-TB cases, by adopting the use of sensitive diagnostic tools such as the Xpert Mycobacterium tuberculosis DNA and resistance to rifampicin assay for presumptive cases of TB and ensure all diagnosed patients are treated as soon as possible to meet targets.
- Prioritize the rapid adoption of short-course regimen even as the capacity for second-line molecular drug susceptibility testing is built.

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<sup>5</sup> [http://www.stoptb.org/wg/gli/assets/documents/GLI\\_algorithms.pdf](http://www.stoptb.org/wg/gli/assets/documents/GLI_algorithms.pdf)  
[http://www.who.int/tb/publications/Final\\_TB\\_Screening\\_guidelines.pdf](http://www.who.int/tb/publications/Final_TB_Screening_guidelines.pdf)

- Use data from conventional drug susceptibility testing and routine drug resistant TB surveillance to move towards the shortened regimen if second-line molecular drug susceptibility testing is not yet in place.

*Recommendations for partners:*

- Provide support to countries to build capacity to enable rapid implementation of short regimens (second-line molecular drug susceptibility testing capacity).
- Support countries in assessing the role of active drug safety monitoring and management and integrating this as a priority intervention.

**e. Prioritize childhood TB.**

Applicants consistently identified childhood TB as an issue and some country programs, particularly in Africa, provided good examples of country efforts to increase attention to pediatric TB in window 2. However, many funding requests lacked specific interventions to enhance TB case-finding among children, and did not consider contact investigations, diagnosing and treating child contacts of TB patients with Isoniazid preventive therapy. Funding requests paid more attention to using new formulations of pediatric anti-TB medicines but not enough to finding the children to whom to give the formulations. A few requests still proposed old formulations for the treatment of children with TB.

*Recommendations for applicants:*

- Prioritize finding childhood TB cases, and use new child-friendly formulations for treatment.
- Emphasize contact tracing and ensure the provision of TB preventive therapy, especially for child contacts of active cases.
- Adapt WHO childhood TB guidelines to the country context, and promote linkages of TB services to reproductive, maternal, newborn, child and adolescent health and other services targeting mothers and children.

*Recommendations for partners:*

- Enhance technical support to countries focused on childhood TB and continue supporting efforts for the development and use of a non-sputum based TB test.

**TB/HIV:** Twenty-nine TB/HIV components were reviewed.

**a. Strengthen implementation of TB/HIV collaborative activities.**

The TRP observed countries with significant TB/HIV burdens have made good progress with HIV testing for TB patients and TB testing for HIV patients. However, implementation of TB preventive therapy using Isoniazid preventive therapy for people living with HIV still lags behind, and coverage of child contacts of TB patients on Isoniazid preventive therapy is low. Although Isoniazid preventive therapy intervention was recommended by WHO many years ago, clinicians still have fears about creating Isoniazid resistance and continue to resist providing Isoniazid preventive therapy to people living with HIV. A few applications contended the early initiation of antiretroviral therapy among people living with HIV using the test and treat strategy was sufficient for TB prevention. However, the TRP noted, while antiretroviral therapy alone has a major effect on TB incidence in people living with HIV, the combination of Isoniazid preventive therapy and antiretroviral therapy would have a more profound effect on the incidence of HIV-associated TB, and would conform to current normative guidance.

Furthermore, implementation of TB/HIV collaborative activities remain weak in low TB/HIV burden countries. Some countries are buying large numbers of real-time Polymerase Chain Reaction platforms that are solely dedicated to performing viral load testing when they might instead be using GeneXpert capacity to meet the needs of viral load testing in HIV programs. The TRP is seeing efforts to integrate TB programs with other health programs such as reproductive, maternal, newborn, child and adolescent health, but not necessarily relevant ones such as HIV programs or programs for diabetes, diabetes being one of the major drivers of TB.

*Recommendations for applicants:*

- Continue to drive TB/HIV collaboration activities and offer a 'one stop shop' for the benefit of patient care. This may often include joint use of GeneXpert machines for diagnosis of TB and management of HIV with viral load testing.
- Use GeneXpert capacity to meet the needs of viral load testing in HIV programs, thus maximizing efficiency and cost savings.

*Recommendations for partners:*

- Support countries to overcome TB preventive therapy implementation challenges and to monitor quality and outcomes of Isoniazid preventive therapy.
- Provide normative guidance on how best to integrate viral load testing using GeneXpert machines.
- Given the latest guidance on test and treat leads to much earlier antiretroviral therapy initiation and this is expected to help prevent TB, WHO may need to initiate discussion and a review of the policy on TB preventive therapy, for example using Isoniazid preventive therapy among people living with HIV.

**HIV:** Thirty-five HIV components were reviewed in windows 1 and 2. In addition to the specific recommendations listed below, TRP encouraged HIV applicants to:

- Remove legal, structural, and political barriers to HIV services for key populations (see section 1 above);
- Increase HIV testing coverage through innovative strategies (see section 1 above).

**a. More focus on prevention is needed.**

The TRP noted countries are making efforts to expand HIV prevention activities but prevention coverage remains low. Prevention programs are often constrained by budget requirements to cover the high number of patients already on, or planned to be enrolled on, treatment. The TRP acknowledged while much more effort and resources will be required to achieve the 90-90-90 treatment targets, it is just as important to maintain, adapt, and expand prevention programs. Many of the applicants did not propose any novel prevention activities despite changes in the epidemiological context, while few recognized the need for differentiated approaches for prevention among different population groups.

Many funding requests revealed gaps in prevention coverage. For example, they only included limited data on how prevention outreach helps to find undiagnosed cases for testing. As mentioned in section 1 above, more emphasis is needed on innovative case-finding strategies to meet the needs of hard-to-reach populations. Some programs are allocating funding for condom programming, but not at the levels needed. More proposals sought to implement pre-exposure prophylaxis, but several lacked an analysis of the normative guidance, and how it applies to the specific political, epidemiological, and financial contexts. Many proposals did not include a description of the infrastructure and support system required to deliver a comprehensive pre-exposure prophylaxis package.

*Recommendations for applicants:*

- Employ innovative strategies to reach different segments of the population, considering age, risk, use of new social networking technologies and products, and changes in local country situations.
- Improve availability of, and access to, condoms especially for populations at increased risk of HIV.
- Provide more detailed rationale on where, when, how, and for whom to implement pre-exposure prophylaxis in funding requests.

*Recommendations for partners:*

- Develop and disseminate best practices of HIV cascade analysis for different populations, and identify programmatic and sustainability concerns, focusing on finding practical program solutions.
- Support countries in decision-making and in the process of prioritizing prevention interventions for maximum impact, particularly differentiated prevention interventions for priority populations in mixed epidemics.
- Identify best practices from countries that have achieved the 90-90-90 goals particularly on how they balanced between prevention and treatment programs with limited resources.

**b. Prioritize adolescent girls and young women.**

The TRP noted some applicants prioritized adolescents, girls and young women. However, the interventions were not sufficiently targeted to reach the intended beneficiaries and to achieve the desired impact.

*Recommendations for applicants:*

- Ensure the interventions for adolescent, girls and young women help to individually or collectively address the challenges these groups face, and are contextually targeted, tailored, and evidence-based, taking new evidence into account as it emerges.
- Review available program data to support the development of evidence based, data-driven approaches for interventions in different contexts.

*Recommendations for partners:*

- Support countries to identify and prioritize the best mix of contextually appropriate, evidence-based interventions for adolescent girls and young women where it is needed.

**c. Improve the implementation of differentiated service delivery models.**

The TRP observed HIV applications do not adequately describe and target differentiated service delivery models. Differentiation along the prevention care continuum is needed.

*Recommendations for applicants:*

- Invest sufficient time and efforts to adapt and redesign delivery models to the country context.
- Take lessons learned into account especially when designing and implementing differentiated interventions.

*Recommendations for partners:*

- Develop and disseminate best practices of HIV cascade use for different populations, which focus on finding practical program solutions to

challenges, while considering sustainability, and ensuring HIV testing is truly voluntary and informed.

- Build country capacity in cascade analysis, and in the use and analysis of data to tailor interventions and promote differentiated service delivery models.
- Support countries to use existing data to inform tailored programs and to apply normative guidance for intervention packages and appropriate targeting to their national context.

**d. The first 90: Improve HIV testing and linkage to care and treatment.**

The TRP observed the concept of differentiated testing strategies, needed for better HIV case finding, has been increasingly mentioned in narratives, but has been lacking implementation detail. Countries present testing interventions with low-yield results and need to pay more attention to targeting higher-risk groups for HIV case-finding and to implementing innovative testing strategies, as described in section 1c above.

The interventions in funding requests to address bottlenecks in HIV case-finding are often limited. For example, funding requests do not pay sufficient attention to the quality of tests. Laboratory and supply chain issues are not well addressed in many funding request narratives.

Furthermore, provider-initiated testing and counselling seems to have obscured the need to ensure HIV testing is truly voluntary and informed for all targeted populations, pregnant women among them.

Early infant diagnosis in West Africa still lags behind, with alarmingly low coverage rates.

*Recommendations for applicants:*

- Provide voluntary and informed testing with appropriate counselling to all targeted populations, pregnant women among them.
- Place more emphasis on innovative case finding strategies to reach hard to reach populations (e.g. community-based testing, self-testing) and reach segments with low coverage such as infants, and men.
- Ensure HIV testing is truly voluntary and informed, particularly in clinics providing general sexual and reproductive health services.

*Recommendations for partners:*

- Support implementation of best practices in HIV testing and other policies that improve case finding and linkage to treatment respectful of human rights principles, norms and standards, and address losses to follow up and weak health systems in parallel.
- Support countries in adopting a realistic and feasible phased approach for the 90-90-90 strategy that would maintain both the gains of prevention, care, and treatment programs, and manage the risks, while maintaining the progress towards the 2020 goals.

**e. The second 90: Increase ART coverage.**

The TRP observed many funding proposals mention differentiated service delivery models, however their implementation is insufficiently described and well-adapted to specific country contexts. Applicants are emphasizing the treatment cascade, but their approaches to address leakages are often suboptimal. The TRP adds it was challenging to understand the degree of antiretroviral therapy scale up in program continuation requests without the budget.

Domestic procurement of affordable and quality HIV medicines in some upper middle-income countries is fraught with challenges, as a result of countries' lack of capacity to tap into the competitive drug pricing market at the international level. This makes the achievement of the second 90 goal more difficult.

Pediatric HIV treatment coverage remains low in some regions, particularly in West Africa, and pediatric formulations are not commonly available or rationalized in low and medium income countries where fractionate adult ARVs are administered to children.

*Recommendations for applicants:*

- Make every effort to adapt and redesign delivery models to the country context, taking into account lessons learned.
- For program continuation applicants: ensure treatment scale-up plans are developed during grant-making, including for children.
- Ensure formulary requests and national treatment guidelines are in line with normative guidance, to minimize the number of possible regimens in both the public and private sectors.

*Recommendations for partners:*

- Support applicants to maintain scale-up to reach the second 90 goal including pediatric populations.
- Strengthen technical support to government-led ARV procurement to address pricing, affordability and access challenges, and improve drug quality assurance, procurement and supply management, and sustainability.
- Encourage in-depth discussion among in-country stakeholders, partners and the Global Fund Secretariat to ensure rational formulary and prescribing practices are adopted that enhance value for money in countries that use a large number of drug regimens.

**f. The Third 90: Improving Treatment Retention and Viral Load suppression.**

The TRP noted funding requests revealed a number of gaps with regard to treatment retention and viral load suppression. Many funding requests did not include sufficient data on 12-month retention. Cohort monitoring and progress towards the achievement of the third 90 were variable across continents. Viral load testing remains low in several countries, due to health care workers not requesting viral load tests for patients, and due to the limited availability and underutilization of existing viral load platforms.

*Recommendations for applicants:*

- Improve the capacity of health care workers to identify patients eligible for viral load testing.
- Explore options to expand outsourcing of viral load testing to private and civil society laboratories at sub-national levels so rapid scaling-up of services is ensured, since setting-up molecular diagnostic laboratories at national and sub-national levels is very complex. This should be considered a priority in countries with high burden of HIV and countries with large populations. Explore options to expand use of GeneXpert machines for VL testing.
- Strengthen data systems to enhance the efficiency of cohort monitoring in order to improve programs.
- Address the test procurement and sample transport system challenges to ensure results are reliably and efficiently returned from viral load testing facilities to care providers.

*Recommendations for partners:*

- Help applicants to undertake strategic planning of laboratory investments.
- Provide support to countries to improve systems for cohort monitoring and ART outcome analysis.

**4. Strengthen health systems.**

The TRP observed some countries are successfully integrating services for all three diseases at the clinic and community level. However, striking a balance between investments in disease programs and in resilient and sustainable systems for health to allow disease programs to function well is challenging. The gaps and needs for resilient and sustainable systems for health are extensive in many countries and their scope largely surpasses the resources available through the Global Fund allocations.

**a. Integrate the disease-specific national strategic plan and national health plans.**

The TRP members observed national strategic plans submitted as disease-specific plans often do not explain the extent to which they rely on, and contribute to, national health development plans.

*Recommendations for applicants:*

- Integrate disease-specific national strategic plans into national health plans to enable health systems to comprehensively and coherently support disease interventions.
- Demonstrate resilient and sustainable systems for health proposals are strengthening the entire health system, not just the disease-specific program.

*Recommendations for partners:*

- Support comprehensive national health planning processes, which combine disease-specific and health-system strengthening planning.

*Recommendation for the Secretariat:*

- Consider documenting the elements of successful integration of resilient and sustainable systems for health and disease specific programs, as well as issues to avoid in the process. These lessons should be available for wider dissemination.

**b. Strengthen information systems.**

The TRP noted a common health management information system platform based on the DHIS2 is being rolled out in most countries, particularly in sub-Saharan Africa. While quality data is becoming increasingly available in countries and this is becoming apparent in funding requests, it is not sufficiently being analyzed and utilized to inform programmatic decision-making. Indeed, countries often delay using data until there is significant improvement in data quality and timeliness, and only then is data utilized for decision-making at the local level. Countries are not currently sharing data but it would be possible and relatively easy with DHIS2. Monitoring and evaluation systems and surveys are not capturing the loss of patients across the continuum of care.

*Recommendations for applicants:*

- Improve the use of data in decision-making at all levels after scaling up the integration of data, and provide evidence that data is being used by service providers and managers, benefitting disease programs.



*Recommendations for partners and the Secretariat:*

- Continue to support DHIS2 and avoid introduction of new, parallel data systems.
- Encourage the use of information approaches for data analysis and management decisions, which would drive data quality improvement as managers demand better data to enable confident use of data.
- Modify the monitoring and evaluation framework to include indicators that measure the flow and loss of patients along the continuum of diagnosis, treatment and care. For example, M&E indicators for HIV would measure the percentage of key populations tested; the percentage of key populations tested who are HIV positive; the percentage of tested seropositive key populations who start treatment; continuity rates of treatment; percentage on treatment tested for viral load and percentage suppressed; as well as social support indicators, etc. The point is not to add all these items to routine reporting systems, but rather to carry out an in-depth M&E analysis of registers or sample surveys to gain insights into the times in the continuum of care when patients are lost.

**c. Strengthen procurement and supply chain management.**

The TRP observed supply chain management continues to be weak in many countries, partly due to the multiplicity of donors and technical agencies seeking to support countries, which leads to coordination challenges.

Although commodities comprise the majority of requested Global Fund expenditures, many funding requests do not sufficiently focus on procurement and supply chain management issues including last mile distribution, supply management at the clinic level, and supply security. In many countries, management systems may be adequate, and sufficient commodity stocks may be available at the central level, but problems often persist at facility and service provision level.

Value for money and quality assurance mechanisms are needed in the context of decentralization and as countries start procuring commodities locally. Applications reveal the logistics management and information system is now widely introduced, which is promising – and would be ideally linked to the DHIS2.

*Recommendations for applicants:*

- Consider the use of non-public sector contracting to handle supply chain and equipment maintenance functions, using careful cost analysis.
- Follow technical guidance on strengthening procurement and supply management<sup>6</sup>.
- Increase attention to last mile distribution, clinic-level supply management, and supply security.
- Do a careful readiness assessment before introducing new equipment or decentralizing laboratories.

*Recommendations for partners:*

- Play an active role in procurement and supply management. Close coordination between partners and the government is essential and requires reinforced commitment, attention, and innovative mechanisms.

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<sup>6</sup> [https://www.theglobalfund.org/media/5873/psm\\_procurementsupplymanagement\\_guidelines\\_en.pdf](https://www.theglobalfund.org/media/5873/psm_procurementsupplymanagement_guidelines_en.pdf)

*Recommendations for the Secretariat:*

- Provide support and guidance on procurement and supply management to applicants.
- Consider the shrinking market share, the declining leverage of the pooled procurement mechanism, and propose new, cost-saving procurement opportunities

**d. Carry out quality assurance and pharmacovigilance to limit circulation of counterfeit drugs and other sub-standard medicines.**

The TRP observed for all three diseases, many countries are addressing pharmacovigilance with support by partners, and are developing standard protocols. However, many funding requests mentioned quality assurance of commodities, without presenting a rationale or specific strategies to carry this out.

*Recommendations for applicants:*

- Include technical support for pharmacovigilance monitoring in the funding request.
- Strengthen drug-testing facilities at national and sub-national levels.

*Recommendations for partners:*

- Provide technical assistance on quality assurance and pharmacovigilance to those countries that need such support.

*Recommendation for the Secretariat:*

- Provide countries with clear guidance to ensure drug quality assurance and improve diagnostics coverage.

**e. Strengthen human resources for health.**

The public-sector health care workforce suffers from management, retention, and supervision challenges, which impede service delivery and sustainability of services in most areas. Community health workers' multiple responsibilities continue to increase with service integration, but often these health workers do not receive the support they need such as cash payments, continuing education, supervision, resupply of commodities and links to the formal health system, which hinders their effectiveness and retention. At the same time, incentive schemes for government workers are often inconsistent and in many cases disallowed, and donors do not provide a standard or sufficient salary scale for non-governmental community health workers, which results in high turnover of community health workers in search of a better income.

The TRP is very concerned about the long-term sustainability of community-level health services. Many countries rely on volunteer, non-salaried community health workers to deliver services, and few funding requests propose taking over support for the vast number of community based organizations and civil society organizations funded by the Global Fund that support the provision of community health services.

The TRP noted Global Fund support focuses on in-service training rather than on strengthening pre-service training. However, over-reliance on in-service group training is an inefficient use of resources and results in widespread absence of workers from health care facilities. The TRP recommends greater attention to human resources for health investments in pre-service is warranted.

To address human resource shortages, countries need a substantive vision and strategy for human resources for health development, which includes community health workers. However, funding requests often do not address this need, which is obscured by donor-driven community health worker strategies. Few applications consider the increasing workload assigned to community health workers may require an adjustment of national policies, laws, and regulations, and few applications take gender considerations into account in planning for human resources for health.

*Recommendations for applicants:*

- Develop comprehensive human resources for health plans for all levels of health workers including community health workers as a way to strengthen health systems and service delivery, including in low-income and challenging operating environments settings.
- Prepare a national human resources for health plan, that incorporates community health worker strategic plans, ideally within a national health plan.
- Consider pre-service training in the funding request.
- Address the need for community health worker support (such as regular supportive supervision, supply of essential commodities) and ensure effective linkage of community health workers to the formal health services to support sustainability of the community health workforce.
- Give preference to females when planning in-service and pre-service training.
- Conduct Service Availability and Readiness Assessment type of evaluation or Workload Indicator of Staffing Needs to assess existing workload and ability to absorb additional functions as a consequence of the integration of services and work towards reducing extraneous workload including registers, reports and stock management
- Consider use of innovative distance learning technologies and supportive supervision to support training for health workers at all levels.

*Recommendations for partners:*

- Consider community health worker implementation in line with implementer and capacity strengthening, and programmatic support.
- Adopt a common compensation standard to avoid great differences in remuneration for the same work by non-governmental service providers. Adhere to a consensual salary or incentive scale and terms of employment for community-based organizations and civil society organizations. Indeed, wide differences are seen in salary or incentive payments to non-government providers, mostly community health workers, depending on who is paying.

*Recommendations for the Secretariat:*

- Consider documenting innovative initiatives that have succeeded in strengthening human resources for health, notably Ethiopia's health extension worker model, which integrates community health workers into the primary health care system, promotes community health worker's regular interaction with clinics and allows for a career path for the community health worker.
- Promote during pre-application interaction with Country Coordinating Mechanisms, consistency in the salary and incentive scales, regardless of the source of funding. These should receive the prior endorsement of the Government.

**f. Improve service provision with health systems strengthening and links to reproductive, maternal, newborn, child and adolescent health.**

Although a few applicants proposed integrated services at the community level, the TRP noted many funding requests missed opportunities to integrate services across the three diseases with reproductive, maternal, newborn, child and adolescent health. Examples of missed opportunities for integration include the distribution of bed nets and administration of intermittent preventive therapy at antenatal clinics; diagnosis of malaria through the services of community health workers in the context of integrated community case management of childhood diseases; and testing child TB contacts for TB and starting Isoniazid preventive therapy as necessary.

Funding requests generally included limited discussion of gender in plans and strategies for human resources for health and resilient and sustainable systems for health, representing a missed opportunity to improve women's access to, and use of, health services and to strengthen the capacity and effectiveness of female service providers. For example, in one country, 80 percent of the maternal and child health workforce is male. Women's organizations are generally not included in descriptions of Country Coordinating Mechanisms and consultative processes.

There is limited integration of TB/HIV services apart from testing and treating – often joint supervision, training, and even joint testing in labs are lacking.

*Recommendations for applicants:*

- Strengthen integration by identifying the range of disease specific interventions that can best be integrated in reproductive, maternal, newborn, child and adolescent health services. These might include: HIV testing, prevention of mother to child transmission of HIV, TB suspect testing, TB contact tracing among children and Isoniazid prophylaxis, malaria diagnosis and prescription for fever.
- Utilize opportunities to integrate malaria services with reproductive, maternal, newborn, child and adolescent health for example by providing Intermittent Preventive Treatment for pregnant women services and continuous long lasting insecticide treated net distribution at antenatal clinics and immunization sites.
- Include discussion of gender in human resources for health and resilient and sustainable systems for health in funding requests with special attention to the needs of girls and young women.
- Include women's organizations in national and local health governance structures and promote their participation in national and local health planning, implementation and evaluation structures.
- For countries that have conducted a gender analysis, include the Report in Annexes.

*Recommendations for partners:*

- Provide technical assistance on integration of reproductive, maternal, newborn, child and adolescent health with disease programs and integrate gender in human resources for health and resilient and sustainable systems for health.

*Recommendations for the Secretariat:*

- Remind countries of the Global Fund strategies and guidance on reproductive, maternal, newborn, child and adolescent health and human rights and gender.

#### **g. Strengthen Community Systems**

Applicants need to distinguish between supporting community level actors for service provision, and strengthening community organizations of key populations so they can perform as partners to put in place resilient health systems. While many countries rely on the services of community health workers, few applications focus on strengthening the communities' advocacy role. As a result, communities may have enhanced access to services, but they have gradually become disconnected from their advocacy role. Governments have enacted unsound policies, laws, and regulations and community stakeholders have not been challenging them. However, community systems strengthening will help to address gaps in coverage across the three diseases, as these are often linked to structural, political, and cultural reticence to address and scale-up prevention for key populations.

##### *Recommendations for applicants*

- Expand community engagement in the response, both for service delivery and advocacy.
- Distinguish stigma experienced by individuals or communities, which refers to a social attitude, from discrimination, which refers to a violation of their human rights, and respond to these appropriately.
- Use the UNAIDS Stigma Index for HIV and build on this data to develop appropriate responses to stigma and discrimination relying on community involvement.
- Support civil society organizations to assure involvement of communities in oversight and support for community health workers and for local health initiatives
- Develop social contracting mechanisms and other innovative financing approaches to enable the continuation of community systems strengthening once the applicant exits from Global Fund financial support.
- Systems strengthening requires support for strengthening capacity of community organizations to provide an interface with government at different levels.

##### *Recommendations for partners*

- Support countries, especially in TB and malaria, to incorporate community systems in the response.
- Build country capacity to use the UNAIDS Stigma Index to identify gaps and inform interventions.
- Extend technical support to communities on how to combat discrimination in different settings, in particular within public and private health services.

#### **h. Involve the private sector in the health response.**

The TRP has noted most funding requests acknowledge the critical role of the private sector in service delivery, but have missed opportunities for engaging this sector in disease responses. National plans have limited inclusion of private health services, and funding requests do not sufficiently focus on improving the quality of the private sector health services across the three diseases.

For the malaria response aimed at elimination, private sector strategies should include action at the two ends of the spectrum: at the service provider as well as the manufacturing level. Few funding requests have capitalized on the private sector's potential to contribute towards universal health coverage for malaria and to limit the circulation of counterfeit malaria drugs and oral artemisinin monotherapies.

*Recommendations for applicants:*

- Develop a private health sector strategy that identifies the various stakeholders and leverages their specific strengths in improving access to services. The development of this strategy can be funded through the allocation.
- Acknowledge the role of the private health sector and reflect its importance in improving quality of services, adherence to standards and reporting for programs across all three diseases. Private sector actors often account for 60 to 80 percent of health care provision.

*Recommendations for partners and the Secretariat:*

- Support countries to identify the best approaches to address the role of the private health sector.

**i. Strengthen governance and management of decentralization.**

The TRP notes there is a positive trend across applications towards decentralization and broad investments in horizontal health care systems. However, managing decentralized health systems to ensure the flow of funds, supervision, procurement and supply management, health management and information systems and adherence to national policies is challenging. Decentralization offers great opportunities for improved responsiveness and local governance, but must be carried out with careful consideration for capacity, quality, coverage and accountability if it is not to lead to serious declines in services and outcomes.

The TRP noted a number of weaknesses in funding requests with regard to decentralization management. Indeed, funding requests often do not refer to democratic oversight of decentralized structures. Country Coordinating Mechanisms infrequently involve specialists on or champions for resilient and sustainable systems for health, and the role of key populations is often weak, even when they are members of the Country Coordinating Mechanisms. Financial procedures to strengthen decentralized movement of funds and control of financial resources are often not in place.

Conversely, as a positive development, some applications have proposed to strengthen financial management to create cost efficiencies.

*Recommendations for applicants*

- Strengthen weak Country Coordinating Mechanisms by ensuring key populations are integral members of the Country Coordinating Mechanisms, and actively participate in its activities.
- Seek technical advice from WHO and possibly UNDP on the implications of decentralization with relation to fund flow, potential integration of services, devolution of data responsibility, procurement, and accountability etc. or make a case for the continuing verticalization of programs, such as malaria pre-elimination programs.
- Introduce safeguards to ensure funds are used for their designated purpose.
- Strengthen financial management procedures and accountability processes in the context of decentralization.

*Recommendations for Secretariat*

- Address the composition of the Country Coordinating Mechanisms to take into account special considerations such as the needs of refugees and migrants.

- Link and coordinate Country Coordinating Mechanisms with governance bodies including central Ministries such as Finance and Planning.

## 5. Plan for sustainability

Overall, the TRP noted the applications they reviewed did not sufficiently address sustainability, which must encompass programmatic, systems, equity, and financing considerations. While almost all proposals acknowledged the need for sustainability, the quality of value for money and sustainability analyses varied across funding requests. Applicants must also address a number of gaps, notably with regard to enhancing program governance structures, civil society contracting, and community health scale-up before program sustainability can be achieved.

The TRP noted a need for a joint understanding of transition and a clearer definition of sustainability that includes early planning for sustained achievement of progress. Indeed, without early planning for sustainability, large-scale programs such as treatment of multi-drug resistant TB, anti-retroviral drugs, long-lasting insecticidal nets, and programs for key populations in countries with important human rights and social barriers are at risk of being discontinued if Global Fund resources are reduced.

Noting the funding landscape for external and domestic resources for the three diseases is currently volatile, the TRP acknowledged even countries with programs that have transitioned out of Global Fund support may need continued technical support to ensure progress is maintained.

Strengthening program governance, contracting with non-state entities, continuing programs to reach key populations, and sustaining community based program scale-up are necessary steps countries must take towards sustainability. Countries nearing transition should systematically include plans to fund community-based organizations or non-governmental organizations after transition in sustainability plans. The TRP did not see enough examples of this being done in practice. While civil society organizations provide the best opportunities for reaching and engaging key and vulnerable populations in many Global Fund financed programs, few countries have social contracting mechanisms to allow for the national takeover of key civil society organizations when they exit from Global Fund support.

The TRP also emphasized the role of the Global Fund co-financing mechanism in promoting and delivering sustainability of interventions needs to be reviewed and enhanced, especially as it applies to higher income, lower burden disease settings. Innovative financing approaches should be evaluated to determine whether they provide better opportunities for sustaining program interventions. This includes exploring the risks and benefits for impact and sustainability of results based financing, cash on delivery, social impact bonds, and debt buy-downs. Finally, a better definition and stronger guidance on what value for money means within the Global Fund is necessary to inform such an evaluation. Throughout TRP discussions, the TRP noted value for money is best defined as a narrative rather than a number.

### *Recommendations for applicants*

- Work with the Global Fund and other partners to build analytical tools and dialogue to leverage domestic financing.
- Support identification and assessment of innovative financing opportunities.
- Articulate better how the funding request fits within the overall national universal health coverage effort.

- Provide stronger narratives on how proposed interventions contribute to sustainability of disease outcomes.
- Countries nearing transition should ensure sustainable funding mechanisms to pay for key and vulnerable population services including through community based organizations

#### *Recommendations for partners*

- Partners to support countries to develop budgets that show how human rights and gender and services for key populations and vulnerable populations will be funded.
- Develop better country guidance on assessing sustainability and value for money in strategic plans and funding requests, including more use of costing data.
- Support cost-effectiveness studies (e.g. NICE) and implementation research on new technologies.
- Create a post-transition “club” (TA, mutual support) to ensure programs transitioning from Global Fund financing sustain and build on achievements.
- Build experience, strengthen vision and share experiences on innovative finance mechanisms (e.g. loan buy downs, private health services sector, promoting domestic resource commitments).
- Support countries to undertake analyses needed to determine the viability of and process for including a three-diseases response in social health insurance.

#### *Recommendations for Secretariat*

- Request applicants include country Sustainability Plans in funding request Annexes, and support community based organizations to participate in the development of these Plans.
- Broader Global Fund influence could be extended, e.g. guidance to support non-Global Fund commodity procurement through partnerships linked to innovative finance.

### PART 3: REVIEW PROCESS

Building on lessons learned from the 2014-2016 allocation period, applicants and the TRP in windows 1 and 2 of the 2017-2019 allocation period used differentiated applications and review modalities.

During windows 1 and 2, the TRP review included:

- A differentiated review approach (program continuation, tailored review, full review)
- Engagement with partners and Global Fund technical teams through joint sessions at the beginning of each review meeting
- Engagement with Country Teams through Secretariat Briefing Notes and in-person meetings.
- More attention to sustainability and innovative financing through addition of strategic investment and sustainable financing experts.
- A debriefing session for technical partners and Global Fund staff at the end of each review to share most important observations and lessons.

#### Funding request review approach and criteria

A fundamental change in the review approach was introduced for the 2017-2019 allocation, namely the introduction of differentiated applications and review modalities allowing for



flexible and tailored funding requests right-sized to match the needs and context of a country. Differentiated approaches enable quality funding requests to be developed more efficiently, so greater time can be spent implementing grants.

Under the differentiated review approach,

- Levels of information for decision-making, including content in the application materials and Secretariat Briefing Notes, were different, depending on the type of application.
- TRP criteria for evaluating funding request were tailored: specific considerations were applied for challenging operating environments, transition and material change applications.
- The level of effort and time for review and clarifications were right-sized, notably for the depth and scope of review, the TRP review process, and review outcomes templates.
- The composition of the review group was tailored to the type of funding request, for the most effective use of TRP expertise.

The TRP assessed full and tailored requests for strategic focus and technical soundness to ensure Global Fund resources are positioned to achieve maximum impact. The following review criteria, articulated in the 2017- 2022 Global Fund strategy, were applied to evaluate the technical soundness of the funding requests: maximizing impact towards HIV, TB and malaria towards ending epidemics; building resilient and sustainable systems for health; promoting and protecting human rights and gender equity; ensuring effectiveness and efficiency of program implementation; promoting sustainability and co-financing.

When assessing the strategic focus of the funding request, the TRP considered country context; overall programmatic and financial landscape; data including sub-national data; how the funding request is informed by evidence, and how it builds on lessons learned.

The TRP reviewed program elements to be funded within the allocation amount and additional matching funds for eligible countries. The TRP also prioritized elements from the above allocation requests in order to facilitate the appropriate use of resources that may become available through efficiencies found during grant-making or through possible additional funds that become available from the Global Fund or donors, using the Register of Unfunded Quality Demand.

The TRP assessed full and tailored requests, prioritized above allocation and matching funds, and either recommended them for grant-making or requested further iteration, identifying issues and actions to be addressed, recommending changes in prioritization of interventions and funding amounts as needed.

For program continuation requests, the TRP reviewed the applicant self-assessment for program continuation, the information provided by the Secretariat, and the previous TRP-approved application. The TRP then verified whether the program could continue implementation under essentially the same goals, strategic objectives and programmatic interventions of the current program. The TRP either validated the program continuation request, specifying any issues to be address during grant-making or implementation, or recommended a tailored or full funding request be developed and submitted to the TRP for review.

#### Meeting modalities.

During the TRP meetings for windows 1 and 2, TRP members met with technical partners who shared updates on global epidemiological trends, programmatic and financial gaps, and

technical guidance, as well as lessons learned from supporting the development of funding requests, to inform TRP members ahead of their review of funding requests submitted in both windows.

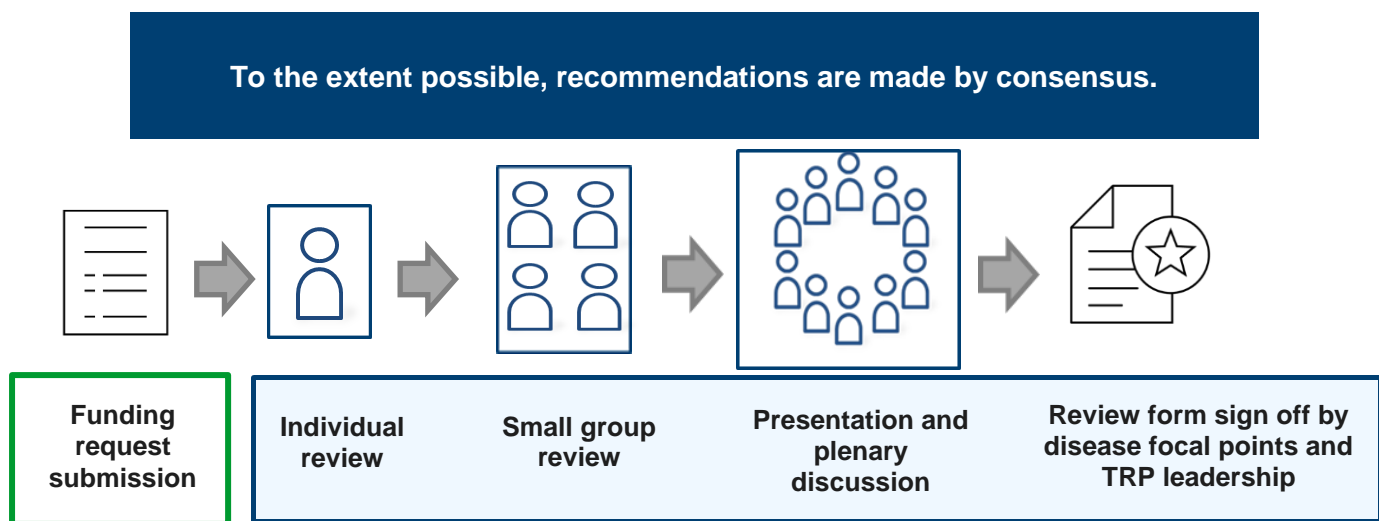
The Secretariat provided specific country team input through the Secretariat Briefing Note. This included the country team’s own analysis of the funding request, and, where relevant, supplementary information providing additional context not available in the applicant’s documentation. In addition, there were also discussions upon the request of the country team or the TRP.

After the window 1 meeting, Secretariat staff and technical partners were invited to attend a debriefing session on 3 May, in which the TRP leadership presented key findings, recommendations and lessons learned from the review. This was to ensure the Secretariat and partners were quickly aware of overall TRP observations and feedback. After the window 2 meeting, a similar meeting was held on 30 June.

Following the window 1 meeting, the TRP Chair provided a debriefing to the Grant Approvals Committee on 17 May. She then presented the TRP findings at the Board’s Strategy, Investment and Impact Committee meeting on 22 June. Briefing notes on lessons learned by the TRP on matching funds for windows 1 and 2 were also sent to the Grant Approvals Committee.

The figure below outlines the methodology used by the TRP to review funding requests.

Figure 3: How the TRP conducts its reviews



The key features of the TRP’s review include:

1. Individual review: TRP members review applications remotely and onsite.
2. Small group review and discussion. Small groups are tailored to portfolio needs in agreement with the TRP leadership. The TRP engages with Secretariat country teams through follow-up question and answer communications managed through the Access to Funding Department, and where required, remote in-person discussions with country teams.
3. Small group meetings are held for preliminary recommendations before a daily TRP plenary.

4. TRP funding recommendations are finalized through daily TRP plenary sessions, during which the TRP agrees on the assessments, recommendations and content of TRP review forms. The plenary meeting may request parallel or peer review if needed.
5. A final plenary takes place, for the TRP to discuss the overall review process and consistency between findings and to discuss recommendations and lessons learned for matching funds and the overall application process.
6. All review forms are reviewed by the i) disease specific focal points, ii) specialist focal points and iii) TRP leadership as an internal quality assurance mechanism and to ensure consistency across the review forms.

### Membership

In windows 1 and 2, 69 and 65 serving TRP members, respectively, selected from a pool of 160 members, participated in the review of funding requests. Members to serve in the two review windows were selected to ensure gender balance as well as diversity in areas of expertise, geographic and ethnic representation, and language skills. Of the 94 TRP serving members, 43 percent are female and 57 percent male.

During windows 1 and 2, the TRP inducted 53 new TRP members. Among the new TRP membership, expertise was stronger for community systems, human rights and gender as well as strategic investment and sustainable financing. At the same time, strong expertise of the three diseases and the different aspects of resilient and sustainable systems for health was maintained overall.

In the 2017-2019 Global Fund funding cycle the membership of the TRP includes

- 160 Members in the pool, 94 of whom served in windows 1-2.
- 3 people in the leadership of the TRP (a chair and two vice chairs)
- 11 members with expertise in strategic investment and sustainable financing
- 13 members with expertise in human rights and gender
- 32 members with expertise in resilient and sustainable systems for health
- 32 Malaria experts
- 33 TB experts and
- 36 HIV/AIDS experts.

### Election process

An election for the TRP chair was held during the window 2 TRP meeting. Nominations were announced during the review meeting and members voted through an in-person or electronic ballot.

At the conclusion of the meeting, the TRP elected Dr Jeremiah Chakaya Muhwa as the new TRP chair.

The TRP warmly thanks Dr Lucie Blok for her outstanding 3 years of service to the TRP. She and the vice-chairs expertly guided the TRP during the transition to the differentiated funding model and provided invaluable input to the Strategy Committee and the Global Fund Board to inform key policy decisions. The TRP recognizes her great commitment to the mandate of the TRP and the Global Fund and to the fight against HIV, TB, and malaria.

The TRP further recognizes the excellent support provided by the Access to Funding team of the Global Fund Secretariat before and during the review process. This effective, efficient and timely support was crucial for the functioning of the TRP. Furthermore, the careful guarding of the independence of the TRP during this process is greatly appreciated.