These instructions guide applicants on how to complete the Tailored for National Strategic Plans funding request form. These instructions should be read by all stakeholders engaged in the development of a Tailored for National Strategic Plans funding request for the 2023-2025 allocation period.

Contents

Introduction 2

Important Changes within the Tailored for National Strategic Plans Form for the 2023-2025 Allocation Period 4

Submitting a Tailored for National Strategic Plans Funding Request 7

Completing the Funding Request Form 8

Section 1. Funding Request and Rationale 10

Section 2: Implementation 24

Annex 1: Submission Documents Checklist 27
Introduction

Use of the Tailored for National Strategic Plans funding request

National Strategic Plans (NSPs) are national documents that follow country priorities and cycles. The Global Fund has designed this application approach to enable applicants to draft less narrative response within their funding request and refer as much as possible to the country's NSP and other national documents. This is particularly suitable for:

- a country whose NSP duration overlaps with the grant duration, and
- if the NSP content includes most of the elements useful for the funding request.

Applicants will receive an Allocation Letter indicating an allocation amount and whether a Tailored for National Strategic Plans application approach should be completed.

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\(^1\) for countries categorized as High Impact and Core, or Tailored for Focused Portfolios\(^2\) for countries categorized as Focused).

Suitability of National Strategic Plans

NSPs should have up-to-date and relevant information that covers 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 health inequities.
- 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.

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).

Please note that an advanced NSP draft is still acceptable if the CCM does not anticipate any major change in the final version.

\(^1\) Full Review application - https://www.theglobalfund.org/media/5559/fundingrequest_fullreview_template_en.pdf
\(^2\) Tailored for Focused Portfolios application - https://www.theglobalfund.org/media/8597/fundingrequest_focusedportfolio_template_en.pdf
An NSP that does not have all the elements listed above could still be suitable as information gaps can be provided in the form of narrative.

The request might also include interventions prioritized for funding which are not described within the NSP but for which strong rationale exists that might include:

- Changes in epidemiological context, as indicated by monitoring and evaluation data or a mid-term review,
- Lessons learned during implementation of current programs, and
- Evolving needs of most impacted communities as a result of changing country context.

It is essential that the NSPs (draft or final) are supported by all constituencies in the CCM (including also civil society organizations).

Development of the funding request
Applicants will receive a blank application form and attachments from their Global Fund Country Team after the Allocation Letter has been shared. Annex 1 includes a checklist of the various attachments to be included with the funding request.

The Global Fund requires that the funding request be developed in an inclusive way. Applicants are encouraged to refer to the Preparing for Country Dialogue in the 2023-2025 Funding Cycle eLearning for expectations and recommendations related to inclusive funding request development.

As described in the Information Notes, proposed interventions should be responsive to community needs, supported by up-to-date disaggregated data, aligned with technical guidance, and address equity and human rights- and gender-related barriers in access to services. Responses to the funding request should be guided by relevant National Strategy Plan(s) (NSPs), health sector strategies, health financing strategies, program reviews, assessments, national technical guidelines, and other national documents, and should be aligned with the 2023-2028 Global Fund Strategy.

Integrated and joint funding requests
The Global Fund uses the term “component” to refer to the collective HIV, TB, malaria, or RSSH investments in a funding request or a grant. For example, a funding request might include HIV, TB and RSSH components, which means it has modules for each of those three areas of investment.

The term "joint funding request" refers to a funding request that includes at least two components. The term "integrated funding request" refers to funding requests which include all eligible disease components and RSSH.

The Global Fund encourages applicants to submit integrated funding requests, which allow them to better present how the disease programs and investments in RSSH are being considered comprehensively and how the programs best complement each other, achieving better integration and value for money.

In cases where there is a high rate of co-infection of TB and HIV, a joint TB/HIV request is required.

Flexibilities for countries classified as Challenging Operating Environments (COEs)

All countries have been impacted by the COVID-19 pandemic and many countries continue to face emergencies and multiple challenges which impact their health and community systems. However, some countries may face additional operational challenges and fragilities which should be taken into

---

3 Preparing for Country Dialogue in the 2023-2025 Funding Cycle eLearning (Registration on iLearn required: https://www.theglobalfund.org/en/ilearn/)
6 The term “fragilities” is used in alignment with other development partners, such as the WHO, GAVI, the World Bank and the OECD.
consideration. Countries which have been classified as COEs may be granted enhanced flexibilities in the funding request process.

**Review of the funding request**

Once submitted, documents assessed by the Global Fund Secretariat (as indicated in Annex 1) will be used for an initial screening to ensure submission requirements are met and to establish baselines for future allocation periods. Funding requests will then be reviewed by the Technical Review Panel (TRP) using their published review criteria which assesses technical soundness, alignment with the 2023-2028 Global Fund Strategy, potential for impact, and the extent to which the funding request is poised for sustainability. The TRP will also consider any progress made towards Issues identified in the TRP Review and Recommendation Forms, especially those from the 2020-2022 allocation period.

Applicants are encouraged to review the TRP Observations Report 2020-2022 and consider lessons learned which can be applied to national programs and assist in successful development of funding requests. Applicants should also review previous TRP Review and Recommendation Forms to demonstrate that progress has been made on Issues previously identified.

Learning more

The Applicant Handbook provides information on the Funding Cycle that goes beyond the scope of these Instructions. It also includes recommended materials to learn more about developing funding requests.

For questions, contact accessoftothing@theglobalfund.org.

**Important Changes within the Tailored for National Strategic Plans Form for the 2023-2025 Allocation Period**

Applicants who have used the Tailored for National Strategic Plans application approach in the past may find the 2023-2025 allocation period form familiar. This section describes what has changed, to align expectations to the new 2023-2028 Global Fund Strategy.

Applicants are encouraged to refer to the Applicant Handbook and the other applicant guidance materials, for more information on these important areas.

**Engagement and leadership of most affected communities**

The Global Fund recognizes that the robust engagement of communities leads to investments that are based on evidence and on human rights, are responsive to age and gender, are equitable and are sustainable. To encourage communities being at the center of programs, expectations of community engagement and leadership during the development of funding requests have been refined and are reflected in two new annexes which should be submitted with funding requests:

---

7 The Challenging Operating Environments Policy Note is currently undergoing revision. As of March 2022, the list of COE countries eligible for the 2023-2025 allocation period include Afghanistan, Burkina Faso, Burundi, Central African Republic, Chad, Democratic Republic of the Congo, Eritrea, Guinea, Guinea-Bissau, Haiti, Iraq, Democratic People’s Republic of Korea, Lebanon, Liberia, Mali, Myanmar, Nicaragua, Nigeria, Pakistan, Palestine, Sierra Leone, Somalia, South Sudan, Sudan, Syria, Tunisia, Ukraine, and Venezuela.

8 As indicated in the Challenging Operating Environment Operational Policy Note - https://www.theglobalfund.org/media/3266/core_operationalpolicy_manual_en.pdf


• The Funding Request Priorities from Civil Society and Communities annex will list the needs and requests identified during funding request development, and whether these were prioritized for inclusion under Allocation Funding or the PAAR.
• The Country Dialogue Narrative annex will include descriptions of the structure of and participation in the country dialogue used to inform the development of the funding requests.

Applicants are encouraged to refer to the Preparing for Country Dialogue eLearning for expectations and recommendations related to inclusive funding request development.

**Investing in resilient and sustainable systems for health**

Applicants should consider how investments in resilient and sustainable systems for health (RSSH) go beyond individual disease programs and focus on aligning and strengthening broader health and community systems.

To ensure that RSSH investments are considered comprehensively, applicants are required to develop an annex on the gaps and priorities within RSSH and submit it with every funding request.

Applicants are encouraged to refer to the RSSH Information Note\(^ \) which includes 'critical approaches' for laboratory, human resources for health and health product management systems.

The Applicant Handbook includes recommendations on how timelines for analyses and decisions can be structured to optimize the efficiency and flow of country dialogue.

**Pandemic preparedness**

The impact that the COVID-19 pandemic has had on health systems and disease programs around the world highlights the importance of preparing for future pandemics while we are responding to HIV, TB and malaria. In the 2023-2025 allocation period, applicants are asked to demonstrate this consideration and show preparatory steps.

In many cases, it is expected that investments in pandemic preparedness will be reflected in the RSSH modules and interventions prioritized for allocation funding or in the Prioritized Above Allocation Request. These modules include laboratory, human resources for health, surveillance, and medical oxygen and respiratory care. Where appropriate, specific interventions and activities from these modules should align with and deliberately strengthen International Health Regulation capacities as reflected in joint external assessments and national action plans for health security, or through support to implementation of other related pandemic preparedness plans e.g., influenza, at national and local levels.

In all cases, applicants are encouraged to refer to the RSSH Information Note for more details on how to prepare against future pandemics.

**Completing the Essential Data Tables**

The Essential Data Tables now include additional fields and tabs which applicants are asked to complete.

Part of the tables are still pre-filled by the Global Fund Secretariat using publicly available datasets and information submitted to the Global Fund from current grants. Applicants are still asked to review the data and update or correct it if it is different from the data being used for analyses in the funding request. Applicants are also asked to complete any data tables which were not pre-filled by the Secretariat.

Applicants are encouraged to review and complete the Essential Data Table(s) before filling out the funding request template, providing the data with the funding request where relevant and indicating the source of the data. Once the Essential Data Tables are reviewed and complete, applicants are encouraged to refer to this information throughout the funding request template, ensuring the data is aligned with data included in the funding request form.

---

\(^{12}\) RSSH Information Note - [https://www.theglobalfund.org/media/4759/core_resilientsustainablesystemsforhealth_infonote_en.pdf](https://www.theglobalfund.org/media/4759/core_resilientsustainablesystemsforhealth_infonote_en.pdf)
Program Essentials

Program Essentials are key evidence-based interventions and approaches to address the ambitious goals set out in the respective global HIV, TB and malaria strategies. When part of national programs, Program Essentials will support countries to achieve their national targets. To ensure that programs are on track to fulfilling Program Essentials, applicants are asked to indicate their progress towards meeting them in the TB and HIV Essential Data Tables. TB, HIV, and malaria applicants from Core and High Impact countries are also asked to describe in their funding request narrative any plans to address Program Essentials that are not fulfilled.

As a part of their review, the TRP will consider an applicant’s level of advancement towards fulfilling Program Essentials.

Demonstrating value for money

The Global Fund expects that all funding requests are good value for money, as demonstrated through the five dimensions of economy, effectiveness, efficiency, equity, and sustainability, following the Value for Money Technical Brief.13

Instead of a stand-alone question on value for money, applicants are encouraged to demonstrate these five dimensions in their responses to answers throughout the form.

Scaling comprehensive programs to remove human rights- and gender-related barriers

In the 2023-2028 Global Fund Strategy, the Global Fund committed to scaling-up comprehensive programs and approaches to remove human rights and gender-related barriers across the portfolio. In the 2023-2025 allocation period, applicants are asked to provide an analysis of barriers and efforts to remove them, and to refer to this analysis when including scaled up, comprehensive programs in their request. The TRP will assess whether programs to reduce human rights and gender-related barriers are indeed comprehensive and at scale to generate impact.

Strengthening domestic resources for health systems and the fight against the three diseases

Domestic resources are critical to achieving and sustaining programmatic outcomes (including for RSSH) and a major driver of efforts to enhance value for money. Global Fund grants are catalytic and must complement country owned prioritization of national HIV, TB, and malaria responses and RSSH. To ensure that domestic financing is prioritized in the funding requests, applicants are required to provide information on co-financing commitments, an analysis of efforts to strengthen health financing, and a detailed overview of their domestic investments, including evidence and sources to substantiate this information.

Evaluating risk

As a part of an evolving approach to risk management, the risk section of the funding request forms for the 2023-2025 allocation period will focus only on three programmatic risk areas. Whereas many risks will be assessed during grant-making, these can often be mitigated through changes to implementation arrangements. In contrast, the three risk areas included in these instructions can often only be mitigated through changes to the design of the program. Considering these risks during program design can potentially prevent the need for later re-evaluation and significant changes suggested by the TRP.

Protection from sexual exploitation, abuse and harassment

Protection from sexual exploitation, abuse and harassment (SEAH) requires the commitment and support of the Global Fund partnership, including implementing countries and partners.

---

13 Value for Money Technical Brief - [https://www.theglobalfund.org/media/8596/core_valueformoney_technicalbrief_en.pdf](https://www.theglobalfund.org/media/8596/core_valueformoney_technicalbrief_en.pdf)
For the 2023-2025 allocation period, all applicants are recommended to identify SEAH-related risks and corresponding mitigation measures during program design. The use of the SEAH risk assessment tool is optional.

**Submitting a Tailored for National Strategic Plans Funding Request**

**Page recommendations**

Applicants are encouraged to develop responses to questions that are concise, complete and avoid repetition. Applicants are also invited to make use of visual representations, such as graphs or tables, to portray key information, trends, or approaches.

These Instructions include a recommendation on the number of pages of text necessary to develop concise and complete responses. While the exact number of pages of text will vary based on country context, the Technical Review Panel requests that applicants carefully observe the length of their response.

**Supporting documentation**

Applicants should only reference documents which either substantiate the funding request or are necessary to fulfil the list of essential data points for the requested components as indicated in the respective Information Notes.

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

All documents referenced in the funding request form should be included in the List of Annexes and Abbreviations and included as a part of the application package. Only documents directly referenced in the funding request form should be submitted.

**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 submitted in French or Spanish. Supplementary attachments can be submitted in the documents’ original language but translation by the Global Fund will be limited to specific sections, within reason.

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.

**Translation of National Strategic Plans**

To ensure that translations are available to the Technical Review Panel, National Strategic Plans in a language other than English are requested to be submitted to the Access to Funding Department once the NSPs are finalized or near final.

**Complete application**

Details on which documents should be submitted with the funding request is included in Annex 1. The TRP will only review complete application packages.
Timing of submission

Applicants are encouraged to submit a funding request for a given component well in advance of the end of the current grants for that component: nine months before the current grant ends is encouraged. For the next allocation period (2023-2025), all grants will need to be Board-approved by the end of 2025. See the Applicant Handbook for more detail on timelines for submission.

Submitting the application

The complete application package is to be uploaded to a Global Fund webpage specific to each Funding Request. The link to this site will be shared with the CCM Focal Point by the Country Team. The entire application package should be submitted on or before the deadline listed for a given submission window.

Transparency and privacy

Funding requests may be published by the Global Fund in accordance with the Global Fund Document Policy. Published documents may include the funding request form, annexes (including the Funding Landscape Table), and other materials referenced in the request.

Personal data obtained by the Global Fund through funding requests documents and Access to Funding processes is processed in accordance with the applicable Privacy Statements, in particular the Supplemental statement for Global Fund Grant Funding and Management Activities.

Completing the Funding Request Form

The following resources can be used as a reference by applicants as they complete their funding request:

- Allocation letter (shared starting in December 2022)
- 2023-2028 Global Fund Strategy
- Applicant Handbook
- Global Fund Information Notes on: HIV; TB; Malaria; Building Resilient and Sustainable Systems for Health
- Global Fund Modular Framework Handbook
- Global Fund Technical Briefs
- Guidelines for Grant Budgeting
- Review Criteria of the Technical Review Panel
- TRP Observations on the 2020-2022 Allocation Period
- Operational Policy Note on the Design and Review of Funding Requests

Applicants are requested to refer to the reviewed and completed Essential Data Tables in their responses and ensure that data is consistent throughout the funding request.

Responses to all questions should be brief and focus on evidence and information necessary to review the request against the current epidemiological, gender, human rights, funding and national response contexts. Responses should be country-specific.

---

16 HIV Information Note - https://www.theglobalfund.org/media/4765/core_hiv_infonote_en.pdf
17 TB Information Note - https://www.theglobalfund.org/media/4762/core_tuberculosis_infonote_en.pdf
18 Malaria Information Note - https://www.theglobalfund.org/media/4768/core_malaria_infonote_en.pdf
21 Guidelines for Grant Budgeting - https://www.theglobalfund.org/media/3261/core_budgetingtonlobalfundgrants_guideline_en.pdf
Responding to questions

The Instructions for the Tailored for National Strategic Plans application are formatted differently than in previous allocation periods. This guide supports applicants to provide complete responses.

**Question 1.3.B: Describe the decision process for interventions selected for allocation funding versus those included in the unfunded Prioritized Above Allocation Request.**

To completely answer the question, address all relevant question elements from these instructions.

- Applicants are asked to justify why interventions were not selected for allocation funding, referring both to the table in Question 1.1 and the PAAR annex.
- Applicants are asked to describe their approach to deciding whether interventions should be in the PAAR and not in allocation funding. Applicants are not requested to list or describe all the interventions from the PAAR.
- Reference any documentation (such as analyses, prioritization exercises, etc.) which inform your responses, include this documentation in the List of Annexes and Abbreviations, and submit in the application package.

Each question includes introductory text unique to the question. This often includes contextual information, such as analyses or references, which should be considered for all of the question elements which follow.

**To respond to this question, summarize:**

<table>
<thead>
<tr>
<th>Element</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>The rationale that was taken to decide which interventions should be funded through the allocation versus listed in the unfunded PAAR.</td>
<td>Indicate if innovative financing instruments (such as blended finance investments or debt swaps) are foreseen to be funded through the PAAR.</td>
</tr>
<tr>
<td></td>
<td>Describe how HIV, TB, malaria, and RSSH modules and interventions were considered in this prioritization.</td>
</tr>
<tr>
<td></td>
<td>For more information on the PAAR, please consult the Applicant Handbook.</td>
</tr>
</tbody>
</table>

Respond to each relevant question element so the funding request can be considered as complete.

The “details” column includes additional information for the respective question element. In some cases, these may be references to help the applicant respond to the question element. In other cases, these may be reminders to ensure responses and figures are aligned across the various application materials. Additionally:

- **Provide, indicate, list, or describe** indicates that addressing these details are necessary for a complete response.
- **Consider** indicates that applicants should evaluate the details to see whether they would apply in the context of the program or country. Applicants are not expected to respond in the form to each area they are asked to consider.

Some questions only need to be responded to in funding requests which meet certain conditions. For example, “For funding requests with malaria modules” indicates that that question element needs only be answered by applicants which are requesting funding for malaria modules. Funding requests without a malaria module would not need to respond to this question element.

Applicants are not expected to respond using tables unless these tables are provided in the Form. Applicants may choose to use tables to present their responses if they find it allows for concise responses.
Summary Information

This information is used for data purposes:

<table>
<thead>
<tr>
<th>Section</th>
<th>Requested Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country(s)</td>
<td>Country of funding request (or list of countries, if multi-country request). If the applicant is not the CCM, please specify the name of the applicant, confirming with the Country Team in advance.</td>
</tr>
<tr>
<td>Component(s)</td>
<td>Component(s) of the funding request (every component can include modules for Resilient and Sustainable Systems for Health).</td>
</tr>
<tr>
<td>Planned grant(s) start date(s)</td>
<td>Projected start dates for the grant(s).</td>
</tr>
<tr>
<td>Planned grant(s) end date(s)</td>
<td>Projected end date for the grant(s).</td>
</tr>
<tr>
<td>Principal Recipient(s)</td>
<td>The entity or entities nominated by the applicant to implement the program(s).</td>
</tr>
<tr>
<td>Currency</td>
<td>Relevant currency as per the Allocation Letter; indicate Euro or US dollar.</td>
</tr>
<tr>
<td>Allocation funding request amount</td>
<td>Amount requested from the Allocation.</td>
</tr>
<tr>
<td></td>
<td>The amount entered should be consistent across all application documents and in line with the program split submitted by the applicant and confirmed by the Global Fund.</td>
</tr>
<tr>
<td>Prioritized above allocation request (PAAR) amount</td>
<td>Amount requested in the PAAR.</td>
</tr>
<tr>
<td></td>
<td>The amount should be consistent across all application documents.</td>
</tr>
<tr>
<td>Matching funds request amount (if applicable)</td>
<td>Amount requested in Matching Funds (if eligible), as outlined in the Allocation Letter.</td>
</tr>
<tr>
<td></td>
<td>The amount entered should be consistent across all application documents.</td>
</tr>
</tbody>
</table>

**Section 1. Funding Request and Rationale**

In this section, applicants are asked to summarize by module the interventions for which they are requesting funding, why these interventions were chosen, how improvements have been made to the program, and how the programs will meet certain requirements.

**Prioritized Request (if applicable)**

**Question 1.1:** For each NSP strategic area or module, provide information about interventions included in the National Strategic Plan(s) that are included in this funding request. Specify the rationale for prioritization and the amount requested.

**Recommended Page Length:** 1.5-3 Pages per Module

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, in line with the RSSH Gap and Priorities Annex.
- Focused on evidence-based programs for key and/or vulnerable populations.
- Integrating program design that address human rights- and gender-related barriers.
- Using approaches which advance gender equality.
- Reaching those most marginalized through equity-informed approaches.
- Addressing critical gaps to strengthen the sustainability of the national disease response, including Global Fund-financed interventions.
- Addressing value for money.
- Complying with the focus of application requirements.23

Applicants are asked to populate the table as follows:

<table>
<thead>
<tr>
<th>Column</th>
<th>Input Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Component</td>
<td>Identify whether the component being requested is for investments in HIV, TB, malaria, or RSSH.</td>
</tr>
<tr>
<td>NSPs Strategic Area #&lt;Number&gt; and &lt;Name&gt; OR Module #&lt;Number&gt; and &lt;Name&gt;</td>
<td>Number each module being requested. Outline NSP strategic area that is prioritized for Global Fund financing or indicate the name of the Module that is requested, as described in the Performance Framework. Each module should have a separate table.</td>
</tr>
<tr>
<td>Intervention(s)</td>
<td>Indicate specific interventions that are requested to be funded by the Global Fund, as described in the Performance Framework. For each intervention, insert and copy a new row. Indicate how the requested intervention is different or not from the interventions included in the current grant. New indicates that the intervention is new or not previously funded by the Global Fund. Scale-up indicates that the intervention is being programmatically expanded from the current grant. Continuation indicates that the intervention is continuing in roughly the same size and scope. Scale-down indicates that the intervention will be more limited than in the current grant.</td>
</tr>
<tr>
<td>Rationale for prioritization</td>
<td>Detail how the selected interventions comply with the focus of application requirements and address any of the following: (1) maximize impact against the diseases; (2) address the needs of key and vulnerable populations; (3) help reduce human rights and gender-related barriers; (4) reduce health inequities; and/or (5) strengthen sustainability of the investments. Refer to the relevant sections/pages of the NSPs if applicable.</td>
</tr>
<tr>
<td>Amount requested</td>
<td>Input the amount budgeted for the module 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 the total allocation amount indicated on the cover page of this funding request.</td>
</tr>
</tbody>
</table>

If this funding request is partially using a Payment for Results approach, please use the Payment for Results table below to complement the table above. If this funding request is only using a Payment for Results modality, please delete the table above and respond with “Only Payment for Results modalities are being requested.”

**Payment for Results (if applicable)**

**Question 1.2:** If the Funding Request is using a Payment for Results modality to fund the NSP, provide information on the performance indicators / milestones, targets and amounts that are proposed.

**Recommended Page Length:** 1 Page

---

23 Sustainability, Transition and Co-Financing Policy
Payment for Results is a modality in which the Global Fund makes payments based on the verification of results being achieved. This approach allows for the flexible use of grant funds within pre-agreed parameters, and is not based on monitoring and managing inputs.

When responding to this question, applicants should only consider Payment for Results at the level of the program.

If a country is interested in using a Payment for Results modality, they are encouraged to discuss with their Global Fund Country Team. Further information on results based financing can be found in the Guidelines for Grant Budgeting and in the Guidance on Payment for Results.²⁴

Applicants are asked to populate the table as follows:

<table>
<thead>
<tr>
<th>Column</th>
<th>Input Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance indicator or milestone</td>
<td>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 Global Fund Modular Framework.</td>
</tr>
<tr>
<td>Target</td>
<td>Indicate the proposed target, by year and with the value for the baseline. These values should match those provided in the Performance Framework.</td>
</tr>
<tr>
<td>Rationale for selection of the indicator/milestone</td>
<td>Describe the analysis/reasons that led to prioritizing each indicator or milestone. Applicants are strongly encouraged to reference key documents (for example, the Programmatic Gap Table or NSP) to strengthen their rationale.</td>
</tr>
<tr>
<td>Amount requested</td>
<td>Input the disbursement amount associated with the indicator, in the currency of the funding request for the period of the allocation (typically 3 years). Make sure that the amounts correspond to the amounts classified as Payment for Results in the Budget template, and to the amounts indicated in the Performance Framework.</td>
</tr>
<tr>
<td>Expected outcome</td>
<td>List the effects of the investments on populations and/or health systems and/or geographies.</td>
</tr>
<tr>
<td>Specify how the accuracy and reliability of the reported results will be ensured</td>
<td>Describe the assurance mechanisms that will help ensure the accuracy and reliability of the reported results.</td>
</tr>
</tbody>
</table>

If no Payment for Results modalities are used, delete the table and respond with "No Payment for Results modalities are used."

**Rationale**

**Question 1.3.A:** Describe the overall approach to how you selected and prioritized the requested interventions (or indicator/milestone, if using a Payment for Results modality). Please refer to the NSP if the prioritization approach is described there.

**Recommended Page Length:** 1 Page

Responses to this question should be addressed at the level of interventions from NSP (or similar).

Reference any documentation (such as analyses, prioritization exercises, etc.) which inform responses to the following questions, include this documentation in the List of Annexes and Abbreviations, and include the documentation in the application package.

Summarize:

<table>
<thead>
<tr>
<th>Element</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Key programmatic gaps that hinder progress towards ending AIDS, TB and malaria, including gaps in health system strengthening.</td>
<td>o Describe main gaps across the service cascade that require greater focus.</td>
</tr>
<tr>
<td></td>
<td>o Responses should build from the information in the programmatic gap tables and the RSSH Gaps and Priorities Annex.</td>
</tr>
<tr>
<td>o The methodology used to prioritize which interventions would best meet these programmatic gaps and should be included in the allocation amount.</td>
<td>o Indicate the prioritization criteria such as cost-effectiveness, equity impacts, and numbers of persons reached.</td>
</tr>
<tr>
<td>o The process and evidence used to prioritize interventions.</td>
<td>o Describe efforts and evidence used to inform resource allocation across interventions to maximize impact, achieving allocative efficiency.</td>
</tr>
<tr>
<td></td>
<td>o Refer to the Value for Money Technical Brief for more guidance on the evidence that can be used to inform optimal resource distribution.</td>
</tr>
<tr>
<td>o How prioritization was adjusted to reflect the evolving contributions of other donors and/from domestic resources.</td>
<td>o If complementary coverage for specific geographies or programs has already been arranged (for example through other donors or domestic financing). Indicate if the coverage has changed since the 2020-2022 allocation period.</td>
</tr>
<tr>
<td></td>
<td>o Indicate any synergies (for example, in pandemic preparedness and health security.)</td>
</tr>
</tbody>
</table>

**Question 1.3.B: Describe the decision process for interventions selected for allocation funding versus those included in the unfunded Prioritized Above Allocation Request.**

**Recommended Page Length: 1 Page**

Applicants are asked to justify why interventions were not selected for allocation funding, referring both to the table in Question 1.1 and the PAAR annex.

Applicants are asked to describe their approach to deciding whether interventions should be in the PAAR and not in allocation funding. Applicants are not requested to list or describe all the interventions from the PAAR.

Reference any documentation (such as analyses, prioritization exercises, etc.) which inform your responses, include this documentation in the List of Annexes and Abbreviations, and submit in the application package.

To respond to this question, summarize:

<table>
<thead>
<tr>
<th>Element</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>o The rationale that was taken to decide which interventions should be funded through the allocation versus listed in the unfunded PAAR.</td>
<td>o Describe how HIV, TB, malaria, and RSSH modules and interventions were considered in this prioritization.</td>
</tr>
<tr>
<td></td>
<td>o If innovative financing instruments are foreseen to be funded through the PAAR (such as blended finance investments or debt swaps): please indicate.</td>
</tr>
</tbody>
</table>

---

**THE GLOBAL FUND**

Page 13 of 34

Funding Request Instructions
Context

Question 1.4.A: Indicate where information about the following key areas can be found in the NSP or other relevant documents.

Recommended Page Length: 2 Pages per Component

The purpose of this section is to help provide context to the funding request by referring to existing areas in national strategic plans or other relevant national documents where key areas have been covered.

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.

<table>
<thead>
<tr>
<th>Key area</th>
<th>Description of the required input.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The documents referenced should include the elements below. If not, please develop rationale in Question 1.4.B.</td>
</tr>
</tbody>
</table>

Maximizing People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability

<table>
<thead>
<tr>
<th>Key area</th>
<th>Description of the required input.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiological profile</td>
<td>Description of key trends in the disease epidemiology, illustrated with latest available data.</td>
</tr>
<tr>
<td>Health system overview</td>
<td>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 contextualize the funding request.</td>
</tr>
<tr>
<td>Health sector strategy</td>
<td>Overview of the overall health sector vision, policy objectives and key strategies of the country. This may also include overview of universal health coverage in the context of the disease interventions, health financing, key trends, challenges and opportunities.</td>
</tr>
<tr>
<td>Integrated, people-centered</td>
<td>Overview of the advances in maximizing people-centered integrated systems for health in the country context.</td>
</tr>
<tr>
<td>quality services</td>
<td></td>
</tr>
<tr>
<td>Disease specific national</td>
<td>A description of the country framework for the disease, including treatment guidelines, SOPs, diagnostic and treatment algorithms.</td>
</tr>
<tr>
<td>policies and guidelines</td>
<td></td>
</tr>
<tr>
<td>Supply chain strategic plan(s)</td>
<td>Overview of long-term national supply chain master plans articulating key costed priorities, policies and interventions required to support strengthening of capabilities and capacities within the health product management entities including procurement, supply chain management and regulatory bodies. This would also include needs identified in any prior assessments.</td>
</tr>
<tr>
<td>Health data systems</td>
<td>An overview of existing systems designed to manage healthcare data. This includes systems that collect, store, manage and transmit a patient's electronic medical record, a hospital's operational management or a system supporting healthcare policy decisions.</td>
</tr>
<tr>
<td>Monitoring and evaluation plan</td>
<td>An overview of how the interventions of the national response will be monitored and evaluated, including the monitoring systems, frequency, and evaluation process.</td>
</tr>
<tr>
<td>Role of the private sector</td>
<td>Overview of the private sector size and its role in achieving the health sector objectives.</td>
</tr>
</tbody>
</table>
### Maximizing the Engagement and Leadership of Most Affected Communities

<table>
<thead>
<tr>
<th>Analysis of key, vulnerable and/or underserved populations</th>
<th>Overview of the size and epidemiology of key, vulnerable and underserved populations, illustrated with latest available data.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community led and based networks and responses and systems</td>
<td>Description of the role and structure of the civil society and community-led and community-based organizations in delivering on the health sector objectives, including the use of social contracting, accreditation for NGOs, etc.</td>
</tr>
<tr>
<td>Community engagement in development of NSP</td>
<td>Brief explanation of the methodology, key community 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.</td>
</tr>
</tbody>
</table>

### Maximizing Health Equity, Gender Equality and Human Rights

<table>
<thead>
<tr>
<th>Evidence based programs to remove human rights-related barriers</th>
<th>Overview of human rights related barriers, including stigma, discrimination and punitive legal and policy environments that limit access to health services for the vulnerable populations, outlining the extent and effect of these barriers on the health outcomes. Description of the country plans to remove these barriers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence based programs to maximize gender equality</td>
<td>Overview of the gender inequality context and how it impacts service access and health outcomes. Consider the underlying social and structural drivers of gender inequality and describe country plans to address them. Consider how gender interacts with other barriers, such as age, place of residence, race/ethnicity, occupation, gender/sex, religion, education, socioeconomic status and social capital.</td>
</tr>
<tr>
<td>Evidence based programs to reduce health inequity</td>
<td>Overview of the greatest health inequities in access to services and health outcomes, for example on the basis of place of residence, race/ethnicity, occupation, gender/sex, religion, education, socioeconomic status and social capital. Consider the underlying social and structural drivers of these inequities and describe country plans to address them.</td>
</tr>
</tbody>
</table>

### Mobilizing Increased Resources

<table>
<thead>
<tr>
<th>Health financing</th>
<th>Description on existing care system functions that can enable progress towards universal health coverage by improving effective service coverage and financial protection.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costing/budgeting of the NSP</td>
<td>A summary of resource needs of NSP or NSP scenarios, broken down by strategic/program area, intervention and year; a brief explanation of the process taken for NSP costing/budgeting; methods applied (for example, those specified in NSP costing/budgeting guidelines from WHO, UNAIDS or other technical agencies); tools used; data used or assumptions made (for example, unit costs, quantities and resource envelopes); as well as data sources.</td>
</tr>
<tr>
<td>NSP operational plan</td>
<td>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.</td>
</tr>
<tr>
<td>Sustainability and transition considerations/plans</td>
<td>Information related to strengthening the sustainability of the national response and/or preparations for transition from Global Fund financing, including Transition Readiness Assessment, transition workplans, sustainability assessment.</td>
</tr>
</tbody>
</table>

**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.
Program’s prioritization approach and evidence used to rationalize resource allocation across interventions, population groups and geographic areas

An overview of process and criteria for technical prioritization of the NSP interventions for funding, within the resource envelope available from all sources, especially within the 3-year duration of the grant. Effective allocation of resources can be demonstrated through prevalence surveys; program reviews; costing analyses; equity analyses; cost-effective/allocative efficiency, geospatial, fiscal space, budget impact analyses; and by taking into account other key factors such as equity and feasibility.

Others

Pandemic preparedness

Overview of the short-term, medium-term and long-term operational priorities as included in International Health Regulations and National Action Plans for Health Security and other related Strategies such as pandemic influenza, Ebola, cholera, etc., when available.

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).

Environmental and climate related health risk factors

Include climate vulnerability and adaptation assessments; mitigation efforts, and descriptions of investments in waste management systems, if available. Indicate how investments will adopt, contribute to and/or incentivize reverse logistics and green procurement, recycling, and ‘take-back’ schemes for end-of-life products.

Documentation beyond the NSP(s) would be required for areas that are:

- Not fully explained in the NSPs;
- Based on prioritization established during the country dialogue, and
- 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 1.4.B. Page numbers should be referenced, and relevant documents attached to the funding request. Applicants may also submit documents still under development if drafts are available at the time of submission.

A list of national documents that could be used are listed below.

<table>
<thead>
<tr>
<th>List (non-exhaustive) of national documents to be considered as reference if information is not available in NSPs</th>
<th>Indicative list of reference document</th>
</tr>
</thead>
</table>
| Health Sector | - National health sector strategy and/or reviews and assessments.  
- Community systems and responses 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/Assessment.  
- Stigma assessments.  
- Assessments on human rights and gender-related barriers, including gender inequality, and health inequities. |
| Disease specific | - WHO and UNAIDS country profiles.  
- Recent disease incidence/prevalence studies.  
- Malaria indicator survey.  
- People living with HIV stigma index surveys.  
- Integrated bio-behavioral surveys, sero-surveillance studies, population size estimates, hot-spots mapping.  
- Key populations prioritization and assessments.  
- Key and vulnerable populations strategies.  
- TB Stigma Assessment/TB CRG assessment.  
- Malaria Matchbox.  
- Program reviews.  
- Impact assessment, modelling, spectrum, AEM-AIDS Epidemic Model, Optima model, TIME, strategy reviews as applicable.  
- Program monitoring and oversight results. |
Question 1.4.B: Provide information on key areas listed in Section 1.4.A that are not covered within NSPs or other national documents.

Recommended Page Length: Up to 4 pages

This section requests additional context which was not able to be referenced in Question 1.4.A.

Applicants are asked to complete this section in case of:

- Identified gaps in question 1.4.A,
- Interventions based on the priorities of communities and civil society which are not prioritized in the NSP, and
- If additional and/or more up-to-date contextual information has become available since the NSP was finalized.

Applicants should explain how the additional information might change the national strategies and the choice of funding request priorities.

Program Essentials

Question 1.5: Indicate if any of the Program Essentials are currently not fulfilled, explain why, and describe the proposed pathway to reach them in coming years.

Recommended Page Length: 0.5 Pages per Component

To ensure that programs are on track to fulfilling Program Essentials, applicants are asked to indicate their progress towards meeting these standards which are detailed in the respective information notes.

To respond to this question, summarize:

<table>
<thead>
<tr>
<th>Element</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TB or HIV applicants:</strong> referring to the completed Program Essentials tab in the Essential Data Tables, indicate which Program Essentials are not currently fulfilled and why.</td>
<td>o Indicate the proposed pathway to achieve each Program Essential and describe how the proposed investments will support the implementation of these pathways.</td>
</tr>
<tr>
<td><strong>Malaria applicants:</strong> describe the status of any Program Essentials that are off-track and explain why.</td>
<td>o Indicate the proposed pathway to achieve each Program Essential and describe how the proposed investments will support the implementation of these pathways.</td>
</tr>
</tbody>
</table>

If all Program Essentials have been implemented, respond with “All Program Essentials have been fulfilled.”
Focus of Application Requirements

Question 1.6: Describe how the funding request complies with the focus of application requirements specified in the Allocation Letter.

Recommended Page Length: 0.5 Pages

This question asks applicants to demonstrate how the proposed investments from the Global Fund are strategically focused on the most relevant and impactful interventions according to the country context. These focus of application requirements are different depending on the income level of the country. The specific requirements for an applicant are found in the Allocation Letter.

To respond to this question, summarize:

<table>
<thead>
<tr>
<th>Element</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>o How the selected interventions meet the focus of application requirements outlined in the Allocation Letter.</td>
<td>o Refer to the Sustainability, Transition and Co-Financing Guidance Note for descriptions of the focus of application requirements.</td>
</tr>
</tbody>
</table>

Matching Funds (if applicable)

Question 1.7.A: If Matching Funds were designated for the 2023-2025 allocation period, describe how integrating the Matching Funds will increase the impact and improve the outcome of the allocation for the Matching Funds area.

Recommended Page Length: 0.5 Pages per Matching Funds area

The Global Fund provides a catalytic 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, achieving global goals and aligned with the 2023-2028 Global Fund Strategy.

Only eligible applicants who were informed in their Allocation Letter that they have been designated any Matching Funds for the 2023-2025 allocation period are required to answer.

For more information on Matching Funds, see the Matching Funds Guidance Note (forthcoming).

For each Matching Fund Priority Area that is related to a component presented in this funding request, please summarize:

<table>
<thead>
<tr>
<th>Element</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>o How Matching Funds will increase the impact and improve the outcome of the allocation for the Matching Funds area.</td>
<td>o Indicate the proposed focus of these funds.</td>
</tr>
<tr>
<td>o If and how the additional funding enables further funding from other sources or allows the scale-up of innovative interventions already in place.</td>
<td></td>
</tr>
<tr>
<td>o If Matching Funds were received in the previous</td>
<td></td>
</tr>
</tbody>
</table>

**Funding Request Instructions**

**Question 1.7.B:** If Matching Funds were designated for the 2023-2025 allocation period, describe how programmatic and access conditions have been met.

**Recommended Page Length:** 0.5 Pages per Matching Funds area

For each priority area outlined in the Allocation Letter, summarize:

<table>
<thead>
<tr>
<th>Element</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>o If applicable, how programmatic conditions have been met.</td>
<td></td>
</tr>
<tr>
<td>o If applicable, how access conditions have been met.</td>
<td></td>
</tr>
</tbody>
</table>

**Sustainability, Domestic Financing and Resource Mobilization**

As part of the implementation of the Global Fund’s [Sustainability, Transition, and Co-Financing Policy](https://www.theglobalfund.org/media/4221/bm35_04-sustainabilitytransitionandcofinancing_policy_en.pdf) and the overall [2023-2028 Global Fund Strategy](#), the Global Fund strongly encourages countries to identify and address key sustainability challenges and enhance domestic financing of health and the national responses. This is essential to achieving programmatic impact and sustaining the gains achieved through Global Fund support.

This section of the funding request focuses specifically on defining the key sustainability challenges affecting the national responses and describing how those challenges are being addressed / mitigated. It also focuses on the overall trends in domestic financing of the national responses, and how the country leverages the Global Fund’s co-financing approach.

To respond to the questions below, refer to the domestic financing section of the Allocation Letter, the [Sustainability, Transition and Co-Financing Guidance Note](#) and [Value for Money Technical Brief](#), the completed Funding Landscape Table(s), Programmatic Gap Tables(s), RSSH Gap and Priorities annex, national strategic plans and their costing, and other relevant country documents, including health financing strategies, sustainability plans and/or transition work-plan, if available. If information is available from specific country documents, responses can reference the specific sections of the documents provided, rather than describing them in the narrative.

**Question 1.8.A:** Describe the major challenges to the sustainability of the national response and efforts to address these challenges.

**Recommended Page Length:** 0.5 Pages

When responding to this question, applicants should consider how the funding request addresses these challenges, and how health financing reforms and/or other initiatives planned by the country address them. Include summaries of:

<table>
<thead>
<tr>
<th>Element</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Key challenges related to sustainability and past and future actions to address these challenges.</td>
<td></td>
</tr>
<tr>
<td>o Consider different dimensions of sustainability, including:</td>
<td></td>
</tr>
<tr>
<td>▪ Finances.</td>
<td></td>
</tr>
<tr>
<td>▪ Programming.</td>
<td></td>
</tr>
<tr>
<td>▪ Health and community systems.</td>
<td></td>
</tr>
</tbody>
</table>
- Governance.
  ○ Indicate whether the different challenges are addressed through the funding request, through Global Fund catalytic funding, or through other initiatives undertaken by the country.
  ○ For more information, see the Sustainability, Transition and Co-Financing Guidance Note which outlines a wide variety of sustainability challenges faced by national responses and may be helpful to guide responses to this question.

| Challenges related to the sustainability of programs and health services currently funded primarily by external funding (including by the Global Fund) and, past and future actions to address these challenges. |
| Consider challenges faced by community-led and community-based organizations, which are often highly reliant on external financing. If applicable, describe the enabling legal framework related to the public financing and contracting (often referred to as “social contracting”) of service delivery provided through civil society and community-led and -based organizations, including to key and vulnerable populations. |
| Provide an analysis of any specific dependencies on Global Fund financing for key interventions, particularly those that are critical to impact in the national response given the programmatic and epidemiological context. |

- Health financing reforms and initiatives to strengthen the overall financing of health and the national response.
  ○ This may include:
    - Health Finance Reforms, including to support increased resource mobilization; pooling of resources, and strategic purchasing of health services and health products.
    - Development of health financing strategies or implementation of existing strategies.
    - Efforts to move towards and finance Universal Health Coverage, including efforts to address financial barriers to healthcare access.
    - Analysis of financial sustainability and transition challenges.
    - Other efforts to strengthen financial sustainability.
  ○ Indicate existing support for health financing reforms and initiatives from other partners.
  ○ Explain how the funding request supports planned or ongoing health sector reforms and initiatives, if applicable.

- Changes in domestic or external funding.
  ○ Indicate the arrival or withdrawal of a major donor or a significant increase or decrease in domestic funding.
  ○ Indicate recent windfall gains (e.g., oil/mining) and/or external shocks to the economy.

- Other challenges impacting funding availability and the sustainability of the national response.
  ○ Indicate any other challenges (not addressed above) that may impact available funding and the sustainability of the national response.

**Co-financing**

This section focuses specifically on how and to what extent the country has realized the co-financing commitments made during the 2020-2022 allocation period, and how the country will increase domestic financing and co-financing for the national response and health systems throughout the 2023-2025
allocation period. When assessing and answering the questions below, the country should consider the Global Fund’s co-financing requirements (as outlined in the Sustainability, Transition and Co-Financing Guidance Note), and refer specifically to information in the domestic financing section of the Allocation Letter.28

It is essential that supporting information for the following questions be included with the Funding Request, including the sources of information related to financing of the health system, national responses, and co-financing commitments. Although not required until grant-making, applicants are also encouraged to include commitment letters if they are already available.

It is also important to ensure consistency between the information included in the funding request, the Funding Landscape Table, and the Commitment Letter (if submitted at the time of the funding request).

**Question 1.8.B:** Describe how co-financing commitments for the 2020-2022 allocation period have been realized.

**Recommended Page Length:** 0.5 Pages

Include summaries of:

<table>
<thead>
<tr>
<th>Element</th>
<th>Details</th>
</tr>
</thead>
</table>
| o Trends in government health expenditure. | o Indicate how overall government health expenditure has evolved in the 2020-2022 allocation period, compared to the 2017-2019 allocation period, both in terms of total amounts, as well as share of health in government expenditure.  
 o Briefly describe the trends (with reference to supporting evidence and sources of information), especially if there is a decline or a significant increase in government health expenditure. |
| o Increased domestic investments that have been made in the national responses during the 2020-2022 allocation period. | o Indicate domestic investments for the national response and for RSSH and the sources of these investments, including sources of information.  
 o Describe if additional investments comply with requirements of the Sustainability, Transition and Co-financing policy.  
 o Ensure consistency with the information included in the Funding Landscape Table and with letters of commitment. |
| o Specific programmatic areas supported by domestic co-financing and how the country has increased investments in these specific programmatic areas over time. | o Ensure consistency with information included in the detailed gap analysis of the Funding Landscape Table. |
| o If the applicant agreed to finance specific programmatic interventions or specific activities as part of its co-financing commitments for the 2020-2022 allocation period: | o In some instances, the Global Fund and countries have agreed on highly specific activities that will be financed as part of co-financing commitments. If this is the case, describe the commitments in detail and the extent to which they have been realized. |

28 PEPFAR HIV Resource Alignment reports should also be consulted while developing this section for the following countries: Angola, Benin, Botswana, Burkina Faso, Burundi, Cambodia, Cameroon, Cote d’Ivoire, Dominican Republic, DRC, El Salvador, Eswatini, Ethiopia, Ghana, Guatemala, Guyana, Haiti, Honduras, India, Indonesia, Jamaica, Kazakhstan, Kenya, Kyrgyz Republic, Laos, Lesotho, Liberia, Malawi, Mali, Mozambique, Namibia, Nepal, Nicaragua, Nigeria, Panama, Papua New Guinea, Philippines, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Tajikistan, Tanzania, Thailand, Togo, Uganda, Ukraine, Vietnam, Zambia, Zimbabwe. Please contact your respective FPM to access this document.
specify commitments made and the extent to which they have been realized.

- **If the country has not fully met the co-financing commitments for the 2020-2022 allocation period:** explain why the country has not fully met the commitments.

- **Provide a rationale for not meeting the co-financing commitments, and any actions that will be taken to address these challenges in the upcoming allocation period.**

### Question 1.8.C: Describe how co-financing will increase over the 2023-2025 allocation period, and how these commitments will be tracked and reported, and planned actions to address remaining funding gaps.

**Recommended Page Length:** 1 Page

Include summaries of:

<table>
<thead>
<tr>
<th>Element</th>
<th>Details</th>
</tr>
</thead>
</table>
| - Planned government health expenditures. | - Indicate how overall government health expenditure will evolve in the 2023-2025 allocation period, compared to the 2020-2022 allocation period – both in terms of total amounts, as well as share of health in government expenditure.  
  - Briefly describe the trends (with references to supporting evidence and sources of information), especially if there is a decline or significant increase in planned government health. |
| - How co-financing will increase during the 2023-2025 allocation period, the overall financial commitment, and the additional amounts projected to be invested in the national response and RSSH. | - Provide an overview of how co-financing will increase over the 2023-2025 allocation period (with references to supporting evidence and sources of information).  
  - Describe if additional commitments comply with requirements of the Sustainability, Transition and Co-financing policy.  
  - If commitments are not sufficient to comply with the Sustainability, Transition and Co-financing policy: provide a justification.  
  - Ensure consistency with information in the Funding Landscape Table.  
  - Ensure consistency with the country’s Commitment Letter, if submitted at the time of the Funding Request. |
| - Programmatic areas that the additional domestic investments will support. | - Indicate the key interventions of the National Strategic Plan that will be supported by co-financing.  
  - Ensure alignment with the detailed gap analysis in the Funding Landscape Table.  
  - Ensure alignment with the analysis of coverage of interventions in the Programmatic Gap Table.  
  - Ensure consistency with the country’s Commitment Letter, if submitted at the time of the funding request. |
| - Remaining funding gaps for major program areas, if applicable. | - Describe available funding and gaps for key program areas. |
o Ensure consistency with those outlined in the Funding Landscape Table, including the overall gap and the Detailed Financial Gap.

o Planned actions to identify domestic resources and/or efficiencies to reduce the funding gaps in the 2023-2025 allocation period.

o Describe planned actions to identify additional domestic resources, other funders, and/or strengthened efficiencies in existing resources to reduce funding gaps for key program areas.

o How co-financing commitments will be tracked and reported.

o Describe how the co-financing commitments will be tracked and reported to the Global Fund during the 2023-2025 allocation period.

o If a commitment letter is submitted at the time of the Funding Request, the letter should indicate how commitments will be verified and reported.

o How the funding request supports better generation and use of quality health financing data.

o If applicable, explain how the funding request supports strengthening of public finance management systems and/or institutionalization of expenditure tracking mechanisms.

o How the funding request supports domestic spending for health products used for disease prevention, diagnosis, treatment, and for investments in procurement and supply management systems.

o Describe systems to track these expenditures.

**Question 1.8.D:** If applicable, describe specific arrangements and modalities related to innovative financing approaches linked to this funding request and/or the national response.

**Recommended Page Length:** 0.5 Pages

To learn more about innovative finance approaches, the relevant section of the Sustainability, Transition and Co-Financing Guidance Note.

Any documents that describe the innovative approaches should be referred to in this section, included in the List of Annexes and Abbreviations, and submitted with the funding request.

The Global Fund encourages investments through joint platforms to address high-priority areas at the country or sub-regional levels. Such joint investments leverage the capabilities of other institutions, as well as additional funding to maximize the impact in the fight against the diseases and achieve universal health coverage and health system sustainability.

Please include summaries of:

<table>
<thead>
<tr>
<th>Element</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Any efforts to use innovative financing modalities specifically described in the 2023-2028 Global Fund Strategy.</td>
<td>o Modalities include blending financing/joint financing and Debt2Health.</td>
</tr>
</tbody>
</table>
| o The innovative financing approach. | o Include:  
  ▪ Specific goals and objectives.  
  ▪ Structure.  
  ▪ Partners involved.  
  ▪ Amounts. |
Funding Request Instructions

- Timelines.
- Terms for utilization.
- Alignment with the funding request and national responses.

If no innovative finance approaches are used, respond with “No innovative finance approaches are used.”

Section 2: Implementation

Key Risks and Mitigation Measures

The Global Fund has identified the following as areas of programmatic risk which should be considered at the funding request stage:

A. Procurement of health products, management of health products and laboratory related activities.
B. Flow of data from service delivery points.
C. Financial or fiduciary matters.

For each of these risk areas, applicants are asked to provide up to three top risks and mitigating measures (for a total of up to nine risk and mitigation measures). In situations where applicants do not consider that significant risks exist, they are asked to confirm that a consideration has been performed and no significant risks have been identified.

Applicants can provide additional risks during the grant-making stage but should not add them to the funding request.

Question 2.1.A: Describe up to three risks and mitigation measures related to the procurement of health products, management of health products and laboratory related activities.

Recommended Page Length: 0.5 Pages per Risk and Mitigation Measure

<table>
<thead>
<tr>
<th>Risk Area</th>
<th>Points to Consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Emerging risks for laboratory systems. Include any corresponding mitigation measures, specifying who will be responsible for mitigation, and whether risks are already being mitigated.</td>
<td>o Consider risks related to laboratory waste management. o Consider human resource capacity, maintenance of lab equipment, quality assurance systems, laboratory infrastructure, and integration of disease diagnostic platforms.</td>
</tr>
<tr>
<td>o Emerging risks for health product procurement, quantification and disposal.</td>
<td>o Consider risks of scope, scale and geographic coverage. o Specifically consider supply chain arrangements for storage, distribution, and management of pharmaceutical waste.</td>
</tr>
<tr>
<td>o Emerging risks for in-country supply chain activities.</td>
<td>o Consider data management, warehousing, and distribution. o Consider waste management. o Consider “last-mile” delivery risks.</td>
</tr>
<tr>
<td>o Emerging risks for the quality of health products.</td>
<td></td>
</tr>
</tbody>
</table>
Include summaries of:

<table>
<thead>
<tr>
<th>Element</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Any risks in this area that were previously identified and are already being mitigated.</td>
<td>o Describe how the risks are being mitigated and who is responsible for the mitigation.</td>
</tr>
<tr>
<td>o Any risks in this area that were previously identified and where mitigation will be addressed in the program in the 2023-2025 allocation period.</td>
<td>o Describe how the risks are being mitigated and who is responsible for the mitigation.</td>
</tr>
<tr>
<td>o Any significant residual risks in this area either from the current grants or the 2023-2025 allocation period grants that will not be mitigated by the program.</td>
<td></td>
</tr>
</tbody>
</table>

If no significant risks are present, respond with “No significant risks are present.”

**Question 2.1.B: Describe up to three risks and mitigation measures related to the flow of data from service delivery points.**

**Recommended Page Length:** 0.5 Pages per Risk and Mitigation Measure

<table>
<thead>
<tr>
<th>Risk Area</th>
<th>Points to Consider</th>
</tr>
</thead>
</table>
| o Emerging risks for flow of data for Monitoring and Evaluation systems from service delivery points to the Principal Recipient or to the Global Fund. | o Consider risks of scope, scale and geographic coverage.  
o Consider risks to gathering required data, to the quality of data, and to the use of data to measure impact of programs and inform program decisions. |

Please include summaries of:

<table>
<thead>
<tr>
<th>Element</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Any risks in this area that were previously identified and are already being mitigated.</td>
<td>o Describe how the risks are being mitigated and who is responsible for the mitigation.</td>
</tr>
<tr>
<td>o Any risks in this area that were previously identified and where mitigation will be addressed in the program in the 2023-2025 allocation period.</td>
<td>o Describe how the risks are being mitigated and who is responsible for the mitigation.</td>
</tr>
<tr>
<td>o Any significant residual risks in this area either from the current grants or the 2023-2025 allocation period grants that will not be mitigated by the program.</td>
<td>o Describe the rationale why risks cannot be mitigated and therefore should be accepted.</td>
</tr>
</tbody>
</table>

If no significant risks are present, respond with “No significant risks are present.”
Question 2.1.C: Describe up to three risks and mitigation measures related to financial and fiduciary concerns.

**Recommended Page Length:** 0.5 Pages per Risk and Mitigation Measure

<table>
<thead>
<tr>
<th>Risk Area</th>
<th>Points to Consider</th>
</tr>
</thead>
</table>
| o Risks related to fraud and fiduciary matters based on the proposed implementation arrangements or new activities. | o Consider key risk drivers/ root causes related to:
  ▪ Flow of funds.  
  ▪ Internal controls.  
  ▪ Fraud, corruption and theft.  
  ▪ Value for money – economy. |
| o Accounting and financial reporting risks based on the proposed implementation arrangement or new activities. | o Consider key risk drivers/ root causes related to financial management and auditing arrangements. |

Please include summaries of:

<table>
<thead>
<tr>
<th>Element</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Any risks in this area that were previously identified and are already being mitigated.</td>
<td>o Describe how the risks are being mitigated and who is responsible for the mitigation.</td>
</tr>
<tr>
<td>o Any risks in this area that were previously identified and are where mitigation will be addressed in the program in the 2023-2025 allocation period.</td>
<td>o Describe how the risks will be mitigated and will be responsible for the mitigation.</td>
</tr>
<tr>
<td>o Any significant residual risks in this area either from the current grants or the 2023-2025 allocation period grants that will not be mitigated by the program.</td>
<td>o Describe the rationale why risks cannot be mitigated and therefore should be accepted.</td>
</tr>
</tbody>
</table>

If no significant risks are present, respond with “No significant risks are present.”

If a Payment for Results modality is included in the funding request, describe the implementation arrangements and risks for the modality (where applicable).
## Annex 1: Submission Documents Checklist

This is an applicant checklist for each of the key elements submitted with the funding request, with submission requirements and links to additional resources for the Tailored for National Strategic Plans application approach.

### Documents Reviewed by the Technical Review Panel

<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
<th>Submission Requirement</th>
<th>Instructions</th>
<th>Further Guidance</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Tailored for National Strategic Plans Form</td>
<td>The application form is used to propose and justify requested funding.</td>
<td>Applicants are informed in their Allocation Letter whether they are requested to use the Tailored for National Strategic Plans template.</td>
<td>This document provides the instructions for the Tailored for National Strategic Plans Template.</td>
<td>Webinars and eLearnings for the Tailored for National Strategic Plans template will be available on iLearn.</td>
<td>Applicants receive an editable Word document of their funding request template from their Country Team. PDF versions are available on the Global Fund website for reference.</td>
</tr>
<tr>
<td>□ Performance Framework</td>
<td>The Performance Framework shows how performance will be tracked over the course of the program funded by the Global Fund.</td>
<td>All applicants are required to submit a Performance Framework with each funding request.</td>
<td>Instructions for the tables are embedded in the template.</td>
<td>An eLearning on the Performance Framework will be available on iLearn.</td>
<td>The Performance Framework template is specific to each applicant and is provided by the Country Team.</td>
</tr>
<tr>
<td>□ Detailed Budget</td>
<td>The Budget shows the cost of the interventions prioritized for funding.</td>
<td>All applicants are required to submit a detailed Budget with each Funding Request.</td>
<td>Instructions for the tables are embedded in the template.</td>
<td>An eLearning on the Budget will be available on iLearn.</td>
<td>The Budget template is specific to each applicant and is provided by the Country Team.</td>
</tr>
<tr>
<td>Element</td>
<td>Description</td>
<td>Submission Requirement</td>
<td>Instructions</td>
<td>Further Guidance</td>
<td>Availability</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Programmatic Gap Table</td>
<td>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.</td>
<td>Required for all applicants requesting funding for services. If no service provision is requested, applicants do not need to submit this annex. Instead, they can use the Performance Framework and only complete the work plan tracking measure section.</td>
<td>Instructions for the tables are embedded in each template. The Community Health Workers Gaps table can be used for the three diseases and RSSH.</td>
<td>An eLearning on the Programmatic Gap Table will be available on iLearn.</td>
<td>Available on the Funding Request Forms and Materials page. Separate tables available for: Malaria, Tuberculosis, HIV, TB/HIV, Community Health Workers.</td>
</tr>
<tr>
<td>Funding Landscape Table</td>
<td>The Funding Landscape Table provides financial information related to financing the national disease and health system strategies.</td>
<td>Required for all applicants.</td>
<td>Instructions for the tables are embedded in the template. For questions, contact the Global Fund Country Team and the Health Finance Specialist supporting your country.</td>
<td>An eLearning on the Funding Landscape Table will be available on iLearn.</td>
<td>Available on the Funding Request Forms and Materials page.</td>
</tr>
<tr>
<td>Prioritized Above Allocation Request (PAAR)</td>
<td>The Prioritized Above Allocation Request (PAAR) includes key additional, evidence-based and costed modules and interventions for investments that are not included within the allocation amount.</td>
<td>A PAAR of at least one item (such as scaling up an activity) is required for each Funding Request. This helps ensure that there are already TRP-approved interventions which can be immediately integrated into a grant when efficiencies are found during grant-making and implementation. Applicants may also 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</td>
<td>Instructions are included within the template.</td>
<td></td>
<td>The PAAR template is specific to each applicant and is provided by the Country Team.</td>
</tr>
<tr>
<td>Element</td>
<td>Description</td>
<td>Submission Requirement</td>
<td>Instructions</td>
<td>Further Guidance</td>
<td>Availability</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
<td>------------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>□ Health Product Management Template</td>
<td>This tool is an instrument that shows all health products and health technologies that will be funded by the Global Fund.</td>
<td>Only required for applicants who are requesting funding to cover health products and/or associated management costs.</td>
<td>The instructions are sent to applicants by their Country Teams.</td>
<td>Detailed guidance is available <a href="#">here</a>.</td>
<td>The Health Product Management Template is sent to applicants by their Country Teams.</td>
</tr>
<tr>
<td>□ Implementation Arrangements Map</td>
<td>The map provides a visual depiction of the relationships between funds, organizations and programs that are a part of a grant or set of grants.</td>
<td>Required with funding request submission if program is continuing with the same PR. In cases where the PR is changing, the updated map may be submitted during grant-making.</td>
<td>Instructions are available <a href="#">here</a>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ RSSH Gaps and Priorities Annex</td>
<td>This annex provides an analysis of needs in health and community systems and provides a plan on how each of the Funding Requests will collectively meet those needs.</td>
<td>All applicants are required to submit the same annex with each funding request, updated if separate funding requests are submitted in different windows.</td>
<td></td>
<td>Available on the Funding Request Forms and Materials page.</td>
<td></td>
</tr>
<tr>
<td>□ Gender Assessment (if available)</td>
<td>This assessment is used to measure progress towards gender-equality goals in Global Fund-financed programs.</td>
<td>If available, applicants are requested to submit a separate assessment per component.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Element</td>
<td>Description</td>
<td>Submission Requirement</td>
<td>Instructions</td>
<td>Further Guidance</td>
<td>Availability</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Assessments of human-rights related barriers to services. (if available)</td>
<td>This is used to assess current programming to address human rights-related barriers and to develop recommendations for scaling-up so to comprehensively addresses all barriers for all populations.</td>
<td>If available, applicants are requested to submit assessments for HIV, TB, and HIV/TB components included in the request. For malaria components, applicants should use qualitative assessments, such as the Malaria Matchbox.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Essential Data Tables</td>
<td>The Essential Data Table is an Excel file that provides key figures related to country and epidemiological context. Applicants are asked to validate sections with pre-filled data and to provide further information as indicated.</td>
<td>All applicants are asked to validate existing data and provide further information.</td>
<td></td>
<td></td>
<td>Available on the Funding Request Forms and Materials page.</td>
</tr>
<tr>
<td>National Strategic Plans</td>
<td>Applicants should submit relevant National Strategic Plans.</td>
<td>All applicants should include plans with their funding request which are health sector and disease specific. Applicants should include any NSPs for Procurement and Supply Management, if available. Applicants should include any mid-term reviews of NSPs, if available.</td>
<td></td>
<td></td>
<td>Applicants interested in developing or strengthening their National Strategic Plans should contact their Country Teams.</td>
</tr>
<tr>
<td>Innovative Financing Documentation</td>
<td>Only required for applicants who are using certain Innovative Financing mechanisms.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Element</td>
<td>Description</td>
<td>Submission Requirement</td>
<td>Instructions</td>
<td>Further Guidance</td>
<td>Availability</td>
</tr>
<tr>
<td>--------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>--------------</td>
</tr>
</tbody>
</table>
| Supporting documentation related to sustainability and transition | Applicants should provide information related to strengthening the sustainability of the national response and/or preparations for transition from Global Fund financing.                                         | All applicants should provide information, as available.  
Applicants should include the Transition Readiness Assessment (if available), transition work-plan, sustainability assessment, sustainability plan, etc.  
Include any materials that substantiate government commitments to increase health financing and absorb program costs.  
Include any materials that evidence contributions of the private sector, NGOs and faith-based missions to the financing of health and community systems. |              |                  |              |
| List of Abbreviations and Annexes                             | Applicants are asked to list all documents referenced in the funding request and spell out any abbreviations used.                                                                                           | Indicate whether a document is a key resource or is included to support a citation.  
**If updates to NSPs are planned:** describe when they will take place.                                                                                             |              |                  |              |

Applicants can use their own format for the list of abbreviations and annexes. An optional template is available on the Funding Request Forms and Materials page.
## Documents Assessed by the Global Fund Secretariat

<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
<th>Submission Requirement</th>
<th>Instructions</th>
<th>Further Guidance</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Funding Priorities from Civil Society and Communities Annex</td>
<td>Applicants are asked to list the top 20 priorities identified by communities during country dialogue and funding request development.</td>
<td>Required for all applicants.</td>
<td></td>
<td></td>
<td>Available on the Funding Request Forms and Materials page.</td>
</tr>
<tr>
<td>□ Sexual Exploitation, Abuse and Harassment (SEAH) Risk Assessment</td>
<td>This assessment is used to identify and mitigate SEAH related risks in Global Fund-financed programs.</td>
<td>This is an optional annex for each funding request.</td>
<td>Please see the Protecting Against SEAH Guidance Note and the Code of Conduct for Recipients of Global Fund Resources.</td>
<td></td>
<td>Available on the Funding Request Forms and Materials page.</td>
</tr>
<tr>
<td>□ Country Dialogue Narrative</td>
<td>Applicants are asked to describe the documented and transparent process undertaken to engage a broad range of stakeholders in the country dialogue process leading to the development of the funding request.</td>
<td>Required for all applicants.</td>
<td>Please see the Guidance on CCM Eligibility Requirements 1 and 2.</td>
<td></td>
<td>Available on the Funding Request Forms and Materials page.</td>
</tr>
</tbody>
</table>

31 Guidance on CCM Eligibility Requirements 1 and 2 - [https://www.theglobalfund.org/media/5551/fundingrequest_ccmeligibilityrequirements1-2_guidance_en.pdf](https://www.theglobalfund.org/media/5551/fundingrequest_ccmeligibilityrequirements1-2_guidance_en.pdf)
<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
<th>Submission Requirement</th>
<th>Instructions</th>
<th>Further Guidance</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCM Endorsement of Funding Request</td>
<td>As part of the application, applicants must demonstrate that each member of the CCM endorses the final funding request.</td>
<td>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 (or their designated alternate(s)) unable to sign 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 (<a href="mailto:AccessToFunding@theglobalfund.org">AccessToFunding@theglobalfund.org</a>) stating the reason for not endorsing the funding request, so the Global Fund can understand the member’s position. Endorsement from the respective alternate(s) would not be, in this case, receivable. Applicants other than CCMs should consult the CCM Policy&lt;sup&gt;32&lt;/sup&gt; for details on how to comply.</td>
<td>Instructions for the tables are embedded in the template.</td>
<td>See the Guidance on CCM Eligibility Requirements 1 and 2.</td>
<td>Available on the Funding Request Forms and Materials page.</td>
</tr>
</tbody>
</table>

<sup>32</sup> Country Coordinating Mechanism Policy - [https://www.theglobalfund.org/media/7421/ccm_countrycoordinatingmechanism_policy_en.pdf](https://www.theglobalfund.org/media/7421/ccm_countrycoordinatingmechanism_policy_en.pdf)
<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
<th>Submission Requirement</th>
<th>Instructions</th>
<th>Further Guidance</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ CCM Statement of Compliance</td>
<td>Applicants must confirm that they are in compliance with the six CCM Eligibility requirements and the focus of application requirement.</td>
<td>All applicants are required to provide a CCM Statement of Compliance. Applicants other than CCMs should consult the CCM Policy for details on how to comply. Continued compliance with the Eligibility Requirements throughout program implementation is a condition to access Global Fund financing.</td>
<td>For additional questions, contact your Fund Portfolio Manager.</td>
<td>Please see the Guidance on CCM Eligibility Requirements 1 and 2 and the Country Coordinating Mechanism Policy.</td>
<td>Available on the Funding Request Forms and Materials page.</td>
</tr>
<tr>
<td>☐ Additional documentation to support co-financing requirements, including Commitment Letters.</td>
<td>Applicants must show how they have met co-financing requirements for the current allocation period and how they will meet requirements in the next allocation period. Ministries of Health/Ministries of Finance must indicate their formal commitment to meeting concrete and monitorable co-financing targets.</td>
<td>Include additional co-financing documentation beyond what is requested in the funding request and Funding Landscape Table. This should include the Commitment Letter, if available at the time of the funding request.</td>
<td></td>
<td>Please see the Sustainability, Transition, and Co-Financing Guidance Note and Co-Financing Operational Policy Note.</td>
<td>Applicants can use their own format for supporting documentation. An optional template for co-financing commitments is available on the Funding Request Forms and Materials page.</td>
</tr>
</tbody>
</table>