
Funding Request

Multicountry Instructions

Allocation Period 2020-2022

TABLE OF CONTENTS

| | |
|---|-----------|
| Introduction | 2 |
| Part I: Getting Started | 3 |
| Complete Application | 3 |
| Use of Existing Country Documentation | 3 |
| Page Recommendations | 3 |
| Timing of Submission and Implementation Periods | 3 |
| Translation of Documents | 3 |
| Part II: Completing the Funding Request Form | 3 |
| Summary Information | 5 |
| Section 1: Context Related to the Funding Request | 5 |
| 1.1 Key References on Regional Context | 5 |
| 1.2 Summary of Regional Context | 7 |
| 1.3 Synergy with the Global Fund and Other Partners Investments | 8 |
| Section 2: Funding Request and Prioritization | 8 |
| 2.1 Overview of Funding Priorities | 8 |
| 2.2 Funding Priorities | 9 |
| Section 3: Operationalization and Implementation Arrangements | 11 |
| a) Implementation Arrangements | 11 |
| b) Regional Coordination | 11 |
| c) Oversight Mechanism | 12 |
| d) Compliance with requirements for Implementers | 12 |
| Section 4: Sustainability | 14 |
| Part III: Additional Documents Included with the Funding Request | 15 |
| Performance Framework and Budget | 15 |
| Performance Framework and Work-plan Tracking Measures | 15 |
| Prioritized Above Allocation Request (PAAR) | 15 |
| Implementation Arrangement Map | 16 |
| Endorsement of Funding Request | 16 |
| Health Product Management Tool (HPMT) | 19 |
| List of Abbreviations and Annexes | 19 |

Introduction

This document supports applicants in the completion of the multicountry funding request form.

Responses to the funding request form questions should be aligned with prioritized regional and country needs and guided by a relevant Regional Strategic Plan, program reviews, assessments, and other regional and national documents. The prioritized funding request should be developed through inclusive engagement with key and vulnerable populations and should be supported by epidemiological data and technical guidance. Responses to all questions should be clear and succinct.

The submitted funding request will be reviewed by the Technical Review Panel (TRP)¹ that will assess strategic focus and technical soundness. Once final grants are Board-approved, the Global Fund may publish or share information submitted as part of funding requests.

These instructions should be read by all groups engaged in the development of a Multicountry funding request for the 2020-2022 allocation period.

For questions, please contact accesstofunding@theglobalfund.org.

¹ The Technical Review Panel is the independent panel of experts that reviews all funding requests.

Part I: Getting Started

Complete Application

Mandatory documents to be submitted with this funding request are listed in **Annex 1** of the funding request form. The TRP will only review complete application packages.

Use of Existing Country Documentation

The funding request encourages the use of existing country documentation, for example, NSPs, to avoid duplication of information. Applicants are requested to reference relevant regional and country-specific documents to avoid repeating information in the narrative. See the detailed guidance in **Part II** of these instructions.

Regional and country-specific documents need to be clearly referenced and submitted as part of the application package. These attachments can be submitted as links or email attachments, or through another file sharing mechanism (Google Drive, Dropbox or others). In case documents are publicly available online, applicants are recommended to provide corresponding web links, to limit the number of documents attached to the funding request. **Applicants should not attach documents that are not referenced in the funding request and should reference only those that are directly responsive to question in the funding request form.**

Page Recommendations

A recommended number of pages can be found under the guidance for each response within these instructions. One page corresponds to approximately 500 words, using standard size 11 Arial font, and single line spacing. Applicants are encouraged to follow the recommended number of pages. Applicants are invited to make use of visual representations, such as graphs or tables, to portray key information or trends.

Timing of Submission and Implementation Periods

The allocation period refers to the period when eligible applicants can apply for and access multicountry funding. The period during which an allocation for an eligible multicountry priority can be used is known as the allocation utilization period (AUP). Grant implementation periods should typically be aligned with the AUP.

Grants are expected to last three years and funds must be accessed within the 2020 – 2022 allocation period.

Translation of Documents

The Global Fund accepts application documents in English, French or Spanish. The working language of the Secretariat and the TRP is English.

The Global Fund will translate only the funding request narrative and core application documents submitted in French or Spanish. Supplementary attachments can be submitted in the documents' original language but translation by the Global Fund will be limited to specific sections, within reason.

As the Secretariat cannot ensure translations of all supplementary documents, applicants are encouraged to translate and submit the most critical attachments in English whenever possible.

Part II: Completing the Funding Request Form

A broad range of groups responding to and affected by the diseases should be engaged in the regional dialogue to ensure investments in the fight against the three diseases are delivering the needed impact. This dialogue is essential to develop a successful funding request.

The priorities in the funding request should be based on existing national strategies (for example, as documented in NSPs) and contextualized by up-to-date data that accurately reflects the regional context.

The Global Fund provides the following resources that can be used as a reference by applicants as they complete their funding request:

- [Global Fund Strategy 2017-2022: investing to end epidemics](#)
- [Global Fund Applicant Handbook](#)
- [Global Fund Information Notes on: HIV; TB; Malaria; and Building Resilient and Sustainable Systems for Health](#)
- [Global Fund Multicountry Guidance Note](#)
- [Global Fund Modular Framework Handbook](#)
- [Global Fund Technical Briefs](#)
- [Global Fund Sustainability, Transition and Co-Financing Guidance Note](#)
- [Guidelines for Grant Budgeting](#)

Summary Information

This information is used for data purposes:

| Section | Requested Information |
|---|---|
| Disease Component | Component of the funding request. |
| Multicountry priority | Multicountry priority that the funding request responds to. |
| Applicant | The entity that presents the funding request (i.e. Regional Coordinating Mechanism or Regional Organization (RO) ² . |
| Implementer (Principal Recipient) | The entity or entities nominated by the applicant to implement the program. |
| Planned grant start date | Projected start date for the grant(s). |
| Planned grant end date | Projected end-date for the grant(s). |
| Currency | Relevant currency as per the allocation letter; indicate Euro or US dollar. |
| Funding request amount | Amount requested. The amount entered should be consistent across all application documents. |
| Prioritized above allocation request (PAAR) amount | PAAR is explained in Part III: ADDITIONAL DOCUMENTS INCLUDED WITH THE FUNDING REQUEST . The amount entered should be consistent across all application documents. |

| Countries included in the proposal | Eligibility status |
|---|---|
| List of countries covered by the funding request. | <p>Eligibility status of each of the countries included in the funding request as per the Global Fund Eligibility List 2020³.</p> <p>A multicountry proposal needs to be composed of at least 51% countries that are eligible for the disease component of the multicountry priority. Countries that are classified as “Transition” will be considered as eligible.</p> <p>There is no limitation on the number of countries to participate in the funding request, to the extent their inclusion is programmatically justified.</p> |

Section 1: Context Related to the Funding Request

This section asks for **up-to-date, evidence-based analyses** of the epidemiological, operational, social, political and economic realities of the region that informed the choice of interventions and/or performance indicators for this funding request. Applicants should indicate key sources of information and provide a brief analysis of the main considerations that informed the choice of interventions. The strategic information and analyses included should draw from the most recent national strategy documents, assessments, program reviews, and others.

1.1 Key References on Regional Context

Recommended length for this response: **1 page**.

The table in this question enables applicants to refer to critical regional and in-country context information sources that explain the epidemiological situation and relevant disease specific information, the functioning of the health systems, community engagement and responses, key and/or vulnerable populations most impacted by the disease(s), and human rights and gender-related barriers and inequities to accessing health services. Applicants must specify the relevant sections and pages for each document listed.

² [Link to Multicountry Guidance Note](#)

³ https://www.theglobalfund.org/media/9016/core_eligiblecountries2020_list_en.pdf?u=63715738616000000

NOTE: The Global Fund requests applicants to attach only those documents that are directly referenced in the funding request. However, disease-specific and health sector national strategic plans (NSPs) should always be attached, even when not referenced.

The list of key areas in the table below provides a non-exhaustive list of the types of documents that may be used to provide reference to cross-cutting or disease-specific information helpful to explain the regional context. Applicants can include additional documents by adding rows in the table as needed. Multiple documents can be submitted for the areas listed below.

| Cross-cutting areas | |
|--|---|
| Key focus area | Examples of reference documents |
| Health system strategies | <ul style="list-style-type: none"> - health sector strategy and/or reviews. - health information management plan. - supply chain strengthening plans. - logistics management and information system plan. - private sector engagement. - human resources for health strategy. |
| Health system overview | <ul style="list-style-type: none"> - national health sector strategy or other health plans. - recent reviews or assessments. - demographic health surveys. - multiple indicator cluster surveys. - national health accounts. - Public Expenditure and Financial Accountability (PEFA) assessments. |
| Human rights and gender considerations (cross-cutting) | <ul style="list-style-type: none"> - legal environment assessment. - health equity assessments on gender, age, socio-economic status, urban/rural. - assessments on human rights and gender barriers and inequities to access health care. - human rights reviews. - key populations prioritization and assessments. - stigma assessments. - integrated CRG assessments. |
| Health context in emergency settings | <ul style="list-style-type: none"> - any documentation or report from humanitarian organizations that presents the humanitarian strategy and interventions that affect the health system. |
| Disease-specific areas | |
| Key focus area | Examples of reference documents |
| Epidemiological profile (including key and/or vulnerable populations epidemiology) | <ul style="list-style-type: none"> - NSP. - WHO and UNAIDS country profiles. - recent disease prevalence studies. - malaria indicator survey. - demographic health surveys. - integrated bio-behavioral surveys, Sero-surveillance studies, key population size estimates, hot-spots mapping. -insecticide resistance studies, therapeutic efficacy studies. |
| Disease strategy (including key and vulnerable populations interventions strategies) | <ul style="list-style-type: none"> - NSP. - program review. - Joint assessment of national strategies (JANS). - key and vulnerable populations strategies (PrEP strategies, key population prevention strategies, strategies for adolescent girls and young women). - program protocols and guidelines including for key populations (opioid substitution therapy protocols, adherence protocols). |
| Operational plan, including budget and performance framework | <ul style="list-style-type: none"> - annual/periodic work plans or operational plans. - national monitoring & evaluation plan, costing. |
| Program reviews and/or evaluations | <ul style="list-style-type: none"> - impact assessment, modelling, spectrum, AEM-AIDS Epidemic Model, Optima model, TIME, strategy reviews as applicable. |
| Human rights and gender considerations (disease specific) | <ul style="list-style-type: none"> - legal environment assessments. - human rights baseline assessments. - gender assessments and gender-based violence surveys. - people living with HIV stigma index surveys. - Tuberculosis stigma assessment. - Malaria Matchbox assessments. |

1.2 Summary of Regional Context

Recommended length for this response: **3 pages**.

Building on the reference documents listed in **Section 1.1**, applicants are asked to present an overview of the disease situation, which may include the epidemiological context (such as trends in prevalence and incidence); trends in access, coverage and usage; key drivers, key and/or vulnerable populations; as well as the overall health systems. The purpose of this high-level summary is to explain crucial elements of the regional context that informed the development of this prioritized funding request, to be detailed later in **Section 2**.

The TRP welcomes the submission of additional datasets that may inform the funding request, these could include:

- **HIV:** Discriminatory attitudes towards people living with HIV; avoidance of health care because of stigma and discrimination for: sex workers, men who have sex with men, PWID, and transgender people; prevalence of recent intimate partner violence; demand for family planning satisfied by modern methods; knowledge about HIV prevention among young people (15-24); disaggregation by age and sex, and age/sex (especially for PLHIV, new HIV infections, AIDS-related deaths); percentage of new and relapse TB patients recorded as HIV-positive; disaggregation of treatment success by sex.
- **Tuberculosis:** Percentage of new and relapse TB patients recorded as HIV-positive; treatment success rates (new cases, HIV-positive TB cases, MDR-TB cases) disaggregated by sex.
- **Malaria:** Population at risk and cases / deaths 2010-2017; reported cases by species 2010-2017; reported cases by method of confirmation 2010-2017; commodities distribution and coverage 2015-2017; funding 2015-2017; policy adoption dates; drug policy 2017; annual blood examination rate; percentage of women attending antenatal care; proportion of cases investigated and classified; proportion of foci investigated and classified.
- **RSSH:** If available, countries' funding landscapes reflecting different components of the health systems alongside the technical assistance provided by different development partners, for better understanding of overall health systems investments and involvement.

This section should also include:

- Linkages between the diseases and health systems programs;
- How key information gaps in programming were considered;
- How normative guidance informs programming;
- An analysis of barriers and inequities in access to services, including a required assessment of human rights barriers, gender and age-related barriers;
- The role of community organizations and groups in the design and delivery of programs;
- Health equity analyses (gender, age, socio-economic status, rural/urban);
- Descriptions of fragilities in countries, which entail potential and ongoing revamping of increased number of forcibly displaced populations, including internally displaced persons (IDPs), refugees and asylum seekers or migrants, as applicable; and
- Cross-sectoral collaboration, including the role of the private sector.

If a roadmap for Universal Health Coverage has been developed in the countries covered by the funding request, indicate linkages and degree of alignment with this funding request.

1.3 Synergy with the Global Fund and Other Partners Investments

Recommended length for this response: **1 page**.

Applicants should demonstrate that this funding request considers the experience of current and former programs and interventions addressing the multicountry priority at the regional and national levels. For example, applicants could describe what worked well and can be replicated or enhanced, what programmatic approaches did not deliver anticipated results, and how obstacles or limitations will be addressed to increase the outcomes and impact of the response.

In this section, any regional differences in intervention coverage, program performance relating to key and/or vulnerable populations, efforts to reduce human rights and gender-related barriers to services, efforts to address inequities in access to services and in health outcomes, and the role played by communities should be summarized. Lessons learned that have informed program design may draw from wider program reviews, evaluations, and other donor programs.

Applicants should also explain how the proposed interventions complement and mitigate the risk of duplication of efforts with respect to the on-going programs at regional and national levels. In the context of this question, applicants should specifically consider how the multicountry proposal will deliver on its objectives during the implementation period, while avoiding the creation of dependences on Global Fund financing to maintain interventions beyond the implementation period. In general, a multicountry program should be considered as “one-off” investments, which seek to achieve their objectives and create lasting change, while working to mitigate the creation of systems, structures, or interventions that rely on external financing. If interventions are designed in a manner that will require long-term financing beyond the implementation period, the applicant should be clear on how these interventions will be gradually transitioned to domestic management and/or financing.

Section 2: Funding Request and Prioritization

In **Section 2**, applicants should refer to key sources of information and provide a brief analysis of the main considerations that informed the selection of interventions in the request. The strategic information and analysis that guide the development of the funding request should draw from the most up-to-date data available, national strategy documents, program reviews, and any transition or sustainability workplan. Investments prioritized for funding should:

- Be evidence-based, in line with normative guidance, with the epidemiological context and aim to maximize impact against HIV, TB and malaria;
- Focus on evidence-based programs for key and/or vulnerable populations;
- Address human rights, gender and age-related barriers and inequities in access to services;
- Address critical gaps to strengthen the sustainability of the national disease response, including Global Fund-financed interventions;
- Adapt to the needs and the realities of the country/region, considering operational challenges and general fragilities in challenging operating environments;
- Have considered value for money; and
- Have considered the catalytic effect of the multicountry investments.

2.1 Overview of Funding Priorities

Recommended length for this response: **1 page**.

Applicants are asked to provide an overview of the process that was followed by the applicant for the prioritization of the Global Fund investments. For example, the prioritization approach should be linked to the regional context and guided by other considerations, such as more recent evaluations or analysis.

2.2 Funding Priorities

Applicants are to identify prioritized modules from the **Performance Framework** to be funded by the Global Fund considering:

- The epidemiological context and lessons learned from the previous or on-going programs, if applicable;
- The health systems and disease situations in the countries covered by the funding request (including barriers and inequities across socio-economic status, gender, age and social groupings with a focus on key and/or vulnerable populations); and
- Key behavioral / structural barriers and inequities of the epidemic (specifically those related to gender and age).

a) Each component should be grouped and selected modules listed in a prioritized manner. There should be **one table per module**. All relevant interventions should be indicated within the respective module table. Applicants should repeat the structure of the table for each prioritized module. Refer to the descriptions below for what should be included in each field.

COMPONENT: Indicate the relevant component (e.g., HIV, TB, Malaria).

| | |
|--|--|
| Module # | Align with modules listed on the funding request's Performance Framework, and reflect priorities of the Global Fund 2017-2022 Strategy , as applicable to the country context. The '#' in the form should indicate the prioritization of this module (i.e., 1, 2, 3...). |
| Intervention(s) & Key Activities | List the specific interventions appropriate for the country context that correspond to the above module, as described in the Performance Framework. Under each intervention, outline key activities that aim to address the disease situation. |
| Priority Population(s) and geographical scope | List of the priority population(s) that are related to this module. Include any relevant key and/or vulnerable populations ^{4,5} but also general populations that are relevant to this module. When completing this section, refer to the relevant Global Fund Technical Briefs . |
| Barriers and inequities | List relevant barriers and inequities in access to health services within this module. These should include any human rights and gender/age-related barriers and inequities that hinder access to programs and services such as harassment, stigma and discrimination, those affected by geography (urban/rural) or socio-economic status ⁶ . Describe how these barriers and inequities are to be addressed or mitigated. When completing this section, refer to the relevant Global Fund Technical Briefs . |
| Rationale | Description of analysis/reasons that led to prioritizing this module and interventions/key activities. Applicants are strongly encouraged to reference key documents to strengthen their rationale. |
| Expected Outcome | Description of the effect of the intervention on populations and/or health systems. |
| Expected Investment | Indicate the proposed Global Fund funding amount associated to the module and indicate external and/or government funding (if information is available). Applicants should reference the Budget to complete this field. Applicants should use funding request currency as indicated in the Summary Information Table. |

⁴ **Key populations in the HIV response:** Gay, bisexual and men who have sex with men; Transgender people; Sex workers; People who inject drugs; Prisoners and people in other closed settings. **Key populations for tuberculosis response:** Prisoners and people in other closed settings; People living with HIV; Migrants; Refugees; Indigenous populations. **Vulnerable populations in the malaria response:** Refugees; migrants, internally displaced people and indigenous populations in malaria-endemic areas are often at greater risk of transmission, usually have decreased access to care and services, and are also often marginalized.

⁵ The Global Fund also recognizes other vulnerable populations; those who have increased vulnerabilities in a particular context, such as adolescent girls and young women, miners and people with disabilities.

⁶ **Examples of barriers could include:** Lack of confidentiality; Lack of access to justice; Gender-based violence; Gender inequality; Harmful gender norms; Punitive laws & policies; Age of consent to health services; Third-party authorization requirements; Disease-related socioeconomic barriers (like out-of-pocket expenditures). This list of barriers is not exhaustive; the Global Fund recognizes other barriers.

b) Opportunities for Integration

Recommended length for this response: **1 page**.

Applicants are requested to describe how the proposed investments in health and community systems have considered common needs across HIV, tuberculosis, malaria, related health programs and the broader health systems in participant countries to improve disease outcomes, promote sustainability, and generate efficiencies. They should also consider any disease-specific modules that contribute to health and community system strengthening as well as the RSSH (Resilient Sustainable System for Health) cross-cutting modules listed below:

- Health products management systems;
- Health Management Information Systems (HMIS) and M&E;
- Human Resources for Health, including community health workers;
- Integrated service delivery and quality improvement;
- Financial management systems;
- Health sector governance and planning;
- Community systems strengthening; and
- Laboratory systems.

Existing or new regional and/or multicountry processes and mechanisms aimed at improving the effectiveness of systemic enablers for regional responses to population health challenges (e.g. regional surveillance systems, reference laboratories, data sharing agreements, etc.) should be considered and their capacities strengthened.

Opportunities for progressive integration across relevant diseases and with the broader health systems in participant countries should not be missed when they lead to one or more of the following:

- Improved disease outcomes:** for example, strengthening regional cooperation on disease surveillance benefiting more than one disease (as opposed to a disease-specific investment) could increase the ability to identify cases across countries, resulting in more people on treatment and ultimately better disease outcomes across all diseases (and beyond).
- Improved program sustainability:** for example, if an investment in regional approaches enables knowledge exchange and sharing lessons learnt aimed at social contracting, or effective budget advocacy for sustainable services for key and vulnerable populations across the 3 diseases.
- Generate efficiencies:** for example, if the funding proposal could support convening regional policy forums for example promoting integration of HIV, TB and malaria into people-centered primary care services, and facilitating data sharing agreements between several countries in an efficient way.

There will be cases where integration is not the best solution and disease-specific system investments are still the best way forward. In those cases, applicants are invited to explain the reasons why disease-specific system investments would be preferable.

Note the response should be complementary to the answers in the value for money and sustainability questions of the funding request. Additional guidance can be found in the [RSSH Information Note](#).

c) Value for Money

Recommended length for this response: **1 page**.

The TRP assesses value for money as a sub-set of the “effectiveness and efficiency of program implementation” review criteria, when considering recommending a funding request for approval. Applicants should consider value for money throughout the development of the funding request, ensuring the program will maximize and sustain equitable health impact. In responding to this question, applicants should provide

a brief description of the overarching value for money approach, including challenges faced (as applicable). Applicants should then present more information on the following three dimensions of the value for money framework: economy, efficiency, and equity. This question focuses on economy, efficiency and equity because the other two dimensions of value for money (effectiveness and sustainability) are incorporated in other areas of the funding request. More information is provided in the [Value for Money Technical Brief](#).

Economy: applicants can explain how their funding requests obtain the lowest costs for quality inputs required to provide services. They can demonstrate their effort to minimize costs of the inputs for example by showing that human resources are deployed and properly compensated in line with national human resources procedures and salary scales, in support of sustainability; activities are proposed based on necessity; and inputs required for the implementation are budgeted prudently to keep the costs as low as possible while delivering quality services.

Efficiency: applicants can explain how their funding request maximizes health outputs and health impact (that may not be seen in the near term) for a given level of resources. The efficiency of each funding request should be viewed in the context of the region's disease-specific and overall health strategies, considering domestic and other donor investments in country, in addition to Global Fund support. Applicants are encouraged to consider two types of efficiencies at disease program and system levels in the funding requests:

- *Allocative efficiency:* at the disease program level, it refers to optimally allocating resources across interventions, geographies and population groups in a way that maximizes impact. Applicants are encouraged to articulate how the design of the multicountry program grant supports country programs or systems to become efficient in maximizing health impact.
- *Technical efficiency:* at the disease program level, it refers to minimizing the costs of service delivery along the care continuum while achieving the desired health outcomes. At the system level, it means to achieve the lowest cost in delivering quality services to meet different health needs so the total health benefit to the entire population is maximized. This can be achieved through removing duplications, improving alignment, and enhancing integration across health system building blocks and delivery platforms as well as strengthening governance and financing, to produce an optimally functioning health system.

Equity: applicants can highlight efforts made to improve the understanding of financial, human rights and gender-related barriers to service access, uptake, and retention as well as to direct sufficient investment to address those barriers. They can also describe efforts made to meet the needs of key and/or vulnerable population groups and strengthen community systems. Applicants can also identify and describe investment opportunities that enhance both efficiency and equity and explain the rationale for choices made in settings where resource allocation for efficiency and equity may conflict.

Section 3: Operationalization and Implementation Arrangements

After defining the areas prioritized for investment in the funding request, applicants should secure sufficient implementation capacity and ensure risk mitigation measures are in place. Section 3 requests information on the proposed implementation arrangements and identified operational risks and mitigating measures.

a) Implementation Arrangements

Recommended length for this response: **1 page.**

The application should describe how the proposed implementation arrangements will support the efficient delivery of the grant.

b) Regional Coordination

Recommended length for this response: **1 page.**

In this section applicants should describe the formal and informal mechanisms set to assure coordination between the applicant/implementer of the multicountry grant with national stakeholders, especially CCMs (or other relevant governmental bodies) and people living with the disease.

The proposed solutions should be time-bound and provide an accountability framework to assure this cross-border collaboration.

c) Oversight Mechanism

Recommended length for this response: **1 page.**

Applicants are requested to provide details of the oversight mechanism for the proposed program detailing the roles and responsibilities of regional and national stakeholders, especially CCMs and people living with the diseases.

The response should also include how other actors outside the Regional Coordinating Mechanism (RCM)/ Regional Organization (RO) will be engaged in the oversight of the proposed program.

d) Compliance with requirements for Implementers

Recommended length for this response: **1 page.**

For each of the nominated implementer, applicants are requested to assess compliance with the Global Fund's requirements. Applicants should make a case to prove the nominated implementer's capacity to successfully implement the program in accordance to the Global Fund standards.

For proposals where implementers are not yet nominated at the time of submission of the funding request, applicants are requested to detail the envisioned nomination process and/or the status of the implementer nomination at the time of submission.

Please note that the Global Fund reserves the right to propose additional documents to confirm inclusiveness and transparency of the Principal Recipient selection process at any stage.

Additionally, all Applicants recommended for grant making by the TRP will be required to submit additional Capacity Assessment of the proposed implementer before the grant signing.

e) Key Implementation Risks & Mitigation Measures

Recommended length for this response: **1 page.**

NOTE: Applicants should be forward-looking and focus on key anticipated implementation risks and mitigation measures.

Applicants should describe key anticipated implementation risks related to selected implementers and implementation arrangements that may: (i) affect the ability to deliver program objectives and (ii) have unintended negative effects on the broader health system. One example of the latter category could be displacement of human resources for health (for example, through better compensation packages or working conditions, certain implementers may attract personnel from ministries and health facilities, creating unintended human resources gaps). Another example could be the set-up of efficient, but alternative data system that may weaken the ability of the HMIS to collect data. Applicants should specify mitigation measures to put in place to address the key anticipated risks, in support of effective program implementation, performance and 'no harm' to the health system. Key implementation risks may include the areas detailed in the table below.

| Risk Area | Description |
|---|---|
| 1. Program Quality | Inadequate quality of programs/services funded by the Global Fund, which results in missed opportunities to maximize improvement of measurable outcomes in the fight against the three diseases and the effort to strengthen RSSH. |
| 2. Monitoring and Evaluation | Inferior quality and/or unavailability of program data due to weak in-country M&E systems that do not lead to proper planning decisions and efficient investments and therefore hamper programs' ability to reach their targets and health impact. |
| 3. Procurement | Procurement challenges and failures that lead to poor value for money or financial losses, incorrect or sub-standard products or delayed delivery, potentially leading to stock out, treatment disruption; poor quality of services or waste of funds or products. |
| 4. In-Country Supply Chain | Disruption or poor performance of in-country health product supply chain services, from port of entry to point of service delivery that could result in inadequate availability of commodities and/or waste of grant-funded commodities through expiries or diversion. Gaps may be in supply systems arrangements, systems and capacity, data process and analytics, physical logistics and/or financing and can prevent achievement of grant objectives. |
| 5. Grant-Related Fraud & Fiduciary | Misuse of funds due to wrongdoing and inadequate financial/fiduciary control, including for procurement practices. |
| 6. Accounting and Financial Reporting | Incomplete, incorrect, delayed or inadequately supported financial records by implementers due to inadequate financial management systems. |
| 7. National Program Governance and Grant Oversight | Inadequate national program governance, implementer oversight of grants, and non-compliance with Global Fund requirements for the effective management of grants. |
| 8. Quality of Health Products | Patients exposed to health products of substandard quality; for example, health products (purchased through Global Fund-supported programs) that are not safe, effective and/or of expected quality. |
| 9. Risks related to human rights and gender | Human rights and gender-related barriers and/or inequities, including stigma and discrimination, limited access to health services for key and vulnerable populations. |
| 10. Macroeconomic factors | Unexpected rises in commodity prices, inflation, and average exchange rate in relation to local market currencies. |
| 11. Instability of the country | Significant political changes or social unrest, ongoing conflicts, humanitarian crises, poor physical infrastructure, natural disasters, corruption. |
| 12. Political risks | Upcoming country elections or significant changes in national leadership likely to impact program implementation. |
| 13. Other emerging risks | Any other emerging risk not classified in the areas listed above, including potential cross border risks. |

Applicants are to analyze key risks at the funding request stage to ensure adequate funding to cover the costs of mitigating measures. This earmarked funding could come from the Global Fund allocation or from another entity (domestic or other sources). Funding for technical assistance that is being requested to strengthen implementation capacity should also be mentioned in this section. Applicants should include the entity they propose to be responsible for the mitigating measures. See the table below for an illustration on how to link key implementation risks and their corresponding mitigation measures.

| Key Implementation Risks | Corresponding Mitigation Measures | Entity Responsible |
|---|--|--|
| <p>Describe the key, anticipated implementation risks related to selected implementers and implementation arrangements that may affect the ability to deliver the program objectives or might negatively affect the broader health system.</p> <p>Prioritize the most important/key risks relevant to your country and component context.</p> <p>Applicants may reference key documentation listed in Section 1.1 or within a relevant section of their NSP, in the event the risk identification is already captured.</p> <p>If the applicants do not foresee any risks that would affect the delivery of the programs they can state that “No major risks are foreseen for program delivery”.</p> | <p>Specify the mitigation measure(s) applicants intend to put in place to address each the risks, to ensure effective program implementation and performance.</p> <p>Explain plans to request or utilize the funding for technical assistance to strengthen implementation capacity.</p> <p>If applicants have referenced key documentation to identify the key implementation risks, they should still describe the corresponding mitigating actions critical to program delivery in this section of the application form.</p> <p>If a key risk does not have a corresponding mitigating action the applicant should include the risk and state “No proposed mitigating actions have been identified for this risk”</p> | <p>List entity/entities that are responsible for mitigating actions if risk materializes. This can include the Global Fund, any government entity, technical partners, disease programs, NGOs or other.</p> <p>Specify the source of funding to cover costs of mitigating measures if the risk materializes.</p> |

Section 4: Sustainability

Recommended length for this response: **1 page.**

- a) Applicants are asked to describe the main sustainability challenges related either to specific countries included in the multicountry grant, or the region overall for which funding is proposed. Applicants should clearly outline the major sustainability challenges based on the nature of the multicountry proposal and the focus of activities, as well as the country and regional context. These sustainability challenges could be financial, programmatic, health-systems related, etc. Applicants should also describe how the funding request responds to or addresses these sustainability challenges, as applicable. When answering this question, applicants should consider how the multicountry proposal will catalyze impact in the specified strategic area and achieve regional goals and targets, while also creating sustainable change over the long-term. The Global Fund’s [STC Guidance Note](#) includes a wide variety of sustainability related challenges that may be a helpful reference for applicants as they answer this question, particularly in Section 1 “sustainability considerations.”
- b) Multicountry proposals are not subject to specific co-financing requirements under the Global Fund’s STC Policy. However, if and where relevant, applicants should explain how additional resources from national governments and other donors will be leveraged to support or take up key costs included in the grant, particularly if it is envisioned that interventions funded under the grant will continued beyond the implementation period. Where relevant, applicants should describe how the elements of the multicountry program will be transferred to national programs.

Part III: Additional Documents Included with the Funding Request

Performance Framework and Budget

The Performance Framework and Budget are used throughout the grant lifecycle and will be modified as needed during grant-making and throughout implementation. These templates should be completed at a strategic overview level during the application stage and then further developed during grant-making. A brief overview of the level of detail required at each stage is described within the documents linked to below.

To complete the Budget, refer to the [Instructions for Completing the Detailed Budget Template](#), the [Guidelines for Grant Budgeting](#) and the [Operational Policy Note on Support Costs/Indirect Cost Recovery \(ICR\) Policy for Non-Governmental Organizations](#).

To complete the Performance Framework, refer to the [Instructions for Completing the Performance Framework Template](#).

Performance Framework

To complete the Performance Framework kindly refer to the [M&E Guidance note](#) for Pre-Shaping modality on the Global Fund Multicountry Funding external webpage here. For selection of indicators, please refer to the [modular framework handbook](#).

Prioritized Above Allocation Request (PAAR)

Applicants are requested to complete a Prioritized Above Allocation Request (PAAR) in a separate Excel template received from the Global Fund Secretariat.

NOTE: The PAAR is required to be submitted with the funding request. Applicants may submit an updated PAAR during grant implementation upon agreement of the Global Fund Secretariat, if justified by significant changes to the country context, or when there is a realistic expectation of additional funds becoming available. **Note that applicants are eligible to submit a PAAR update only if they submitted a PAAR request with their funding request.**

The PAAR should represent key additional, evidence-based and costed modules and interventions for investments that: (i) are not included within the allocation amount, and (ii) are organized in order of importance for program impact.

This prioritization is captured in relevant fields within the PAAR template. Applicants can also provide additional supporting documentation if necessary. The amount of the PAAR should represent at least 30 percent of the country's allocation, preferably focused on fewer, larger, high impact investments.

If the TRP deems interventions in the above allocation request as technically sound, strategically focused and positioned to achieve the highest impact, they will be put on the Register of Unfunded Quality Demand (UQD). The UQD Register is maintained by the Global Fund to facilitate funding, should additional resources become available.

NOTE: Applicants should include the most critical modules and interventions for their program within the allocation amount; targets included in the **Performance Framework** must not be dependent on receiving incremental funding.

In its review, the TRP may recommend a re-prioritization between the allocation and the PAAR.

In cases where PAAR modules are a scale-up of modules described within the allocation request, the applicant's rationale may be limited to an explanation of how the additional investment will contribute to an increase in outcomes and/or impact.

Implementation Arrangement Map

An Implementation Arrangement Map is a visual depiction of a grant (or a set of grants), detailing: (i) all entities receiving grant funds and/or playing a role in program implementation, (ii) the reporting and coordination relationships between them, (iii) each entity's role in program implementation, and (iv) the flow of funds and commodities and reporting data.

The diagram should depict every entity (organization, not person) that receives Global Fund money in the path from input of funds to the implementation of activities at the beneficiary level. It is critical to include all entities (for example, both the regional and district level offices of the National Health System should be captured separately), not to group entities into generic groups (for example, health facilities), not to ignore certain types of entities (for example, key repeat vendors), and not stop short of the beneficiary level (for example, stopping at the sub-recipient level). **Rather, all unknowns should be clearly recorded in the map.** This is critical to track what further information-gathering is needed to obtain an accurate understanding of the implementation arrangements on the ground.

The [Guidance on Implementation Arrangement Mapping](#) provides further details on this exercise.

Endorsement of Funding Request

Endorsement of the funding Proposal by Regional Coordination Mechanism (RCM) or Regional Organization (RO)

The Global Fund requires endorsement of the final funding proposal by all RCM members (or their designated alternates) or legal representative of the RO, documented in the designated form. Additionally, a representative of each nominated Implementer (PR) must sign off on the bottom of the endorsement sheet confirming that they endorse the funding proposal and are ready to begin grant-making and implementation.

Note that the endorsement sheet must be signed by all RCM members. Where this is not possible, emails from RCM members endorsing the funding proposal should be compiled and submitted electronically. Applicants must clearly name and number these emails in the supporting documents tab of the endorsement form. In cases where an RCM member is unwilling to endorse the funding proposal, that member must inform the Global Fund in writing (AccessToFunding@theglobalfund.org) stating the reason for not endorsing the funding proposal, to ensure that the Global Fund understands the member's position.

Endorsement of the funding proposal by CCMs

The Global Fund requires multicountry applicants to provide evidence of endorsement from the CCMs of all participating countries.

To ensure that the interventions proposed in a multicountry funding proposal do not duplicate and are consistent with initiatives under existing national programs, the membership of the CCM of each country included in the multicountry funding proposal (at a meeting or through another documented process) must agree to endorse the funding proposal. It is important to note that the respective CCMs are not approving the budget, or the specific interventions. Rather, the CCMs are endorsing the overall approach as the funding proposal relates to their country.

Applicants must demonstrate endorsement by the CCM members through a signed letter from the CCM Chair or Vice-Chair, for each country included in the regional application, to confirm their endorsement of the multicountry funding proposal. If available, minutes of the respective CCM meetings can be submitted but are not mandatory.

For countries where there is a CCM, but no CCM endorsement, applicants must provide a short explanation of the reason(s). Additionally, applicants must describe how support will be obtained from in-country partners to implement the proposed interventions as well as the approach to the operational and legal challenges to program implementation.

For countries where there is no CCM, efforts must be made to obtain letters of endorsement from the legal representative of existing national bodies (for example the Ministry of Health or other relevant national coordinating body). The applicant should describe how the RCM / RO will work with existing national mechanisms to implement the proposed interventions and address any operational, policy or legal challenges to implementation.

Statement of Compliance

With the submission of the funding request, all applicants are required to submit a Statement of Compliance, which includes:

Eligibility Requirements:

To be eligible for funding, the Global Fund requires that applicants meet six requirements, as per the [Country Coordinating Mechanism Policy \(including Principles and Requirements\)](#) and the Multicountry Guidance Note.

The Global Fund Secretariat will perform two separate assessments of applicant compliance:

1. **Assessment of compliance with eligibility requirements 1 and 2:** these are application-specific requirements and will be assessed at the time of submission of the funding request.
2. **Assessment of compliance with eligibility requirements 3, 4, 5 and 6:** these requirements will be assessed on an annual basis by the CCM Hub using the Eligibility Performance Assessment (EPA) Lite tool or other assessments.

Regarding eligibility requirements 1 and 2: Applicants are expected to document and keep evidence of the inclusive dialogue related to the development of the funding request and the selection of the implementer. The documentation, including electronic messages, full signatures and any other evidence must be filed to be available for review upon request. This may be when submitting the funding request or at a later stage.

Requirement 1: Funding Request Development Process

The development of the funding request needs to be an open, transparent and inclusive process which engages a broad range of stakeholders, in particular key populations on regional and national levels. The Global Fund requires all applicants to:

- a. Coordinate the development of all funding requests through transparent and documented processes that engage a broad range of stakeholders—including CCM members and non-members¹⁴ representing disease-specific and cross-cutting perspectives (such as with respect to RSSH, human rights, M&E, RMNCH) –in the solicitation and the review of activities to be included in the application.
- b. Clearly document efforts to engage key and vulnerable populations in the development of funding requests.

For this requirement, applicants need to clearly demonstrate that there has been meaningful engagement of key populations during the funding request development process and be able to provide documentation supporting their response.

Requirement 2: Implementer Nomination and Selection Process

The Global Fund requires all applicants to:

- a. Nominate one or more implementers at the time of submission of their application for funding;
- b. Document a transparent process for the nomination of all new and continuing implementers based on clearly defined and objective criteria; and
- c. Document the management of any potential conflicts of interest that may affect the implementer nomination process.

For this requirement, applicants must be able to demonstrate that implementer nomination was undertaken through a transparent decision-making process for each implementer (including cases where an existing implementer has been re-selected) and provide evidence that any actual or potential conflict of interest was managed.

Regional Organizations that act as both applicant and implementer are exempt from Eligibility Requirement 2.

Applicants should refer to the [Country Coordinating Mechanism Policy \(including Principles and Requirements\)](#) for the description of the principles governing CCM structure, along with the [Guidance on CCM Eligibility Requirements 1 and 2](#) for the list of supporting documents needed to assess CCM eligibility requirements 1 & 2. For additional questions, contact your Fund Portfolio Manager.

Documents confirming the Applicant and Implementer Status

Documents confirming the Applicant status

An applicant must be a RCM or RO that demonstrates technical and programmatic capacity in the multicountry strategic priority, sufficient regional knowledge and experience in broad stakeholder engagement, and a commitment to open and inclusive dialogue and decision-making.

For a RO to be considered an eligible applicant, it must comply with the following requirements:

1. Demonstrate broad regional stakeholder consultation and involvement by:
 - Having a broad experience in working in the region on the issues targeted by the multicountry priority;
 - Having experience in working with other regionally / multicountry focused initiatives and programs;
 - Having a broad experience and confirmed track record of working with people living with and/or affected by the diseases targeted by the multicountry priority.
2. Not be a United Nations, multilateral or bilateral agency.
3. Be a legally registered entity in at least one of the countries forming part of the funding proposal.
4. Demonstrate elements for sustainability for the regional strategic priority.

The Global Fund Secretariat will screen the applying applicants for compliance with the above. The applicant is requested to submit any relevant documentation, such as organizational status, by-laws etc. It is the applicant's responsibility to provide the Global Fund Secretariat with sufficient documentation to confirm adherence to these requirements.

Documents confirming the Implementer status

Eligible Global Fund implementers are:

- Local⁷ and legal entities from the public or private sector or civil society. Locally-incorporated international non-governmental organizations are considered local stakeholders and are acceptable as implementers. The same requirements apply to Sub-recipients.
- In exceptional cases, should the RCM/RO conclude that there is no local entity qualified to be implementer, the local office of a multilateral organization can be approved to take on the responsibilities of being the implementer. In this case, firm evidence must be presented by the RCM/RO that there are no local entities with the requisite capacity, and Country Teams must confirm their agreement.
- The Global Fund expects that engaging multilateral organizations or international NGOs to be temporary, and that one or several local entities may be phased-in as implementer(s) once their capacities had been strengthened. The grant agreement with a non-local implementer may include plans for developing the capacity of one or several local entities and a timeline for passing implementer responsibility to them.
- In rare cases where no other options are considered as acceptable, bilateral organizations (including the consulting arm of bilateral organizations, even if these are private entities) can be considered as implementers. This would be the case where the country context proves to be challenging and where the RCM/RO and the Global Fund Country Team conclude that no other international organizations can be appointed as implementer. The use of a bilateral organization as an implementer would require approval from Global Fund Senior Management.

⁷ Local means being registered as legal entity in in at least one of the countries forming part of the funding proposal.

The Global Fund Secretariat will screen the nominated Implementer for compliance with the above. The Implementer is requested to submit any relevant documentation, such as organizational status, by-laws etc. It is the applicant's responsibility to provide the Global Fund Secretariat with sufficient documentation to confirm the nominated Implementer(s)' adherence to these requirements.

In cases where the applicant is a RO and proposes to act also as the implementer, this section can be omitted.

Health Product Management Tool (HPMT)

NOTE: Filling in the HPMT template is only relevant when the Global Fund funding is requested to cover health products and/or associated management costs.

The [Health Product Management Tool \(HPMT\)](#) is an instrument that captures in detail all health products, and health technologies, in addition to key assumptions on quantities and costs that will be financed through the Global Fund. For each health product, the list specifies: technology and service, the estimated quantities (and frequency) to be procured for each year of the implementation period, the estimated reference unit price, and costs related to the product management for treatment, diagnosis, care and prevention to meet grant targets.

The HPMT is to be used during the funding request stage, validated during grant-making and updated regularly during implementation. This will allow refinement of the demand forecast based on the progress in reaching the targets and as a proportion of other available funding sources.

At the funding request stage, the HPMT is designed to capture all major supporting information used as assumptions for the quantifications related to the procurement of health products, services and their management costs. Any additional relevant information (such as National Treatment and/or Testing Guidelines, Forecast and Quantification National Report, QuanTB, stock and pipeline reports, health technology roll out plan) can be submitted in a format that is suitable to each applicant.

Full alignment and consistency throughout all the core documents is encouraged, including the HPMT, the Performance Framework, Programmatic Targets, and Detailed Budget during the funding request and grant-making stage and maintained/adjusted during implementation.

For more information on how to fill in the HPMT (Health Product Management Tool), refer to the instructions tab within the tool.

List of Abbreviations and Annexes

Applicants should use the list of abbreviations and annexes to list uncommon or country-specific abbreviations and acronyms used in the application.

The table in Section 1.1 should include all documents referenced in this funding request; in this case, the 'Annexes' tab in the Excel file does not need to be completed.