

Instructions for Matching Funds Requests

Introduction

These instructions aim to support eligible applicants in the preparation and submission of a request for matching funds. Matching funds are one of three catalytic investment streams¹ approved by the Global Fund Board for the 2017-2019 allocation period.

The *Global Fund Strategy 2017-2022, 'Investing to End Epidemics'* sets out to achieve an ambitious vision and mission through four strategic objectives, namely: i) Maximizing impact against HIV, TB and malaria; ii) Building resilient and sustainable systems for health; iii) Promoting and protecting human rights and gender equality; and iv) Mobilizing increased resources for health.

To meet these objectives, the strategy has adopted ambitious targets that are aligned with the targets of relevant global health strategies, namely, the UNAIDS Fast Track Strategy, the End TB Strategy, the Global Technical Strategy for Malaria, as well as the Sustainable Development Goals.

Achieving the strategy's targets and objectives requires innovative design of programs based on technical guidance and evidence of impact. It is critical that country programs align with global disease strategies by intensifying efforts in strategic priorities that hold high potential for impact. The Global Fund Board therefore approved an additional funding stream – designated as matching funds – to increase investment and/or quality in a limited number of strategic priorities identified as critical in achieving the strategy's objectives and mission. Matching funds are intended to strengthen the impact of responses to the diseases by building on country allocations and investments from other sources.

Criteria for Accessing Matching Funds

The objective of matching funds is to incentivize eligible countries to align their allocations towards the strategic priorities that are critical to driving impact and achieving the Global Fund Strategy 2017-2022. Strategic priorities eligible for additional investment through matching funds are as follows:

¹ The three catalytic investments streams approved by the Global Fund Board include: i) matching funds, ii) multi-country approaches, and iii) strategic initiatives.

Component	Matching funds strategic priorities
HIV	<ul style="list-style-type: none"> - Scale-up of evidence-informed HIV programs for key populations² - Removing human rights barriers to access to HIV services - Reducing HIV incidence amongst adolescent girls and young women
Tuberculosis	<ul style="list-style-type: none"> - Finding missing TB and drug-resistant TB cases
Resilient and sustainable systems for health (RSSH)	<ul style="list-style-type: none"> - Integration of service delivery and improvement of health workforce - Improving data systems, generation and use <i>[also applicable to M&E in disease components]</i>
Malaria	<ul style="list-style-type: none"> - Catalysing market entry of new long-lasting insecticidal nets

Eligible countries have been informed of the specific strategic priorities for which they can access matching funds in their allocation letters, as well as the additional funding amount potentially available as matching funds. For applicants to access the full additional funding specified in the allocation letter, they need to demonstrate compliance with the following criteria:

1. The program associated with the 2017-2019 allocation includes interventions/activities that directly support the designated strategic priority area;
2. The allocation investment in the priority area is higher than in the previous allocation period (2014-2016);
3. Funding within the 2017-2019 allocation invested in the strategic priority area is equal to, or more than, the matching funds requested (i.e. at least a 1:1 ratio);
4. The programs proposed under matching funds have clear potential to accelerate progress in the relevant strategic priority area and to maximize impact of the overall program.

The Technical Review Panel (TRP) will review requests for matching funds and provide recommendations on their technical soundness and their potential to maximize impact, taking into account these criteria. The TRP may apply flexibilities on a case-by-case basis considering country context and if certain circumstances limit the ability of an applicant to meet all the criteria noted above.

Flexibilities may apply, for example, in the case of heavily commoditized grants, and where there is limited fiscal space in the 2017-2019 allocation period to increase funding for the designated strategic priority. Flexibilities may also be considered if directing funds within the allocation to meet the minimum 1:1 matching requirement would reduce the impact of the disease programs. Additional considerations include: whether the applicant is on track to meet Global Fund co-financing requirements, and whether the country is eligible for matching funds for multiple strategic priority areas. In cases where any of the criteria cannot be met, applicants must include a clear justification in their request for matching funds.

Applicants should be ambitious in their proposals to accelerate efforts in the relevant strategic priorities. As such, eligible countries are strongly encouraged to submit well-justified requests for matching funds that exceed the matching funds amount communicated in the allocation letter. Applicants may also apply for less than the funding available to them. Matching funds not awarded

² As per UNAIDS guidelines, and for the purpose of accessing matching funds, key populations are understood as gay men and other men who have sex with men, sex workers, transgender people, and people who inject drugs. Aligned with UNAIDS guidance, investment in programs for prisoners will also be considered.

following TRP review and Grant Approvals Committee (GAC) consideration will return to the matching funds resource pool for reinvestment in other eligible countries.

In line with current procedures, the Global Fund will monitor potential risks and review program split processes in eligible countries to ensure that program split revisions do not undermine the overall catalytic objective of matching funds. In particular, the Global Fund will check that program split revisions do not: i) move funding away from essential programs e.g. investments in life-saving health commodities or ii) draw funds away from other disease programs, to meet matching requirements.

Timing of Submission

Applicants are strongly encouraged, where possible, to submit a comprehensive application to the Global Fund that includes:

- the funding request that relates to the allocation (full review, tailored review or program continuation request, as applicable);
- the prioritized above allocation request; and
- the matching funds request, as applicable.

Submitting the application for matching funds alongside the allocation funding request will enable applicants to clearly demonstrate how the additional matching funds are linked to and will be used to maximize the effectiveness and impact of programs proposed within the allocation request. For example, a matching funds application related to finding missing TB cases and drug-resistant TB cases should ideally be submitted together with the allocation funding request, so the TRP can more effectively assess the overall program design – including whether it adequately provides for increased demand for TB/MDR-TB treatments resulting from an increased focus on finding missing cases.

While simultaneous submission is recommended, Access to Funding processes will allow for flexibility with respect to when applicants can submit the different elements of their application. See the table below for a summary of these flexibilities. If a country cannot submit its matching funds application at the time of submission of the allocation funding request, it may do so during grant-making or implementation. If a grant is already in implementation when matching funds are approved, the amount approved will be integrated into the grant as incremental funding.

Application	Required from	Timing of submission
Funding request (full review, tailored review, or program continuation)	All applicants	When applicant is ready, or as communicated in the allocation letter for program continuation
Prioritized above allocation request (PAAR)	All applicants	With funding request, or during grant-making for program continuation. All applicants may update the PAAR during implementation.
Matching funds application	Only eligible applicants	With funding request, or during grant-making or implementation

The matching funds available to eligible applicants are relatively small amounts compared to the country allocations. The flexibility in the timing of submission ensures that the preparation of a matching funds application will not delay a country's funding request to access the allocation (full review, tailored review or program continuation). For example, program continuation applicants that need more time to discuss and plan how to present a matching funds request can progress with submission of their program continuation request, and subsequently submit the matching funds request during grant making for TRP and GAC review. If known at the time of submission of the program continuation request, applicants should identify the allocation amount(s) earmarked for investment in the relevant strategic priority areas – noting that the matching funds request when submitted should provide details on the proposed activities to be supported with these funds.

Applying for Matching Funds



It is recommended that applicants consult the [HIV, TB and RSSH Guidance on Matching Funds](#) when developing their request.

The application template requests applicants to specify the allocation funding request that their matching funds application relates to. As such, if a country is applying for matching funds for multiple strategic priorities that fall under the same disease component (e.g. HIV), the requests should be submitted within the same matching funds application. If the strategic priorities do not relate to the same component, a separate matching funds request form should be completed for each priority area.

The form requests eligible countries to outline how they will program matching funds, and to clearly demonstrate that they meet the requirements for award of matching funds. The form consists of three questions that are aligned with the criteria for accessing matching funds.

- *Question 1: Programming of allocation funding towards strategic priority areas*

The response to this question should not repeat what applicants have already described in their allocation funding request. Rather, the response should focus on: i) highlighting which modules and interventions within the allocation request and their overall aims are linked to the matching funds request, and ii) budget increases for the strategic priority area(s) as compared to the previous allocation period.

Applicants submitting a program continuation request should outline if any reprogramming is envisaged to increase investment in the relevant strategic priority area(s) to maximize impact. Importantly, if the program adjustments necessary to meet the conditions for matching funds constitute a ‘material reprogramming’, a funding request tailored to material change will have to be submitted. Where needed to achieve greater strategic focus and impact, countries may reprogram at any time during the course of the grant life-cycle. Applicants should consult their Fund Portfolio Manager for guidance if they have questions related to material/non-material reprogramming.

- *Question 2: Additional investments proposed and outcomes expected*

The response should clearly indicate increases in program targets and/or improvements in program quality and effectiveness to be achieved with matching funds. The linkage between interventions proposed in the matching funds application and the program covered under the allocation amount should be explained.

Annex 1 provides examples of interventions/activities that may be considered within a matching funds application. These examples are only meant to serve as a guide to applicants and do not represent an exhaustive list.

The applicant should organize the interventions or package of interventions proposed for funding in order of relative importance to the program, by selecting a priority rating (high, medium or lower priority) as requested in the Excel application template. The applicant should fill-in the requested tab needed and delete the ones not relevant to their request.

- *Question 3: Compliance with the minimum 1:1 funding match*

If flexibility to the minimum 1:1 match criteria is requested, the response to this question should provide clear justification for the exception. For example, where there is limited fiscal space within the allocation to increase funding for the relevant strategic priority area, the TRP and the GAC may exceptionally consider investments in the strategic priority area financed by non-Global Fund sources.

In cases where the investment from the 2014-2016 allocation period in a strategic priority area is higher than the amount available for matching funds, applicants are required to demonstrate that they are increasing investment in the strategic priority area during the 2017-2019 allocation period. For instance, in countries with more than one Global Fund program, the total current investments in monitoring and evaluation (M&E) interventions (across disease and resilient and sustainable systems for health programs) will typically already be higher than the available matching funds.

The examples below illustrate how the TRP and GAC can consider the matching funding conditions and flexibilities in their review.

Example 1

Situation:

A country invested US\$10 million in TB case finding during the 2014-2016 period. The country is eligible for US\$15 million matching funds for finding missing TB and drug-resistant TB cases.

Conditions for accessing the full amount of matching funds:

- **Invest at least US\$15 million** of the 2017-2019 allocation in TB case finding to match 1:1 with the available matching funds.
- **Increase the programmatic targets in line with the total invested in TB case finding** (US\$15 million allocation investment + US\$15 million matching funds).

Example 2

Situation:

A country has invested in effective key populations programming supported by Global Fund resources, domestic, and bilateral partners.

The country is eligible for US\$2 million in key populations matching funds.

The Global Fund grant is heavily commoditized and there is no fiscal space in the allocation to scale-up HIV programs for key population programs.

Flexibility to matching funds conditions:

As there is a clear rationale why the country cannot increase funding for key populations within the allocation:

- **Flexibility can be applied** to reduce the risk of displacing funding away from essential programs.
- The TRP will consider whether the **country's request for matching funds will contribute to catalyzing** key population programs, even if the program is being funded by sources other than the Global Fund allocation.

Example 3

Situation:

A country did not invest in reducing HIV incidence amongst adolescent girls and young women during the 2014-2016 allocation period.

The country is eligible for US\$2 million matching funds to support reduction of HIV incidence amongst adolescent girls and young women.

Conditions for accessing matching funds:

- **The country is required to invest US\$2 million of its 2017-2019 allocation** in reducing HIV incidence amongst adolescent girls and young women in order to access the matching funds.
- If the country does not demonstrate willingness to prioritize the strategic program area even though there is possibility within the allocation to do so, then the designated amount will go **back into the matching funds 'pool'** for reinvestment in other countries.

Lessons learnt from the TRP for the attention of applicants:

- The applicant is recommended, when possible, to submit matching funds requests in the same window with the allocation request and explain how the funding will lead to greater impact.
- For the applicants who are submitting a matching funds request having already submitted a program continuation application in a previous window, the request should provide greater clarity and detailed information on what interventions are currently being funded and how the matching funds request would build on the within allocation funding. This would facilitate the TRP's ability to assess alignment and complementarity.
- The applicant should present a coherent investment approach with a limited number of interventions to achieve highest impact and should avoid presenting non-prioritized lists of programs and interventions in matching funds requests.
- The applicant should use an evidence-based approach for matching funds requests, or present a pilot for an innovative approach designed to be scaled-up based on findings.
- It is recommended that when substantial amounts are being requested or innovative ideas proposed, the application should identify indicators to measure the additional program effect resulting from the matching funding.
- It is essential that the matching funds requests match against the activities within the allocation request and not the prioritized above allocation request.
- When applying for TB matching funds, applicants are strongly recommended to provide more analysis of where the TB missing cases are likely to be and why they are missing, and propose specific targeted interventions for the identified populations and geographic locations.
- If applying for matching funds for human rights, applicants should include, within the allocation, specific interventions to address locally relevant human rights and gender-related barriers rather than generic advocacy interventions or broad-based training.

Annex 1: Examples of Interventions/Activities for Matching Funds Priority Areas

Disease	Strategic priority area	Examples of interventions/activities
HIV	Scale-up of evidence-informed HIV programs for key populations	<ul style="list-style-type: none"> • Community-based outreach, prevention and testing services: Key population led outreach, prevention and testing services designed for and/or accessible to community members (e.g. mobile outreach, drop in centers) and which take into account gender- and age- specific needs of key populations (e.g. home visits or outreach for women who inject drugs); • Differentiated ART delivery: Programs to improve access to and retention in HIV treatment programs for key populations living with HIV; • Service integration (“one-stop-shops”): Co-location of services (and cross-training providers, where necessary) to improve accessibility and reduce loss to follow-up; • Harm reduction programs for people who inject drugs (including, opioid substitution therapy, needle and syringe programs, and overdose prevention); • Community and health systems strengthening: Community mobilization, institutional capacity strengthening, training for health and community service providers in provision of appropriately tailored services for key populations, key population engagement in design, development and oversight of HIV programs; • Community-led monitoring of services: Mechanisms for key populations to provide oversight and give feedback on their experience as service recipients; • Stigma and discrimination: Programs that reduce stigma (including self-stigma) and discrimination; strengthen access, uptake and retention in services (e.g.: health worker training); • Community empowerment: Mobilization of key populations to address, for themselves, the structural constraints to health, human rights and well-being that they face, and to improve their access to services to reduce the risk of acquiring HIV; • Research, data and strategic information: Ethical rights-based research and data collection aimed at improving the quality, effectiveness and focus of HIV programs for key populations.
	Removing human rights barriers in access to HIV services	<ul style="list-style-type: none"> • Programs to reduce stigma and discrimination against people living with HIV or people at risk of HIV infection; • HIV-related legal services and legal support to facilitate access to justice and redress in cases of HIV-related discrimination or other legal matters; • Monitoring and reforming of laws, regulations and policies relating to HIV so that they support, and do not hinder, access to HIV and health services; • Legal literacy programs to raise awareness on human rights and the national and local laws relevant to HIV among those living with or affected by HIV (“know your rights”); • Programs to inform and sensitize law-makers and law enforcement agents about the important role of the law in the HIV response; • Programs to train health care providers about their own human rights to health and to non-discrimination in the context of HIV and to make ensure they are equipped to respect and fulfil patients’ rights to informed consent, confidentiality, treatment and non-discrimination; • Programs that address gender inequality and gender-based violence as both causes and consequences of HIV infection.

	<p>Reducing HIV incidence amongst adolescent girls and young women</p>	<ul style="list-style-type: none"> Increasing the scale and coverage of the package of services for adolescent girls and young women being delivered as part of a national plan, and included in the Global Fund application; Piloting approaches that will improve the integration of school or community-based approaches to delivering services to adolescent girls and/or young women at increased risk to HIV; Research leading to national policies, guidance or laws on services relevant for adolescent girls and young women; Integrating implementation science research into the core components of the package of interventions for adolescent girls and young women in high burden settings; Intra-Ministerial processes that will lead to more coordinated and streamlined plans, budgets and services to address the comprehensive needs of adolescent girls and young women; Increasing capacity of countries to measure and report on the incidence of adolescent girls and young women.
<p>TB</p>	<p>Finding missing TB and drug-resistant TB cases</p>	<ul style="list-style-type: none"> TB diagnosis; Drug resistant-TB diagnosis; Systematic screening of high-risk groups; Optimal utilization of the Xpert MTB/RIF assay and X-rays; Drug-susceptibility testing; Sputum transportation system; Programs and approaches to address access barriers, including community-based and integrated services; Intensified TB Screening among people living with HIV; Engaging private sector providers in TB diagnosis.
<p>RSSH</p>	<p>Integration of service delivery and improvement of health workforce</p>	<ul style="list-style-type: none"> Evidence-informed country-level human resources for health (HRH) policy development and implementation: This includes country-level HRH assessments, including labor market, workload analyses and capacity assessments. This work can include community-based health workforce policy development and implementation that is linked to broader HRH planning. This can include activities to improve the collection, analysis and strategic use of health workforce data, remuneration policies and integrated service delivery mechanisms such as integrated community case management. Please refer to the Global Fund's HRH technical guidance note for more information. <p>These investments are expected to increase HRH by improving policies to ensure quality, retention and distribution of health workers. Better HRH policies and improved deployment of health workers should allow for better prevention and treatment of the three diseases, including an enhanced ability to identify missing cases, and ultimately better health outcomes.</p> <ul style="list-style-type: none"> Inclusion of disease interventions (e.g. prevention of mother to child transmission, early infant diagnosis, pediatric TB and case management for malaria) into integrated service delivery platforms, with a focus on ante- and post-natal care; more integrated sexual, reproductive health and HIV services, including for adolescents; and improved integrated community case management. Quality of care initiatives and development of relevant policies and regulatory frameworks can also be supported. Please see technical guidance notes on RMNCAH and other relevant topics for more information on services, as well as the HIV, TB and malaria information notes. <p>Support in this area should inform disease-specific and national health plans, reduce bottlenecks to service provision and strengthen capacities needed for integrated service delivery.</p>

		Overall, the Global Fund anticipates that investments in HRH and integrated service delivery facilitated by matching funding will lead to more integrated, people-centred health services and result in improved health services and health outcomes.
	Improving data systems, generation and use	<p>Depending on the disease and/or RSSH program, interventions may include, but not limited to:</p> <ul style="list-style-type: none"> • Routine reporting; • Assessment of program and data quality; • Data analysis, evaluations, reviews and promoting transparency; • Surveys; • Supporting administrative and financial data sources; • Strengthening vital registration systems.
Malaria	Catalysing market entry of new long-lasting insecticidal nets	Information forthcoming