

Executive Summary

The Technical Review Panel (TRP) provides this report of Lessons Learned from remote reviews of 45 funding requests submitted for Window 1 of the 2020 – 2022 Allocation Cycle for use by Applicants, Technical Partners and the Global Fund Secretariat. The funding requests represent nearly 1/3 of the allocated amount for the funding cycle. The report recognizes improvements in the funding requests received in Window 1 and encourages further improvements as funding requests are prepared and submitted for TRP review in subsequent windows.

Compared to the past cycle, the TRP notes that many funding requests showed increases in attention to human rights and gender, HIV prevention, resilient and sustainable systems for health (RSSH), and financial sustainability and value for money (VFM). In addition, many funding requests evidenced better use of disaggregated epidemiological data for developing the program rationale, and appropriately applied the newly differentiated application forms to ensure appropriate effort in funding request development and review.

Though advances were seen in individual requests, the TRP highlights key overarching areas of concern and makes recommendations that it wishes to see more consistently in funding requests, including i) better prioritization of interventions and budgets, ii) greater consideration of longer-term sustainability, iii) setting and achieving more ambitious, realistic and comprehensive program targets, iv) higher quality of data and evidence, v) a focus on RSSH investments on systems strengthening rather than grant support activities, and vi) containment of program management costs.

Further details are provided on lessons learned and recommendations for each of the six technical and thematic groups (HIV, TB, Malaria, Human Rights and Gender, Resilient and Sustainable Systems for Health, and Strategic Investment & Sustainable Finance). Findings from the TRP's assessment of funding request quality are also provided.

It is important to note that the funding requests reviewed in Window 1 were largely developed ahead of the need to respond to the Covid-19 pandemic and therefore do not reflect the rapidly evolving global need for country-level responses. Rather than comment on specific country Covid-19 related program risks, the TRP issued a statement on Covid-19 during the May 2020 Global Fund Board meeting. The text of that statement calls on countries, partners and donors to not lose sight of the need to pursue HIV, TB and malaria elimination goals in the response to Covid-19, and to accelerate efforts to build resilient and sustainable health systems, ensure community engagement and sustain attention to human rights and gender. (Full statement text attached in Annex 1)

TRP Lessons Learned from Review Window 1 2020-2022 Funding Cycle

1 Introduction

The Technical Review Panel (TRP) of the Global Fund met virtually from 27 April to 15 May 2020 to review the funding requests submitted in the first review window for the 2020-2022 allocation period. During this time, TRP members assessed the strategic focus, technical soundness and potential for impact of 45 funding requests, all of which included Prioritized Above Allocation Requests (PAAR). In the funding requests reviewed, 51 out of 65 components (78%) were allocated greater funds than in the previous cycle. Of those with an increased allocation, the increases ranged from 1% to 147%. Fourteen of the funding requests included catalytic matching funds requests, representing 25 matching funds requests in total.¹ One catalytic multicountry request was also reviewed.

Recommended funding for window one (W1) represented \$4.2 billion in allocation funds, 33 percent of the total 2020-2022 country allocation. The TRP recommended \$129 million in catalytic matching funds and \$120 million in catalytic multicountry funds. The TRP further recommended \$2 billion in quality demand to be funded if resources become available.

This report provides a summary of lessons learned from W1 and recommendations for Applicants, Technical Partners and the Global Fund Secretariat. It also provides an overview of the funding request quality assessment survey conducted by the TRP at the end of the review.

While this report reflects findings from the current funding cycle, it also links to findings over the past cycle (see [TRP Observation Report 2019](#)) and recommendations being developed by the TRP in the context of the development of the Global Fund 2023+ Strategy.

2 Improvements in funding requests

The TRP notes positive developments in the content of the funding requests and wishes to highlight the first four of the following seven items as particularly relevant to this initial window, given the importance of these areas to sustained progress and to the development of the next Global Fund strategy. Although encouraging, the TRP notes that further progress is needed and identifies some specific areas for improvement in the subsequent Lessons Learned sections where efforts should be focused.

¹ Matching funds reviewed included programs for Adolescent Girls and Young Women, Condom Programming, Differentiated HIV Service Delivery - Self testing, Key Populations, TB Preventive Treatment, Data Science, Human Rights, and Finding Missing People with TB.

2.1 Greater Attention to Addressing Human Rights Barriers for Key and Vulnerable Populations

More countries prioritized measures to address human rights-related barriers to access and to improve equity in access to key services. Notably, this improved attention may be due to the substantial, [high-quality human rights guidance](#) and support provided by the Global Fund Community Rights and Gender team, as well as specific country coordinating mechanisms (CCMs) participating in the Breaking Down Barriers initiative.

2.2 HIV Prevention

Progress has been made in planning and including priority HIV prevention interventions in the funding requests. These interventions were better articulated and focused, increasingly tailored to key and vulnerable populations. Prevention targets were ambitious and generally aligned to NSPs. Additionally, prevention interventions increasingly referred to differentiated HIV models for gender- and key-population- specific programming, particularly for Prevention of Mother to Child Transmission (PMTCT), for Opioid Substitution Therapy (OST), and for self-testing.

2.3 Increased requests for Resilient and Sustainable Systems for Health investments

There has been a small increase in the use of RSSH investments to complement the disease programs. However, these investments were primarily in health systems support, with considerable salary support. The TRP further notes that significant investments were included for laboratory support separate from integrated service delivery.

2.4 Increased Attention to Financial Sustainability and Value for Money

In general, the TRP notes improved discussion of and progress on financial sustainability in the Window 1 funding requests, including for some countries categorized as challenging operating environments (COE). The TRP also notes more attention to value for money in the requests, perhaps prompted by a specific question in the new funding request forms on value for money (VFM) as well as [the new guidance for applicants on this topic](#).

2.5 Use of Data

There was continued improvement in the use of disaggregated data for evidence-based decision making. Funding requests were largely guided by epidemiological and programmatic data. The data was often appropriately disaggregated by geography (sub-national units), key and vulnerable populations and/or sex. For example, the malaria funding requests from three High Burden High Impact (HBHI) countries in this window used epidemiological and other data to guide the choice of interventions through stratification and modeling analysis to project the impact.

2.6 Alignment to National Strategic Plans (NSPs)

Ninety-eight percent of the funding requests reviewed in this window were considered by the TRP to be well-aligned to the NSPs. Most of these plans were up-to-date, costed and reflected World Health Organization (WHO) recommended normative guidance for the three disease interventions.

2.7 Application Form Improvements

Refined differentiation allowed more countries to use tailored approaches for funding request submission (e.g. Tailored for NSPs). The Modular Framework and Programmatic Gap Tables were

used more clearly and effectively by the applicants. The submission of PAAR and matching funds requests along with the allocation funding requests enabled the TRP to better analyze programmatic prioritization. Inclusion of a new resource developed by the Secretariat for each country, the essential data tables, provided greater information to the TRP on the epidemiological situation of the countries.

3 Overall lessons learned

The TRP identifies six key lessons learned and makes recommendations for overall funding request improvements. Many of the issues highlighted are on-going, and were also reflected in the lessons learned from the previous funding cycle (see 2019 TRP Observation Report).

3.1 Better Prioritization of Interventions and Budgets is needed

The most crucial observation made from the review of W1 funding requests is that applicants did not appropriately prioritize their proposed investments.

The funding requests often lacked a coherence in the underlying decisions for what was to be funded. For example, in HIV programming there are many steps along the cascade to achieve viral suppression, but the funding requests often lacked discussion of how funding requests were part of an overall strategy to strengthen the entire cascade or outlined the trade-offs between activities that were selected for interventions. In TB funding requests, new technologies for case detection would be requested, but without linkages to specific TB program targets, systems and needs. While interventions followed normative guidance, more pragmatic technical guidance on effectively and rationally prioritizing across the range of interventions given limited funding still seems to be needed.

In addition, many funding requests placed essential interventions or inputs in the PAAR, rather than in the main allocation, resulting in gaps in the program in the event that above-allocation funding does not materialize or is obtained late. For example, services were placed in the allocation (e.g. detection), whereas the commodities required for the service (e.g. drugs for treatment) were placed in the PAAR, or vice versa. This was particularly an issue for the costs of scaling up community services and expanding preventive programs such as Long-Lasting Insecticidal Nets (LLINs) and Seasonal Malaria Chemoprevention (SMC) interventions. In other cases, the PAAR requests did not sufficiently demonstrate a logical complement to the allocation requests, thus making it difficult for the TRP to see how the PAAR activities would amplify progress made.

Recommendation:

- i) Technical Partners are encouraged to provide better guidance on prioritization of normative guidance and to support applicants in effectively and strategically prioritizing the range of interventions according to available funding as well as in linking the effect of proposed activities on other areas in the spectrum of interventions.
- ii) Applicants are encouraged to prioritize high impact interventions to ensure that critical activities for program success are in the allocation rather than the PAAR.
- iii) Applicants are encouraged to explain how their PAAR requests link to and maximize impact of the allocation investment by sharing investment scenarios indicating how different requested interventions are interrelated.

3.2 Greater Consideration of Longer-term Sustainability is needed

The TRP does not find sufficient evidence that the activities proposed in the funding requests have been informed by analysis of the trade-offs between short-term, immediate gains versus long-term investments that would sustain capacity to maintain gains.

While the TRP observes that more attention was paid to sustainability, there is a concern that proposed activities with medium- and long-term sustainability implications are not adequately identified and prioritized. Examples include an increased investment in staff salaries without a plan for when/how these salaries would be absorbed into government payrolls, or a proposal to hire hundreds – sometimes thousands – of new health workers without future funding having been secured (or a demonstration that such funding will be available). Longer-term sustainability thinking seemed to be missing when applicants proposed adoption of technology ‘innovations’ and yet did not describe integration of these innovations into the overall national approach. Sustainability thinking was also missing in promoting the long-term integration of the three diseases with other basic services, especially reproductive, maternal, newborn, child, and adolescent health (RMNCAH).

Recommendation:

- i) Applicants need to analyze and articulate the trade-offs between short-, medium- and long-term investments, considering what will be needed to strengthen the health system and sustain long-term gains.
- ii) Investments in human resources should be considered strategically and with a sustainability plan in mind for the shorter and the longer term.
- iii) Any training proposed with Global Fund investments should fit within a training strategy that supports national goals and the long-term strategy for disease elimination and/ or systems strengthening. This will require that applicants develop or draw from coherent human resources for health (HRH) strategies that include supplies, training, retention, motivation and sustainability of funding for all health care workers (HCWs).
- iv) When an ‘innovation’ is proposed, applicants should ensure their motive for adoption is not simply due to lower unit costs or its novelty and should explain why and how it will fit within the rest of the program and, pending confirmation of its value, be absorbed into the health system in the longer term.

3.3 Ambitious and Comprehensive Program Targets need to be made and met

The TRP has concerns regarding the setting and achieving of ambitious program targets in HIV and TB, particularly given the increase in allocation for many components in this funding cycle. Generally, TB treatment targets are too low. HIV targets, while broadly in line with international commitments, failed to adequately target sufficient coverage of key and vulnerable populations considering size estimates. Requests for both TB and HIV displayed a disjuncture between the targets and the strategic approaches, activities and budgets used to meet those targets. Scale-up plans were often missing, and TB/HIV integration targets were often not well delineated.

The TRP observes that applicants tended to narrowly focus on achieving discrete targets within a cascade, rather than considering the program as a whole and ensuring all targets in a cascade would be achieved. For example, funding requests for TB sometimes focused on the target of finding missing cases without expanding the focus to treating found cases or integrating patients into the larger health system.

Programming for populations at greatest risk of disease and for the hardest to reach populations did set ambitious enough national targets. Yet, the TRP notes that programming efforts were not always sufficient to meet such ambitions for differentiated service delivery options and comprehensive service packages for all key and vulnerable populations. Neither did most funding requests budget enough to meet targets for the programs that were specified. In addition, there remained significant gaps in programming for community systems strengthening (CSS) needed to expand programs to reach targets.

Recommendation:

- i) The TRP encourages all applicants to be more ambitious in their targets, realistically assessing what can be achieved, considering limitations of time and financing.
- ii) The TRP requests that Technical Partners provide intermediate benchmarks in elimination strategies so that countries are better able to calibrate their targets.
- iii) Applicants are encouraged to comprehensively consider the prevention/treatment/care cascade and ensure that their prioritized programming does not leave key gaps which would limit the effectiveness of earlier interventions.
- iv) Programming for high-risk and hard-to-reach populations should be scaled-up. Correspondingly, substantial increases in budget allocations will need to show budgets reflecting ambitious targets, with specific funding for addressing rights- and gender-related barriers to access.

3.4 Improve the quality of data and evidence

The TRP notes the positive attention to investments in health management information systems (HMIS) and DHIS-2 (District Health Information Software 2) in particular. However, there are still significant vertical information systems and insufficient attention to data gathering and data quality to monitor program progress and ensure disease and other targets are reached on time. For example, insecticide resistance data for important decision-making to guide the selection or expansion of vector control interventions was frequently insufficient or nonexistent in malaria applications. In addition, few proposals discussed the role of community-based organizations (CBOs) in data collection and program monitoring.

The TRP notes that data related to human rights and gender (HRG) continue to be based on very small sample sizes. While scale-up of this data is important, it is also vital for these data collection efforts to not exacerbate stigma or put key populations at risk. Data quality is essential in setting, measuring and achieving ambitious targets.

Recommendation:

- i) Applicants are encouraged to consider the quality of evidence provided, and to expand data collection as needed to ensure sufficient information for program planning and monitoring.
- ii) Applicants are encouraged to prioritize generating high-quality data, and ensuring it is integrated into national systems rather than vertical systems.
- iii) The TRP further recommends that applicants consider greater use of CBOs to help collect data from key populations, through community-based monitoring programs.

3.5 Focus RSSH investments on strengthening health systems to support the sustainable achievement of disease program outcomes

The TRP notes the challenge in assessing RSSH activities, as the funding requests do not consistently frame systems support requests within the country's overall health and community system landscape, nor are they tied to a comprehensive plan for RSSH improvements over time. In addition, given that there is not a specific allocation for RSSH, these investments are often split into multiple funding requests that may even be spread across different windows, making a review of RSSH investments in the context of the health system even more difficult.

The TRP also identified poor coordination between RSSH elements within disease funding requests: in several cases, the data related to RSSH was inconsistent across different funding requests (e.g. warehousing and distribution charges), resulting in unreliable budgets and the impression that the applicants themselves also did not have a clear picture of the health system or the proposed investment.

Funding requests also often failed to make clear who would be responsible for the integration and governance of RSSH investments overall. For example, while efforts to coordinate TB/HIV activities are reflected in several funding requests, there was little evidence to support the integration of supportive operations such as training, supervision and monitoring and evaluation (M&E).

The TRP identifies a continued trend of requests to support health systems rather than to strengthen them. Funding requests often include requests for investments in salaries, transport and meetings which support health systems, rather than strengthen them. Also, a high proportion of desirable RSSH strengthening activities were put in the PAAR.

The TRP also observes that in W1 there was a misuse of the RSSH Governance Module, resulting in budget analysis artificially inflating the amount invested in overall RSSH. For example, in some cases, applicants included program management or disease-specific interventions as governance interventions under an RSSH budget item. Similarly, some funding requests included HMIS and M&E under RSSH that were for disease-specific purposes. Other requests included RSSH modules requesting technical assistance (TA) from WHO and other partners in addition to what was already available through the strategic initiatives organized by the Global Fund.

Recommendation:

i) The TRP recommends that applicants develop one plan for requesting Global Fund investment in RSSH that includes a clear picture of the health and community system landscape, an analysis of the prioritized needs/gaps, the sequencing for investments, and what elements would be included in the RSSH requests submitted with each funding request.

ii) Integration of systems and services where efficiencies can be gained, such as the merging of laboratory diagnostics system for TB, HIV, malaria and other infections should be prioritized. Integrating disease-oriented services with, for example with RMNCAH and other essential services such as sexual and reproductive health, should become the norm, as a means to improve access to care and efficiency, especially in light of primary health care (PHC) and universal health coverage (UHC) commitments.

iii) The Secretariat should clarify guidance on what activities should be included in the RSSH Governance Module, and applicants should update their Performance Framework and Budget accordingly.

3.6 Program Management costs must be contained

The TRP identifies a marked increase in program management costs across funding requests. Many funding requests included higher budgets for program management, often without justification. In some cases, these costs rose despite static allocation amounts between the last and the current allocation cycles. In countries with increased allocations, these costs at times rose disproportionately to the increased allocation amount. This was frequently linked with issues such as increased salary supports and even salary top-ups, which are not allowed under current Global Fund guidance.

There were also large numbers of in-service training events—not just in the RSSH/HRH modules but also in a number of other RSSH modules, such as integrated service delivery (ISD), procurement and supply chain management (PSM) and HMIS—with inordinate per diems and travel costs. This proposed training often seemed unfocused, not sufficiently justified, and not linked to comprehensive capacity development/training strategies. At the same time, there was minimal evidence of investments in more sustainable pre-service training and in larger human resource development goals.

The TRP also identified numerous instances of program management costs being miscategorized. In many cases, disease-specific program management costs were categorized as RSSH investments. In other cases, program management costs were separated from their program funded by the allocation and included in the PAAR. Program management is not an investment in health systems strengthening, should be transparently identified as a cost of the respective disease component, and should be included within the allocation amount for that component.

Recommendation:

- i) Program management costs should be carefully examined and negotiated during grant negotiations in order for the Global Fund to maximize value for money.
- ii) Requests for investment in integrated training and other capacity-building activities should reflect more comprehensive planning.
- iii) Program management costs associated with a respective disease component should be clearly identifiable, and should never be categorized as RSSH.

Lessons Learned by Technical and Thematic Areas

4 HIV

- **Missing opportunities for impact**
 - Interventions related to pediatric HIV were often missing from funding requests where the epidemiology would indicate an unmet need.
 - Few funding requests adequately addressed Adolescent Girls and Young Women (AGYW). Interventions for AGYW were not sufficiently differentiated, e.g. by age groups or by in- or out of school. In some instances, interventions for AGYW were poorly prioritized or were not based on evidence. The level of risk of different sub-populations (e.g. young key populations, out of school girls) needs to be evaluated in order for these groups to fully benefit from interventions.

- **Encouraging integration**

- Integration of RMNCAH (Reproductive, Maternal, Newborn, Child, and Adolescent Health) programming within HIV funding requests has improved since the last cycle. Identifying and integrating family planning and other reproductive health services needs to be prioritized as these represent a fundamental component of HIV prevention strategies to PMTCT. Dual HIV and syphilis testing for pregnant women was increasingly being included in funding requests.

- **Prevention**

- While it was encouraging to see increasing focus and budgeting for certain interventions of HIV prevention in funding requests, few attained the targets proposed by the Global Prevention Coalition, and greater attention needs to be paid to adequate differentiation for different populations.
- Applicants did not always include the newer condom programming guidance from the revised Modular Framework or show ambition in meeting a total market approach to condoms.
- As countries come closer to achieving the elimination of mother to child transmission of HIV, increased attention to the perinatal and postnatal period will be required. Applicants need to consider all pillars of PMTCT, including HIV primary prevention, family planning and adherence to antiretroviral therapy (ART) for pregnant and breastfeeding women.

- **Antiretroviral Therapy**

- Several funding requests were highly commoditized (e.g. ART), but the TRP notes with concern that some of the requests for ART, including for transition to dolutegravir regimens, were found in the PAAR rather than the allocation amount. There is concern that insufficient attention is being paid to ensuring ART costs are covered with domestic resources.

- **Value for Money**

- As countries approach the UNAIDS (Joint United Nations Programme on HIV/AIDS) 90-90-90 or 95-95-95 targets, there needs to be consideration that finding the last few cases, retaining patients with challenging circumstances, and maintaining viral suppression will likely cost more, and may require extraordinary activities. Nonetheless, doing so will represent value for money if the net effect is decreased transmission.

Recommendation:

i) The TRP recommends that the Secretariat and Technical Partners ensure that the new, improved guidance is provided to applicants on programming for AGYW activities, specifically encouraging greater disaggregation of risk and related differentiation of interventions for this population.

ii) The TRP requests that the Global Fund provide greater clarity on what can be funded with respect to key co-morbidities such as hepatitis, cervical cancer screening, and hormone therapy in Focused countries to enable better integration with services.

iii) The TRP recommends that applicants review prevention guidance, especially related to condom programming, and encourages applicants to attain the Global Prevention Coalition funding targets.

iv) The TRP recommends that applicants pay particular attention to the long-term sustainability of ART programs through cost-saving innovations and domestic funding mechanisms.

5 Tuberculosis

- **Leakages throughout the cascade (quality of services)**
 - The TRP notes that despite improving case finding, leakages along the care cascade were either persisting or increasing, without plans by applicants to address these gaps. Plans to link patients into care for non-TB related findings were completely absent from funding requests.
 - There was a lack of a holistic approach to interventions to address pediatric TB in many proposals. The following elements were missing from the applications: Quality data, contact investigation strategies, linkages to TB preventive treatment (TPT), diagnostic algorithms, access plans for diagnostics, staff training, and linkage to RMNCAH and nutrition services.
 - Despite the identification of gaps in the drug resistant (DR) TB care cascade, the focus remained on the diagnosis of DR TB, ignoring linkage to treatment and completion of therapy. Details and budget about active TB drug-safety monitoring and management (DSM) activities were insufficient.
 - There were very limited interventions on human resource development (HRD), both for laboratory (who will use those increasing numbers of machines) and for treatment capacity.
- **Holistic approaches to the TB and DR TB diagnostic cascade**
 - Many funding requests included new diagnostic tools such as TB LAMP (Loop-mediated isothermal amplification), Truenat, TB-LAM (Lateral flow urine liparabinomannan assay), or digital/portable/mobile CXR (Chest x-ray). However, many did not include a clear rationale for the introduction of these tools and how they would be additive and complementary to previous investments.
 - Chest radiography was increasingly included in funding requests, but the focus was on commodities and implementation plans were poor or absent.
 - Suboptimal specimen transportation systems were recognized by applicants as a gap, but corrective interventions were absent, and applicants were silent on how they would reach the last mile.
- **TB Preventive Therapy**
 - TPT was inadequately addressed in funding requests, lagging in high priority populations (people living with HIV (PLHIV); children under 5 in contact with TB) and absent for other populations, including older children and multi-drug resistant (MDR) TB contacts. WHO approved shorter TPT regimens were often proposed only as operational research conditions, with limited country impact.
 - Known high impact interventions such as contact investigation (CI) were underutilized.
- **RSSH**
 - Laboratory Information Management Systems (LMIS) frequently remained neglected, not integrated, or incompatible with health information systems. Integration was still lagging between TB and TB/HIV interventions at the service delivery level with immunization programs, malaria programs and campaigns, mental health, and the general health care sectors of PHC and RMNCAH.
 - Some program areas continued to be vertical and operate in isolation.
- **Human Rights and Gender**
 - TB in mobile populations and internally displaced camps remained neglected.

- Differentiated programs to reach identified populations were still missing. For example, activities are targeted at general populations while the country TB data demonstrates a higher burden of TB in young men.
- **Active Case Finding – The Role of Mobile Vans**
 - The TRP, while acknowledging that mobile van campaigns may increase case finding, requests that the context for this intervention be woven into requests. As noted above, these campaigns should not be limited to case finding but should support access to care throughout the TB care cascade, strengthen health care systems broadly, support UHC, link to care, and support the completion of therapy and contact tracing. In addition, these interventions should support packages of care (e.g. HIV testing, blood pressure screening, vaccination coverage, family planning, and pregnancy testing)
- **Public-Private Mix**
 - Despite increasing recognition of the private sector in TB care and prevention, there was little attention paid in funding requests to the heterogeneity of the private sector, to the evaluation and support of quality of care in the private sector, and to the sustainability of the engagements held by the National TB Programs.

Recommendations:

- i) Applicants should carry out root cause analyses of the leakages in the TB cascade to inform interventions proposed in funding requests.
- ii) There is a need for holistic approaches to designing and supporting the entire diagnostic cascade, including the integration of laboratory testing, of radiographic services, and of campaign strategies.
 - The support systems structures to support the introduction of the new tools should be presented in the funding request.
 - Applicants should also address issues such as specimen networking, recording and reporting, notification/treatment linkages, health staff awareness and training, where the new tool sits in the diagnostic algorithm for the country and in the level of the health system.
 - Applicants should recognize that purchasing a new tool does not replace the need to address and correct systems issues in TB care and prevention within the country.
- iii) Applicants should take the opportunity to seek synergy of TPT programs with the Covid-19 response in the development of CI.
- iv) Applicants are encouraged to undertake a value for money analysis to build evidence for the use of this intervention.
- v) Applicants should consider the sustainability of engagement of the private sector with a means of assessing quality if this engagement through well-stipulated regulations

6 Malaria

- **Malaria burden concerns**
 - The TRP notes an increased malaria burden in six countries. In several other countries, progress on the malaria fight (coverage of key malaria control interventions) has slowed or stalled over time.

- **Lack of prioritization/sufficient budgeting**
 - The TRP notes significant gaps for key malaria control interventions such as LLINs, artemisinin-based combination therapies (ACTs), rapid diagnostic tests (RDTs), Artesunate, and community case management due to budget constraints and a lack of prioritization as well as lack of country focus on high impact interventions in countries with the largest allocations from the Global Fund. These gaps led to a substantial amount of critical essential interventions to be placed in the PAAR.
- **Evidence-based program design/interventions**
 - While, in general, the TRP notes better use of data in the malaria applications, difficulties in adjusting the key malaria control interventions to the epidemiological conditions of the countries remain. For example, some funding requests showed inadequate utilization of epidemiological and programmatic data to evaluate gaps and prioritize interventions targeting key and vulnerable populations; as well as in geographical and ecological targeting (e.g. urban vs urban). The TRP encourages countries to ensure that malaria control interventions are better tuned to the epidemiological and other contexts of their countries to maximize impact.
 - Some funding requests showed an inadequate utilization of epidemiological and other contextual factors to identify key drivers of malaria burden and to prioritize malaria control interventions targeting the highest malaria transmission areas and the most affected populations. Insecticide resistance data for important decision-making was frequently insufficient or nonexistent.
 - Specifically, the TRP was concerned that countries did not collect enough data, including on insecticide resistance mechanisms, to justify the choice of interventions and products such as PBO (piperonyl butoxide) nets. In some cases, countries that did not provide basic resistance data were requesting indoor residual spraying (IRS), an expensive and complicated intervention. The TRP acknowledges that some countries do show high levels of pyrethroid resistance country-wide as well as a limited reduction in disease burden, despite high coverage of LLINs, and used this to justify the scale-up of IRS and of PBO nets.
 - The TRP notes that PBO nets are more expensive than standard LLINs. WHO guidance and technical briefs recommend that the scale-up of PBOs should be carefully done to ensure it does not compromise the resources available for scaling up other core interventions, especially conventional LLINs. This requires careful consideration given the limited resources available for interventions.
- **Lack of guidance/challenges with normative guidance**
 - The updated WHO technical brief includes useful approaches to help countries to stratify and prioritize interventions. However, more clarity is needed in the broader normative WHO guidance to prioritize interventions. The TRP observes misinterpretations of normative guidance for vector control.
 - Specifically, many funding requests did not demonstrate a strong understanding of integrated vector management. Similarly, countries exhibited a mixed interpretation of larval source management guidelines.
 - The TRP notes that the conditional recommendation by the WHO/Good Manufacturing Practices (GMP) on PBO nets was not well understood in some countries. Countries should use the updated WHO technical brief to provide further clarification. Guidance on making trade-offs between scaling up PBO and conventional nets is urgently required.
 - The TRP notes a lack of guidance on commodity quality assurance, including a lack of attention paid to quality assurance of prequalified products such as RDTs and LLINs.

- The TRP notes a lack of normative guidance on relapse management for Plasmodium vivax infections. The reporting systems did not seem to attempt to distinguish new cases from probable relapses and there was no clear evidence of the efficiency of the use of vector control for the elimination of P. vivax.
- **Tailoring interventions to malaria elimination settings**
 - The TRP notes that funding requests were often unclear as to their definition of a malaria elimination focus.
 - The TRP requests greater clarity on the respective thresholds for action in different scenarios and choice of interventions. For example: IRS versus various case management strategies (such as mass drug administration or responsive test and treat, among others) versus enhanced LLIN distribution versus focal larval control.
 - The TRP further notes confusion between case investigation or classification and the focus of the investigation. Applicants should define the type of focus and geographical area, outline the threshold for a response, and delineate each appropriate response.
- **Cross-border Programs**
 - The TRP notes that because of direct investment in cross-border initiatives, data from cross-border programs appear to be of higher quality than national data from other areas of the countries in these programs. Such imbalances undermine efforts to improve data quality within the countries.

Recommendations:

Importance of evidence-based programming:

i) Applicants from countries with a considerable malaria burden are encouraged, with the support of Technical Partners, to use approaches such as those applied to HBHI countries and carry out extensive use of epidemiological and other data to guide the choice of interventions through stratification and modeling analysis to project the impact. These broad principles are also applicable to elimination settings.

ii) The TRP encourages applicants to describe resources in their funding requests which will help achieve stratification at the lowest sub-national levels and to describe the tools and reasoning used to make program decisions in the funding request narrative and annexes.

iii) Strengthened surveillance, including at a district and regional levels, quality assurance of products, and robust innovative resistance management strategies to prevent and address the spread of both drug and insecticide resistance are critically important.

iv) The choice of interventions, for example LLINs versus IRS, should be made based on demonstrated effectiveness in impact and cost-effectiveness for the program overall. Effectiveness includes consideration of efficacy in elimination and coverage rates. The latter should take into account accepted methods for ensuring uptake by high risk and vulnerable populations.

v) Where data is lacking, appropriate entomological, durability, and coverage assessments should be undertaken routinely to provide the evidence-base necessary to inform subsequent implementation.

Update/develop normative guidance for prioritization in the malaria response:

i) The TRP emphasizes the importance of achieving full coverage of core interventions, including those for vector control and case management, in line with WHO guidance.

ii) WHO should update the core normative guidance to support the prioritization process in coordination with other partners. This revised guidance should be disseminated properly to countries and the necessary capacity in National Malaria Control Programs (NMCPs) to implement them built.

Tailoring interventions to elimination settings:

i) Applicants should identify interventions based on value for money in achieving results, such as using costing and efficiency assessment tools to identify appropriate interventions.

ii) The TRP encourages the increased use of robust data in targeting drivers of malaria transmission and advises that data use for decision-making in prioritizing and choosing malaria interventions is critical.

iii) The TRP encourages a deliberate use of resources, especially through integration and increased domestic financing as well as engagement of the private sector so as to maintain gains and ensure needed scale-up of critical interventions.

Address gaps in demand creation strategies across control and elimination settings:

i) The TRP notes that behavior change communication approaches and strategies that are drivers of uptake of core interventions seem to be ineffective, especially in high burden countries. These should be addressed, and communities should be engaged in developing appropriate behavior change approaches.

ii) Elimination settings require different messaging to move the mindset of the population from control to elimination, requiring a different emphasis on different elements, such as on imported cases, hence the need for targeted messaging.

Cross-border Programs:

i) The TRP encourages applicants to improve data quality within the integrated HMIS in the specific country.

ii) The TRP encourages applicants to work on harmonization and data sharing between cross-border and national malaria control and/or elimination activities.

7 Resilient and Sustainable Systems for Health

- **Digital health systems**

- The TRP notes that strategies and frameworks for digital health were strongly needed. The TRP identifies a need for integration and interoperability of systems, going down to the community level.
- The TRP observes that LMIS were fragmented across disease components and between public and private sectors.

- **Product Supply Management**

- Many countries proposed the integration of electronic logistics management information systems (eLMIS) with DHIS-2 and sometimes other program data systems to improve stock monitoring and management to prevent frequent stock outs and shortages of medicines and commodities. This integration often did not extend to the supply chains of the other two diseases and other essential services such as immunization, adolescent sexual and reproductive health (ASRH), integrated management of childhood illness (IMCI), etc.

- **Health Management Information Systems**
 - The TRP notes that information systems were largely widely integrated for the three diseases and often included the integration of LMIS, labs, HRH and other features of PHC.
 - Applicants used better information for the development of funding requests and for decision making at higher levels, but further attention is needed to actively using feedback gained from community health workers and at the community level.
 - Inter-operability between DHIS-2 and other systems is acknowledged by the TRP as a strength in six countries, but digital health was not often perceived as part of a comprehensive package of care that could help address issues, but rather as a small, attractive solution to a disease-specific problem.
- **Human Resources for Health**
 - Instead of requesting recurring short-term training activities, applicants need to have the ambition to create sustainable, nationally-led human resource capacity, at scale, and with a special focus on subnational levels.
- **Governance and National Health Strategies**
 - The RSSH component of the funding request often addressed only the specific needs of the three disease programs rather than the underlining RSSH needs reflected in the national health plans which respect national sovereignty, are born out of epidemiological evidence and are shaped by broad consultative processes.

Recommendations:

- i) The TRP recommends a more strategic, and integrated approach to strengthening HRH to assure sustainable disease control and elimination, including longer-term planning for adequate numbers of qualified, high-performing health workers.
- ii) Applicants are also encouraged to undertake a gender analysis of health care providers and community health workers, as this will significantly affect impact depending on the country context.
- iii) The TRP recommends that applicants looking at laboratory systems should use a system approach (HSS) as opposed to a lot of infrastructural requests such as procurement of equipment, including smartphones and trainings.

8 Human Rights and Gender (HRG)

- **Differentiated Programming**
 - Complex interactions of gender and human rights violations among populations at greatest risk were not fully understood and documented in funding requests.
 - Simple and broad analyses were provided instead of the necessary fine-tuning of interventions. One specific example is AGYW who are not disaggregated by age/sex/risk/location/circumstance.
- **Community Systems Strengthening**
 - CSS was still largely conflated with community health system strengthening and was largely focused on community health workers (CHWs).
 - Funding requests failed to prioritize funding for effective programs for, and led by, key populations.

- Few funding requests addressed the broader dimensions of CSS, including capacity-building for key population-led civil society organizations (CSOs) or promoting an enabling environment for rights-based and gender-sensitive programming.
- Community-based case management needs to be strengthened, especially for MDR-TB.
- **Gender**
 - The TRP is still reviewing a number of gender-blind funding requests, with limited attention to the gendered dimensions of malaria in particular, and inadequate use of sex- and age-disaggregated data. For malaria requests, applicants should access TA to translate analysis into solid programming based on contextually-grounded evidence about inequities in access to services.
 - The gender dimensions of human rights were largely missing from funding requests.
 - With the exception of the four countries with matching funds for AGYW, the TRP does not see differentiated attention paid to programming for adolescent girls and young women, including: identifying intersections with key populations (e.g., addressing the complexities of under-18-year-olds engaged in sex work); reflecting the varied needs across a wide age band (15-24 years), which includes children as well as young adults; or including evidence-based approaches to engaging male partners.
 - Funding requests included insufficient integration of sexual and reproductive health (SRH) and rights including family planning, and included weak action on cervical cancer and mental health.
- **Prioritization**
 - Insufficient attention was paid to building scaled and comprehensive programs for key and vulnerable populations, including people in prison and other closed settings, people who inject drugs, gay men and other men who have sex with men, transgender people, and sex workers.
 - Mobile populations, including refugees, internally displaced people (IDPs), stateless people, and cross-border populations are frequently not considered.
- **Financing countries with human rights challenges**
 - In this window, as in other windows, the TRP is reviewing funding requests from countries where the political environment is extremely hostile to a wide range of human rights. Such contexts, if not well addressed, may pose reputational risks to the Global Fund as an institution if very large gaps in coverage of evidence-based interventions for those at greatest risk persist and prevention progress remains inadequate.

Recommendation:

- i) The Global Fund Secretariat and/or Technical Partners are encouraged to develop a list of best practices/model interventions in HRG in malaria to help countries move beyond assessments.
- ii) The Global Fund Secretariat and Technical Partners should provide best practice guidance on working with young key populations, including those involved in sex work.
- iii) The Global Fund Secretariat and/or Technical Partners should encourage applicants to access best practice guidance on working with adolescent boys and young men for their own health and wellbeing, as well as to address gender norms (including related to gender-based violence).
- iv) Technical Partners are encouraged to support applicants in exploring opportunities for support in developing comprehensive prevention programming, including pre-exposure prophylaxis (PrEP) for key populations and AGYW.

v) The Global Fund Secretariat should enhance the modular framework to include comprehensive mental health and psychosocial support (MHPSS) interventions.

vi) HRG modular activities, based on a best practice review, should be included in the [Modular Framework Handbook](#), and integrated into each of the malaria modules with relevant indicators, disaggregated by gender and age.

vii) Applicants are encouraged to fine-tune analyses and differentiate program approaches following updated and comprehensive guidance from the Global Fund and from partners. Attention should be paid to develop more indicators which follow progress in lifting human rights and gender-based barriers.

viii) The Global Fund Secretariat should present trends in the human rights environment over windows to the TRP.

ix) The Global Fund Board should address the risk of financing countries with substantial human rights challenges.

9 Strategic Investment and Sustainable Finance (SISF)

• Value for Money (VFM)

- Countries are showing a better understanding of value for money although applicants are still focusing on economy and may not yet have fully internalized the complete VFM narrative. VFM examples are to be shared with applicants.
- As countries take on procurement of program drugs and commodities, some are finding that public procurement legislation can be a barrier to VFM and program sustainability. These laws may require procurement from local agents/producers, who may have a local monopoly and hence charge well above international prices. Countries should be informed of the benefits of pooled procurement mechanisms when available.
- Public procurement legislation also often hinders local and national authorities from successful social contracting of CSOs; for example, requirements for bidders to have extensive financial resources may rule out local CSOs.
- The VFM of new program interventions needs greater attention and Global Fund investments are an opportunity to build more evidence. For example, the introduction of van-based mobile TB testing needs more thorough cost-effectiveness comparisons between mobile versus expanded fixed services, comparing rent versus purchase, examining recurring costs, between providing one disease-specific service versus more comprehensive services, etc. The introduction of new approaches should include provisions to gather and assess evidence of effectiveness where none currently exists.

• Sustainability and Transition

- The TRP notes the importance of improving the supply chain and access to procurement for countries across different income levels.
- Increased attention should be paid by applicants to political economy, governance and institutional challenges to meeting disease program objectives. Applicants should show how the Global Fund program will invest in and support this crucial element.
- Strengthened guidance is necessary on sustainability for pre-transition countries, including COEs.
- Further thinking is needed about program management, the harmonization of salaries, the use and distribution of salary supplements, innovative mechanisms and co-financing arrangements.

- **Private Sector Engagement**
 - Inadequate attention has been given to involving the private sector and inappropriate prioritization has been made of private sector engagement activities included in the PAAR.
 - Applicants should consider whether an increased role is envisioned for the private sector in case finding, drug and commodity production, service delivery, and preparedness.
 - Despite increasing recognition of the private sector engagement in HIV, TB and malaria care and prevention, there is little attention paid to the heterogeneity of the private sector, evaluation of and support to quality of care, and the sustainability of this engagement which should be rooted in systems changes.
- **Co-financing:**
 - The TRP notes that co-financing information was difficult to understand and track in some cases. Applicants are urged to lay out co-financing information in clear and simple terms and to ensure necessary supporting evidence is clearly attached and sign-posted.
- **Principal Recipients (PRs) and capacity building:**
 - Investments by the PR to support capacity building, institution strengthening, and governance should be methodical and systematic, tracked by Global Fund guidelines and measured systematically through milestones and agreed performance indicators. This is particularly important for cases in which the PRs are international organizations.
- **Time horizon for sustainability considerations in COEs**
 - The TRP believes that making references to sustainability is suitable in all countries including low-income countries (LICs) and/or COEs which can focus on efficiencies, integration, coherence as well as maintaining Government expenditure on health.
- **Technical Assistance**
 - Funding requests need to include clear TA strategies and comprehensive, measurable and costed TA plans that consider all levels of the health system, including CSOs.
 - The TRP notes that TA plans are needed and should focus on building capacity.
 - Specifically, TA should include support for the strengthening and integration of supply chain management systems with HMIS, DHIS-2, and LMIS systems.
- **Decentralization to community level**
 - The TRP notes that CHW plans were fragmented and underdeveloped; CHWs can be better leveraged.
 - CHW strategies are hindered by vertical programming. Applicants need to ensure integrated training to avoid CHW-silos.
 - The TRP requests more critical differentiation of general CHW cadres from key population-led CSOs.

Recommendation:

i) Program design should address focused needs at the subnational and community level. It is important that such programming contains well thought through strategies for HRH, community systems and integration, subnational financing data, and that these and other systems complement and use national systems.

ii) Applicants are advised to include provision for evidence building where innovations will be tested and implemented using Global Fund grants and to ensure that the medium- and long-term

implications of innovations are fully understood and planned for and that the systems challenges associated with integrating new approaches have been anticipated.

iii) More attention needs to be leveled at understanding the obstacles to unlocking private sector engagement and sustained participation in addressing the three diseases including: funding, contracting, delivery, access to and use of key commodities, reporting, and data management.

iv) Given the diversity of the private sector within and among countries, the Secretariat is recommended to catalog the various mechanisms for public–private partnerships (PPPs) in health service delivery and to explore this challenging area to understand why such slow progress has been made globally.

10 TRP Funding Request Quality Assessment

In addition to their thorough reviews of the funding requests, the TRP rated each of the 43 new funding requests submitted for the 2020-2022 Funding Cycle. Two funding requests are omitted from the analysis, as they used the Program Continuation application. This is consistent with the approach used in the last funding cycle.

Overall, the TRP rated 86% of the requests from Window 1 as being strategically focused, technically sound, aligned with the epidemiological context and maximizing potential for impact. This compares to 95% of funding requests assessed positively in the last cycle overall. Of particular concern were the areas of addressing gender-related barriers to service, where only 44% of funding requests in Window 1 were assessed as good or very good (versus 56% in the 2017-2019 cycle), and demonstrating a strategic focus on RSSH, where 63% of Window 1 funding requests were assessed as good or very good (compared to 70% in the 2017-2019 cycle). High Impact portfolios performed the weakest at addressing gender-related barriers to service, and Focused portfolios performed the weakest at demonstrating a strategic focus on RSSH.

Annex 1: Technical Review Panel Statement on the Impact of Covid-19

11 May 2020

Background

The Technical Review Panel (TRP) recognizes that Window 1 applications were largely written prior to the Covid-19 pandemic. The steps required to control Covid-19 have created a range of economic, social and health consequences in all settings and may impact on prevention and treatment for people affected by HIV, TB and malaria. Immediate impacts will be through direct disruptions to services and health systems as a result of Covid-19-related lockdowns or the redirection of health resources toward a Covid-19 response. Longer-term risks to continued progress in elimination of the three diseases will result from reduced household income due to loss of employment, leading to increased vulnerability and reduced access to food, health care and other essential services; loss of revenue for local and national governments needed to fund basic services including community and outreach services; erosion of health-related human rights and community engagement; and potential reduction or redirection of foreign assistance for the health sector.

TRP Statement

The response to Covid-19 may also disrupt or delay the implementation of activities included in funding requests reviewed by the TRP in Window 1. For example, social distancing and lockdown – possibly recurrent – might require adaptive, innovative approaches to program implementation. Direct and indirect health system impacts may result in interrupted service delivery and reduced scope for both facility and community-based activities. Constrained public financing could limit non-Covid-19 health budgets, health worker salaries, and necessary co-financing commitments.

Despite the urgent need to act in response to Covid-19, countries are urged to take all necessary steps to ensure they continue to focus on rights-based and gender-responsive strategies to control and eliminate HIV, TB and malaria. In addition, countries and partners are encouraged to recognize that the response to Covid-19 represents an opportunity to work cohesively and collectively to advance and promote country leadership, institution building and systems strengthening for the benefit of all, in alignment with national health goals and the Global Action Plan for Healthy Lives and Well-Being for All (the GAP²). In responding to Covid-19, countries and partners are urged to support national systems and not to establish and use parallel systems.

Furthermore, countries are encouraged to develop and monitor a “*do no harm*” framework, considering Covid-19 implications, including mitigation factors for community-based and outreach services (often delivered by key populations) and at-risk frontline healthcare workers (the majority of whom are women). Heightened attention is required to address and mitigate gender-based violence, to adapt services for key populations and sheltered individuals, and to ensure the health needs and human rights of those most vulnerable to Covid-19, as well as to HIV, TB and malaria.

Countries are encouraged to invest in building the resilience and capacity of health systems as a core strategic response to managing multiple epidemics including Covid-19 and HIV, TB and malaria. These investments should aim to: increase access to services, particularly for key and vulnerable populations; improve information, supply chain and logistics arrangements; expand supervision and quality of care; and, strengthen essential health service platforms especially primary health care and community services. Opportunities for integrating the Covid-19 response with HIV, TB and malaria programs include through reinforcing governance, leadership and planning, improving infection prevention control, strengthening data and surveillance systems and laboratory services, and by expanding community-based services, diagnosis, and quality treatment and care.

² <https://www.who.int/publications-detail/stronger-collaboration-better-health-global-action-plan-for-healthy-lives-and-well-being-for-all>
TRP Lessons Learned from Review Window 1 of the 2020-2022 Funding Cycle, 9 June 2020