
Funding Request

Instructions

Allocation Period 2020-2022

Table of Contents

Introduction	2
Part I: Getting Started	4
Part II: Completing the Funding Request Form	6
Summary Information	6
Section 1: Context Related to the Funding Request	7
Section 2: Funding Request and Prioritization	10
Section 3: Operationalization and Implementation Arrangements.....	16
Section 4: Co-Financing, Sustainability and Transition	18
Part III: Additional Documents Included with the Funding Request	21
Programmatic Gap Table(s)	21
Funding Landscape Table(s)	21
Performance Framework and Budget	22
Prioritized Above Allocation Request (PAAR)	22
Implementation Arrangement Map.....	23
Essential Data Table(s)	23
CCM Endorsement of Funding Request	23
CCM Statement of Compliance	24
Health Product Management Tool (HPMT).....	25
List of Abbreviations and Annexes.....	25

Introduction

These instructions guide applicants how to complete the Tailored for National Strategic Plans (NSPs) funding request form.

NSPs are national documents that follow country priorities and cycles. The Global Fund has designed this application approach to help countries reduce developing narrative responses for the Global Fund funding request and refer as much as possible to their national documents. This is particularly suitable for (i) a country whose NSP duration overlaps with the grant duration and (ii) if the content includes most of the elements useful for the funding request. Countries –or specific disease components within the respective country– that are expected to be in this situation will have been invited to apply to use this approach through the allocation letter.

If, at the time of applying, the Country Coordinating Mechanism (CCM), in consultation with the Fund Portfolio Manager (FPM), considers that this application is not suitable (for example, if the NSP is not ready), they can revert to a different application approach ('Full review' for countries categorized as High Impact and Core, or 'Tailored for Focused Portfolios' for countries categorized as Focused¹). Please note that an advanced NSP draft is still acceptable if the CCM does not anticipate any major change in the final version. Also, an NSP that does not have all the elements listed below could still be suitable as information gaps can be provided in the form as narrative. However, it is essential that the NSPs (draft or final) are supported by all constituencies in the CCM (including also civil society organizations).

This application approach is suitable for countries that have up-to-date and relevant information in their NSPs, including in the following areas:

- The most current and evidence-based context analysis;
- The program context within the overall health context of the country;
- Goals and objectives over the period covered by the plan's strategy;
- Specific planned interventions including target populations and geography as well as expected coverage and targeted results;
- Plans to reduce human rights and gender-related barriers and inequities to accessing health services;
- Plans to address the needs of key and/or vulnerable populations;
- Focus on building resilient and sustainable systems for health (RSSH), including health and community systems;
- Evidence that NSPs were developed in an inclusive manner, with an active participation of civil society, community groups and key populations groups;
- Implementation cost details based on up-to-date assumptions;
- Prioritization of areas that are more critical/impactful in a resource constrained environment;
- Details of the entire funding landscape, including what items have already been funded;
- Sustainability considerations, including specific plans to strengthen sustainability of the national disease response;
- Operational plans, including performance framework and budget.

Using the Tailored for NSPs funding request form allows applicants to directly and more frequently reference the sections of NSPs that describe elements useful for evaluating the funding request. **Narrative responses should only be provided if the required information is not available in NSPs.** This can substantially reduce the duplication of information and workload related to preparing the funding request.

For the purpose of this funding request, NSPs can be:

- Disease-specific;
- Cover some or all diseases or a national health sector plan (NHP);
- A single document or a combination of documents (such as national strategy(s) narrative(s), operational plan(s) and other relevant national documents).

¹ See portfolio categorization in the [Operational Policy Manual](#).

Applicants using more than one NSP document should indicate the document name and page number(s) when referencing them on this funding request.

The submitted funding request will be reviewed by the Technical Review Panel (TRP)² that will assess strategic focus and technical soundness. Once final grants are Board-approved, the Global Fund may publish or share information submitted as part of funding requests.

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

For questions, contact accesstofunding@theglobalfund.org

² The Technical Review Panel is the independent panel of experts that reviews all funding requests.

Part I: Getting Started

Complete Application

Mandatory documents to be submitted with this funding request are listed in **Annex 1**. The Global Fund's TRP will only review complete application packages³.

Use of Existing Country Documentation

This approach is designed to use the country's NSPs and other existing national documentation to avoid duplication of information. Applicants are requested to reference relevant pages of NSPs or other national documents to avoid repeating information in the narrative.

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

Page Recommendations

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

Timing of Submission and Implementation Periods

The allocation period refers to the period when eligible countries can apply for and access their allocation funding. The allocation for eligible components can be accessed once per allocation period for each component⁴. For the next allocation period (2020-2022), grants will need to be Board-approved by the end of 2022. The period during which an allocation for an eligible component can be used is known as the allocation utilization period (AUP). Grant implementation periods should typically be aligned with the AUP.

Grants are expected:

- To start directly after current grants end;
- To last 3 years as standard; and
- To end at least a year after the allocation period to allow for a 12-month buffer to apply for and secure new funding without risking any interruption to programs. For example, in the next allocation period grants that start in January 2021 are expected to continue to December 2023.

Submitting the Application

The Global Fund will communicate the country allocation amount and recommended application approach in the allocation letter shared in December 2019. Applicants identified for the NSPs application approach have the option to opt-in to Full Review or Tailored for Focused Portfolios depending on their country categorization. Applicants will receive the appropriate application form and attachments from the Global Fund Country Team.

The complete application package should be submitted by email to the country's Fund Portfolio Manager (FPM), copying the Access to Funding Department (accesstofunding@theglobalfund.org).

³ For applicants that are classified as Challenging Operating Environments, the [Challenging Operating Environment Operational Policy Note](#) indicates some flexibilities regarding funding request submission and provides the possibility to request to waive the submission of some requested documents.

⁴ Subject to limited exceptions.

Joint Funding Requests

The Global Fund encourages applicants with more than one eligible component to submit a joint funding request. This joint funding request enables applicants to present (i) how the allocation is invested in a comprehensive way to address more than one disease and relevant health system issues, and (ii) how the request maximizes synergies between programs. It may include two or more components, for example, a funding request combining all three diseases and RSSH investments, or combining TB and RSSH, or combining HIV and TB, and so on. Countries with a high co-infection burden of TB and HIV are required to submit a joint TB/HIV funding request^{5,6}, as indicated in the allocation letter.

Engagement of all relevant stakeholders for the development of the joint funding request should be taken place at all stages of the process (including country dialogue), rather than having independent disease efforts combined only at the submission stage. Joint programming should aim at better targeting of resources and harmonization of efforts to increase effectiveness and efficiency, quality and sustainability of programs. Constraints which interfere with successful implementation of the joint programs should be addressed through a cross-cutting approach.

Applicants are strongly encouraged to include their entire request for cross-cutting RSSH investments in a single application instead of across multiple funding requests. For example, if a HIV funding request is submitted, the applicant can include its overall request for cross-cutting RSSH that would benefit all eligible disease components (including TB and malaria) into this request. It is also possible for an applicant to submit a standalone RSSH funding request.

Translation of Documents

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

The Global Fund will translate only the funding request narrative and core application documents (as listed in Annex 1) submitted in French or Spanish. Supplementary attachments can be submitted in the documents' original language but translation by the Global Fund would be limited to specific sections that have been referenced in the funding request. It is therefore important for applicants to specify relevant sections, using page numbers, in Section 1.1.

As the Secretariat cannot ensure translations of all supplementary documents, applicants are encouraged to translate and submit the most critical attachments in English whenever possible. Contact your Fund Portfolio Manager if you have any questions related to translations.

⁵ The purpose of joint TB and HIV programming is to maximize the impact of Global Fund and other investments for better health outcomes. These programs will require financing for cross-cutting areas such as the removal of human rights-related and gender-related barriers to TB and HIV services, building health systems through more effective use of health information, coordinating health personnel and commodities in the course of targeted scale-up of integrated TB and HIV services and so on.

⁶ Countries with a high co-infection burden of TB and HIV include: Angola, Botswana, Cameroon, Central African Republic, Chad, Congo, Congo (Democratic Republic), Ethiopia, Eswatini, Ghana, Guinea-Bissau, India, Indonesia, Kenya, Lesotho, Liberia, Malawi, Mozambique, Myanmar, Namibia, Nigeria, Papua New Guinea, South Africa, Tanzania (with Zanzibar), Thailand, Uganda, Zambia, and Zimbabwe.

Part II: Completing the Funding Request Form

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

The priorities in this funding request should be based on existing national strategies (e.g. as documented in NSPs) and contextualized by up-to-date data that accurately reflects the country context.

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

- Allocation letter (to be shared in December 2019)
- [Global Fund Strategy 2017-2022: investing to end epidemics](#)
- [Global Fund Applicant Handbook](#)
- [Global Fund Information Notes on: HIV; TB; Malaria; and Building Resilient and Sustainable Systems for Health](#)
- [Global Fund Modular Framework Handbook](#)
- [Global Fund Technical Briefs](#)
- [The Global Fund Sustainability, Transition and Co-Financing of Programs Guidance Note](#)
- [Guidelines for Grant Budgeting](#)

Summary Information

This information is used for data purposes:

Section	Requested Information
Country(s)	Country of funding request (or list of countries, if multicountry request).
Component(s)	Component of the funding request (or components, if joint funding request).
Planned grant(s) start date(s)	Projected start date for the grant(s).
Planned grant(s) end date(s)	Projected end-date for the grant(s).
Principal Recipient(s)	The entity or entities nominated by the applicant to implement the program.
Currency	Relevant currency as per the allocation letter; indicate Euro or US dollar.
Allocation funding request amount	Amount requested from the allocation. The amount entered should be consistent across all application documents and in line with the program split submitted by the CCM and confirmed by the Global Fund.
Prioritized above allocation request (PAAR) amount	PAAR is explained in Part III: ADDITIONAL DOCUMENTS INCLUDED WITH THE FUNDING REQUEST . The amount entered should be consistent across all application documents
Matching funds request amount	Matching Funds are explained in Section 2.3 . The amount entered should be consistent across all application documents

Section 1: Context Related to the Funding Request

This section asks for **up-to-date, evidence-based analysis** of the epidemiological, operational, social, political and economic realities of the country or region that informed the choice of interventions and/or performance indicators for this funding request.

1.1 Context Included in NSPs and Other Reference Documents

Recommended length of this section: **1 page (or 1 page per component, in case of joint applications).**

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

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

The list of key areas in the table below provides a non-exhaustive list of the types of documents that may be used to provide reference to cross-cutting or disease-specific information helpful to the country context. Applicants can include additional documents by adding rows in the table as needed. Multiple documents can be submitted for the areas listed below. If submitting a joint funding request that includes more than one disease component, consider one of the following options:

- Create a separate reference table for each disease (especially for the disease specific part), or
- Specify the related disease along with page numbers for each listed document.

	Description of the required input. <i>The documents referenced should include the elements below. If not, please develop rationale in question 1.2.</i>
Cross-cutting	
Health system overview	Overview of the country systems for health, including: the governance structure; health information management systems; supply chain and procurement systems; human resources for health; public financial management systems; other as relevant to contextualise the funding request
Health sector strategies	Overview of the overall health sector vision, policy objectives and key strategies of the country. This may also include overview of health financing, key trends, challenges and opportunities.
Community responses and systems	Description of the role and structure of the civil society and community-based organizations in delivering on the health sector objectives, including the use of social contracting, accreditation for NGOs, etc.
Role of the private sector	Overview of the private sector size and its role in achieving the health sector objectives.
Human rights related barriers/inequities in access to health services ⁷	Overview of the legal, cultural, historical and other human rights related barriers that limit access to health services for the vulnerable populations, outlining the size and effect of these barriers on the health outcomes. Description of the country plans to remove these barriers.
Gender and age-related barriers and inequities in access to health services	Overview of the legal, cultural, historical and other gender and age-related barriers that limit access to health services for the vulnerable populations outlining the size and effect of these barriers on the health outcomes. Description of the country plans to remove these barriers.
Economic, geographic and other barriers/inequities in access to health services	Overview of all other barriers that limit access to health services for the vulnerable populations outlining the size and effect of these barriers on the health outcomes. Description of the country plans to remove these barriers.

⁷ **Examples of barriers could include:** Lack of confidentiality; Lack of access to justice; Gender-based violence; Gender inequality; Harmful gender norms; Punitive laws & policies; Age of consent to health services; Third-party authorization requirements; Disease-related socioeconomic barriers (i.e., out-of-pocket expenditures). Please note that the list of barriers indicated within Global Fund Technical Briefs and within this footnote is not exhaustive.

Role of community groups in the design and delivery of programs	A description of the role of civil society and community participation in decision-making and implementation of interventions for key and/or vulnerable populations. Also plans to enhance capacity of the community groups for advocacy and resource mobilization.
Linkage between disease specific NSPs and sector strategies	Explanation of how disease specific NSPs relate to the overall health sector plan, including how NSPs will contribute to and build on the health sector strategies.
Other	Other disease specific information or analysis that would help contextualise the funding request.
Disease-specific	
Key stakeholders of NSPs and operational plan development	Brief explanation of the methodology, key stakeholders and key milestones of the NSP and related operational plans development. If NSP has not yet been finalized, please explain the required steps to completion.
Epidemiological profile	Description of key trends in the disease epidemiology, illustrated with latest available data.
Analysis of key, vulnerable and/or underserved populations ⁸	Overview of the size and epidemiology of the vulnerable and underserved populations, illustrated with latest available data.
Lessons learned from past program implementations	A brief explanation of past successes and issues relevant to this funding request (for example, innovations, bottlenecks in service delivery).
Disease specific national policies and guidelines	A description of the country framework for the disease, including treatment guidelines, SOPs, diagnostic and treatment algorithms.
Summary budget, including costing methodology and assumptions	A summary of NSP cost, ideally split by strategic area, intervention and year. Also, a brief explanation of the method (for example, national process, technical guidelines on costing NSPs from WHO, UNAIDS or other technical agency) and assumptions (for example, historical costs, Reference Case for Estimating the Costs of Global Health Services and Interventions, other data source) used for costing the NSP interventions.
Program's prioritization approach	An overview of the process and criteria for technical prioritization of the NSP interventions for funding. For example, effective allocation of resources could have been guided by strategic information, cost effectiveness analysis (such as costing, mathematical impact modeling), operational considerations, etc.
Monitoring & evaluation plan	An overview of how the interventions of the national response will be monitored and evaluated, including the monitoring systems, frequency, and evaluation process.
Operational plans	Overview of the available plans that enable operationalization of the NSPs, including annual budgets, performance framework and other key operational documents, as relevant to the funding request.
Other	Other disease specific information or analysis that would help contextualise the funding request.

Documentation beyond the NSP would only be required for areas that are:

- Not fully explained in the NSPs;
- Based on outdated data and/or assumptions (for example, when recent data is available and requires a change in the national response, including the type and prioritization of the interventions, modifications in expected level of national financing, and others).

In such cases, applicants are asked to refer to another and/or more recent information sources or provide a narrative in question 1.2. Page numbers should be referenced, and relevant documents attached to the application. A list of national documents that could be used are listed below.

⁸ **Key populations in the HIV response:** Gay, bisexual and other men who have sex with men; Transgender people; Sex workers; People who inject drugs; Prisoners and people in other closed settings; etc. **Key populations for tuberculosis response:** Prisoners and people in other closed settings; People living with HIV; Migrants; Refugees; Indigenous populations; etc. **Vulnerable populations in the malaria response:** Refugees; migrants, internally displaced people and indigenous populations in malaria-endemic areas are often at greater risk of transmission, usually have decreased access to care and services, and are also often marginalized; etc. The Global Fund also recognizes other vulnerable populations; those who have increased vulnerabilities in a particular context, i.e., adolescent girls and young women, miners and people with disabilities.

List (non-exhaustive) of national documents to be considered as reference if information is not available in NSPs	
Level	Indicative list of reference document
Health Sector	<ul style="list-style-type: none"> - National health sector strategy and/or reviews and assessments; - Demographic health surveys; - Multiple indicator cluster surveys; - National health accounts; Sector budgets; - Multisectoral engagement strategy; - Legal environment assessment; - Human rights reviews; - Stigma assessments; and - Assessments on human rights and gender barriers/inequities to access health care.
Disease specific	<ul style="list-style-type: none"> - WHO and UNAIDS country profiles; - Recent disease incidence/prevalence studies; - Malaria indicator survey; - People living with HIV stigma index surveys; - Integrated bio-behavioural surveys, Sero-surveillance studies, population size estimates, hot-spots mapping; - Key populations prioritization and assessments; - Key and vulnerable populations strategies; - Program reviews; - Impact assessment, modelling, spectrum, AEM-AIDS Epidemic Model, Optima model, TIME, strategy reviews as applicable; - Program monitoring and oversight results; - Disease program guidelines; - Program protocols and guidelines including for key populations (e.g., opioid substitution therapy protocols); - Adherence studies; - Patient-pathway analysis; and - National surveys of costs faced by patients & their households.
Operational	<ul style="list-style-type: none"> - A list of NSP costing assumptions; - Investment Case; - Cost-impact analysis informed by disease impact transmission models and costing tools; - National Monitoring & evaluation plan; - Annual/periodic work plans; - Operational plans and budgets; and - Other relevant documents, as needed.

1.2 Contextual Information not Included in NSPs

Recommended length of this section: **1 page (or more for joint applications).**

Applicants are asked to complete this section in case of (i) identified gaps in question 1.1 and (ii) if additional and/or more up-to-date contextual information has become available since the NSP was finalized. Applicants should explain how the additional data might change the national strategies and the choice of funding request priorities.

While describing the country or epidemiological context the applicants are encouraged to use the Essential Data Table(s). The Global Fund Secretariat has pre-filled this table using publicly available datasets and information submitted to the Global Fund during the current implementation period. Applicants are encouraged to review the data for disease components and RSSH and update or correct it if more recent or different data is being used for analysis. For example, applicants could provide additional current data, disaggregated data, relevant operational data on key interventions, and/or stratification with maps if available. The TRP welcomes the submission of additional datasets that may not be included in the Essential Data Table. These could include:

- **RSSH:** If available, the country funding landscape reflecting different components of the health systems alongside the technical assistance provided by different development partners, for better understanding of overall in-country health systems investments and involvement.
- **HIV:** Discriminatory attitudes towards people living with HIV; avoidance of health care because of stigma and discrimination for: sex workers, men who have sex with men, PWID, and transgender people; prevalence of recent intimate partner violence; demand for family planning satisfied by modern methods; knowledge about HIV prevention among young people (15-24); disaggregation by age and sex, and age/sex (especially for PLHIV, new HIV infections, AIDS-related deaths);

percentage of new and relapse TB patients recorded as HIV-positive; disaggregation of treatment success by sex.

- **Tuberculosis:** percentage of new and relapse TB patients recorded as HIV-positive; treatment success rates (new cases, HIV-positive TB cases, MDR-TB cases) disaggregated by sex.
- **Malaria:** Population at risk and cases / deaths 2010-2017; reported cases by species 2010-2017; reported cases by method of confirmation 2010-2017; commodities distribution and coverage 2015-2017; funding 2015-2017; policy adoption dates; drug policy 2017; annual blood examination rate; percentage of women attending antenatal care; proportion of cases investigated and classified; proportion of foci investigated and classified.

Section 2: Funding Request and Prioritization

In this section, applicants should provide:

- 2.1 An overview of national strategic priorities and identified key funding gaps;
- 2.2 Details of the requested Global Fund investments and how the required investments were prioritized; integration opportunities; compliance with application focus requirement; and value for money considerations;
- 2.3 Matching Funds request, if applicable (see allocation letter).

NOTE: Applicants are advised to complete the Programmatic Gap Table(s) and Funding Landscape Table(s), and become familiar with the Performance Framework and Budget, prior to filling in **Section 2**.

Make sure that the analysis in Programmatic Gap Table(s) and Funding Landscape Table(s) is aligned with the indicators and targets set for each module in the Performance Framework, as well as with the costing of modules and interventions in the Budget.

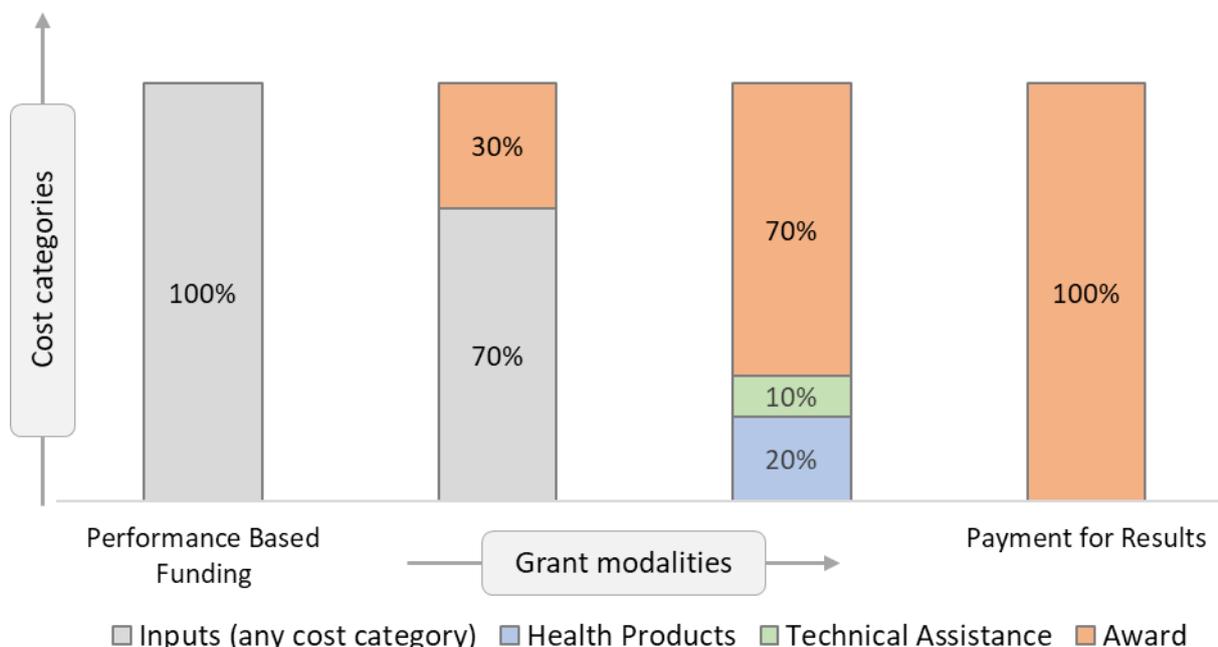
It is important to ensure consistency across these documents; for example, coverage levels in the programmatic gap table should be linked with the coverage targets in the Performance Framework.

Payment for Results

The Global Fund supports differentiated grant management models to maximize programmatic performance, incentivize innovations and advance sustainability of the country's responses. The Payment for Results approach has the potential to significantly shift the dynamics of program implementation. The modality is to be considered when the expected changes in dynamics based on the specific country or epidemiological contexts will result in **increased effectiveness** of the program and ultimately **maximized impact** of the investment towards national health outcomes or specific health program area outcomes. The scope and actual architecture will be then designed linking to impact and health outcomes rather than inputs, enhancing country leadership in the response against the diseases, paving the way for smooth and successful sustainable responses and transitions. It prioritizes strategic engagement in support of national program priorities. The Payment for Results model is to be discussed and agreed with the Country Team at the time of designing the funding request.

The Payment for Results approach can be applied to the overall investment or to certain interventions. There are different options to integrate and apply it as part of the grant model. For instance, the overall amount available for the program can be organized based on a traditional input-based budget with a Payment for Results approach included as part of the overall budget. This option can be considered in scenarios when Payment for Results approach is applicable for a specific geographic area, programmatic focus areas or intervention(s). In this case only part of the funding is awarded based solely on achievement of pre-defined targets and the remainder of the funds would be awarded in the traditional way of performance-based funding.

The funding can be organized along a “continuum.” Here are a few illustrative examples:



Illustrative examples of grant funding structure options with Payment for Results

The definition of the payment/award to be disbursed upon achievement of the agreed results should be considered when designing a Payment for Results grant and defined in consultation with the Country Team during the grant-making process. It entails structuring the funding envelope, amount and frequency of payment(s), and payment triggers.

Given the nature of Payment for Results modality and focus on results, assurance relies on independently verified programmatic results. Grant amounts are tied to performance targets, enhanced independent verification of data, and focus on results rather than inputs and budget management.

2.1 Overview of NSPs Strategic Areas

Recommended length of this section: **1 page (or 1 page per component for joint applications).**

Applicants are asked to present the NSPs strategic areas by referring to the relevant sections or pages of the NSPs, outlining key interventions, targeted results, funding needs and funding gaps. This information will help to contextualize the requested investments from the Global Fund. Specifically:

Column	Input Details
NSPs Strategic Areas	List the NSPs' main strategies and/or focus areas, corresponding to the broad categories of the national response. This shall cover the entirety of the NSPs, to provide a full overview of the program ambition.
Key Interventions	Refer to the relevant pages of the NSPs, or list key interventions identified in NSPs as the most important programs to attain the national response targets. List interventions in order of priority, detailed to the level of modules in the Global Fund Modular Framework.
Baseline and Targets	Refer to the relevant pages of the NSPs or provide NSP targets, by year and the baseline value.
NSP Funding Need	Provide the cost for the respective strategic area/interventions for the period of the funding request implementation (typically 3 years). The cost is to be based on accurate and up-to-date assumptions and in line with the numbers provided in the Funding Landscape detailed gap table. It would be helpful to complete the Funding Landscape detailed gap table prior to starting the work on this column of the funding request.
Anticipated Funding Gap, as % of need	Outline the anticipated funding gap per NSP strategic area/interventions during the period of this funding request implementation (calculated as a difference between the total funding need and anticipated funding from the national budget and/or from external donors –excluding the Global Fund– divided by the total funding need). This assessment must represent the most likely funding scenario, based on the best available latest information (such as historical funding trends, indications from the on-going in-country dialogue, discussion with donors and partners, and others). The numbers provided in this column must be consistent with the ones in the Funding Landscape table.

2.2 Funding Request to the Global Fund

In question 2.2 applicants are asked to detail their funding request(s) to the Global Fund. Investments prioritized for funding should be:

- Evidence-based, in line with normative guidance, the epidemiological context and lessons learned from the current implementation period, and aim to maximize impact against HIV, TB and malaria;
- Appropriately focused on building RSSH (including health and community systems);
- Focused on evidence-based programs for key and/or vulnerable populations;
- Addressing human rights, gender and age-related barriers and inequities in access to services;
- Addressing critical gaps to strengthen the sustainability of the national disease response, including Global Fund-financed interventions;
- Have considered value for money; and
- Complying with the application focus requirements⁹.

a) Funding Request to Global Fund under **Performance Based Funding** approach

Recommended length of this response: **5 pages (or more for joint applications)**.

Performance based funding is based on the principle of financing specific interventions identified at the beginning of the grant. Initial funding is awarded before results are achieved, but continuing funding is dependent upon achieving agreed-upon targets. Applicants are asked to populate the table as follows:

Column	Input Details
NSPs Strategic Area	Outline NSP strategic area that is prioritized for Global Fund financing
Interventions	List specific interventions that are requested to be funded by the Global Fund. These shall be at the level of detail of the modules in the Global Fund Modular Framework and interventions correspond to those listed in the Performance Framework template.
Rationale for prioritization for funding by the Global Fund	Detail how the selected interventions comply with the focus of application requirement, maximizing impact against the diseases, address the needs of key and vulnerable populations, help reduce the human rights barriers, and/or strengthen sustainability of the investments. Refer to the relevant sections/pages of the NSPs if applicable.
Amount requested from the Global Fund	Input the cost of the interventions in the currency of the funding request for the period of the allocation (typically 3 years). Make sure that the amounts correspond to the Budget template and that the total amount equals to the total allocation amount provided on the cover page of this funding request.

Additionally, applicants are asked to provide an overview of the process that was followed by the CCM for the prioritization of Global Fund investments. For example, the prioritization approach should be linked to the country context and based on the elements prioritized in the NSP, or guided by other considerations, such as more recent evaluations or analysis, a transition workplan, the Global Fund's focus of application requirements, value for money, and/or operational considerations. The described criteria shall be linked to the country context and explain how it was deemed to be relevant and appropriate.

b) Funding Request to Global Fund under **Payment for Results** modality.

Recommended length of this response: **4 pages (or more for joint applications)**.

This question is designed specifically for the funding requests (or sections of them) under the Payment for Results modality, where financing is based on achieving pre-defined results or program milestones. Applicants using this approach are asked to populate the table as follows:

- **Performance indicator or milestone:** list the proposed indicators that will be directly linked to the definition of the payments. To the extent possible, the indicators should be selected from the core list of indicators in the [Modular Framework](#).

⁹ [Sustainability, Transition and Co-Financing Policy](#)

- **Target:** define the proposed target, by year and with the value for the base line. These values should match those provided in the Performance Framework.
- **Rationale for indicator/milestone selection:** describe why the proposed measures were selected as criteria for funding by the Global Fund, detailing how the targeted results will comply with the application focus requirements, maximize impact against the diseases, address the needs of key and vulnerable populations, help reduce the human rights barriers and inequities, and strengthen sustainability of the investments.
- **Total amount request from the Global Fund:** specify the total amount requested from the Global Fund (in the currency of the allocation) to attain targeted performance indicators or milestones. The amount should be the same as the one in the Budget template.

The applicants are also requested to specify how they will ensure the accuracy and reliability of the reported results through a brief narrative response.

Additionally, applicants are asked to provide an overview of the process that was followed by the CCM for the prioritization of Global Fund investments. For example, the prioritization approach should be linked to the country context and based on the elements prioritized in the NSP, or guided by other considerations, such as more recent evaluations or analysis, a transition workplan, the Global Fund's focus of application requirements, value for money, and/or operational considerations. The described criteria shall be linked to the country context and explain how it was deemed to be relevant and appropriate.

c) Opportunities for Integration

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

Applicants are requested to describe how the proposed investments in health and community systems have taken into account the needs across HIV, tuberculosis, malaria, related health programs and the broader health system in order to improve disease outcomes, program sustainability and generate efficiencies. They should also consider any disease-specific modules that contribute to health and community system strengthening as well as the RSSH cross cutting modules listed below:

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

Opportunities for progressive integration across relevant diseases and with the broader health system (also including maternal and child health) should not be missed when they lead to one or more of the following:

- Improved disease outcomes:** for example, if strengthening the national laboratory system (as opposed to a disease specific lab investment) will increase the ability to diagnose across the country, resulting more people on treatment and ultimately better disease outcomes across all diseases (and beyond).
- Improved program sustainability:** for example, if an investment in the national Health Management Information System (as opposed to a parallel disease specific/grant specific data system) could strengthen the national system beyond the life and support of the Global Fund grant.
- Generate efficiencies:** for example, if deploying community health workers that cover services for the three diseases (and more) instead of deploying three groups workers in the same communities will generate efficiencies that can be reinvested in, for example, increasing coverage for key services to address HIV, TB and Malaria.

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

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

d) Application Focus Requirements

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

When developing the funding request, applicants must clearly demonstrate how the selected interventions meet the application focus requirements described in the [Sustainability, Transition and Co-financing Policy](#).

All funding requests to the Global Fund, regardless of an applicant's disease burden and income level, should include evidence-based interventions, in line with their epidemiological context, which will maximize impact against HIV, TB and malaria, and contribute towards building RSSH. These requirements will be assessed at the application stage as part of the review process and are differentiated as follows:

- **Low-income country (LIC):** There are no restrictions on the programmatic scope of funding for HIV, TB or malaria requests by LICs and applicants are strongly encouraged to include RSSH interventions. Applications must include, as appropriate, interventions that respond to key and vulnerable populations, human rights and gender-related barriers, inequities and vulnerabilities in access to services.
- **Lower middle-income country (LMIC):** Over 50 percent of funding for this request should be for disease-specific interventions for key and vulnerable populations and/or highest impact interventions within a defined epidemiological context. Requests for RSSH must be primarily focused on improving overall program outcomes for key and vulnerable populations in two or more of the diseases and should be targeted to support scale-up, efficiency and alignment of interventions. Applications must include, as appropriate, interventions that respond to human rights and gender-related barriers, inequities and vulnerabilities in access to services.
- **Upper middle-income country (UMIC):** Eligible applications from UMICs must focus 100 percent of their funding request on interventions that maintain or scale-up evidence-based interventions for key and vulnerable populations. Applications must include, as appropriate, interventions that respond to human rights and gender-related barriers and vulnerabilities in access to services. Applications may also introduce new technologies that represent global best practice and are critical for sustaining gains and moving towards control and/or elimination; and interventions that promote transition readiness which should include critical RSSH needs for sustainability, as appropriate, and improvement of equitable coverage and uptake of services.

e) Value for Money

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

The TRP assesses value for money as a key criteria in recommending a funding request for grant-making. Applicants should consider value for money throughout the funding request development process, demonstrating how the program will maximize sustainable health impact. In responding to this question, applicants should primarily focus on the following two dimensions of value for money: economy and efficiency, and explain how this funding request presents improved value for money in comparison to the activities within the current grant, with examples if possible. This question only focuses on economy and efficiency because the other dimensions of value for money (effectiveness, equity and sustainability) are

incorporated throughout other areas of the funding request. More information is provided in the [Value for Money Technical Brief](#).

Economy: applicants should explain how this funding request better achieves the lowest sustainable costs for quality inputs required to provide services. Applicants are asked to demonstrate their effort to minimize costs of the inputs by showing that: (i) quality assured commodities and equipment are budgeted at the lowest sustainable costs; (ii) cost-effectiveness analysis of new technology is carried out or evidence is provided to justify the investment; and (iii) human resources are deployed properly and compensated at appropriate salary scales comparable to those of the local labor market to ensure sustainability. This can be illustrated by reduced commodity costs, more sustainable human resource costs; and strong rationale for investment in new technology or drugs.

Efficiency: applicants should explain how this funding request maximizes health outputs, outcomes or impact for a given level of investment, in comparison to the activities within the current grant. The efficiency of each funding request should be viewed in the context of a country’s overall national strategy, taking into account domestic and other donor investments in country, and not just the portion for which Global Fund support is sought. Where applicable, applicants should indicate how this funding request addresses the types of efficiency at program and system level as detailed in the table below.

Level	Area of Efficiency	Elements to Assess
Program level	Allocative Efficiency	How are the available resources allocated across interventions, geographies and population groups in order to maximize impact?
	Technical Efficiency	What efforts are ongoing or planned to minimize the cost of service delivery along the care continuum, achieving desirable health outcomes. For instance: <ul style="list-style-type: none"> - Are barriers (e.g. financial, physical, and social) and inequities to access health services properly addressed for those in need? - Is the mix of the inputs (e.g. commodities and human resources) of interventions optimal to generate quality health outputs? - Is service delivery optimized through appropriate modalities and platforms? For example, providing services at lower levels of care, such as primary health centres (PHCs) or by community health workers.
System level	Allocative Efficiency	How the total resources available are allocated to maximize impact, including funding focused for specific health system issues to overcome critical bottlenecks.
	Technical Efficiency	What efforts are ongoing or planned to improve the alignment and integration of the health system? This may include identifying and removing duplications in health system building blocks (e.g. health information systems, human resources, laboratory systems, and supply chain), where a multiplicity of disease specific systems could be integrated.

2.3 Matching Funds (if applicable)

Recommended length for this response: **1 page per designated matching funds priority area.**

The Global Fund provides an additional funding stream - called Matching Funds – to incentivize a sub-set of countries to align their allocations towards strategic priorities that are critical to driving impact and achieving the Global Fund Strategy 2017-2022.

Eligible countries will be informed in their allocation letter if they have been designated any matching funds, and of the priority area for which they can access matching funds upon meeting specific conditions.

Applicants eligible for matching funds should complete this section of the funding request form, describing how they have met the programmatic and financial conditions outlined in their allocation letter.

Section 3: Operationalization and Implementation Arrangements

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

NOTE: If the program is continuing with the same PR(s) the applicant should update the existing Implementation Arrangement Map before completing this section.

a) Implementation Arrangements

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

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

To promote the sustainability of programs and strengthening capacity at the local level, the Global Fund encourages applicants to consider the selection of both local non-government entities and government entities as Principal Recipients (PRs). This practice supports national ownership and builds national capacity for implementation, even if this implementation is currently financed by non-domestic sources. If a funding request does not include both government and non-government PRs, it should explain the reason for this.

Where and when it is not possible to select either a local entity to implement Global Fund grants, CCMs are encouraged to include in their funding requests specific details as to how international NGOs or other entities will work to transfer capacity to national government or non-government institutions.

b) Role of Community-Based Organizations

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

In this section applicants should describe the role of community-based organizations (NGOs, non-government groups, CBOs, community-led groups) which are **relevant and accountable** (meaning they have a consultation/feedback/accountability mechanism that supports adequate representation of the interests of the affected communities) as part of the proposed implementation arrangements.

This section should also address government-led activities that will enable or facilitate working with civil society organizations and non-government implementers, promoting their strengthened capacity in program design and service delivery as well as describing the role that community-based organizations will play implementation arrangements (for example, social contracting and others), monitoring the quality and performance of the services provided, and policy dialogue.

c) Key Implementation Risks & Mitigation Measures

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

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

Applicants should describe key anticipated implementation risks related to selected implementers and implementation arrangements that may: (i) affect the ability to deliver program objectives and (ii) have unintended negative effects on the broader health system. One example of the latter category could be displacement of human resources for health (for example, through better compensation packages or working conditions, certain PRs may attract personnel from ministries and health facilities, creating unintended human resources gaps). Another example could be the set-up of efficient, but alternative data system that may weaken the ability of the HMIS to collect data. Applicants should specify mitigation measure(s) to put in place

to address the key anticipated risks, in support of effective program implementation, performance and ‘no harm’ to the health system. Key implementation risk areas may include the areas detailed in the table below.

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

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

Key Implementation Risks	Corresponding Mitigation Measures	Entity Responsible
<p>Describe the key, anticipated implementation risks related to selected implementers and implementation arrangements that may affect the ability to deliver the program objectives or might negatively affect the broader health system.</p> <p>Prioritize the most important/key risks relevant to your country and component context.</p> <p>Applicants may reference key documentation listed in Section 1.1 or</p>	<p>Specify the mitigation measure(s) applicants intend to put in place to address each the risks, to ensure effective program implementation and performance.</p> <p>Explain plans to request or utilize the funding for technical assistance to strengthen implementation capacity.</p> <p>If applicants have referenced key documentation to identify the key implementation risks, they should still describe the corresponding mitigating</p>	<p>List entity/entities that are responsible for mitigating actions if risk materializes. This can include the Global Fund, any domestic government entity, technical partner, disease program, NGO or other.</p> <p>Specify the source of funding to cover costs of mitigating measures if the risk materializes.</p>

<p>within a relevant section of their NSP, in the event the risk identification is already captured.</p> <p>If the applicants do not foresee any risks that would greatly affect the delivery of the programs they can state that “No major risks are foreseen for program delivery”.</p>	<p>actions critical to program delivery in this section of the application form.</p> <p>If a key risk does not have a corresponding mitigating action the applicant should include the risk and state “No proposed mitigating actions have been identified for this risk”</p>	
---	---	--

Section 4: Co-Financing, Sustainability and Transition

Recommended length of this section: **4 pages**.

NOTE: Funding Landscape Table(s) should be completed before filling in this section.

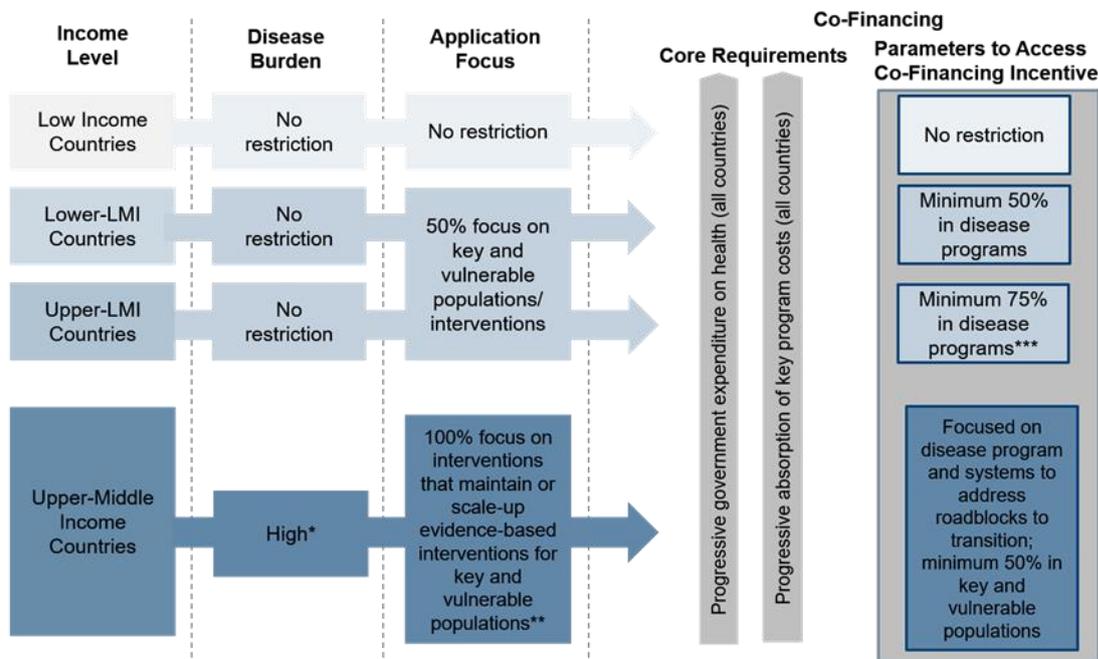
Financial commitments from domestic sources must play a key role in delivering national strategies to achieve lasting impact and long-term sustainability in the fight against the three diseases. While the Global Fund allocates funding to most eligible countries, these resources only cover a part of a technically sound response that scales service provision to control and eliminate the three diseases. 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 increase resources for the national disease program and health system during the implementation period.

The following provides an outline of the key analysis applicants should complete before answering the questions in this section:

Key Analysis Areas	Elements to assess
Assess trends and actions to increase 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
Assess the realization of co-financing commitments for the current allocation period.	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
Outline how domestic commitments in the next allocation period meet the minimum requirement as per the Sustainability, Transition and Co-Financing of Programs Guidance Note and outlined in the allocation letter.	Assess if co-financing is increasingly taking up key costs of national disease plans and/or supporting health system interventions
	Assess the extent to which there is progressively increasing expenditure on health
	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 transition from Global Fund financing (if applicable) and long-term sustainability of the program

4.1 Co-financing

The [Sustainability, Transition and Co-Financing Policy](#) specifies domestic co-financing requirements that ensure greater domestic investment in health and Global Fund-supported programs over time. Requirements are differentiated by income level category to encourage additional domestic investments which are progressively focused as a country moves along the development continuum and prepares for transition. More information is provided in the [Sustainability, Transition and Co-Financing of Programs Guidance Note](#), the domestic financing section of the allocation letter and the [Applicant Handbook](#).



*Small island economies are eligible regardless of disease burden; **UMICs may also include interventions to ensure transition readiness which include critical RSSH needs to ensure sustainability, as appropriate, as well as improve equitable coverage and uptake of services and, as appropriate, introduce new technologies that represent global best practice and are critical for sustaining gains and moving towards control and/or elimination; ***Upper LMI components with low burden are encouraged to show a greater share of domestic contributions that address systemic bottlenecks for sustainability and transition;

Applicants are required to provide the following information linked to their assessment of the funding landscape and co-financing:

- Supporting documentation that clarifies the extent to which co-financing commitments were realized for the **current** allocation period. If government commitments have not been fully realized, applicants should provide reasons for the lower levels of co-financing. For more information on the types of supporting documentation typically used, see the [Applicant Handbook](#).
- Justification if co-financing commitments for the **next** allocation period are not in line with policy requirements and/or do not meet minimum requirements to fully access the co-financing incentive, as indicated in the domestic financing section of the allocation letter. It is also requested that applicants submit supporting documentation that demonstrates the co-financing commitments for the next period.
- Summary of key programmatic areas that will be supported by co-financing, including (but not limited to) investments in health products, human resources for health, programs for key and vulnerable populations, interventions to remove human rights and gender-related barriers, and enabling environment interventions. Applicants should describe which interventions, currently funded by the Global Fund, will be covered by domestic co-financing going forward.

- d) Details of the mechanism by which co-financing commitments will be tracked and reported. Actions that have been identified to improve disease and health spending data should be aligned with methodologies and guidelines prescribed by technical partners.¹⁰

4.2 Sustainability and Transition

a) To answer this question applicants should:

- Highlight the funding gaps for the major program areas as outlined in the **Funding Landscape Table** ('Detailed Financial Gap' tabs);
- Describe planned actions to identify domestic resources, resources from other donors or efficiencies to cover the funding gaps in the current allocation period.

b) Explain the key challenges related to sustainability and how the country plans to address them. Refer to national documents or a Sustainability Plan/Transition Workplan/Transition Readiness Assessment, as applicable, when responding. While challenges will depend on country context, challenges may be related to:

- **Financial sustainability:** health financing strategies for resource mobilization, efficiency in resource allocation and utilization;
- **Programmatic sustainability:** key and vulnerable populations, human rights, service delivery;
- **Health systems and community systems:** human resources for health, procurement systems, data and information systems;
- **Governance**, etc.

The response should also include a description of the key actions to support transition from Global Fund funding and strengthen sustainability of programs. These may include:

- Planned actions/reforms to increase domestic resources for health;
- Planned actions to develop a health financing strategy and/or the implementation of the existing health financing strategy;
- Increasing trends in government health expenditure;
- Planned support for implementing financing reforms;
- Plans to meet universal health coverage goals and objectives;
- Planned efficiencies behind investments into RSSH;
- Other plans to enable greater efficiency and effectiveness of health spending;
- Planned changes to legal environment;
- Analysis of sustainability and/or transition challenges, and development and implementation of sustainability and/or transition plans, etc.

Where relevant, the response should explain if specific interventions are included in the funding request to support the sustainability and transition challenges outlined.

¹⁰ Applicants are encouraged to include targeted investments to support these planned actions in the funding request to the Global Fund. For example, 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 requested funding can be used to secure technical assistance for institutionalization of National Health Accounts provided by the World Health Organization (in collaboration with the Global Fund).

Part III: Additional Documents Included with the Funding Request

Programmatic Gap Table(s)

The purpose of the programmatic gap table is to identify key coverage gaps in the country by module/intervention, and to analyze how these gaps can be filled by the Global Fund and other support.

Key modules are those that are critical to achieving the expected impact of the funding request and that require significant investment. The programmatic gap analysis provides the underlying rationale for prioritization of the selected modules for funding. It also provides information on the overall need, the proportion already covered and what is proposed to be covered by Global Fund.

Remaining gaps in programmatic coverage can be useful for applicants to develop their prioritized above allocation request (PAAR). The programmatic gap analysis focuses on program coverage and does not require the financial costs associated with the modules that are not included within the allocation funding request.

Priority modules for which gaps are difficult to quantify are not included in the Programmatic Gap tables (such as when a module is not related to service delivery). Applicants are then asked to describe these gaps in the relevant section of the funding request form.

Consistency is encouraged between coverage levels included in the programmatic gap tables and Performance Framework coverage targets

Detailed guidance to fill in the table(s) can be found in the [Programmatic Gap Table Excel file](#). For 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.

If there is no service provision included in the funding request, applicants are not required to fill out the programmatic gap table. Instead, they can use the performance framework template and only complete the work plan tracking measure section.

Funding Landscape Table(s)

Applicants must use the [Funding Landscape Table\(s\)](#) to provide financial information related to the national disease and RSSH strategies, including the following:

- i. A cover sheet that captures applicant identifiers and background information that feeds into headers of other worksheets.
- ii. 'Financial Gap Overview' worksheet for each disease component that captures funding need, available funding and financial gap at the program level.
- iii. 'Government Health Spending' worksheet that captures trends in health financing from domestic public resources and specific government commitments for strengthening health systems to access the co-financing incentive.
- iv. 'Detailed financial gap' worksheet for disease component(s) – to obtain an indicative picture of available funding and gaps in key program areas.

The first three worksheets are required to be completed by all applicants. The 'detailed financial gap' worksheet for disease components is a requirement for all high impact countries (as per Global Fund classification) and Upper-Middle Income countries. Other applicants are also encouraged to complete the 'detailed financial gap' worksheet.

Detailed instructions on how to complete the tables are provided in the [Funding Landscape Table Excel file](#).

Performance Framework and Budget

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

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

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

Prioritized Above Allocation Request (PAAR)

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

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

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

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

If the TRP deems interventions in the above allocation request as technically sound, strategically focused and positioned to achieve the highest impact, they will be put on the Register of Unfunded Quality Demand (UQD). The UQD Register is maintained by the Global Fund to facilitate funding, should additional resources become available. For example, the registered UQD could be funded through efficiencies found within the allocation amount during grant-making, or through additional funding that may become available during grant-making or grant implementation. Interventions on the UQD Register are only valid for three years after approval.

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

In their review, the Global Fund's TRP may recommend a re-prioritization between the allocation and the PAAR.

In cases where PAAR modules are a scale-up of modules described within the allocation request, the applicant's rationale may be limited to an explanation of how the additional investment will contribute to an increase in outcomes and/or impact. In cases where new interventions are being proposed, applicants should describe the activities that will be implemented and how the interventions will improve outcomes/impact on disease programs and/or contribute to building RSSH.

For joint funding requests that include two or more components, applicants should use one table to complete the above allocation request using the template provided by the Country Team.

Implementation Arrangement Map

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

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

NOTE: If the program is continuing with the same Principal Recipient into the next allocation period, the implementation arrangement map must be submitted during the funding request stage. If the Principal Recipient is changing, then the implementation arrangement map may be provided during the grant-making stage.

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

Essential Data Table(s)

The **Essential Data Table(s)** is an Excel file pre-filled by the Global Fund Secretariat that provides publicly available data and information submitted to the Global Fund during the current implementation period.

The file consists of four tabs: RSSH, HIV, TB and malaria with programmatic indicators. The information in the tables should be complementary to the other parts of the funding request and does not need to be repeated (it should be referenced).

Applicants are encouraged to review the pre-filled data and update/correct it accordingly to better inform the narrative in the funding request. Applicants are also encouraged to add additional relevant data in the country context section of the funding request, as described in the *Instructions* for Section 1.2.

CCM Endorsement of Funding Request

The Global Fund requires evidence of endorsement of the final funding request by all CCM members, or their designated alternate(s), if the respective CCM member(s) is not available.

CCM members unable to sign the endorsement of the funding request may 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 should inform the Global Fund in writing (AccessToFunding@theglobalfund.org) stating the reason for not endorsing the funding request, so the Global Fund can understand the member's position.

CCM Statement of Compliance

With the funding request submission, all CCMs are required to submit a [Statement of Compliance](#), which includes:

CCM Eligibility Requirements:

In order to be eligible for funding, the Global Fund requires CCMs to meet six requirements, as per the [Country Coordinating Mechanism Policy \(including Principles and Requirements\)](#).

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

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

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

Requirement 1: Funding Request Development Process

The development of the funding request needs to be an open, transparent and inclusive process which engages a broad range of stakeholders, in particular key populations. 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-members¹¹ representing disease-specific and cross-cutting perspectives (such as RSSH, human rights, M&E, Procurement and Supply Chain Management, RMNCH) –in the solicitation and the review of activities to be included in the application.
- b. Clearly document efforts to engage key and vulnerable populations in the development of funding requests.

For this requirement, 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: Principal Recipient Nomination and Selection Process

The Global Fund requires all CCMs¹² to:

- a. Nominate one or more PR(s) at the time of submission of their application for funding¹³,
- 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 that any actual or potential conflict of interest was managed.

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

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.

¹² Except in some cases where the Global Fund's [Additional Safeguard Policy](#) is applied.

¹³ In exceptional circumstances, the Global Fund will directly select PRs for the CCM. These circumstances include where countries are under the Additional Safeguard Policy (ASP) or undergoing an investigation by the Office of the Inspector General.

Compliance with Application Focus Requirements:

The Global Fund also requires that CCMs certify that funding requests include evidence-based interventions, in line with their epidemiological context, which will maximize impact against HIV, TB and malaria, and contribute towards building RSSH. Applicants are required to focus their application depending on their country income category. See Section 2.2 of these instructions or the [Sustainability, Transition and Co-Financing Policy](#) for specific requirements.

Health Product Management Tool (HPMT)

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

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

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

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

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

For more information on how to fill in the HPMT, refer to the instructions tab within the tool.

List of Abbreviations and Annexes

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

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