Grant Architecture Implementation and Technical Assistance
TBTEAM & WHO AFRO Meeting on Technical Assistance Plans for GF activities in the African Region
30 November 2011
New grant architecture: context & overview

Context
- The old grant architecture was designed at the GF’s inception and has been added to over time
- This grant architecture has supported the achievement of powerful results
- And yet, the grant architecture proved overly complex and not scalable

New grant architecture (as approved by GF Board in November 2009):
1) Single Stream of Funding per PR in each disease
2) Consolidated disease proposal
3) Periodic Reviews

Objectives of new grant architecture:
- Streamline grant management
- Enable improved alignment to country plans, programs and cycles
- Facilitate a shift from projects to a program-based approach
GF Funding: Kenya TB Program

Under the “old” grant architecture…

1. Single Stream of Funding
GF Funding: Kenya TB Program

Under the “new” grant architecture…

New funding from approved proposal

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<th>MoF SSF</th>
<th>AMR SSF</th>
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<tr>
<td><strong>1st implementation period</strong></td>
<td>2011-2013</td>
<td>2011-2013</td>
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<tr>
<td><strong>3rd Implementation period</strong></td>
<td>2016-2018</td>
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1. Single Stream of Funding

Progress Update / Disbursement
Implementation Period start / end
Periodic Review
Single Stream of Funding

Single Stream of Funding per Principal Recipient (PR), per disease/HSS program is a foundational feature of the new grant architecture

• Maintains core Global Fund principals
  – Dual track financing
  – Performance based funding
  – Progress updates and disbursement requests (PU/DR), EFR, OSDV…
  – Periodic performance reviews

• With additional aspects for new single streams of funding
  – Single funding agreement per PR, per disease/HSS program
  – Fixed regular commitment cycles of up to 3 years
  – Alignment of Implementation Periods with country cycles
  – Alignment of all PRs in a disease area so that periodic disease program reviews are possible
Entry points for transitioning to SSFs

Entry points to transition to SSF

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<th>Through transition of existing rounds</th>
<th>During grant negotiations with addition of new rounds</th>
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<td>Transition of existing grants</td>
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<th>Through consolidated proposals</th>
<th>With successful consolidated proposal from a new round</th>
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Consolidated proposals will be the future means for maintaining SSFs

- **Expected benefits include:**
  - Encourages more holistic, program-based in-country resource planning
  - Facilitates rethinking of the program and implementation arrangements (reprogramming)
  - Enables CCMs to coordinate the development of proposals based on the larger programmatic picture, and to provide better oversight
  - Provides TRP with the broader programmatic picture and better alignment with national plans
Challenge / opportunity with consolidated disease proposals

• Consolidated proposals will require the CCM to present a holistic picture of proposed goals, objectives, SDAs, indicators, workplan, budget

• Many countries are currently implementing project-style grants with little programmatic coherence and non-harmonized indicators

• These countries may be poorly positioned to prepare consolidated disease if no groundwork is laid
Periodic Review: Principles

- Periodic Reviews look at the entirety of GF funding in a disease or cross-cutting HSS program (all PRs).

- They are up to 3-year “checkpoints” of achievements against the objectives and goals of the Proposal in terms of “programmatic progress and public health impact”.

- The assessment conducted at the time of Period Reviews focuses on:
  i. progress towards Proposal goals and disease impact;
  ii. PR performance; and
  iii. identified SSF or program-level risks, if any.

Note: The GF will not seek to directly attribute disease impact to a specific PR.

- The additional financial commitment recommendation to the Board per PR will include:
  i. Performance rating;
  ii. Recommendation category (with corresponding conditions, if any); and
  iii. Recommended additional financial commitment amount.
### Periodic Review vs. Phase 2

Periodic Review builds on and expands on the current Phase 2 Review:

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<tr>
<th>What is <strong>similar</strong> to Phase 2?</th>
<th>What is <strong>different</strong> from Phase 2?</th>
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<tr>
<td>- CCM request for additional financial commitment, with possibility to reprogram</td>
<td>- Reviews conducted for all PRs in a disease/HSS program at the same time</td>
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<td>- LFA assessment of CCM request</td>
<td>- Review dates aligned as much as possible with in-country review processes</td>
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<td>- GF assessment per PR of: - Programmatic achievements - Financial performance - Funding request</td>
<td>- More holistic assessment of program performance and outcome/impact</td>
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<td>- Informs additional financial commitment for the next implementation period per PR</td>
<td>- Opportunity to reallocate program responsibilities across PRs</td>
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Technical Assistance & Grant Architecture

Existing or in-progress national processes:
• Nat’l program reviews
• Nat’l strategy dev’t
• Operational planning & budgeting exercises

New GF grant architecture elements:
• Consolidated proposals
• Periodic Reviews

Intended Outcomes
• Harmonized program goals, objectives, SDAs, indicators, budget – aligned with national plans, M&E frameworks, etc
• Reprogrammed GF funding in line with up-to-date epidemiological context, best practices and prioritized interventions
Context of 25th Board Meeting Decisions*

- Recent Board Meeting (21-22 November 2011, Accra) resulted in a number of major decisions made in the context of the currently limited available funding, including decisions significantly affecting:
  - Access to new funding
  - Grant renewals

- Details currently being worked out by Secretariat on the implementation of these decisions, with first formal communications and guidance expected 1 December 2011

- Technical assistance will be critical for helping to ensure that funding requests made through grant renewals or the “transitional funding mechanism” are optimally prioritized to ensure optimal use of funds in line with country priorities and continuation of most essential interventions