

Lessons learned from June and July TRP review

September 2014

Tbilisi, Georgia

Agenda

-
- 1 Lessons learnt from June TRP review**
 - 2 Lessons learnt from July TRP review
 - 3 Top 6 technical lessons learned
 - 4 Questions
-

1 Top 5 lessons learned

From Window 1

- 1 Prioritize within the allocation amount
- 2 Separate above allocation request
- 3 Refocus health system strengthening efforts
- 4 Demonstrate learning from previous grants
- 5 Concept notes should cover the period to the end of 2017

Prioritize within the allocated amount: clear choices in the concept note

- ➔ Applicants need to show the strategic choices they have made, within the allocation amount, to maximize the impact of Global Fund investments.
- ➔ New thinking is required: optimize the use of 'scarce' allocated resources.
- ➔ Include a strong rationale for the funding request, based on epidemiological data and lessons learned from past implementations.
- ➔ Include an explanation in the narrative, as well as making choices clear in the modular template.

1

Separate above allocation request: differentiate from allocation request



In section 3.2 and 3.3 of concept notes and in the modular template, CCMs must clearly describe their allocation request separately from their above allocation request.



Critical program components need to be included in the allocation funding.



There is no limit to the size of the above allocation request, but it must be strongly justified to be awarded unfunded quality demand or incentive funding.



The above allocation request must rank choices with corresponding budgets and expected impact.

Demonstrate learning from previous grants



Applicants should:

- ✓ Explain where the Global Fund has previously invested
- ✓ Describe the impact of these programs
- ✓ Analyze the results of past programs and demonstrate how the proposed interventions build on them to maximize impact
- ✓ Ensure lessons learned from past implementations are addressed in the funding request

Programs should be adjusted to focus more strongly on the most effective approaches used in the past.

1

Concept notes should cover the period to the end of 2017



Only in exceptional circumstances may countries request a shortened grant duration which ends before the end of 2017.



Even if CCM has been given approval for shortened grant duration, concept notes should still cover the period to the end of 2017



- Concept notes should explain where funding will come from if not from GF, or the above allocation request covers the remaining period.



- TRP may request iteration of concept note if it has concerns that a shorter timeframe puts continuity of programs at risk without secure funding.

Agenda

-
- 1 Lessons learnt from June TRP review
 - 2 Lessons learnt from July TRP review**
 - 3 Top 6 technical lessons learned
 - 4 Questions
-

2 Key lessons for CCMs, country teams and technical partners

From Window 2

General lessons learned

- 1 Focus interventions on key populations
- 2 Focus on sustainability
- 3 Ensure a robust country dialogue around program split
- 4 Improve concept note quality
- 5 Prioritize interventions for greatest impact

Many of these suggestions reinforce messages communicated in prior TRP reports (Transitional Funding Mechanism and New Funding Model). To access these reports, please visit www.theglobalfund.org/en/trp/reports.

Lesson 1: Focus interventions on key populations

1 Ensure interventions address key populations to maximize impact

- While key populations were often identified, many concept notes failed to focus interventions directly on key populations or failed to dedicate funds for these activities. In addition, few concept notes provided:
 - Support for needs of young women, who are at extremely high risk, in generalized HIV epidemic settings;
 - Interventions to address gender, gender-based violence and the rights of women and girls; and
 - Any or adequate budget to address human rights barriers to access to services
- Social and human rights interventions that focus on key populations should not be ignored in favor of medical interventions
 - Partners and researchers should urgently prioritize the development of effective programs to lower incidence among key populations
- Applicants should include provisions for appropriate data collection to monitor changes in behavior and prevalence in evidence-based interventions

Lesson 2: Focus on sustainability

2 Work to strengthen program sustainability now

- In this window, the TRP saw the first concept note from a country voluntarily exiting from Global Fund funding. The TRP applauds this applicant's efforts to fund programs domestically while maintaining the gains achieved
- Countries that lack the resources and capacity to fully support programs with domestic funds should use health systems strengthening funding to focus on:
 - 1) Integrating disease programs and systems strengthening activities into the national health system;
 - 2) Building capacity; and
 - 3) Strengthening health data collection and monitoring and evaluation systems
- Applicants should develop mechanisms for national governments to finance civil society outreach and services for key populations. Countries transitioning from Global Fund funding should include a plan to transition these activities to national funding
- Applicants who identify challenges should seek technical assistance

Lesson 3: Ensure a robust country dialogue around program split

3 Involve key stakeholders to fully debate the best split of resources

- Many CCMs seemed to treat the information communicated in the allocation letter about program split as a recommendation from the Global Fund. It is for information purposes only and should not replace a strong, evidence-based country dialogue on appropriate program split
- The CCM should agree on the program split after a rigorous, evidence-based and inclusive country dialogue process that considers how to achieve optimum impact in fighting the three diseases and strengthening the health system as a whole
- The TRP is concerned that discussions on program split may not adequately include key stakeholders, notably experts in health systems strengthening and tuberculosis
- The concept note must include a detailed description of the program split rationale

Lesson 4: Improve concept note quality

4 Overall quality is good, but there are areas for improvement

- The TRP was pleased to see several very strong concept notes in this window. However, applicants can further improve concept note quality by:
 - 1) **Describing the health systems strengthening funding landscape**, particularly with respect to contributions from domestic sources and other donors
 - 2) **Providing more detail and consistency in the budget**, especially to clarify what is contained in program management costs and to differentiate the allocation request from the above allocation request
 - 3) **Including impact indicators** linked to appropriate interventions
 - 4) **Referencing annexes in the narrative** and ensure all critical information is in the concept note

Lesson 5: Prioritize interventions for greatest impact

5 Show how choices, given limited resources, maximize investment impact

- Some applicants still struggled to present clear and strategically focused concept notes
- Concept notes that fail to reflect evidence-based prioritization based on up-to-date epidemiological data and program results will be asked to undergo iteration before moving to grant-making
 - Countries are also requested to regularly assess interventions' effectiveness
- Applicants who are eligible for incentive funding should write their allocation funding requests as if they will not receive any additional funds
 - The TRP noted many cases where critical elements were put in above-allocation and recommended that they be moved into the allocation request
- All applicants who include interventions in the above allocation amount should clearly prioritize these interventions by indicating the cost and importance of each intervention or group of interventions so that the TRP can appropriately rank competing requests for incentive funding

Agenda

-
- 1 Lessons learnt from June TRP Review
 - 2 Lessons learnt from July TRP Review
 - 3 Top 6 technical lessons learned**
 - 4 Questions
-

3 Key lessons for CCMs, country teams and technical partners

Technical lessons learned

- HIV** Strategically implement of the WHO 2013 Guidelines on ART
- TB** Prioritize TB case detection and the immediate treatment of all cases of TB, including MDR- and XDR-TB
- TB/HIV** Prepare integrated joint concept notes
- Malaria** Think sub-nationally and collaborate with bordering nations
- HSS** Strategize how to strengthen the national health system
- CRG** Ensure rights and gender issues are not only identified, but programming to address them is strong

Key technical lessons: HIV

HIV Implement the WHO 2013 Guidelines on ART in a balanced way

- Many countries requested resources to rapidly scale up treatment to a CD4 threshold of 500 without: 1) holistically considering their readiness to do so, and 2) paying adequate attention to prioritizing certain populations per the guidelines
- Such requests should include an implementation plan addressing: 1) any issues with current coverage and quality of services; 2) capacity of current logistics and public health services to support additional people; and 3) a prioritized path and timeline to move to full implementation
- The decision to increase the threshold and the rate of scale-up should take into account the need to maintain essential prevention services in a balanced way, or ART scale-up will prove unsustainable
- Concept notes should clearly demonstrate essential prevention will be sustained

The TRP will ask applicants lacking adequately prioritized implementation plans or not demonstrating in their concept notes that they can sustain critical prevention efforts to iterate before proceeding to grant-making

Key technical lessons: TB

TB

Prioritize TB case detection and the immediate treatment of all cases of TB, including MDR- and XDR-TB

- While maintaining and enhancing the performance of basic TB programs and when building or expanding their MDR- and XDR-TB capabilities, countries should prioritize case detection and ensure sufficient resources to initiate timely treatment of identified cases
- Given the significant TB resource needs, TB experts should join country dialogue around program split to ensure that TB receives an adequate resources
- Innovative protocols to improve case detection are encouraged
 - Countries should seriously consider investing in GeneXpert units and developing testing hubs for easier disease identification

Key technical lessons: TB/HIV

TB/HIV

Prepare integrated joint concept notes

- The TRP encourages the full involvement of both TB and HIV programmes in the development of joint concept notes
- Applicants should select an appropriate mix of TB, HIV and TB/HIV activities as indicated by the national epidemiology

Key technical lessons: Community, rights and gender

CRG

Ensure rights and gender issues are not only identified, but programming to address them is strong

- See lesson learned #1: Focus interventions on key populations
- Concept notes identified human rights barriers and/or key populations, including MSM and PWIDs, but often lacked specific CRG interventions focusing on these groups or failed to budget adequate resources for these interventions
- Less attention was paid to gender, gender-based violence and the rights of women and girls
 - There was limited focus on female sexual partners of MSM, who should be included in programs for MSM, and attention should continue to be paid to female sexual partners of PWID
- Interventions to change social norms were missing; many concept notes focused too heavily on medical interventions

Agenda

-
- 1 Lessons learnt from the June TRP review
 - 2 Lessons learnt from the July TRP review
 - 3 Top 6 technical lessons learned
 - 4 Questions
-

Questions?