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of the Global Fund

TRP HIGHLIGHTS MAIN AREAS OF WEAKNESS IN ROUND 8 PROPOSALS

In its report to the recent Board meeting discussed in the previous article, the TRP provided a number of observations on Round 8 proposals. These comments are all of potential interest to countries that are developing Round 9 proposals. A summary of these comments, organised by topic, is as follows:

Failure to take into account changes in the epidemiology

The TRP said that in Round 8 there were “too many” proposals with no recent assessments of the epidemiological situation in the country – particularly for countries that had applied for the same disease in or before Round 4. In these situations, the TRP said, the Round 8 proposals appeared to be a request for “continuation” of an earlier grant, but without any re-evaluation of the appropriateness of earlier strategies.

The TRP noted that the same problem manifested itself in proposals presented through the rolling continuation channel (RCC). (This partially explains the low success rate of RCC proposals in the first few waves of funding.)

HIV proposals

The TRP noted that over the past four rounds there has been a steady rise in the rate of HIV proposals being recommended for funding, but that with a success rate of 49 percent in Round 8, HIV remains the disease component that is least likely to be recommended for funding by the TRP.

The TRP applauded the fact that Round 8 saw the continuation and scale up of a number of large programmes moving towards universal access in several high burden countries. The TRP said that Round

8 also saw innovative approaches to prevention, “such as a significant expansion of male circumcision in one proposal, with a serious effort to learn about effectiveness and acceptability within a larger context than a clinical trial.”

However, the TRP said, the lack of thought given to the current epidemiological situation (see above) resulted in “inappropriate, unfocused activities proposed for concentrated epidemics.”

Country ownership vs. an over-reliance on planning tools from partners

The TRP noted that the rate of Round 8 proposals recommended for funding had increased for both TB and malaria. However, the TRP expressed concern about what it called an “over-reliance” on planning tools developed by partners which, the TRP said, sometimes leads to “incoherent proposals,” particularly in the case of TB.

Specifically, the TRP said there were instances “where a sound analysis of the situation and the challenges facing tuberculosis control was linked to a set of objectives and activities that did not address the identified gaps.” In these situations, the TRP said, “the lists of objectives and activities presented may have been selected from planning tools without sufficient reflection on the priority and sequencing of different tuberculosis control interventions.”

As a result, the TRP recommended that the Secretariat work with the StopTB Partnership on the budget and planning tools that are offered to applicants.

The report said that “somewhat in contrast to the more formulaic tuberculosis proposals, a concerted effort had been made in malaria proposals to identify the priority interventions needed in differing epidemiological and entomological settings.”

The TRP said that while it believes that Roll Back Malaria’s provision of targeted proposal development support is instrumental to the presentation of increasingly stronger proposals, “this does, however, make it more difficult to determine the extent to which the proposals reflect ownership by the country and local stakeholders.”

The TRP expressed concern that once a grant is negotiated, “the implementation of the program may reveal specific contextual constraints and operational challenges that have not always been anticipated during the proposal preparation process.”

Therefore, while the TRP strongly encouraged countries to seek appropriate technical

assistance when it is needed, the TRP recommended that sufficient emphasis be placed on building local capacity relevant to submitting strong, fundable proposals. The TRP noted that such capacity consists of not only public health experts and consultants, “but also individuals well-trained in proposal development frameworks, planning and budgeting.”

HIV-TB integration

In the report, the TRP said that in both HIV and tuberculosis disease specific proposals, there were many missed opportunities for HIV-TB integration. The TRP recommended that, during the provision of technical assistance, the StopTB Partnership, UNAIDS and WHO’s HIV and StopTB teams stress “the important need for HIV/TB co-infection, reproductive health care, and other potential opportunities for integration and synergy to be discussed in proposals, and addressed as relevant.”

Gender

The TRP noted that the Global Fund Secretariat had made a number of meaningful additions to Round 8 to encourage applicants to address gender issues in their proposals. The TRP said that a few proposals included “a robust gender analysis informing programming,” but that, as in Round 7, the majority of proposals (and HIV proposals especially) failed to include any real discussion on “whether particular groups are under-represented in accessing and/or receiving prevention, treatment, and/or care and support services.”

Impact of existing Global Fund grants

The TRP said that the larger proposals seen in Round 8 reflect an increased confidence from applicants to apply for substantial grants that form an integral part of the national strategy for the relevant disease, and that the TRP is “highly supportive” of this trend.

Most applicants that presented proposals in Round 8 had at least one continuing Global Fund grant for the same disease. The TRP noted that almost all applicants identified “the full scope and range of the existing grant(s), highlighting linkages and dependencies,” and that “this is important information relevant to the TRP’s assessment of the complementarity and additionality of the new funding request....”

However, the TRP said, some applicants presented their proposals very soon after the same disease was approved by the Board for funding in a preceding round. In these cases, according to the TRP, “it is a complex task to assess and recommend the new proposal as being genuinely complementary to the existing grant or grants.” The TRP said that it is unlikely to recommend for funding a proposal to continue, expand or modify an existing programme that has not yet reported progress beyond a few months.

The TRP recommended that in any application for incremental funding, “applicants clearly describe what they believe has been achieved, both in quantity and in quality with prior grants,” in order to facilitate the TRP’s assessment of the added value of subsequent proposals.

Nature and frequency of proposals

The TRP said that as more and more importance is placed on the need to integrate Global Fund contributions into national strategies, “the TRP does not consider it appropriate to submit multiple proposals that provide a piecemeal coverage of the gaps and priorities, even if the subsequent proposal does not directly overlap the earlier grant.” Instead, the TRP “recommends a more considered approach which should fit more closely into national planning cycles and clearly articulated priorities for the next few years.”

Specifically, and significantly, the TRP recommended that countries consider preparing proposals less regularly.

The TRP also recommended that, when submissions are made, the proposals clearly “draw on the national strategy to describe (and request funding for) gaps in the national strategy to ensure a comprehensive response to the diseases.”

Grant Score Cards and Performance Reports

The TRP said that while the Global Fund’s Grant Score Cards and Grant Performance Reports are useful at the individual grant level, “these documents are difficult to use to obtain a holistic view of a country’s overall achievement of national targets.” In particular, the TRP noted, “interrelated issues (such as the reasons for a change of Principal Recipient, or dependencies that one grant may have on another) are not

always well addressed.”

Consequently, the TRP recommended that the Global Fund Secretariat implement some changes to these reports.

The TRP said that it “still” finds the performance framework of many existing grants “unsatisfactory and hard to use as a tool in its review of new proposals.” The TRP said that the multitude of indicators “is not prioritized sufficiently” to be used as a summary of grant progress. The TRP therefore recommended that the Global Fund consider developing additional independent means of verifying progress at key stages of the Global Fund grant management lifecycle (such as independent, in-country assessments of the progress of previous grants).

Scaling up and single-stream funding

The TRP expressed concern that where applicants are seeking to scale up the programme activities of existing Global Fund grants, in a number of cases there is no clear strategy to consolidate the funding and work plans of relevant grants. The TRP said that it “believes that a grant by grant approach for the same Principal Recipient can adversely impact performance based implementation, including the ability to learn from implementation experience and strengthen programs to achieve improved outputs and outcomes.”

Therefore, the TRP recommended that, wherever possible, applicants “request a formal consolidation of the activities in the new proposal with the existing same disease grants.” In the view of the TRP, “this would better support applicants in their management of Global Fund resources as a single stream of funding,” which would “provide increased efficiencies in program management....”

Strengthening proposals

The TRP noted that many applicants continue to present proposals “with a significant number of weaknesses that appear avoidable.”

For Round 9, the TRP recommended that the Global Fund Secretariat communicate to potential applicants: (a) “the essential need for coherency and logic between the objectives, program areas (SDAs), the budget, a separate detailed work plan, and the ‘performance framework’ “; and (b) “the desirability of a clearly separate budget and work plan to ensure that non-costed activities, and important pre-implementation events (e.g., planning for key procurement events) are detailed and linked to the timing of the intended outputs, outcomes and impact.”

The TRP said that it remains “particularly concerned” about the thirteen countries that have not been recommended for funding for same disease applications submitted over consecutive rounds. The TRP recommended that the Global Fund’s partners develop country specific strategies to provide technical assistance to these countries, “with particular efforts to ensure that future submissions respond to the TRP’s detailed Round 8 feedback.”

The TRP also recommended that the Global Fund Secretariat share examples of “stronger proposals” with these countries, “to assist applicants to see the overall approach of the proposal, and the coherence between goals, objectives, program areas (SDAs), and indicators within budgets, work plans and the proposal form text itself.”

Multi-country proposals

The TRP said that proposals from Regional Organizations (ROs) were more problematic than proposals from Regional Coordinating Mechanisms (RCMs). The TRP said that in Round 8 it often appeared that the countries listed in RO proposals appeared to be grouped together “because they meet the eligibility

requirements of the Global Fund, rather than because of a common epidemiological situation or regionally-based needs.” The TRP recommended that the Board consider revising its requirements for eligibility for multi-country proposals, “to determine whether the existing framework for Regional Organization eligibility provides a negative incentive to develop more appropriate cross-border and regional proposals.”

Other areas

The following additional issues were identified in the report:

- The TRP noted that, as in Round 7, proposals submitted in Round 8 contained no or weakly articulated operations/implementation research components, and that this constitutes another missed opportunity. The TRP said that the type of research that is needed “goes beyond the monitoring and evaluation of interventions supported by Global Fund financing. It also should seek systematic solutions to existing bottlenecks, and contribute to a country’s understanding of the effectiveness of different interventions, including how differing interventions contribute to the attainment of planned outcomes and impact.”
- The TRP said that the Global Fund needs to clarify which kinds of indirect costs can be included in the budgets and which types of organisations should be allowed to charge indirect costs.
- The TRP said that Round 8 saw an increase in the number of HIV funding requests seeking funds for broad access to breast milk replacement formula, but that the TRP had access to a evidence-based studies and partner guidance that, on balance, identifies this strategy as inappropriate in many countries. The TRP recommended that partners provide in-country HIV programme managers with “short, clear recommendations on the situations when replacement formula may be appropriate.”
- The TRP noted that none of the three Sub-CCM proposals were recommended for funding, and that two of them presented no solid justification for why the proposal was not included in the overall national proposal. The TRP recommended that the Global Fund Secretariat develop additional guidance for future rounds on the processes and criteria for Sub-CCM proposals.
- The TRP said that many Round 8 proposals sought salary support that was not based on current national salary structures. “The potential for distortion, in country, and between finding sources, is significant,” the TRP said. The TRP recommended that the Global Fund Board consider issuing guidance to countries and the TRP on the salary support framework that the Global Fund is comfortable supporting.

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