



Independent observer  
of the Global Fund

## How the Country Dialogue and Concept Note Process Unfolded in Three Early Applicant Countries

The country dialogues and the process of developing concept notes in three early applicant countries shared some common characteristics, but also differed in many respects.

Country dialogues and concept note development have taken place in Myanmar, Zimbabwe and El Salvador. The Myanmar country coordinating mechanism (CCM) submitted three concept notes, one for each disease. The CCMs in Zimbabwe and El Salvador each submitted for just one disease (HIV). The concept notes have already been assessed by the Technical Review Panel (TRP) and the Grant Approvals Committee (GAC). (See [GFO Article](#).)

This is what was common in all three countries:

- There was a country dialogue process already in place before the countries were invited to participate in the transition phase of the new funding model (NFM).
- A separate country dialogue for the NFM application was overlaid on top of the country dialogue already in place.
- The country dialogue process for the NFM application and the process for developing the concept note were one and the same.
- The process was very rushed, in order to submit the concept notes by 3 April 2013, as requested by the Global Fund Secretariat. (This was to allow the TRP to review the notes in April, and to allow other grant-making steps to occur in time for approval of the grants by the Global Fund Board at its June meeting in Sri Lanka.)

The rest of this article describes the country dialogue/concept note process in each country. The

information comes from the fund portfolio managers for the three countries and from other sources.

## Zimbabwe (HIV)

The process in Zimbabwe started with an expanded meeting of the CCM on 6 March, which included stakeholders not represented on the CCM, where the Secretariat briefed participants on the requirements for participating in the transition.

The CCM assigned responsibility for managing the process to its HIV/AIDS Committee. The committee formed a concept note writing team composed of about 25 persons representing a wide range of stakeholders. The CCM decided that the Director of the National HIV and TB Programme, and the UNAIDS Country Coordinator, would manage the writing process.

International development partners provided support to the writing team. The principal recipient (PR), which is the United Nations Development Programme, and the Global Fund provided additional support, as needed. The writing team lined up several technical experts to serve as peer reviewers of the draft concept note.

A number of existing documents were used to help define priority areas, identify gaps and provide an evidence base for interventions to be included in the concept note. These documents included the national HIV strategy (2011–2015); survey reports, such as a 2011 modes of HIV transmission survey; and programme reviews in a number of areas, such as prevention of mother-to-child transmission of HIV.

Between 5 and 15 March, a number of consultations were held, including the following:

- a meeting with the International Nongovernmental Organisation Forum to encourage them to participate in the process;
- a consultation meeting with provincial medical directors and officials from the Ministry of Health and Child Welfare to obtain input on programme priorities; and
- a one-day stakeholder consultative workshop to identify potential gaps in HIV and TB responses and discuss priorities for the concept note.

In addition, the representatives of persons living with HIV on the writing team held consultations with representatives of key populations – including women’s groups, sex workers, and gays and lesbians.

Following the consultations, the writing team held a one-week retreat where a draft of the concept note was developed. On 25 March, the draft was circulated for comments from the CCM, technical experts and other stakeholders, and for preliminary feedback from the TRP.

The CCM met to review the draft on 27 March. The writing team incorporated feedback from that meeting, and from the TRP, stakeholders and peer reviewers, and formally submitted the concept note to the Global Fund on 3 April.

## Myanmar (HIV, TB, malaria)

Myanmar was in a unique situation because the CCM had actually started working on the concept notes even before the NFM was launched. In August 2012, following a visit to Myanmar by General Manager Gabriel Jaramillo, the Global Fund invited the CCM to ask for new some money in its request for continued funding for its two HIV grants (see [GFO article](#)). The offer was later expanded to include TB and malaria. The CCM was asked to prepare concept notes describing the activities that would be implemented with this new money. When Myanmar was invited to apply for funding as an early applicant under the NFM, the original concept notes had not made it through the system yet. So, the original concept notes were simply folded into the new concept notes.

A country dialogue workshop was held on 18–19 March, with participation from the Global Fund Secretariat. On the first day of the workshop, Secretariat officials described how the NFM works; explained what Myanmar needed to do; provided an indicative ceiling for Myanmar's application; provided a split by disease for the indicative funding; and provided the amounts of incentive funding that Myanmar could apply for (per disease).

On Day 2 of the workshop, participants split into disease groups and discussed the priorities for inclusion in the concept notes. GFO was told that having Secretariat officials present in the country to hear the discussions about priorities was very useful.

The preparation of the concept notes was coordinated by the CCM's technical strategic groups (TSGs). There was a separate TSG for each disease. The majority of participants on each TSG were not members of the CCM.

Within each TSG, lead groups were set up to do the actual writing. For TB and malaria, the process was led by representatives of the World Health Organisation; the PRs provided input and helped with the costing. (There are co-PRs for each of the Myanmar grants – Save the Children and the United Nations Office for Project Services.) For HIV, the process was a little more complicated because separate working groups were established for some of the target populations.

The Secretariat had developed online tools for use in preparing the concept notes. However, the people participating in the process in Myanmar found these tools difficult to use, for two reasons: (1) there were some problems with the way the tools were designed; and (2) there were Internet connectivity issues. (The Secretariat is using the transition to pilot the NFM process, so we can expect the Secretariat to make changes to the online tools before the full rollout of the NFM.)

The CCM had been asked to submit one concept note per disease, and to show the activities and budget for the indicative funding it was seeking separately from the activities and budget for the incentive funding. However, the CCM concluded that it was impractical to do this given the amount of work involved and the short time-frames. So, only one set of activities and one budget was prepared for each disease.

The concept notes were based on what the CCM perceived to be Myanmar's full need (as opposed to being based on the amount of funding Myanmar was told was available).

The CCM met on 3 April and endorsed the concept notes. The notes were formally submitted to the Secretariat that same day. The Secretariat provided Myanmar with comments on the concept notes; some changes were made; and the final notes were sent to the Secretariat on 11 April. Later that month, the TRP reviewed the concept notes. During its review, the TRP asked for some clarifications (via the Secretariat) and the country responded. GFO was told that it was apparent from the questions that the TRP was asking that the information requested on the concept note form was not sufficient for the TRP to fully judge the technical merit of the proposal.

When the Secretariat needed to contact someone in Myanmar, they usually went through the UNAIDS

representative (for the HIV concept note) and the WHO representatives (for the TB and malaria concept notes). However, on some occasions the Secretariat contacted whoever was available that day because the process was extremely rushed. It didn't help that one of the busiest parts of the process was during the week-long New Year's water festival in Myanmar.

Once the TRP review was complete, the GAC assessed the concept notes (in the process, the GAC asked for some clarifications of its own) and decided how much funding Myanmar could access for each disease. The amounts were lower than what the CCM had requested. This information was then communicated to the CCM. The TSGs then had to decide which activities would go forward and which would be cut.

Myanmar and the Secretariat are currently in the grant-making stage for each of the three diseases. This stage includes the preparation of budgets, workplans (including a technical assistance plan) and performance frameworks. People from Myanmar are going to Geneva during the last two weeks of May to finalise the negotiations.

For Myanmar, the concept notes cover a four-year period (2013–2016). Most early applicants have been advised that they can apply for a three-year period (roughly 2014–2016), but Myanmar was considered to be a special case because it needed funding in 2013 and because Phase 2 of some of its existing HIV grants were rolled into the concept notes.

Myanmar was told by the Secretariat that the country will not be able to apply again under the NFM during 2014–2016.

#### El Salvador (HIV)

The country dialogue and concept note development in El Salvador built on what the country has been doing for the past few years, including the development of the national strategic plan for HIV in 2010, and work that had started in November 2012 on requests for continued funding for the country's HIV single-stream-of-funding grant.

Some roundtables were organised, including one with representatives of key affected population. Participants in the roundtables reviewed the latest epi evidence and the priorities of the national strategic plan; identified what worked well, and what didn't work so well; and came up with new ideas and strategies.

The outcome of those discussions was submitted to a proposal committee of the CCM, led by UNAIDS. The committee developed the proposal in consultation with the Global Fund. During the writing period, as a further check, field visits were conducted to groups representing transgendered persons, men who have sex with men, and sex workers.

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