Additional Funding Request Form

**Date Created**: 20 March 2023 **Date Updated**: 22 May 2023

# Summary Information

|  |  |
| --- | --- |
| Country(ies) | *[Country or list of countries (if multicountry request) making the C19RM Additional Funding Request][[1]](#footnote-2)* |
| Principal Recipient(s) Grant name(s)[[2]](#footnote-3)Implementation Period start dateImplementation Period end date | *[C19RM additional funding will be channelled through existing PR(s) and Grant Cycle 6 grant(s).[[3]](#footnote-4) If C19RM additional funding is intended to be incorporated into several grants, please indicate Implementation Period for each grant:*1. *[PR1 name], [grant name] – [IP start date] to [IP end date]*
2. *[PR2 name], [grant name] – [IP start date] to [IP end date]*
 |
| Priority areas to be covered by the request as outlined in the [C19RM Technical Information Note](https://www.theglobalfund.org/media/10749/covid19_c19rm-technical_informationnote_en.pdf) | *The Global Fund will prioritize funding requests that address the priority areas specified in the* [*C19RM Technical Information Note*](https://www.theglobalfund.org/media/10749/covid19_c19rm-technical_informationnote_en.pdf)*. Please check all areas the funding request covers:*[ ]  Surveillance system strengthening[ ]  Laboratory and diagnostics[ ]  Human resources for health and community systems strengthening (including IPC and workforce protection)[ ]  Medical oxygen, respiratory care and therapeutics [ ]  Health product and waste management systems |
| Currency | *[Grant currency. Indicate EUR or US$.]* |
| C19RM Additional Funding Request amount | *[The amount requested by the applicant. The amount entered in this section should be consistent across all application documents.]* |
| Pandemic Fund interest.To be considered for the Pandemic Fund, funding requests must cover one or more of the three priority areas of the Pandemic Fund’s first Call for Proposals (surveillance, laboratory systems, or human resources/workforce strengthening) | *[Please indicate (Yes or No) whether the applicant would like to also be considered for funding through the Pandemic Fund with the Global Fund as an Implementing Entity. Approved, unfunded quality demand from this C19RM Additional Funding Request may be considered as part of a proposal from the Global Fund to the Pandemic Fund.]* |

Section 1. Summary of Objectives

*(Recommended length for Section 1 is up to 1 page)*

1. Elaborate on the objectives and outcomes expected to be achieved with the additional funding.
2. Describe how the requested additional funding, in addition to existing C19RM reinvestments, supports the transition from the acute COVID-19 response to resilient and sustainable systems for health (RSSH) and preparedness for future pandemics.
3. Explain how the request complements the RSSH and pandemic preparedness investments in the 2023–2025 allocation period grants (Grant Cycle 7 (GC7)).[[4]](#footnote-5)
4. Describe how the proposed investments consider gender equality, human rights, health equity and the most vulnerable communities. If the additional funding does not include explicit interventions in these areas, please include details on how these are being separately addressed.

*[Space for response]*

Section 2. Investment Prioritization and Rationale

*Confirm that the requested funding is consistent with the* [*C19RM Technical Information Note*](https://www.theglobalfund.org/media/10749/covid19_c19rm-technical_informationnote_en.pdf) *and relevant WHO guidance (including through implementation of the International Health Regulations (IHR) and in support of national strategies, e.g., National Action Planning for Health Security (NAPHS)).*

* 1. **Prioritized request**

*(Recommended length for Section 2.1 is up to 1 page per intervention)*

Provide information on the requested funding. Please align requests with the interventions described in the C19RM Modular Framework.[[5]](#footnote-6)

|  |  |
| --- | --- |
| Interventions |  |
| Key activities |  |
| Rationale for prioritization |  |
| Amount requested |  |
| Expected outcome(s)[[6]](#footnote-7) |  |
| Alignment with Global Fund grant funds from GC7 |  |
| Key implementers |  |

*Repeat for any additional interventions, as needed.*

* 1. **Context**

*(Recommended length for Section 2.2 is up to 1 page)*

Describe the country’s context in order to justify the request for additional funding in the prioritized areas, including summaries of:

1. The country’s epidemiological context, health systems, pandemic preparedness (based on the IHR monitoring and evaluation framework), and community needs, which may include economic, social, developmental and environmental aspects.
2. The country’s current COVID-19 burden, and other top imminent risks from new and re-emerging pathogens.
3. Specific conditions of the country context that make it significantly exposed/vulnerable to pandemic threats, drawing upon internationally recognized epidemic indices.

*[Space for response]*

* 1. **Rationale and alignment with IHR capacities and national plans**

*(Recommended length for Section 2.3 is up to 1 page)*

Describe the overall approach for this additional funding, ensuring activities adhere to [value for money](https://www.theglobalfund.org/media/8596/core_valueformoney_technicalbrief_en.pdf) principles. Also summarize:

1. **Challenges and gaps.** Provide a summary of the RSSH and pandemic preparedness challenges the funding request aims to resolve. As applicable, explain how the proposed investments build upon primary health care and programs such as One Health and antimicrobial resistance (AMR). Describe how the investment will help to strengthen core capacities and close the gaps identified in the Joint External Evaluation (JEE), State Party Self-Assessment (SPAR), 7- 1- 7, Simulation Exercises (SimEx), After Action Reviews (AAR) or other assessments.

As applicable, indicate in [Annex 1 [Table: Technical areas to strengthen core pandemic preparedness capacities]](#Annex1) gaps from the JEE 3rd edition tool that the funding request aims to support.[[7]](#footnote-8)

1. **Prioritization.** Describe how the applicant has selected and prioritized the requested interventions, drawing upon RSSH and pandemic preparedness gap assessments. Please refer to the country and/or regional policies, plans, strategies (NAPHS, implementation roadmaps, or similar) if the rationale for prioritization is described there. As applicable, indicate in [Annex 1](#Annex1) references to supporting documentation where information about the prioritized interventions can be found.
2. **International Health Regulations.** Provide a summary of the implementation of the IHR. If a country has not conducted a JEE or SPAR-based assessment, indicate if there is a plan to conduct further assessments to identify gaps and measure capacity strengthening and capabilities later in the process.

*[Space for response]*

* 1. **Status of the current program, lessons learned, and priority areas for reinvestment**

*(Recommended length for Section 2.4 is up to 2 pages)*

1. **Current C19RM funding.** Indicate how previously awarded C19RM funding has been spent, committed, and has helped achieve set objectives. Describe the existing interventions that will continue within the extension timeframe and the funds deployed against these programs.
2. **C19RM reinvestments.** Summarize how C19RM reinvestments respond to the pandemic evolution and the resulting shift in country needs. Indicate how reinvestments align with the RSSH/Pandemic Preparedness strategic priorities as described in the [C19RM Technical Information Note](https://www.theglobalfund.org/media/10749/covid19_c19rm-technical_informationnote_en.pdf).
3. **Challenges and lessons learned.** Summarize the main challenges and lessons learned from the C19RM-funded interventions. These can include, for example, challenges in implementation arrangements, low absorption, bottlenecks in capacities, service delivery, issues with community involvement, introduction of innovations, constraints on monitoring and evaluation, or others. Explain how these challenges will be mitigated and/or addressed if additional funding is awarded.

*[Space for response]*

* 1. **Funding landscape and sustainability**

*(Recommended length for Section 2.5 is up to 1.5 pages)*

1. **Challenges.** Describe the major challenges to the sustainability of the investments prioritized in this funding request**.**
2. **Funding coordination.** Indicate available financing from domestic resources, Global Fund grants, other donor financing, and/or other resources for the specific intervention(s) being requested; aligned to the Funding Gap Analysis Annex.

*Please include a description of the sources and the methodology used to develop the gap analysis.*

1. **Securing financing for gaps.** If there are significant remaining gaps for the specific interventions requested, describe how the country will work to secure financing for those gaps. Also, indicate how the additional funding will be aligned with and complement other partner investments.
2. **Political commitments.** Describe relevant political commitments**[[8]](#footnote-9)** by the country related to priority areas of the funding request. Describe how policy-related impact will be sustained following the end of the investment with a view towards ensuring the sustainability of impact.

*[Space for response]*

Section 3. Engagement

(Reco*mmended length for Section 3 is up to 2 pages)*

* 1. **CCM Engagement.** Outline how routine coordination between appropriate CCM constituencies, representatives of pandemic preparedness governance and technical bodies and the national disease programs and partners involved in HIV, TB and malaria programming is organized and overseen.
	2. **Engagement of relevant government and pandemic preparedness coordination bodies.** Provide a summary of multi-sectoral stakeholder engagement in the development and decision-making of the additional funding request.

This includes engagement with appropriate national COVID-19 response structures and/or relevant health systems bodies, such as:

* Community health/human resources for health units,
* Epidemiologic surveillance and laboratory directorates, and/or
* Epidemic and pandemic preparedness coordination bodies, such as national public health institutes.
* National IHR Focal Points
	1. **Engagement of communities, civil society and non-state actors**. Provide a summary of stakeholder engagement with communities, including key, vulnerable and marginalized populations, civil society and non-state actors in the development and decision-making of the additional funding request. This may require engagement beyond CCMs and representatives of technical pandemic preparedness coordination bodies to include non-CCM community representatives.

*[Space for response]*

Section 4. Implementation

*(Recommended length for Section 4 is up to 2 pages)*

* 1. **Implementation arrangements**
		1. Describe implementation arrangements and how these will ensure efficient program delivery. Elaborate on the PR’s capacity for execution of the new interventions; health products management; financial flow; monitoring and evaluation; and coordination and oversight. Indicate any planned changes to current implementation arrangements.
		2. Indicate how the country and its pandemic preparedness and response coordination bodies and related RSSH entities (such as national public health institutes, epidemiologic surveillance and laboratory directorates, and community health units) will be involved in leading the investment forward through implementation.
		3. Describe how community-led and -based organizations, key, vulnerable and marginalized populations, and civil society groups and marginalized populations will be involved in the implementation, monitoring and oversight.
		4. Describe how partners across relevant sectors will ensure continued coordination throughout implementation, monitoring and oversight.

*[Space for response]*

* 1. **Risks and mitigation measures**
1. Describe key programmatic and financial risks and mitigation measures. These would include risks related to governance, environmental, health products procurement, supply chain management, monitoring and evaluation, financial and fiduciary concerns, and others, as applicable. Indicate any incremental investments required to implement these mitigation measures.
2. Describe any other key issues that could pose a risk to achieving the desired impact, including political, economic, security, legal considerations, etc. Indicate mitigation actions.

*[Space for response]*

# Annex 1. Technical Areas to Strengthen Core Pandemic Preparedness Capacities

**Table: Technical areas to strengthen core pandemic preparedness capacities**

|  |  |  |
| --- | --- | --- |
| **C19RM Modular Framework Interventions with related JEE Domain(s)[[9]](#footnote-10)** *Check all relevant priority areas among the applicable JEE 3rd Edition indicators that the funding request aims to support*  | **Relevant section(s) and/or page(s) in NAPHS where the prioritized intervention is described** (as applicable) | **As applicable, provide link or reference to other relevant policies/ plans/ strategies/ roadmaps** (specifying page number) |
| **Surveillance Systems/Surveillance -= Epidemiological investigation and contact tracing and surveillance systems**[ ]  JEE D2.1 Early warning surveillance function [ ]  JEE D2.2 Event verification and investigation [ ]  JEE D2.3 Analysis and information sharing [ ]  JEE P4.2 Surveillance of AMR [ ]  JEE P5.1 Surveillance of zoonotic disease[ ]  JEE R4.2 Health Care Acquired Infection (HCAI) surveillance  |  |  |
| **Laboratory systems**[ ]  JEE D1.1 Specimen referral and transport system [ ]  JEE D1.2 Laboratory quality system [ ]  JEE D1.3 Laboratory testing capacity modalities [ ]  JEE D1.4 Effective national diagnostic network [ ]  JEE P7.1 Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities [ ]  JEE P7.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture) |  |  |
| **Community health workers: Integrated supportive supervision/in-service training/ selection, pre-service training and certification**[ ]  JEE D3.1 Multisectoral workforce strategy [ ]  JEE D3.2 Human resources for implementation of IHR [ ]  JEE D.3.3 Workforce training[ ]  JEE D.3.4 Workforce surge during a public health threat[ ]  JEE R1.4 Activation and coordination of health personnel in a public health emergency |  |  |
| **COVID-19 CSS: Community-based Organizations Institutional Capacity Building / COVID-19 CSS: Community-led Monitoring/ COVID-19 CSS: Community-led Advocacy and Research / COVID-19 CSS: Social Mobilization / Risk communication / Gender-Based Violence Prevention and Post Violence Care/ Respond to Human Rights and Gender-Related Barriers to Services/**[ ]  JEE P.1.2 Gender equity and equality in health emergencies[ ]  JEE R5.1 RCCE system for emergencies [ ]  JEE R5.2 Risk communication [ ]  JEE R5.3 Community engagement  |  |  |
| **Infection prevention and control and protection of the health workforce**[ ]  JEE P4.1 Multisectoral coordination on AMR[ ]  JEE P4.3 Prevention of multidrug resistant organism[ ]  JEE R4.1 IPC programs [ ]  JEE R4.3 Safe environment in health facilities [ ]  JEE P4.4 Optimal use of antimicrobial medicine in human health |  |  |
| **Case management, clinical operations, and therapeutics**[ ]  JEE R3.1 Case management[ ]  JEE R3.2 Utilization of health services[ ]  JEE R3.3 Continuity of essential health services[ ]  JEE R4.3 Safe environment in health facilities  |  |  |
| **Health products and waste management systems**[ ]  JEE R1.5 Emergency logistic and supply chain management |  |  |
| **Country-level coordination and planning**[ ]  JEE P1.1 Legal instruments [ ]  JEE P1.2 Gender equity and equality in health emergencies [ ]  JEE P3.1 National IHR Focal Point functions[ ]  JEE P3.2 Multisectoral coordination mechanisms[ ]  JEE P3.3 Strategic planning for IHR preparedness or health security[ ]  JEE P5.2 Responding to zoonotic diseases [ ]  JEE R1.1 Emergency risk assessment and readiness [ ]  JEE R1.2 Public Health Emergency Operations Center (PHEOC) [ ]  JEE R1.3 Management of health emergency response[ ]  JEE R3.3 Continuity of essential health services  |  |  |

# Annex 2. Document Checklist

Use the list below to verify the completeness of your application package

|  |
| --- |
| **List of Required Documents**  |
| ☐ | Additional Funding Request Form |
| [ ]  | C19RM grant budget – *guidance forthcoming*  |
| [ ]  | Funding Gap Analysis |
| [ ]  | Performance Framework, if applicable |
| [ ]  | Health Product Management Template for additional funding per grant |
| [ ]  | Funding Priorities from Civil Society and Communities |
| [ ]  | CCM Endorsement of the Additional Funding Request |
| [ ]  | Endorsement by the Ministry of Health and Ministry of Finance, and if applicable, other relevant ministries, including summary of in-kind contribution |
| [ ]  | Endorsement by the national epidemic and pandemic preparedness coordinating body e.g., National Public Health Institute, where relevant, National IHR Focal Point, and/or evidence of alignment with the relevant health systems governance structures e.g., Epidemiologic Surveillance, Laboratory and/or HRH-Community Health Directorates. |
| **List of Required Documents, if available**  |
| [ ] ☐ | National COVID-19 transition and sustainability plans and budget  |
| ☐ | Copies of national/regional policies, strategies and plans referenced in this funding request, such as NAPHS, implementation roadmaps, National Bridging Workshops  |
| ☐ | Enclose latest JEE, SPAR, and other internationally known assessments (7 - 1- 7, SimEx, AAR, etc.)  |

[ ]

1. Referred to as "applicant" in the rest of the funding request. [↑](#footnote-ref-2)
2. Where there are multiple C19RM Implementation Periods, it is recommended to consolidate these as part of the revision/extension process to reduce duplication, reporting and revision efforts, unless there are programmatic (or efficiency) reasons not to do so. [↑](#footnote-ref-3)
3. New implementers may be considered in exceptional circumstances, subject to satisfactory assurance arrangements and the ability to start implementing proposed interventions after award confirmation. Applicants should contact the relevant Global Fund Country Team as soon as possible if new implementers are being considered. Please refer to the COVID-19 Response Mechanism Guidelines for further details. [↑](#footnote-ref-4)
4. For applicants that will still need to develop their GC7 Funding Request at the time of C19RM Additional Funding Request submission, please provide an answer based on the most up-to-date information from in-country discussions and strategic priorities. [↑](#footnote-ref-5)
5. Please use the intervention names as described in the C19RM Modular Framework. Please limit to the priority areas as indicated in the [C19RM Technical Information Note](https://www.theglobalfund.org/media/10749/covid19_c19rm-technical_informationnote_en.pdf). Section 1 of the C19RM Modular Framework indicates how these priority areas map to interventions. [↑](#footnote-ref-6)
6. \*Applicants can refer to the [C19RM M&E Framework](https://www.theglobalfund.org/media/12858/covid19_c19rm-monitoring-evaluation_framework_en.xlsx) to support the definition of outcomes in this section. [↑](#footnote-ref-7)
7. If countries have not conducted a JEE but have conducted a SPAR in the past five years, please indicate the closest JEE equivalent indicator. [↑](#footnote-ref-8)
8. Such commitments are items that benefit from broad discussions and negotiations among partners. These may include national planning, such as achieving the objectives of JEE/NAPHS, including Annual Operational Planning, or other country and/or regional plans (e.g., National Laboratory Strategic Plans, National Surveillance Strategic Plans), as applicable, and should be aligned with the C19RM Funding Request’s objectives. [↑](#footnote-ref-9)
9. If countries have not conducted a JEE but have conducted a SPAR in the past five years, please indicate the closest JEE equivalent indicator. [↑](#footnote-ref-10)