
Funding Request

Instructions

Allocation Period 2020-2022

TABLE OF CONTENTS

Introduction.....	2
Part I: Getting Started.....	3
Part II: Completing the Funding Request Form.....	5
Summary Information	5
1. Investing to Maximize Impact to End the Epidemics	6
2. Epidemiological Contextual Updates	6
3. National Policies and Strategies: Revisions and Updates.....	7
4. Opportunities for Integration	8
5. Promote and Protect Human Rights and Gender Equality	9
6. Effectiveness of Implementation Approaches	9
7. Co-financing	10
8. Projected Need for Material Grant Revisions	11
9. Matching Funds (if applicable)	11
Part III: Additional Documents Included with the Funding Request.....	11
Programmatic Gap Table(s)	11
Funding Landscape Table(s).....	12
Performance Framework and Budget	12
Prioritized Above Allocation Request (PAAR).....	12
Implementation Arrangement Map.....	13
Essential Data Table(s)	13
CCM Endorsement of Funding Request	14
CCM Statement of Compliance	14
Health Product Management Tool (HPMT).....	15
List of Abbreviations and Annexes.....	16

Introduction

These instructions guide applicants how to complete the Program Continuation funding request form. This streamlined approach enables the continued implementation of Global Fund-supported grants for the next funding cycle under a similar strategic approach and programmatic interventions as the current grants. The purpose of this funding request is for applicants to provide the justification for the continuation of these grants.

The decision to apply for a program continuation should be made through inclusive engagement with key and vulnerable populations, and should be supported by program reviews, assessments and epidemiological data where possible. Applicants should identify potential opportunities for programmatic improvements throughout the grant lifecycle. Responses to questions should be brief and clearly demonstrate how current investments are in line with the country's national strategy and are designed to maximize impact. Reference to supporting documents and evidence is strongly encouraged.

The submitted funding request will be reviewed by the Technical Review Panel (TRP)¹ that will assess strategic focus and technical soundness. Once final grants are Board-approved, the Global Fund may publish or share information submitted as part of funding requests.

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

For questions, contact accesstofunding@theglobalfund.org

¹ The Technical Review Panel is the independent panel of experts that reviews all funding requests.

Part I: Getting Started

Complete Application

Mandatory documents to be submitted with this funding request are listed in **Annex 1** of the funding request form. The Global Fund's TRP will only review complete application packages².

Use of Existing Country Documentation

The funding request encourages the use of existing country documentation, for example, National Strategic Plans (NSPs), to avoid duplication of information. Applicants are requested to reference relevant country-specific documents to avoid repeating information in the narrative. See the detailed guidance in **Part II** of these instructions.

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

Page Recommendations

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

Timing of Submission and Implementation Periods

The allocation period refers to the period when eligible countries can apply for and access their allocation funding. The allocation for eligible components can be accessed once per allocation period for each component³. For the next allocation period (2020-2022), grants will need to be Board-approved by the end of 2022. The period during which an allocation for an eligible component can be used is known as the allocation utilization period (AUP). Grant implementation periods should typically be aligned with the AUP.

Grants are expected:

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

Submitting the Application

The Global Fund communicates the country allocation amount and recommended application approach in the allocation letter shared in December 2019. Applicants identified for the program continuation application approach have the option to opt-in to Full Review. Applicants will receive the appropriate application form and attachments from the Global Fund Country Team.

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

² For applicants that are classified as Challenging Operating Environments, the [Challenging Operating Environment Operational Policy Note](#) indicates some flexibilities regarding funding request submission and provides the possibility to request to waive the submission of some requested documents.

³ Subject to limited exceptions.

Joint Funding Request

The Global Fund encourages applicants with more than one eligible component to submit a joint funding request. This joint funding request enables applicants to present (i) how the allocation is invested in a comprehensive way to address more than one disease and relevant health system issues, and (ii) how the request maximizes synergies between programs. It may include two or more components, for example, a funding request combining all three diseases and resilient and sustainable systems for health (RSSH) investments, or combining TB and RSSH, or combining HIV and TB, and so on. Countries with a high co-infection burden of TB and HIV are required to submit a joint TB/HIV funding request^{4,5}, as indicated in the allocation letter.

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

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

Translation of Documents

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

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

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.

Flexibilities for Countries Classified as Challenging Operating Environments (COEs)

Many countries face emergencies and systemic challenges which impact their health system⁶. These countries are strongly encouraged to describe challenges and fragilities that need to be taken into consideration during program(s) design and implementation. Additional flexibilities, including tailored approaches and waiver to certain requirements in the funding request process, may be granted to portfolios facing these challenges. Applicants can consider the following COE characteristics:

⁴ The purpose of joint TB and HIV programming is to maximize the impact of Global Fund and other investments for better health outcomes. These programs will require financing for cross-cutting areas such as the removal of human rights-related and gender-related barriers to TB and HIV services, building health systems through more effective use of health information, coordinating health personnel and commodities in the course of targeted scale-up of integrated TB and HIV services and so on.

⁵ Countries with a high co-infection burden of TB and HIV include: Angola, Botswana, Cameroon, Central African Republic, Chad, Congo, Congo (Democratic Republic), Ethiopia, Eswatini, Ghana, Guinea-Bissau, India, Indonesia, Kenya, Lesotho, Liberia, Malawi, Mozambique, Myanmar, Namibia, Nigeria, Papua New Guinea, South Africa, Tanzania (with Zanzibar), Thailand, Uganda, Zambia, and Zimbabwe.

⁶ These challenges are further described in the [Challenging Operating Environment Operational Policy Note](#).

Acute or Protracted Emergency	Chronic Instability
<ul style="list-style-type: none"> • Ongoing humanitarian crises due to armed conflict, emerging disease threats or outbreaks or natural disasters. • Accessibility challenges due to insecurity • Volatile security situation, with large numbers of internally displaced persons and/or refugees or other persons of concern • Health system significantly destroyed or overwhelmed by crisis • Major constraints to accessing certain areas and populations due to crisis • Rapidly evolving contexts, hence significant challenges with data accuracy, timeliness and availability • Disease strategic plans not available or not timely updated due to the context and evolving epidemiology • CCM is not functional or is not well placed to coordinate country disease response in the crisis. • National entities may lack legitimacy, and capacity to implement including insufficient systems for adequate fiduciary control and accountability 	<ul style="list-style-type: none"> • Prolonged and struggling rehabilitation from humanitarian crises due to armed conflict, emerging disease threats or outbreaks or natural disasters. • Unstable security situation fraught with periodic political strife, governance change or weak leadership affected by localized conflicts • Track records of low capacity of national entities in program implementation and weak performance, as well as low service coverage level • Protracted economic crisis, low political will, and high levels of corruption • Weak health system and/or in the process of rehabilitation • Weak national health accounts and weak data collection and analysis or not fully established • Limited quality of disease strategic plans • Coordination is led by a provisional stakeholder coordination forum; or CCM was only recently revived, or has long-standing challenges with respect to leadership, inclusiveness and transparency of decision-making

Part II: Completing the Funding Request Form

A broad range of groups responding to and affected by the diseases should be engaged in on-going country dialogue to ensure investments in the fight against the three diseases are delivering the needed impact.

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

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

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

Summary Information

This information is used for data purposes:

Section	Requested Information
Country(s)	Country of funding request (or list of countries, if multicountry request).
Component(s)	Component of the funding request (or components, if joint funding request).
Planned grant(s) start date(s)	Projected start date for the grant(s).
Planned grant(s) end date(s)	Projected end-date for the grant(s).
Principal Recipient(s)	The entity or entities nominated by the applicant to implement the program.
Currency	Relevant currency as per the allocation letter; indicate Euro or US dollar.

Allocation funding request amount	Amount requested from the allocation. The amount entered should be consistent across all application documents and in line with the program split submitted by the CCM and confirmed by the Global Fund.
Prioritized above allocation request (PAAR) amount	PAAR is explained in Part III: ADDITIONAL DOCUMENTS INCLUDED WITH THE FUNDING REQUEST . The amount entered should be consistent across all application documents
Matching funds request amount	Matching Funds are explained in Question 9 . The amount entered should be consistent across all application documents

1. Investing to Maximize Impact to End the Epidemics

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

Applicants are requested to assess if the overall strategic approach and programmatic interventions of current Global Fund grant(s) are still the most cost-effective to maximize impact and should continue for an additional three years. When responding to this question, applicants should use evidence to justify the continuation and potential enhancements to the program.

This assessment should include:

- Contextual information and programmatic performance, financial absorptive capacity, program evaluations, and inputs from technical partners.
- If the on-going program interventions continue to be strategically focused and if the program is on track to achieve results and impact.
- Information on how impact is being assessed and measured.
- A description of lessons learned during the current grant

Considerations regarding contextual factors, such as acute emergencies or chronic instabilities⁷ for countries classified as challenging operating environments, should be explained.

2. Epidemiological Contextual Updates

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

Applicants are requested to describe any significant changes in the country's epidemiological context since the last funding request. This response should be based on all available data, including:

- Important changes in trends in incidence/notification rates or prevalence;
- Key social, structural and behavioural drivers of the epidemics;
- Changes in human rights and gender-related barriers and inequities;
- Drug/insecticide resistance; and
- Coverage of interventions in the general population and specific key and/or vulnerable populations.

The response should address:

- How these changes affect the overall strategic approach and the key programmatic interventions that are requested to be continued (if they are affected, applicants are requested to use the Full Review application approach); and
- What minor programmatic adjustments have been made or are planned to address changes in the epidemiological context.

⁷ Refer to Annex 1 within the [Challenging Operating Environment Operational Policy Note](#) for a full description of elements of acute/protracted emergencies or chronic instabilities.

For example, a different investment might be needed to address significant changes in the legal, political and socio-economic environment, such as criminalized same-sex relationships.

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

- **RSSH:** If available, the country funding landscape reflecting different components of the health systems alongside the technical assistance provided by different development partners, for better understanding of overall in-country health systems investments and involvement.
- **HIV:** Discriminatory attitudes towards people living with HIV; Avoidance of health care because of stigma and discrimination for: sex workers, men who have sex with men, PWID, and transgender people; prevalence of recent intimate partner violence; demand for family planning satisfied by modern methods; knowledge about HIV prevention among young people (15-24); disaggregation by age and sex, and age/sex (especially for PLHIV, new HIV infections, AIDS-related deaths); percentage of new and relapse TB patients recorded as HIV-positive; disaggregation of treatment success by sex.
- **Tuberculosis:** percentage of new and relapse TB patients recorded as HIV-positive; treatment success rates (new cases, HIV-positive TB cases, MDR-TB cases) disaggregated by sex.
- **Malaria:** Population at risk and cases / deaths 2010-2017; reported cases by species 2010-2017; reported cases by method of confirmation 2010-2017; commodities distribution and coverage 2015-2017; funding 2015-2017; policy adoption dates; drug policy 2017; annual blood examination rate; percentage of women attending antenatal care; proportion of cases investigated and classified; proportion of foci investigated and classified.

3. National Policies and Strategies: Revisions and Updates

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

Applicants are requested to provide information about revisions and updates to national policies, strategies or technical approaches as a result of new normative guidance and reflect on whether this would require changes in the program.

For example, changes in normative guidance for respective disease programs (such as, short-term MDR TB treatment regimen, new formulations for paediatric TB treatment, HIV “treat all”) may require adjustments in national approaches and in Global Fund investments. It is possible that these changes can be addressed within the on-going program, without changing the overall scope and program strategy, and without requiring significant reprioritization of funding, reduction of targets or reducing investments in programs for key and/or vulnerable populations, however this would need to be undertaken thoughtfully. It is also possible that a material program revision would be more beneficial than program continuation. This would require the applicants to use the Full Review approach.

While currently valid national strategy documents should be the basis for funding requests to the Global Fund, applicants are encouraged to align with global disease strategies and priorities.

Applicants should additionally indicate if a roadmap for Universal Health Coverage has been elaborated in-country and indicate linkages and degree of alignment with the current program.

Select ‘Yes’ if important new normative guidance and technical approaches have been adopted in the relevant national disease program since the last funding request was submitted. Where there have been significant changes, applicants are requested to assess if this would require a material change in the programming funded by Global Fund investments. If there is need to make major changes to the overall

strategic approach and key programmatic interventions to maximize impact, the Full Review application approach would be more suitable.

Select **'No'** if no significant revisions or updates in normative guidance and technical approaches affecting national disease programs have occurred since the last funding request was submitted. This response also applies if (i) the new national strategies and/or investment cases informing Global Fund supported programs have been developed but remain consistent with existing normative guidance and technical approaches, and (ii) continues to indicate that the overall strategic approach and the key interventions being funded are still valid. The applicant is then requested to summarize:

- When new normative guidance or technical approaches were most recently adopted;
- If the update to national policies and strategies to incorporate changes to normative guidance was more than three years ago, when any new updates are planned; and
- Whether programmatic adjustments to address new normative guidance or technical approaches have been made in Global Fund supported programs during the current implementation or are planned.

4. Opportunities for Integration

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

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

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

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

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

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

Additional guidance and can be found in [RSSH Information Note](#)

5. Promote and Protect Human Rights and Gender Equality

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

Select 'Yes' if the current program does not include relevant, quality and effective Global Fund investments in human rights and gender equality to maximize impact. If changes are needed to improve impact, applicants should indicate if these changes can be addressed during grant-making and/or grant implementation. The Full Review application approach would be more suitable if: major changes are needed to (i) address human rights and gender-related barriers and inequities to services, and (ii) ensure appropriate focus on interventions for key and vulnerable populations.

Select 'No' if the program ensures relevant, quality and effective Global Fund investments in human rights and gender equality and appropriate focus on interventions that respond to key and/or vulnerable populations. The applicant response should refer to evidence of the relevance, quality or effectiveness of the Global Fund investment in these areas and indicate what limited changes would further strengthen the program.

For both 'Yes' and 'No' responses, applicants are encouraged to consider community system strengthening needs, human rights and gender-related barriers and inequities to services; increasingly involving communities in service delivery and monitoring; and proposing new actions to advance gender equality and human rights.

6. Effectiveness of Implementation Approaches

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

Select 'Yes' if the current implementation arrangements are sufficiently effective to deliver on program objectives. Applicants should consider the following in their response:

1. How will program performance be maintained or enhanced?
The CCM could decide to keep arrangements as they are or, for example, further rationalize implementation arrangements by reducing the number of grants for better coordination, oversight and integration of services. Alternatively, the CCM could explore whether the Payment for Results modality would drive greater effectiveness (see below).
2. Have any identified/expected risks been taken into consideration?
3. Are there any anticipated risks that may negatively affect the broader health system? If so, what mitigating actions have been put in place?

Select 'No' if the current implementation arrangements need a significant shift to ensure effectiveness in delivering on program objectives. Applicants should consider the following in their response:

1. What changes are needed to improve the program's efficiency and effectiveness, and can these changes be addressed in the current implementation period, or during grant-making or grant implementation for the next period?
2. Have any identified/expected risks been taken into consideration? What mitigating actions have been put in place?
3. Are there any anticipated risks that may negatively affect the broader health system? If so, what mitigating actions have been put in place?

If significant changes in implementation arrangements need to be made, applicants are requested to explain how and when these changes will take place.

For applicants in challenging operating environments, it is strongly recommended to detail how the proposed implementation arrangements are designed and adapted to work within the unique country/regional context, considering challenges and fragilities.

Payment for Results

The Global Fund supports differentiated grant management models to maximize programmatic performance, incentivize innovations and advance sustainability of the country's responses. The Payment for Results approach has the potential to significantly shift the dynamics of program implementation. The modality is to be considered when the expected changes in dynamics based on the specific country or epidemiological

contexts will result in **increased effectiveness** of the program and ultimately **maximized impact** of the investment towards national health outcomes or specific health program area outcomes. The scope and actual architecture will be then designed linking to impact and health outcomes rather than inputs, enhancing country leadership in the response against the diseases, paving the way for smooth and successful sustainable responses and transitions. It prioritizes strategic engagement in support of national program priorities. The Payment for Results model is to be discussed and agreed with the Country Team at the time of designing the funding request.

Applicants that will continue to use the Payment for Results approach should explain how the program in this funding request will continue to achieve the defined performance indicators or milestones.

7. Co-financing and Sustainability

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

Financial commitments from domestic sources must play a key role in delivering national strategies to achieve lasting impact and long-term sustainability in the fight against the three diseases. While the Global Fund allocates funding to most eligible countries, these resources only cover a part of a technically sound response that scales service provision to control and eliminate the three diseases. It is therefore critical to assess how the requested funding fits within the overall funding landscape, including domestic and other donor funding, and how the national government plans to increase resources for the national disease program and health system during the implementation period.

Applicants are requested to provide an update on any significant changes in domestic or external financing that might have significant impact on the program's effectiveness and sustainability. In particular, briefly describe:

- Trends and actions for increasing government expenditure on health to meet universal health coverage goals and objectives.
- Key programmatic areas that will be supported by domestic co-financing, especially those related to key and/or vulnerable populations, and the removal of human rights and gender-related barriers and inequities.
- If government commitments for the 2017-2019 allocation period have been fully realized.
- If government commitments for the 2020-2022 allocation period meet minimum co-financing requirements as per the [Sustainability, Transition, and Co-Financing of Programs Guidance Note](#) and as outlined in the allocation letter.

It is essential to identify alternate sources of funding for program continuation activities if the Global Fund allocation decreases.

In addition, in line with the Global Fund's [Sustainability, Transition, and Co-Financing of Programs Guidance Note](#), disease programs in all upper-middle income countries, regardless of disease burden, and all lower-middle countries with low disease burden are encouraged to integrate transition preparedness considerations into their funding requests.

While these disease components may be many years away from full transition from Global Fund funding, preparing early is essential. For this reason, program continuation applicants are requested to highlight challenges related to sustainability and describe how the country plans to address them. In answering this question, applicants are asked to consider:

- How national authorities will progressively absorb key costs of national disease plans that are currently funded by the Global Fund, and describe how these will be sustained beyond Global Fund funding;
- How co-financing commitments will specifically address activities that increase transition preparedness; and
- How the government will work to attract and secure additional funding to ensure sufficient support for key interventions.

8. Projected Need for Program Revisions (Reprogramming)

The application stage is not the only opportunity to identify program changes. Program revisions (reprogramming) of Global Fund grants can take place at any time during the grant-life cycle so the program can further improve on delivering results and achieving highest impact immediately after new information or technologies become available. Applicants are encouraged to identify opportunities for adjustments during grant-making and grant implementation.

In this section, applicants should indicate key timing for the program and NSP evaluations/reviews, outcomes of surveys, or any other relevant information that may inform the potential need for program revisions until the expected end of the new grant(s).

9. Matching Funds (if applicable)

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

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

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

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

Part III: Additional Documents Included with the Funding Request

Programmatic Gap Table(s)

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

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

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

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

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

Detailed guidance to fill in the table(s) can be found in the [Programmatic Gap Table Excel file](#). For disease components, this guidance includes a comprehensive list of priority modules from which applicants may choose. It is important to note that for HIV and malaria, the Excel file includes both standard and customized gap tables for specific modules, to accommodate for variations in the way gaps are quantified across modules.

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

Funding Landscape Table(s)

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

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

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

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

Performance Framework and Budget

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

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

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

Prioritized Above Allocation Request (PAAR)

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

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

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

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

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

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

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

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

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

Implementation Arrangement Map

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

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

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

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

Essential Data Table(s)

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

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

Applicants are encouraged to review the pre-filled data and update/correct it accordingly to better inform the narrative in the funding request. Applicants are also encouraged to add additional relevant data in the country context section of the funding request, as described in the *Instructions* for question 2.

CCM Endorsement of Funding Request

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

CCM members unable to sign the endorsement of the funding request may send an endorsement email to their CCM Secretariat to be submitted to the Global Fund as an attachment.

In cases where a CCM member is unwilling to endorse the funding request, that member should inform the Global Fund in writing (AccessToFunding@theglobalfund.org) stating the reason for not endorsing the funding request, so the Global Fund can understand the member's position.

CCM Statement of Compliance

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

CCM Eligibility Requirements:

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

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

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

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

Requirement 1: Funding Request Development Process

The development of the funding request needs to be an open, transparent and inclusive process which engages a broad range of stakeholders, in particular key populations. The Global Fund requires all CCMs to:

- a. Coordinate the development of all funding requests through transparent and documented processes that engage a broad range of stakeholders—including CCM members and non-members⁸ representing disease-specific and cross-cutting perspectives (such as RSSH, human rights, M&E, Procurement and Supply Chain Management, RMNCH) –in the solicitation and the review of activities to be included in the application.
- b. Clearly document efforts to engage key and vulnerable populations in the development of funding requests.

⁸ Non-CCM members refer to all relevant stakeholders who may not be represented on the CCM but are part of the national disease or overall health sector response.

For this requirement, CCMs need to clearly demonstrate that there has been meaningful engagement of key populations during the funding request development process and be able to provide documentation supporting their response.

Requirement 2: Principal Recipient Nomination and Selection Process

The Global Fund requires all CCMs⁹ to:

- a. Nominate one or more PR(s) at the time of submission of their application for funding¹⁰,
- b. Document a transparent process for the nomination of all new and continuing PRs based on clearly defined and objective criteria.
- c. Document the management of any potential conflicts of interest that may affect the PR nomination process.

For this requirement, CCMs must be able to demonstrate that PR nomination was undertaken through a transparent decision-making process for each PR (including cases where an existing PR has been re-selected) and show evidence that any actual or potential conflict of interest was managed.

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

Compliance with Application Focus Requirements:

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

Health Product Management Tool (HPMT)

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

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

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

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

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

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

⁹ Except in some cases where the Global Fund's [Additional Safeguard Policy](#) is applied.

¹⁰ In exceptional circumstances, the Global Fund will directly select PRs for the CCM. These circumstances include where countries are under the Additional Safeguard Policy (ASP) or undergoing an investigation by the Office of the Inspector General.

List of Abbreviations and Annexes

Applicants should use the list of abbreviations and annexes to:

- List uncommon or country-specific abbreviations and acronyms used in the application; and
- List all supporting documentation relevant to the funding request.

In the list of annexes, the additional supporting documents should be clearly named and numbered, and the exact page reference should be noted. In case documents are publicly available online, applicants are recommended to provide corresponding web links, to limit the number of documents attached to the funding request.