The Global Fund

FUNDING REQUEST INSTRUCTIONS:
Tailored to National Strategy-based Pilots

These instructions guide the applicant through the funding request application package tailored to National Strategies Based Pilots. It should be read by all stakeholders engaged in the development of the request. A funding request outlines the rationale for Global Fund investment. Each funding request describes the country's programmatic approach and should be supported by in-country data and technical guidance, and draw on an inclusive multi-stakeholder country dialogue process. A national disease strategic plan and/or national health strategy serve as the basis for this tailored funding request. The request must prioritize a country's gaps and describe how implementation of the resulting grant can maximize the impact of the investment by reaching the greatest number of people and by achieving the greatest possible effect on disease control or elimination.

The instructions are divided into four parts:

- **Part I** outlines generic guidance to help an applicant start and complete the funding request;

- **Part II** describes each section of the funding request and provides, where appropriate, more detailed guidance regarding what is required;

- **Part III** describes the required attachments accompanying the funding request;

- **Part IV** includes checklists to facilitate submission of a complete and comprehensive funding request.

Table of Contents

For questions, please contact accesstofunding@theglobalfund.org

PART I: GETTING STARTED

Introduction

These instructions are designed to support the preparation of a Tailored Review Funding Request for the 2017-19 allocation cycle, for which grants will be implemented during the 2018-2020 period.

They are meant to complement guidance provided in the application form (also referred to as the "narrative") and core documents for the funding request. Where needed, they include links to relevant technical guidance, policy and other reference documents.

Differentiated Application and Review Processes

The Global Fund has introduced a new approach in applying for funding, called the "differentiated application process". The objective is to allow for flexible and tailored funding requests that are "right-sized" to match the needs and context of a country. The differentiation of the application process also aims to ensure greater time is spent implementing grants to save lives. The three differentiated approaches to accessing funding are:
1. Program continuation
2. Tailored review (Challenging Operating Environments; Transition; National Strategy Based Pilots; or Material Change), and
3. Full review.

These instructions are for "National Strategy-based pilots" applications.

For more information on the differentiated application approaches, please see the Applicant's Handbook: A practical guide to preparing a funding request and the Operational Policy Note on Access to Funding and Grant Making.

Submitting the Application

The country allocation amount and proposed application approach are communicated to applicants in their allocation letters.

Applicants will receive the appropriate application form and attachments from the Global Fund depending on their approved review approach. After completing the funding request (including the narrative and mandatory attachments), submit via email to your Fund Portfolio Manager and copy the Access to Funding Department (accesstofunding@theglobalfund.org).

Joint Submissions

Applicants that have more than one component falling into the same review modality (in this case, NSP based pilot) have the possibility to submit a joint application. The application form is meant to accommodate: (i) single-component funding requests, e.g. a funding request for malaria; or (ii) joint funding requests, including two or more components, e.g. a funding request combining all three diseases and RSSH, or combining TB and RSSH, or combining HIV/AIDS and TB, etc.).
The Global Fund encourages applicant to submit joint funding request: it has the added advantage of enabling applicants to present more clearly how the allocation is invested in a comprehensive response to address disease and relevant health system issues, and how the request maximizes synergies between programs.

As specified in their allocation letters, applicants are strongly encouraged to maintain or increase their investments in RSSH during the next cycle. If applicants are submitting separate funding requests for eligible components at different times, rather than in a joint submission, they are strongly encouraged to include their entire request for resilient and sustainable systems for health (RSSH) in a **single** application instead of fragmenting across funding requests. This is to ensure a coherent approach. It is also recommended that the RSSH request be included within the **first** funding request submitted. For example, if a combined malaria and RSSH funding request is submitted as the first application, the applicant is recommended to include its overall request for RSSH (i.e. beyond the RSSH investments related to malaria).

Note that countries with a high co-infection burden of tuberculosis and HIV are required to submit joint TB/HIV funding requests.[1]

Use of Existing Country Documentation

This tailored approach is based predominantly on National Strategic Plans (NSP) and/or National Health Plans (NHP) and accompanying documents. Therefore, the application form is designed to use existing country documentation and to avoid unnecessary duplication of information found in these source documents. To keep the funding request concise, applicants are required to refer to relevant national strategic plans or other documents rather than repeat this information in the narrative. For more information, see detailed guidance under the relevant section in Part II of these Instructions *(Completing the funding request application form)*.

The relevant source documents need to be clearly referenced and submitted as part of the package. Do not attach documents that are not referenced in the funding request, and reference only those that provide a basis for the choice of interventions.

Page Limitations

Each question provides a maximum page limit for the response. One page corresponds to approximately 500 words. Please respect the page limitation per question and use standard Arial Font in size 11, and single line spacing. Applicants may make use of visual representations (i.e. graphs or tables) to portray key information or trends. These visuals are welcome and can exceed the page limit.

The application form aims to ensure that applicants are as concise and focused as possible in their response. The Global Fund may return applications exceeding page limits for revision and resubmission.

Timing of the Submission

The start date of any grant implementation period must come immediately after the end date of that country component's existing grant implementation period from the preceding allocation period. For example, for a grant ending in December 2017, the implementation start date of the next grant using the allocation for the 2017-2019 cycle would be January 2018. Funding from two different allocation periods must be consecutive and cannot overlap. The allocation for eligible components can be accessed, either jointly or individually, once per allocation period for each component, and must be approved by the Board prior to the end of the allocation period (e.g., by 31 December 2019). The planning and implementation of grants

---

[1] Countries with a high co-infection burden of tuberculosis and HIV include: Angola, Botswana, Cameroon, Central Africa Republic, Chad, Congo, Congo (Democratic Republic), Ethiopia, Ghana, Guinea-Bissau, India, Indonesia, Kenya, Lesotho, Liberia, Malawi, Mozambique, Myanmar, Namibia, Nigeria, Papa New Guinea, South Africa, Swaziland, Tanzania (United Republic), Thailand, Uganda, Zambia, and Zimbabwe.

should be aligned with country planning cycles. The standard grant duration for Global Fund financing is three years, unless otherwise approved by the Board.

Please refer to the [Applicant's Handbook](#) for more information on the allocation methodology, and for details on the implementation period and extensions, see the [Operational Policy Note on Grant Revisions.](#)

Translation of Documents

The Global Fund accepts application documents in English, French, Spanish or Russian. The working language of the Secretariat and the Technical Review Panel (TRP) is English.

The Global Fund will translate only the narrative and **core application documents** (for example, funding request narrative and mandatory tables) submitted in French, Spanish or Russian. Supplementary attachments can be submitted in the documents' original language but translation by the Global Fund will be limited to specific sections that have been referenced in the funding request. Therefore, it is important for applicants to specify relevant sections, using page numbers to indicate pertinent information. As the Secretariat cannot ensure translations of all supplementary documents, applicants **are additionally encouraged to submit the most critical attachments in English**. Whenever possible, applicants are **encouraged** to translate all required documents into English before submission. Please contact your FPM if needed.

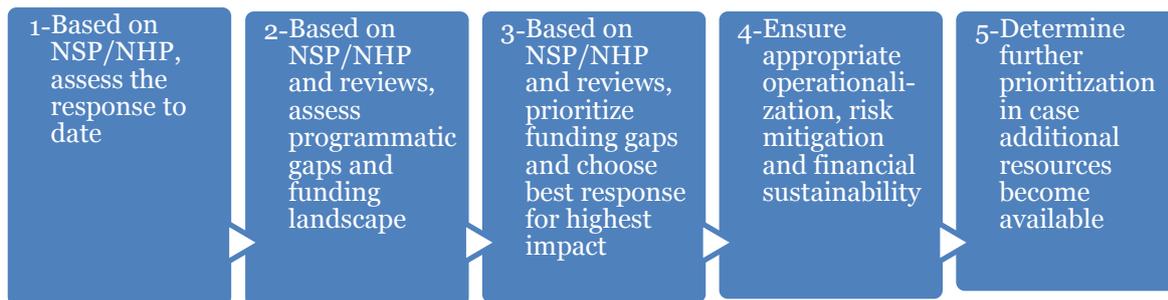## PART II: COMPLETING THE FUNDING REQUEST APPLICATION FORM

The development of the funding request forms an integral part of an on-going country dialogue process, in which a broad range of stakeholders are engaged to identify needs, work on national strategies, build resource mobilization efforts and prioritize interventions and actions that will make the most impact. For an application to be successful, existing national strategy documents that accurately reflect the context, including other available up-to-date sources of information should serve as the basis for the funding request.

Applicants are encouraged to take different steps to analyze available strategic information before and during the funding request development process. These steps may include, for example, epidemiological and impact assessments, program reviews, and gap analyses. Applying strategic investment thinking throughout the funding request development process is critical to prioritizing funding for interventions that would yield maximum impact. During these steps and throughout the country dialogue process, it is important to ensure meaningful engagement of key and vulnerable populations[2] as applicable and civil society organizations involved in responding to the diseases.

See the Guidance Note on Global Fund Country Dialogue (*forthcoming*) for additional information.

The funding request is designed to follow the logical flow outlined below:

---

[2] The Global Fund defines key populations as groups that experience both increased impact from one of the diseases and decreased access to services. It also includes groups that are criminalized or otherwise marginalized. For example, in the context of HIV, key populations include: men who have sex with men, transgender people, sex workers, people who inject drugs, and people living with HIV. The Global Fund also recognizes vulnerable populations, who are those who have increased vulnerabilities in a particular context, i.e. adolescent/women and girls, miners and people with disabilities. For a complete definition, refer to the following link to the Global Fund [website](#).

1-Based on NSP/NHP, assess the response to date	2-Based on NSP/NHP and reviews, assess programmatic gaps and funding landscape	3-Based on NSP/NHP and reviews, prioritize funding gaps and choose best response for highest impact	4-Ensure appropriate operationali-zation, risk mitigation and financial sustainability	5-Determine further prioritization in case additional resources become available

The NSP/NHP, is meant to serve as the basis for developing this tailored funding request, therefore it is assumed that it contains a well described epidemiological context and its key drivers. Based on a recent review by the Technical Evaluation Reference Group (TERG),[3] in which NSPs were systematically reviewed against the minimum requirements for their use in the Global Fund's funding application process, it was found that, of the NSPs included in the review, the epidemiological context and programmatic priorities were well-described for the most part. However, it was determined that the process and the rationale for prioritization among these identified programmatic priorities were often not explicitly explained.

Therefore, this tailored application form seeks to make use of the identified strengths of NSPs and/or NHPs, while prompting the articulation of additional information where information may be missing. Therefore, emphasis in this application form is placed on prioritization and implementation.

SUMMARY INFORMATION

The summary information section of the application template seeks information important for administrative purposes. Under "applicant", identify the appropriate country or multi-country entity. Under "component", list all relevant components included in this funding request. Under the "allocation funding request" and "prioritized above allocation request" indicate the respective amounts and whether they are given in US dollars or Euros. Ensure that the respective amounts entered are consistent across all application documents. The currency indicated here will be the same as during implementation as per the allocation letter.

SECTION 1: CONTEXT

For programs to be positioned to maximize impact, their design must be grounded in the epidemiological, operational, social, political and economic realities of the country or regional context and draw on lessons learned from previous implementation periods. The first section of the funding request asks applicants to indicate key sources of information on the context, and provide a brief analysis of the main considerations that informed the choice of interventions in the request. The strategic information and analyses that guide the development of the funding request should draw from the most recent and up-to-date national strategy documents, assessments, and program reviews, etc.

---

[3] Strategy Committee, The Global Fund, October 2016, TERG Position Paper: Thematic review of NSPs against the minimum requirements for their use in the Global Fund's funding application process (*forthcoming).*

1.1 Key reference documents on country context

The table in this section enables applicants to refer, in a systematic way, to critical country context information sources, such as those containing information on the epidemiological situation and key populations, the functioning of the health system, community engagement and responses, and human rights and gender-related barriers to accessing health services. Applicants must specify the relevant sections and pages of each reference document to direct reviewers to the pertinent context information on which the funding request is based.

The table below provides an illustration of the types of documents that may be used to provide reference information on key areas pertaining to the country context. The list of key areas in the table is not exhaustive and applicants are able to include additional areas relevant to their funding request by adding rows in the table as needed. Multiple documents can be listed and submitted for each key area. If submitting a joint funding request that includes more than one disease component, specify the disease for which each listed document is relevant.

Once applicants have indicated documents containing key country context information, this content need not be repeated in the funding request.

This section also helps applicants to identify those key areas for which country context information is **not available** or not up-to-date. In such cases, applicants will need to specify in question 1.2 what considerations, assumptions or plans have been made in light of the information gap(s).

Disease-specific and health sector national strategic plans are considered mandatory attachments and should constitute the primary source of information in this NSP-based pilot application. Applicants are asked to complement the information provided in the NSP/NHP, which form the basis of this application, with only documents that are critical and relevant to the funding request. In general, applicants should avoid listing a multitude of miscellaneous annexes that may obscure rather than clarify the context.

Key focus area	Indicative list of reference document
Resilient and Sustainable Systems for Health	
Health system overview	- national health sector strategy or other health plans; - recent reviews or assessments; - demographic health surveys; - multiple indicator cluster surveys; - national health accounts, etc.
Health system strategies	- health sector strategy and/or reviews; - health information management plan; - supply chain strengthening plans; - logistics management and information system plan - human resources for health strategy, etc.
Human rights and gender considerations (cross-cutting)	- legal environment assessment; - assessments on gender and age inequality in access to health services

Disease-specific	
Epidemiological profile (including key and vulnerable populations epidemiology)	- NSP, - WHO and UNAIDS country profiles, - recent disease prevalence studies, - malaria indicator survey - demographic health surveys, integrated bio-behavioural surveys, Sero-surveillance studies, population size estimates, hot-spots mapping, etc.
Disease strategy (including key and vulnerable populations interventions strategies)	- NSP, - Program review - Joint assessment of national strategies (JANS), - key and vulnerable populations strategies - program protocols and guidelines including for key populations (e,g, opioid substitution therapy protocols)
Operational plan, including budget	- annual/periodic work plans or operational plans
Program reviews and/or evaluations	- Impact assessment, modelling, spectrum, AEM-AIDS Epidemic Model, Optima model, TIME, strategy reviews as applicable, etc.
Human rights and gender considerations (disease specific)	- legal environment assessments - gender assessments - people living with HIV stigma index surveys

1.2 Summary of Country Context

A recent TERG review found that most NSPs contained an adequate summary and analysis of the main elements in the national response, and adequately identified the main gaps, weaknesses and lessons learned. In this section, therefore, applicants are asked to provide a high-level summary of other important contextual information which may be not (well) described in the NSP/NHP. This may include a description of linkages between the NSP and the National Health plans / strategies, or highlight recent surveys made available after the validation of the NSP, such as revised population estimates or projections, recent gender assessments, etc. Any key areas for which information gaps were identified in question 1.1 are also to be addressed here.

The purpose of this section is also to demonstrate that this funding request takes into account the experience of the past allocation cycle. For instance, if the NSP/NHP has already been implemented (and not just at its inception), applicants could draw on lessons learned from wider program reviews, evaluations and other donor programs. Where available and applicable, it could include an analysis of the main constraints and opportunities for service delivery, highlighting: human rights and gender-related barriers to effective programs; linkages between the diseases and health systems programs; the role of community groups in design and delivery of programs, etc.

This section includes a reflection of challenges and successes in reaching the programmatic targets set in the past implementation. For example, applicants could describe what worked

well and can be replicated or enhanced, what programmatic approaches did not deliver anticipated results, and how obstacles or limitations will be addressed to increase the outcomes and impacts of the response. In particular, attention should be paid to any inequalities in access to services, and program performance relating to key and vulnerable populations, efforts to reduce human rights and gender related barriers to services, and the role played by communities in past programs.

> **Useful documents for completing this section:**
> - Global Fund Information Notes on: HIV; TB; Malaria; and Building Resilient and Sustainable Systems for Health through Global Fund Investments
> - Global Fund Modular Framework Handbook
> - Global Fund Technical Briefs
> - Global Fund Key Populations Action Plan
> - Global Fund Gender Equality Strategy and Strategy in Relation to Sexual Orientation and Gender Identities

SECTION 2: FUNDING REQUEST

It is helpful for applicants to complete the Programmatic Gap Table(s), Funding Landscape Table(s), Budget and Performance Framework prior to filling in questions under this Section.

This section details the applicant's request within the allocation amount and how the investment is strategically focused and technically sound to maximize impact against the diseases and contribute to building resilient and sustainable systems for health. The section covers 1) the gaps in funding that the Global Fund could fill, 2) the rationale for prioritizing these gaps and linkages with RSSH, as well as 3) **the focus of application requirement**.[4]

The applicant response in this section builds on the gap analyses outlined in the **Programmatic Gap Tables and Funding Landscape Tables**. The analysis in these tables will need to align with the indicators and targets that are set for each module in the **Performance Framework**, as well as with the costing of modules and interventions in the **Budget**. It is important to ensure consistency across these documents; for example, coverage levels in the programmatic gap table should be linked with the coverage targets suggested in the Performance Framework.

As the NSP and/or NHP are used as the principal foundation for the funding request, in question 2.1, applicants are requested to list in the table provided the gaps in funding as identified in these national strategy documents that funding from the Global Fund could cover. For each of the gaps identified in the costed plans, its correspondence to the Global Fund modular framework needs to be indicated.

In question 2.2, applicants are asked to clearly explain the rationale for prioritization of the selected gaps/modules identified among the others in the NSP/NHP, along with the expected impact. Effective prioritization of programmatic modules, interventions, areas of highest disease burden and key and vulnerable populations is essential to ensuring available resources are well positioned to maximize impact, with a view to ending the diseases.

---

[4] Global Fund Sustainability, Transition and Co-financing policy

Finally, this question also seeks to underline resilient and sustainable systems for health. As found through the TERG review, although most disease-specific NSPs reviewed contained a description of the structure and organization of the national health system, including challenges faced, they neglected to convey steps that could be taken to contribute to strengthening the health system or how to manage health systems challenges related to implementation. It was also found that the NSPs rarely took into consideration horizontal linkages and coordination with other programs. If this is the case, applicants are encouraged to highlight here the investments made with regards to RSSH, as applicable, and how the investment will support the achievement of results.

Note: In the case of joint funding requests including multiple components, applicants will need to answer the question for each component and specifically address the expected impact, coordination and efficiencies achieved from the joint programming. In particular, applicants submitting a joint TB/HIV funding request should describe the level to which service delivery systems are integrated (together with their respective reporting systems) and the extent to which their respective policy development processes are coordinated (for example the links between disease specific strategies, and how these strategies link to the national health strategy). Please refer to the Information Notes on HIV and TB for technical guidance.

Whether applicants are choosing to submit a joint or a disease-specific request, they still need to highlight in question 2.2 how the investment contributes to building a resilient and sustainable systems for health and how health systems challenges affecting implementation will be dealt with.. For example, applicants can provide a high-level outline of the areas of investment that will be requested for funding in a future RSSH funding request (e.g. human resources, procurement and supply chain, monitoring and evaluation, community systems strengthening, etc.).

In question 2.3, applicants are not requested to provide a written response, but rather confirm, based on the modules selected and the summary budget per intervention, whether they meet the Global Fund requirement related to the focus of application. The focus of application requirement aims to further ensure that the allocation is strategically invested towards key and vulnerable populations and towards addressing human rights and gender-related barriers, so as to achieve highest impact. When presenting the funding request in questions 2.1 and 2.2, applicants from Lower-Middle Income (LMI) and Upper-Middle Income (UMI) countries must ensure the modules selected meet the focus of application requirement.[5]

While question 2.3 is only applicable to LMI and UMI countries, all funding requests, irrespective of the income category of the applicant, must include, as appropriate, interventions that respond to human rights and gender-related barriers and vulnerabilities in accessing services. Indeed, it was also found through the TERG review that the NSPs did not systematically address gender-related inequalities, challenges and barriers. While some NSPs, especially those relating to HIV, touched on gender in their description of the epidemiological context, few described gender-specific interventions or spoke to the programmatic implications of gender inequity. Furthermore, it was found that the epidemic and/or social drivers exacerbating female vulnerability to the disease were not addressed through the design of activities.

---

[5] Global Fund Sustainability, Transition and Co-financing policy.

Please refer to the relevant Global Fund Information Note(s) for further technical guidance in developing the funding request.

> **Useful documents for completing this section:**
> ➤ Global Fund 2017 Eligibility List
> ➤ The Global Fund Sustainability, Transition and Co-Financing Policy
> ➤ Global Fund Information Notes on: HIV; TB; Malaria; and Building Resilient and Sustainable Systems for Health through Global Fund Investments
> ➤ Global Fund Technical Briefs
> ➤ Global Fund E-learnings

SECTION 3: OPERATIONALIZATION AND RISK MITIGATION

After describing the modules and interventions included in the proposed funding request, applicants must ensure sufficient implementation capacity and risk mitigation measures for program delivery. Section 3 requests information on the proposed implementation arrangements for this funding request, as well as the identified operational risks and mitigating measures.

3.1 Implementation Arrangements Summary

Applicants are recommended to update their existing implementation arrangements map.

Applicants are asked to provide a summary of the implementation arrangements, focusing on the following aspects:
- lessons learned, for example with regards to the effectiveness of implementation arrangements, capacities of implementers, etc.
- participation of communities, representatives of women's organizations, key and vulnerable populations and people living with the disease(s) in implementation and oversight;
- procurement mechanisms for the grant, including high level description of the supply chain;
- Principal recipient coordination as relevant (including across geographic areas and/or different diseases);
- technical capacity to deliver all grant interventions in particular those related to removing gender and human rights related barriers to programs.

Applicants are encouraged to update and submit their existing implementation arrangements map that was developed during grant-making in the previous allocation cycle, clearly indicating where changes have been made. Applicants proposing major changes from past implementation arrangements should describe these changes and how they will support the roll out of the program.

Examples of significant changes to implementation arrangements include, change of key implementers (principal recipient and main sub-recipients); substantial modification in the flow of funds or commodities (i.e. new procurement arrangements), etc. Applicants may refer to the CCM Eligibility Requirement 2 for more information on the selection of the principal recipient. If you have questions on whether the changes you are envisaging are considered significant, please consult your Fund Portfolio Manager.

The Global Fund encourages applicants to consider dual-track financing, which is the inclusion of both government and non-government principal recipients in the implementation of Global Fund grants for each component (refer to the [Applicant's Handbook](#)).

3.2 Key Implementation Risks

The applicant may refer to the list of the *Key Program Risks* shared by the Global Fund as part of the Country Dialogue process as well as any other additional key risks (if applicable) foreseen during the implementation of this funding request. Applicants are asked to specify the mitigating action(s) they intend to put in place to address each risk, to ensure effective program performance. When the Secretariat communicated the list of key risks, it may have included mitigating actions that were agreed with the implementer(s). In such cases, the applicant is requested to review and provide any comments or recommendations on how to improve the existing mitigating actions, or if additional mitigating actions should be included. Applicants can also refer to investment proposed in Section 2 of the funding request that aim at addressing risks.

Important risk areas, whether programmatic or pertaining to implementation, may include, but are not limited to:

- Programmatic/monitoring and evaluation risks (e.g. data quality and program quality, access and promotion of equity and human rights, sustainability, etc.)
- Procurement and supply management risks (e.g. forecasting and quantification, procurement, storage and distribution, last mile delivery, commodity prices higher than international prices, etc.)
- Financial risks (e.g. risk of fraud, corruption or theft, financial inefficiency, etc.)
- Governance and program management risks (e.g. CCM coordination and oversight of programs, PR coordination with national entities and partners, PR performance and/or oversight of sub-recipients, meaningful involvement of communities, etc.)

Applicants could also include external risks that may have negative or unintended consequences on program implementation and performance. These could include, but are not limited to:

- Macroeconomic factors, including unexpected rises in commodity prices, inflation and average exchange rate in relation to local market currencies;
- Instability of the country in terms of significant political changes or social unrest, ongoing conflicts, humanitarian crises, poor physical infrastructure, natural disasters, corruption; and
- Upcoming country elections or significant changes in national leadership likely to impact program implementation.

Applicants need to take key risks into account at the funding request stage to ensure adequate funding is earmarked to cover the cost of mitigating measures. This earmarked funding could come from the allocation or from domestic or other sources. As applicable, applicants can explain how relevant partners will be engaged to address risks and bottlenecks. Funding for technical assistance that is being requested to strengthen implementation capacity could also be mentioned in this section.

SECTION 4: FUNDING LANDSCAPE, CO-FINANCING AND SUSTAINABILITY

If not already done, it is helpful if the Funding Landscape Table(s) are completed prior to filling in this section of the application form.

To achieve lasting impact and long-term sustainability of national responses in the fight against the three diseases, financial commitments from domestic sources must play a key role in national strategies. The resources allocated by the Global Fund are far from sufficient to address the full cost of a technically sound program. It is therefore critical to assess how the requested funding fits within the overall funding landscape, including domestic and other donor funding, and how the national government plans to commit increased resources to the national disease program and health sector each year.

The following provides an outline of the key review objectives for applicants to assess in this section:

Key Review Objectives	Elements to Assess
Assess trends and actions for increasing government expenditure on health to meet universal health coverage goals and objectives	Trends in government health expenditure
	Planned actions/reforms to increase domestic resources for health, as well as to enable greater efficiency and effectiveness of health spending
	Global Fund support for health financing strategy and/or for implementing health financing reforms
Assessment of realization of co-financing commitments of previous allocation cycle (previously referred to as willingness to pay)	Assess evidence of realization of commitments
	Provide justification, if commitments are not met
Assess the funding landscape	Assess funding needs and key cost drivers
	Assess available funding and gaps for key program areas
	Assess planned actions for addressing funding gaps
Ensure domestic commitments in the next allocation cycle meet the minimum requirement to access the co-financing incentive	Assess if co-financing is increasingly taking up key costs of national disease plans and/or supporting health system interventions
	Assess interventions or activities that are expected to be co-financed and how realization of these commitments will be tracked and reported.
	Provide justification if co-financing commitments do not meet minimum requirements to access the co-financing incentive
Assess longer term sustainability	Assess key sustainability challenges and actions to address them
	Assess how the funding request supports longer term sustainability of the program

4.1 Funding Landscape and Co-Financing

In addition to completing the table in question 4.1, applicants need to include as relevant an explanation and/or justification linked to their assessment of the funding landscape and co-financing. For instance,

4.1a) If there are current or planned actions/reforms to increase domestic resources for health, applicants are asked to describe what these actions/reforms include, their timeline, and by how much they aim to increase domestic spending for health.

4.1b) Applicants are asked, as applicable, to briefly describe specific activities for which funding is requested to support development of a health financing strategy and how this will support national universal health coverage goals and objectives.

4.1c) If government commitments for the 2014-16 allocation cycle have not been fully realized, applicants will need to provide reasons for the lower levels of government spending.

4.1d) Applicants will also need to provide justification if co-financing commitments for the 2017-19 allocation cycle are not in line with policy requirements and/or do not meet minimum requirements to fully access the co-financing incentive.

4.1e) Applicants are asked to specify the mechanism by which co-financing commitments will be tracked and reported over the next implementation period. Actions that have been identified to improve disease and health spending data should be aligned with methodologies and guidelines prescribed by technical partners. Applicants are encouraged to include targeted investments in their funding request to support these actions. If necessary, applicants may designate up to US$ 50,000 (per disease supported by the Global Fund) for institutionalization of mechanisms for routine health and disease expenditure tracking. The Global Fund is collaborating with the World Health Organization to make available technical assistance for institutionalization of National Health Accounts supported by its grants.

4.2 Sustainability

It was found through the TERG review that few NSPs addressed the issue of sustainability or included resource mobilization strategies. Therefore, applicants are encouraged here to pay particular attention to these concerns. As a starting point for responding to this question, applicants should assess the overall costs of their national strategy, the availability of funds and the funding gap for major program areas over the implementation period covered by the funding request. Filling in the 'detailed financial gap' worksheet for each disease component in the Funding Landscape Table, as relevant to the funding request, will assist applicants in understanding these costs and gaps.

Applicants are asked to reflect upon key sustainability challenges of the program(s) for which funding is requested. The response to this question could include a description of the key actions to improve sustainability of Global Fund financed programs, taking into consideration ongoing and/or planned strategies and reforms related to health financing, resilient and sustainable systems for health, and the legal environment, as applicable. In addition, applicants could briefly describe how the current funding request supports strategies and actions to improve longer-term sustainability of the program(s), in particular those programs that are highly reliant on Global Fund funding that relate to key populations and removing human rights and gender related barriers.

PRIORITIZED ABOVE ALLOCATION REQUEST (PAAR)

Applicants are requested to complete a prioritized above allocation request (PAAR). The PAAR should represent key additional, evidence-based and costed modules/interventions for investment, organized in order of relative importance for the program (high, medium or lower priority).

The Excel-based application template for the PAAR is intended to help applicants present a clear rationale for each module/intervention proposed in the above allocation.

If deemed technically sound, strategically focused and positioned to achieve the highest impact by the TRP, the above allocation request will be put on a register of unfunded quality demand (UQD) maintained by the Global Fund to facilitate funding, should additional resources become available. For example, the registered above allocation request could be funded through efficiencies found within the allocation amount during grant-making, or through additional resources from other donors.

Before completing the above allocation request, **applicants should ensure that the most critical modules and interventions for their program are appropriately covered within the allocation amount**. In their review, the TRP may recommend that modules or interventions be shifted from the above allocation into the allocation request, if they assess that key modules or interventions (e.g. for key and vulnerable populations) were not appropriately accommodated within the available country allocation.

In cases where the above allocation modules are a scale-up of modules described in the within allocation request, the applicant's rationale may be limited to an explanation of how the additional investment will contribute to increase in outcomes and/or impact. In cases where new interventions are being proposed in the above allocation, applicants are encouraged to briefly describe the activities that will be implemented in addition to explaining how the interventions will improve outcomes/impacts on disease programs and contribute to building resilient and sustainable systems for health.

Lessons learnt from the TRP for the attention of applicants:

- Applicants are recommended to submit a prioritized above allocation request at the same time as funding requests.
- Applicants should note the following when developing the prioritized above allocation request:
  - Contextualize proposed prioritized above allocation request interventions by referring to key epidemiological and coverage data.
  - Include a rationale and explain what incremental impacts the additional funding would achieve if it were available.

> - o For each intervention, specifying the order of priority for the program, indicating as applicable the geographic unit and population group that will be served.
> - ▪ Include essential interventions in the allocation request rather than in the prioritized above allocation request.

MATCHING FUNDS REQUEST (if applicable)

The Global Fund Board has approved an additional funding stream – designated as matching funds – to incentivize eligible countries to align their allocations towards strategic priorities that are critical to driving impact and achieving the Global Fund Strategy 2017-2022.

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.

If you are eligible to apply for matching funds, please refer to the Global Fund website[6] for the application form, instructions and relevant guidance on matching funds.

PART III: ADDITIONAL DOCUMENTS INCLUDED IN THE FUNDING REQUEST

In addition to the application form, applicants are required to submit the following core documents as part of their funding request: Funding Landscape Table(s), Programmatic Gap Table(s), Performance Framework and Budget.

Under the current cycle, applicants are no longer requested to submit a modular template. Instead, the Performance Framework and Budget will be used throughout the cycle, from the application stage through to grant implementation, and filled in progressively based on varying levels of detail.

While the modular template is no longer used, the modular approach, encompassing a framework of standardized programmatic categories called modules, is still used. This framework helps to structure the programmatic and financial gap analyses, and also links main goals, objectives, interventions, indicators, targets, and costs across the core documents. For more information about the modular framework, refer to the Global Fund Modular Framework Handbook.

In addition to the core documents, applicants are also required to submit: a List of abbreviations and annexes, CCM eligibility documents, CCM endorsement of the funding request and other mandatory attachments (e.g. NSP/NHP and Implementation Arrangements Map). A List of Health Products is a required attachment for countries categorized as High Impact, otherwise it is optional. However, it will need to be completed during grant making, as relevant.

A checklist is included as an Annex to these Instructions. Applicants are encouraged to use this tool to evaluate the completeness of their application prior to submission.

---

[6] Refer to the following link for guidance on how to apply for matching funds:
http://www.theglobalfund.org/en/applying/funding/materials/

Programmatic Gap Table(s)

Programmatic gap tables are required for disease components and optional for RSSH.

Applicants are required to complete programmatic gap tables for 3-6 key modules as relevant[7] for each component in the funding request. The purpose of the programmatic gap analysis is to identify the key coverage gaps in the country, per module/intervention, and to estimate how they can be filled by the Global Fund and other support. Key modules are either those that cost the most, or those that are critical to achieving the expected impacts of the funding request. The programmatic gap analysis therefore provides the underlying rationale for prioritization of the selected modules for funding. It provides information on the overall need, the proportion of need already covered, and the proportion of the need that is proposed to be covered by Global Fund funding. The remaining gap in programmatic coverage then serves as a starting point to applicants for their prioritized above allocation request. The programmatic gap analysis focuses on program coverage and does not request the applicant to provide the financial costs associated with these priority modules.

For priority modules for which gaps are difficult to quantify (e.g. when a module is not related to service delivery), the applicant may describe the gaps in coverage in section 2 of the application form.

It is important to ensure consistency, for example, between coverage levels in the programmatic gap tables, and the coverage targets that are suggested in the Performance Framework.

Detailed guidance on how to fill in the table(s) can be found in the Excel file. For the disease components, this guidance includes a comprehensive list of priority modules from which applicants may choose. It is important to note that for HIV and malaria, the Excel file includes both standard and customized gap tables for specific modules, to accommodate for variations in the way gaps are quantified across modules.

Funding Landscape Table(s)

Applicants are asked to complete the 'health system' and 'gap overview' tabs for the disease components as relevant to the funding request.

Information in the Funding Landscape Table(s) complement the applicant's response under sections 2 and 4 of the application form. In the form, applicants can make reference to the Table as needed and avoid repeating information.

Applicants must use the Funding Landscape Table(s) to provide financial information pertaining to the national disease strategy.

The Funding Landscape Overview Table identifies:
   i)   Funding needed to address the overall response to the disease;
   ii) Current and anticipated funding from **domestic** and **external** sources; and
   iii) Remaining financial gap (the gap between the funding need and available funding).

The Health Sector tab requires information on Government Health Sector Spending and is applicable to all applicants.

---

[7] Countries categorized as "Focused" may have less than three key modules.

Additional detailed tabs in the Excel file seek information on the financial gap by module for each relevant disease component. Applicants can opt to either use Global Fund modules or their own NSP cost categories as the basis for assessing gaps. Countries categorized as High Impact and Upper-Middle Income are required to complete the "detailed financial gap" worksheet for disease component(s) as relevant to the funding request. Although not required, other applicants are also encouraged to complete the worksheet.

Detailed instructions on how to complete the tables are provided in the Excel file.

Performance Framework and Budget

The Performance Framework and Budget are now required at the funding request stage, as the Modular Template is no longer used.

The Performance Framework and Budget are now to be used throughout the funding cycle and will be modified as needed during grant-making and throughout implementation. Though the Performance Framework and Budget now need be completed at the funding request stage in addition to the grant-making stage, the level of detail required varies between the two stages. They are to be filled in at a strategic and high level at the application stage and then further developed during grant-making. A brief overview of the level of detail required at each stage is provided below.

Performance Framework

Annual targets for the impact, outcome and coverage indicators are required at the funding request stage. Bi-annual targets are optional at this time and required at the grant-making stage. Information on progress update reporting dates are required at the grant-making stage only. Workplan tracking measures are optional at the funding request stage and grant-making stage for grants that have a coverage indicator and are required at both funding request and grant-making stages for regional and other grants with no coverage indicator.

Budget

At the funding request stage, only a summary-level budget is required. This summary is automatically calculated when high level information (module, intervention and cost grouping) is entered in the 'detailed budget' tab of the Excel file. The associated activity description for each module is required at the grant-making stage only. Similarly, at the funding request stage, applicants are required to provide an annual budget for three years, while a quarterly breakdown is required at the grant-making stage only. However, it is understood that some applicants might find it more convenient (especially when the time between the funding request approval and anticipated Board approval is intended to be short, applicants could gain efficiency in starting with a detailed budget) to prepare a more detailed budget at the funding request stage. The detailed budget option if desired, is entirely discretionary and based on country preference.

Cost assumptions and key information for the budget should be available at this stage and applicants are recommended to provide this information with the budget. Please refer to the budgeting guidelines for more information.

One Performance Framework and one Budget are to be completed per funding request, respectively. At the grant-making stage, this will be broken down by grant. Refer to the respective Excel files for more detailed instructions on how to fill out the Performance Framework and Budget.

List of Health Products and Related Assumptions and Quantifications Information

Filling in the List of Health Products template is only relevant where Global Fund funding is requested to cover Health Products and/or associated management costs.

The List of Health Products (LoHP) is an outline of the health products and associated costs that will be financed through the funding request. The list includes for each product, the

estimated quantities to be procured for each year of implementation period, their estimated unit cost and costs related to their management.

Submitting the LoHP is required for High Impact countries at the funding request stage. It is optional at the funding request stage for core countries[8], depending on the proportion of the funding request allocated to Health Products. The LoHP is not required for focused countries. At application stage, the LoHP may be filled with lump sum budget for categories of health products that are classified as secondary.[9]

Assumptions and quantifications related to the procurement of health products, as well as their management costs, are underlying considerations that need to be taken into account when developing the LoHP. This information must be provided as supporting documentation to the funding request for countries categorized by the Global Fund as "High Impact". It is optional and at the discretion of the country teams for "Core" countries and "Focused countries especially if the budget accounts for more than 50% of health products. This information can be submitted in any format convenient to the applicant.

The health products listed and the estimated quantities are highly dependent on the Performance Framework as they are based on programmatic targets, assumptions and supply chain information. Similarly, the LoHP affects the budget as the estimated amounts for each cost category[10] in the LoHP template feeds into the Budget. The List of Health Products are meant to be used throughout the implementation cycle and modified as needed during grant-making and throughout implementation.

For more information on how to fill in the List of Health Products, please refer to the excel template.

List of Abbreviations and Attachments

Applicants can use the list of abbreviations and attachments to:
- list uncommon or country-specific abbreviations and acronyms used in the application;
- list all supporting documentation relevant to the funding request that are not included in question 1.1.

In the list of annexes, the additional supporting documents should be clearly named and numbered, and the exact page reference (if applicable) should be indicated. In case documents are publicly available online, applicants are recommended to provide corresponding web links, so as to limit the number of documents attached to the funding request.

Similar to the guidance provided under question 1.1, applicants should only attach documents that are relevant to the funding request, and avoid listing a multitude of miscellaneous annexes that may obscure rather than clarify.

CCM Eligibility Requirements

---

[8] Portfolio Categorization by the Global Fund- list of countries.
[9] Key health products are defined as products to be reported in the Price and Quality Reporting system. Other products may include consumables for laboratory, other medicines than antiretroviral, anti-malarial and anti-TB pharmaceutical products.
[10] Cost category 4, 5, 6 and 7

The Global Fund requires CCMs to meet six requirements to be eligible for funding, as per the CCM eligibility requirements. Applicants are required to ensure that all six requirements are met. The review of applicant compliance with the six requirements will be based on two separate assessments:

- **Assessment of compliance with eligibility requirements 1 and 2**: CCM compliance with these application-specific requirements will be assessed by the Global Fund Secretariat at the time of submission of the funding request.

- **Assessment of compliance with eligibility requirements 3, 4, 5 and 6:** CCM compliance with these requirements will be conducted on an annual basis using the Eligibility Performance Assessment (EPA) tool.

The CCM Eligibility assessment of requirements 1 and 2 will be based on a differentiated review (i.e. "standard" vs "light" review). The type of review is determined based on the Secretariat's overall assessment of the CCM Eligibility and performance. This assessment is determined by the outcome of the annual EPA tool as well as additional contextual information from the Global Fund's Community Right and Gender Department.

The type of review is communicated to the CCM in the allocation letter, with the documentation required at the time of funding request submission. All CCMs should submit a CCM Eligibility Narrative. "Light" review will require from the CCM a "Statement of Compliance"; "Standard" review will require the CCM to submit supporting documents showing evidence.

The CCM Eligibility Narrative and attached documentation can be submitted either **before** or **together** with the funding request, to be submitted via email to your Fund Portfolio Manager and copying the Access to Funding Department (accesstofunding@theglobalfund.org).

Requirement 1: Funding Request Development Process

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

a. Coordinate the development of all funding requests through transparent and documented processes that engage a broad range of stakeholders–including CCM members and non-members[11] representing disease-specific and cross-cutting perspectives (e.g. HSS, human rights, M&E, Procurement and Supply Chain Management (PSM), RMNCH)–in the solicitation <u>and</u> the review of activities to be included in the application.
b. Clearly document efforts to engage key affected populations in the development of funding requests.

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

Requirement 2: PR Nomination and Selection Process

---

[11] Non-CCM members refer to all relevant stakeholders who may not be represented on the CCM but are part of the national disease or overall health sector response.

The Global Fund requires all CCMs to:

a. Nominate one or more PR(s) at the time of submission of their application for funding[12],
b. Document a transparent process for the nomination of all new and continuing PRs based on clearly defined and objective criteria.
c. Document the management of any potential conflicts of interest that may affect the PR nomination process

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

Please refer to the CCM Guidelines and the Annex 1 attached to the CCM Eligibility Narrative form for an illustrative list of supporting documents as well as to the CCM self-assessment tool. For questions, contact the Fund Portfolio Manager.

CCM Endorsement of the Funding Request

The Global Fund requires evidence of endorsement of the final funding request by all CCM members (or their designated alternates). A representative of each PR must sign off on the funding request at the bottom of the endorsement sheet confirming that they endorse the funding request and are ready to begin grant-making and implementation.

CCM members unable to sign the endorsement of the funding request need to send an endorsement email to their CCM Secretariat to be submitted to the Global Fund as an attachment.

In cases where a CCM member is unwilling to endorse the funding request, that member is recommended to inform the Global Fund in writing (AccessToFunding@theglobalfund.org) stating the reason for not endorsing the funding request, to ensure that the Global Fund understands the member's position.

Implementation Arrangements Map

Applicants and Principal Recipients are encouraged to update their existing implementation arrangements map that was used at the grant-making stage during the previous allocation cycle, as an annex to their application. If applicants choose to submit an updated implementation arrangements map, changes should be clearly indicated.

An implementation arrangements map is a visual depiction of a grant (or a set of grants), detailing: (i) all entities receiving grant funds and/or playing a role in program implementation, (ii) the reporting and coordination relationships between them, (iii) each entity's role in program implementation, and (iv) the flow of funds and commodities, and reporting data. Knowns can be clearly recorded in the map and applicants can highlight any areas where there are still uncertainties around program implementation areas.

An updated implementation arrangements map will be required at the end of grant-making to reflect any updated changes and clarify any unknowns.

---

[12] In exceptional circumstances, the Global Fund will directly select PRs for the CCM. These circumstances include those countries which are under the Additional Safeguard Policy (ASP) or undergoing an investigation by the Office of the Inspector General.

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

ANNEX 1: CHECKLIST FOR ENSURING COMPLETENESS OF APPLICATION PACKAGE

Applicants are encouraged to use the checklist below to evaluate the completeness of their application prior to submission.

☐	Funding Request Application Form
☐	Programmatic Gap Table(s)
☐	Funding Landscape Table(s)
☐	Performance Framework
☐	Budget
☐	List of Health Products (if applicable[13])
☐	National Strategies (Health Sector and Disease specific)
☐	Implementation Arrangements Map (optional)
☐	List of Abbreviations and Annexes

☐	CCM Eligibility Requirements
	   - CCM narrative
	   - Supporting documents **or** Statement of compliance

☐	CCM Endorsement of Funding request
☐	All supporting documentation referenced in the funding request

---

[13] See the Instructions on page 18 for specific details regarding submission requirements.