37th Board Meeting

Funding Model Implementation Report on the 2014-2016 Period

GF/B37/16
Kigali, Rwanda
03-04 May 2017
The Board approved 100% of allocated funds by end of allocation period

<table>
<thead>
<tr>
<th>Program</th>
<th>Remaining</th>
<th>To date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>TB/HIV</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>99%</td>
<td>1%</td>
</tr>
<tr>
<td>Malaria</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Stand alone HSS</td>
<td>99%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: Grant Management Platform and Access to Funding database
As of: 31 December 2016
Note: Includes early applicants and differentiated approaches
TRP/GAC reviewed US$14.67 billion of allocation funding as of December ‘16

(US$ millions)

<table>
<thead>
<tr>
<th>Window</th>
<th>Early Applicants**</th>
<th>Window 1</th>
<th>Window 2</th>
<th>Window 3</th>
<th>Window 4</th>
<th>Window 5</th>
<th>Window 6</th>
<th>Window 7</th>
<th>Window 8</th>
<th>Window 9</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>219</td>
<td>710</td>
<td>209</td>
<td>1,487</td>
<td>2,893</td>
<td>2,957</td>
<td>2,580</td>
<td>1,215</td>
<td>926</td>
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<td>58</td>
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<td>1,679</td>
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<td>43</td>
<td>258</td>
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<td>1,819</td>
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<td>0</td>
<td>15</td>
<td>26</td>
<td>544</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

**Early applicants includes Kazakhstan TB, Myanmar HIV and Myanmar TB. These components did not come back for TRP review in windows 1-9.

***Includes components that had only existing funds and did not submit a concept note.

As of: 31 December 2016

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*Includes simplified approaches, reprogramming requests (see concept note tracker).

**Early applicants includes Kazakhstan TB, Myanmar HIV and Myanmar TB. These components did not come back for TRP review in windows 1-9.

***Includes components that had only existing funds and did not submit a concept note.

Note: Regional concept notes not included in calculation
Country dialogue participant survey indicates positive experience with allocation-based funding model

The application process under the NFM is better than under the rounds-based system. (N=890)

Overall experience in applying for funding from the Global Fund
(N=1863)

- Very good: 25%
- Good: 60%
- Poor: 12%
- Very poor: 4%

The application process under the NFM is better than under the rounds-based system.

- Strongly agree: 47%
- Agree: 26%
- Disagree: 11%
- Strongly disagree: 3%
- Do not know: 13%

Source: Participant survey
As of: 29 March 2016
Of the US$5.2B above allocation requests reviewed, TRP/GAC recommended 4.1B as quality demand

(US$ millions)

- **Total request**: 5,250
- **Not quality demand**: 1,107
- **Quality demand**: 4,143

Source: Access to Funding database
As of: 31 December 2016

Note: Includes concept notes that have been recommended for grant-making. Does not include early applicants.
US$935 million of incentive funding was awarded in windows 1-9

Incentive funding breakdown by disease

- Total: US$935 million (100%)
- HIV/AIDS: US$65 million (7%)
- TB/HIV: US$461 million (49%)
- Tuberculosis: US$58 million (6%)
- Malaria: US$340 million (36%)
- HSS: US$11 million (1%)

+35% HIV (US$334 million)
+13% TB (US$126 million)

Source: Access to Funding database
As of: 31 December 2016
Overall, GAC has reinvested US$967 million in efficiencies identified during grant-making

- Efficiencies were found in costs related to management and human resources, transportation, training, operationalization, programs, products for prevention, and treatment costs per unit.
- Savings resulted from global pricing updates, review of product lists and activities, negotiations, and delayed or unexecuted and undisbursed amounts from existing grants and donations.
- Efficiencies and/or savings were reinvested in line with TRP/GAC guidance, focusing on:
  - Scaling up core prevention and treatment programs such as LLINs and testing and treatment
  - Strengthening investments in surveys, HMIS, M&E, TA and HR
  - Procurement of health care products and improving access to products and services, including quality diagnosis and laboratory equipment
  - IBBS survey roll-out
  - Initially underestimated budget costs
Governments committed additional US$6 billion in windows 1-9

Funds committed current vs. next phase by income category

<table>
<thead>
<tr>
<th>Income Category</th>
<th>2012-14 (US$ millions)</th>
<th>2015-17 (US$ millions)</th>
<th>Growth %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low income countries</td>
<td>1,678</td>
<td>2,548</td>
<td>+52%</td>
</tr>
<tr>
<td>Lower-middle income countries</td>
<td>3,378</td>
<td>6,017</td>
<td>+78%</td>
</tr>
<tr>
<td>Upper-lower middle income countries</td>
<td>1,308</td>
<td>1,823</td>
<td>+39%</td>
</tr>
<tr>
<td>Upper-middle income countries</td>
<td>8,218</td>
<td>10,196</td>
<td>+24%</td>
</tr>
</tbody>
</table>

Source: Strategic Information Department

As of: 31 December 2016
303 funding requests reviewed by TRP in first allocation-based funding cycle
23% of country funding requests required iterations

<table>
<thead>
<tr>
<th>Iteration</th>
<th>Early applicant</th>
<th>Regional</th>
<th>HSS</th>
<th>Malaria</th>
<th>Tuberculosis</th>
<th>TB/HIV</th>
<th>HIV/AIDS</th>
<th>Simplified approach</th>
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<tr>
<td>Early Applicants</td>
<td>3</td>
<td>10</td>
<td>2</td>
<td>4</td>
<td>11</td>
<td>10</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Window 1</td>
<td>2</td>
<td>3</td>
<td>11</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>6</td>
<td>1</td>
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<tr>
<td>Window 2</td>
<td>1</td>
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<td>5</td>
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<td>5</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Window 3</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>0</td>
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<tr>
<td>Window 4</td>
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<td>0</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Window 5</td>
<td>2</td>
<td>6</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>9</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Window 6</td>
<td>6</td>
<td>3</td>
<td>9</td>
<td>0</td>
<td>2</td>
<td>9</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Window 7</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>0</td>
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<td>Window 8</td>
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<td>6</td>
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<td>1</td>
<td>9</td>
<td>2</td>
<td>0</td>
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<td>Window 9</td>
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<td>0</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

The Global Fund 37th Board Meeting, 03-04 May 2017, Kigali, Rwanda

Source: Access to Funding database

As of: 31 December 2016

Note: One integrated concept note counted as multiple components
Higher proportion of funding requests (71%) expected to be reviewed in year 1 in 2017-2019 funding cycle

Source: Access to Funding database
As of: 01 March 2017

Note: Funding request projections include slippage and iterations. 2014 includes early applicants.
Opportunity to improve percentage grants signed on time in 2017-2019 cycle

In 2014-2016 cycle 43% of grants were signed on time: 207 grants required extensions, representing 9% of the allocation.

Target for 2017-2019 cycle is for 70% of grants to be signed on time.
For the first allocation-based funding cycle the duration from submission to communication of results was less than 3 months
Projected to decrease to 2 months in second funding cycle

Source: Grant Management Platform and Access to Funding database
As of: 31 December 2016
Note: Regional concept notes and iterations not included in calculation
Achievement of 2012-2016 strategy targets by year

Results 2012-mid 2016 + forecast for second semester 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people alive on ARV therapy</td>
<td>10.5m</td>
<td>15.7m</td>
<td></td>
<td></td>
<td></td>
<td>7.3 m</td>
<td></td>
</tr>
<tr>
<td>Number of TB cases treated according to the DOTS approach -- all forms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15 m</td>
<td>3.3</td>
</tr>
<tr>
<td>Number of LLINs distributed -- SSA</td>
<td>395.8m</td>
<td>390 m</td>
<td>80.2</td>
<td></td>
<td></td>
<td>96.6</td>
<td>3.5</td>
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<tr>
<td>Number of people alive on ARV therapy</td>
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<td></td>
<td></td>
<td></td>
<td>59.0</td>
<td>3.1</td>
</tr>
<tr>
<td>Number of people alive on ARV therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>49.6</td>
<td>2.9</td>
</tr>
<tr>
<td>Number of people alive on ARV therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Number of HIV positive pregnant women who received anti-retrovirals to reduce the risk of mother-to-child transmission</td>
<td>2.6m</td>
<td>2.7m</td>
<td></td>
<td></td>
<td></td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Number of HIV positive pregnant women who received anti-retrovirals to reduce the risk of mother-to-child transmission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Number of HIV positive pregnant women who received anti-retrovirals to reduce the risk of mother-to-child transmission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.4</td>
<td>0.4</td>
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<tr>
<td>Number of Indoor Residual Spraying services delivered</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.6m</td>
<td>8.4</td>
</tr>
<tr>
<td>Number of Indoor Residual Spraying services delivered</td>
<td></td>
<td></td>
<td></td>
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<td>8.4</td>
<td>5.5</td>
</tr>
<tr>
<td>Number of Indoor Residual Spraying services delivered</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5.5</td>
<td>7.8</td>
</tr>
<tr>
<td>Number of people who received HIV testing &amp; counseling and know their results</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>287 k</td>
<td>84</td>
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<tr>
<td>Number of people who received HIV testing &amp; counseling and know their results</td>
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<td>84</td>
<td>56</td>
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<tr>
<td>Number of people who received HIV testing &amp; counseling and know their results</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>56</td>
<td>76</td>
</tr>
<tr>
<td>Number of cases with bacteriologically confirmed drug resistant TB treated with a second line regimen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>287 k</td>
<td>260k</td>
</tr>
<tr>
<td>Number of cases with bacteriologically confirmed drug resistant TB treated with a second line regimen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>260k</td>
<td>84</td>
</tr>
<tr>
<td>Number of cases with bacteriologically confirmed drug resistant TB treated with a second line regimen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>84</td>
<td>56</td>
</tr>
<tr>
<td>Number of cases with bacteriologically confirmed drug resistant TB treated with a second line regimen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>56</td>
<td>76</td>
</tr>
<tr>
<td>Number of people alive on ARV therapy</td>
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<td></td>
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<td></td>
<td></td>
<td>376.7 m</td>
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<td></td>
<td></td>
<td></td>
<td>359m</td>
<td>75.2</td>
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<td>Number of people alive on ARV therapy</td>
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<td></td>
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<td>75.2</td>
<td>64.4</td>
</tr>
<tr>
<td>Number of people alive on ARV therapy</td>
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<td>92.8</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>92.8</td>
<td>59.8</td>
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<tr>
<td>Number of people alive on ARV therapy</td>
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<td></td>
<td></td>
<td>59.8</td>
<td></td>
</tr>
</tbody>
</table>

6.5 million lives saved from 2014-2016

Note: 2012-Semester 1 2016 actual results. Semester 2 2016 forecast based on average of 2 scenarios. Number of people alive on ARV therapy was 10 million at mid 2016.
Projected Funding Requests

Based on historical 20% Slippage and 20% Iteration and assuming 10% PC moving to Full/Tailored

Source: Access to Funding database
As of: 07 April 2017
Global Fund allocated US$10.3 billion to eligible applicants

Window based on country team estimates: does not include possible slippages or iterations

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Source: Access to Funding database
As of: 07 April 2017
Program split changes
Of the applicants that revised program split, only 6.3% made changes greater than 10%

Source: GOS and Access to Funding database

As of: 07 April 2017

Represents program split data for 111 applicants
Not all program splits have been approved
GF taking steps to ensure business model fit for strategy

Key milestones

- **April 2016**: Board asks GF to “review the Global Fund business model in high-risk countries and assess possible alternative options”

- **May – September 2016**: Secretariat assesses strengths and weaknesses of current business model and potential options
  - *Analysis*: focus groups with country teams, surveys of over 800 in-country stakeholders (CCMs, PRs, LFAs), interviews with ~50 Board and Committee members and a detailed costing model of potential options
  - *Conclusion*: Improvements needed in partner engagement / portfolio management, risk management and CCMs

- **November 2016**: Board asks GF to a) draft implementation plan, b) develop approach and timeline for assessing risk levels after improvements, and c) complete analysis of similar organizations

- **December to March 2017**: Secretariat finalizes deliverables and reviews in January with Strategy Committee for guidance (see backup for summary)

- **April 2017**: Strategy Committee completes final review of deliverables
GF will assess risk levels on ongoing basis
4 step approach to evaluate whether additional country presence is needed

1. Evaluating risks and establishing linkages with strategic objectives
   - Completed and shared with Committees

2. Measuring and monitoring key risks and evaluating against risk appetite
   - Approach defined; Rollout in progress

3. Linking risk mitigation to potential country presence
   - Determining potential format of additional country presence if expected risk reduction is not achieved

Secretariat will implement improvements according to plan, monitor risks and report evolving risk levels to AFC via the Organizational Risk Register
Summary of business model improvement plan and results from analysis of partner organizations
Further improvements planned in three areas

### Risk management
- **Audit of in-country assurance**
- **Integrated risk tool**
- **FCER: financial risk and assurance guidelines**
- **FCER: strengthen measures to prevent corruption**
- **FCER: MOUs with World Bank and INGOs**
- **Assurance plans for 30 HI and high risk countries**
- **Framework for programmatic assurance**

### CCM
- **Roll-out CCM new member induction program**
- **Incorporate performance based funding into CCM budget negotiations**
- **Roll-out CCM Code of Conduct**
- **Train Country Teams on effective CCM engagement**
- **Develop the Global Fund’s CCM strategy**

### Partner engagement / portfolio management
- **HR strategic workforce planning aligned to GF strategy**
- **Roll-out partner support platform**
- **Knowledge sharing platforms**
- **Communications strategy for CCMs and PRs**
- **Implement integrated impact and risk portfolio management**

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Comparative analysis of partner organizations highlighted the need to:

• Maintain the focus and the momentum in operationalizing and embedding risk management in day to day operations

• Stay on the path towards a robust level of risk management, with the following already achieved:
  i. Quality of assessments, discussions and decisions at the GAC and the ORC
  ii. Risk Department’s direct oversight work, including in-country risk reviews
  iii. Roll out of risk and assurance plans

• Foster the development of a risk culture at Secretariat level and at country level, jointly with partners
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Good practices identified from partners that GF will introduce/enhance

**Secretariat capacity to undertake due diligence and proactively manage risks**
- Capacity and risk assessments to be conducted by multidisciplinary teams for challenging cases as needed based on Secretariat analysis
- Integration of risk management in the performance objectives of dept. heads and global risk owners (actions closure)

**Ownership for risk management and assurance**
- Joint reviews and monitoring missions (risk based) with partners
- Lessons learned meetings with partners
- Risk training and TA for CCM & implementers
- Review of skills and profile of LFA teams to align with contexts and prioritized risks-LFA budget and LOEs to be adjusted accordingly

**Mutual accountability**
- Partnerships through formal agreements to share outcomes of capacity and risk assessments, audit reports, and align mitigations / pooling of assurances

**Enhanced objectivity and increased knowledge from other teams and business areas**
- Comprehensive action plans incorporated in grant budget
- Risk culture that rewards individuals for managing risks in an informed manner

**Effective monitoring and ownership of prioritized risks, mitigating measures, and assurances**
- Enhanced assurance on risk mitigations in emerging areas such as sustainability, transition, program quality, and supply chain assurances

**Improved efficiency, shared accountability, and informed decision-making**

Mutual accountability

Partnerships through formal agreements to share outcomes of capacity and risk assessments, audit reports, and align mitigations / pooling of assurances
TRP and Participant survey
TRP assessment of concept note review process

The TRP review encourages applicants to align programs more closely to Global Fund strategic objectives (e.g., high-impact interventions, key populations, human rights and HSS)

The TRP review process ensures that following TRP review, the most impactful and highest value interventions are contained in the allocation request (not in above allocation request)

The above allocation requests stimulated ambitious and innovative approaches in the concept notes

<table>
<thead>
<tr>
<th>Criteria</th>
<th>TRP feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>The TRP review encourages applicants to align programs more closely to Global Fund strategic objectives (e.g., high-impact interventions, key populations, human rights and HSS)</td>
<td>Strongly Agree: 42%</td>
</tr>
<tr>
<td>The TRP review process ensures that following TRP review, the most impactful and highest value interventions are contained in the allocation request (not in above allocation request)</td>
<td>N=272</td>
</tr>
<tr>
<td>The above allocation requests stimulated ambitious and innovative approaches in the concept notes</td>
<td>N=272</td>
</tr>
</tbody>
</table>

Source: TRP review process survey
As of: 29 March 2016

Note: Includes windows 1-9
TRP assessment of overall quality of concept notes

Overall quality of concept notes

<table>
<thead>
<tr>
<th>Window</th>
<th>Quality</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Window 1</td>
<td>80%</td>
<td>10</td>
</tr>
<tr>
<td>Window 2</td>
<td>74%</td>
<td>23</td>
</tr>
<tr>
<td>Window 3</td>
<td>78%</td>
<td>37</td>
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<td>Window 4</td>
<td>74%</td>
<td>50</td>
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<tr>
<td>Window 5</td>
<td>84%</td>
<td>58</td>
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<td>Window 6</td>
<td>76%</td>
<td>45</td>
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<tr>
<td>Window 7</td>
<td>79%</td>
<td>14</td>
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<tr>
<td>Window 8</td>
<td>88%</td>
<td>32</td>
</tr>
<tr>
<td>Window 9</td>
<td>75%</td>
<td>20</td>
</tr>
</tbody>
</table>

Source: TRP concept note quality survey
As of: 29 March 2016
Note: Includes windows 1-9
Civil society and key populations/people living with disease were represented in the group that developed the concept note.

Representatives of civil society and key populations adequately reflected the views of their communities.

The recommendations and inputs from all stakeholders (including civil society and key populations) were discussed and considered seriously by the CCM/other persons leading the process.

The Global Fund’s increased focus on inclusiveness encouraged stronger engagement with key stakeholders in my country.

Survey results on country dialogue

### Feedback of key populations (% survey respondents)

- **Civil society and key populations/people living with disease were represented in the group that developed the concept note.**
  - Strongly Agree: 38% (N=164)
  - Agree: 41% (N=164)
  - Disagree: 9% (N=164)
  - Strongly Disagree: 4% (N=164)
  - Do not know: 7% (N=164)

- **Representatives of civil society and key populations adequately reflected the views of their communities.**
  - Strongly Agree: 37% (N=163)
  - Agree: 44% (N=163)
  - Disagree: 9% (N=163)
  - Strongly Disagree: 4% (N=163)
  - Do not know: 6% (N=163)

- **The recommendations and inputs from all stakeholders (including civil society and key populations) were discussed and considered seriously by the CCM/other persons leading the process.**
  - Strongly Agree: 31% (N=163)
  - Agree: 35% (N=163)
  - Disagree: 15% (N=163)
  - Strongly Disagree: 9% (N=163)
  - Do not know: 9% (N=163)

- **The Global Fund’s increased focus on inclusiveness encouraged stronger engagement with key stakeholders in my country.**
  - Strongly Agree: 48% (N=165)
  - Agree: 40% (N=165)
  - Disagree: 5% (N=165)
  - Strongly Disagree: 4% (N=165)
  - Do not know: 3% (N=165)

### Feedback of all other country dialogue participants (% survey respondents)

- **Civil society and key populations/people living with disease were represented in the group that developed the concept note.**
  - Strongly Agree: 38% (N=1513)
  - Agree: 45% (N=1513)
  - Disagree: 7% (N=1513)
  - Strongly Disagree: 3% (N=1513)
  - Do not know: 7% (N=1513)

- **Representatives of civil society and key populations adequately reflected the views of their communities.**
  - Strongly Agree: 29% (N=1514)
  - Agree: 49% (N=1514)
  - Disagree: 9% (N=1514)
  - Strongly Disagree: 10% (N=1514)
  - Do not know: 3% (N=1514)

- **The recommendations and inputs from all stakeholders (including civil society and key populations) were discussed and considered seriously by the CCM/other persons leading the process.**
  - Strongly Agree: 33% (N=1509)
  - Agree: 48% (N=1509)
  - Disagree: 9% (N=1509)
  - Strongly Disagree: 8% (N=1509)
  - Do not know: 2% (N=1509)

- **The Global Fund’s increased focus on inclusiveness encouraged stronger engagement with key stakeholders in my country.**
  - Strongly Agree: 39% (N=1516)
  - Agree: 49% (N=1516)
  - Disagree: 6% (N=1516)
  - Strongly Disagree: 2% (N=1516)
  - Do not know: 2% (N=1516)

Source: Participant survey
As of: 29 March 2016
Note: Includes windows 1-9
### Survey results on country team’s role

#### The country team played a helpful role in:

<table>
<thead>
<tr>
<th>Role</th>
<th>Participant feedback</th>
<th>(N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The country team’s involvement made the new funding model process better than the rounds-based system.</td>
<td><img src="chart1" alt="Bar chart" /></td>
<td>887</td>
</tr>
<tr>
<td>The inclusiveness of the country dialogue process</td>
<td><img src="chart2" alt="Bar chart" /></td>
<td>1659</td>
</tr>
<tr>
<td>The program split process</td>
<td><img src="chart3" alt="Bar chart" /></td>
<td>491</td>
</tr>
<tr>
<td>The counterpart financing and willingness-to-pay discussions</td>
<td><img src="chart4" alt="Bar chart" /></td>
<td>540</td>
</tr>
</tbody>
</table>

*Source: Participant survey*

*As of: 29 March 2016*

*Note: Includes windows 1-9*
Survey results on human rights and gender

Human rights barriers were adequately discussed and addressed

(N=1605)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>19%</td>
<td>53%</td>
<td>14%</td>
<td>11%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Gender-related rights barriers were adequately discussed and addressed

(N=1596)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>54%</td>
<td>13%</td>
<td>10%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Participant feedback (% survey respondents)

TRP feedback (% applications)

(N=1605)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>50%</td>
<td>26%</td>
<td>5%</td>
<td>8%</td>
</tr>
</tbody>
</table>

(N=1596)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>41%</td>
<td>36%</td>
<td>6%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Source: Participant survey; TRP concept note quality survey

As of: 29 March 2016

Note: Includes windows 1-9
Survey results on the national strategic plan

- **Their NSP was used as the basis for developing the concept note**
  - (N=1615)
  - Strongly agree: 55%
  - Agree: 38%
  - Disagree: 2%
  - Strongly disagree: 4%
  - Do not know: 1%

- **The NSP is aligned with current epidemiological data on the disease**
  - (N=1609)
  - Strongly agree: 46%
  - Agree: 42%
  - Disagree: 5%
  - Strongly disagree: 6%
  - Do not know: 1%

- **Activities in the NSP are costed and prioritized**
  - (N=1599)
  - Strongly agree: 38%
  - Agree: 43%
  - Disagree: 9%
  - Strongly disagree: 9%
  - Do not know: 2%

- **The NSP was developed through an inclusive process involving those affected by the disease**
  - (N=1598)
  - Strongly agree: 39%
  - Agree: 41%
  - Disagree: 7%
  - Strongly disagree: 10%
  - Do not know: 3%

Source: Participant survey

As of: 29 March 2016

Note: Includes windows 1-9
Survey results on human rights- and gender-related, key population, and health systems strengthening in programs

Approaches to addressing human rights-related barriers were adequately discussed and included in programs (N=1605)
- Strongly agree: 19%
- Agree: 53%
- Disagree: 14%
- Strongly disagree: 11%
- Do not know: 4%

Approaches to addressing gender-related barriers were adequately discussed and included in programs (N=1596)
- Strongly agree: 20%
- Agree: 54%
- Disagree: 13%
- Strongly disagree: 10%
- Do not know: 4%

Measures to improve the inclusion of key populations were adequately discussed and included in programs (N=1598)
- Strongly agree: 26%
- Agree: 56%
- Disagree: 9%
- Strongly disagree: 6%
- Do not know: 3%

Cross-cutting HSS investments were designed with the involvement of disease and HSS experts (N=1596)
- Strongly agree: 21%
- Agree: 52%
- Disagree: 9%
- Strongly disagree: 16%
- Do not know: 2%

Approaches to integrate disease programs with RMNCH were adequately discussed and included (N=1595)
- Strongly agree: 16%
- Agree: 47%
- Disagree: 16%
- Strongly disagree: 16%
- Do not know: 4%

Source: Participant survey
As of: 29 March 2016

Note: Includes windows 1-9