

LESSONS LEARNED FROM THE NEW FUNDING MODEL: CONCEPT NOTE DEVELOPMENT

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STOP TB PARTNERSHIP:

HIGH LEVEL DIALOGUE *MAKING THE NEW FUNDING MODEL WORK FOR TB*

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HOTEL DIAGONAL ZERO BARCELONA , Spain



Three key lessons

- *The new funding model concept note processes are working and having positive spin offs*
- *Early country engagement with prioritization is essential*
- *Concept note development is complicated. We need to review and fine tune tools using TA providers.*

The new funding model concept note processes are working and having positive spin offs

- *Technical support time and country resources are not being wasted on unsuccessful applications*
- *TB/HIV single proposals are encouraging engagement at country level. Some concern with global TB and HIV funding monitoring.*
- *intensive engagement with GF country teams helpful during Concept note development process. We can build on this with TA partners.*
- *Allocation model benefits low resourced countries; and counterweight to the demand and performance driven process which tend to favour countries with better infrastructure- not necessarily those with greatest need. Will need proactive capacity building.*

In the past: half the proposal were prepared in vain:

Round 9: (79/159 proposals) 50% success rate.

(20nd (Board meeting Addis Ababa, Ethiopia 9–11 Nov 2009)

For TB:32/54 (59%)

Round 10: (79/150 proposals) 53% success rate.

(22nd Board meeting Sofia 13th to 15th Dec 2010) 1.73 billion for 2 years.

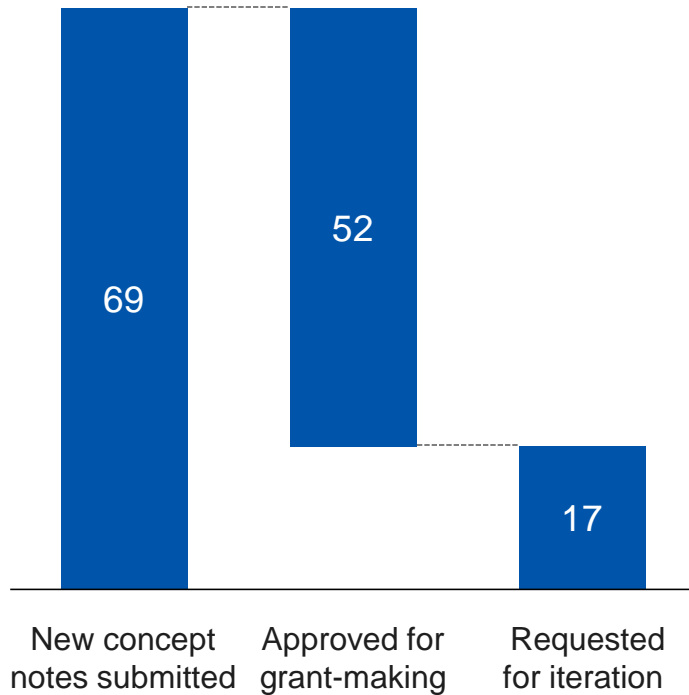
New system

Within 1 year: Technical support to 113 proposals in 2014 submitted and all likely to be getting to yes

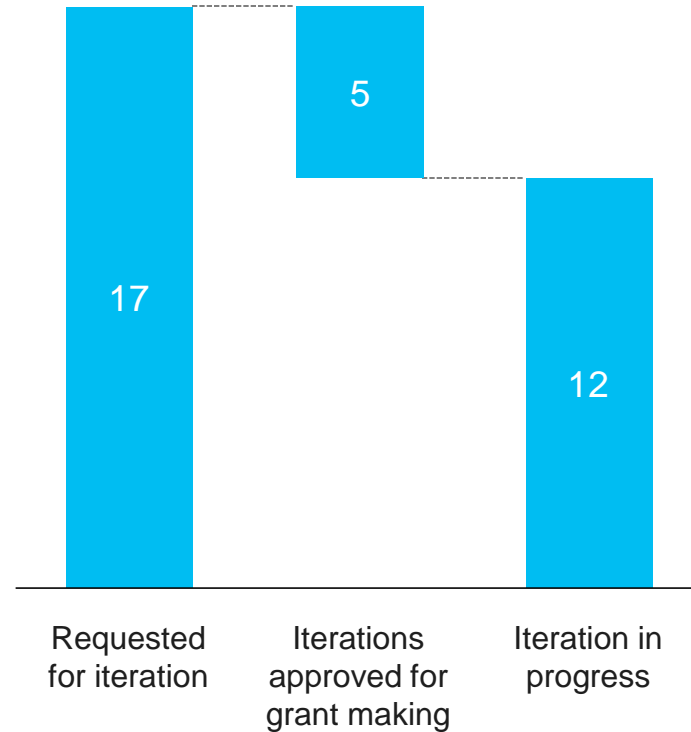
69 new concept notes reviewed in W1-3

80% currently in grant making and 20% working on iterations
Now 83% approved for grant making.

Summary of review outcomes



Iterations



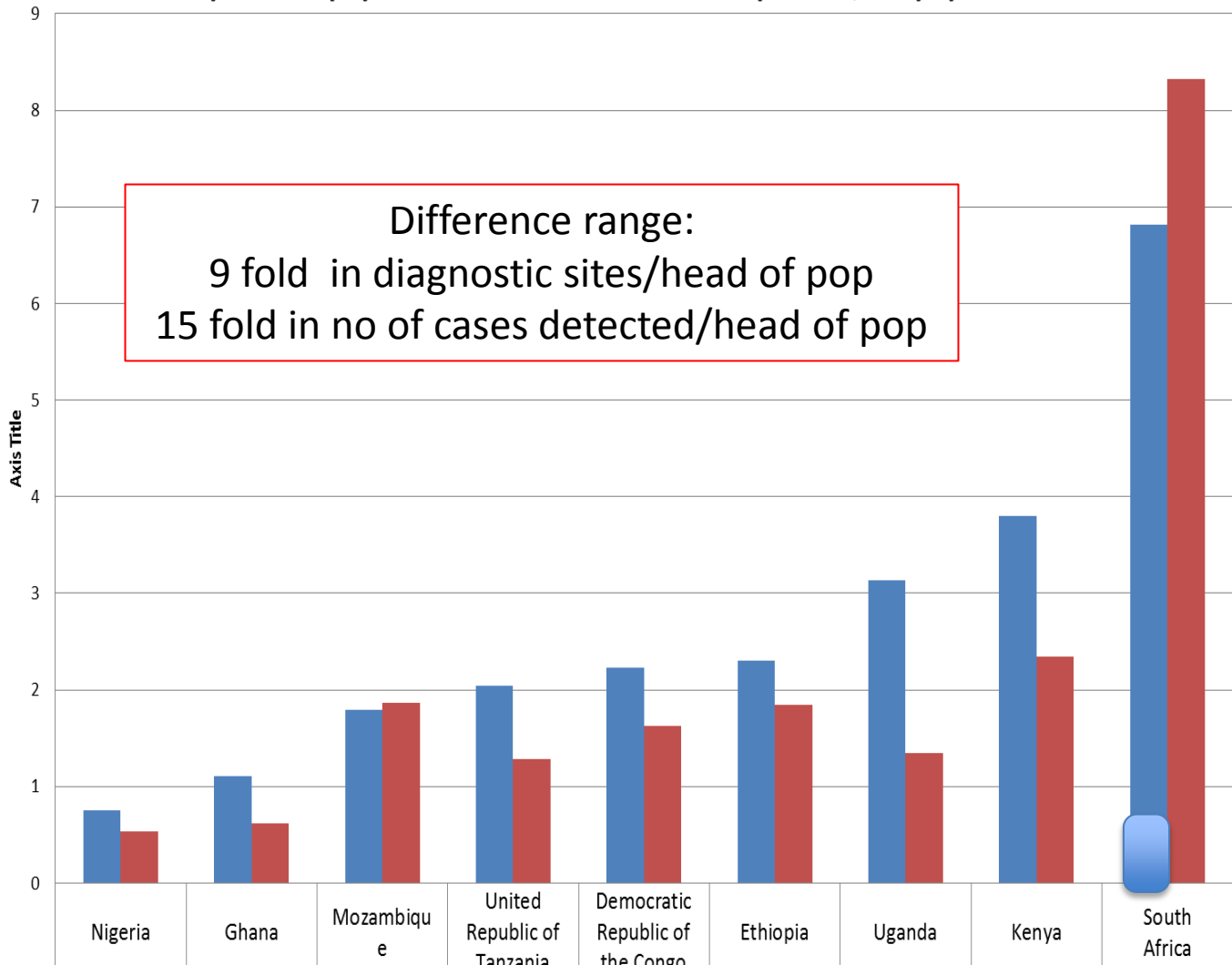
Note: Includes 2 regional reprogramming requests submitted as concept notes

Early country engagement with prioritization is essential:

- *prioritization needs to start with reviews and NSP development , Epi assessment and early in country dialogue.*
- *Optimize country data and intercountry data use*
- *Coordination of technical support especially linking reviews, NSPs and CNs.*
- *Roadmaps for concept note related TA from the start.*
- *One process for prioritisation helps- above allocation competition disrupts this process*

Nine most populous countries in the African Region

Cases per 1000 pop and Functional laboratories per 100,000 pop



Difference range:
 9 fold in diagnostic sites/head of pop
 15 fold in no of cases detected/head of pop

■ Rate of microscopy centres /100,000	0.756443913	1.105511632	1.796929574	2.044636425	2.225581355	2.297771827	3.132497547	3.799592249	6.811635946
■ rate cases per 1000	0.534114645	0.616402845	1.864920374	1.284269675	1.625382797	1.847410909	1.341844879	2.33887614	8.323428124

Note In South Africa, around 220 labs, and 4200 diagnostic sites (samples move)

Concept note development is complicated. We need to review and fine tune tools including country/ TA providers

- *Concept notes are very long documents. Some sections appear repetitive. Need to encourage summaries. Revisit.*
- *Modular tool difficult to harmonise with NSP processes. Prioritisation may cut across modules. And some indicators need reviewing (country feedback)*
- *Existing budgeting tools are not yet harmonised with Modular tool and allocation and above allocation.*
- *Online platform, though useful, is proving difficult for countries with poor internet access.*
- *Training of TA providers and writing teams is essential by those who have gone through the process.*

Key lessons learnt: Summary slide

<i>The new funding model concept note processes are working and having positive spin offs</i>	<i>Early country engagement with prioritization is essential:</i>	<i>Concept note development is complicated. We need to review and fine tune tools using country/TA providers.</i>
<i>i) Technical support time and country resources are not being wasted on unsuccessful applications</i>	<i>i) Prioritization needs to start with reviews and Epi assessment, NSP development and early in country dialogue</i>	<i>i) Concept notes are very long documents. Some sections appear repetitive. Need to encourage summaries. Revisit</i>
<i>ii) TB/HIV single proposals are encouraging engagement at country level. Concern with financial monitoring TB</i>	<i>.ii) Better use of local and intercountry data for prioritization</i>	<i>ii) Modular tool difficult to harmonise with NSP processes. Prioritisation may cut across modules. Some indicators need revisiting</i>
<i>iii) intensive engagement with GF country teams helpful during Concept note development process. We can build on this with TA partners</i>	<i>iii) Coordination of technical support especially linking reviews, NSPs and CNs. Clear TA roadmaps from start.</i>	<i>iii) Existing budgeting tools are not yet harmonised with Modular tool and allocation and above allocation.</i>
<i>iv) Allocation model is pro poorer countries & counterweight to the demand and performance driven process that favours countries with better infrastructure.</i>	<i>iv) One process for prioritisation helps- above allocation competition disrupts this process</i>	<i>iv) Online platform, although useful, is proving difficult for countries with poor internet access.</i>
		<i>v) Training of TA providers and writing teams is essential- by those who have gone through the process</i>