



REGIONAL CONCEPT NOTE
DEVELOPMENT IN THE GLOBAL
FUND'S (NEW) FUNDING MODEL:

Observations from
the second window

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EXECUTIVE SUMMARY

In June 2015, ICASO and the International HIV/AIDS Alliance published a discussion paper which analyzed the development of regional concept notes (RCNs) for the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). The paper looked at three case studies of RCNs which were developed and submitted as part of the first round, or first window of regional applications since the full roll-out of the Global Fund's "new funding model" in 2014. In February 2016, a second round of RCNs were submitted to the Global Fund. In this paper, ICASO and the International HIV/AIDS Alliance present the findings of six case studies of regional concept note (RCN) development experiences in Asia, West Africa, the Middle East and North Africa (MENA), Latin America and the Caribbean, and Eastern Europe and Central Asia (EECA).

In general, the regional application process improved in the second round compared to that of the first. More technical assistance was available, greater predictability was afforded to applicants, and more funding was mobilized to support RCN development. Applicants also benefited from lessons learned in the first round, and were generally more proficient at developing the applications. However, some challenges persist. Most notably, as the rationale and demand for regional programs expands, there remains only modest coordination and servicing of regional programs at the Global Fund Secretariat. The top-line findings and recommendations of the 2016 analysis are:

FINDING 1.

While the Global Fund Secretariat demonstrated responsiveness to applicant inquiries and requests, the handling of communications with applicants was often uncoordinated.

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 seems to 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 at times. Applicants also received mixed levels of attention and support, and even different application documents.

RECOMMENDATION 1. Establish a hub for regional programs at the Global Fund Secretariat.

A hub or focal point should be established within the Secretariat which has a mandate to monitor, manage, and support the development and implementation of regional proposals and programs. This hub, which can be one or more staff positions, will be able to systematize and streamline communications with, and support for regional applicants.

FINDING 2. The concept note template is still not tailored to regional programs, but with some adjustments, flexibility and experience, applicants made it work.

The regional concept note template is still mostly the same as the country template, especially with regard to the narrative component. However, the workplan tracking measures template has been made the default monitoring and evaluation template for regional applicants, with some specific instructions for them; an important change that is in alignment with the recommendation put forth in this paper's 2015 predecessor. Nonetheless, the vision of a fully tailored regional concept note template has yet to be realized. Nevertheless, applicants have, over time, become better at navigating an imperfect form and structuring the advocacy and policy-related goals and objectives in ways that fit the template. Applicants also took advantage of the greater flexibility imparted by the Global Fund to the process.

RECOMMENDATION 2. Establish a taskforce to review the regional proposal development process, concept note template, and associated protocol. (Reiterated from 2015)

A taskforce, or working group, which reports to the Strategy, Investment, and Impact Committee (SIIC) of the Global Fund Board can offer broad, cross-cutting advice and recommendations on how best to shape and support the RCN development process, and revise the template to be better suited to users and its purpose.

FINDING 3. Applicants experienced the Technical Review Panel as a unilateral process.

Despite the predictability offered by the improved Expression of Interest process (see Finding 5), there were still surprises. The Technical Review Panel (TRP) does provide some rationale with its recommendations, but it is not a negotiation. Applicants in some cases experienced that the TRP's priorities were different from the regional applicants'. The TRP priorities seemed, to applicants, to prevail, however, with limited opportunity to respond – and perhaps change the recommendations – on the part of applicants.

RECOMMENDATION 3. Develop a process for applicants to directly respond to TRP recommendations, with the potential for amended recommendations.

Given the limited infrastructure associated with regional programs at the Global Fund Secretariat, regional applicants should be empowered to respond to or challenge – at least once – the findings and recommendations of the technical review panel before grant-making.

FINDING 4. Country Coordinating Mechanism/National AIDS Program endorsements are burdensome to obtain, but can be managed with planning.

As with the first window, obtaining Country Coordinating Mechanism (CCM) and/or National AIDS Program (NAP) endorsements was a labor and resource-intensive process for nearly all the applicants interviewed. For some it was extraordinarily difficult. For others it was manageable. One shared feature of the more manageable experiences was early engagement with CCMs about the details of the regional program, and a mutual understanding of the purpose of regional programs.

RECOMMENDATION 4. Review the CCM/NAP endorsement requirements for regional concept notes. (Reiterated from 2015)

The Global Fund should review existing CCM/NAP endorsement requirements for added value and feasibility.

RECOMMENDATION 4.A. Explore more efficient pathways to CCM/NAP notice or buy-in.

Whether or not the requirements change, there should be more efficient means to achieving the desired effect (which is understood as a demonstration of mutual awareness and coordination between country and regional programs). CCM endorsement is in many ways a formality, which does not induce collaboration or coordination between the regional and country programs. Therefore, something short of a formal endorsement letter, reviewed and signed by each CCM, may be more appropriate.

FINDING 5. Invitations following Expressions of Interest offered predictability.

The Expression of Interest (EOI) process was used more effectively for this window. Interested applicants submitted an EOI at the beginning of the process. Applicants were then either invited to develop a concept note (with a maximum funding amount provided), encouraged to partner with other applicants, or explore other opportunities.

RECOMMENDATION 5. Preserve the screening and invitation approach of the second window's Expression of Interest.

The process was an improvement and was responsive to the need for greater predictability for applicants.

INTRODUCTION

The second and final window¹ for regional concept notes (RCNs) to be submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) closed on February 1, 2016. Fifteen RCNs were submitted during this window.² 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 their Technical Review Panel (TRP) assessments in April and May 2016, and were in the process of grant-making as this paper was published (unless otherwise directed by the TRP). The first window of regional proposals followed a similar schedule, spanning 2014-2015.

Regional programs represent a small portion of the overall Global Fund investment (approximately US \$200 million of more than US \$10 billion to be allocated to countries between 2014 and 2016)³, but remain a unique and vital mechanism to support programs that are difficult to implement at the country-level, or where significant value is added through a regional approach. Regional programs existed in the rounds-based Global Fund system and have continued into the “new” funding model. For more detailed background on regional programs, please see this paper’s predecessor: Regional Concept Note Development in the Global Fund’s (New) Funding Model: Observations from the first round of regional concept notes.⁴

In 2015, ICASO and the International HIV/AIDS Alliance produced a paper which looked at three case studies of RCN development in Eastern Africa, Southern Africa, and the Middle East and North Africa (MENA). Each RCN was developed by a consortium of stakeholders and led by a civil society organization or international NGO. Key findings of that paper included:

1

THE REGIONAL CONCEPT NOTE TEMPLATE IS INADEQUATELY TAILORED TO REGIONAL PROGRAMS.

The RCN template is confusing and in some cases inappropriate for regional programs. Particularly, the modular template is ill-suited for programs with limited available baseline data, or less tangible outcomes such as improvement in the policy environment.

2

COUNTRY COORDINATING MECHANISM/NATIONAL AIDS PROGRAM ENDORSEMENT REQUIREMENTS PRESENT A SUBSTANTIAL BURDEN TO RCNS.

CCM endorsement of RCNs can be difficult or impossible to obtain for reasons that may be political, logistical, and/or human resource-related.

1 The first full phase of the New Funding Model included two windows for regional concept notes to be submitted. An “early applicant” phase preceded these two windows as well. Information on future opportunities is expected in late 2016.

2 For information on all fifteen applications, see Annex.

3 Aidsplan, 2014. Global Fund Board approves \$100m for special initiatives and \$200m for regional programs.

4 ICASO, 2015. Regional Concept Note Development in the Global Fund’s (New) Funding Model: Observations from the first round of regional concept notes.

3

THE COMPLEXITY AND RESOURCE-INTENSIVENESS OF RCN DEVELOPMENT IS NOT IN ALIGNMENT WITH THE CAPACITY OF MANY KEY POPULATION ORGANIZATIONS, NOR IS THE UNPREDICTABILITY OF ULTIMATELY RECEIVING FUNDS.

Successful RCN development can take as long as 20 months and cost more than US\$150,000, with no guarantee of receiving funds after those investments (unlike the predictability offered to country applicants in the NFM). Furthermore, the standard allocation by the Global Fund of US\$10,000 for RCN development falls far short of the more than US\$100,000 needed in the three regions examined.

4

WITH THE RIGHT SUPPORT, KEY POPULATION NETWORKS HAVE THE CAPACITY TO DEVELOP AND LEAD RCN DEVELOPMENT.

In the cases observed, key population networks did not generally have the capacity to lead RCN development, but did participate in regional dialogue and concept note development and proposals were developed to build that capacity for the future.

5

THE ITERATIVE PROCESS FOR CONCEPT NOTE DEVELOPMENT IS A POINT OF STRENGTH, YET THERE IS AN INADEQUATE LEVEL OF COORDINATION OF COMMUNICATIONS AT THE GLOBAL FUND SECRETARIAT REGARDING REGIONAL CONCEPT NOTES.

While the overall result of iterative guidance from the Global Fund was positive, communications often lacked consistency and reliability.

This paper offers an update to the 2015 review, with a look at six new experiences drawn from the second window. The 2015 paper includes specific recommendations tied to the findings. These recommendations have reportedly informed the processes of numerous applicants as well as aspects of the Global Fund's approach in the second window. ICASO and the International HIV/AIDS Alliance conducted a rapid assessment of RCNs developed in 2015 and 2016 in West Africa (2), MENA, Latin American and the Caribbean, Asia, and Eastern Europe and Central Asia. This assessment focused on selected themes of the findings and recommendations from 2015, to describe any improvements or new or persistent challenges.

METHODOLOGY

This paper was developed between March and August 2016. A desk review of regional concept notes, relevant reports, and guidance documents accompanied semi-structured phone interviews with key people involved in the development of each of the six highlighted regional concept notes. Research was completed in June 2016. An initial draft of this paper was shared with all key informants to ensure accuracy.

CASE STUDIES

REGION:
WEST AFRICA

CASE STUDY 1:

INTERNATIONAL TREATMENT PREPAREDNESS COALITION – WEST AFRICA



COUNTRIES
BENIN
CÔTE D'IVOIRE
GAMBIA
GHANA
GUINEA
GUINEA-BISSAU
LIBERIA
MALI
SENEGAL
SIERRA LEONE
TOGO

DISEASE COMPONENTS: HIV

FOCUS: COMMUNITY SYSTEMS STRENGTHENING; COMMUNITY
MONITORING FOR INCREASED ART COVERAGE

PRINCIPAL RECIPIENT: INTERNATIONAL TREATMENT PREPAREDNESS
COALITION – GLOBAL



FUNDING AVAILABLE:	US \$5,000,000
AMOUNT REQUESTED:	US \$5,000,000
TRP RECOMMENDED AMOUNT:	US \$5,000,000 (100% of requested)
RCN DEVELOPMENT COST:	US \$122,621

SUMMARY

The proposed program centers on the strengthening of community-based monitoring to “centralize and standardize treatment access data,” through the creation of a “regional community treatment observatory.”⁵ The program aims to position civil society and key populations⁶ as “the architects” of regional-level data on anti-retroviral (ARV) drugs, such as stock levels and supply systems. “The regional observatory will harmonize data which is collected by national observatories and leverage that information for advocacy at the regional level with the Economic Community of West African States and the West African Health Organization.” Currently, many ARV drugs are procured and pooled at the regional level in West Africa, but data on coverage and accessibility are managed at the country level. Community and people living with HIV (PLHIV) leadership are central to the monitoring and data generation of the program. As described by Solange Baptiste of ITPC Global: “It’s led by communities and people living with HIV. It’s what communities think should be measured.”⁷

5 International Treatment Preparedness Coalition, 2016. Regional Concept Note to Global Fund.

6 Key populations include women and girls, men who have sex with men (MSM) transgender people, people who use drugs (PUD), sex workers, prisoners, refugees and other migrants, adolescents and young people, orphans and vulnerable children, people living with HIV, and populations of humanitarian concern.

7 Oberth, G. Among second batch of regional concept notes, a community approach to treatment access in West Africa. Global Fund Observer, 7 December 2015.

KEY FINDINGS

RCN TEMPLATE

- » After the team submitted its concept note on February 1, 2016, they received an updated version from the Global Fund, which was slightly modified for regional concept notes. The applicant had completed the original, and then for resubmission of the final concept note, they completed the new, more appropriate form.
- » The inclusion of the workplan tracking measure template, and its specific instructions for regional applicants, made the template more suitable for regional programs, compared with the modular template, which focused on impact indicators.
- » The applicant was not made aware of this adapted workplan tracking measure template by anyone at the Global Fund until after submission. Notably, the application form posted on the Global Fund's website up until the submission deadline was the older form, and not the adapted one.

CCM/NAP ENDORSEMENT

- » Endorsements from all but two CCMs were obtained by the submission deadline. The remaining letters were eventually obtained as well, ahead of TRP submission. However, it was described as a "massive challenge", because CCMs were not aware of the program until they were asked to endorse.
- » One challenge noted by the RCN development team was the expectation among some CCM Chairs that someone present to the CCM in person to solicit their endorsement or collect the letters. This was a very expensive proposition, given the cost of travel in West Africa. The team sought to mitigate the need for this kind of travel as much as possible, as little benefit would accrue to the actual program despite the significant cost.
- » The RCN development team's strategy for obtaining endorsements was unique: the concept note was distilled into a six-page briefing paper, and translated to French. This paper was shared with CCMs when an endorsement was requested.
- » The most common objections from CCMs appeared to involve a misunderstanding of why regional programs exist. "If there is more money available, then it should go to our country program." Further confusion was observed related to the aim of the endorsement, which is taken as a general endorsement of the concept rather than the details of the program and budget. Several CCM Chairs were under the impression that they were being asked to endorse the full scope of the concept note and thus wanted to review all narrative and budget components.

COMMUNICATIONS WITH THE GLOBAL FUND SECRETARIAT

- » The Community, Rights and Gender (CRG) Department "gave timely and helpful feedback throughout the process." CRG representatives attended the regional dialogue, which was also described as being very helpful.
- » The Fund Portfolio Manager (FPM) also provided some helpful feedback early in the development process.

DEVELOPMENT COST AND APPROACH

- » The total cost of development (US \$122,621) included the regional dialogue, lead and second writing consultants. Funds were provided by ITPC, UNAIDS, and the Global Fund (through the Access to Funding Department).
- » Technical assistance was accessed through the CRG Special Initiative.⁸ Technical assistance was provided by AIDS Strategy, Advocacy and Policy, a consulting firm based in the United Kingdom, and was described as "extremely helpful."
- » A one-day regional dialogue was held during the International Conference on AIDS and STIs in Africa (ICASA) in Harare, Zimbabwe. Thirty-four people participated from fifteen countries. While not in West Africa, this was purposefully done because the stakeholders planning to be in Harare for the conference formed a critical mass, thereby reducing the cost of transporting participants from around the region. This approach also facilitated the participation of numerous technical partners, which enriched the discussions, thereby increasing the capacity development value of the dialogue for many civil society participants.
- » Based on lessons learned from the first round of regional applications, an online survey was deployed to glean broad input at minimum costs. The survey received 157 responses from 22 countries.

⁸ "The Global Fund's Community, Rights and Gender Technical Assistance Program provides support for civil society and community organizations to meaningfully engage in the funding model during country dialogue and concept note development processes."

REGION:
WEST AFRICA

CASE STUDY 2:

ALLIANCE NATIONALE CONTRE
LE SIDA SÉNÉGAL (ANCS)



COUNTRIES
BURKINA FASO
CAP VERT
CÔTE D'IVOIRE
GUINEA BISSAU
SENEGAL

DISEASE COMPONENTS: HIV AND TB

FOCUS: HARM REDUCTION FOR PEOPLE WHO USE DRUGS

PRINCIPAL RECIPIENT: ANCS SENEGAL



MAXIMUM FUNDING AVAILABLE:	US \$10,140,000
AMOUNT REQUESTED:	US \$10,140,000
TRP RECOMMENDED AMOUNT:	US \$8,112,893 (80% of requested)
RCN DEVELOPMENT COST:	Estimated at more than US \$150,000

SUMMARY

Among the larger proposed programs, in terms of funding level, the ANCS concept note for West Africa aims to reduce HIV, TB, and viral Hepatitis, “through an integrated regional harm reduction program (focused on policies, health, social integration and security issues), which addresses infection disease risks linked to injecting drug use.”⁹

⁹ The Global Fund, 2016. Internal summary slides provided to ICASO.

KEY FINDINGS

RCN TEMPLATE

- » The writing team felt that the template was “not appropriate” for a regional proposal, but that it made sense for a country program.

CCM/NAP ENDORSEMENT

- » All pertinent CCMs endorsed the concept note. However, the process for obtaining endorsements was described as “very challenging” and “too long and complex.”
- » The human resource and financial investments were significant. All of the CCMs were invited to a meeting in Dakar, where focal points were established. Following the Dakar meeting, regular communications that included video-conferences and face-to-face meetings were held.
- » The Global Fund facilitated communication with the CCMs as needed. “The country teams at [the Global Fund Secretariat] were most integral.”

COMMUNICATIONS WITH THE GLOBAL FUND SECRETARIAT

- » Overall, communication with the Global Fund Secretariat was “good, regular, consistent.”

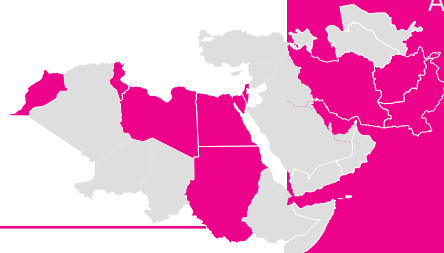
DEVELOPMENT COST AND APPROACH

- » The Global Fund provided €35,577 (appx. US \$40,000) for RCN development. The International HIV/AIDS Alliance supplied an additional US \$78,332. The French 5% Initiative contributed in-kind with support for three consultants who developed and wrote the concept note, estimated at a cost of more than US \$30,000. The UNAIDS Regional Support Team also provided consultant support for writing and development, at an undetermined value.
- » A “mock-TRP”, facilitated by the International HIV/AIDS Alliance was used in the development of the concept note, which was described as “very useful for ANCS and the process overall.” The mock-TRP allowed the writing team to receive critical feedback on earlier drafts of the concept note, so that it could be refined ahead of submission to the actual Technical Review Panel at the Global Fund.

REGION:
MIDDLE EAST AND
NORTH AFRICA

CASE STUDY 3:

RANAA + MENAHRA



COUNTRIES

AFGHANISTAN
EGYPT
IRAN
JORDAN
LEBANON
LIBYA
MOROCCO
PAKISTAN
SUDAN
TUNISIA

DISEASE COMPONENTS: HIV

FOCUS: HARM REDUCTION FOR (MSM, SEX WORKERS, AND PEOPLE WHO USE DRUGS) AND PLHIV

PRINCIPAL RECIPIENT: REGIONAL ARAB NETWORK AGAINST AIDS (RANAA) AND MIDDLE EAST AND NORTH AFRICA HARM REDUCTION ASSOCIATION (MENAHRA)



MAXIMUM FUNDING AVAILABLE:	US \$5,000,000
AMOUNT REQUESTED:	US \$8,364,910
INITIAL TRP RECOMMENDED AMOUNT:	~US \$5,000,000
FINAL TRP RECOMMENDED AMOUNT:	US \$0
RCN DEVELOPMENT COST:	~US \$60,000

SUMMARY

The predecessor to this concept note was discussed in the 2015 report on regional concept notes. After a long development process, punctuated by significant challenges during the submission and review, the proposal was withdrawn by RANAA, which decided to regroup and redevelop a regional concept note for submission in the second window. The second window RCN was developed through a partnership between RANAA and MENAHRA, serving as co-PRs. The 2016 RCN expanded its covered countries and its focus on people who use drugs, alongside other key populations such as MSM, sex workers, and people living with HIV (PLHIV). The proposed interventions focus on community systems strengthening (CSS), the removal of legal barriers, and prevention programs for PLHIV. However, despite the concept note being initially accepted, with conditions, the Global Fund ultimately rejected the proposed program, citing insufficient responses to its concerns from the applicant.

KEY FINDINGS

CCM/NAP ENDORSEMENT

- » Because they deployed an extensive engagement strategy with CCMs and NAPs, as referenced above, the team was able to secure all needed CCM or NAP endorsements.

COMMUNICATIONS WITH THE GLOBAL FUND SECRETARIAT

- » While there was a marked improvement in communications with the Global Fund Secretariat from the previous year, there were still challenges, most notably regarding inconsistent messages from different people at the Secretariat. The team found that much of what was told to them by Secretariat staff was of a general nature and not necessarily considered for their specific needs. For example, they were encouraged to include Sudan in the program, because it is a high-burden country. But when they spoke directly with the Sudan country team, they did not see much potential for impact, given the already large Global Fund investment in the country. In another case, the FPM made a strong suggestion to include Libya, whereas the TRP did not mention Libya in its recommendations.
- » The development team also pointed to a communication challenge around the availability of technical assistance (TA) for grant negotiations, i.e. for the grant-making phase. It was noted that although they were in regular communication with various Global Fund Secretariat personnel throughout the process, no one shared with them available TA opportunities.

- » The significant reduction in scope recommended by TRP may have had a negative impact on the applicants' credibility in the region. "Reducing the number of countries of focus from ten to five after all the efforts made by the MENAHRA and RANAA secretariats and engagement done with and by the CCMs might be seen negatively by the countries which were dropped out." Clearer communications between the Global Fund Secretariat and the applicants may have mitigated the impact of this change.

DEVELOPMENT COST AND APPROACH

- » The total cost for development was around US \$60,000, not including staff time. The major cost centers were travel, regional dialogue-related expenses, and the writing consultant. Funds were provided by UNAIDS, the World Health Organization (WHO), and the International HIV/AIDS Alliance.
- » With the support of the International HIV/AIDS Alliance, UNAIDS, and WHO, a mock-TRP process was used to strengthen the concept note ahead of submission.

2017 UPDATE: RCN REJECTED

- » This regional program was ultimately not recommended for funding in October 2016. In its letter, the TRP stated that unsatisfactory responses to its concerns with the original concept note were the reason. These included: the co-PR model (this was changed to reflect a single PR, MENAHRA), the number of countries (ultimately reduced), and the clarity of roles and objectives in the CSS component (which was further developed after RCN submission), among others.

"TAKE TWO"

The second time round offered RANAA the opportunity to apply some recently learned lessons. There were several realities working against RANAA during the first window. Most notable was the organization's limited capacity. RANAA is a network, with a two-person secretariat. The development of RCNs typically requires significant human resources, and that proved to be true in their experience. The writing of the RCN alone requires substantial time and effort. In addition, teams need to allocate sufficient time and energy for a robust consultative process, liaising with CCMs and NAPs, management of writing consultants, mobilizing of resources to pay for RCN development, interfacing with Global Fund Secretariat staff, and coordinating pre-submission reviews of the RCN such as "mock-TRPs." To their credit, RANAA recognized and largely rectified the shortcomings of the previous year. Some of their key strategies were:

PARTNERING WITH MENAHRA. MENAHRA is a larger organization, with more experience in applying for and managing Global Fund grants. They were able to offer institutional support to the process.

HIRING THE RIGHT CONSULTANT. RANAA and MENAHRA identified an RCN writing consultant with extensive grants management experience as a previous Global Fund Secretariat staff member. Further, the consultant had specific

experience in the region. The consultant was also brought in much earlier in the process (soon after an invitation to submit an RCN was received). Where there were challenges with consultant availability and focus last year, there were none this time.

FACE-TIME WITH THE GLOBAL FUND. To enhance the communications with the Global Fund Secretariat, the lead staff of RANAA and MENAHRA traveled twice to Geneva to meet with FPMs and other relevant staff to discuss the proposal. While there were some issues with the quality of the conversations during these visits, they undoubtedly improved the ongoing communications throughout the development process.

Early, often, and quality interaction with CCMs and NAPs. The development team took every opportunity to meet with CCM and NAP representatives in the participating countries, leveraging other meetings and activities to make contact. One specific strategy was to develop country brief notes (CBNs) taking into consideration the national epidemic and national projects including interventions proposed in the country concept notes. These CBNs were discussed during the regional dialogues. Based on the priorities articulated by each country's representatives at the regional dialogue, interventions were proposed for the RCN, which was then shared with the CCMs and NAPs for their endorsement.



REGION:
LATIN AMERICA
AND THE CARIBBEAN

CASE STUDY 4:

CARIBBEAN VULNERABLE COMMUNITIES COALITION (CVC) + EL CENTRO DE ORIENTACION E INVESTIGACION INTEGRAL (COIN)

COUNTRIES
BELIZE
CUBA
DOMINICAN REPUBLIC
GUYANA
HAITI
JAMAICA
SURINAME
TRINIDAD
AND TOBAGO

DISEASE COMPONENTS: HIV

FOCUS: REMOVING LEGAL BARRIERS, CSS, AND HSS FOR KEY POPULATIONS

PRINCIPAL RECIPIENT: UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)



MAXIMUM FUNDING AVAILABLE:	US \$8,000,000
AMOUNT REQUESTED:	US \$8,457,148
TRP RECOMMENDED AMOUNT:	US \$7,400,000 (87% of requested; 93% of available)
RCN DEVELOPMENT COST:	~US \$160,000

SUMMARY

This concept note was one of two which focused on larger Caribbean countries (one other focused on smaller Caribbean states, and another focused on Latin America, with some overlap). The other was developed by the Pan-Caribbean Partnership Against HIV/AIDS (PANCAP). There was interest and even some pressure to combine the CVC/COIN program and concept note with that of PANCAP from early on in the development process. However, CVC/COIN opted to proceed independently to preserve the civil society and key population leadership of this proposal. In the end, it was developed to be complimentary to the PANCAP proposal.

The CVC/COIN concept note includes three modules. Module 1 includes “a series of mutually supporting interventions [to] move the legal environment toward favoring reform to end stigma, discrimination, and rights abuse.”¹⁰ Leveraging a better legal environment, the other modules aim to reduce stigma and enhance service delivery by health workers, and strengthen key population networks’ advocacy capabilities.

10

CVC/COIN, 2016. Regional concept note to the Global Fund.

KEY FINDINGS

RCN TEMPLATE

- » Although the team observed that the template was very similar to the country template, they did not find it particularly challenging.
- » The Global Fund gave explicit flexibility with regard to the template, which was valuable to the process.

CCM/NAP ENDORSEMENT

- » All the CCM endorsements were received, and the process was not described as being overly burdensome. "Perhaps because we ensured that we were communicating with the CCMs throughout [the development process]."
- » The development team went to meetings of each CCM, got on the agenda, and presented the concept note ideas early in the process.
- » Further facilitating the process were country coordinators¹¹ already in place in six of the nine countries, as a result of the Round 9 regional program, which this program builds on. It meant that there were working relationships with most of the CCMs that predated this RCN development.

COMMUNICATIONS WITH THE GLOBAL FUND SECRETARIAT

- » Led by the regional FPM, communications and interactions with the Global Fund were "very good, very supportive."
- » The Global Fund helped CVC/COIN identify leftover funds from the Round 9 grant to support the development of this concept note.

¹¹ During the PANCAP Round 9 Regional Global Fund Grant, which closed in December 2015, CVC/COIN was able to put in place country coordinators responsible for overseeing in-country work. This local presence reduced travel costs and allowed for greater "hands on" technical assistance and mentoring for grassroots organizations throughout the program.

- » Global Fund staff provided three rounds of feedback, via country teams. This process was similar to the "mock-TRP" other RCN teams used.

DEVELOPMENT COST AND APPROACH

- » As noted above, the total cost of development was approximately US \$160,000. US \$50,000 was spent on the writing of the concept note, with the remainder spent on the regional dialogue and country consultations. The Global Fund provided US \$50,000. The United Nations Development Programme (UNDP) provided US \$40,000 towards the cost of the writing consultant and UNAIDS made a small contribution of US \$6,500. The regional office of the United States' President's Emergency Plan for AIDS Relief (PEPFAR) in Barbados also supported a regional consultation. The remainder, approximately US \$60,000 came from CVC through reprogrammed funds from its last regional program, piggybacking on other regional activities and organizational savings.

GRANT-MAKING

- » A historical challenge with the grant-making process was noted. The Round 9 proposal came out of grant-making as a substantially different program than what was proposed, according to one implementer. Careful attention was given to limiting changes during the "closed-door negotiation that excludes everyone in the concept note development, but for the PR." CVC/COIN is working closely with the PR, UNDP, to ameliorate some of these challenges, but "the system doesn't guarantee anything positive."

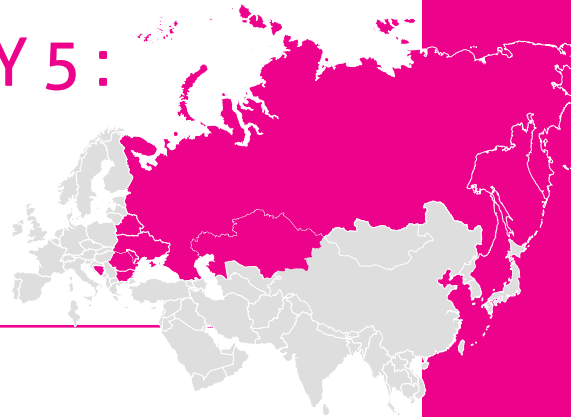
"ISLAND HOPPING"

At the regional level, the cost of doing business in the Caribbean is of an entirely different order, compared to most other regions. Travel between islands is very expensive, and options are very limited. Despite containing writing costs through the use of CVC and COIN staff on the writing team, this is the most expensive RCN reviewed in this paper in terms of cost to develop. To be sure, CVC and COIN endeavored a robust regional consultative process. But with eight countries spread out across the Caribbean region, two regional dialogues, and two consultations per country (civil society and CCM), the travel expenses neared US \$100,000 alone. The Global Fund demonstrated some awareness of the higher costs of RCN development here by providing US \$50,000 to the process, among the higher contributions this cycle.

REGION:
EASTERN EUROPE
AND CENTRAL ASIA

CASE STUDY 5:

CITIES



COUNTRIES

BELARUS
BOSNIA AND
HERZEGOVINA
BULGARIA
GEORGIA
KAZAKHSTAN
KYRGYZSTAN
MOLDOVA
ROMANIA,
RUSSIAN FEDERATION
UKRAINE

DISEASE COMPONENTS: HIV AND TB

FOCUS: CITY-BASED PROGRAMS FOR KEY POPULATIONS

PRINCIPAL RECIPIENT: ALLIANCE FOR PUBLIC HEALTH (APH)



MAXIMUM FUNDING AVAILABLE:	US \$8,429,120
AMOUNT REQUESTED:	US \$8,429,120
TRP RECOMMENDED AMOUNT:	~US \$3,900,000 (~46% of requested) ¹²
RCN DEVELOPMENT COST:	~US \$51,000 + in-kind contributions

¹² The "Cities" application was directed to enter "iteration" by the TRP. Iteration is a process by which the applicant significantly revises the concept note based on the recommendations of the TRP and resubmits.

SUMMARY

Using a unique geographical approach, this concept note aims to achieve global HIV and TB targets for key populations, by strengthening of health and community systems in specific EECA cities through "the development of a Regional City Platform with the twinning and mentoring of cities in Western Europe."¹³ The proposal focused on twelve cities with substantial key population communities which experience high HIV and TB burdens. In the concept note, key populations are specified as men who have sex with men, sex workers, people who use drugs, ex-prisoners, and, in a sub-set of the cities, migrants. Core components of the program include city improvement plans, city taskforces, advocacy for municipal funding, allocation for key population HIV/TB programs, community mobilization, operational research, and the regional city platform. This type of sub-national approach is uncommon, but represents a potentially important innovation.

¹³ Alliance for Public Health, 2016. Regional concept note to the Global Fund.

KEY FINDINGS

RCN TEMPLATE

- » As with other RCNs, the developers struggled with the module template and impact indicators, given the advocacy and mobilization approach of the proposal. A lead writer suggested that the regional concept note template “could be less instructive and more flexible. It should be more responsive to mobilization and policy change.” She added: “I do think it’s good to have impact indicators, but perhaps a different set of them ... more advocacy indicators.”

CCM/NAP ENDORSEMENT

- » Obtaining CCM/NAP endorsements was not a significant challenge. The developers used a delegation approach, which was successful. “We had partners in each country who were responsible for obtaining the endorsement of their CCM.”

COMMUNICATIONS WITH THE GLOBAL FUND SECRETARIAT

- » The applicant described their primary Global Fund contacts as “all very open and responsive.”

DEVELOPMENT COST AND APPROACH

- » “We worked really hard on comprehensive dialogue, engaging with all the countries and cities. We would have done less had we known the scope would be smaller.”

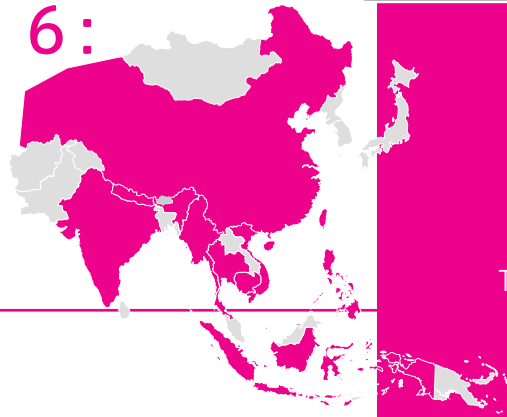
“HALVING THE BUDGET”

In response to the Expression of Interest, the Global Fund indicated a maximum funding amount of US \$8,429,120. With this budget in mind, the concept note was developed and submitted. However, after submission, the TRP recommended funding at just US \$3,900,000, less than half of the proposed budget. The budget ceiling indicated in the response to the EOI does not represent a commitment on behalf of the Global Fund, but it is intended to be a somewhat reliable guidepost for regional concept note development. RCN development teams should be prepared for some contraction of the budget, as is evidenced in several of the other concept notes described here. In fact, the writers of this concept note even acknowledged the Global Fund’s communication that “there may be reductions.” However, they were disappointed at the halving of the budget. In addition to the budget constriction, the TRP also recommended a significant reduction in scope, down to five cities from the originally proposed twelve.

REGION:
ASIA

CASE STUDY 6:

INDIA HIV/AIDS ALLIANCE



COUNTRIES
CAMBODIA,
INDIA
INDONESIA
NEPAL
THE PHILIPPINES
THAILAND
VIETNAM
(MYANMAR)
(MALAYSIA)
(CHINA)

DISEASE COMPONENTS: HIV

FOCUS: HARM REDUCTION FOR PEOPLE WHO USE DRUGS

PRINCIPAL RECIPIENT: INDIA HIV/AIDS ALLIANCE



MAXIMUM FUNDING AVAILABLE: US \$5,000,000
AMOUNT REQUESTED: US \$5,006,261 (US \$3,669,513 without Myanmar and Malaysia)
TRP RECOMMENDED AMOUNT: US \$5,006,261 (100% of requested)
RCN DEVELOPMENT COST: ~US \$42,000

SUMMARY

The proposed program is in some ways an extension of the Asia Action for Harm Reduction program which began in 2010. The Asia Action program supported advocacy to increase access to harm reduction services for people who use drugs in the region. The proposed program aims to leverage its regional positioning “to fund civil society groups to undertake advocacy by mobilizing and uniting the voice of [people who use drugs] across the region, capitalizing on and strengthening a broader range of existing platforms, mechanisms, and producing strategic evidence to support a sustainable enabling environment.”¹⁴

The EOI included Myanmar, Malaysia and China. But these three countries were later removed (and the budget consequently reduced) at the urging of the Global Fund. Extensive ongoing dialogue with the Global Fund Access to Funding team after submission and TRP notification resulted in changes to the initial application, submitted on 1 February 2016 with nine countries, and then reduced to seven countries.¹⁵ National and regional strategy alignment and exclusion of Myanmar and Malaysia in keeping with Global Fund prioritization are some of the revisions made while focus remains on strengthening harm reduction responses for PUD.

¹⁴ India HIV/AIDS Alliance, 2016. Regional Concept Note to the Global Fund.

¹⁵ China was removed prior to the submission Myanmar and Malaysia were included on the first submission of the RCN, but were removed after initial submission by mutual agreement of the Global Fund and applicant.

KEY FINDINGS

CCM/NAP ENDORSEMENT

- » The obtaining of CCM and NAP endorsements was described as “the most challenging part of the process.” Beyond the typical logistical challenges of presenting the RCN to CCMs and getting them to indicate support, there were also political challenges. The Philippines and Thailand both have no national harm reduction policies and are tepid to hostile in regard to harm reduction programs, and thus to the proposal (adding to the importance of a regional harm reduction program). In Myanmar, the Chair of the CCM flatly refused to support the concept note, but gave no formal rationale. The government of Myanmar has been known to be hostile to harm reduction programs in the past.
- » In Thailand it was not political resistance. Due to Thailand’s imminent transition out of eligibility, the role of the CCM would be uncertain in 2017, when the program is set to begin. However, formal endorsement of the concept note was received from the Thailand CCM with a specific recommendation on a demonstration site for harm reduction services.

COMMUNICATIONS WITH THE GLOBAL FUND SECRETARIAT

- » Primary contact with the Global Fund Secretariat was through the Access to Funding Department until an FPM for this RCN was appointed. They were described as “very available, helpful, and flexible.” Further support was provided by a technical advisor for harm reduction from the Community, Rights and Gender Department.

DEVELOPMENT COST AND APPROACH

- » Out of an original budget of US \$50,000, some US \$42,000 was spent on RCN development, not including staff time. Significant cost savings were made by holding the regional dialogue in Kuala Lumpur during the International Harm Reduction Conference. The Global Fund provided US \$26,950.
- » The “mock-TRP” provided a very positive experience. It was held two weeks prior to final submission and included regional and international harm reduction experts. Participants were mostly volunteers.

COUNTRY EXCLUSION

- » China, Myanmar and Malaysia were part of the original proposal, as described in the Expression of Interest. But during the course of RCN development and post-submission negotiations, they were removed. China was taken out because it is not eligible and the Chinese government has required that any Global Fund money going to China first be approved by the Chinese government. Given the relationship between the Global Fund and the Chinese government after the Global Fund pulled out from China, it is almost impossible for a Chinese NGO to receive government approval.
- » As for Myanmar, it was because Myanmar’s national CCM was not ready to accept this project for reasons such as: “they were not given enough time to discuss, review and approve the concept note.”
- » Malaysia was ultimately excluded because there was a consensus on the part of the Global Fund Access to Funding team that leveraging domestic resources (for the proposed interventions) was more appropriate than including them in the Global Fund grant.

OVERALL FINDINGS AND DISCUSSION

Each case study offers unique insights into the regional concept note development process. However, there are some overarching themes that emerged in the review. These have implications for future planning and design, as the Global Fund and various implementers look ahead to the next round of regional program proposals, which should be announced by the end of 2016. The following lessons learned from this review consider the findings and recommendations of the 2015 review of first window regional concept notes and focus on new information.

FINDING 1.

While the Global Fund Secretariat demonstrated responsiveness to applicant inquiries and requests, the handling of communications with applicants was often uncoordinated.

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 seems to take place in an ad-hoc fashion, with applicants' primary contact being FPMs in some cases, the Access to Funding Department in others, and even the Community, Rights and Gender Department at times. Beyond having different points of entry, applicants received mixed levels of attention and support, and even different application documents. For example, some RCNs were reviewed by Global Fund staff at several stages through development, while others were not. In 2015 we pointed to the "iterative process" as a point of strength for RCN development, but noted the absence of coordination at the Secretariat. The same conclusion can be drawn about the second window experience.

FINDING 2.

The concept note template is still not tailored to regional programs, but with some adjustments, flexibility, and experience, applicants made it work.

The regional concept note template is still mostly the same as the country template, especially with regard to the narrative component. However, one change appears to have been made to alleviate some of the most difficult challenges experienced by regional applicants. The workplan tracking measures template has been made the default monitoring and evaluation template for regional applicants, with some specific instructions for them. This is in precise alignment with the immediate recommendation put forth in this paper's 2015 predecessor. However, not all applicants interviewed for this 2016 paper mentioned this change; some specifically discussed the persistent challenge they have had with the impact indicators, which are a feature of the modular template and not the workplan tracking measures template. In fact, the only applicant who mentioned the adapted form noted that they only received it after submission of the first draft of their concept note. Given the inconsistent reports on this, and late debut of the adapted form, further inquiry should be made into whether all regional applicants worked from the same template.

Nonetheless, the vision of a fully tailored regional concept note template has yet to be realized. In the meantime, applicants have gotten better at navigating an imperfect form, so that the more advocacy and policy related

goals and objectives can be structured in ways that fit the template. Whereas in 2015 the challenge of the RCN template emerged as the most common and significant challenge for applicants, it was less so this year. Nearly everyone interviewed for this paper noted the poor fit of the template given the nature of regional programs, despite the modular template adjustment, but also mentioned the flexibility of the Global Fund as being very helpful. While a more adept set of applicants – due to lessons learned, enhanced technical assistance, and greater experience with the funding model – combined with greater flexibility on the part of the Secretariat and the tweaking of one part of the form, mitigated the problems with the template, they did not resolve it.

FINDING 3.

Applicants experienced the Technical Review Panel as a unilateral process.

Despite the predictability offered by the improved EOI process (see Finding 5, below), there were still surprises. The experience of Alliance for Public Health in EECA, where the recommended funding made up half of the proposed budget, stands out. The TRP does provide some rationale with its recommendations, but there is no opportunity for negotiation. RANAA and MENAHRA also experienced a difficult response from TRP, which de-prioritized some of the programming which they considered high-priority. In the Caribbean, CVC's proposal included some less traditional programming that the organization and partners felt represented an important innovation, one that was central the sustainability of the program. It was cut by the TRP. Applicants in some cases commonly experienced that the TRP's priorities were different from those of the regional applicants. The TRP priorities seemed, to applicants, to prevail, however, with limited opportunity to respond – and perhaps change the recommendations – on the part of applicants.

FINDING 4.

Country Coordinating Mechanism/National AIDS Program endorsements are burdensome to obtain, but can be managed with planning.

As with the first window, obtaining CCM and NAP endorsements was a labor and resource-intensive process for nearly all the applicants interviewed. While for some it was extraordinarily difficult, for others, it was manageable. One shared feature of the more manageable experiences was early engagement with CCMs about the regional program. Whether there was existing regional infrastructure in countries (as in the Caribbean), or the applicants simply made a point to engage with CCMs from the beginning of the process, this was the clearest way to mitigate the challenges associated with obtaining the endorsements.

In several cases, the endorsement of certain CCMs could not be obtained, for reasons ranging from not having enough time to review and send the letter of endorsement by the RCN submission deadline, to CCM members being actively opposed to the proposed program.¹⁶ The Global Fund accepted RCNs with incomplete

¹⁶ As described by someone involved with the Caribbean regional application: "Despite efforts to ensure greater key population representation on the CCM, many CCM bodies remain predominantly government-controlled. In many countries there has been a backlash caused by the shift of emphasis from Health Systems Strengthening to Community Systems Strengthening."

endorsements if applicants could demonstrate effort or that a CCM intended to indicate support. Given that there is flexibility around the endorsements – which is commendable – it stands to reason that a less demanding requirement may achieve the same objective.

FINDING 5.**Invitations following Expressions of Interest offered predictability.**

The EOI process was used more effectively for this window. Interested applicants submitted an EOI at the beginning. Applicants were then either invited to develop a concept note (with a maximum funding amount provided), encouraged to partner with other applicants, or explore other opportunities. By making initial assessments of the proposals, through the EOI, 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 necessarily the case in the first window. Notably, all but one of the reviewed RCNs proposed a program at near or exactly the “maximum available funding.” This was clearly a useful guidepost.

KEY RECOMMENDATIONS

The following recommendations are based on findings from the review of the regional concept note development experiences detailed herein. They also consider the findings and recommendations presented in the 2015 paper, and reiterate those recommendations where appropriate. The recommendations are directed to the Global Fund Secretariat and Board. Specific recommendations for applicants are withheld at this time because the regional application process moving forward is currently under review. ICASO and the International HIV/AIDS Alliance expect that these recommendations will be considered in the course of the Global Fund's review.

RECOMMENDATION 1. Establish a hub for regional programs at the Global Fund Secretariat.

A hub or focal point should be established within the Secretariat, which has a mandate to monitor, manage, and support the development and implementation of regional proposals and programs. This hub, which can be one or more staff positions, will be able to systematize and streamline communications with, and support for regional applicants. The current, dispersed responsibility framework will likely come under greater stress if regional programs take on greater prominence in the context of accelerating country transitions in upcoming years, which is expected.

RECOMMENDATION 2. Establish a taskforce to review the regional proposal development process, concept note template, and associated protocol. (Reiterated from 2015)

A taskforce, or working group, which reports to the Strategy, Investment, and Impact Committee (SIIC) of the Global Fund Board can offer broad, cross-cutting advice and recommendations on how best to shape and support the RCN development process, and revise the template to be better suited to users and its purpose. The taskforce should include Global Fund Secretariat personnel, regional program implementers, civil society representatives, and technical partners such as UNAIDS. The regional programs taskforce should review the existing approach, work with applicants (successful and not) to understand the challenges associated with the RCN template and protocol, and formulate recommendations to the Global Fund for revisions. The RCN working group should also review and comment on all written guidance provided to regional applicants.

RECOMMENDATION 2. Improve the regional concept note template. (Reiterated from 2015)

The regional concept note template should be reviewed and revised so that it accurately reflects the context and intentions of regional programs. (A suggested immediate fix from 2015 was to set the work plan tracking measures template as the default monitoring & evaluation structure for regional programs. This appears to have been done for 2016, although with scattered implementation and awareness among applicants.)

RECOMMENDATION 3. Develop a process for applicants to directly respond to TRP recommendations, with the potential for amended recommendations.

Given the limited infrastructure associated with regional programs at the Global Fund Secretariat, regional applicants should be regarded as the experts that they are, and empowered to challenge – at least once – the findings and recommendations of the technical review panel before grant-making. This could be taken even further, if the Global Fund were to actively encourage engagement between applicants and TRP recommendations. If this were a formal part of the grant negotiation process, it could encourage more innovation in grants, as well as offer important learning opportunities for the TRP and applicants.

RECOMMENDATION 4. Review the CCM/NAP endorsement requirements for regional concept notes.

(Reiterated from 2015)

The Global Fund should review existing CCM/NAP endorsement requirements for value and feasibility. Some potential questions to guide the review are: What is the definable added value of CCM/NAP endorsements to RCNs? What are examples of efficient approaches? What constitutes a “significant attempt” to obtain endorsements? How can the process be streamlined? What role can or should the Global Fund Secretariat and CCM Secretariats play in facilitating endorsements? The proposed regional programs taskforce should include the endorsements as part of its work.

RECOMMENDATION 4. Explore more efficient pathways to CCM/NAP notice or buy-in.

Whether or not the requirements change, there should be more efficient means to achieving the desired effect (which is understood as a demonstration of mutual awareness and coordination between country and regional programs). CCM endorsement is in many ways a formality, which does not induce collaboration or coordination between the regional and country programs. Therefore, something short of a formal endorsement letter reviewed and signed by each CCM may be more appropriate. The extensive travel and labor that is typically needed to secure these endorsements is out of balance with the functional outcome of endorsement.

Furthermore, the burden currently falls entirely on regional applicants to notify CCMs and describe how the regional program complements country programs. Perhaps the responsibility could be shared between country and regional programs. Also, the Secretariat can play a larger role in managing synergies between country and regional programs, with this process as a component.

RECOMMENDATION 5. Preserve the screening and invitation approach of the second window’s Expression of Interest.

The process was an improvement and was responsive to the need for greater predictability for applicants.

ANNEX: OUTCOME OF ALL REGIONAL APPLICATIONS (SECOND ROUND)¹⁷

APPLICANT	COUNTRIES	COMP.	OUTCOME OF TRP
SUB-SAHARAN AFRICA			
Alliance Nationale Contre le Sida (ANCS)	Burkina Faso, Cape Verde, Ivory Coast, Guinea-Bissau, Senegal	TB + HIV	Recommended for funding
Handicap International (HI)	Burkina Faso, Cape Verde, Guinea-Bissau, Niger, Mali, Senegal	HIV	Recommended for funding
Intergovernmental Authority on Development (IGAD)	Djibouti, Ethiopia, Kenya, Somalia, Sudan, South Sudan and Uganda	TB + HIV	Recommended for funding
International Treatment Preparedness Coalition - West Africa (ITPC-WA)	Benin, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Senegal, Sierra Leone, Togo	HIV	Recommended for funding
MOSASWA Cross-border initiative	Mozambique, Swaziland, South Africa	Malaria	Directed to iteration; requiring substantial revision and resubmission
ASIA			
Australian Federation of AIDS Organizations (AFAO)	China, Indonesia, Malaysia, Philippines, Thailand	HIV	Recommended for funding
India HIV/AIDS Alliance	Philippines, Thailand, Vietnam, Indonesia, India, Cambodia, Nepal	HIV	Recommended for funding
Youth Leadership, Education, Advocacy and Development (Youth LEAD)	Cambodia, Indonesia, Nepal, Pakistan, Philippines, Viet Nam	HIV	Not recommended for funding
MIDDLE EAST AND NORTH AFRICA			
Middle East and North Africa Harm Reduction Association (MENAHRRA) & Regional Arab Network Against AIDS (RANAA)	Afghanistan, Egypt, Iran (Islamic Republic), Jordan, Lebanon, Libya, Morocco, Pakistan, Sudan, Tunisia	HIV	Recommended for funding
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	Recommended for funding
Regional Coordinating Mechanism - Mesoamerica	Belize, Guatemala, Honduras, El Salvador, Nicaragua, Costa Rica, Panama	HIV	Not recommended for funding
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	Recommended for funding
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	Recommended for funding
EASTERN EUROPE AND CENTRAL ASIA			
Eurasian Coalition on Male Health (ECOM)	Armenia, Belarus, Georgia, Kyrgyzstan, and Macedonia (FYR) Azerbaijan, Estonia, Kazakhstan, Moldova, Russian Federation, Tajikistan, Ukraine	HIV	Recommended for funding
Alliance for Public Health (APH)	Belarus, Bosnia and Herzegovina, Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Romania, Russian Federation, Ukraine	TB + HIV	Directed to iteration; requiring substantial revision and resubmission

17 Table adapted from: Baran, C. Update on the second wave of regional concept notes. Global Fund Observer, 7 June 2016.

