



Funding Request Instructions

Full Review

Allocation Period 2023-2025

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

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Introduction

Use of the Full Review funding request

Applicants will receive an Allocation Letter indicating an allocation amount and whether a Full Review application should be completed.

The Full Review is the standard approach for countries categorized as High Impact or Core portfolios¹ unless they have been invited to apply using the [Tailored for National Strategic Plans](#)² or [Program Continuation](#)³ approaches.

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 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](#) eLearning⁴ for expectations and recommendations related to inclusive funding request development.

As described in the [Information Notes](#),⁵ 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](#).⁶

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.

Applicants are encouraged to refer to the [Example of a Full Review Funding Request](#)⁷ for an example of how to use a Full Review funding request to apply for more than one component.

¹ As per the differentiation principles, available in the [Operational Policy Manual](#) with a current portfolio categorization - https://www.theglobalfund.org/media/3266/core_operationalpolicy_manual_en.pdf

² Tailored for National Strategic Plans application - https://www.theglobalfund.org/media/5576/fundingrequest_nsp_template_en.pdf

³ Program Continuation application - https://www.theglobalfund.org/media/7360/fundingrequest_programcontinuation_template_en.pdf

⁴ Preparing for Country Dialogue in the 2023-2025 Funding Cycle eLearning (Registration on [iLearn](#) required : <https://www.theglobalfund.org/en/ilearn/>) -

<https://theglobalfund.csod.com/DeepLink/ProcessRedirect.aspx?module=ioRegisterAndLaunch&lo=e92ab83a-37b8-405d-9b4c-64684a7e4013>

⁵ Information Notes - <https://www.theglobalfund.org/en/applying-for-funding/design-and-submit-funding-requests/applicant-guidance-materials/>

⁶ 2023-2028 Global Fund Strategy - https://www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf

⁷ Example of a Full Review Funding Request - https://www.theglobalfund.org/media/12193/core_full-review-funding-request_example_en.pdf

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 fragilities⁸ which should be taken into consideration.⁹ Countries which have been classified as COEs may be granted enhanced flexibilities in the funding request process.¹⁰

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 a future allocation period. Funding requests will then be reviewed by the Technical Review Panel (TRP) using their published [review criteria](#)¹¹ 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 Form, especially those from the 2020-2022 allocation period.

Applicants are encouraged to review the [TRP Observations Report 2020-2022](#)¹² 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 for their own country to demonstrate that progress has been made on Issues previously identified.

Learning more

The [Applicant Handbook](#)¹³ provides information on the Global Fund Funding Cycle going beyond the scope of these Instructions. It also includes recommended learning materials about developing funding requests.

For questions, contact accesstofunding@theglobalfund.org.

Important Changes within the Full Review Form for the 2023-2025 Allocation Period

Applicants who have used the Full Review 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 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

⁸ The term “fragilities” is used in alignment with other development partners, such as the [WHO](#), [GAVI](#), the [World Bank](#) and the [OECD](#).

⁹ 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, Niger, Nigeria, Pakistan, Palestine, Sierra Leone, Somalia, South Sudan, Sudan, Syria, Ukraine, Venezuela and Yemen.

¹⁰ As indicated in the [Challenging Operating Environment Operational Policy Note](#) - https://www.theglobalfund.org/media/3266/core_operationalpolicy_manual_en.pdf

¹¹ Terms of Reference of the Technical Review Panel – Review criteria - https://www.theglobalfund.org/media/3048/trp_technicalreviewpanel_tor_en.pdf#page=15

¹² TRP Observations Report 2020-2022 - https://www.theglobalfund.org/media/12137/trp_2020-2022observations_report_en.pdf

¹³ Applicant Handbook - https://www.theglobalfund.org/media/4755/fundingmodel_applicanthandbook_guide_en.pdf

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:

- 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 using the Full Review approach 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](#)¹⁴ 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

¹⁴ RSSH Information Note - https://www.theglobalfund.org/media/4759/core_resilientsustainablehealth_infonote_en.pdf

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.

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](#).¹⁵

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.

¹⁵ Value for Money Technical Brief - https://www.theglobalfund.org/media/8596/core_valueformoney_technicalbrief_en.pdf

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.

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 Full Review 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.

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.

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](#).¹⁶ 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](#).¹⁷

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](#);¹⁸ [TB](#);¹⁹ [Malaria](#);²⁰ [Building Resilient and Sustainable Systems for Health](#)
- [Global Fund Modular Framework Handbook](#)²¹
- [Global Fund Technical Briefs](#)²²
- [Guidelines for Grant Budgeting](#)²³
- [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](#)²⁴
- [Example of a Full Review Funding Request](#)

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.

Responding to questions

The Instructions for the Full Review are formatted differently than in previous allocation periods. The following guide is provided to ensure that questions in the form are completely answered.

¹⁶ Global Fund Document Policy - https://www.theglobalfund.org/media/5715/core_documents_policy_en.pdf

¹⁷ Supplemental statement for Global Fund Grant Funding and Management Activities - <https://www.theglobalfund.org/en/legal/privacy-statement/>

¹⁸ HIV Information Note - https://www.theglobalfund.org/media/4765/core_hiv_infonote_en.pdf

¹⁹ TB Information Note - https://www.theglobalfund.org/media/4762/core_tuberculosis_infonote_en.pdf

²⁰ Malaria Information Note - https://www.theglobalfund.org/media/4768/core_malaria_infonote_en.pdf

²¹ Global Fund Modular Framework Handbook - https://www.theglobalfund.org/media/4309/fundingmodel_modularframework_handbook_en.pdf

²² Technical Briefs - <https://www.theglobalfund.org/en/applying-for-funding/design-and-submit-funding-requests/applicant-guidance-materials/>

²³ Guidelines for Grant Budgeting - https://www.theglobalfund.org/media/3261/core_budgetingglobalfundgrants_guideline_en.pdf

²⁴ Operational Policy Note on the Design and Review of Funding Requests -

https://www.theglobalfund.org/media/3266/core_operationalpolicy_manual_en.pdf

Question 1.1.A: For each module, provide information on the funding being requested from the Global Fund, and what is expected to be achieved as a result of the Global Fund’s investment.

Questions are shared exactly as they are in the funding request form. To completely answer the question, address all relevant question elements from these instructions.

When responding to this question, consider the lessons learned in the execution of the current grants (i.e., those funded by the 2020-2022 allocation, through Catalytic Funding, and through the COVID-19 Response Mechanism) and national programs. This should include lessons that have already resulted in adaptations to programs or have influenced the design of the programs which will be supported by the Global Fund.

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:

| Element | Details |
|--|---|
| ○ Lessons learned which have already been operationalized into programs. | ○ Consider adaptations, mitigations, lessons learned (as relevant) related to: <ul style="list-style-type: none">▪ COVID-19-related challenges or setbacks.▪ Protracted crises or emergencies, including those related to climate.▪ Operational research related to Global Fund supported programs, such as thematic reviews. ○ Consider new approaches, efforts, or evidence gathered to enhance efficiency. |

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 Full Review Application Form. Applicants can refer to the [Example of a Full Review Funding Request](#) for examples of how responses to the questions and question elements can be structured. 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:

| Section | Requested Information |
|--|---|
| Country(s) | 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. |
| Component(s) | Component(s) of the funding request (every component can include modules for Resilient and Sustainable Systems for Health). |
| Planned grant(s) start date(s) | Projected start dates for the grant(s). |
| Planned grant(s) end date(s) | Projected end date for the grant(s). |
| Principal Recipient(s) | The entity or entities nominated by the applicant to implement the program(s). |
| Currency | Relevant currency as per the Allocation Letter; indicate Euro or US dollar. |
| Allocation funding request amount | Amount requested from the Allocation. The amount entered should be consistent across all application documents and in line with the program split submitted by the applicant and confirmed by the Global Fund. |
| Prioritized above allocation request (PAAR) amount | Amount requested in the PAAR. The amount should be consistent across all application documents. |
| Matching funds request amount (if applicable) | Amount requested in Matching Funds (if eligible), as outlined in the Allocation Letter. The amount entered should be consistent across all application documents. |

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, program improvements since the last funding request submission, and how the programs will meet certain requirements.

Where possible, applicants should refer to existing documents, such as national strategy documents, assessments, or program reviews.

Prioritized Request

Question 1.1.A: For each module, provide information on the funding being requested from the Global Fund, and what is expected to be achieved as a result of the Global Fund's investment.

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.
- Compliant with the focus of application requirements.²⁵

Applicants are asked to summarize interventions by Module and populate the table as follows:

| Column | Input Details |
|--|---|
| Module #<Number> and <Module Name> | <p>Number each module. Indicate the name of the module that is requested to be funded, as described in the Performance Framework.</p> <p>Each module should have a separate table.</p> |
| Intervention(s) | <p>List the specific interventions within the module requested to be funded by the Global Fund, as described in the Performance Framework.</p> <p>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.</p> <p>New indicates that the intervention is new or not previously funded by the Global Fund.</p> <p>Scale-up indicates that the intervention is being programmatically expanded from the current grant.</p> <p>Continuation indicates that the intervention is continuing in roughly the same size and scope.</p> <p>Scale-down indicates that the intervention will be more limited than in the current grant.</p> |
| Population, geographies and/or barriers addressed | <p>List the population, geographies and/or barriers (if applicable) that are relevant to the module.</p> <p>Populations should include priority populations that are relevant to the module, including key and/ vulnerable populations, and also general populations if relevant to the module.</p> <p>Geographies should include geographies or locations that are related to the module which may have a higher disease burden, intensity of transmission, risk of transmission, or hard-to-reach populations. Seasonality should be specified, if applicable.</p> <p>Barriers should include the relevant gender and human rights barriers and other inequities to access to health services that are addressed by the module.</p> <p>Indicate each population-, geography-, or population-barrier combination with a separate bullet.</p> <p>Indicate intersections of populations with a separate bullet, where appropriate (for example, male sex workers who inject drugs).</p> |
| List of activities | <p>Include a list of activities proposed for the module, with a description of no more than one sentence per activity.</p> <p><u>Applicants should not describe differentiation in this summary list but use Section 2 to refer to any differentiation in activities.</u></p> |

²⁵ As described in the allocation letter and defined in the [Sustainability, Transition and Co-Financing Policy](#)

| Column | Input Details |
|-------------------------|--|
| Amount requested | 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 to the total allocation amount provided on the cover page of this funding request. |
| Expected outcome | List the effects of the module on populations and/or key barriers and/or health and community systems. |

This table should be repeated for each module requested. See the [Example of a Full Review Funding Request](#) for an example of how to complete this table.

If this funding request is partially using a Payment for Results approach, please use the Payment for Results table below to complement this table. 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.”

Question 1.1.B: If you are using a Payment for Results modality, provide information on the performance indicators or milestones, targets and amounts that are proposed.

Recommended Page Length: 1 Page

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. Any proposed use of incentive payments (at the facility/provider level or individual basis) should be discussed in Section 3: Implementation Arrangements.

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 this modality can be found in the [Guidelines for Grant Budgeting](#) and in the [Guidance on Payment for Results](#).²⁶

Applicants are asked to populate the table as follows:

| Column | Input Details |
|---|--|
| Performance indicator or milestone | List the proposed indicators that will be directly linked to the definition of the payments. To the extent possible, the indicators should be selected from the core list of indicators in the Global Fund Modular Framework . |
| Target | Indicate the proposed target, by year and with the value for the baseline. These values should match those provided in the Performance Framework. |
| Rationale for selection of the indicator/milestone | 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. |
| Amount requested | Input the 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. |

²⁶ Guidance on Payment for Results - https://www.theglobalfund.org/media/12166/core_pfr-guidance_note_en.pdf

| | |
|---|--|
| Expected outcome | List the effects of the interventions on populations and/or key barriers and/or health and community systems and/or geographies. |
| Specify how the accuracy and reliability of the reported results will be ensured | Describe the assurance mechanisms that will help ensure the accuracy and reliability of the reported results. |

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

Rationale

Question 1.2.A: Describe the overall approach to how you selected and prioritized the requested interventions (or indicator/milestone if using a Payments for Results modality).

Recommended Page Length: 1 Page

Responses to this question should be addressed at the level of the module and intervention.

Applicants should refer to key documents, such as the Programmatic Gap Table(s), NSPs, or RSSH Gaps and Priorities Annex, to strengthen their rationale.

Reference any other 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:

| Element | Details |
|---|---|
| <ul style="list-style-type: none"> ○ Key programmatic gaps that hinder progress towards ending AIDS, TB and malaria, including gaps in health system strengthening. ○ The methodology used to prioritize which interventions would best meet these programmatic gaps and should be included in the allocation amount. ○ The process and evidence used to prioritize interventions. | <ul style="list-style-type: none"> ○ Describe main gaps across the service cascade that require greater focus. ○ Responses should build from the information in the programmatic gap tables and the RSSH Gaps and Priorities annex. ○ Indicate the prioritization criteria such as cost-effectiveness, equity impacts, numbers of persons reached, etc. |
| <ul style="list-style-type: none"> ○ How prioritization was adjusted to reflect evolving contributions of other donors and/or from domestic resources. | <ul style="list-style-type: none"> ○ Describe why the interventions in the table in Question 1.1 were prioritized. ○ Describe efforts and provide evidence used to inform resource allocation across interventions to maximize impact, achieving allocative efficiency. ○ Refer to the Value for Money Technical Brief for more guidance on the evidence that can be used to inform optimal resource distribution. ○ Indicate any synergies (for example, in pandemic preparedness and health security.) ○ If complementary coverage for specific geographies or programs has already been arranged (For example, if it has been decided that programs in certain regions of a country will be provided by other donors or through domestic financing): Indicate here, describing whether this here |

coverage has changed since the 2020-2022 allocation period.

Question 1.2.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 priority interventions in the PAAR 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 high-level approach to deciding whether interventions should be in the PAAR vs. allocation funding. Applicants are not requested to list or describe all the interventions from the PAAR or from the allocation request.

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:

| Element | Details |
|--|---|
| <ul style="list-style-type: none">The rationale that was taken to decide which interventions should be funded through the allocation versus listed in the unfunded PAAR. | <ul style="list-style-type: none">Describe how HIV, TB, malaria, and RSSH modules and interventions were considered in this prioritization.If innovative financing instruments are foreseen to be funded through the PAAR (such as blended finance investments or debt swaps): please indicate. |

Context

Question 1.3: Describe the main changes to the country context since the previous funding request submission to the Global Fund.

Recommended Page Length: 4 Pages (+ Up to 4 additional pages per component if additional information requested)

Both positive and negative changes should be considered when responding to this question. Unless otherwise requested, country context content as provided in previous applications should not be included.

Only respond to the following identified elements.

To respond to this question, summarize:

| Element | Details |
|---|--|
| <ul style="list-style-type: none">The impact on the health systems of COVID-19 and any other emergencies. | <ul style="list-style-type: none">If emergency responses diverted resources from HIV, TB, and malaria programming: please describe the extent to which this happened.Consider any environmental or climate change-related events that impacted health systems.Consider any major political or social upheavals, conflicts, or security events that impacted health systems. |
| <ul style="list-style-type: none">Changes to the health financing landscape. | <ul style="list-style-type: none">Indicate the main changes in funding either from domestic sources and/or external financing. If this information is provided in the Sustainability, Domestic Financing and Resource Mobilization section, please list the main changes here, with reference to the Resource Mobilization Section. |

- Changes to or additional information on the equitability of access to HIV, TB and malaria services.
- Consider changes in the social, political, environmental, human rights, or legal contexts that impact access to services (For example: increasing reports of violence or other human rights violations against key populations, proposed legal reforms and/or policy reforms).
- Consider changes that disproportionately impact key and vulnerable populations or people of different genders
- Consider changes that impact specific age groups, such as children or adolescent girls and young women.
- Consider expansions of access through public, private (profit and non-profit) or community health platforms, including through online service delivery and training.
- **For funding requests with HIV modules:** Recent data on the 95-95-95 targets.
- List in both absolute numbers and percentages, disaggregated by key and vulnerable populations, by gender, and by age.
- **For funding requests with TB modules:** Provide a cascade analysis, with the estimated incidence rate, the cases notified rate, the cases treated rate, and the rate of cured/completed cases.
- Provide information on different forms of TB, including drug-sensitive TB and drug-resistant TB, focusing on key and vulnerable populations.
- Indicate any changes to the context since the most recent Community, Rights and Gender assessment or TB stigma assessment.
- **For TB/HIV funding requests:** Provide data on TB/HIV collaborative activities.
- Consider TB/HIV policy and service delivery coordination and integration activities (for example, TPT, testing, ART).

Lessons Learned

Question 1.4: Describe the main lessons learned from current programs.

Recommended Page Length: 1 Page per Component

When responding to this question, consider the lessons learned in the execution of the current grants (i.e., those funded by the 2020-2022 allocation, through Catalytic Funding, and through the COVID-19 Response Mechanism) and national programs. This should include lessons that have already resulted in adaptations to programs or have influenced the design of the programs which will be supported by the Global Fund.

For each element, include a description of what worked well and what did not.

To respond to this question, summarize:

| Element | Details |
|--|---|
| ○ Lessons learned which have already been operationalized into programs. | <ul style="list-style-type: none"> ○ Consider adaptations, mitigations, lessons learned (as relevant) related to: <ul style="list-style-type: none"> ▪ COVID-19-related challenges or setbacks. ▪ Protracted crises or emergencies, including those related to climate. ▪ Operational research related to Global Fund supported programs, such as thematic reviews. ○ Consider new approaches, efforts, or evidence gathered to enhance efficiency. |
| ○ Lessons learned which are planned for operationalization in | <ul style="list-style-type: none"> ○ Consider adaptations, mitigations, lessons learned (as relevant) related to: |

the 2023-2025 allocation period.

- COVID-19-related challenges or setbacks.
- Protracted crises or emergencies, including those related to climate.
- Operational research related to Global Fund supported programs, such as thematic reviews.
- Consider new approaches, efforts, or evidence gathered to enhance efficiency.

- Lessons learned which have been noted but are not addressed in the programs and why.
- Areas which are no longer included in programs and why.

Focus of Application Requirements

Recommended Page Length: 0.5 Pages

Question 1.5: Describe how the funding request complies with the Focus of Application Requirements specified in the Allocation Letter.

The purpose of this question is 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:

| Element | Details |
|--|---|
| ○ How the selected interventions meet the focus of application requirements outlined in the Allocation Letter. | ○ Refer to the Sustainability, Transition and Co-Financing Guidance Note ²⁷ for descriptions of the focus of application requirements. |

Matching Funds

Question 1.6.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 aligning 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. If no Matching Funds were designated for the 2023-2025 allocation period, respond with “No Matching Funds were designated.”

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

²⁷ Sustainability, Transition and Co-Financing Guidance Note - https://www.theglobalfund.org/media/5648/core_sustainabilityandtransition_guidancenote_en.pdf

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

| Element | Details |
|---|---|
| <ul style="list-style-type: none"> ○ How Matching Funds will increase the impact and improve the outcome of the allocation for the Matching Funds area. | <ul style="list-style-type: none"> ○ Indicate the proposed focus of these funds. |
| <ul style="list-style-type: none"> ○ If and how the additional funding enables further funding from other sources or allows the scale-up of innovative interventions already in place. | |
| <ul style="list-style-type: none"> ○ If Matching Funds were received in the previous period: describe the impact of these investments. | |

Question 1.6.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

| Element | Details |
|--|---------|
| <ul style="list-style-type: none"> ○ How programmatic conditions have been met. | |
| <ul style="list-style-type: none"> ○ How access conditions have been met. | |

Section 2. Maximizing Impact

The purpose of this section is to support country programs that are designed to meet both national and global goals and objectives. Questions are aligned with the [2023-2028 Global Fund Strategy](#) as expressed through the [Review Criteria](#) of the Technical Review Panel. Applicants are encouraged to refer to the Review Criteria when developing their programs to ensure that their funding requests to the Global Fund are strategically aligned.

Applicants are requested to describe the overall program, highlighting the interventions proposed for Global Fund financing, as described in Section 1. While filling in this section, applicants should refer to the numbered modules from Question 1.1, where applicable.

Ending AIDS, TB and Malaria

Question 2.1.A: Describe how the Global Fund-supported program(s) advance the primary goal of ending AIDS, TB and malaria.

Recommended Page Length: 1 Page

To respond to this question, summarize:

| Element | Details |
|---|--|
| <ul style="list-style-type: none"> ○ How the program design contributes to national and global goals/objectives for disease control. ○ Where and how will key program interventions be implemented to achieve greatest outcome. | <ul style="list-style-type: none"> ○ Refer to the 2023-2028 Global Fund Strategy for descriptions of the global goals and objectives for disease control. ○ Consider the choice of technology and service delivery modalities, as outlined in the Information Notes. ○ Consider innovations, as described in Information Notes. ○ Describe efforts and provide evidence used to prioritize geographic areas (subnational level), and population groups to maximize impact and close the programmatic gap. ○ If the request includes malaria modules: Provide details on the process of stratification and subnational tailoring used to determine the intervention mix. Provide a cost effectiveness analysis, if available. ○ Refer to the Value for Money Technical Brief for more guidance on the evidence that can be used to inform optimal resource distribution. |
| <ul style="list-style-type: none"> ○ How the program addresses the impacts of COVID-19. ○ If disease control has regressed or did not improve: how the program will address the root cause of the lack of progress. ○ If the funding request has both TB and HIV modules: how TB and HIV programs will implement joint strategies and interventions. | <ul style="list-style-type: none"> ○ Refer to the COVID-19-related impacts identified in Question 1.3. ○ When evaluating whether regression has taken place, consider both increased disease burden (increased incidence and/or mortality) and decreased coverage and outcomes. ○ Consider coordination between health and community systems at the national, subnational, and local levels. ○ Describe expected impact and efficiencies of the joint programming. |

Question 2.1.B: 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 the 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:

| Element | Details |
|---|--|
| <ul style="list-style-type: none"> ○ TB or HIV applicants: referring to the completed Program Essentials tab in the Essential Data Tables, indicate which Program Essentials are not currently fulfilled and why. ○ Malaria applicants: describe the status of any Program Essentials that are off-track and explain why. | <ul style="list-style-type: none"> ○ Indicate the proposed pathway to achieve each Program Essential and describe how the proposed investments will support the implementation of these pathways. ○ Indicate the proposed pathway to achieve each Program Essential and describe how the proposed investments will support the implementation of these pathways. |

If all Program Essentials have been implemented, respond with “All Program Essentials have been fulfilled.”

Resilient and Sustainable Systems for Health

Question 2.2: Describe how the Global Fund-supported program will maximize people-centered, integrated systems for health to deliver impact, resilience and sustainability.

Recommended Page Length: 1-2 Pages

Applicants are encouraged to learn more about maximizing integrated people-centered health services by consulting the [RSSH Information Note, the HIV, TB and malaria Information Notes, and related technical briefs](#).

Applicants should refer to and ensure consistency with their RSSH Gaps and Priorities Annex when responding to the elements of this question.

To respond to this question, summarize:

| Element | Details |
|---|--|
| <ul style="list-style-type: none">○ Opportunities for integrated service delivery that are being supported. | <ul style="list-style-type: none">○ Indicate implementation status of any integration approaches adopted in national strategy documents or clinical guidelines.○ Indicate linkages between facility-based services and community-led and -based organizations, if appropriate.○ Indicate linkages with NCD, mental health and other co-infections and co-morbidities, if applicable.○ Describe how service delivery platforms (such as antenatal, postnatal, child health, and sexual and reproductive health services) are being strengthened to deliver HIV, TB and malaria services.○ If sexual and reproductive health and rights services or reproductive, maternal, newborn, child and adolescent health services are included: describe how the integration is focused on women in all their diversity and on gender-diverse people, their partners, and on the unique needs of adolescents, and refer to the HIV, Human Rights and Gender Equality Technical Brief²⁸ and the Prioritization Framework for Supporting Health and Longevity among People Living with HIV Technical Brief.²⁹ |
| <ul style="list-style-type: none">○ How the quality of services will be strengthened. | <ul style="list-style-type: none">○ Indicate the key program quality priorities using quality of care data and relevant analysis, referring to the Human Resources for Health and Quality of Care critical approach found in the RSSH Information Note.○ Describe how the proposed interventions for improving quality of care and health workers’ performance respond to these priorities, with reference to appropriate service delivery platforms and models (such as facility-based services, community-led and -based services, or other community services). Refer to Annex 1 in the RSSH Information Note. |

²⁸ HIV, Human Rights and Gender Equality Technical Brief -

https://www.theglobalfund.org/media/6348/core_hivhumanrightsgenderequality_technicalbrief_en.pdf

²⁹ Prioritization Framework for Supporting Health and Longevity among People Living with HIV Technical Brief -

www.theglobalfund.org/media/12165/core_prioritization-framework-supporting-health-longevity-people-living-hiv_guidance_en.pdf

- How the investments will strengthen engagement with the private sector (for profit and non-profit) for HIV, TB and malaria programs.
- The steps that will be taken to address the potential environmental impact of the requested programs.
- Describe any support for improved policies, regulation, information exchange and/or financing to enhance service delivery, as relevant.
- Refer to the [Private Sector Engagement Technical Brief](#)³⁰ for more information.
- Indicate any existing or planned climate vulnerability and adaptation (V&A) assessments.
- Describe mitigation efforts, regardless of funding source, and describe how the investments will complement existing or planned efforts.
- Indicate investments in waste management systems. If funding is not requested for waste management, describe how this area is already being addressed.
- 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.
- Refer to the [Technical Brief on Sustainable Healthcare Waste Management](#).³¹
- **If eligible for malaria vaccine:** how the malaria vaccine introduction will be coordinated.
- Indicate existing or planned coordination with the national immunization program.
- Describe available support from technical partners to facilitate the vaccine introduction.
- Describe available systems to monitor the different components of the program and report disaggregated outputs, outcomes, and impact.

Applicants are expected to consider the health system landscape beyond a single disease program. If applicants are requesting support for the areas below via related disease and/or RSSH modules they should summarize:

| Element | Details |
|--|---|
| ○ How this request supports community systems strengthening. | <ul style="list-style-type: none"> ○ Describe relevant community-based and -led organizations, including organizations led by key and vulnerable populations. ○ Refer to the Community Systems Strengthening Technical Brief³² for guidance. |
| ○ How the programs will contribute to integrated workforce planning and development, including for Community Health Workers, across the continuum of care for HIV, TB and malaria. | <ul style="list-style-type: none"> ○ Describe investments for Human Resources for Health, including Community Health Workers at all levels (including peers) and reference the Human Resources for Health and Quality of Care critical approach found in the RSSH Information Note and the Community Health Workers analysis in the Programmatic Gap Table. ○ Indicate all health policy and systems support/strengthening interventions needed for Human Resources for Health to be effective. |
| ○ How the programs will strengthen the management, governance and use of data. | <ul style="list-style-type: none"> ○ Indicate steps to enhance the collection, analysis and use of disaggregated data collected during program implementation |

³⁰ Private Sector Engagement Technical Brief - https://www.theglobalfund.org/media/12160/ps_private-sector-engagement-technical-brief_en.pdf

³¹ Technical Brief on Sustainable Healthcare Waste Management - https://www.theglobalfund.org/media/9356/core_healthcarewastemanagement_technicalbrief_en.pdf

³² Community Systems Strengthening Technical Brief - https://www.theglobalfund.org/media/4790/core_communitysystems_technicalbrief_en.pdf

- How the programs will strengthen and integrate HIV, TB and malaria procurement, supply chains, and regulatory systems to improve equitable access to quality health products.
 - How the programs will strengthen and integrate laboratory systems and testing services to improve equitable access to diagnostics.
- to adjust programming, included data produced at the community level.
 - Describe any planned digital health efforts and related governance, leadership and management needs.
 - Refer to Annex 4 in the [RSSH Information Note](#).
 - Describe how proposed investments will support more effective cross-cutting Procurement and Supply Management systems, referring to the Health Products Management critical approach in the [RSSH Information Note](#).
 - Indicate support to best practices on integrated supply systems as outlined in the [Procurement and Supply Chain Management Technical Brief](#).³³
 - Reference critical approaches for integrated lab systems as described in the [RSSH Information Note](#).
 - Describe how proposed investments will support a transition to more cross-cutting network designs.

Engagement and Leadership of Most Affected Communities

Question 2.3: Describe how the Global Fund-supported program will maximize the engagement and leadership of most affected communities.

Recommended Page Length: 0.5 Pages

To respond to this question, summarize:

| Element | Details |
|--|--|
| ○ How program priorities and design were informed by input from communities engaged in the design of these services or in the development of this funding request. | |
| ○ How ongoing feedback and input from communities will be used to continuously improve the accessibility, availability and quality of services. | ○ Describe any challenges that may be encountered in facilitating community engagement, feedback and input, and measures to be undertaken to address them. |

Health Equity, Gender Equality and Human Rights

In order to reach the global HIV, TB and malaria targets and end the disease as epidemics, countries will need to scale-up gender responsive programming, reduce inequities in access to services, and significantly expand coverage of comprehensive programs to remove human rights- and gender-related barriers in access to services. Programs should be designed and decided upon using assessments and analyses of gender and human rights.

When developing their responses to the following questions, applicants should explain how these assessments have been used to inform their request. Applicants are requested to attach as annexes to

³³ Procurement and Supply Chain Management Technical Brief - https://www.theglobalfund.org/media/9234/core_supplychains_technicalbrief_en.pdf

the funding requests any available country-specific assessments of gender or of human rights-related barriers to services.

During their review, the Technical Review Panel will assess how programs address inequities, advance gender equality, and act to remove human rights- and gender-related barriers to services. Applicants are encouraged to refer to the [Applicant Handbook](#) to understand more.

Question 2.4.A: Describe how the Global Fund-supported program will maximize Health Equity.

Recommended Page Length: 0.5 Pages

Applicants may find it helpful to use the World Health Organization’s [Innov8 tool](#)³⁴ to identify how to take concrete, meaningful and evidence-based programmatic action to address in-country inequities by determining who is being left behind and why.

To respond to this question, summarize:

| Element | Details |
|--|---|
| <ul style="list-style-type: none">○ Indicate key and vulnerable populations most impacted by the diseases addressed by this funding request and who have been prioritized for support. | <ul style="list-style-type: none">○ Align with the population data and epidemiological trends in the Essential Data Tables.○ Data should be disaggregated by gender and age across populations, where available. Provide geographic mappings or site analyses, where available.○ If general populations were identified in the Populations column of Question 1.1: describe the rationale for their inclusion in this request. |
| <ul style="list-style-type: none">○ The greatest health inequities in access to services and health outcomes. | <ul style="list-style-type: none">○ Consider inequities based on place of residence, race/ethnicity, occupation, gender/sex, religion, education, socioeconomic status and social capital. |
| <ul style="list-style-type: none">○ Which inequities identified in the previous question will be addressed by the program in the 2023-2025 allocation period. How will this be done. | <ul style="list-style-type: none">○ Consider the underlying causes of these inequities, including social and structural drivers.○ Consider interventions responding to these inequities.○ Consider interventions that reduce financial burden to key and vulnerable populations. |

Question 2.4.B: Describe how the Global Fund-supported program will maximize Gender Equality.

Recommended Page Length: 0.5 Pages

When developing responses to this question, applicants should refer to their gender assessments, if available. Applicants can use existing gender assessments (for example, an assessment conducted as part of the National Strategic Plan process) related to each component in the funding request. If no relevant assessment is already available, applicants undertaking a new assessment may find it helpful to draw on the [Malaria Matchbox tool](#),³⁵ the UNAIDS and [STOP TB Partnership gender assessment tool for national HIV and TB responses](#),³⁶ the [UNAIDS Gender Assessment tool](#),³⁷ or the [STOP TB Partnership gender assessment tool](#).³⁸

The barriers identified for prioritization in this section should be aligned with the barriers identified in the table for Question 1.1.

³⁴ Innov8 Tool - <https://www.who.int/publications/i/item/9789241511391>

³⁵ Malaria Matchbox tool - <https://endmalaria.org/related-material/malaria-matchbox>

³⁶ STOP TB Partnership gender assessment tool for national HIV and TB responses - https://www.stoptb.org/assets/documents/communities/Gender_Assessment_Tool_TB_HIV_UNAIDS_FINAL_2016_ENG.pdf

³⁷ UNAIDS Gender Assessment tool - <https://www.unaids.org/en/resources/documents/2019/unaids-gender-assessment-tool>

³⁸ STOP TB Partnership gender assessment tool - <https://www.stoptb.org/communities-rights-and-gender-crg/support-gender-equality-tb>

To respond to this question, summarize:

| Element | Details |
|--|--|
| <ul style="list-style-type: none">○ Gender-related barriers to health services and health outcomes. | <ul style="list-style-type: none">○ Consider gender inequalities and barriers in your context, why they exist, and their impact on health outcomes.○ Consider how gender intersects with other barriers, such as age, place of residence, race/ethnicity, occupation, gender/sex, religion, education, socioeconomic status and social capital.○ Consult the Technical Briefs for examples of gender barriers. |
| <ul style="list-style-type: none">○ Which gender-related barriers identified in the previous question will be addressed by the program in the 2023-2025 allocation period. | <ul style="list-style-type: none">○ Consider the underlying causes of these barriers, including the social and structural drivers. |
| <ul style="list-style-type: none">○ How the design of the programs advances gender equality. | <ul style="list-style-type: none">○ Consider a gender mainstreamed approach and/or dedicated gender interventions. |

Question 2.4.C: Describe how the Global Fund-supported program will maximize Human Rights.

Recommended Page Length: 0.5 Pages

When developing responses to this question, applicants should refer to their assessments of human-rights related barriers to services, if available.

If no relevant assessment is already available, applicants are encouraged to undertake a new assessment using the rapid assessment tool (forthcoming) for HIV/TB or using the Malaria Matchbox for malaria.

The barriers identified for prioritization in this section should be aligned with the barriers identified in the table for Question 1.1.

To respond to this question, summarize:

| Element | Details |
|--|--|
| <ul style="list-style-type: none">○ The human rights-related barriers that hinder access to services for the populations identified in Question 2.4.A. | <ul style="list-style-type: none">○ Consider human rights-related barriers, including stigma, discrimination, and violence against key and vulnerable populations.○ Consider existing legal and policy settings and contexts.○ Consider age-specific barriers, including lack of independent access to HIV and/or sexual productive services.○ Refer to the Technical Briefs for examples of human rights barriers. |
| <ul style="list-style-type: none">○ The rationale for prioritizing the barriers that the program will be responding to. | |
| <ul style="list-style-type: none">○ How the program will respond to these barriers in the 2023-2025 allocation period. | <ul style="list-style-type: none">○ Consider the underlying causes of these barriers, including the social and structural drivers. |

Sustainability, Domestic Financing and Resource Mobilization

As part of the implementation of the Global Fund's [Sustainability, Transition, and Co-Financing Policy](#)³⁹ 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 2.5.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:

| Element | Details |
|---|--|
| <ul style="list-style-type: none">○ Key challenges related to sustainability and past and future actions to address these challenges. | <ul style="list-style-type: none">○ Consider different dimensions of sustainability, including:<ul style="list-style-type: none">▪ Financial.▪ Programmatic.▪ Health and community systems.▪ 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. |
| <ul style="list-style-type: none">○ 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. | <ul style="list-style-type: none">○ Consider challenges faced by community-led and -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. |

³⁹ Sustainability, Transition, and Co-Financing Policy - https://www.theglobalfund.org/media/4221/bm35_04-sustainabilitytransitionandcofinancing_policy_en.pdf

- 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 overall financing of health and the national response.
 - Describe health financing reforms and initiatives to strengthen financing of health and the national responses. 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.
 - 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 any 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.
 - Describe 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.⁴⁰

It is essential that supporting information for the following questions be included with the Funding Request submission, 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.

⁴⁰ PEPFAR HIV Resource Alignment reports should also be consulted while developing this section for the following countries: Angola, Benin, Botswana, Burkina Faso, Burma, 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.

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

Question 2.5.B: Describe how co-financing commitments for the 2020-2022 allocation period have been realized.

Recommended Page Length: 0.5 Pages

Include summaries of:

| Element | Details |
|--|--|
| <ul style="list-style-type: none"> ○ Trends in government health expenditure. | <ul style="list-style-type: none"> ○ 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. ○ Briefly describe the trends (with references to supporting evidence and sources of information), especially if there is a decline or a significant increase in government health expenditure. |
| <ul style="list-style-type: none"> ○ Increased domestic investments that have been made in the national responses during the 2020-2022 allocation period. | <ul style="list-style-type: none"> ○ Indicate domestic investments for the national response and for RSSH and the sources of these investments, including sources of information. ○ Describe if additional investments comply with requirements of the Sustainability, Transition and Co-financing policy. |
| <ul style="list-style-type: none"> ○ Specific programmatic areas supported by domestic co-financing and how the country has increased investments in these specific programmatic areas over time. | <ul style="list-style-type: none"> ○ Ensure consistency with information included in the detailed gap analysis of the Funding Landscape Table. |
| <ul style="list-style-type: none"> ○ 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: specific commitments made and the extent to which they have been realized. | <ul style="list-style-type: none"> ○ 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 in detail what commitments these were and the extent to which they have been realized. |
| <ul style="list-style-type: none"> ○ 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. | <ul style="list-style-type: none"> ○ 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 2.5.C: Describe how co-financing will increase over the 2023-2025 allocation period, how co-financing commitments will be tracked and reported, and planned actions to address remaining funding gaps.

Recommended Page Length: 1 Page

Include summaries of:

| Element | Details |
|---|--|
| <ul style="list-style-type: none">Planned government health expenditures. | <ul style="list-style-type: none">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 expenditures. |
| <ul style="list-style-type: none">How co-financing will increase during the 2023-2025 allocation period, including the overall financial commitment for the 2023-2025 period and the additional amounts projected to be invested in the national response and RSSH. | <ul style="list-style-type: none">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. |
| <ul style="list-style-type: none">Programmatic areas that the co-financing will support. | <ul style="list-style-type: none">Provide an overview of the funding needs for the National Strategic Plan and the key cost drivers.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. |
| <ul style="list-style-type: none">Remaining funding gaps for major program areas, if applicable. | <ul style="list-style-type: none">Describe available funding and gaps for key program areas.Ensure consistency with those outlined in the Funding Landscape Table, including the overall gap and the Detailed Financial Gap. |
| <ul style="list-style-type: none">Planned actions to identify domestic resources and/or efficiencies to reduce the funding gaps in the 2023-2025 allocation period. | <ul style="list-style-type: none">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. |
| <ul style="list-style-type: none">How co-financing commitments will be tracked and reported. | <ul style="list-style-type: none">Describe how the co-financing commitments will be tracked and reported to the Global Fund during the 2023-2025 allocation period.If a commitment letter is submitted at the time of the Funding Request, the letter should indicate how commitments will be verified and reported. |

- How the funding request supports better generation and use of quality health financing data.
- How the funding request supports domestic spending for health products used for disease prevention, diagnosis, and treatment and for investments in procurement and supply management systems.
- If applicable, describe how the funding request supports strengthening of public finance management systems and/or institutionalization of expenditure tracking mechanisms.
- Describe systems to track these expenditures.

Question 2.5.D: If applicable, describe specific arrangements and modalities related to innovative financing approaches linked to this funding request and/or the national responses.

Recommended Page Length: 0.5 Pages

To learn more about the Innovative Finance Approaches, consult 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 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:

| Element | Details |
|---|--|
| ○ Any efforts to use innovative financing modalities specifically described in the 2023-2028 Global Fund Strategy . | ○ Modalities include: blended financing/joint financing and Debt2Health. |
| ○ The innovative financing approach. | ○ Indicate: <ul style="list-style-type: none"> ▪ Specific goals and objectives. ▪ Structure. ▪ Partners involved. ▪ Amounts. ▪ 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.”

Pandemic Preparedness

Question 2.6: Describe how Global Fund-supported programs will build capacities that are most critical to prevent, detect, and respond to infectious disease outbreaks.

Recommended Page Length: 1 Page

Applicants are encouraged to refer to the [Resilient and Sustainable Systems for Health Information Note](#) before developing their responses to this question.

Investments in these areas should be focused on building pandemic preparedness (PP) capabilities, not the Response (R) aspect. It is acknowledged that investments in “preparedness for response” such as surge capacity, can be hard to distinguish from actual health emergency response in certain contexts and circumstances. However, these investments should focus on ensuring the capacities for effective response, but not actually financing specific response activities.

Please include summaries of:

| Element | Details |
|--|--|
| <ul style="list-style-type: none"> Progress of routine evaluations and assessment of readiness and response performance gaps based on the International Health Regulations monitoring and evaluation framework. | <ul style="list-style-type: none"> Consider Joint External Evaluations, After-Action Reviews, and Simulation Exercises, in addition to novel timeliness metrics as appropriate. |
| <ul style="list-style-type: none"> Information on the status of other related strategies such as pandemic influenza, COVID-19, Ebola, cholera, etc., when available. | <ul style="list-style-type: none"> If this information is summarized in national documents provide reference page numbers/relevant sections instead of summarizing here. |
| <ul style="list-style-type: none"> Refer to 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. | <ul style="list-style-type: none"> Indicate whether funding is available for these priorities. |
| <ul style="list-style-type: none"> Short-term, medium-term, and long-term operational priorities for pandemic preparedness based on the plan and strategies described in Question 1.3. | <ul style="list-style-type: none"> Indicate whether funding is available for these priorities. |
| <ul style="list-style-type: none"> The actions that were taken to harmonize joint TB, HIV, and malaria programs, to learn from effective responses to these pandemics, and to contribute to the design and implementation of holistic pandemic preparedness plan at national and local levels. | |
| <ul style="list-style-type: none"> How the program will strengthen capacities that are most critical to prevent, detect | |

and respond to infectious disease outbreaks.

- How proposed pandemic preparedness investments will complement investments in strengthening health and community systems.

Section 3. Implementation

In this section, applicants are asked to describe how the programs will be effectively implemented, centered in communities, and mitigate risks to programs and people.

Questions are aligned with the [Review Criteria](#) of the Technical Review Panel. Applicants are encouraged to refer to the criteria when developing their programs to ensure that their funding requests to the Global Fund are strategically aligned.

If a Payment for Results modality is included in the funding request, please highlight the implementation arrangements and risks for the modality (where applicable), within one of the responses to the questions.

Implementation Arrangements

Question 3.1.A: Describe changes to implementation arrangements which will maximize implementation effectiveness and optimize efficiency.

Recommended Page Length: 0.5 Pages

Include summaries of:

| Element | Details |
|---|--|
| <ul style="list-style-type: none">○ The Principal Recipient(s) proposed by the applicant. | <ul style="list-style-type: none">○ Indicate if the Principal Recipient(s) is continuing or if it is a new implementer.○ For funding requests with RSSH components: Indicate which Principal Recipient(s) will implement any RSSH investments. |
| <ul style="list-style-type: none">○ Any planned changes to implementation arrangements in current grants to maximize implementation effectiveness and efficiency. | <ul style="list-style-type: none">○ Consider any changes to geographic scope or scale of the program, as well as approaches to efficiently distribute inputs at sub-national level.○ Describe any changes made to address gaps in past performance.○ Describe implementation arrangements related to pandemic preparedness investments. |
| <ul style="list-style-type: none">○ How connections between public, community, private for-profit, and private non-profit sectors will be strengthened. | <ul style="list-style-type: none">○ Indicate the role that private providers will play in the implementation arrangements.○ Describe how challenges of cost, quality and data reporting will be overcome (as described in the Private Sector Engagement⁴¹ and Value for Money Technical Briefs).○ Highlight linkages between facility-based and community-based services. |

⁴¹ Private Sector Engagement Technical Brief - https://www.theglobalfund.org/media/12160/ps_private-sector-engagement-technical_brief_en.pdf

- Describe the efforts to procure goods and services at minimal sustainable cost, as well as efforts to achieve efficiency gains.
- Consider efforts to ensure inputs are of the right type and quality while ensuring they are procured at lowest sustainable costs.
- Consider cost-saving measures such as integration, economies of scale, and streamlining of implementation arrangements.
- Describe efforts made to reduce program management costs.
- Describe efforts to minimize fiduciary risks and improve economy through the leveraging or strengthening of procurement and financial management processes.
- How coordination will be managed between existing mechanisms and International Health Regulation focal points.
- **If a local entity is not proposed as Principal Recipient:** Explain how international NGOs or other Principal Recipients will work to transfer capacity to government or local non-governmental institutions.
- Provide a timeline, if applicable.

This section should be complemented by the Implementation Arrangement Map as guided by the [Implementation Arrangements Mapping Guidelines](#).⁴²

Question 3.1.B: Describe the role that community-based and community-led organizations will have in implementing programs supported by the Global Fund.

Recommended Page Length: 0.5 Pages

Include summaries of:

| Element | Details |
|---|---|
| ○ The role that community-led and -based organizations will play in the implementation arrangement/s. | <ul style="list-style-type: none"> ○ Refer to the Community Systems Strengthening Technical Brief for information on community-led and -based organizations. ○ Describe the value/opportunity cost of using/not using community-led and -based organizations instead of other stakeholders. ○ If a community-led and based systems strategy is in place: provide a reference here and include in List of Annexes and Abbreviations. |
| ○ Actions taken to address barriers that prevent community-led and -based organizations from inclusion in implementation. | <ul style="list-style-type: none"> ○ Indicate any government-led activities that enable or facilitate working with community-led and -based organizations, civil society organizations, and non-governmental implementers. ○ Indicate key systems gaps or barriers to the role of community-led organizations in implementation and describe how the request addresses these gaps or barriers (such as political, legal, financing, capacity, etc). |

⁴² Implementation Arrangements Mapping Guidelines - https://www.theglobalfund.org/media/5678/fundingmodel_implementationmapping_guidelines_en.pdf

- Indicate any gaps or barriers related to social contracting, program monitoring, and policy dialogue. Describe any capacity building and sustainability efforts.

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:

- Procurement of health products, management of health products and laboratory related activities.
- Flow of data from service delivery points.
- 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 risks and corresponding mitigation measures). In situations where applicants do not consider that significant risks exist, they are asked to confirm that an assessment 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 3.2.A: Describe up to three top 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

| Risk Area | Points to Consider |
|---|--|
| <ul style="list-style-type: none"> ○ Emerging risks for laboratory systems. Include any corresponding mitigation measures, specifying who will be responsible for mitigation, and whether risks are already being mitigated. | <ul style="list-style-type: none"> ○ Consider risks related to laboratory waste management. ○ Consider human resource capacity, maintenance of lab equipment, quality assurance systems, laboratory infrastructure, and integration of disease diagnostic platforms. |
| <ul style="list-style-type: none"> ○ Emerging risks for health product procurement, quantification and disposal. | <ul style="list-style-type: none"> ○ Consider risks of scope, scale and geographic coverage. ○ Specifically consider supply chain arrangements for storage, distribution, and management of pharmaceutical waste. |
| <ul style="list-style-type: none"> ○ Emerging risks for in-country supply chain activities. | <ul style="list-style-type: none"> ○ Consider data management, warehousing, and distribution. ○ Consider waste management. ○ Consider “last-mile” delivery risks. |
| <ul style="list-style-type: none"> ○ Emerging risks for the quality of health products. | |

Please include summaries of:

| Element | Details |
|--|---|
| <ul style="list-style-type: none"> ○ Any risks in this area that were previously identified and are already being mitigated. | <ul style="list-style-type: none"> ○ Describe how the risks are being mitigated and who is responsible for the mitigation. |
| <ul style="list-style-type: none"> ○ Any risks in this area that were previously identified and where mitigation will be addressed in | <ul style="list-style-type: none"> ○ Describe how the risks are being mitigated and who is responsible for the mitigation. |

the program in the 2023-2025 allocation period.

- 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.
- Describe the rationale why risks cannot be mitigated and therefore should be accepted.

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

Question 3.2.B: Describe up to three top 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

| Risk Area | Points to Consider |
|--|---|
| <ul style="list-style-type: none"> ○ Emerging risks for flow of data for Monitoring and Evaluation systems from service delivery points to the Principal Recipient or to the Global Fund. | <ul style="list-style-type: none"> ○ Consider risks of scope, scale and geographic coverage ○ 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. |

Include summaries of:

| Element | Details |
|---|--|
| <ul style="list-style-type: none"> ○ Any risks in this area that were previously identified and are already being mitigated. | <ul style="list-style-type: none"> ○ Describe how the risks are being mitigated and who is responsible for the mitigation. |
| <ul style="list-style-type: none"> ○ Any risks in this area that were previously identified and where mitigation will be addressed in the program in the 2023-2025 allocation period. | <ul style="list-style-type: none"> ○ Describe how the risks are being mitigated and who is responsible for the mitigation. |
| <ul style="list-style-type: none"> ○ 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. | <ul style="list-style-type: none"> ○ Describe the rationale why risks cannot be mitigated and therefore should be accepted. |

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

Question 3.2.C: Describe up to three top risks and mitigation measures related to financial or fiduciary concerns.

Recommended Page Length: 0.5 Pages per Risk and Mitigation Measure

| Risk Area | Points to Consider |
|---|--|
| <ul style="list-style-type: none"> ○ Risks related to fraud and fiduciary matters based on the proposed implementation arrangements or new activities. | <ul style="list-style-type: none"> ○ Consider key risk drivers/ root causes related to: Flow of funds; Internal controls; Fraud, corruption and theft; and Value for money – economy. |

- Accounting and financial reporting risks based on the proposed implementation arrangement or new activities.
- Consider key risk drivers/ root causes related to financial management and auditing arrangements.

Include summaries of:

| Element | Details |
|---|--|
| ○ Any risks in this area that were previously identified and are already being mitigated. | ○ Describe how the risks are being mitigated and who is responsible for the mitigation. |
| ○ Any risks in this area that were previously identified and are being mitigated in the program for the 2023-2025 allocation period. | ○ Describe how the risks will be mitigated and who will be responsible for the mitigation. |
| ○ 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. | ○ Describe the rationale why certain risks cannot be mitigated. |

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

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 Full Review application approach.

Documents Reviewed by the Technical Review Panel

| Element | Description | Submission Requirement | Instructions | Further Guidance | Availability |
|--|---|--|---|--|---|
| <input type="checkbox"/> Full Review Form | The application form is used to propose and justify requested funding. | Applicants are informed in their Allocation Letter whether they are requested to use the Full Review template. | This document provides the instructions for the Full Review Template. | Webinars and eLearnings for the Full Review will be available on iLearn. | 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. |
| <input type="checkbox"/> Performance Framework | The Performance Framework shows how performance will be tracked over the course of the program funded by the Global Fund. | All applicants are required to submit a Performance Framework with each funding request. | Instructions for the tables are embedded in the template. | An eLearning on the Performance Framework will be available on iLearn. | The Performance Framework template is specific to each applicant and is provided by the Country Team. |
| <input type="checkbox"/> Detailed Budget | The Budget shows the cost of the interventions prioritized for funding. | All applicants are required to submit a Detailed Budget with each Funding Request. | Instructions for the tables are embedded in the template. | An eLearning on the Budget will be available on iLearn. | The Budget template is specific to each applicant and is provided by the Country Team. |

| Element | Description | Submission Requirement | Instructions | Further Guidance | Availability |
|--|---|---|--|--|--|
| <input type="checkbox"/> Programmatic Gap Table | 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. | 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. | Instructions for the tables are embedded in each template. The Community Health Workers Gaps table can be used for the three diseases and RSSH. | An eLearning on the Programmatic Gap Table will be available on iLearn. | Available on the Funding Request Forms and Materials page . Separate tables available for: <ul style="list-style-type: none"> • Malaria. • Tuberculosis. • HIV. • TB/HIV. • Community Health Workers. |
| <input type="checkbox"/> Funding Landscape Table | The Funding Landscape Table provides financial information related to financing the national disease response and health system. | Required for all applicants. | 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. | An eLearning on the Funding Landscape Table will be available on iLearn. | Available on the Funding Request Forms and Materials page . |
| <input type="checkbox"/> Prioritized Above Allocation Request (PAAR) | 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. | 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 | Instructions are included in the template. | | The PAAR template is specific to each applicant and is provided by the Country Team. |

| Element | Description | Submission Requirement | Instructions | Further Guidance | Availability |
|--|---|---|---|---|--|
| | | country context, or when there is a realistic expectation of additional funds becoming available. | | | |
| <input type="checkbox"/> Health Product Management Template | This tool is an instrument that shows all health products and health technologies that will be funded by the Global Fund. | Only required for applicants who are requesting funding to cover health products and/or associated management costs. | The instructions are sent to applicants by their Country Teams. | Detailed guidance is available here . | The Health Product Management Template is sent to applicants by their Country Teams. |
| <input type="checkbox"/> Implementation Arrangements Map | 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. | 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. | Instructions are available here . | | |
| <input type="checkbox"/> RSSH Gaps and Priorities Annex | The 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. | All applicants are required to submit the same annex with each funding request, updated if separate funding requests are submitted in different windows. | | | Available on the Funding Request Forms and Materials page . |
| <input type="checkbox"/> Gender Assessment (if available) | This assessment is used to measure progress towards gender-equality goals in Global Fund-financed programs. | If available, applicants are requested to submit a separate assessment per component. | | | |
| <input type="checkbox"/> Assessments of human-rights related | This is used to assess current programming to | If available, applicants are requested to submit assessments for HIV, TB, | | | |

| Element | Description | Submission Requirement | Instructions | Further Guidance | Availability |
|---|---|--|--------------|------------------|---|
| barriers to services. (if available) | address human rights-related barriers and to develop recommendations for scaling-up to comprehensively addresses all barriers for all populations. | and HIV/TB components included in the request. For malaria components, applicants should use qualitative assessments, such as the Malaria Matchbox. | | | |
| <input type="checkbox"/> Essential Data Tables | <p>The Essential Data Table is an Excel file that provides key figures related to country and epidemiological context.</p> <p>Applicants are asked to validate sections with pre-filled data and to provide further information as indicated.</p> | All applicants are asked to validate existing data and provide further information. | | | Available on the Funding Request Forms and Materials page . |
| <input type="checkbox"/> National Strategic Plans | Applicants should submit relevant National Strategic Plans. | <p>All applicants should include plans with their funding request which are health sector and disease specific, including their costing.</p> <p>Applicants should include any NSPs for Procurement and Supply Management, if available.</p> <p>Applicants should include any mid-term reviews of NSPs, if available.</p> | | | Applicants interested in developing or strengthening their National Strategic Plans should contact their Country Teams. |

| Element | Description | Submission Requirement | Instructions | Further Guidance | Availability |
|--|--|--|--------------|------------------|--|
| <input type="checkbox"/> Innovative Financing Documentation | | Only required for applicants who are using certain Innovative Financing mechanisms. | | | |
| <input type="checkbox"/> Supporting documentation related to sustainability and transition | Applicants may provide information related to strengthening the sustainability of the national response and/or preparations for transition from Global Fund financing. | <p>All applicants may provide information, as available.</p> <p>Applicants may include the Transition Readiness Assessment (if available), transition work-plan, sustainability assessment, sustainability plan, etc, if available. If these are not available but other documentation exists to demonstrate efforts to strengthen sustainability of national responses, these can also be included.</p> <p>If available, also include any materials that substantiate government efforts to strengthen health financing and financial sustainability.</p> <p>Include any materials that evidence contributions of the private sector, NGOs and faith-based missions to the financing of health and community systems.</p> | | | |
| <input type="checkbox"/> List of Abbreviations and Annexes | Applicants are asked to list all documents referenced in the funding request, and spell out any abbreviations used. | <p>Indicate whether a document is a key resource or is included to support a citation.</p> <p>If updates to NSPs are planned, describe when they will take place.</p> | | | 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

| Element | Description | Submission Requirement | Instructions | Further Guidance | Availability |
|---|---|---|--------------|--|---|
| <input type="checkbox"/> Funding Priorities from Civil Society and Communities Annex | Applicants are asked to list the top 20 priorities identified by communities during country dialogue and funding request development. | Required for all applicants. | | | Available on the Funding Request Forms and Materials page . |
| <input type="checkbox"/> Sexual Exploitation, Abuse and Harassment (SEAH) Risk Assessment | This assessment is used to identify and mitigate SEAH related risks in Global Fund-financed programs. | This is an optional annex for each funding request. | | See the Protecting Against SEAH Guidance Note ⁴³ and the Code of Conduct for Recipients . ⁴⁴ | Available on the Funding Request Forms and Materials page . |
| <input type="checkbox"/> Country Dialogue Narrative | 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. | Required for all applicants. | | See the Guidance on CCM Eligibility Requirements 1 and 2 . ⁴⁵ | Available on the Funding Request Forms and Materials page . |

⁴³ Protecting Against SEAH Guidance Note - https://www.theglobalfund.org/media/12159/ethics_protection-sexual-exploitation-abuse-harassment-guidance_note_en.pdf

⁴⁴ Code of Conduct for Recipients - https://www.theglobalfund.org/media/6011/corporate_codeofconductforrecipients_policy_en.pdf

⁴⁵ Guidance on CCM Eligibility Requirements 1 and 2 - https://www.theglobalfund.org/media/5551/fundingrequest_ccmeligibilityrequirements1-2_guidance_en.pdf

| Element | Description | Submission Requirement | Instructions | Further Guidance | Availability |
|---|--|--|--|---|---|
| <input type="checkbox"/> CCM Endorsement of Funding Request | <p>As part of the application, applicants must demonstrate that each member of the CCM endorses the final funding request.</p> | <p>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.</p> <p>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.</p> <p>In cases where a CCM member is unwilling to endorse the funding request, that member should inform the Global Fund in writing (AccessToFunding@theglobalfund.org) stating the reason for not endorsing the funding request, so the Global Fund can understand the member's position. Endorsement from the respective alternate(s) would not be, in this case, receivable.</p> <p>Applicants other than CCMs should consult the CCM Policy⁴⁶ for details on how to comply.</p> | <p>Instructions for the tables are embedded in the template.</p> | <p>See the Guidance on CCM Eligibility Requirements 1 and 2</p> | <p>Available on the Funding Request Forms and Materials page.</p> |

⁴⁶ Country Coordinating Mechanism Policy - https://www.theglobalfund.org/media/7421/ccm_countrycoordinatingmechanism_policy_en.pdf

| Element | Description | Submission Requirement | Instructions | Further Guidance | Availability |
|---|--|--|--|--|--|
| <input type="checkbox"/> CCM Statement of Compliance | Applicants must confirm that they are in compliance with the six CCM Eligibility requirements and the Focus of Application requirement. | <p>All applicants are required to provide a CCM Statement of Compliance.</p> <p>Applicants other than CCMs should consult the CCM Policy for details on how to comply.</p> <p>Continued compliance with the Eligibility Requirements throughout program implementation is a condition to access Global Fund financing.</p> | For additional questions, contact your Fund Portfolio Manager. | Please see the Guidance on CCM Eligibility Requirements 1 and 2 and the Country Coordinating Mechanism Policy . | Available on the Funding Request Forms and Materials page . |
| <input type="checkbox"/> Additional documentation to support co-financing requirements, including Commitment Letters. | Applicants must show how they have met co-financing requirements for the 2020-2022 allocation period and how they will meet requirements in the 2023-2025 allocation period. MoH/MoF must indicate their formal commitment to meeting concrete and monitorable co-financing targets. | 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. | | Please see the Sustainability, Transition, and Co-Financing Guidance Note and Co-Financing Operational Policy Note . | 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 . |