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CONTENTS
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1. NEWS: Report Confirms Decline in the Rate of New HIV Infections
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New HIV infections in 2008 were 30% lower than they were 12 years ago, according to data just released by UNAIDS and the World Health Organization (WHO). The findings confirm a trend first observed about two years ago.

UNAIDS and WHO state that the spread of HIV "appears to have peaked" in 1996. An estimated 2.7 million new HIV infections occurred in 2008, the same number as in 2007, but well below the 3.5 estimated new infections in 1996. Sub-Saharan Africa remains the most heavily affected region, accounting for 71% of all new HIV infections in 2008. But even there, the number of new infections is 15% lower than it was in 2001.

"The good news is that we have evidence that the declines we are seeing are due, at least in part, to HIV prevention," said Michel Sidibé, Executive Director of UNAIDS. "However, the findings also show that prevention programming is often off the mark and that if we do a better job of getting resources and programmes to where they will make most impact, quicker progress can be made and more lives saved."

The number of people living with HIV continues to grow. In December 2008, an estimated 33.4 million people were living with HIV, compared to 33.0 million in 2007. The reason that this number continues to grow while new infections are declining is that HIV-positive people are living longer, due in large part to expanded antiretroviral (ARV) coverage. UNAIDS and WHO report that the percentage of those needing ARV treatment who actually receive it rose from 7% in 2003 to 42% in 2008, meaning that over half of those in need of treatment are still not receiving it.

According to UNAIDS and WHO, annual HIV-related mortality “appears to have peaked” in 2004, when 2.2 million deaths occurred. The estimated number of AIDS-related deaths in 2008 was 2.0 million.

UNAIDS and WHO say that while the epidemic appears to have stabilized in most regions, prevalence continues to increase in Eastern Europe and Central Asia. “Differences are apparent in all regions,” the two organisations state, “with some national epidemics continuing to expand even as the overall regional HIV incidence stabilizes.” In Eastern Europe and Central Asia, epidemics that were once characterised primarily by transmission among injecting drug users are now increasingly characterised by significant sexual transmission. In parts of Asia, the epidemic is becoming increasingly characterised by significant transmission within heterosexual couples.

UNAIDS and WHO state that AIDS continues to be a major global health priority. “Although important progress has been achieved in preventing new HIV infections and in lowering the annual number of AIDS-related deaths,” the two organisations say, “the number of people living with HIV continues to increase. AIDS-related illnesses remain one of the leading causes of death globally and are projected to continue as a significant global cause of premature mortality in the coming decades.”

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2. NEWS: Global Fund Reports Significant Rise in People Receiving Services
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By 30 November 2009, programmes supported by the Global Fund were providing antiretroviral (ARV) treatment to 2.5 million people living with HIV, an increase of 25% compared to 2008. Global Fund-supported programmes were also providing directly observational therapy short course (DOTS) to 6.0 million people with TB, an increase of 30%; and had distributed 104 million insecticide-treated mosquito bed nets, an increase of 49%.

As a result, the Global Fund says, more than 4.9 million lives have been saved. Each day, 3,600 deaths are averted.

This information was revealed in a news release issued yesterday by the Global Fund for World AIDS Day. The news release is available at www.theglobalfund.org/en/pressreleases.

In 2009 alone, 34 million bed nets have been distributed to families to protect them against malaria. The Global Fund says that 2010 will see considerably larger distributions of bed nets, “as the world prepares to reach a target of providing a bed net to every family who needs one by 2011.”

Since the Global Fund started in 2002, programmes supported by the Fund have provided 790,000 pregnant women with a complete course of antiretrovirals to prevent transmission of HIV from mothers to their children. In addition, 4.5 million AIDS orphans and vulnerable children have received basic care and support; 105 million sessions of HIV counselling and testing have been provided; 138 million people have been reached with community outreach prevention for one or more of the three diseases; 1.8 billion condoms have been distributed; and 11.3 million health or community workers have been trained to deliver services.

With $9.3 billion disbursed thus far through more than 500 grants, the Global Fund currently provides nearly a quarter of all international financing for AIDS globally, as well as three-fifths of all international financing for both TB and malaria.

These figures combine data from individual programmes supported by the Global Fund in 140 countries.

In his report at the Fund’s recent Board meeting, Michel Kazatchkine, Executive Director of the Global Fund, said that as of mid-2009, the Global Fund was supporting, on average, around half of the people receiving antiretroviral therapy in sub-Saharan Africa, two-thirds of those in north Africa and the Middle East, around two thirds of those in Asia, and more than 70% of those in Eastern Europe and Central Asia.

Dr. Kazatchkine said that the Global Fund is now working closely with UN agencies to accelerate the Scale-up of prevention of mother-to-child transmission (PMTCT) programs and extend coverage to at least 60 per cent of women in need globally over the next 18 months. This includes a concerted effort to re-programme existing Global Fund resources so that within 18 months at least 80 per cent of PMTCT programmes supported through Global Fund grants will be using the most efficacious ARV regimens.

Dr. Kazatchkine said that by the time Round 8 grants begin to show results, between 2010 and 2011, the Secretariat estimates that the Global Fund will be financing almost all the provision of insecticide-treated nets in sub-Saharan Africa, around half of TB case detection globally and around a third of those on ARV treatment globally.

Note: As indicated above, these accomplishments are attributable to programmes that the Global Fund has supported. This does not mean that the Global Fund alone can take credit for this; many of these programmes have also been supported by national governments and other donors.

The "Report of the Executive Director" is available at www.theglobalfund.org/en/board/meetings/twentieth/documents.

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3. NEWS: TRP Observations Concerning Round 9
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According to the Global Fund's Technical Review Panel (TRP), performance frameworks included in proposals submitted to the Fund continue to be inadequate. This is one of the observations contained in the *"Report of the Technical Review Panel and the Secretariat on Round 9 Proposals,"* a document that was submitted to the recent Global Fund Board meeting in Addis Ababa.

The performance framework is that part of the proposal that outlines what the proposal sets out to achieve and how progress will be measured. For the most part, the TRP said, performance frameworks that it reviewed focus too much on process and output indicators, and do not contain appropriate outcome and impact indicators. The TRP added that performance frameworks often fail to include indicators to measure the quality of interventions. The TRP recommended that more detailed guidance be provided to applicants as part of future proposal guidelines, and that the Secretariat support the development of rigorous performance frameworks during grant negotiations.

In the *"Report of the Technical Review Panel and the Secretariat on Round 9 Proposals,"* the TRP made a number of observations concerning the strengths and weaknesses of the proposals. The TRP also made several recommendations regarding how to address some of the weaknesses it identified.

This article provides a summary of the TRP's comments. It is divided into three sections:

- Technical Content of Proposals: General
- Technical Content of Proposals: Specific Disease Components and HSS
- The Applications and Review Process

TECHNICAL CONTENT OF PROPOSALS: GENERAL

Coherence and quality of proposals. The TRP said that many proposals do not contain a clear situational analysis and that, as a result, the TRP frequently had difficulty finding a link between the proposal narrative, budget and work plan. This is exacerbated, the TRP said, when poor quality budgets and performance frameworks are presented. The TRP recommended that the Secretariat clearly communicate to applicants the importance of having proposal narratives that are well aligned and consistent with submitted budgets and work plans.

Evidence-based interventions. The TRP observed that the strategies included in many proposals were not "evidence-based" – that is, did not provide evidence that the proposed interventions work or that they are consistent with or responding to what the actual needs are. This problem particularly arose with behaviour change communication (BCC) interventions for the three diseases, and with the

combined use of indoor residual spraying (IRS) and long-lasting insecticide nets (LLINs) for malaria. The TRP recommended that applicants ensure that their strategies are evidence-based; and that where the evidence base is insufficient, applicants undertake an evaluation of proposed interventions, or conduct operational research on small-scale pilot interventions before going to scale.

Value for money. The TRP said that, generally speaking, proposals do not adequately demonstrate cost-effectiveness. The TRP recommended that the proposal form and guidelines explicitly ask for such information.

Human rights. The TRP noted that proposals that targeted vulnerable groups often did not provide information on relevant laws (e.g., criminalization of intravenous drug use and homosexuality) that could affect the proposed interventions. The TRP said that it is crucial to have this information in order to assess the soundness, feasibility and sustainability of the proposed interventions.

Gender. The TRP said that, as in past rounds, proposals for Round 9 mentioned gender and used appropriate terminology, but did not, for the most part, include a serious situational analysis or attempt to develop strategies to address gender inequality issues. The TRP recommended that the Global Fund's partners provide guidance and technical assistance to applicants in order to adequately address gender issues in future proposals.

Implementation strategy. The TRP said that many proposals lacked detailed information on the proposed implementation strategy. This made it harder for the TRP to assess the feasibility of the proposal. The TRP recommended that the proposal form and guidelines be revised to explicitly draw out this type of information.

Complementarity. The TRP found that many Round 9 proposals failed to demonstrate links with existing Global Fund grants and other donor funding. The TRP recommended that the proposal form and guidelines explicitly request applicants to demonstrate complementarity and additionality.

Absorptive capacity. The TRP said that it was concerned about the lack of absorptive capacity in some countries, in particular when a country has many ongoing grants, Global Fund or otherwise; and that this was particularly apparent when countries were funded for Round 8 and were again requesting funds for Round 9 for the same disease component.

TECHNICAL CONTENT OF PROPOSALS: SPECIFIC DISEASE COMPONENTS AND HSS

HIV. The TRP noted that HIV components are the least likely of the three disease components to be recommended for funding. The TRP said that, in general, "the quality of prevention strategies in HIV proposals is lacking. Many applicants did not elaborate how prevention strategies would be evaluated and what mechanisms would be used to ensure the quality and appropriateness of these."

The TRP said that it continues to be concerned that international best practice guidelines regarding infant replacement feeding are not being communicated at the country level. The TRP "reaffirmed" its Round 8 recommendation that partners provide in-country HIV programme managers with short, clear recommendations regarding when replacement formula may be appropriate, and that the Secretariat ensure that clear guidance is provided to future applicants.

The TRP noted that TB/HIV co-infection and collaborative activities are not systematically addressed in all HIV (and TB) proposals. The TRP said that applicants should clearly describe such activities in their proposals even when Global Fund money is not being requested, and that, should they chose not to do so, applicants should provide compelling reasons as to why not.

Tuberculosis. The TRP noted that Round 9 proposals did not always clearly describe proposed strategies, or their subsequent monitoring and evaluation, for advocacy, communication and social mobilisation (ACSM), practical approach to lung health (PAL), and infection control (IC). The TRP also noted that the rationale for, and demonstration of cost-effectiveness of, tuberculosis prevalence surveys in proposals is sometimes weak.

Malaria. The TRP welcomed the inclusion in several Round 9 proposals of an evaluation of mosquito resistance to insecticide. The TRP recommended that applicants build on the results of resistance

surveys in order to design a management plan on insecticide resistance; and that applicants consider including measures of mosquito behaviour in the presence of insecticides to guide strategy selection and implementation.

The TRP applauded the fact that all proposals dealing with case management included a diagnostic component, and noted that some proposals were even ahead of the WHO recommendations in this respect.

The TRP said that a general lack of understanding of pre-elimination strategies resulted in some countries proposing a “cocktail” of interventions that were not always appropriate, given their local epidemiological context. (“Pre-elimination” is one of the four phases of malaria eradication. The four phases are control, pre-elimination, elimination and prevention of reintroduction.) The TRP recommended that Global Fund partners and the Roll Back Malaria Harmonization Working Group develop more guidance on the pre-elimination concept and on appropriate strategies in different contexts.

The TRP said that an “overall misunderstanding of the UN Secretary General call for universal access to malaria control interventions led some countries to request blanket coverage of all malaria control interventions” without due consideration of the epidemiology. The TRP recommended that applicants base any integrated vector management (IVM) strategy on local evidence of its effectiveness, in particular with regard to the additional benefit of having several interventions for the same target. The TRP said that this also applies to the concurrent universal use of long-lasting insecticide-treated nets (LLINs) and indoor residual spraying (IRS) at country level.

The TRP said that some Round 9 malaria proposals included the use of pesticides to control mosquito larvae as a strategy without having demonstrated its effectiveness in the local context.

Health systems strengthening (HSS). The TRP found that there is a general lack of understanding among applicants regarding the difference between HSS interventions which should be included in the disease-specific sections and those that ought to be included in an HSS cross-cutting section.

The TRP noted that many applicants are requesting a "shopping list" of all theoretical HSS needs, without giving thought to longer-term HSS programmatic planning and expected impact. The TRP said that HSS submissions must be clearly presented as being auxiliary to, and flowing from, a national health strategy, while at the same time demonstrating how they help to address the three diseases. The TRP said that health sector reform leadership and governance issues were often inadequately addressed in proposals. Finally, the TRP said that the current health systems strengthening section of the proposal form is not satisfactory and could be improved.

THE APPLICATIONS AND REVIEW PROCESSES

Proposal form and guidelines. The TRP observed that some proposals are very long and exceed the requested page limits and that, despite the screening conducted by the Global Fund Secretariat, some proposals are incomplete and lack significant information. The TRP recommended that the Secretariat either more strongly emphasize to applicants the importance of staying within the allotted page limits, or adopt an automated proposal form which does not allow additional information beyond established page limits, or both. The TRP also recommended that the Secretariat screen out incomplete proposals based on pre-defined criteria.

Eligibility. Although the Global Fund requires that proposals from lower-middle- and upper-middle-income countries focus on poor or vulnerable populations, the TRP said that many proposals did not clearly demonstrate this focus. The TRP recommended that the Round 10 proposal form and guidelines highlight this eligibility requirement, and that applicants be requested to describe in detail how their proposal focuses on poor or vulnerable populations.

Regional proposals. The TRP said that the four recommended Round 9 regional proposals clearly demonstrated the added value of a multi-country or regional approach, but that this was not the case with most of the other eight regional proposals. With the latter proposals, the TRP said, the rationale for the specific countries collectively presenting a proposal was often unclear. The TRP also questioned the relevance of including service delivery interventions in regional proposals, on the

grounds that they may contribute to the creation of parallel structures (i.e., at both regional and national levels).

The TRP recommended that applicants more clearly describe the expected added value of a multi-country or regional approach, as well as justify the selection of countries (e.g., based on epidemiological or strategic considerations). The TRP said that in many cases, single-country applicants failed to acknowledge their parallel inclusion in a regional proposal, and that it was evident that CCMs are not undertaking a full analysis of regional proposals when they endorse them. Finally, the TRP recommended that the regional proposal forms and guidelines be reviewed in order to avoid duplication and fragmentation, as well as ensure consistency, with national and sub-national proposals.

Financial analysis. The TRP noted that for the first time in Round 9, financial analysis support was provided routinely for the TRP's review of proposals whose lifetime budgets exceeded $100 million, and that such support was also available to the TRP for ad-hoc requests. The TRP recommended that in future, financial analysis support be provided for all proposals, regardless of the size of the budget, that the financial analysis be undertaken prior to the TRP review meeting, and that on-hand support also be provided during the meeting, as required.

Grant Performance Reports (GPRs). The TRP said that it uses the GPRs as the main source of programmatic and financial data for existing Global Fund grants, but that because separate reports are prepared for each grant, GPRs do not provide a holistic view of all the Global Fund grants in a particular country for a particular disease. The TRP added that there is a significant variability in the quality, completeness and relevance of the GPRs, and that they tend to provide more financial information than programmatic information. The TRP recommended that the GPRs be revamped to provide a more holistic view, and that the Global Fund Secretariat continue to improve the quality and content of GPRs and ensure that they include enhanced programmatic and quantitative information.

Language. The TRP recommended that countries be allowed to submit proposals in Portuguese, in addition to the six U.N. official languages.

The "Report of the Technical Review Panel and the Secretariat on Round 9 Proposals" should shortly be available at www.theglobalfund.org/en/board/meetings/twentieth/documents.

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4. NEWS: TRP Observations on the "First Learning Wave" of NSAs
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The "first learning wave" of a new Global Fund funding stream, National Strategy Applications (NSAs), was recently completed. NSAs involve submitting a national disease strategy itself – rather than a Global Fund-specific proposal form – as the primary basis of the application for Global Fund financing. (See GFO Issue 110 at www.aidspan.org/gfo for information on which proposals were funded in the first learning wave.)

In the *"Report of the Technical Review Panel and the Secretariat on Funding Recommendations for National Strategy Applications of the First Learning Wave,"* presented at the recent Board meeting in Addis Ababa, the TRP made a number of observations concerning the NSA applications process and the content of proposals.

This article provides a description of the NSA process, followed by a summary of the TRP's comments.

Description of the process

In March 2009, 23 CCMs were invited to express an interest in the first learning wave, and 20 responded. The number dropped to 19 by the time of the next step in the process: the submission of national strategy documentation for desk review.

(In fact, the numbers of CCMs shown above, and elsewhere in this article, are over-stated by one because one CCM, Rwanda, was invited to consider submitting NSAs for two different diseases.)

The desk reviews were carried out in April by a panel of current and former members of the TRP. The purpose of these reviews was to determine whether the national strategy documentation was "sufficiently robust" to form the basis of an NSA. Eight of the 19 CCMs passed this "test," and were invited to submit an NSA.

Between the end of May and the beginning of July, small groups of TRP members made week-long visits to the countries whose CCMs were invited to submit NSAs. In each country, the TRP members, along with a few national facilitators nominated by the CCMs, formed a Strategy Review Team. Each team conducted a review, the purpose of which was to collect information on areas of the national strategy documentation that the desk review had identified as requiring clarification; and to further evaluate the documentation.

At the end of each visit, the Strategy Review Team conducted a de-briefing with the CCM and other key stakeholders to provide information on the main strengths, gaps and areas identified as needing further clarification in the national strategy documentation. In particular, "critical issues" were identified that required special attention, and CCMs were asked to address these in the NSAs to be submitted.

Seven of the eight eligible CCMs submitted NSAs by the deadline of 31 August 2009. The Global Fund Secretariat undertook a screening process similar to that performed for round-based proposals to determine whether each NSA was complete and eligible. All seven submitted NSAs were judged compliant with the minimum requirements for CCM eligibility.

Finally, five of the seven NSAs were recommended by the TRP for funding.

TRP comments

REVIEW OF NATIONAL STRATEGIES

The TRP said that the national strategies that were not selected at the desk review stage to participate in the next stage of the NSA process "were either so incomplete that they could not be adequately evaluated for soundness, or they had weaknesses in a number of key attributes that were sufficiently profound that they could not realistically be addressed within the time frames."

The desk reviews identified the following common weaknesses among the national strategies:

- The process of strategy development was not well described.
- The link between disease control strategies and national health sector strategy was inadequately described.
- Documentation to support the strategy budgets and their relationship to national health budgets and the macro-economic frameworks was weak.
- Operational work-plans were insufficiently detailed to address feasibility.
- The issue of sustainability was not addressed.

The TRP noted that the situation analyses presented in the strategy documents were generally sound, with frank discussion of the shortfalls of previous and current programs. However, the TRP said, the proposed approaches to overcoming these shortfalls tended to be conservative ("doing more of the same") rather than bold. Standard recommendations of the technical UN agencies were often not thoughtfully adapted to new challenges and specific country contexts.

The TRP noted that the time frames were very short and that this resulted in the submission of many incomplete strategies. It recommended that for future waves, more preparation time be allocated, and that countries with incomplete national strategies not be invited to participate.

The TRP also recommended that the criteria used to evaluate the national strategy documentation be made available to countries well before the beginning of the NSA process. (These criteria are listed in an annex to the *"Report of the Technical Review Panel and the Secretariat on Funding Recommendations for National Strategy Applications of the First Learning Wave.")*

THE NSAs THEMSELVES

The TRP said that the main strengths of the seven NSAs it reviewed were as follows:

- The application form allowed applicants to clearly describe how they addressed, or were planning to address, the critical issues raised during the in-country visit.
- The majority of the critical issues that were raised during the in-country visit were adequately addressed by the time of the submission of the NSA.

The TRP said that the main weaknesses of the NSAs were as follows:

- Budgetary information was presented in different formats, sometimes with excessive details and in a complex structure.
- Linkages between the funding request to the Global Fund and the information contained in the national strategy were not always clearly described in the NSA.

Two of the proposals contained separate sections on health systems strengthening (HSS). The TRP said that the two HSS sections appeared to have little relationship to the disease strategy that they accompanied. They were presented as a menu of activities to be supported by the Global Fund, with very limited explanation as to how they tied into a strategic vision to improve the response to AIDS, malaria and tuberculosis in the country. The TRP said that in their current form, the HSS sections do not add value to the NSAs, and that the NSA process "may not be suited to accommodate a separate HSS section."

The Global Fund will likely refine its policies and procedures based on the experience of the first learning wave, and then do a broader roll-out of NSAs, probably starting in 2010.

The "Report of the Technical Review Panel and the Secretariat on Funding Recommendations for National Strategy Applications of the First Learning Wave" should shortly be available at www.theglobalfund.org/en/board/meetings/twentieth/documents.

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END OF NEWSLETTER
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This is an issue of the GLOBAL FUND OBSERVER (GFO) Newsletter.

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