

Technical Review Panel Window 2 Debrief

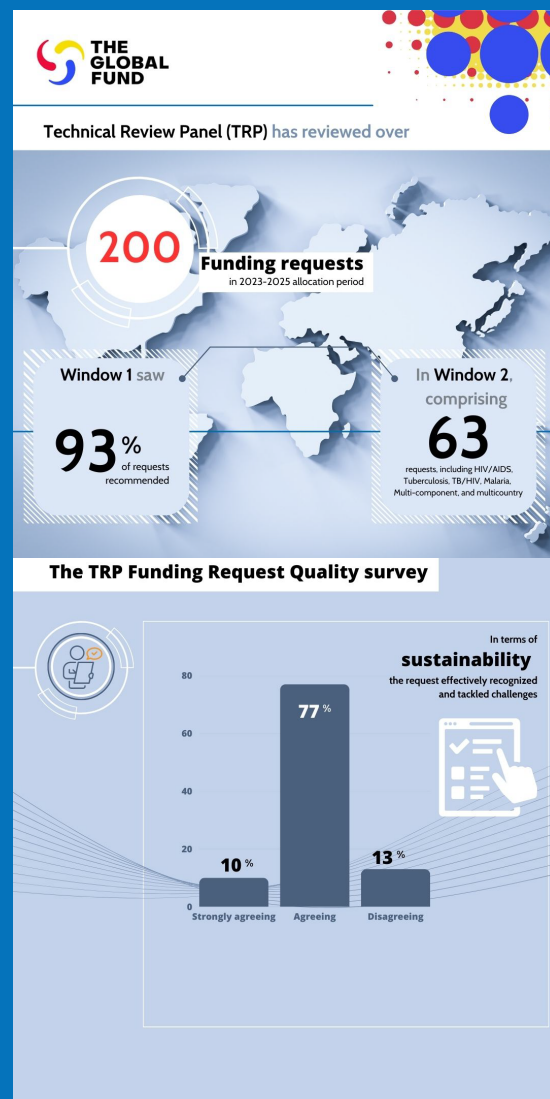
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Key points:

The **Technical Review Panel (TRP)** for funding requests in 2023-2025 allocation period has reviewed over 200 requests, with half completed in the first half of 2023. **Window 1** saw 93% of requests recommended. In **Window 2**, comprising 63 requests, including HIV/AIDS, Tuberculosis, TB/HIV, Malaria, Multi-component, and multicountry, 97% were for grantmaking, one underwent iteration, and one component received a partial recommendation. The TRP recommended \$4.9 billion for Window 2 grantmaking, constituting allocation and matching funds. Together with Window 1, over two-thirds of the allocation has been reviewed and recommended. Matching funds were also endorsed, including priorities such as HIV prevention, TB treatment, RSSH quality and scale, community systems, and human rights programs.

The TRP Funding Request Quality survey indicated strategic and aligned responses, with 26% strongly agreeing, 72% agreeing, and 2% disagreeing. A strategic focus on **Resilient & Sustainable Systems for Health (RSSH)** was observed in 85% of Window 2 requests, indicating increased emphasis compared to previous cycles. Investments in pandemic preparedness were noted positively, complementing COVID19 Response Mechanism investments. In terms of sustainability, the funding request demonstrated an adequate identification and addressing of sustainability challenges, with 10% strongly agreeing, 77% agreeing, and 13% disagreeing. The funding request also highlighted investments to enhance program quality, efficiency, and equity in health service utilization, garnering an 87% agreement and 10% disagreement.

Regarding co-financing, the suitability of commitments relative to country income and disease profiles gained acknowledgment, with 7% strongly agreeing, 66% agreeing, and 16% disagreeing. Community systems and responses were generally well-articulated, noted by 75%, but 23% indicated some limitations.



Regarding **equity, gender, and human rights**, significant progress in equity was evident with a positive rating of **87%**, up from **77%** in W1, however, gender and human rights scores remained consistent with W1. The proposals' efforts to emphasize on equity through investments targeting **equitable health outcomes** and **structural barrier reduction**, obtaining responses of **7% strongly agreeing, 80% agreeing, and 13% disagreeing**. For **gender considerations**, the proposal highlighted efforts towards **gender equality** and **addressing related barriers**, receiving **8% strongly agree** but **59% just agree**, it's essential to note that **28% disagree**.

THEMATIC OBSERVATIONS AND RECOMMENDATIONS

- **Thematic Lesson 1** underscores the varying **degrees of ambition** in **countries' program delivery**.

Some exhibit *"too little"* ambition, such as constrained scale-up plans for interventions like pre-exposure prophylaxis (PrEP) for HIV, limited use of innovative tools, and inadequate attention to critical areas like child TB and HIV cascade. Conversely, there are instances of *"too much"* ambition, wherein a focus on innovation overshadows essential elements like advanced HIV management. Mismatched targets and readiness for new tools, as well as the presence of Global Fund strategy language without corresponding programs, are also noted. This reflects a need for better alignment between ambition and practical implementation.

- **Thematic Lesson 2** emphasizes the crucial need for **stronger collaboration among partners at the country level**.

Concerns arise from observed partnership weaknesses leading to suboptimal impact. Funding requests reveal *insufficient coordination* by national leadership, resulting in fragmented support, inconsistent worker salaries, and disjointed supply systems. Despite the Global Fund's recognition of inclusive partnerships, **further efforts are necessary to involve community-led and key population organizations effectively**. The TRP's review of investment impact was hampered by inadequate descriptions of external and domestic resource activities. Private sector engagement remains inconsistent, lacking clear mappings of activities. **Recommendations call for increased involvement of Country Coordinating Mechanisms (CCMs)** to coordinate partners, maintain updated mappings, and engage communities. Future applicants are advised to comprehensively detail in-country partner activities. In-country partners should build government ministry capacity for effective engagement, while the Global Fund Secretariat should continue enhancing CCM capacity as a vital coordination platform.

● **Thematic Lesson 3 highlights positive strides within funding requests** across various aspects:

Observations across **different diseases** and requests demonstrate purposeful utilization of national data to inform intervention strategies, resulting in improved differentiation particularly evident within Focused portfolios. Notably, in the context of HIV, there is a heightened emphasis on recognizing and addressing key populations, showcasing a greater intersectionality approach that encompasses trans and gender diverse individuals, as well as women prisoners who inject drugs. Furthermore, advanced HIV disease has gained increased prioritization and budget allocation compared to previous cycles. In the realm of TB, funding requests exhibit optimized use of diagnostic tools, incorporating WHO-recommended rapid diagnostics, chest x-rays, and CAD, while also leveraging routine data alongside research for enhanced programming. Malaria-related requests effectively leverage data for targeted interventions and are increasingly informed by Matchbox data. The Equity, Human Rights, & Gender dimension witnesses amplified gender and matchbox assessments guiding interventions, alongside a growing awareness of punitive legal barriers affecting service access. Within Resilient and Sustainable Systems for Health, funding requests reflect amplified investments in both quantity and quality compared to previous cycles, consistently synergizing RSSH and C19RM investments. This progress is further exemplified through investments in integrated lab systems, health management information systems, and health product management systems, all contributing to a more robust and impactful funding landscape.

● **Thematic Lesson 4** highlights the **progress** and **challenges** in achieving sustainability within funding requests.

While there's a stronger focus on **programmatic and financial sustainability**, exemplified by cross-disease integration and community involvement through public contracting, some obstacles persist. Concerns include **human resource sustainability**, unreliable tracking of domestic health expenditure, and barriers to community system strengthening due to legal and regulatory issues. Encouragingly, some countries are increasing domestic financing despite challenges, and innovative financing approaches show promise. **Recommendations urge partnerships to facilitate public contracting, encourage transparent transitions for community health worker remuneration, and enhance financial tracking.** The Secretariat is advised to adopt stringent criteria for salary and grant approval, ensuring eventual integration into national budgets. To bolster programmatic sustainability, implementing countries are prompted to coordinate financial strategies and enhance visibility of health expenditure. Diplomatic engagement is also proposed to address hostile environments affecting health programming and civil society.

TECHNICAL OBSERVATIONS AND RECOMMENDATIONS

● Equity, Human Rights, and Gender Lessons:

Reveal noteworthy progress in **recognizing structural barriers** to care and the importance of addressing human rights and gender issues for effective disease control. Increased assessments were observed, though their integration into programming and budgets remains inconsistent. Hostile legal environments pose threats, demanding contextualized responses and legal mitigation mechanisms. Gender-based violence emerges as a key barrier, necessitating better-funded linkages to services. While some focus on key populations was noted, **intersectionality within vulnerable groups needs tailored interventions**. CHW programs offer untapped potential for equity, human rights, and gender integration. Budget allocation for these interventions, however, remains insufficient across funding requests. Recommendations emphasize integrating assessment findings, advocating against hostile environments, strengthening GBV linkages, enhancing intersectional programming, and allocating adequate budgets. The Breaking Down Barriers initiative and matching funds should be expanded for greater impact.

● Malaria Lessons

Persistent funding gaps hinder core treatment and prevention efforts, while better data utilization informs prioritization. Allocation misalignment is evident in the face of increased malaria burdens due to disasters. Though positive steps include pre-referral RAS incorporation, **stronger severe malaria referral systems are necessary**. Transition from IRS to effective ITNs is noted, but gaps remain. In elimination settings, prompt foci response in case-based surveillance is lacking. Applicants are advised to adhere to WHO guidelines for severe malaria management, prioritizing strong referral systems and justifying IRS use. **Elimination-phase countries should focus on complete foci responses**. Technical partners and the Secretariat should **review allocation methodologies and explore regional funding approaches to address disaster-induced malaria burdens and population shifts**.

HIV LESSONS

- **HIV Lesson 1**, focused on **Epi Analysis**, unveils gaps in accurate data distribution, surveys, and cascades, particularly lacking disaggregation. Recommendations urge applicants to ensure updated surveys, inclusive population estimates, and thorough analysis of HIV distribution and coverage.
- **HIV Lesson 2** highlights **insufficient pediatric and adolescent HIV management**, urging a comprehensive approach from testing to treatment, viral load monitoring, and adherence, linked to maternal and child health services. Accelerated adoption of normative guidance is advised.
- **HIV Lesson 3** delves into **key population exclusion**, emphasizing the need to include all relevant populations in interventions and surveys, especially in restrictive legal contexts.
- **HIV Lesson 4** emphasizes **treatment optimization**, emphasizing the importance of adhering to WHO guidelines, particularly adopting cost-effective options like DTG as second-line treatment.
- **HIV Lesson 5** addresses **differentiation challenges**, underscoring the necessity of tailored **interventions for Adolescent Girls and Young Women (AGYW)**, detailed service delivery plans, and adaptation of interventions based on epidemiological context and populations.

In the domain of HIV, targeted improvements in data utilization, pediatric care, key population inclusion, treatment optimization, and tailored interventions hold significant potential for enhanced impact.

TUBERCULOSIS LESSONS

● **TB Lesson 1**, it's noted that while funding requests include modules to expand TB detection, there's still a need to improve in several areas, such as detecting drug-sensitive and drug-resistant TB, particularly among specific populations. Recommendations for **applicants** include implementing **revised normative guidance**, **using recommended diagnostics**, targeting **interventions** effectively, and addressing access-related barriers. Monitoring and evaluation practices and engagement with the UNICEF agenda are also highlighted.

● **TB Lesson 2**, the focus shifts to **continuous quality improvement in TB care for better treatment outcomes**. Observations emphasize the need to reduce deaths and loss to follow-up, especially among certain groups. Recommendations advise shortening treatment regimens, enhancing person-centered care, utilizing digital adherence technologies, and addressing root causes of undesirable outcomes. The role of partners is emphasized in supporting TB cure and treatment completion and conducting cascade analyses of case holding.

RSSH LESSONS

● **RSSH Lesson 1** highlights **limited progress in health sector reforms** for integrated people-centered quality health services. Observations include inadequate indicators for measuring progress, under-addressed governance and stewardship issues, missed opportunities for integrating guidance materials, and a lack of evidence-based policy-making. The need for greater attention to value for money and efficiencies in intervention prioritization is also noted.

● In **RSSH Lesson 2** despite encouraging signs of **health financing modules**, incomplete information on financial contributions and funding landscapes is observed. National Public Financial Management systems were often under-performing, impacting the use of domestic systems. The importance of integrating HIV, TB, and malaria into service packages and addressing co-financing and social health insurance is emphasized.

● **RSSH Lesson 3** discusses early-stage integration of **primary health care (PHC)**, with observations of limited details on integrating disease-specific service delivery into PHC. The need for comprehensive community systems strengthening, addressing human resources for health challenges, and linking programs with health systems are highlighted.

● **RSSH Lesson 4** notes progress and challenges in **health management information systems (HMIS)**, **logistics management and information systems (LMIS)**, and **health product management systems (HPMS)**. Observations include gaps in data quality, limited progress on data system integration, and challenges in supply chain management. Recommendations focus on data utilization, data system integration, supply chain strengthening, and laboratory system improvements.