Lessons from NFM implementation; Observations by the Technical Review Panel

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Vice-Chair, Technical Review Panel
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Outline

1. TRP role and mandate
2. General and TB related lessons learned
3. Role of Communities, rights & gender in TB
TRP Role and mandate

<table>
<thead>
<tr>
<th>Independent body of technical experts mandated by the global fund board:</th>
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<tr>
<td>1. Review concept notes:</td>
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<td>• <strong>Strategic focus</strong> of GF in-country investments</td>
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<td>to <strong>maximize its impact</strong>.</td>
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<td>• <strong>Technical sound</strong> interventions:</td>
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<td>• Soundness of approach</td>
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<td>• Feasibility</td>
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<td>• Potential for sustainable outcomes</td>
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<td>• Value for money</td>
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<td>2. Assess above allocation request → define quality demand</td>
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<td>3. Make recommendations on allocation of incentive funding</td>
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Reviews by window

- **Health systems strengthening**
- **Malaria**
- **Tuberculosis**
- **TB/HIV**
- **HIV/AIDS**

(US$ millions)
TRP observations W1-3 2014

Window 3

39 applications reviewed

- **31 (80%)** recommended for grant-making
- **8 (20%)** recommended for iteration with TRP

This is an increase from 74% recommended for grant-making from window 2

Past windows

Concept notes discussed in window 3 from past windows:

- **6 resubmissions**: All moved to grant-making

• Positive examples of rapid iteration (2-6 months) with 100% success rate
• Large number of concept notes that were strategically focused and were evidence based
Outline

1. TRP mandate and review process & criteria
2. General and TB related lessons learned
3. Role of Communities, rights & gender in TB
### TRP general observations...

<table>
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<th>What is important:</th>
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<td>1. Ensure robust country dialogue on disease split</td>
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<td>2. Prioritize interventions for highest impact (justified against robust situation analysis)</td>
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<td>3. Focus interventions on key populations (identify AND address)</td>
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<td>4. TB/HIV collaborative program development and integration of service delivery</td>
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<td>5. Strong health and community systems form the fundamental basis for success</td>
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<td>6. Explain actions towards future sustainability</td>
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26 TB concept notes reviewed
Ensure a robust country dialogue around program split

1. Involve key stakeholders to fully debate the best split of resources

- Program split information in the allocation letter should not replace a strong, evidence-based country dialogue on appropriate program split.

- CCM to organize rigorous, evidence-based and inclusive country dialogue process → to achieve optimum impact in fighting the three diseases and strengthening the health system as a whole.

- Discussions on program split should adequately include all relevant key stakeholders including experts in tuberculosis and health systems strengthening.

- The concept note must include a detailed description of the program split rationale.
Translating NSP into Focused intervention

Consider:

- NSP up to date? (2030 global goals)
- Independently assessed & Progress reviews?
- Describes full 5 yr targets & costed plan

Prioritized intervention plan

- Interventions with expected highest impact
- Presented in order of priority and costed

What is needed to fully control TB in my country within the coming x years? (actions, targets, resources)

Achieving maximum progress towards the National targets within a constrained resource environment?
3.3 Million people with TB missed:

3 Focus interventions on key populations

- **Who are we missing?**
  - Why are certain people not accessing diagnostic and treatment services?
  - Where are the missed cases and how can they be reached?
  - What are preconditions to make services accessible and acceptable?

   ➔ Adapted interventions for Key populations
   ➔ Consider diversified approaches general population
Maximizing synergies for impact

Integrated TB and HIV programs

- Positive trajectory observed for TB-HIV concept notes.
- Ensure full collaborative development of TB-HIV CNs
- Seize potential for integrated services TB-HIV; patient centered approach
- Maintain focus on disease specific program requirements
Strengthening Health Systems

HSS and CSS are the foundation for effective TB programs

- Health systems strengthening helps ensure program sustainability and maximizes impact.
- How will weaknesses be addressed and with which resources?
- Coordinate health system strengthening across the three diseases
- Holistic and system-wide approaches improve impacts on three diseases
- Consistent with HSSP

What actions are planned towards future sustainability?
Outline

1. TRP mandate and review process & criteria
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### Populations at risk of TB

#### Understanding key populations (KP)

- **TB-specific KPs identified in TB and TB-HIV concept notes:**
  
  PLHIV, MDR-TB patients, contacts of (MDR-)TB patients, (ex)prisoners, migrant( worker)s, miners (formal & informal), FSW, health care workers, hard to reach rural, densely populated urban, poor communities, homeless, indigenous, minority populations, clinical risk groups, elderly, children, pregnant women

- **Vulnerability TB-KPs generally weakly articulated**
  
  - Higher TB infection rates, but what are drivers of vulnerability?
  - Vulnerability for infection, vulnerability for developing active TB?
  - Barriers for KP access to services? Why?
  - Limited signs of legal assessments regarding TB-KPs in CN

- **Disjuncture between KP analysis HIV – TB joint CNs**
  
  KP interventions and studies tend to focus on HIV KP not TB KP
### Strategic focus of interventions on key populations (KP)

- **Programmatic focus on TB-KPs generally weakly articulated**
  - Who to focus on
  - How to address vulnerability? (prevention)
  - How to address barriers for KP access to services
  - Learn from pilots

- **Disjuncture between KP analysis HIV – TB joint CNs**
  KP interventions and studies tend to focus on HIV KP not TB KP

- **PR capacity to reach KPs not optimal**
  - Important to engage relevant ministries and institutions (prison authorities, mining sector) and allocating budget.
  - Barriers and system weaknesses identified but often no clear plan how to address
  - TB-HIV collaborative services still insufficient (screening TB, HIV testing, ART access)

- **Insufficient prioritization and budgeting towards KPs in overall TB program**

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**If evidence still limited; plan pilots to build experience**
Populations at risk of TB

Gender and age sensitive programming

- Gender based vulnerabilities
  - specific gender and age analysis of vulnerabilities for infection
  - gender and age based access barriers to services
  - TB stigma for girls and young women
- From analysis to action
  - tailored actions
  - budget within allocation
- Monitoring progress
  - disaggregate data by sex and by KP groups
  - process indicators and lessons learning
Engaging TB-KP community members in planning
- program design
- prioritization

Community systems strengthening interventions need:
- more robust plans
- consider linking with community systems for other health programs
- if outsourced; defining expected results and quality assurance

Monitoring of progress and success in reaching KPs as planned
We can’t solve problems by using the same kind of thinking we used when we created them.

(Albert Einstein)