

Guidance Note

Multicountry Approach in the Global Fund's 2017–2019 Funding Cycle

September 2017

I. Purpose of the guidance note

This guidance note introduces the Global Fund multicountry approaches, one of the three catalytic investment modalities approved by the Global Fund Board for the 2017-2019 funding cycle. This note also provides additional details related to the application and review processes for multicountry applicants.

II. Introduction

The *Global Fund Strategy 2017-2022: Investing to End Epidemics* sets out to achieve an ambitious vision and mission through four strategic objectives: i) Maximizing impact against HIV, TB and malaria; ii) Building resilient and sustainable systems for health; iii) Promoting and protecting human rights and gender equality; and iv) Mobilizing increased resources for health.

To meet these objectives, the Global Fund Board adopted, in April 2016, a refined allocation methodology to increase impact, simplicity, flexibility and predictability of its investments. Under the refined methodology, US\$800 million was set aside for catalytic investments. Catalytic investments are in priority areas that are unable to be addressed through country allocations alone, yet deemed crucial to ensure Global Fund investments are positioned to deliver against its strategic aims.

Table 1. Overview of Board-approved catalytic investment areas 2017-2019

HIV	\$200m	Key Populations; Human Rights; Adolescent Girls and Young Women
TB	\$190m	Finding missing TB cases
Malaria	\$202m	Malaria Elimination; Drug and Long Lasting Insecticidal Net Resistance; Piloting first Malaria Vaccine
Resilient and Sustainable Systems for Health	\$166m	Program Sustainability; Service Delivery & Health Workforce; Supply Chain Strengthening; Data Systems and Use for Program Quality; Community Rights and Gender
Broader Strategic	\$42m	Prospective Country Evaluations; Emergency Fund

Furthermore, the Board identified three distinct modalities for the operationalization of catalytic investments, with the following funding split:

Table 2: Breakdown of catalytic investment funding by indicative modality

Modality	Total Funding (US\$ m)	Proportion of Funding
Matching Funds	356	44.5%
Strategic Initiatives	184	23.0%
Multicountry Proposals	260	32.5%
Total	800	100%

This guidance note focuses only on multicountry proposals.

III. Overview of multicountry approaches

The objective of multicountry approaches is to target a limited number of key, strategic multicountry priorities deemed critical to meet the aims of the Strategy and not able to be addressed through country allocations alone.

During the 2014-2016 funding cycle the Global Fund made a distinction between multicountry grants (typically groups of Small Island economies funded through country allocations) and regional grants (which brought together a number of countries and were funded through a separate pool of funds). For the 2017-2019 cycle, multicountry is now used to refer to both types of grants.

After extensive consultations involving key partners (including WHO, Stop TB, UNAIDS, Roll Back Malaria and other stakeholders), the following strategic priorities were approved by the Board for multicountry catalytic investment funding:

Table 3: Multicountry strategic priorities for 2017-2019 funding cycle

Component	Multicountry strategic priorities	Funding (US\$ M)
Malaria	Malaria elimination in low burden countries	145
TB	Finding the missed People with TB	65
HIV	Sustainability of services for key populations	50
TOTAL		260

IV. Multicountry strategic priorities by disease component

Malaria

Three priority regions have been identified for malaria multicountry investments, with the aim to support the global technical strategy goal of eliminating malaria in low burden countries.

Priority 1: Elimination of malaria in Mesoamerica and Hispaniola

The aim of this priority is to support the global technical strategy goal of eliminating malaria in nine countries in Mesoamerica and Hispaniola: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Dominican Republic and Haiti.

The designated ceiling amount for this priority is US\$6 million.

Priority 2: Elimination of malaria in South Africa

The aim of this priority is to support the global technical strategy goal of eliminating malaria in low burden countries in Southern Africa: four front-line countries (South Africa, Botswana, Swaziland, and Namibia) and four second-line countries (Angola, Mozambique, Zambia and Zimbabwe).

The designated ceiling amount for this priority is US\$20 million.

Priority 3: Elimination to address multi-drug resistance in the Greater Mekong

The aim of this priority is to support the elimination of malaria drug resistance in the Greater Mekong region. Funds will serve to support interventions in the following countries eligible for Global Fund investments: Myanmar, Thailand, Laos, Cambodia and Vietnam.

The ceiling amount for this priority is US\$119 million. This has been designated to the Regional Steering Committee for the Regional Artemisinin Initiative (RAI) grant¹.

¹ RAI Funding Request was presented to TRP in Window 1 (April 2017) and therefore is not within the scope of this Guidance Note.

Tuberculosis

TB related issues and challenges often cut across country boundaries and require a coordinated, multicountry effort. While finding the missed people with TB is the overall priority for TB, it is critical to tailor multicountry responses so they address regional gaps through a strategic, evidence-based approach, aligned with existing regional priorities and mechanisms.

Taking into consideration the epidemiological context within high burden and high impact settings, Challenging Operating Environments and countries in process of transitioning from Global Fund financing, the following priorities were identified:

Priority 4: TB in Mining

The aim of this priority is to support a reduction in the TB burden among mineworkers and ex-mineworkers in Southern Africa by focusing on universal screening, continuity of treatment, promoting awareness, coordinating regional efforts and providing informed policy development inputs.

This priority will focus on the following countries (but is not limited to): Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe.

The designated ceiling amount for this priority is US\$22.5 million.

Priority 5: Supranational labs in Eastern and Southern Africa

The aim of this priority is to provide service quality and diagnostic capacity of eighteen national reference laboratories to better support in-country TB laboratories, and build a regional network of national TB reference laboratories for inter-state laboratory quality assurance and management in the Eastern and Southern Africa countries.

The designated ceiling amount for this priority is US\$4.5 million.

Priority 6: Improving quality of care and prevention for MDR-TB in Eastern Europe

The strategic direction and best possible approach for interventions in the Eastern Europe and Central Asian region for the 2017 -2019 funding cycle remains to be determined by the Secretariat in collaboration with partners.

The designated ceiling amount for this priority is US\$5 million

Priority 7: Support LAC countries transitioning from Global Fund financing

The aim of this priority is to lay the groundwork for the improvement in national TB responses as part of a transition process in Latin America and the Caribbean (LAC) and aim to:

- a) Boost resources mobilization (national and/or external);
- b) Strengthen advocacy;
- c) Improve coordination and avoiding efforts duplication; and
- d) Strengthen community participation and community monitoring and mobilization.

The designated ceiling amount for this priority is US\$4.5 million.

Priority 8: Interventions among refugees in Eastern Africa

The aim of this priority is to address the growing need for TB/HIV services among the refugee populations in Eastern Africa.

The designated ceiling amount for this priority is US\$7.5 million.

Priority 9: Supranational laboratory in Western and Central Africa

The aim of this priority is to improve service quality and diagnostic capacity of a supranational laboratory in Western and Central Africa to support national reference laboratories and build a regional network of TB laboratories to improve laboratory quality assurance and capacity building in the region.

The designated ceiling amount for this priority is US\$6 million.

Priority 10: TB/MDR-TB interventions among mobile populations in Asia

The aims of this priority are to strengthen service delivery intervention for early diagnosis and effective treatment of TB and MDR-TB among cross-border migrants, including pre-departure and arrival screening, and to strengthen laboratory capacities, patient referral and follow-up for treatment completion and community engagement.

This strategic priority will be achieved through two streams:

- The first one focuses on covering countries hosting and repatriating Afghan refugees (mainly Afghanistan, Pakistan, and Iran). The designated ceiling amount for this priority is US\$5 million.
- The second one focuses on addressing the increasing problem of TB/MDR-TB related to cross-border and migration in the Greater Mekong sub-region which encompasses Cambodia, the Lao People's Democratic Republic, Myanmar, Thailand and Vietnam. The grant is also open to other relevant countries. The designated ceiling amount for this priority is US\$10 million.

HIV

The HIV priority focuses on sustainability of services for key populations, aimed specifically at: strategically supporting the development, innovative delivery of services and sustainability of community-led service delivery and monitoring through;

- a) Supporting regional advocacy;
- b) Addressing legal barriers to access to services; and
- c) Laying the groundwork for continuity of services as part of a transition process.

Based on criteria such as key population prevalence data, decrease in allocation and proximity to transition, the following geographical regions were identified to receive HIV multicountry catalytic funding:

- Latin America and Caribbean (LAC) region;
- Eastern Europe and Central Asia (EECA) region;
- South East Asia (SE Asia) region; and
- Middle East and North Africa (MENA) region.

A consultation process to identify gaps and lessons learned on national and regional investments will be conducted and appropriate interventions will be suggested per region to meet the strategic priority of sustainability of services for key populations.

Priority 11: Sustainability of services for key populations in LAC region

The designated ceiling amount for this priority is US\$17 million.

Priority 12: Sustainability of services for key populations in EECA region

The designated ceiling amount for this priority is US\$13 million.

Priority 13: Sustainability of services for key populations in South East Asia region

The designated ceiling amount for this priority is US\$12.5 million.

Priority 14: Sustainability of services for key populations in MENA region

The designated ceiling amount for this priority is US\$7.5 million.

V. Applying for multicountry funding

As per guidance from the Global Fund Strategy Committee, for some priority areas applicants will be pre-identified and for other priority areas there will be a competitive process.

Pre-identified applicants

Once an applicant is pre-identified, the Global Fund Secretariat will invite them to develop a comprehensive funding request that specifically addresses the approved priority area and regional focus.

Priority areas with pre-identified applicants

Disease	Priority area	Application approach	Expected submission timing	Expected number of grants
Malaria	Elimination of malaria in Mesoamerica and Hispaniola	Pre-identified	Aug 2017	1
	Elimination of malaria in South Africa	Pre-identified or RFP (<i>tbc in Q1 2018</i>)	April 2018 or later	1-2
	Elimination of malaria multi-drug resistance (RAI)	Pre-identified	completed	1
TB	TB in Mining	Pre-identified	Aug 2017	1
	Supranational Labs in Eastern and Southern Africa	Pre-identified	April 2018	1

Competitive application process: Request for Proposal

For priority areas with a competitive application process, a Request for Proposal (RFP) will be published on the Global Fund website. These RFPs will include specific Terms of Reference (TORs) that the applicant will need to address in their funding request. RFPs will be published 4 to 6 months prior to the expected submission window in order to allow for robust regional dialogue.

The Technical Review Panel will assess all funding requests that meet minimum application and eligibility criteria, and will identify the strongest proposal(s) that aligns with the TORs for each priority area. The expected number of grants for each priority area has been defined and potential applicants are encouraged to work together to jointly present a comprehensive and compelling proposal that fully meets the TORs.

Priority areas with competitive application process

Disease	Priority area	Application approach	TORs defined	Expected submission timing	Expected number of grants
Malaria	Elimination of malaria in South Africa	Pre-identified or RFP (<i>tbc in Q1 2018</i>)	Q1 2018	April 2018 or later	1-2
TB	Improving the quality of care and prevention for MDR-TB in Eastern Europe	RFP	Q4 2017	April 2018	1
	Support LAC countries transitioning from GF TB financing	RFP	Q4 2017	April 2018	1
	Interventions among refugees in Eastern Africa	RFP	Q4 2017	April 2018	1
	Supranational laboratory in Western and Central Africa	RFP	Q4 2017	April 2018	1
	Interventions among migrant and mobile population in Asia (1) (2)	2 RFPs	Q4 2017	April 2018	2
HIV	Sustainability of services for key populations in LAC region (1) (2)	2 RFPs	Q4 2017	April 2018	2-3
	Sustainability of services for key populations in EECA region	RFP	Q3 2017	February 2018	1-2
	Sustainability of services for key populations in SEA region	RFP	Q4 2017	April 2018	1
	Sustainability of services for key populations in MENA region	RFP	Q4 2017	April 2018	1

Review and approval

The submitted funding requests should specify the current Global Fund's grants in the participating countries and explain how the multicountry program will be complementary to them.

All funding requests from multicountry applicants will need to include a strong evaluation framework to assess progress against milestones and continued relevance of strategic focus and impact, as well as upfront transition planning to underpin sustainability of investments.

Following a similar process used for country allocations, the Technical Review Panel (TRP) will review the funding requests and any prioritized above allocation request for strategic focus, technical soundness and potential for impact. The TRP will also provide recommendations and guidance to the successful applicants for consideration during grant-making and/or implementation, to maximize impact of the multicountry investments. The Grant Approvals Committee will review and confirm investments in multicountry approaches based on TRP recommendations.

For more information on each of the multicountry priority areas please contact the following Secretariat focal points.

Disease	Priority	Secretariat Contacts
Malaria	Elimination of malaria in Mesoamerica and Hispaniola	Annelise Hirschmann. (Annelise.Hirschmann@theglobalfund.org)
	Elimination of malaria in South Africa	Michael Byrne (Michael.Byrne@theglobalfund.org)
	Elimination of malaria multi-drug resistance (RAI)	Urban Weber (Urban.Weber@theglobalfund.org)
TB	TB in Mining	Michael Byrne (Michael.Byrne@theglobalfund.org)
	Supranational Labs in Eastern and Southern Africa	Linden Morrison (Linden.Morrison@theglobalfund.org)
	Improving the quality of care and prevention for MDR-TB in Eastern Europe	Dumitru Laticevschi (Dumitru.Laticevschi@theglobalfund.org)
	Support LAC countries transitioning from GF TB financing	Annelise Hirschmann. (Annelise.Hirschmann@theglobalfund.org)
	Interventions among refugees in Eastern Africa	Linden Morrison (Linden.Morrison@theglobalfund.org)
	Supranational laboratory in Western and Central Africa	Tina Draser (Tina.Draser@theglobalfund.org)
	Interventions among migrant and mobile population in Asia	Luca Occhini (Luca.Occhini@theglobalfund.org) Urban Weber (Urban.Weber@theglobalfund.org)
HIV	Sustainability of services for key populations in LAC region	Annelise Hirschmann. (Annelise.Hirschmann@theglobalfund.org)
	Sustainability of services for key populations in EECA region	Dumitru Laticevschi (Dumitru.Laticevschi@theglobalfund.org)
	Sustainability of services for key populations in SEA region	Luca Occhini (Luca.Occhini@theglobalfund.org)
	Sustainability of services for key populations in MENA region	Joseph Serutoke (Joseph.Serutoke@theglobalfund.org)

For questions on the process please contact AccessToFunding@theglobalfund.org

VI. References

[The Global Fund Strategy 2017-2022²](#)

[GF/B35/05 - Allocation Methodology 2017-2019³](#)

[GF/B36/04 – Catalytic Investments for the 2017-2019 Allocation Period⁴](#)

² https://www.theglobalfund.org/media/2531/core_globalfundstrategy2017-2022_strategy_en.pdf

³ https://www.theglobalfund.org/media/4224/bm35_05-allocationmethodology2017-2019_report_en.pdf

⁴ https://www.theglobalfund.org/media/4258/bm36_04-catalytic-investments_report_en.pdf