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UPDATE ON THE SECOND WAVE OF REGIONAL CONCEPT NOTES

Applicant experiences in the second wave of regional concept notes (RCNs) improved over last year, but challenges remain for the process.

The second and final window for RCNs closed on 1 February 2016. Fifteen RCNs were submitted this year. Each RCN was preceded by the submission of an expression of interest (EOI) in April 2015, and a subsequent invitation from The Global Fund to develop and submit a complete RCN. Applicants received the results of the Fund's assessments of the concept notes in April and May 2016 and are presently in the process of grant-making. The table below provides a list of approved concept notes.

Table: Regional concept notes approved in the second window

Applicant	Countries	Comp.	Description
SUB-SAHARAN AFRICA			
Alliance Nationale Contre le Sida (ANCS) *	Burkina Faso, Cape Verde, Cote d'Ivoire, Guinea-Bissau, Senegal	TB + HIV	Harm reduction for people who inject drugs
Handicap International (HI)	Burkina Faso, Cape Verde, Guinea-Bissau, Niger, Mali, Sénégal	HIV	Human rights promotion, removal of legal barriers, and supportive services for people with disabilities

Intergovernmental Authority on Development (IGAD)	Djibouti, Ethiopia, Kenya, Somalia, Sudan, South Sudan, Uganda	TB + HIV	Improving access to HIV and TB services in key border areas, including refugee camps
International Treatment Preparedness Coalition – West Africa (ITPC-WA) *	Benin, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Senegal, Sierra Leone, Togo	HIV	Increasing access to ARVs through community monitoring and CSS
MOSASWA Cross-border initiative	Mozambique, Swaziland, South Africa	Malaria	Malaria control in South Africa and Swaziland through zone of malaria control with Mozambique
ASIA			
Australian Federation of AIDS Organizations (AFAO)	China, Indonesia, Malaysia, Philippines, Thailand	HIV	Key populations and civil society support for transitioning countries
India HIV/AIDS Alliance *	Philippines, Thailand, Vietnam, Indonesia, India, Cambodia, Nepal	HIV	Increasing access to harm reduction services for people who inject drugs
Youth Leadership, Education, Advocacy and Development (Youth LEAD)	Cambodia, Indonesia, Nepal, Pakistan, Philippines, Viet Nam	HIV	Strengthening young key populations advocacy
MIDDLE EAST AND NORTH AFRICA			
Middle East and North Africa Harm Reduction Association (MENAHRA) and Regional Arab Network Against AIDS (RANAA) *	Afghanistan, Egypt, Iran (Islamic Republic), Jordan, Lebanon, Libya, Morocco, Pakistan, Sudan, Tunisia	HIV	Harm reduction for key populations
LATIN AMERICA AND THE CARIBBEAN			
Caribbean Vulnerable Communities Coalition (CVC) and El Centro de Orientación e Investigación Integral (COIN) *	Belize, Cuba, Dominican Republic, Guyana, Haiti, Jamaica, Suriname, Trinidad and Tobago	HIV	Improving policy environment and reducing legal barriers and stigma for key populations
Regional Coordinating Mechanism – Mesoamerica	Belize, Guatemala, Honduras, El Salvador, Nicaragua, Costa Rica, Panama	HIV	Expanding access and utilization of HIV prevention, testing, and care among mobile and migrant populations
Organismo Andino de Salud- Convenio Hipólito Unanue (ORAS-CONHU)	Argentina, Belize, Bolivia, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Dominican Republic, Uruguay, Venezuela	TB	Strengthening and expanding the capacities of the national laboratories networks and the supranational reference laboratories for tuberculosis in the Americas

Pan-Caribbean Partnership Against HIV/AIDS (PANCAP)	Antigua & Barbuda, The Bahamas, Barbados, Belize, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Kitts & Nevis, Saint Lucia, St. Vincent & The Grenadines, Suriname, Trinidad & Tobago	HIV	Removing legal and human rights barriers to HIV, sexual, and reproductive health services for key populations
EASTERN EUROPE AND CENTRAL ASIA			
Eurasian Coalition on Male Health (ECOM)	Armenia, Belarus, Georgia, Kyrgyzstan, Macedonia (FYR),Azerbaijan, Estonia, Kazakhstan, Moldova, Russian Federation, Tajikistan, Ukraine	HIV	Increasing HIV prevention, testing, treatment, care, and support for MSM and transgender people
Alliance for Public Health (APH) *	Belarus, Bosnia & Herzegovina, Bulgaria. Georgia, Kazakhstan, Kyrgyzstan, Moldova, Romania, Russian Federation, Ukraine	TB + HIV	Achievement of 90-90-90 for key populations in select cities

Concept notes marked with as asterisk (*) are the subject of case studies in a forthcoming paper from ICASO and the International HIV/AIDS Alliance.

Key findings

The following are the main findings from an analysis conducted recently by ICASO and the International HIV/AIDS Alliance.

Invitations following expressions of interest offered predictability. The EOI process was used more effectively for this window than for the first. Applicants that submitted EOIs were invited to develop a concept note (with a maximum funding amount indicated); encouraged to partner with other applicants; or encouraged to explore other opportunities. By making initial assessments of the proposals through the EOI process, identifying the strongest ones, and indicating that they would most likely be funded, and at what level, The Global Fund offered an important measure of predictability that was not always present in the first window. Notably, all but one of the reviewed RCNs proposed a program at near or the maximum available. This was clearly a useful guidepost.

CCM endorsements demand extensive effort, but offer little benefit. Obtaining country coordinating mechanism (CCM) endorsements was a labor- and resource-intensive process for nearly all applicants. Bangyuan Wang, who was involved with the India HIV/AIDS Alliance proposal, described obtaining endorsements as “the most challenging part of the process.” Nonetheless, it is a clear requirement that the CCMs of all countries involved provide written endorsement of the RCN. (In the absence of a CCM, the endorsement had to be obtained from the national disease program.) The purpose of CCM endorsements is ostensibly to demonstrate mutual awareness and coordination of programming between the country and regional levels. However, because CCM endorsement is largely a formality, it does not really achieve this purpose. In addition, in many cases, the regional programs exist precisely to address issues that the CCMs or country programs have neglected to address, which implies that there may be resistance at country-level to the proposed regional program.

In several cases, the endorsement of certain CCMs could not be obtained, for reasons ranging from not having enough time to review the proposal and send the letter of endorsement by the RCN submission deadline, to CCM members being actively opposed to the proposed program. The Global Fund accepted

RCNs with incomplete endorsements if applicants could demonstrate that adequate effort had been made to obtain the endorsement or that a CCM intended to indicate support. This flexibility on the part of The Global Fund is commendable, but it suggests that the endorsements may not be as important to the viability of regional programs as is implied by the onerous requirements.

The actions of the Technical Review Panel sometimes appear to be unilateral. Despite the predictability offered by the improved EOI process, there were still surprises. For example, in the case of the concept note submitted by the Alliance for Public Health in the EECA, the TRP "recommended" that that the proposed budget be cut in half. The TRP provided a rationale along with its recommendation, but the APH did not perceive the whole process as a negotiation.

The two organizations in the MENA region that submitted a proposal – RANAA and MENAHRA – also received a difficult response from TRP, which de-prioritized some of the programming that they considered high-priority. "We should have had an opportunity to defend the program after the TRP weighed in," remarked RANAA Executive Director Golda Eid.

After the TRP recommended cutting some of the more innovative components of the concept note from the Caribbean Vulnerable Communities Coalition, Dr. John Waters, the program manager, noted that while some TRP feedback was quite helpful, other feedback was shortsighted.

Sometimes, what the applicants perceived as the priorities of the proposed programs was not shared by the TRP. What the TRP deems to be the priorities seems to generally win the day, however, with the applicants having no opportunity to respond (despite their unique expertise on regional issues).

Communication between applicants and The Global Fund Secretariat is unsystematic. There does not appear to be a home, or hub, for regional proposals or programs at The Global Fund Secretariat. Communication between applicants and the secretariat often take place in an ad-hoc fashion, with applicants' primary contact being fund portfolio managers in some cases, the Access to Funding Department in others, and even the Community, Rights, and Gender Department in some instances. Beyond having different points of entry, applicants received varied levels of attention and support. For example, some RCNs were reviewed by Secretariat staff at several stages throughout development, while others were not.

The regional concept note template still isn't quite tailored for regional programs. The regional concept note template is still mostly the same as the country template, especially with regard to the narrative component. There was one change made apparently to alleviate some of the most difficult challenges experienced by regional applicants: The work plan tracking measures template was made the default modular template for regional applicants, with some targeted instructions. However, this change was rolled out to applicants in a haphazard manner. Some applicants received the adapted form early in the development process, while others were not made aware of the new template until after they submitted the first draft of their concept note. It appears that while there was awareness of the imperfections of the RCN template, there was no system to efficiently deliver an improved one. This experience further demonstrates a lack of coordination at the Secretariat regarding regional proposals.

ICASO and the International HIV/AIDS Alliance will be issuing a paper summarizing its findings.

This is Charlie Baran's first article as a GFO correspondent. Charlie is an independent advocate and consultant, based in Los Angeles, California. His work focuses on promoting representation and leadership of key populations and civil society in health and development programs. He can be contacted at charlie.baran@gmail.com or charliebaran.com.

Editor's note: This article was altered after GFO 289 was first published to correct the list of countries shown in the table for the application from the International Treatment Preparedness Coalition – West

Africa (ITPC-WA). See also the Erratum we published here concerning the status of the applications.

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