

# Frequently Asked Questions

2023-2025 Allocation

Period

October 2022 Edition

This is the October 2022 Edition of the Frequently Asked Questions.

Questions new or updated in this edition are preceded by an asterisk (\*).

#### \* Who can submit a funding request?

Funding requests to access an allocation from the Global Fund are submitted by country coordinating mechanisms (CCM), regional coordinating mechanisms (RCM) or regional organizations (RO). These entities are specified in the allocation letters communicated by the Global Fund to the country.

Individuals cannot apply for financing from the Global Fund.

If you are interested, however, in participating in the country dialogue which informs the development of a country's funding request or interested in implementing programs supported by the Global Fund, contact the <u>administrative focal point</u> for the CCM, RCM or RO in your country or region.

#### What is different about the funding model for the 2023-2025 allocation period?

The basics of the <u>allocation-based</u> funding model remain largely unchanged for the 2023-2025 allocation period. Countries will still be allocated money for HIV, tuberculosis and malaria, will still develop a funding request based on inclusive country dialogue, and will still use the funding over a three-year period.

However, many elements of the funding model have been refined, to better support our goal of ending the three diseases as epidemics by 2030. Aligning with the new <u>2023- 2028 Global Fund Strategy</u>, the funding model has been refined to improve its focus on:

- systems for health which are integrated, people-centered and contribute to building pandemic preparedness;
- the engagement and leadership of communities;
- health equity, gender equality, the elimination of stigma and discrimination and the removal
  of other human rights-related barriers to HIV, TB and malaria services; and
- more comprehensive approaches to domestic resource mobilization.

#### How has country eligibility changed?

While small refinements have been made to the Eligibility Policy,<sup>3</sup> the core elements are largely unchanged for the 2023-2025 allocation period.

Components continue to require two consecutive eligibility determinations to be eligible for an allocation. The <u>eligibility list for 2022</u> is available on the Global Fund website<sup>4</sup> however it is the 2023 Eligibility List that will determine eligibility for a 2023-2025 allocation and this will be available in November 2022.

Given the impact of COVID-19, the Global Fund has exceptionally extended the eligibility of six components which had received transition funding from the Global Fund during the 2020-2022 allocation period.

Note that eligibility for Global Fund funding does not guarantee an allocation.

<sup>&</sup>lt;sup>1</sup> In exceptional situations (e.g., where the CCM cannot carry out its core functions or fulfil the Global Fund's CCM eligibility requirements), the Global Fund may agree on a non-CCM applicant to submit the funding request.

<sup>&</sup>lt;sup>2</sup> 2023-2028 Global Fund Strategy: https://www.theglobalfund.org/media/11612/strategy\_globalfund2023-2028\_narrative\_en.pdf

<sup>&</sup>lt;sup>3</sup> Global Fund Eligibility Policy: https://www.theglobalfund.org/media/7443/core\_eligibility\_policy\_en.pdf

<sup>&</sup>lt;sup>4</sup> Eligibility List 2022: https://www.theglobalfund.org/media/11712/core\_eligiblecountries2022\_list\_en.pdf

#### \* Will the amounts allocated to countries for AIDS, TB and malaria change?

The funding available for country allocation will be determined by the Board in November 2022.

Funding amounts for country allocations will be shared in Allocation Letters sent to individual countries, starting in December 2022.

In their discussions on country program split, Country Coordinating Mechanisms (CCMs) may still decide to adjust the percentage designated to the respective disease components and designate investments to RSSH.

#### **How have Catalytic Investments changed?**

Catalytic Investments for the 2023-2025 allocation period will continue to use the existing three modalities (Matching Funds, Catalytic Multicountry, and Strategic Initiatives), as applicable. The priority areas for these investments have already been approved<sup>5</sup> and further information, along with funding levels, will be released when available.

#### \* How has program split changed?

Similar to previous allocation periods, countries will still be informed of their overall allocation with an indicative amount for each eligible component (program split) in their Allocation Letter and will still be asked to confirm the program split or propose a revised split.

To make this decision, applicants should analyze their programmatic gaps across all disease components and RSSH and then use a documented and inclusive process to confirm or revise the split.

What is new for this allocation period is that applicants will be asked to indicate in the program split confirmation/change form, the amount of funding from each eligible disease component that they intend to invest in RSSH, for the purposes of transparency. This is not considered a program split change.

Program split changes for RSSH are only needed if a standalone RSSH grant is anticipated. Any proposed standalone RSSH grant should be carefully discussed with the Country Team.

### Why is it necessary to indicate funding directed to RSSH during program split discussions?

Each disease is expected to contribute a proportion of their allocation to RSSH investments. By discussing and documenting this intended investment at the time of the program split, the CCM can ensure that each program is paying an appropriate share.

#### What has changed in the application forms?

At their core, the application forms are similar to those used for the 2020-2022 allocation period: the application approaches are the same, applicants are still asked to describe their request and their rationale for prioritization, applicants still show how the programming they request is aligned with the Global Fund Strategy, and applicants are still asked to describe how the programs will be operationalized.

At the same time, the application form content has been updated in line with the <a href="2023-2028 Global Fund Strategy">2023-2028 Global Fund Strategy</a> to ensure that Global Fund investments are designed to meet national as well as global goals and objectives. There is a greater focus throughout the forms on the different objectives outlined in the Strategy and the questions have been closely aligned with the <a href="TRP">TRP</a> Review Criteria.

<sup>&</sup>lt;sup>5</sup> GF/B47/DP04: Catalytic Investments for the 2023-2025 Allocation Period

The questions in the forms have been simplified, while the Instructions for each of the application approaches have been expanded to describe each of the question elements which must be addressed in order for the question to be considered fully answered. It is not possible to complete the application form without referring to the Instructions.

As in past allocation periods, the application approach for each program will be communicated to applicants in their Allocation Letter.

### \* Are there still different application approaches for the 2023-2025 allocation period? How do I know which one to use?

Yes. The five application approaches from the 2020-2022 allocation period have been adapted and refined for use in the 2023-2025 allocation period.

More information on the application approaches will be published in the OPN on the Design and Review of Funding Requests (link forthcoming), the Applicant Handbook and a later edition of the FAQs.

As in past allocation periods, the application approach for each component will be communicated to applicants in their Allocation Letter.

### What has changed in the documents submitted along with the application form?

Many of the core documents submitted with all funding requests remain very similar to the versions used in 2020-2022. The *Performance Framework, Budget, Programmatic Gap Tables, Funding Landscape Tables* and the *Prioritized Above Allocation Request* have all been updated to align with the updated Modular Framework, with some improvements made based on applicant feedback.

Some new documents are also being requested for the 2023-2025 allocation period:

- RSSH Gaps and Priorities Annex
- Funding Priorities from Civil Societies and Communities Annex
- Country Dialogue Narrative
- <u>Human Rights Barriers Assessment</u> and <u>Gender Assessment</u> (to be attached to the application if available)
- Protecting against Sexual Exploitation, Abuse and Harassment Assessment (optional)

While not a new document, expectations for the *Essential Data Tables* have also changed.

### Does a funding request need to include interventions that address every area of the Global Fund Strategy?

No, interventions funded by the Global Fund are expected to support nationally-owned programs which are programmatically aligned with global efforts to help end the diseases as epidemics. As part of their review, the Technical Review Panel will consider how the described investments will help the country achieve national and global targets.

In Focused Portfolios, applicants are only expected to invest in the focus areas defined in collaboration with the Global Fund.

#### Have the focus of application requirements changed?

Focus of application requirements are key to sustainability and transition readiness because they ensure that funding requests for countries at different income levels are strategically oriented to the most impactful interventions as countries' income classification changes.

These requirements are outlined in the <u>Sustainability</u>, <u>Transition and Co-financing guidance note</u><sup>6</sup> and have not changed for the 2023-2025 allocation period.

#### How should applicants address Value for Money in their funding request?

Value for Money (VfM) continues to be a key principle guiding Global Fund investments, as it aims to maximize and sustain quality and equitable health outputs, outcomes and impact for a given level of resources.

Instead of being addressed through a specific question in funding requests, VfM has been embedded across different sections of the updated application materials. Applicants are encouraged to outline how investment decisions have been made to enhance all VfM dimensions, highlighting and explaining potential trade-offs made among VfM dimensions, as needed.

For more information and examples on what each VfM dimension entails and how they can be enhanced, please see the Value for Money Technical Brief.<sup>7</sup>

### How should applicants address Risk in the funding request?

As part of an evolving approach to risk management, the risk section of the forms only focuses on certain programmatic risk areas. If risks are identified in other risk areas, applicants are generally encouraged to flag these risks with their Country Team for consideration. In most cases, these risks will be discussed during grant-making.

Unless specifically requested, other risks do not need to be included in the form as they will be addressed during grant-making.

#### What changes have been made to the Essential Data Tables?

In addition to validating the pre-populated data in the tables, applicants are asked to provide additional information disaggregated by gender, age, and by key and vulnerable populations, where available. Essential Data Tables now also include tabs for the HIV and TB <a href="Program">Program</a> <a href="Essentials">Essentials</a>.

#### What are Program Essentials?

Program Essentials are a set of standards for the delivery of services by programs supported by the Global Fund. Similar to how quality assurance standards are used to provide health products that are safe, effective and available to the patient, Program Essentials are based on the recommendations of the WHO and other technical partners and used to ensure the quality delivery of health services.

TB or HIV applicants are asked to provide an update on their country's status towards achieving the Program Essentials in the respective tabs in the Essential Data Tables. TB, HIV and malaria applicants from Core and High Impact countries are also asked to describe in their funding request narrative any plans to address Program Essentials that are not fulfilled.

All countries are expected to fill in the Program Essentials tabs in the Essential Data Tables for HIV and TB, irrespective of application approach.

<sup>&</sup>lt;sup>6</sup> Sustainability, Transition and Co-financing Guidance Note:

https://www.theglobalfund.org/media/5648/core\_sustainabilityandtransition\_guidancenote\_en.pdf

<sup>&</sup>lt;sup>7</sup> Value for Money Technical Brief: https://www.theglobalfund.org/media/8596/core\_valueformoney\_technicalbrief\_en.pdf

### What happens if a country's disease programs do not fulfill the Program Essentials?

The Technical Review Panel will evaluate progress towards fulfilling these standards as a part of their review. Over time, applicants are expected to make progress towards fulfilling Program Essentials.

### What changes have been made to the Prioritized Above Allocation Request annex?

While the PAAR annex is very similar to that used in previous allocation periods, expectations on how it should be used continue to be refined.

The PAAR should be aligned with the programming of the allocation. It should present a coherent investment approach with a limited number of large and strategically focused interventions selected to achieve high impact. Applicants should provide high-level costing assumptions for interventions, a rationale, and an indication of the activities associated with the costed amount. Lump sums without this justification are strongly discouraged.

Applicants are also encouraged to include prioritized interventions related to pandemic preparedness, and investments that could potentially be financed through innovative (blended) finance mechanisms in case additional funding becomes available during the grant lifecycle.

The general guidance is that the PAAR should represent at least 30% of the allocation amount. There is no upward limit to PAAR, but it is not expected to represent the full demand.

Unfunded quality demand submitted as PAAR from the 2020-2022 allocation period <u>will not carry over</u> to the 2023-2025 allocation period. If unfunded items continue to be relevant, they will need to be resubmitted in the applicant's allocation funding request, or in a new PAAR with updated costing and prioritization.

### How should applicants address RSSH in the development of their funding requests?

The <u>2023-2028 Global Fund Strategy</u> outlines a shift in the Global Fund's investment approach. It calls for investments to go beyond disease-specific silos towards building RSSH in a way that places people and communities, not diseases, at the center of the health system. This supports the achievements of universal health coverage and improves preparation against future pandemic threats.

During their country dialogue, applicants are asked to have a data-driven discussion on the health systems priorities and gaps to get a better understanding of the health system landscape and investment options. This conversation should then inform the discussions on <u>program split</u>, the development of the funding request, and the completion of the RSSH Gaps and Priorities annex.

Applicants are encouraged to refer to the <u>RSSH Information Note</u><sup>8</sup> that provides more detail on what this shift in strategy entails, and how investments in RSSH should be considered.

### \* How should applicants address pandemic preparedness or climate change related interventions in the development of their funding requests?

Resilient and sustainable systems for health are at the foundation of pandemic preparedness. It is expected that investments in pandemic preparedness will be reflected in the relevant RSSH modules and interventions, either prioritized for allocation funding or included in <a href="mailto:the Prioritized">the Prioritized</a> Above Allocation Request.

<sup>&</sup>lt;sup>8</sup> RSSH Information Note: <a href="https://www.theglobalfund.org/media/4759/core">https://www.theglobalfund.org/media/4759/core</a> resilientsustainablesystemsforhealth infonote en.pdf

RSSH modules in the Modular Framework have been updated to more strongly support the development of pandemic preparedness capabilities in laboratory, surveillance and human resources for health, as well as in medical oxygen and respiratory care systems.

Applicants are asked to consider mitigating both the potential vulnerabilities to climate change in programs as well as any mitigating efforts related to environmental impact and waste management of programs.

Applicants are encouraged to refer to the <u>RSSH Information Note</u> for more information on investments in pandemic preparedness and environmental impact mitigation.

### \* How should applicants request interventions funded by the COVID-19 Response Mechanism?

Applicants should consider including important interventions currently funded by the COVID-19 Response Mechanism in their Prioritized Above Allocation Request (PAAR). This will help prepare for the continuity of programming in the case where funding for the COVID-19 Response Mechanism is not extended. Eligible interventions include those specifically for pandemic preparedness that are listed in the <a href="Modular Framework Handbook">Modular Framework Handbook</a>. Interventions for pandemic response will not be eligible for potential financing through HIV, TB and malaria allocation funding.

### \* What is the RSSH Gaps and Priorities Annex and when should it be developed?

This annex is a new addition to the funding request in this allocation period. It is a mandatory annex for Core and High Impact portfolios, and optional for Focused portfolios. It should be used by CCMs to help identify and prioritize essential RSSH investments. It considers the intersection between health system strengthening and disease programs, along with existing funding and funding gaps.

Applicants are encouraged to begin assessing RSSH gaps early in country dialogue so the analysis can be used to inform <u>program split</u> discussions.

If a National RSSH Strategy is in place, the development of the annex may be much quicker as much of the information requested in the annex should already be available. This strategy should be referenced and included as an attachment with the request.

#### Is a separate RSSH Gaps and Priorities Annex needed for each funding request?

In cases where an integrated request is not being presented, applicants should submit the same annex with each funding request submission. In cases where funding requests are submitted in separate windows, the original annex should be updated as appropriate for future submissions.

### \* What is the Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis and Malaria Annex and what should be included in it?

The annex is intended to capture the highest priority interventions identified by civil society and communities during the country dialogue process. Interventions should only be included which civil society and communities deem to be of the highest priority and which they believe will deliver highest impact in reducing barriers or increasing the acceptability, accessibility, affordability, availability, or quality of services. For Focused portfolios, these priorities should be in line with the areas of focus indicated in the Allocation Letter or otherwise agreed with the Global Fund.

The description of each intervention should ideally include: (a) an evidence-based rationale for the intervention; (b) the expected impact or outcome; and (c) a costing of the intervention if possible.

A separate annex is requested for each funding request. Funding priorities should be limited to interventions for the components included in the funding request and/or any interventions related to RSSH.

### Does every need mentioned during country dialogue need to be included in the Funding Priorities from Civil Society and Communities Annex?

No, the Annex should only contain the highest priority interventions identified by civil society and communities. There is no minimum, however only up to a maximum of 20 interventions may be included.

### What is the Country Dialogue Narrative and how is it different than what is submitted for the CCM Eligibility Requirements?

In previous allocation periods, the CCM was asked to submit a narrative description of the country dialogue process and engagement. The Global Fund did not ask for this annex in the 2020-2022 allocation period, but it was determined that the information it provides is needed and so it has become a required annex once more.

The narrative provides a context-specific overview of the efforts made by the CCM to deliver on the requirements for inclusive and transparent development of the funding request (Eligibility Requirement 1). Only CCMs identified for a Standard screening for CCM Eligibility Requirement 1 and 2 will be requested to provide additional supporting documentation; most CCMs will be screened under the Light approach and will not be asked to provide additional supporting documentation.

### Why is the Global Fund asking for a Gender Assessment?

All funding requests should be informed by an analysis of gender inequalities and barriers, why they exist, and their impact on health outcomes. Funding requests should also be designed in a way that contributes to gender equality in HIV, TB and malaria outcomes. This can be done by conducting a gender assessment and incorporating the findings into funding requests.

Applicants can use an existing gender assessment - for example, an assessment conducted as part of the National Strategic Plan process - as long as it is relevant to one or more of the funding request components.

### What is a Gender Equality Marker and what does it have to do with the Gender Assessment?

A Gender Equality Marker is a tool that assesses the extent to which gender equality is addressed through financial investments. It is used by many international institutions.

The Global Fund will be undertaking an analysis to determine a baseline Gender Equality Marker score for all funding requests in the 2023–2025 allocation period. This means that each component within a funding request will be assessed against a set of gender-equality criteria relating to program design, implementation and evaluation.

The assessment will be carried out by the Technical Review Panel based on the funding request form and annexes. Applicants do not have to submit any additional documentation or conduct a self-assessment. The Gender Equality Marker scores will be used to track and improve the Global Fund's investments in gender equality over time and will not determine whether funding requests are recommended for grant-making.

#### Why is the Global Fund asking for a Human Rights-Assessment?

In the Global Fund Strategy 2023-2028, the Global Fund committed to supporting countries in scaling up comprehensive programs and approaches to remove human rights-related barriers to HIV, TB and malaria services. In line with the Strategy, all funding requests should be informed by an assessment of existing human rights-related barriers, programs/interventions that already exist to address them, and priority programs for inclusion in the funding request to comprehensively address barriers for key and vulnerable populations.

Applicants can use existing assessments of human rights-related barriers to HIV and/or TB services and existing Malaria Matchbox assessments. If recent relevant assessments are not already available, applicants should undertake a new assessment of human rights-related barriers. HIV or TB applicants can use the rapid assessment tool (forthcoming) and applicants with malaria modules can use the Malaria Matchbox.9

### \* Are the human rights and gender assessments mandatory? Are there standard templates?

All funding requests should be informed by a recent assessment of human rights and genderrelated barriers to services. If available, the assessments should be submitted along with the funding request.

Applicants can use existing assessments - for example, an assessment conducted as part of the National Strategic Plan process - as long as it is relevant to one or more of the funding request components.

There are no standard templates for these assessments.

### Why is the Global Fund asking for a sexual exploitation, abuse and harassment risk assessment?

Protecting from sexual exploitation, abuse and harassment (SEAH) is included in the 2023-2028 Global Fund Strategy and reflected in specific requirements and expectations concerning SEAH in the Codes of Conduct for Recipients of Global Fund Resources 10 and Suppliers, 11 as well as the Code of Ethical Conduct for CCM Members. 12

The Global Fund recognizes that one of the most effective means of addressing SEAH is to design programs that incorporate protection from SEAH as a cross-cutting consideration. This helps to make interventions and programs as "safe" as possible by ensuring adequate focus on "how" services are provided and accessed by the beneficiaries.

The Global Fund recommends that all applicants work to identify program-related SEAH risk(s) and propose corresponding mitigation measures during the consultations held in the country dialogue to inform funding request development. In the 2023-2025 allocation period, submitting the SEAH risk assessment is optional at the funding request stage. 13

#### Is a separate SEAH risk assessment needed for each funding request?

As the SEAH risk assessment is expected to be completed on the interventions proposed for funding, applicants who undertake this assessment are asked to submit one risk assessment per

<sup>&</sup>lt;sup>9</sup> Malaria Matchbox Tool: https://endmalaria.org/sites/default/files/Malaria%20Matchbox%20Tool en web.pdf

<sup>&</sup>lt;sup>10</sup> Code of Conduct for Recipients of Global Fund Resources:

https://www.theglobalfund.org/media/6011/corporate\_codeofconductforrecipients\_policy\_en.pdf

11 Code of Conduct for Suppliers: https://www.theglobalfund.org/media/3275/corporate\_codeofconductforsuppliers\_policy\_en.pdf

<sup>&</sup>lt;sup>12</sup> Code of Conduct for Country Coordinating Mechanisms:

https://www.theglobalfund.org/media/8234/core codeofethicalconductforccmmembers policy en.pdf

<sup>13</sup> For the 2023-2025 allocation period, 10 countries will be asked to perform this risk assessment as a part of a pilot. A list of countries participating in this pilot will be published, once finalized.

funding request. In the 2023-2025 allocation period, submitting the SEAH risk assessment is optional at the funding request stage. <sup>14</sup>

### Have Country Coordinating Mechanism eligibility and performance assessment requirements changed?

The <u>six eligibility requirements</u><sup>15</sup> with which CCMs must comply remain unchanged for the 2023-2025 allocation period.

Countries that were part of the 'CCM Evolution Strategic Initiative' require no additional assessments. All other countries are required to complete an Integrated Performance Framework in coordination with the CCM Hub.<sup>16</sup>

#### What role does country dialogue play in the next allocation period?

Country dialogue should take place throughout the grant lifecycle. Country dialogue ensures the development of the funding request and its implementation are connected to the larger context of the country's health sector and disease strategies, effectively engages civil society and key and vulnerable populations, and articulates how impact will be maximized through the Global Fund investment. Inclusive country dialogue remains an essential feature and eligibility requirement for the next allocation period. The CCM is responsible for coordinating country dialogue throughout the funding request, grant-making and grant implementation phases of the allocation period.

Please see the Global Fund website 17 for more information on participating in Country Dialogue.

## \* Who is expected to be involved in country dialogue? How is community and civil society participation in country dialogue expected to be different from the last cycle?

Country Dialogue should include a broad array of voices of both those involved in the response to the three diseases as well as those who are impacted by the three diseases. In the 2023-2025 allocation period, this may include a broader group of people than have participated in previous country dialogues, such as an expanded set of health system and pandemic preparedness professionals.

This allows all stakeholders to meet together, to review progress, challenges, and opportunities in the fight against the diseases, and to identify the best ways forward. The exact composition of who should be present will depend on country context, but should always include most affected communities.

For the 2023-2025 allocation period, communities and civil society will be asked to develop their top priorities for each funding request and detail it in the <a href="new Funding Priorities annex">new Funding Priorities annex</a> which all CCMs are asked to include in their application package.

### Can current Global Fund grant funds be used to pay for support for country dialogue and the preparation for developing a funding request?

Yes, current Global Fund grant funds can be revised to fund technical assistance for country dialogue and funding request preparation, although they may not be used to fund the actual drafting of the funding request. There is a maximum amount of US\$150,000 per eligible disease component that can be reprogrammed for technical assistance to prepare for the funding request.

<sup>&</sup>lt;sup>14</sup> For the 2023-2025 allocation period, 10 countries will be asked to perform this risk assessment as a part of a pilot. A list of countries participating in this pilot will be published, once finalized.

<sup>&</sup>lt;sup>15</sup> CCM Eligibility Requirements: https://www.theglobalfund.org/en/country-coordinating-mechanism/eligibility/

<sup>&</sup>lt;sup>16</sup> Information forthcoming and will be shared here: <a href="https://www.theglobalfund.org/en/country-coordinating-mechanism/eligibility/">https://www.theglobalfund.org/en/country-coordinating-mechanism/eligibility/</a>

<sup>17</sup> https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/country-dialogue/

Eligible examples include support for developing National Strategic Plans, convening multistakeholder meetings, or collecting health financing data.

Please discuss with your Country Team the various forms of <u>technical assistance</u><sup>18</sup> which may be available to your country.

### \* Are all countries expected to submit a funding request in 2023?

No, countries will be able to submit their funding requests to be reviewed in one of the <u>published</u> <u>Technical Review Panel windows</u> which will be scheduled across 2023 and 2024. Once grants are approved, they run for three years.

Please watch this video for an explanation.

### \* When will the Performance Framework, Detailed Budget and Prioritized Above Allocation Request annexes be available?

These new annexes are custom-generated for each country's funding request and will be provided to CCMs by their Country Team following receipt of the Allocation Letter.

<sup>&</sup>lt;sup>18</sup> https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/technical-cooperation/