

## Request for Proposal (RFP) Multicountry Grant(s) Invitation Notice

Issue Date	August 2024
RFP number	GF-MC-2024-LATAM
RFP Multicountry strategic priority	HIV incidence reduction
RFP Closing Date – Step I Proposal	30 September 2024
RFP Closing Time – Step I Proposal	24h00 Geneva time
Proposal and Questions Submission Address	<a href="mailto:accesstofunding@theglobalfund.org">accesstofunding@theglobalfund.org</a> and <a href="mailto:delphine.dequina@theglobalfund.org">delphine.dequina@theglobalfund.org</a>

The Global Fund to Fight AIDS, Tuberculosis and Malaria (the “Global Fund”) is seeking proposals from regional stakeholders to implement a multicountry (“MC”) program under the Catalytic Investments for the 2023 – 2025 allocation period, as per the Scope of Work included in **Attachment A** hereto. Unless defined in this RFP or the context otherwise requires, all capitalized terms used in this RFP shall have the same meaning as set out in [the Global Fund Grant Regulations](#) and the [Guidelines on Catalytic Multicountry Funding](#) (“MC Guidelines”).

In this RFP, the “Applicant” refers to an entity responding to this RFP, while “Implementer” refers to the implementing entity of the MC grant proposed by the Applicant. The selection of the Applicant for the development and implementation of the MC program will be completed in two steps for the 2023 – 2025 allocation period, as specified below:

- (i) **Step I: Pre-selection of eligible Applicants** (“Step I”). Up to three eligible pre-selected Applicants (“Pre-selected Applicants”) with the highest potential to achieve impact are identified for the development and implementation of the Global Fund supported program. The requirements for the pre-selection of proposals (“Proposal”) to be presented by eligible Applicants for the Step I are described in **Attachment B** hereto. The Global Fund Secretariat evaluates these proposals based on the requirements. The Pre-selected Applicants will be then notified of the outcome and invited to develop a funding request (the “FR”).
- (ii) **Step II: Evaluation of FR** (“Step II”). The second step involves evaluating the FRs submitted by the Pre-selected Applicants. To develop their respective FRs, each Pre-selected Applicant should follow the terms of the Scope of Work provided in **Attachment A** and comply with the requirements described in **Attachment C**.

The final selection consists of the review and evaluation of the FRs of the Pre-selected Applicants by the Technical Review Panel (“TRP”). The evaluation criteria used by the TRP during the FRs review process are described in **Attachment D** hereto.

Applicants will be notified regarding the outcomes of the review from the Global Fund Secretariat and TRP, as described below. The successful Applicant will then proceed to grant-making with the Global Fund Secretariat.

The indicative timelines for this RFP and relevant processes are described below in table 1:

*Table 1: indicative timelines for this RFP and relevant processes<sup>1</sup>*

<b>Process</b>	<b>Timeline</b>
<b>Pre-selection Proposal Submission Deadline:</b>	Proposals (in English or Spanish) must be submitted to the Global Fund by 30 September 2024 at 24h00 Geneva time. The final deadline for clarification questions associated to the Step I of this RFP is 10 September 2024 at 24h00 Geneva time.
<b>Pre-selection Notification:</b>	Pre-selected Applicants will be notified, and the application package will be shared by 14 October 2024 or soon thereafter.
<b>FR Submission:</b>	Pre-selected Applicants should submit their respective FRs to the Global Fund by 17 February 2025, The final deadline to sending clarification questions associated to the Step II of this RFP is 13 December 2024 at 24h00 Geneva time.
<b>TRP Review Outcome Notification:</b>	Pre-selected Applicants will be notified of the outcome of the TRP review in April 2025.
<b>Grant Making:</b>	The successful Applicant, with the proposed Implementer, will proceed to grant-making in April 2025. Final grant-making documents must be submitted to the Global Fund by July 2025.
<b>Grant Agreement Signature and Implementation:</b>	The grant agreement is expected to be signed in September 2025. The implementation-ready grant start date is 1 October 2025.

<sup>1</sup> For the avoidance of doubt, the Global Fund reserves the right to make any adjustments and/or changes to the timelines foreseen in table 1.

This RFP contains the following attachments and annexes:

Table 2: List of attachments and annexes:

<a href="#">Attachment A</a>	Scope of Work for the Multicountry Grant in Latin America
<a href="#">Attachment B</a>	Requirements for the Proposals for Step I
<a href="#">Attachment C</a>	Requirements for the development of FRs for Step II
<a href="#">Attachment D</a>	Evaluation Criteria for Step II
<a href="#">Attachment E</a>	General Instructions

Submitting a Proposal in response to this RFP constitutes an acceptance of the terms indicated herein, including [the Global Fund Grant Regulations](#). The Global Fund reserves the right to reject the proposal of any entity or individual, as the case may be, that fails or refuses to comply with, or accept, such terms.

This RFP shall not be construed as a contract or a commitment of any kind. This RFP in no way obligates the Global Fund to award a grant to the Applicant and/or proposed Implementer, nor does it commit the Global Fund to pay any costs and/or expenses incurred in the preparation or submission of Proposals for the Step I and/or FR for the Step II, specified in this RFP.

- a) For audit and efficiency purposes, this RFP process is being managed electronically. Eligible Applicants are required to submit their respective proposals by email to Access to Funding Department at [accesstofunding@theglobalfund.org](mailto:accesstofunding@theglobalfund.org) copying the MC Focal Point Delphine de Quina ("MC Focal Point") at [delphine.dequina@theglobalfund.org](mailto:delphine.dequina@theglobalfund.org)
- b) Proposals must be submitted in the Global Fund provided templates and received by the Global Fund at the Closing Dates and by the Closing Time indicated in this RFP. All templates will be shared with all interested Applicants upon the relevant request sent by email to Access to Funding Department at [accesstofunding@theglobalfund.org](mailto:accesstofunding@theglobalfund.org), copying the MC Focal Point.
- c) All communications regarding this RFP shall be in writing and sent electronically via email to the Access to Funding Department copying the MC Focal Point. The final deadline for sending clarification questions related to Step I of this RFP is mentioned in table 1 above.
- d) The Global Fund may organize an open webinar to present this RFP and respond to potential questions.
- e) Any communication between an Applicant and the Global Fund regarding this RFP, that is not through the designated channel, as set forth in point 3 and 4 above, shall invalidate the Applicant's proposal to this RFP.

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## ATTACHMENT A

### Scope of Work for the Multicountry Grant in Latin America

Based on the Global Fund Board's decision GF/B48/03A in November 2022 on the Catalytic Investments available for the 2023 – 2025 allocation cycle (Grant Cycle (“GC”) 7), up to USD 30,000,000 has been allocated for the “*Key populations sustainability and impact – HIV incidence reduction*” under the MC approach at the global level.

The Global Fund is calling for proposals from interested organizations to provide programming for the strategic priority area of HIV incidence reduction in Latin America under the MC catalytic funding modality for the 2023 – 2025 allocation period with an available upper ceiling of investment amounting to up to USD 6,200,000.

The purpose of this attachment is to establish the expected scope of the MC grant in Latin America. This document has been developed by the Global Fund Secretariat, adapting the global theory of change of catalytic investments through MC grants for GC7 to the Latin American context, building on previous MC grant and Strategic Initiatives implementation in the sub region. This scope of work considers the possibility of producing a catalytic effect in the regional HIV response, and the urgent need for improved access to essential services for Key Populations to accelerate the pace towards reducing new HIV infections in Latin America. The scope of work presented in this document is fully aligned with the Global Fund Strategy and its efforts to advance the three sub-objectives for HIV prevention in Latin America<sup>2</sup>. It is important to note that the future MC grant is not expected to be renewed and, as such, its catalytic effect must be fully realized within the three years of its implementation.

#### 1. The Global Fund

The Global Fund is a worldwide movement to defeat HIV, tuberculosis (“TB”) and malaria. The Global Fund raises funds on a three-year cycle, bringing longer-term predictability in the financing of programs for the three diseases and reinforcing resilient and sustainable systems for health (“RSSH”). As a global health partnership, the Global Fund works closely with partners in the public and private sectors to harness insights and innovation.

#### 2. Epidemiological context<sup>3</sup>

According to the 2024 Global AIDS Report, there are 2.3 million people living with HIV (“PLHIV”) in Latin America as of 2023. During this year, the region recorded 120,000 new HIV infections and 30,000 AIDS-related deaths.

While Latin American countries have made progress in expanding access to HIV treatment, the same cannot be said for HIV prevention. In 2023, the estimated number of new HIV infections increased by 9% since 2010. By 2022, key populations continue to show higher HIV prevalence than the general

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<sup>2</sup> Global Fund Strategy (2023-2028). [strategy\\_globalfund2023-2028\\_narrative\\_en.pdf \(theglobalfund.org\)](https://www.theglobalfund.org/publications/strategy-globalfund2023-2028-narrative-en.pdf). The three sub-objectives of HIV Prevention are described on page 19: ‘close gaps in HIV prevention coverage’, ‘accelerate access to and use of new HIV prevention options’ and ‘evolve and expand the range of platforms for access to people-centered HIV prevention’.

<sup>3</sup> 2023 Global UNAIDS Report and 2022 UNAIDS special analysis for Latin America. Unless specified in the text, data about Latin American countries may include Global Fund eligible and non-eligible countries.

population, accounting, together with their sex partners, for 66% of new infections<sup>4</sup>. Additionally, median HIV prevalence among key populations—such as gay men and other men who have sex with men (“MSM”)— far exceeds that in the general population. Specifically, prevalence reaches 9.5% among gay men and other MSM and 14.7% among transgender individuals.

On average, 89% of estimated PLHIV know their status, 73% are on treatment, and 67% were virally suppressed by the end of 2023 in the region. Based on specific cascade analyses<sup>5</sup> from eligible countries<sup>6</sup>, many have reported higher gaps in diagnosis and treatment cascades for key populations compared to cascades of non-key populations.

### 3. Problem statement

Programs to reduce HIV incidence amongst key populations—including but not limited to MSM, sex workers and transgender people — face persistent challenges that hinder their impact and sustainability. These challenges include:

#### 3.1. Insufficient coverage and quality of HIV prevention and testing services

**Evidence-based interventions for prevention such as pre-exposure prophylaxis (“PrEP”) and post-exposure prophylaxis (“PEP”) are not readily available for key populations at the required scale.** By 2023, the Joint United Nations Programme on HIV/AIDS (“UNAIDS”) estimates that only 204,000 out of 2.3 million targets used PrEP products at least once in the region. In the same year, only eight out of the eleven eligible countries had developed PrEP policies (either official or in the process of being finalized), nine were implementing PrEP/PEP at a limited scale (few cities and/or for one or two key populations), but many of these countries had developed or were developing expansion plans<sup>7</sup>. Only five countries in the region distributed PrEP through the community. In addition, limited knowledge of PrEP/PEP and misconceptions among key populations lead to low demand.

**More generally, HIV prevention and testing services are often available with a limited geographic scope (offered in few cities).** The UNAIDS Global Report<sup>8</sup> emphasizes the limited scale of programs and differentiated services adapted to specific needs of key populations.

**Existing routine programmatic data about HIV prevention and testing services reports very low coverage among key populations** (based on national size estimates available) by 2023. This is consistent with available data about access to HIV testing, behavioral interventions, condoms and lubricants self-reported by key populations in available biobehavioral surveys and/or HIV surveillance systems in these countries.

**The quality and efficiency of the service delivery for key populations in the Latin America region needs to further improve HIV prevention outcomes (ensuring HIV negatives remain negatives and HIV positives are linked to HIV care).** Analyses of HIV prevention and diagnosis cascades analyses for key populations<sup>9</sup>, in various countries, reveal significant challenges. These challenges

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<sup>4</sup> Refers to Sex Workers, Gay men and other men who have sex with men and Transgender women. UNAIDS special analysis, 2022. [https://www.unaids.org/sites/default/files/media\\_asset/data-book-2022\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/data-book-2022_en.pdf)

<sup>5</sup> Cascade analysis conducted in eligible countries under the Strategic Initiative with the Panamerican Health Organization, 2021-2023.

<sup>6</sup> See list of eligible countries in section 5 Geographical Scope.

<sup>7</sup> According to countries progress updates and technical partner updates shared with the Global Fund country teams during 2023.

<sup>8</sup> [https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023\\_report.pdf](https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report.pdf)

<sup>9</sup> Collaboration between The Global Fund and the Pan American Health Organization (“PAHO”) from 2019 to 2023 supported countries to develop and analyze HIV prevention, diagnosis and treatment cascades for key populations with routine program data. This collaboration was

include ensuring that reached key population remain linked to comprehensive prevention services and HIV testing within a 12-month period, and all individuals with HIV reactive cases are promptly connected to care and start treatment in a timely manner.

The “Soy Clave” In-Depth analyses<sup>10</sup> revealed persistent gaps in geographic availability, coverage, quality, funding and policy for scaling up differentiated services for key populations. These in-depth analyses have also revealed opportunities for innovations that can better address the needs of key populations, ensuring they are linked to comprehensive, and evidence-based services, while also addressing stigma and discrimination (“S&D”). The “Soy Clave” analyses also highlight the need to enhance addressing the safety and security concerns of both the recipients of these services and the providers who deliver specialized services for key populations.

**Funding gaps and high dependency on external donors.** Despite UNAIDS reporting that Latin America has the highest autonomy of national resources for the HIV response worldwide (96% by 2023), significant funding gaps remain in HIV prevention and testing services for key populations, with heavy reliance on external donors (especially for community services). The possibility of a reduction in donor funding will further constrain resources for key populations. In response, governments are exploring social contracting and alliances with Civil Society Organizations (“CSO”)/ Community-based Organizations (“CBO”)/ Community-led Organizations (“CLO”) but progress is still limited. Urgent innovations are needed for efficient models to reach key populations, including capacity building to bolster domestic financing for effective prevention measures.

### **3.2. Human Rights and Gender (“HRG”) related barriers.**

Discrimination, stigma, gender inequality and gender-based violence, harmful social norms, and deterrent legal environment, hinder key populations’ access to essential services including HIV prevention and testing.

While legal barriers vary significantly across countries, **S&D inside and outside of health services are consistently reported<sup>11</sup> as primary barriers to accessing community and facility-based services** by different groups of key populations across all countries. Additionally, the intersectionality of high-risk groups (such as people who inject drugs, sex workers, transgender women) exacerbates S&D, and represents an additional barrier to access.

**Worsened situation for migrants:** UNAIDS highlights that humanitarian crises in Latin America have significantly increased migration and displacement, particularly due to mass Venezuelan migration and security issues in countries like Ecuador and Haiti. This has led to increased flows of migrants from Latin America and the Caribbean, coupled with rising numbers of Asian and African migrants. In addition, the flow of migrants has been increasing through the Darien Gap<sup>12</sup>, Honduras, El Salvador and Guatemala on their way to the United States of America. Migrants face heightened risks of human rights

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funded through Global Fund’s catalytic funds in the Grant Cycle 6, as part of the DATA Strategic Initiative aiming to support national disease programs analytical capacity building, program reviews and evaluations and technical assistance to data related needs in countries with Global Fund grants.

<sup>10</sup> Soy Clave (“I’m Key”) initiative under the Strategic Initiative of the Global Fund for Sustainability, Transition and Efficiency in Latin America, implemented by UNAIDS and PAHO in 2023. In depth country reports developed for Bolivia, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Panamá, Paraguay and Peru documenting mentioned gaps, which can be found [here](#). In-depth analyses include i) the country epidemiological profile; ii) the key populations’ regulatory framework, iii) health systems structure, iv) financing and costing, v) HIV and health policies, vi) stigma and discrimination, vii) a mapping of civil society organizations (“CSOs”), and viii) areas and actions as opportunities to close the remaining gaps in key populations services.

<sup>11</sup> Stigma and Discrimination is reported through several sources, including national Biobehavioral surveys (IBBS), Stigma Index 2.0 surveys, community research and monitoring, regional platforms to report HRG violations, community-led monitoring, and advocacy activities at regional and national levels built on the individual and collective voices from key populations affected.

<sup>12</sup> 520 thousand migrants crossed the Darien gap in 2023, as compared to 230 thousand in 2022.

abuses, gender-based violence and HIV, along with challenges accessing necessary preventive and treatment services, impacting their health rights<sup>13</sup>. Studies in Colombia<sup>14</sup> and Peru<sup>15</sup> indicate that mobile and migrant populations have lower knowledge of their HIV status and a higher proportion of advanced HIV disease at diagnosis.

In alignment with the UNAIDS Global AIDS Strategy, the Global Fund 2023-2028 strategy promotes the integration of human rights related interventions into prevention modules for key populations.

#### 4. Opportunities to improve access to HIV prevention and testing for key populations

As the Global AIDS Strategy 2021-2026 states, “...reaching the societal enabler targets is crucial. Modelling indicates that failure to reach the targets for stigma and discrimination, criminalization and gender equality... will lead to an additional 2.5 million new HIV infections and 1.7 million AIDS-related deaths between 2020 and 2030”.<sup>16</sup> Key enablers have been consistently identified by countries, to address HRG related barriers to accessing HIV prevention and testing by key populations. These include: (i) leveraging community-led and community-based monitoring data to provide end-user perspectives on the accessibility, availability and quality of services to be provided, (ii) integrating stigma-free, “know your rights” messages and access to legal services in the delivery of risk reduction materials; and (iii) ensuring sensitized and trained health providers in program delivery for key populations.

Further, the Global Prevention Coalition (the “Coalition”)<sup>17</sup> gathers evidence to promote countries to get back on track to end AIDS by 2030. It highlights the need for improved access through community-based and community-led outreach, and integration of sexual and reproductive health services in health facilities, schools, the private sector, virtual platforms and other innovations. The Coalition also identifies (i) gender equality, (ii) ending S&D, (iii) sexual and reproductive health rights, (iv) conducive policies and environment, (v) multisectoral, integrated and differentiated approaches, and (vi) sustained investments in HIV prevention, as foundations for ending AIDS.

A critical element for the success of **effective differentiated service delivery** is ensuring greater **availability of HIV prevention and testing services which will require more community and key population- led service delivery at sufficient scale**. However, further innovations are needed and expected to enhance the availability of services, such as virtual approaches, pharmacy-based service delivery and other public-private mixed interventions.

While technical partners recommend many resources and innovations to address existing challenges to scale up services for key populations, adopting innovations often require long lead time to be introduced and/or scaled up. This lead time is due to limited funding and the lack of capacity within health systems to integrate new approaches and adapt to the specific needs of key populations who, in addition, face socio-structural barriers to accessing services. Strengthening the current existing health systems capacity in Latin America and Caribbean – including training, policy development or adaptations, product registration procedures, quality assurance processes, monitoring and evaluation, amongst others – is pivotal to accelerate the pace in service provision for key populations.

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<sup>13</sup> UNHCR and IOM regional needs assessment.

<sup>14</sup> [23-1 Biobehavioural Survey Main Report Spanish\\_02212355.pdf \(hopkinshumanitarianhealth.org\)](#)

<sup>15</sup> [Final Report: Biobehavioral Survey \(BBS\) among Venezuelan migrants living in Lima/Callao and Trujillo | Migration Health Research Portal \(iom.int\)](#).

<sup>16</sup> Global AIDS Strategy 2021-2026, page 28, paragraph 85.

<sup>17</sup> [https://www.unaids.org/sites/default/files/media\\_asset/2023-global-hiv-prevention-coalition-scorecards-key-findings\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2023-global-hiv-prevention-coalition-scorecards-key-findings_en.pdf)

Finally, to ensure key populations programs are data-driven (first action point on the HIV Prevention 2025 Road Map), it will be necessary to improve existing capacity for digitalized and real-time data collection systems, surveillance, monitoring and evaluation of HIV prevention and testing services. This will help further differentiate and address HIV prevention needs and barriers.

## 5. Geographical scope

MC applications are only eligible for funding if a majority (at least 51 percent) of countries included in the Proposal are eligible to submit their own Global Fund request for funding for the related-disease component through a single-country application. The eligibility of a country for the purpose of an application for MC funding is assessed as per the 2024 Eligibility List.<sup>18</sup> Countries that, as per the 2024 Eligibility List, are eligible only for Transition funding are considered as “eligible” for the purpose of a MC application.

The “eligible” countries for Latin America are Bolivia, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Perú, Paraguay and Venezuela.

Considering the limited funding, the Secretariat encourages prospective applicants to prioritize only the eligible countries. The totality of the eligible countries is considered the minimum geographic scope of the expected proposals.

The countries proposed by Pre-selected Applicants in their FR will be named “participant countries”. The scope of work for the MC grant refers to countries targeted or included in the MC grant as participant countries.

## 6. Logic framework of the MC Grant in Latin America

### 6.1. Goal

Accelerate the uptake of innovations in service delivery and in addressing human rights and gender barriers, to improve access to HIV primary prevention and testing services for key populations in participant Latin American countries.

### 6.2. Objectives

The scope of work aims to achieve two objectives:

- Design, implement and evaluate **program innovations** to overcome country-specific barriers (including low coverage, human rights, S&D, and gender-related barriers) and become a sustainable option to enhance the availability, accessibility, affordability and quality of HIV prevention and testing services for and with key populations.
- **Strengthen national stewardship** of HIV programs to respond to successful innovations in service delivery that increase the availability, accessibility, affordability and quality of HIV prevention and testing programs for key populations.

### 6.3. Key activities

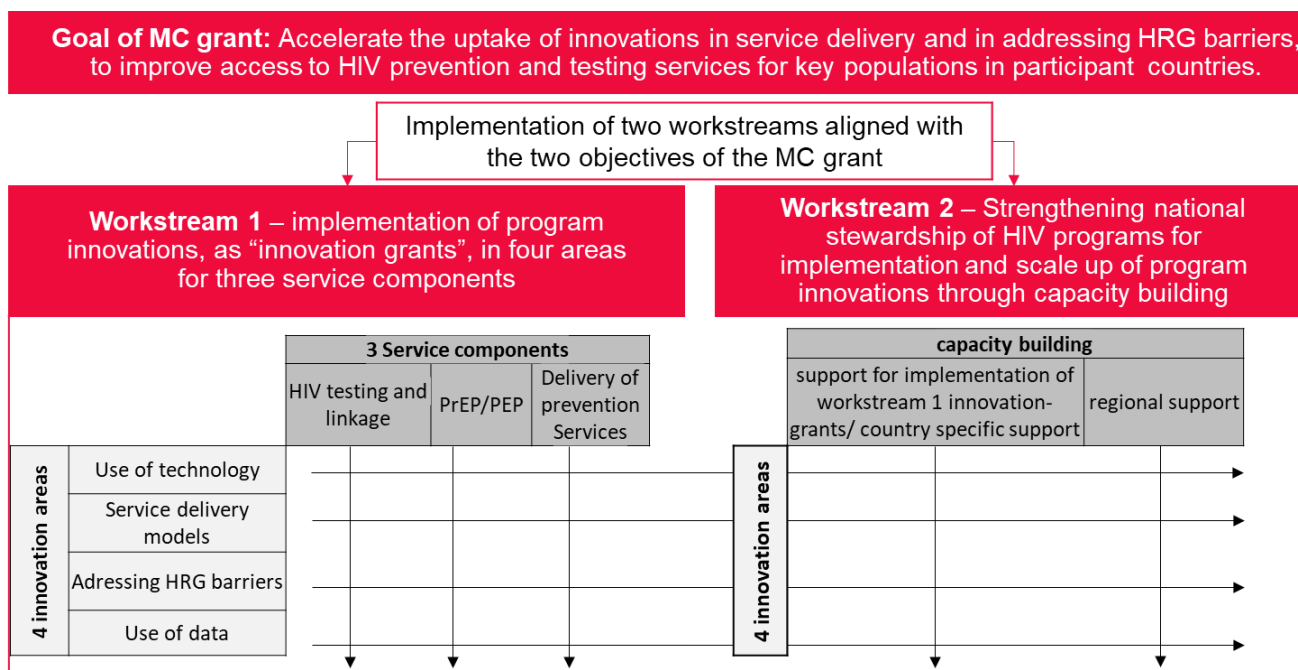
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<sup>18</sup> [https://www.theglobalfund.org/media/13679/core\\_eligiblecountries2024\\_list\\_en.pdf](https://www.theglobalfund.org/media/13679/core_eligiblecountries2024_list_en.pdf)



The MC grant activities are expected to achieve these two objectives, each corresponding to a workstream of the grant. These workstreams are expected to work synergistically to achieve the end goal of the MC grant, as shown in graph 1.

Graph 1: Schematization of the MC workstreams



The key activities presented below fall under the responsibility of the MC Implementer. Applicants and Implementers<sup>19</sup> are strongly recommended to allocate sufficient funds for technical support required to successfully implement innovations and develop national capacity to uptake and integrate lessons learnt into national HIV responses and plans.

1. Workstream 1 - Implementing innovation grants.

Given the limited resources available, the Global Fund is prioritizing specific interventions under this workstream. As such, the MC grant will support program innovations prioritized for the following three “service components”. These service components are based on the packages recommended by the World Health Organization (“WHO”) for key populations<sup>20</sup>:

- a. HIV testing and linkage to prevention/ HIV care;
- b. PrEP/PEP; and

<sup>19</sup> See Attachment B, section 1 for more information about Applicants and Implementers

<sup>20</sup> [Consolidated guidelines on HIV, viral hepatitis and STI for key populations - 2022 \(who.int\)](https://www.who.int/publications/m/item/consolidated-guidelines-on-hiv-viral-hepatitis-and-sti-for-key-populations-2022)

- c. Delivery and retention in comprehensive and person-centered HIV/ Sexually Transmitted Infection (“STI”) prevention services, including risk assessment (s), behavioral interventions, condoms and lubricants and HIV testing.

The range of innovations are organized in four areas for each of the three “service components”. In alignment with technical partners guidance at global and/or regional levels, the “**innovation areas**” are (i) improved use of technologies; (ii) service delivery models; (iii) addressing HRG barriers (effective advocacy, safety and security, and S&D in service delivery) along the continuum of care; and (iv) use of data. An illustrative list of these innovations can be found in Table 3.

The MC Implementer should design strategies and governance mechanisms to facilitate the establishment of required public-private alliances in the participating countries. These mechanisms shall support the prioritization of the best program innovations for the national response, the implementation, evaluation and successful future uptake.

The MC grant will support these nationally prioritized program innovations through a competitive selection process of the best country-specific proposals with highest potential to improve access and quality of services for and with key populations. These proposals will be implemented through “innovation grants” in the participant countries.

These innovation grants should be proposed by CSO, including “CBO” and/or “CLO”, from participant countries.

The MC Implementer will be strongly encouraged to focus each innovation grant in one of the three service components and address the four “innovation areas”. The innovation grants may vary in terms of complexity, scale, timeline for implementation and resources needed for a successful implementation and should be adapted to countries’ context.

While CSO/CBO/CLO should lead the proposals for the innovation grants, they are encouraged to partner and collaborate with other sectors, including public and private, as suitable for the successful implementation.

Pre-selected applicants are expected to present their proposed key activities and strategies in the FR to successfully implement this workstream which consequently will translate into efficient support through the design, implementation and evaluation of these innovations. The prioritization, design, selection and implementation of the innovation grants will happen during grant implementation.

For example, Applicants may consider the following activities and strategies when conceptualizing and costing this workstream in their FR:

1. Design and implementation of the national prioritization process for the design of program innovations, considering each participant country’s context.
2. Design and implementation of the selection process of proposals to be funded as innovation grants.
3. Assessment grantees’ capacity, elaboration of the grants, including workplans, budgets, conditions, terms and regulations.
4. Launch and management of the selected grants.

5. Technical assistance plan based on national needs to support successful implementation of innovation grants and viability of uptake within the national response (implementation of the technical assistance would fall under workstream 2).
6. Risk and Monitoring and Evaluation frameworks and plans, to inform innovation grant implementation, evaluate scalability and course correction.
7. Coordination with Country Coordinating Mechanisms and Principal Recipients of national Global Fund country grants to avoid duplications, find synergies and complementarity; and ensure coverage of grants is also accounted for in national reporting systems.

Other considerations for Applicants and Implementers for this workstream 1. For the implementation of these innovations, it is critical to ensure the availability of commodities needed for service delivery. Applicants/Implementers are strongly encouraged to avoid including the direct costs of these commodities in the innovation grants and/or in the MC grant detailed budget, especially when these commodities are already procured by the national program or expected to be funded by other domestic source (public and private) in the future.

Applicants/Implementers should support grantees to propose and successfully establish co-financing agreements with national programs and/or other sectors and stakeholders in participant countries to provide the required commodities for the implementation of the innovation grants (e.g. United States Government agencies and Global Fund Principal Recipients when the procurement of relevant commodities is supported by the Global Fund country allocation, or PEPFAR).

The MC Implementer will be encouraged to design and plan the approach to support grantees in establishing agreements that contribute to a successful implementation, future evaluation and uptake of these innovations, jointly with national stakeholders.

## 2. Workstream 2 – Strengthening national stewardship of HIV programs

To support the successful implementation and future scale up of program innovations in participant countries, the scope is expected to include a strong combination of technical assistance, South-to-South cooperation, MC learning mechanisms and collaboration. These resources will be available to national stakeholders in participant countries, selected grantees and regional stakeholders.

More detail about the expected scope for this workstream is included in Table 4. This table describes the capacity building approach to strengthen HIV programs stewardship from two perspectives: 1) For each of the “innovation areas” described in Workstream 1 (improved use of technologies, optimized service delivery models, addressing HRG and S&D and use of data) and 2) by geographic scope of the approach (country specific proposals, and regional or MC).

The MC Implementer is expected to have the required capacity to attain these technical assistance deliverables, either directly or by sub-contracting third party service providers for some of the deliverables. Applicants are encouraged to provide further details in the FR on how to achieve the proposed deliverables in terms of technical assistance and mechanisms to successfully engage at country and regional levels with the required technical support (as it may vary across countries and grantees), in collaboration with key regional and country stakeholders (including technical partners and other donors). The cost of the technical assistance should be included in the MC FR budget.

Some examples of the activities expected under this workstream may include:

1. Design, costing and establishment of the implementation arrangements to ensure delivery of technical assistance for (i) successful implementation of innovation grants; and (ii) national capacity building for future uptake of program innovations.
2. Follow up, monitoring and evaluation of the implementation of high-quality technical assistance deliverables, ensuring optimal participation and engagement of the communities and other national stakeholders relevant to the grants.
3. Review and adjustments of technical assistance needs and plans at the national level (related to grants) to ensure effective technical support planning and implementation accordingly.

## **7. Illustrative results**

The Applicants will be required to propose concrete results from the implementation of both workstreams. The results of the MC grant in Latin America are expected at country and regional level. The terms for the development of results from the implementation of innovation grants are illustrated in Table 3 (last row).

The terms for the results from the consolidated experience, learning and capacity building interventions across countries as well as from the collaboration with national and regional stakeholders are illustrated in Table 4 (last row).

Pre-selected Applicants for Step II will be required to propose milestones, in their Performance Framework, as Workplan Tracking Measures (“WPTM”)<sup>21</sup> that reflect the progressive achievement of these results during the implementation period of the MC grant.

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<sup>21</sup> More information about workplan tracking measures can be found in section 3.c of Attachment C.

Table 3. Workstream 1 - Prioritized innovations and services for key populations to be funded through innovation grants in participant countries and illustrative results.

Innovations areas	Prioritized service components for key populations		
	HIV testing and linkage to care	PrEP/PEP	Delivery and retention of person-centered HIV/STI prevention services
Improved use of technologies	<ul style="list-style-type: none"> <li>Dual HIV/STI tests;</li> <li>Self-testing</li> <li>Introduction or expansion of outreach for testing through virtual platforms;</li> <li>Enhancing use of digital solutions and phone-based interventions either for HIV testing outreach or for data collection, including artificial intelligence and social networking to reach clients (readers, chatbots);</li> </ul>	<ul style="list-style-type: none"> <li>Align policies with WHO/PAHO recommendations to include new technologies;</li> <li>Develop national plans for rollout/scale-up of new technologies;</li> <li>Introduce/expand HIV Self Testing (“HIV ST”) (any of WHO prequalified tests) in PrEP/PEP delivery models to facilitate differentiation and access, for demand creation, for PrEP/PEP initiation and PrEP continuation;</li> <li>Enhance use of digital health and phone-based solutions to improve availability and support follow-up of users (e.g. telemedicine).</li> </ul>	<ul style="list-style-type: none"> <li>Introduction or expansion of outreach for prevention through virtual platforms,</li> <li>Introduction of new digital solutions for distribution of commodities (condoms and lubricants) on demand through digital platforms, or through coupons, courier/mail and pick up points;</li> <li>Introducing digital health and phone-based interventions to support service delivery for appointment management, follow up check-ins and consultations.</li> </ul>
Optimized service delivery models (integration, differentiation, demand generation)	<ul style="list-style-type: none"> <li>Models that include alliances with private and community delivery networks;</li> <li>Models of differentiated HIV testing integrated in primary care and/or sexual reproductive services and/or STIs (adapted availability in terms of time and location for key populations - “KPs”-);</li> <li>Models that are based on innovative strategies reaching KPs for HIV</li> </ul>	<ul style="list-style-type: none"> <li>Differentiated models of community-based PrEP/PEP delivery (mobile, home, tele-health, delivery pharmacies, vending machines) and integrated to the national program;</li> <li>Models adapted to enhanced demand generation campaigns, adapted to address context-</li> </ul>	<ul style="list-style-type: none"> <li>Models that include alliances with private and community delivery networks; especially for condom/lubricant access for young KPs (i.e. vending machines, subsidized access at kiosks, pharmacies, bars, brothels, etc.)</li> <li>Use of a context-specific package of tools, to support clients’ linkage and retention (digital solutions for appointments, risk assessment and risk</li> </ul>

Innovations areas	Prioritized service components for key populations		
	HIV testing and linkage to care	PrEP/PEP	Delivery and retention of person-centered HIV/STI prevention services
	<p>testing such as snowballing, index-partner testing, etc.;</p> <ul style="list-style-type: none"> <li>Models introducing social contracting considering the national policy environment and requirements.</li> <li>Integrated human rights related services including clear referral mechanisms to prevention or HIV care.</li> </ul>	<p>specific misconceptions and myths undermining PrEP and PEP for KPs. (Aligned to WHO evidence based messaging);</p> <ul style="list-style-type: none"> <li>Development of job aids and client materials to support effective delivery and use.</li> <li>Integrated and differentiated models in primary health care and sexual reproductive health;</li> <li>Models introducing social contracting considering the national policy environment.</li> </ul>	<p>reduction materials, check-ins and follow up);</p> <ul style="list-style-type: none"> <li>Models introducing social contracting considering the national policy environment;</li> <li>Models that build on client pathways defined to ensure comprehensive offer of WHO recommended HIV prevention and testing services for key populations and defined referral-counter-referral system and follow up along the continuum of prevention.</li> </ul>
Addressing HRG barriers (effective advocacy, safety and security, and S&D in service delivery)	<ul style="list-style-type: none"> <li>Innovative capacity building approaches for community service providers for HIV testing and linkage for KP competent services;</li> <li>Integrated human rights related services including clear referral mechanisms (judicial/ legal support, economic empowerment projects and social protection).</li> <li>S&amp;D reduction approaches to HIV testing services; Integrate know your rights messages and access to legal services when delivering HIV testing and risk reduction materials;</li> <li>Integration of safety and security provisions when delivering HIV testing services.</li> </ul>	<ul style="list-style-type: none"> <li>Innovative capacity building approaches for community service providers for KP competent PrEP/PEP services; Integrated human rights related services including clear referral mechanisms.</li> <li>Integrate S&amp;D reduction approaches to PrEP/PEP services; Integrate know your rights messages and access to legal services when delivering PrEP/PEP and risk reduction materials;</li> <li>Integration of safety and security provisions when delivering PrEP/PEP services.</li> </ul>	<ul style="list-style-type: none"> <li>Innovative capacity building approaches for community service providers for KP competent services; Integrate S&amp;D reduction approaches to KP outreach and linkage to comprehensive prevention services;</li> <li>Integrated human rights related services including clear referral mechanisms.</li> <li>Integrate know your rights messages and access to legal services when delivering risk reduction materials as part of the package of prevention services;</li> <li>Integration of safety and security provisions when delivering HIV prevention services.</li> </ul>

Prioritized service components for key populations			
Innovations areas	HIV testing and linkage to care	PrEP/PEP	Delivery and retention of person-centered HIV/STI prevention services
Data use in the design and implementation, to improve efficiency and quality	<ul style="list-style-type: none"> <li>Analytical capacity building to use HIV positivity rates and coverage performance to inform targeting;</li> <li>Introduce use of digital platforms for data collection and analysis;</li> <li>Use rapid coverage surveys for key populations (or other methods) to assess coverage and quality of key population services;</li> <li>Support using data for planning of HIV testing modalities based on yield and intelligence to improve community-based HIV testing yield;</li> <li>Use programmatic mapping, geospatial tools and/or including virtual networks, to inform HIV testing outreach targeting.</li> </ul>	<ul style="list-style-type: none"> <li>Use of programmatic data to assess demand-generation interventions and continuation where needed;</li> <li>Build capacity for systematically conduct/update programmatic mapping, using geospatial tools and/or including virtual networks;</li> <li>Build capacity to routinely monitor the HIV prevention and testing cascades at subnational level;</li> <li>Implement innovative methods to monitor prevention outcomes and client's satisfaction to inform programming;</li> <li>Build capacity for PrEP commodity forecasting to national counterparts.</li> </ul>	<ul style="list-style-type: none"> <li>Analytical capacity building to use HIV program metrics sub nationally, to inform most-at-risk populations targeting (outreach) such as HIV positivity rates and yield, risk profile of clients, advanced disease diagnosis characterization, trend of utilization of PrEP and HIV testing;</li> <li>Build capacity for systematically conduct/update programmatic mapping, using geospatial tools and/or including virtual networks;</li> <li>Build capacity to routinely monitor the HIV prevention and testing cascades at subnational level;</li> <li>Implement innovative methods to monitor prevention outcomes and client's satisfaction to inform programming.</li> </ul>
<i>Illustrative results from innovation grants</i>	<ol style="list-style-type: none"> <li>Number of innovation grants implemented and evaluated in a number of countries.</li> <li>Resources to support integration of implemented innovations into program contexts (tools, guidance, costing and planning) are developed.</li> <li>Number of service providers (including public, community and/or private sector) trained to uptake the innovations at country level.</li> </ol>		

*Table 4. Workstream 2 - Capacity Building Approach for innovation grants implementation and uptake in national programs to be funded through the MC grant*

Capacity building support	Improve use of technologies	Optimized service delivery	Addressing HRG barriers	Data use
<p><b>Innovation grant/country specific support: HIV testing and linkage; PrEP/PEP; Linkage and retention across the prevention continuum.</b></p>	<ul style="list-style-type: none"> <li>• Support grantees in selecting the right technology suppliers (i.e. IT solutions, health products, etc.) by considering context-specific criteria that align with national policies and international recommendations when available.</li> <li>• Promote south-to-south collaboration when specific proposed innovations have been introduced by other countries (participant in MC or not)</li> </ul>	<ul style="list-style-type: none"> <li>• Support collaboration with national authorities from Ministries of Health and public service delivery networks to ensure viability of service delivery innovations proposed and improve grantees proposals.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure alignment of grantees approaches to existing guidance and supportive tools to address HRG barriers, regressive legal frameworks and S&amp;D applicable to the countries;</li> <li>• Support in-country engagement of stakeholders, especially other CSO/CBOs/CLOs with experience addressing HRG in the country context to ensure grantees are incorporating local lessons learnt and promote south-to-south collaboration for learning and effective interventions in HRG;</li> </ul>	<ul style="list-style-type: none"> <li>• Alignment of grantees' tools and procedures to existing provisions in national policies related to use of data.</li> <li>• Facilitate collaboration with national stakeholders with experience in related innovations, tools and incorporate lessons learnt in the implementation of innovation grants.</li> </ul>



Capacity building support	Improve use of technologies	Optimized service delivery	Addressing HRG barriers	Data use
<p><b>Regional level technical support</b></p>	<ul style="list-style-type: none"> <li>When not available, develop <b>guidance and practical tools to integrate new technologies</b> introduced by the pilot projects into national programs, focusing on lessons learnt and key considerations for scaling up or including them in program contexts, i.e. for digital solutions, tele-health, innovative service delivery models, etc.</li> <li>Explore the <b>potential for incorporating these innovations into national programs</b> and determine the requirements for their adoption by working with national stakeholders to develop guidance or share experiences.</li> <li><b>Support for Principal Recipient</b> in assessing and improving innovation grants implementation.</li> <li><b>Generate documented evidence and support case studies to promote learning</b> and ensure uptake of successful innovations.</li> <li>Develop and implement <b>training programs</b> for stakeholders involved in innovation-grants or future uptake of innovations to facilitate scale-up.</li> </ul>	<ul style="list-style-type: none"> <li>Develop a <b>regional/common framework for learning</b> across countries, focusing on best practices for public-private partnerships and community integration in service delivery, through South-to-South exchanges, MC learning mechanisms and collaboration.</li> <li><b>Support the Principal Recipient</b> in assessing and improving innovation grants implementation.</li> <li>Generate documented evidence and support case studies to <b>promote learning</b> and ensure uptake of successful innovations.</li> <li>Develop and implement <b>training programs</b> for stakeholders involved in innovation-grants or future uptake of innovations to facilitate scale-up.</li> </ul>	<ul style="list-style-type: none"> <li><b>Leverage community-led, community-based monitoring data</b> (where it exists) i) to provide end-user perspectives on accessibility, affordability, availability and quality of these services for key populations, and ii) on how to systematically integrate this data into the advocacy work of the communities in countries.</li> <li>Promote <b>best practices</b> showing evidence of effective advocacy to expand access and funding for services for key populations <b>through south-to-south exchanges and communication</b>.</li> <li><b>Support for Principal Recipient</b> in assessing and improving innovation grants implementation.</li> <li>Generate documented evidence and support case studies to <b>promote learning</b> and ensure uptake of successful innovations.</li> <li>Develop and implement <b>training programs</b> for stakeholders involved in innovation grants or future uptake of innovations to facilitate scale-up.</li> </ul>	<ul style="list-style-type: none"> <li>Develop <b>guidance for sustainable HIV surveillance methods</b> for key populations and use new methods for rapid coverage surveys to enhance programs.</li> <li>Promote <b>analytical capacity to inform KP programming</b> through South-to-South collaboration and MC learning.</li> <li>Promote <b>transition to electronic records</b> of HIV prevention and testing with unique identification ensuring confidentiality and monitoring.</li> <li><b>Support for Principal Recipient</b> in assessing and improving innovation grants implementation.</li> <li>Generate documented evidence and support case studies to promote learning and ensure uptake of successful innovations.</li> <li>Develop and implement <b>training programs</b> for stakeholders involved in innovation grants or future uptake of innovations to facilitate scale-up.</li> </ul>

**Capacity building support**

**Improve use of technologies**

**Optimized service delivery**

**Addressing HRG barriers**

**Data use**

**Illustrative regional or MC expected results**

1. Number of South-to-South collaboration started in benefit of participant countries to support development of innovations in either improving use of technology for key population services, optimizing service delivery networks, addressing HRG barriers and/or use of data.
2. Number of participant countries with KP service providers from relevant sectors (public, private, community) with capacity to introduce/scale up the innovations implemented with the innovation grants in their countries.
3. Number of learning sessions with documented resolutions and lessons learnt from implementation of innovations, that have been conducted with relevant stakeholders from all participant countries.
4. Number of national HIV programs with costed plans and commitment to expand innovation grants for each of the three service components and innovations areas.

## ATTACHMENT B

### Requirements for the Proposals for Step I

#### 1. Who can apply and who can implement

An applicant is an entity that meets the requirements set for a Regional Coordinating Mechanism (“RCM”)<sup>22</sup> or Regional Organization (“RO”)<sup>23</sup> and that submits a Proposal and FR pursuant to the RFP. ROs can also submit applications as part of a consortium<sup>24</sup>. Based on the nature of the request and the partnership landscape, requests may be developed and owned by multiple partners operating in the region<sup>25</sup>. A consortium application must be presented by a lead RO that complies with all the requirements of a RO applicant and enters into legal agreements with the Global Fund. Note, the RO requirements do not apply to each consortium member separately.

Applicants must ensure an inclusive regional dialogue process is conducted to inform the FR during the application period during Step II. They should submit the FR, and, if selected, oversee the performance of the Implementer. Additionally, applicants must demonstrate technical and programmatic capacity aligned with the MC strategic priority, possess sufficient regional knowledge and experience in engaging with a broad range of stakeholder, and commit to open and inclusive dialogue and decision-making. Please refer to the MC Guidelines<sup>26</sup> and **Attachment C** (*Requirements for the development of FRs for Step II*) for more information about requirements for Applicants.

Applicants must nominate an Implementer. RCM applicants may not act as Implementers and shall nominate an Implementer(s). RO applicants may nominate themselves and/or any third party as Implementer(s). The nomination should follow the procedures and requirements listed under section 1 of **Attachment C**, including documenting a transparent process for the nomination of all new Implementer(s) based on clearly defined and objective criteria, and managing any potential conflicts of interest that may affect the Implementer nomination process<sup>27</sup>.

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<sup>22</sup> RCMs are a coordination mechanism at the regional level, representing more than one country. They are MC regional-level public-private partnerships whose role is, among others, to (1) coordinate the development of the FR(s) to the Global Fund for relevant program(s) based on priority needs at the regional level and (2) oversee the implementation of program activities. Similarly, to Country Coordinating Mechanism (“CCMs”), RCMs are subject to the Eligibility Requirements and CCM Policy.

<sup>23</sup> An RO is an entity with independent legal personality that is not a UN agency or a multilateral or bilateral organization, which can demonstrate broad regional stakeholder consultation and involvement, including, but not limited to, the endorsement by each CCM of the countries included in the relevant program, and whose role is, among others, to (1) coordinate the development of the FR (s) to the Global Fund for relevant program(s) based on priority needs at the regional level and (2) oversee the implementation of program activities. ROs are not subject to some of the Eligibility Requirements, although it is strongly recommended that they implement them to the extent possible. ROs are not eligible for CCM funding. ROs can also apply for funding as part of a consortium. Based on the nature of the request and the partnership landscape, requests may be developed and owned by multiple partners operating in the region.

In order 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: (i) Having broad experience in working in the region on the issues targeted by the MC priority; (ii) Having experience in working with other regionally/MC focused initiatives/programs; and (iii) having broad experience and a confirmed track record of working with people living with and/or affected by the diseases targeted by the MC priority; (2) Not be a UN, multilateral or bilateral agency. However, UN entities may be considered as applicants in exceptional circumstances, to be approved by the Global Fund Secretariat on a case-by-case basis; and (3) Demonstrate elements for sustainability for the regional strategic priority.

<sup>24</sup> Consortium applicants may include United Nations (“UN”) agencies or other multilateral/bilateral organizations if well justified.

<sup>25</sup> In such cases, the FR is required to demonstrate how the collaboration and integration derived by this partnership will increase impact and build local capacity.

<sup>26</sup> [https://www.theglobalfund.org/media/12734/core\\_multicountry\\_guidance\\_en.pdf](https://www.theglobalfund.org/media/12734/core_multicountry_guidance_en.pdf)

<sup>27</sup> In case the RO Applicant is also the nominated Implementer, these requirements are not applicable.

For the purpose of this RFP, the Implementer will be the entity implementing the grant, as proposed by the Applicant. The Implementer shall be a legally registered entity, with a preference for regional organization, as opposed to a global multilateral organization.

A successful combination of Applicant and Implementer can demonstrate the following<sup>28</sup>:

*Table 5. Applicant and Implementer requirements*

	No	Requirements	Specific in LA <sup>29</sup>	Applicant	Implementer	Applicant or Implementer
Technical Experience	1	*Years of experience working with/for key population programs in the Latin America region and participant countries.	Yes	x	x	
	2	*Years of experience implementing key population program innovations or differentiated services at regional and/or country levels.	No		x	
	3	*Years of experience addressing or advocating for human rights and gender related barriers, including stigma and discrimination in the Latin America region.	Yes			x
	4	Years of experience strengthening national surveillance, monitoring and evaluation of HIV disease programs, including data and program quality assurance.	No			x
	5	Years of experience supporting or functioning of health management information systems and Monitoring and Evaluation systems, including data collection, reporting and analytical capacity to improve programs or projects.	No		x	
Management Experience	6	*Years of experience of effective coordination and broad stakeholder management related to health programs or grant implementation at regional level and in multiple countries in the Latin America region.	Yes	x	x	
	7	*Years of experience managing projects with oversight of sub-recipients of funds from CSOs, including CBOs and CLOs.	No		x	
	8	*Experience implementing minimum one large scale projects in terms of amount of funding, for at least USD 3 million (in USD)	No		x	
Management	9	*Implementation arrangement structure description and functionality to ensure presence at regional and country levels, allow oversight in	Yes			x

<sup>28</sup> In case the RO Applicant is also the nominated Implementer, all requirements are applicable to the RO Applicant.

<sup>29</sup> Indicates that experience is required specifically in the Latin American region or Latin American countries. When experience specific to the Latin American region is not required, it is still considered as an asset if the experience exists in the LA region for the Applicant/Implementer.

No	Requirements	Specific in LA <sup>29</sup>	Applicant	Implementer	Applicant or Implementer
	multiple countries, simultaneously, in the Latin America region.				
10	*Existing internal and external control system to prevent and detect misuse of funds or fraud in similar or larger size of investment projects. Proposal should include information as to (i) frequency of institutional financial audit (and last institutional audit report should be provided); and (ii) if organization has an internal control function.			X	
11	*Existing financial management system, including financial data collection systems and analytical capacity. Proposal should specify (i) the financial management information systems used for accounting, (ii) if the Implementer has institutional financial policies and procedures in place.			X	
12	*Existing procurement system. Proposal should specify if the Implementer has institutional procurement policies and procedures in place.			X	

*\*Requirements that if not presented by the Applicant, Implementer or both (as indicated in the table 5) may disqualify an Applicant/Implementer.*

## 2. Pre-selection process for Step I

Step I involves the pre-selection of up to three eligible Applicants/Implementers with the highest potential and capacity to develop and implement the Global Fund supported program.

Eligible Applicants are required to submit a Proposal, comprising:

- a. **Presentation of the Applicant and Implementer (up to 2 pages):** describe the Applicant and Implementer<sup>30</sup>, including their motivation and rationale for responding to the RFP.
- b. **Capacity Statement of the Applicant and Implementer (up to 20 pages).**
  - i. **Experience.** Demonstrate experience by describing relevant projects, processes, consultancies or lines of technical support implemented. Include key results obtained, countries and stakeholders involved, timeframe, size of investments or costs related to the project or process, organized by subjects for which experience is required (as detailed in Table 5);
  - ii. **Management capacity and systems.** Provide a very brief description of existing tools and systems of the Implementer for the subjects listed under this category in Table 5, as well as of the proposed implementation arrangement structure (see requirement number 9); and
  - iii. **Summary table.** Submit a Summary table indicating how the Applicant complies with all expected requirements, as shown in the following example:

<sup>30</sup> In case the Applicant and Implementer are two different entities.

No	Requirements	Applicant [Name]	Implementer <sup>31</sup> [Name]
	*Years of experience working with/for key population programs in the Latin America region and participant countries.	[Number of years]	[Number of years]
11i	Financial management information systems used for accounting		[Name of systems]
11ii	Institutional financial policies and procedures in place		[Yes/No]

- c. **Additional documents and supportive evidence (no page limit, maximum 15-documents):** applicants are requested to include evidence (as annexes) of the experience and management capacity described in their capacity statement. This supportive evidence, should include:
- i. Documents describing the Applicant and Implementers status (such as the organization’s status, by-laws etc.),
  - ii. Curriculum of the experts included in their team, when available.
  - iii. Additional documents or references to listed policies, consultancies or projects, tools and other resources developed by the entities involved in the Proposal (either as Applicant or Implementer) related to their experience.
  - iv. Additional documentation or references related to the management capacity of the Implementer, such as the latest institutional financial audit report.

The title of the documents must be labelled as follows:

- a. Presentation of the Applicant and Implementer: GF-MC-2024-LASStepI-Presentation-[Your organization name]
- b. Capacity Statement of the Applicant and Implementer: GF-MC-2024-LASStepI-Capacity-[Your organization name]
- c. Supporting documents: GF-MC-2024-LASStepI-[name of annex]- [Your organization name]  
(Note: shorten the name of the annex as much as possible as if it is too long, it might not be possible to open the file)

The Secretariat’s evaluation panel will assess the extent to which Proposals submitted in response to this RFP meet the requirements defined above. Only the top three Proposals will be considered, and the corresponding Pre-selected Applicants will be invited to proceed to the Step II of the FR development.

### 3. Evaluation criteria for the pre-selection of Applicants

The evaluation of the proposals during Step I will be conducted by the Global Fund Secretariat, by representatives from different teams across the Secretariat, including the Grant Management Division and the Strategic Investment & Impact division. The Local Fund Agent (“LFA”) may also be invited in providing contextual background information on the Applicants and Implementers, as an additional source of information.

<sup>31</sup> In case the RO Applicant is also the nominated Implementer, the table should only present one column for the Applicant/Implementer

Only Applicants/Implementers who comply with the definition of Applicants and Implementers will be included in the evaluation. The evaluation team will apply a scoring scale based on the pre-defined weight for the following criteria, in alignment with the specified themes in Table 5:

Criteria	Weight
Demonstrated technical experience by Applicant, Implementer or both	50%
Demonstrated management experience by Applicant, Implementer or both	30%
Demonstrated management capacity	20%

#### 4. Additional considerations

The Implementer selected at the end of Step II will enter into a Grant Agreement with the Global Fund. The Grant Agreement is governed by the standard Framework Agreement terms and the Global Fund Grant Regulations (as amended from time to time).

The Implementer will also need to accept, abide to and comply with all relevant policies, procedures, rules and guidelines of the Global Fund (as enacted or amended from time to time). Please also refer to the Guidelines for Grant Budgeting<sup>32</sup>, which provides more information in relation to the grant budgeting, including guidance on direct and indirect costs under the Global Fund grants.

Additional information on applicable policies and structure of the MC grant are detailed in sections 5-6 of **Attachment C**.

During the grant making process, the Global Fund Secretariat, with support from an LFA, will assess whether systems and capacities of the Implementer selected at the end of Step II are adequate for effective management of the MC grant funds. This assessment is required to ensure the Global Fund partnership can deliver maximum impact.

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<sup>32</sup> Guidelines for Grant Budgeting ([https://www.theglobalfund.org/media/12761/core\\_grant-budgeting-operational\\_guidance\\_en.pdf](https://www.theglobalfund.org/media/12761/core_grant-budgeting-operational_guidance_en.pdf))

## **ATTACHMENT C**

### **Requirements for the development of FRs for Step II and General Information**

Subsequently to Step I, Pre-selected Applicants are invited to submit a FR that demonstrates sufficient technical capacity to fulfill the terms outlined in **Attachment A**. For the purposes of this Attachment C, all references to “Applicant(s)” shall be read as references to “Pre-selected Applicant(s)”.

#### **1. Requirements for Applicants**

An Applicant must be an RCM or RO<sup>33</sup> that demonstrates technical and programmatic capacity in the MC strategic priority, sufficient regional knowledge and experience in broad stakeholder engagement, and a commitment to open and inclusive dialogue and decision-making.

In order to demonstrate an inclusive proposal development and to be eligible for Global Fund funding, Applicants must comply, as relevant, with the applicable Global Fund CCM/RCM Eligibility Requirements<sup>34</sup> or the equivalent Global Fund principles applicable to RO proposal submissions. At the time of the submission of the FR, the Global Fund Secretariat evaluates compliance with CCM/RCM Eligibility Requirements 1 and 2 or the equivalent Global Fund principles applicable to RO proposal submissions these being:

##### **Requirement 1:**

All MC applications are expected to demonstrate how the request is complementary to national efforts and other existing regional grants.

A MC request must be endorsed by all RCM members/their designated alternates or legal representative of the RO, as applicable. In addition, endorsement(s) must also be provided for each country represented in the program by: (i) CCM Chair and (ii) civil society representative if the CCM Chair is the representative of the Government, or the representative of the Government if the CCM Chair is the representative of the civil society. For those countries with no CCM, endorsement is required from the legal representative of the relevant Ministry of Health or other national coordinating body.

##### **Requirement 2:**

- (i) Nominate one or more Implementer(s) at the time of submission of the proposal;
- (ii) Document a transparent process for the nomination of all new Implementer(s) based on clearly defined and objective criteria; and
- (iii) Document the management of any potential conflicts of interest that may affect the Implementer nomination process.

RCM applicants may not act as Implementers and shall nominate an Implementer(s) in accordance with procedures and requirements listed above. RO Applicants may nominate as Implementer(s) both themselves and any third party in accordance with procedures and requirements listed above.

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<sup>33</sup> See footnotes 22 and 23 of this document

<sup>34</sup> Please refer to the CCM Eligibility Requirements as outlined in the [Guidance note Catalytic Multicountry Funds](#).



Compliance to CCM/RCM Eligibility Requirement 3 to 6 are also evaluated at the time of submission of the funding request as well as monitored on ongoing basis by the Global Fund Secretariat. More information on Eligibility Requirements, see [online](#) and in the [CCM Policy](#).

Additionally, a representative of the “Implementer” must sign off on the bottom of the endorsement sheet confirming that they endorse the funding request and are ready to begin grant making and implementation.

The Applicant will follow an oversight plan for the MC grant. The Applicant will provide strategic oversight to ensure effective and strategic implementation of programs. It will also oversee the performance of the Implementer to ensure that it achieves the agreed targets of the programs being implemented. In case the Applicant is also the Implementer, it should also be responsible for the oversight on the implementation of program activities. This is further described in Eligibility Requirement 3 in the Catalytic Multicountry Funds Guidelines<sup>35</sup>.

## 2. Requirements for Implementers

As mentioned in Attachment B, the Implementer will be the entity implementing the MC grant proposed by the Applicant. At a minimum, a successful Implementer shall be a legally registered entity and needs to demonstrate compliance with the following requirements<sup>36</sup>:

- a. Technical expertise in the MC strategic priority at MC and country levels.
- b. Effective management structures and planning at MC and country levels.
- c. The capacity and systems for effective programmatic management and oversight of Sub-recipients (and relevant Sub-sub-recipients) at MC and country levels.
- d. An effective internal control system to prevent and detect misuse or fraud.
- e. An effective and accurate financial management system.
- f. Data-collection capacity and tools in place to monitor programmatic and financial performance.
- g. A functional routine reporting system with reasonable coverage in place to report MC financial and programmatic performance timely and accurately.

An Applicant should ensure that the Implementer(s) comply with [the Global Fund Grant Regulations \(as amended from time to time\)](#).

## 3. FR Requirements

The FR should be concisely presented and structured and should explain in detail the proposed Implementer’s strategic approach, technical capacity and resources to provide the proposed services. Applicants are expected to use the official FR Template for MC and include all required documentation.<sup>37</sup>

FRs deemed incomplete or not responsive to these criteria might not be considered in the review process.

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<sup>35</sup> [https://www.theglobalfund.org/media/12734/core\\_multicountry\\_guidance\\_en.pdf](https://www.theglobalfund.org/media/12734/core_multicountry_guidance_en.pdf)

<sup>36</sup> Detailed information on requirements is presented under Table 5 above.

<sup>37</sup> Please refer to the FR Instructions, which are part of the Step II application package. All templates will be shared with the Pre-selected Applicants.

Appropriate application materials, instructions, and supporting documentation are only available through the Global Fund Secretariat Focal Point and will be shared with the pre-selected Applicants with the notification of result of Step I (the Step II application package).

#### **a. Technical FR Materials and Tools**

Each FR should be supported by regional and in-country data and technical guidance. It should be guided by regional disease strategies and national disease strategic plans, as appropriate, and draw on an inclusive multi-stakeholder regional dialogue process. The FR must emphasize the strategic priority area within the specific regional and cross-national context and describe how implementation of the resulting MC grant can maximize the impact of the investment by catalyzing national and regional programming to increase the impact and effectiveness of both national and international investments in line with Global Fund Strategic Objectives.<sup>38</sup>

In addition to the FR document, the following attachments and documentation are required:

- Performance Framework (following the Global Fund Modular Framework);
- Budget (in alignment with the Performance Framework and the [Guidelines for Grant Budgeting](#)<sup>39</sup>);
- Implementation Arrangement Map;
- Health Product Management Tool (“HPMT”) (if applicable);
- Prioritized above allocation request (“PAAR”);
- Endorsement of the FR from the RCM or RO, as applicable<sup>40</sup>;
- Endorsement letters from CCM of each country that forms a part of the regional application (or equivalent);
- List of abbreviations and annexes;
- Documents describing the Applicant status such as organization’s status, by-laws etc.; and
- Documents describing the Implementers status such as organization’s status, by-laws etc. (Not applicable if the RO – Applicant acts also as an Implementer).

Applicants are requested to include all relevant and necessary contextual documentation with the funding proposal as labelled annexes, including national and regional strategic plans.

Detailed information on required documentations is found below (sections b. to e). For detailed instructions on the information and documentation required, refer to the FR Instructions for MC Approaches which are part of the Step II application package.

#### **b. Global Fund Modular Framework and Budgeting Guidelines**

All FR submitted in response to this RFP are expected to use the Modular Framework to describe the intended programming and budget. The Modular Framework is a list of standard modules, related interventions, and associated impact, outcome, and coverage indicators through which Applicants describe their intended grant programming. The Global Fund uses the modular approach to organize the programmatic and financial information about each grant throughout its lifecycle, from the FR through grant-making and implementation.

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<sup>38</sup> [Strategy - The Global Fund to Fight AIDS, Tuberculosis and Malaria](#)

<sup>39</sup> [https://www.theglobalfund.org/media/3261/core\\_budgetingglobalfundgrants\\_guideline\\_en.pdf](https://www.theglobalfund.org/media/3261/core_budgetingglobalfundgrants_guideline_en.pdf)

<sup>40</sup> For consortium, a representative of each of the organizations forming part of the consortium should sign the “Endorsement Sheet” template provided by the Global Fund.

Table 6 presents the proposed alignment between interventions or activities to be planned and budgeted in each workstream of the FR and modules within the Modular Framework.<sup>41</sup> These modules should be used as reference for the completion of required templates (i.e. detailed budget, PAAR and performance framework).

*Table 6 – Proposed modules*

<b>Workstream</b>	<b>Potential modules</b>
<b>Implementing innovation grants</b>	- Prevention Program Stewardship
<b>Building national and regional capacity</b>	- RSSH: Community systems strengthening - Prevention Program Stewardship

Since the prioritization of Key Populations and service components, as well as the detailed costing of the grants will only be defined during MC grant implementation, the use of the above modules is provided for the purpose of the FR. The innovation grants should follow an “activity-based costing” model. Therefore, pre-selected Applicants should use the cost grouping “13. Payment for Result” in their budget for those innovation grants.

Further information on the Global Fund Modular Framework can be found in the Modular Framework Handbook.<sup>42</sup> More details on completing the Performance Framework and Budget may be found in the FR Instructions for MC Approaches.

All FR should additionally follow the Global Fund Guidelines for Grant Budgeting<sup>43</sup> (as amended from time to time), which outline the financial requirements for all stakeholders involved in the development, review, and implementation of the Global Fund program budgets.

### **c. Measurement Framework and key deliverables**

The implementer of the MC grant will report on annual basis against the milestones set forth in the Performance Framework, as WPTM<sup>44</sup>, according to Global Fund requirements for Principal Recipient reporting, applicable to the portfolio category and MC grant.

The implementer of the MC grant should provide periodic updates to the governments of the participant countries, other stakeholders and technical partners, as part of their grant monitoring and oversight approach.

The implementer will also need to develop a Monitoring and Evaluation (“M&E”) plan specific to the MC grant<sup>45</sup>, to be finalized before the signature of the future MC grant. This M&E plan should address key elements described in Global Fund’s template and guidance for the development of this document.

<sup>41</sup> [fundingmodel\\_modularframework\\_handbook\\_en.pdf \(theglobalfund.org\)](#)

<sup>42</sup> [fundingmodel\\_modularframework\\_handbook\\_en.pdf \(theglobalfund.org\)](#)

<sup>43</sup> [core\\_budgetingglobalfundgrants\\_guideline\\_en.pdf \(theglobalfund.org\)](#)

<sup>44</sup> For grants with insufficient coverage indicators, WPTM are used to monitor and assess grant performance. Illustrative examples of work plan tracking measures can be found in the [HIV Indicator Guidance Sheet](#)

<sup>45</sup> The implementer can use the [Guidelines for monitoring and evaluation plan](#) for developing its Monitoring and Evaluation plan

More information can be found on the M&E Guidance for MC Applicants.<sup>46</sup>

The Applicant shall propose modules and interventions with indicators, targets and workplan tracking measures as relevant, including costing for each of the proposed modules and interventions, and a M&E plan. Please refer to Modular Framework<sup>47</sup> and M&E Guidance for MC Applicants.

#### **d. PAAR**

The Applicant is encouraged to include a prioritized and costed proposal for funds above the allocation amount (the PAAR) in case any funds become available during grant making and/or the 2023- 2025 allocation period.

#### **e. Implementation and governance arrangements**

The Applicant should explain how the oversight and steering mechanism of the MC grant is envisioned. The Applicant shall also present implementation arrangements, ensuring those are streamlined, also to ensure Value for Money in the implementation of the grant. Please refer to the Implementation Arrangements mapping Instructions.<sup>48</sup>

Additionally, the Applicant should explain how relevant stakeholders, including national authorities from participant countries will be engaged to support successful implementation of the two workstreams of the MC grant. For example, a regional governance mechanism to facilitate uptake of innovations through cross-country learning and collaboration.

Implementation of the activities under the MC grant will be conducted by the Implementer and selected Sub-recipients<sup>49</sup> in close coordination and consultation with the Global Fund and relevant regional and national authorities. The Implementer for the MC grant must have the capacity to appropriately implement the MC grant activities, control expenditure and manage Sub-recipients in compliance with Global Fund policies.

For more information, please refer to “Guidelines on Implementers of the Global Fund Grants.”<sup>50</sup>

#### **f. People-centered participatory model of engagement**

Under the Global Fund’s funding model, regional and national dialogue is an ongoing process that continues through FR development (as per Eligibility Requirement 1), grant making and grant implementation. This ensures the continued engagement of key stakeholders in strategic decision-making to prioritize resources and activities and resolve bottlenecks to implementation in this MC grant. In addition, national dialogue will be paramount for prioritizing program innovations.

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<sup>46</sup> [MC Guidance for Multicountry Applicants.docx](#)

<sup>47</sup> [fundingmodel\\_modularframework\\_handbook\\_en.pdf \(theglobalfund.org\)](#)

<sup>48</sup> [https://www.theglobalfund.org/media/5678/fundingmodel\\_implementationmapping\\_guidelines\\_en.pdf](https://www.theglobalfund.org/media/5678/fundingmodel_implementationmapping_guidelines_en.pdf)

<sup>49</sup> As per the Global Fund guidelines, Implementers of the Global Fund grants are the following:

- The Principal Recipient (PR) is an entity nominated by the relevant Regional Coordinating Mechanism or Regional Organization to implement a specific program and has signed a grant agreement with the Global Fund.
- The Sub-recipient (SR) receives grant funds directly or indirectly from the PR and implements certain program activities under the oversight of the PR.

As per the guidelines, suppliers such as bidders, suppliers, agents, intermediaries, consultants and contractors, who are not the PR(s) or SR(s) but provide goods and/or services to a program are not considered Implementers.

<sup>50</sup> [https://www.theglobalfund.org/media/5663/core\\_guidelinesonimplementers\\_guideline\\_en.pdf?u=63648680719000000](https://www.theglobalfund.org/media/5663/core_guidelinesonimplementers_guideline_en.pdf?u=63648680719000000)

The Applicant must ensure that affected communities are at the center of the regional-level strategies it develops – both in terms of the process of developing strategies and approaches to implementation. This will ensure that funding proposals deploy a people-centered approach that strengthens the engagement of key populations in the design, implementation and monitoring of future grant activities and their long-term sustainability.

#### 4. FR submission and communications

After completing the FR (including the narrative and mandatory attachments), the Pre-selected Applicant must submit all documentation via email to the Access to Funding Department ([accesstofunding@theglobalfund.org](mailto:accesstofunding@theglobalfund.org)) and copy the MC Focal Point. The full FR must be submitted no later than the date and time indicated in Table 1.

All FRs should be submitted as MS-Word documents or in the correct template, though annexes may be submitted as PDF and should include all required documentation<sup>51</sup>. The Global Fund accepts application documents in English and Spanish, though the working language of the Global Fund Secretariat and the TRP is English.<sup>52</sup>

Unless otherwise indicated, FR ***should be divided in three separate files*** containing:

- a. The FR narrative and the core supporting documents;
- b. Relevant RCM/RO Eligibility documentation; and
- c. Supporting documents referenced in the FR.

The title of the document of the attachment must be labelled as follows:

- FR narrative: GF-MC-2024-XX-FP-[Your organization name]
- Performance Framework: GF-MC-2024-XX-PF-[Your organization name]
- Budget: GF-MC-2024-XX-Budget-[Your organization name]
- Implementation Arrangement Map: GF-MC-2024-XX-ImpMap-[Your organization name]
- RCM Eligibility documentation: GF-MC-2024-XX-RCM-[Your organization name]
- RO Eligibility documentation: GF-MC-2024-XX-ROE-[Your organization name]
- Annexes: GF-MC-2024-XX-[name of annex]- [Your organization name]  
(Note: shorten the name of the annex as much as possible as if it is too long the it might not be possible to open the file)

The maximum allowable email size (including all attachments) is 30Mb. In case the files exceed this limit, the Applicant can share the file via sharing web sites.

#### 5. Applicable Global Fund Policies

All relevant policies, procedure, rules and guidelines of the Global Fund (as enacted or amended from time to time) shall apply to this Applicant selection process, the ensuing MC grant making process as well as implementation of the contemplated grant.

#### 6. Framework Agreement and the Global Fund Grant Regulations

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<sup>51</sup> Please refer to the FR Instructions, which are part of the Step II application package. All templates will be shared with the Pre-selected Applicants.

<sup>52</sup> Please refer to the FR Instructions for MC Approaches for more information on language requirements and translations.

As mentioned in Attachment B, the Applicant will select an appropriate Implementer, which will enter into a Grant Agreement with the Global Fund. The Grant Agreement is governed by the standard Framework Agreement terms and the Global Fund Grant Regulations (as amended from time to time).

In particular, the successful Applicant along with the proposed Implementer shall confirm acceptance of the standard Framework Agreement terms and/or amendments thereto, the Global Fund Grant Regulations (as amended from time to time) and policies relating to maintenance of, and access to, books and records, and to full cooperation with the authorized representatives of the Global Fund, including the Office of the Inspector General, in audits, investigations, financial reviews, forensic audits, evaluations or other activities that the Global Fund deems necessary to ensure that Global Fund resources are used in accordance with the terms and conditions of the Grant Agreement for the purposes approved by the Global Fund. Cooperation includes in particular access to all relevant records, documents, personnel, sites, electronic materials and computerized records generated, or in the possession of, the Implementer, or the Implementer's agents, consultants, representatives or Sub-recipients, that pertain to activities and expenditures supported by Global Fund resources.

The Applicant and Implementer shall confirm acceptance of the standard Framework Agreement terms and/or amendments thereto, and the Global Fund Grant Regulations (as amended from time to time) in full with the FR or, as the case may be, identify any proposed significant deviations from these terms in writing within the FR.

The Global Fund shall be entitled to accept or refuse in its entire discretion any proposed deviations from its standard Framework Agreement terms and/or amendments thereto, and the Global Fund Grant Regulations (as amended from time to time) submitted in writing within the FR.

Applicants shall not be allowed to propose any significant deviations from the standard Framework Agreement terms and/or amendments thereto, and the Global Fund Grant Regulations (as amended from time to time) after submission of their FR under this RFP.

## ATTACHMENT D

### Evaluation Criteria for Step II

#### The Global Fund Secretariat evaluation:

The Global Fund Secretariat will conduct a screening process to assess the extent to which FRs meet the evaluation criteria below and in accordance with **Attachment C** and demonstrate sufficient attention to the project described in **Attachment A**. The Global Fund Secretariat will also evaluate if the FR complies with relevant Global Fund policies and procedures, including the RCM/RO Eligibility Criteria and the Global Fund Grant Regulations (as amended from time to time).

Only FRs fulfilling all the requirements will be submitted for the TRP for independent expert review.

In addition, the Global Fund Secretariat will provide the TRP with available complementary analysis that inform the TRP, including any relevant regional and country-level context, which may have bearing on the TRP review as well as available organization's track record/relevant experience.

#### TRP review process and criteria:

The TRP will evaluate the FRs to ensure they are technically sound and strategically focused, and select the FR(s) or elements of them deemed most likely to realize catalytic impact, MC collaboration and to demonstrate sufficient value for money in response to the targeted strategic priority. The selected FR will be recommended to the Grant Approvals Committee of the Global Fund for final review before proceeding into grant making.

The following technical criteria will be used in the TRP's review processes to ensure that Global Fund investments are positioned to achieve the highest impact, value for money and contribute to the goal and objectives set out in the Global Fund Strategy<sup>53</sup>. Further detail on these criteria is outlined in the Global Fund's Core Information Notes and Technical Briefs<sup>54</sup> and the Core Guiding Principles for differentiation<sup>55</sup>. These criteria apply to programs funded through the country allocations as well as to the MC grants. Application and operationalization of the TRP Review criteria will be further contextualized for different MC portfolio types, country contexts and specific priorities as detailed in the internal TRP Operating Procedures.

All proposals deemed eligible by the Global Fund Secretariat will be evaluated by the TRP against the framework put forth in **Attachment A**, and to ensure investments are positioned for impact, the Global Fund-supported programs should be guided by the following overarching approaches:

- **Catalytic use of resources:** Global Fund resources should be programmed in consideration of how domestic, donor and other resources are being used and how Global Fund resources can catalyze the greatest impact within a specific regional context. Global Fund investments should be

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<sup>53</sup> For more information, see the [Global Fund Strategy](#).

<sup>54</sup> See the [HIV, TB, malaria and RSSH Information Notes, as well as the Technical Briefs](#) which provide more information, for instance on specific disease control issues, community rights and gender issues, as well as RSSH issues.

<sup>55</sup> For more information, see GF/SC01/DP03, the access to funding principles of differentiation, COE, STC and other relevant access to funding policies.

well balanced and allocated to interventions that will contribute to impact in line with national/ regional plans and the objectives of the Global Fund Strategy.

- **Communities at the center of programs:** Program design reflects the meaningful engagement, leadership and contributions of communities living with and affected by HIV, TB and malaria on how programs can best be focused and structured to meet their holistic health needs. In particular, this includes programs for key and vulnerable populations, and also how the engagement and leadership of communities can be used to improve access to and retention in quality programs for all populations affected by the three diseases.
- **Leveraging partnerships:** This includes pursuing multi-sector partnerships to address common structural determinants of outcomes of HIV, TB and malaria in an efficient and effective way; leveraging local expertise for tailored technical support; strengthening partnerships across national health, social, community and private sector stakeholders to strengthen integrated people-centered quality services; and working across countries to address challenges for the three diseases including barriers to gender equality, equity, human rights and structural barriers to health equity.

In addition to the criteria laid out above, each proposal will be evaluated by the TRP in line with the following general TRP review criteria<sup>56</sup> and score against the following considerations:

1. Strategic focus
2. MC focus
3. Technical soundness
4. Prioritization of interventions
5. Evidence-based programs for key populations
6. Scale-up and ambition
7. Leveraging partnership
8. M&E plan for impact
9. Addressing human rights related barriers
10. Addressing gender reacted barriers and gender equality
11. Engages key and vulnerable populations in decision making
12. Empowers and engages key and vulnerable communities
13. Technical and implementation capacity of the implementer
14. Value for Money
15. Programmatic risk
16. Strategies to address bottleneck
17. Sustainability

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<sup>56</sup> [Terms of Reference of the Technical Review Panel \(see Annex 1 TRP Review Criteria\)](#)



## ATTACHMENT E

### General Instructions

By submitting a response for this RFP, the Applicant agrees to the following:

1. The Global Fund shall not be considered as making any offer of a contract, nor a grant, by posting this RFP or evaluating any response submitted in response to it, and there shall be no legal agreement or relationship, whether in contract (express, implied, or collateral) or tort, created by this RFP process between the Global Fund and any Applicant. For the avoidance of doubt, any grant agreement remains subject to Global Fund Board approval.
2. The Global Fund expressly reserves the right to change the closing date and timing of, amend, withdraw, or cancel this RFP process and/or its grant strategy, and to reject any or all responses at any time and for any reason, without liability or penalty to any party. Applicants will be informed of all amendments or other modifications to this RFP.
3. At any time during the Step I and/or Step II review process, the Global Fund may (a) reject any or all proposals, (b) accept for award a proposal other than the lowest cost proposal, (c) accept more than one proposal, (d) accept alternate proposals, (e) accept part of a proposal, and (f) waive informalities and minor irregularities in proposals received.
4. The Global Fund will be under no obligation to reveal, or discuss with any Applicant, how a proposal for any of the Step I and/or Step II process was assessed, or to provide any other information relative to the selection process. Applicants whose proposals are not selected will be notified in writing of this fact and shall have no claim whatsoever for any kind of compensation.
5. All Applicants shall be responsible for and bear their own costs, expenses, and liabilities arising in connection with the preparation and submission of a response to this RFP, as updated, amended, or modified from time to time, and their involvement in the RFP process. In no circumstances whatsoever will the Global Fund be liable for any such costs incurred by any Applicant, whether direct or indirect, irrespective of the outcome of the selection process, nor if the selection process is cancelled, altered, or postponed for any reason.
6. Any dispute, controversy, claim, or issue arising out of this RFP, shall be finally settled by arbitration conducted in accordance with the United Nations Commission on International Trade Law (UNCITRAL). The number of arbitrators shall be three, the place of arbitration shall be Geneva, Switzerland, and the language used at the arbitration shall be English.
7. The Global Fund's Code of Conduct for Recipients and the investigative, decision-making, and sanctions policies and processes of the Global Fund, including those of its Office of the Inspector General shall apply to this RFP can be accessed [here](#).
8. The Global Fund has full discretion to investigate any potential fraud or abuse, whether occurring in the past, present, or future, associated with the procurement with Global Fund resources, and the Global Fund at its full discretion may publish the findings of such investigations; through participation in this process, the Applicant acknowledges these processes and will not challenge in any setting the investigation by the Global Fund of potential fraud or abuse associated with procurement with Global Fund resources, the dissemination of investigation findings, and the responses undertaken by the Global Fund to findings of fraud or abuse, in all cases whether occurring in the past, present, or future.
9. Nothing contained in this RFP may be construed as a waiver, express or implied, of the privileges and immunities accorded to the Global Fund.
10. Nothing in this RFP shall be taken to mean or read as compelling or requiring the Global Fund to respond to any questions or to provide any clarification to a query of an Applicant. The Global Fund reserves the right not to respond to questions raised by an Applicant that it perceives as irrelevant, or not to provide clarifications if in its sole and absolute discretion it considers that no reply is necessary.

11. The Global Fund reserves the right to seek any additional information or document from the Applicant in the manner it deems fit at its sole and absolute discretion.