Funding Request

Instructions

Allocation Period 2020-2022

Tailored for Focused Portfolios

TABLE OF CONTENTS

Introduction

These instructions guide applicants how to complete the Tailored for Focused Portfolios funding request form. This application approach is for countries categorized as Focused portfolios as per the Global Fund differentiation framework[1].

The development of this funding request should build on the most recent data available and should be aligned with prioritized country needs and guided by relevant National Strategy Plan(s) (NSPs), program reviews, assessments, and other national documents, as indicated in these *Instructions* and the funding request form.

The submitted funding request will be reviewed by the Technical Review Panel (TRP)[2] 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.

For questions, please contact accesstofunding@theglobalfund.org

[1] See portfolio categorization in the Operational Policy Manual.
[2] 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 the funding request are listed in **Annex 1** of the funding request form. The Global Fund's TRP will only review complete application packages[3].

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 each section 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 the 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 component[4]. 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 application approach in the allocation letter shared in December 2019. Applicants will subsequently 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).

[3] 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.
[4] Subject to limited exceptions.

Joint Funding Requests

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 tuberculosis (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[5,6], as indicated in the allocation letter.

For focused portfolios, joint funding requests with a single Principal Recipient are particularly relevant, given the size of the allocations. To ensure streamlining of programs and increasing impact of investments in focused portfolios and to enhance coordination in the fight against HIV, TB and malaria, the Global Fund may request that applicants submit a joint funding request, including two or more components, as specified in the allocation letter.

Engagement of all relevant stakeholders for the development of the joint funding request should 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 could 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.

> **NOTE:** Where an applicant is eligible for more than one disease component, and one component receives **transition funding** and the other does not, the applicant is encouraged to submit the joint funding request using the **Tailored for Transition** 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 submitted in French or Spanish. Supplementary attachments can be submitted in the documents' original language but translation by the Global Fund will be limited to specific sections, within reason.

As the Secretariat cannot ensure translation of 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.

[5] 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.

[6] 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.

Flexibilities for Countries Classified as Challenging Operating Environments (COEs)

Many countries face emergencies and systemic challenges which impact their health system[7]. These countries are strongly encouraged to describe in the Summary of Country Context (Section 1) the challenges and fragilities that need to be taken into consideration during program(s) design and implementation. Flexibilities such as waiving certain requirements in the funding request process may be granted to portfolios facing these challenges. Applicants can consider the following COE characteristics:

Acute or Protracted Emergency	Chronic Instability
• 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.	• 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. This dialogue is essential to develop a successful funding request for the Global Fund.

The priorities in this funding request should be based on existing national strategies (for example, 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 (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 through Global Fund Investments
- 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

[7] These challenges are further described in the Challenging Operating Environment Operational Policy Note.

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(s).
Currency	Relevant currency as per the allocation letter; indicate Euro or US dollar.
Allocation funding request amount	Amount requested from the allocation. The amount entered should be consistent across all application documents and in line with the program split submitted by the 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 **Section 1.2** of the instructions. The amount entered should be consistent across all application documents.

Section 1: Funding Request and Prioritization

The funding request should be aligned with prioritized country needs, guided by the following documents: the National Strategic Plan (NSP) and/or National Health Plan (NHP), transition workplan (if available), analysis of transition readiness/sustainability plans (if available), program reviews and assessments, and evaluations of the Global Fund's investments. It should also be supported by in-country data and technical guidance that provide a strong rationale for the prioritized areas. It should describe how the implementation of the resulting program will contribute to achieving long-term impact against the diseases.

While describing the country or epidemiological context applicants are encouraged to use 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.

1.1 . Overall Context and Funding Priorities

Recommended length for Section 1.1 : **approximately 10 pages (or more for joint applications).**

a) Country Context

The applicant must present an overview of the health system and disease situation, which may include trends in prevalence and incidence, and key drivers. This high-level summary explains crucial elements of the country's context that informed the development of this funding request, which is requested in question 1b.

The following elements should be addressed in the response:

- The epidemiological context and other relevant disease-specific information;
- Information on disease-specific and overall health systems, along with the linkages between them;
- Relevant key and/or vulnerable populations;
- Human rights, gender and age-related barriers and inequities in access to services;
- Socio-economic, geographic and other barriers and inequities in access to health services;
- Community responses and engagement; and
- The role of the private sector.

The applicant may refer to critical country context information sources by referencing sections and pages of relevant documents. If a roadmap for Universal Health Coverage has been developed in-country, indicate linkages and degree of alignment with this funding request.

In challenging operating environments, applicants should detail the challenges that are creating the situation of acute/protracted emergencies or chronic instabilities, and how these affect the proposed investments within this funding request[8].

The list of key areas in the table below provides a non-exhaustive list of the types of documents that may be used to provide reference to cross-cutting or disease-specific information helpful to explain the country context. If an information source is referenced in the funding request, the information source and the relevant page number(s) should be included in the List of Abbreviations and Annexes. If submitting a joint funding request, specify the disease(s) for which each listed document is relevant.

> **NOTE**: **The Global Fund requests applicants to attach only those documents that are directly referenced in the funding request.** However, disease-specific and health sector national strategic plans should always be attached, even when not referenced.

[8] 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.

Cross-cutting areas	
Key focus area	**Examples of reference documents**
Health system strategies	- health sector strategy and/or reviews. - health information management plan. - supply chain strengthening plans. - logistics management and information system plan. - private sector engagement. - human resources for health strategy.
Health system overview	- national health sector strategy or other health plans. - recent reviews or assessments. - demographic health surveys. - multiple indicator cluster surveys. - national health accounts. - Public Expenditure and Financial Accountability (PEFA) assessments.
Human rights and gender considerations (cross-cutting)	- legal environment assessment. - health equity assessments on gender, age, socio-economic, urban/rural. - assessments on human rights and gender barriers and inequities to access health care. - human rights reviews. - key populations prioritization and assessments. - stigma assessments. - integrated CRG assessments.
Health context in emergency settings	- Any documentation or report from humanitarian organizations that present the humanitarian strategy and interventions that affect the health system.

Disease-specific areas	
Key focus area	**Examples of reference documents**
Epidemiological profile (including key and/or vulnerable populations epidemiology)	- NSP. - WHO and UNAIDS country profiles. - recent disease prevalence studies. - malaria indicator survey. - demographic health surveys. - integrated bio-behavioural surveys, Sero-surveillance studies, key population size estimates, hot-spots mapping. -insecticide resistance studies, therapeutic efficacy studies.
Disease strategy (including key and vulnerable populations interventions strategies)	- NSP. - Program review. - Joint assessment of national strategies (JANS). - key and vulnerable populations strategies (PrEP strategies, key population prevention strategies, strategies for adolescent girls and young women). - program protocols and guidelines including for key populations (opioid substitution therapy protocols, adherence protocols).
Operational plan, including budget and performance framework	- annual/periodic work plans or operational plans. - national monitoring & evaluation plan, costing.
Program reviews and/or evaluations	- Impact assessment, modelling, spectrum, AEM-AIDS Epidemic Model, Optima model, TIME, strategy reviews as applicable.
Human rights and gender considerations (disease specific)	- legal environment assessments. - human rights baseline assessments. - gender assessments. - people living with HIV stigma index surveys. - Tuberculosis stigma assessment. - Gender-based violence surveys. - Malaria Matchbox assessments.

b) Approach for Prioritization

Applicants are asked to provide an overview of the process that was followed by the CCM for the prioritization of Global Fund investments. For example, the prioritization approach should be linked to the country context and based on the elements prioritized in the NSP or transition workplan (as applicable), or guided by other considerations, such as more recent evaluations or analysis, the Global Fund's application focus requirements[9], value for money, and/or operational considerations.

[9] Sustainability, Transition and Co-Financing Guidance Note

c) Funding Priorities

The areas prioritized for funding should be identified based on information available through national health plans, program reviews, evaluations of Global Fund investments, transition workplans/sustainability plans or transition readiness assessments, where available. Such areas should reflect gaps and challenges that relate to programs and service delivery for priority populations, and specific health systems-related challenges. When completing this section, the applicant should refer to the Global Fund Information Notes on: HIV; TB; Malaria; and Building Resilient and Sustainable Systems for Health.

Applicants are to identify a limited number of prioritized modules to be funded by the Global Fund, considering:

- The epidemiological context and lessons learned from the current implementation period;
- The health system and disease situation (including barriers and inequities across socio-economic status, gender, age and social groupings with a focus on key and/or vulnerable populations); and
- Key behavioral / structural barriers and inequities of the epidemic (specifically those related to gender and age).

> **NOTE**: The table in this section allows applicants to provide, for each disease component or integrated/cross-cutting programming such as TB/HIV or RSSH, the modules/interventions prioritized for funding, a rationale for the prioritization, an indication of the priority populations and barriers and/or inequities to be addressed, as well as the expected outcome. Please complete **one table per component or cross-cutting/integrated programming**.

For Focused Portfolios, the Global Fund strongly recommends a **limited number of modules** to ensure funding is not spread too thin.

Component	Indicate the relevant component (e.g. HIV, TB, Malaria, RSSH).
Module/interventions	Align with modules listed in the funding request's Performance Framework. List relevant interventions corresponding to the selected module(s). Interventions should also be aligned to the Performance Framework.
Priority Populations	List of the priority population(s) that are related to this component and the module(s)/intervention(s) selected. Include any relevant key and/or vulnerable populations[10,11], but also general populations that are relevant to the disease component or RSSH. When completing this section, please refer to the relevant Global Fund Technical Briefs.
Barriers and inequities	List relevant barriers and inequities to accessing health services related to this component. These should include any human rights, gender or age-related barriers and inequities that hinder access to programs and services such as harassment, stigma and discrimination, those affected by geography (urban/rural), or socio-economic status[12]. Describe how these barriers and inequities are to be addressed or mitigated. When completing this section, please refer to the relevant Global Fund Technical Briefs.
Rationale	Description of analysis/reasons that led to prioritizing the selected modules/interventions. Applicants are encouraged to reference key documents, as applicable.
Expected Outcome	Description of the effect of the intervention on populations and/or health systems.

[10] **Key populations in the HIV response**: Gay, bisexual and other men who have sex with men; Transgender people; Sex workers; People who inject drugs; Prisoners and people in other closed settings. **Key populations for tuberculosis response**: Prisoners and people in other closed settings; People living with HIV; Migrants; Refugees; Indigenous populations. **Vulnerable populations in the malaria response**: Refugees; migrants, internally displaced people and indigenous populations in malaria-endemic areas are often at greater risk of transmission, usually have decreased access to care and services, and are also often marginalized.

[11] The Global Fund also recognizes other vulnerable populations; those who have increased vulnerabilities in a particular context, such as adolescent girls and young women, miners and people with disabilities.

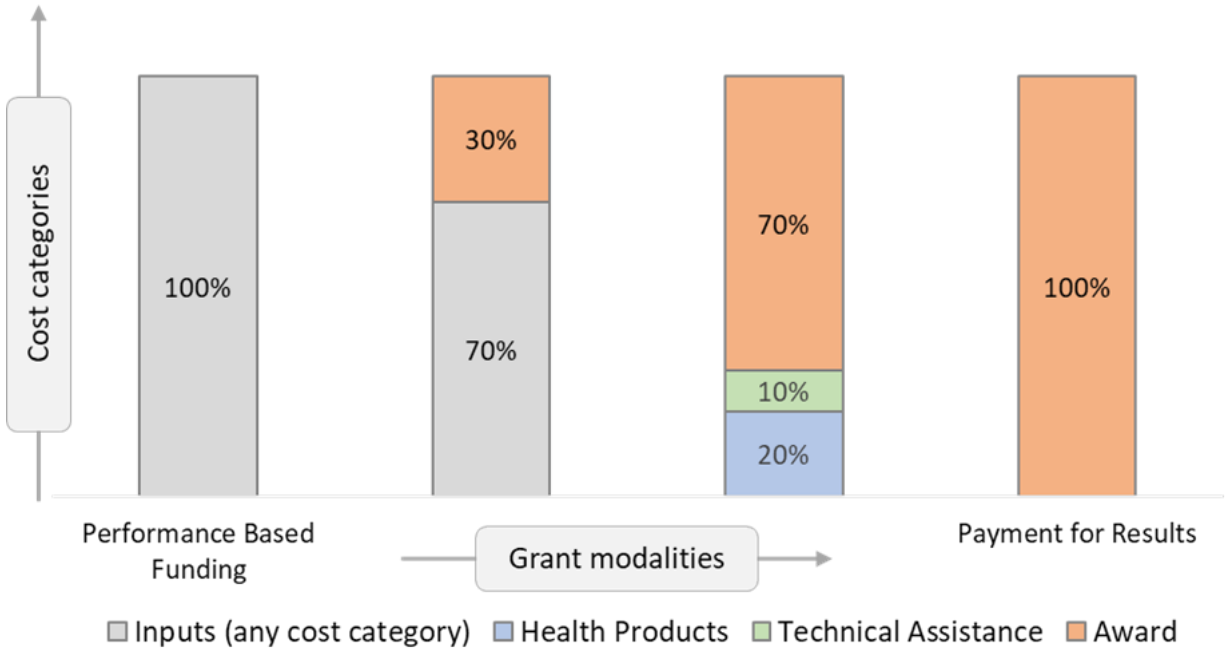
[12] **Examples of barriers could include**: Lack of confidentiality; Lack of access to justice; Gender-based violence; Gender inequality; Harmful gender norms; Punitive laws & policies; Age of consent to health services; Third-party authorization requirements; Disease-related socioeconomic barriers (like out-of-pocket expenditures). This list of barriers is not exhaustive; the Global Fund recognizes other barriers.

d) 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.

The Payment for Results approach can be applied to the overall investment or to certain interventions. There are different options to integrate and apply it as part of the grant model. For instance, the overall amount available for the program can be organized based on a traditional input-based budget with a Payment for Results approach included as part of the overall budget. This option can be considered in scenarios when Payment for Results approach is applicable for a specific geographic area, programmatic focus areas or intervention(s). In this case only part of the funding is awarded based solely on achievement of pre-defined targets and the remainder of the funds would be awarded in the traditional way of performance-based funding.

The funding can be organized along a "continuum." Here are a few illustrative examples:



Illustrative examples of grant funding structure options with Payment for Results

The definition of the payment/award to be disbursed upon achievement of the agreed results should be considered when designing a Payment for Results grant and defined in consultation with the Country Team during the grant-making process. It entails structuring the funding envelope, amount and frequency of payment(s), and payment triggers.

Given the nature of Payment for Results modality and focus on results, assurance relies on independently verified programmatic results. Grant amounts are tied to performance targets, enhanced independent verification of data, and focus on results rather than inputs and budget management.

Applicants using this approach are asked to populate the table as follows:

- **Performance indicator or milestone**: list the proposed indicators that will be directly linked to the definition of the payments. To the extent possible, the indicators should be selected from the core list of indicators in the Modular Framework.
- **Target**: define the proposed target, by year and with the value for the base line. These values should match those provided in the Performance Framework.
- **Rationale for indicator/milestone selection**: describe why the proposed measures were selected as criteria for funding by the Global Fund, detailing how the targeted results will comply with the application focus requirements, maximize impact against the diseases, address the needs of key and vulnerable populations, help reduce the human rights barriers and inequities, and strengthen sustainability of the investments.
- **Total amount request from the Global Fund**: specify the total amount requested from the Global Fund (in the currency of the allocation) to attain targeted performance indicators or milestones. The amount should be the same as the one in the Budget template.

The applicants are also requested to specify how they will ensure the accuracy and reliability of the reported results through a brief narrative response.

e) Opportunities for Integration

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 (HMIS) 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:

i. **Improved disease outcomes**: for example, if strengthening the national laboratory system (as opposed to a disease-specific lab investment) could increase the ability to diagnose across the country, resulting in more people on treatment and ultimately better disease outcomes across all diseases (and beyond).
ii. **Improved program sustainability**: for example, if an investment in the national HMIS (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.
iii. **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.

Note the response should be complementary to the answers in the value for money and sustainability questions of the funding request. Additional guidance and can be found in the RSSH Information Note.

f) Application Focus Requirements

When developing the funding request, applicants must clearly demonstrate how the selected interventions meet the application focus requirements described in the Sustainability, Transition and Co-financing Policy.

All funding requests to the Global Fund, regardless of an applicant's disease burden and income level, should include evidence-based interventions, in line with their epidemiological context, which will maximize impact against HIV, TB and malaria, and contribute towards building RSSH. These requirements will be assessed at the application stage as part of the review process and are differentiated as follows:

- **Low-income country (LIC)**: There are no restrictions on the programmatic scope of funding for HIV, TB or malaria requests by LICs and applicants are strongly encouraged to include RSSH interventions. Applications must include, as appropriate, interventions that respond to key and vulnerable populations, human rights and gender-related barriers, inequities and vulnerabilities in access to services.

- **Lower middle-income country (LMIC)**: Over 50 percent of funding for this request should be for disease-specific interventions for key and vulnerable populations and/or highest impact interventions within a defined epidemiological context. Requests for RSSH must be primarily focused on improving overall program outcomes for key and vulnerable populations in two or more of the diseases and should be targeted to support scale-up, efficiency and alignment of interventions. Applications must include, as appropriate, interventions that respond to human rights and gender-related barriers, inequities and vulnerabilities in access to services.

- **Upper middle-income country (UMIC)**: Eligible applications from UMICs must focus 100 percent of their funding request on interventions that maintain or scale-up evidence-based interventions for key and vulnerable populations. Applications must include, as appropriate, interventions that respond to human rights and gender-related barriers and vulnerabilities in access to services. Applications may also introduce new technologies that represent global best practice and are critical for sustaining gains and moving towards control and/or elimination; and interventions that promote transition readiness which should include critical RSSH needs for sustainability, as appropriate, and improvement of equitable coverage and uptake of services.

g) Value for Money

The TRP assesses value for money as a sub-set of the "effectiveness and efficiency of program implementation" review criteria, when considering recommending a funding request for approval. Applicants should consider value for money throughout the development of the funding request, ensuring the program will maximize and sustain equitable health impact. In responding to this question, applicants should provide a short description of the overarching value for money approach, including challenges faced (as applicable). Applicants should then present more information on the following three dimensions of the value for money framework: economy, efficiency, and equity. Applicants can describe the most important ongoing and future value for money improvement efforts and explain how this funding request presents improved value for money in comparison to the activities within the current grant, with examples where possible. This question focuses on economy, efficiency and equity because the other two dimensions of value for money (effectiveness and sustainability) are incorporated in other areas of the funding request. More information is provided in the Value for Money Technical Brief.

Economy: applicants can explain how their funding requests obtain the lowest costs for quality inputs required to provide services. They can demonstrate their effort to minimize costs of the inputs by showing that: (i) quality assured health products are budgeted at the lowest sustainable costs; (ii) feasibility and sustainability analysis of new technology has been conducted to justify the investment; and (iii) human resources are deployed and properly compensated in line with national human resources procedures and salary scales, in support of sustainability. This can be illustrated by reduced health product costs, a strong rationale for investment in new technology or drugs, and more sustainable human resource cost.

Efficiency: applicants can explain how their funding request maximizes health outputs, outcomes and impact for a given level of resources. The efficiency of each funding request should be viewed in the context of a country's disease-specific and overall health strategies, considering domestic and other donor investments in country, in addition to Global Fund support. Applicants are encouraged to consider two types of efficiencies at disease program and system levels in the funding requests:

- *Allocative efficiency*: at the disease program level, it refers to optimally allocating resource across interventions, geographies and population groups in a way that maximizes impact. At the system level, it implies allocating the total resources available with due consideration of what proportion of resources should support strengthening the health system more broadly to overcome common bottlenecks across programs.

- *Technical efficiency*: at the disease program level, it refers to minimizing the costs of service delivery along the care continuum while achieving the desired health outcomes. At the system level, it means to achieve the lowest cost in delivering quality services to meet different health needs so the total health benefit to the entire population is maximized. This can be achieved through removing duplications, improving alignment, and enhancing integration across health system building blocks and delivery platforms as well as strengthening governance and financing, to produce an optimally functioning health system.

Equity: applicants can highlight efforts made to improve the understanding of financial, human rights and gender-related barriers to service access, uptake and retention as well as to direct sufficient investment to address those barriers. They can also describe efforts made to meet the needs of key and/or vulnerable population groups and strengthen community systems. Applicants can also identify and describe investment opportunities that enhance both efficiency and equity and explain the rationale for choices made in settings where resource allocation for efficiency and equity may conflict.

1.2. Matching Funds (if applicable)

Recommended length for 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.

Section 2: Operationalization and Implementation Arrangements

Recommended length for Section 2: **2 pages.**

After defining the areas prioritized for investment in the funding request, applicants should secure sufficient implementation capacity and ensure risk mitigation measures are in place. Section 2 requests information on the proposed implementation arrangements and identified operational risks and mitigating measures.

> **NOTE:** If the program is continuing with the same PR(s) the applicant should update the existing Implementation Arrangement Map before completing this section.

a) Implementation Arrangements

The applicant should describe how the proposed implementation arrangements will support the efficient delivery of the grant.

To promote the sustainability of programs and strengthening capacity at the local level, the Global Fund encourages applicants to consider the selection of local entities and government entities as Principal Recipients (PRs). This practice supports national ownership and builds national capacity for implementation, even if this implementation is currently financed by non-domestic sources.

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

b) Role of Community-Based Organizations

In this section applicants should describe the role of community-based organizations (NGOs, non-government groups, CBOs, community-led groups) which are **relevant and accountable** (meaning they have a consultation/feedback/accountability mechanism that supports adequate representation of the interests of the affected communities) as part of the proposed implementation arrangements.

This section should also address government-led activities that will enable or facilitate working with civil society organizations and non-government implementers, promoting their strengthened capacity in program design and service delivery as well as describing the role that community-based organizations will play in implementation arrangements (for example, social contracting and others), monitoring the quality and performance of the services provided, and policy dialogue.

c) Transfer of Implementation Responsibilities to National Institutions

In preparing to successfully transition from Global Fund funding, the Global Fund encourages the CCM to consider which entity is best-placed to handle implementation responsibility, carefully considering the selection of local entities from the public sector, civil society or the private sector as Principal Recipients.

In exceptional cases where the applicant concludes that no local entity is qualified to implement Global Fund grants, applicants should describe here specific details as to how international institutions will work to transfer capacities to the local entities from the public sector or to local non-governmental organizations[13]. The process of shifting essential functions of the disease response to local institutions should start as early as possible to strengthen the possibility of success, and not wait until the transition grant.
If a new Principal Recipient is nominated to implement the grant, a capacity assessment should be initiated and completed as early as possible during the grant-making stage. The scope of the assessment can be tailored:

- For existing Principal Recipients and key implementers, a capacity assessment is not required unless they will be conducting activities in a new programmatic area for which their capacity has not been assessed. However, the Country Team can choose to conduct a capacity assessment if they deem it necessary.

- For new Principal Recipients and key implementers, a capacity assessment must be undertaken. The scope will be tailored by the Country Team, taking into consideration the implementer type (government/non-government/international organization), role of the implementer in the program, recent Global Fund or partner assessments, or other relevant information available.

[13] An **international institution** is an institution with an international membership, scope, presence or status. Examples include the International Committee of the Red Cross, the International Organization for Migration, and United Nations agencies. On the contrary, a **national entity** may be **i)** a governmental or public entity, or **ii)** a civil organized local entity that is functionally independent of, and does not represent, the government or State.

d) Key Implementation Risks and Mitigation Measures

Applicants should describe the **top three anticipated implementation risks** related to selected implementers and implementation arrangements that may: (i) affect the ability to deliver the program objectives and (ii) have unintended negative effects on the broader health system. One example of the latter category could be displacement of human resources for health (for example, through better compensation packages or working conditions, certain PRs may attract personnel from ministries and health facilities, creating unintended human resources gaps). Another example could be the set-up of efficient, but alternative data system that may weaken the ability of the HMIS to collect data. Applicants should specify mitigation measure(s) to put in place to address the key anticipated risks, in support of effective program implementation, performance and 'no harm' to the health system. Key implementation risk areas may include the areas detailed in the table below.

Risk Area	Description
1. Program Quality	Inadequate quality of programs/services funded by the Global Fund, which results in missed opportunities to maximize improvement of measurable outcomes in the fight against the three diseases and the effort to strengthen RSSH.
2. Monitoring and Evaluation	Poor quality and/or unavailability of program data due to weak in-country M&E systems that do not lead to proper planning decisions and efficient investments and therefore hamper programs' ability to reach their targets and health impact.
3. Procurement	Procurement challenges and failures that lead to poor value for money or financial losses, incorrect or sub-standard products or delayed delivery, potentially leading to stock out, treatment disruption; poor quality of services or waste of funds or products.
4. In-Country Supply Chain	Disruption or poor performance of in-country health product supply chain services, from port of entry to point of service delivery that could result in inadequate availability of commodities and/or waste of grant-funded commodities through expiries or diversion. Gaps may be in supply systems arrangements, systems and capacity, data process and analytics, physical logistics and/or financing and can prevent achievement of grant objectives.
5. Grant-Related Fraud & Fiduciary	Misuse of funds due to wrongdoing and inadequate financial/fiduciary control, including for procurement practices.
6. Accounting and Financial Reporting	Incomplete, incorrect, delayed or inadequately supported financial records by PRs or SRs due to inadequate financial management systems.
7. National Program Governance and Grant Oversight	Inadequate national program governance, Principal Recipient (PR) oversight of grants, and non-compliance with Global Fund requirements for the effective management of grants.
8. Quality of Health Products	Patients exposed to health products of substandard quality; for example, health products (purchased by Global Fund-supported programs) that are not safe, effective and/or of good quality.
9. Risks related to human rights and gender	Human rights and gender related barriers and/or inequities, including stigma and discrimination, limit access to health services for key and vulnerable populations.
10. Macroeconomic factors	Unexpected rises in commodity prices, inflation and average exchange rate in relation to local market currencies.
11. Instability of the country	Significant political changes or social unrest, ongoing conflicts, humanitarian crises, poor physical infrastructure, natural disasters, corruption.
12. Political risks	Upcoming country elections or significant changes in national leadership likely to impact program implementation.
13. Other emerging risks	Any other emerging risk not classified in the areas listed above, including potential cross border risks.

Applicants are to analyze key risks at the funding request stage and ensure adequate funding to cover the costs of mitigating measures. This earmarked funding could come from the Global Fund allocation or from another entity (domestic or other sources). The funding source should be included in the description of mitigation measures.

Key Implementation Risks	Corresponding Mitigation Measures
Describe **three** key, anticipated implementation risks related to selected implementers and implementation arrangements that may affect the ability to deliver the program objectives or might negatively affect the broader health system. Applicants may reference key documentation, indicating page numbers, in the event the risk identification is adequately captured. If the applicants do not foresee any risks that would greatly affect the delivery of the programs they can state that "No major risks are foreseen for program delivery."	Specify the mitigation measure(s) applicants intend to put in place to address each the risks, to ensure effective program implementation and performance. Specify the source of adequate funding to cover costs of mitigating measures if the risk materializes. If applicants have referenced key documentation to identify the key implementation risks, they should still describe the corresponding mitigating actions critical to program delivery in this section of the application form. If a key risk does not have a corresponding mitigating action the applicant should include the risk and state "No proposed mitigating actions have been identified for this risk"

e) Joint Investment Platforms

This section is to be filled by those applicants using a joint investment approach with another financing institution, as discussed and agreed with the Global Fund.

The Global Fund encourages investments through joint platforms to address high-priority areas at the country or sub-regional levels. Such joint investments leverage the capabilities of other institutions, as well as additional funding to maximize the impact in the fight against the diseases and achieve universal health coverage and health system sustainability. Joint investments are particularly encouraged in Focused Portfolios to drive impact and efficiency where the Global Fund investments are limited and will be discontinued.

In instances where a joint investment is planned, flexible arrangements may be implemented as part of the application process. Applicants can contact their Fund Portfolio Manager for more information.

Section 3: Co-Financing, Sustainability and Transition

Recommended length of **Section 3: 4 pages**.

NOTE: Funding Landscape Table(s) should be completed before filling this section.

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.

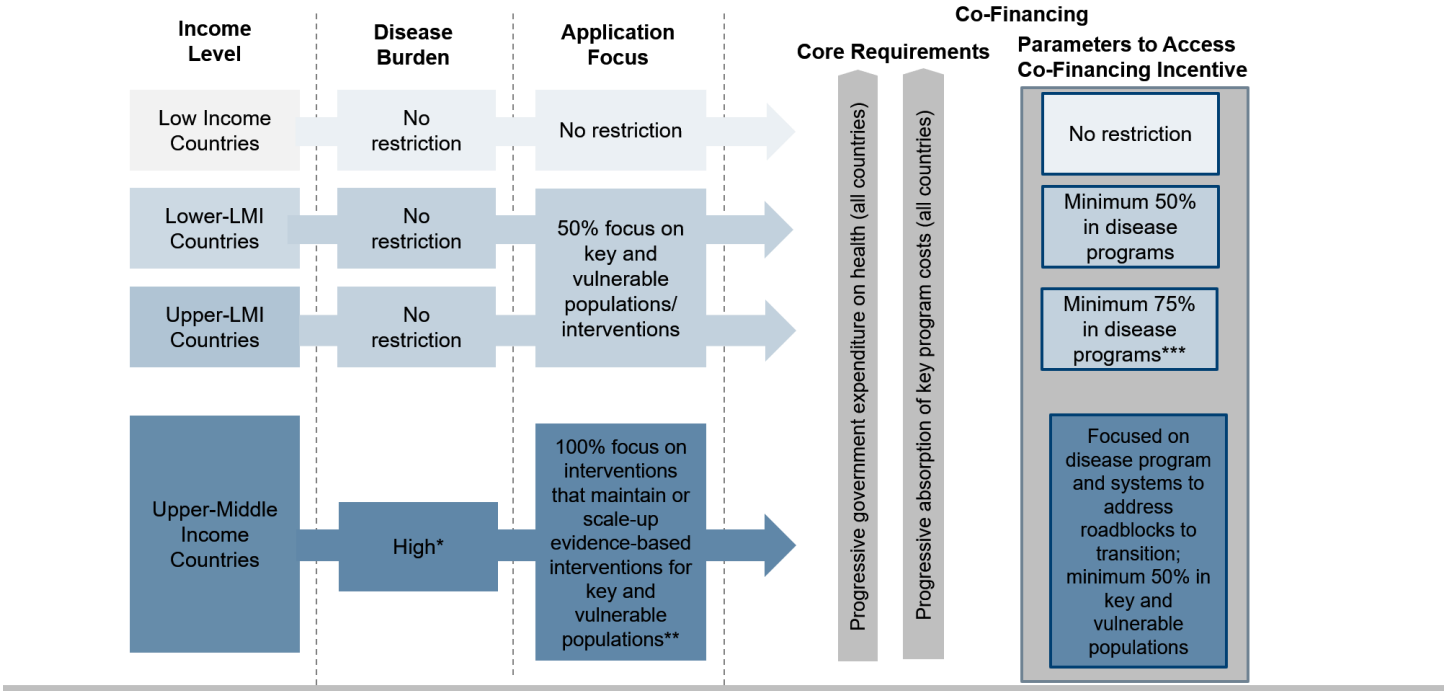
The following provides an outline of the key analysis applicants should complete before answering the questions in this section:

Key Analysis Areas	Elements to assess
Assess trends and actions to increase government expenditure on health to meet universal health coverage goals and objectives.	Trends in government health expenditure
	Planned actions/reforms to increase domestic resources for health, as well as to enable greater efficiency and effectiveness of health spending
	Global Fund support for health financing strategy and/or for implementing health financing reforms
Assess the realization of co-financing commitments for the current allocation period.	Assess evidence of realization of commitments
	Provide justification, if commitments are not met
Assess the funding landscape.	Assess funding needs and key cost drivers
	Assess available funding and gaps for key program areas
	Assess planned actions for addressing funding gaps

Key Analysis Areas	Elements to assess
Outline how domestic commitments in the next allocation period meet the minimum requirement to access the co-financing incentive, as per the Sustainability, Transition and Co-Financing Guidance Note and as outlined in the allocation letter.	Assess if co-financing is increasingly taking up key costs of national disease plans and/or supporting health system interventions
	Assess the extent to which there is progressively increasing expenditure on health
	Assess interventions or activities that are expected to be co-financed and how realization of these commitments will be tracked and reported.
	Provide justification if co-financing commitments do not meet minimum requirements to access the co-financing incentive
Assess longer term sustainability.	Assess key sustainability challenges and actions to address them
	Assess how the funding request supports transition from Global Fund financing (if applicable) and long-term sustainability of the program

3.1 Co-Financing

The Sustainability, Transition and Co-Financing Policy specifies domestic co-financing requirements that ensure greater domestic investment in health and Global Fund-supported programs over time. Requirements are differentiated by income level category to encourage additional domestic investments to be progressively focused as a country moves along the development continuum and prepares for transition. More information is provided in the Sustainability, Transition and Co-Financing for Programs Guidance Note, the domestic financing section of the allocation letter and the Applicant Handbook.



*Small island economies are eligible regardless of disease burden; **UMICs may also include interventions to ensure transition readiness which include critical RSSH needs to ensure sustainability, as appropriate, as well as improve equitable coverage and uptake of services and, as appropriate, introduce new technologies that represent global best practice and are critical for sustaining gains and moving towards control and/or elimination; ***Upper LMI components with low burden are encouraged to show a greater share of domestic contributions that address systemic bottlenecks for sustainability and transition;

Applicants are required to provide the following information linked to their assessment of the funding landscape and co-financing:

a) Supporting documentation that clarifies the extent to which co-financing commitments were realized for the **current** allocation period. If government commitments have not been fully realized, applicants should provide reasons for the lower levels of co-financing. For more information on the types of supporting documentation typically used, see the Applicant Handbook.

b) Justification if co-financing commitments for the **next** allocation period are not in line with policy requirements and/or do not meet minimum requirements to fully access the co-financing incentive, as indicated in the domestic financing section of the allocation letter. It is also requested that applicants submit supporting documentation that demonstrates the co-financing commitments for the next period.

c) Summary of key programmatic areas that will be supported by co-financing, including (but not limited to) investments in health products, human resources for health, programs for key and vulnerable

populations, interventions to remove human rights and gender-related barriers, and enabling environment interventions. Applicants should describe which interventions, currently funded by the Global Fund, will be covered by domestic co-financing going forward.

3.2 Sustainability and Transition

a) To answer this question applicants should:

- Highlight the funding gaps for the major program areas as outlined in the **Funding Landscape Table** ('Detailed Financial Gap' tabs);
- Describe planned actions to identify domestic resources, resources from other donors or efficiencies to cover the funding gaps in the current allocation period.

b) Explain the key challenges related to sustainability and how the country plans to address them. Refer to national documents or a Sustainability Plan/Transition Workplan/Transition Readiness Assessment, as applicable, when responding. While challenges will depend on country context, challenges may be related to:

- **Financial sustainability**: health financing strategies for resource mobilization, efficiency in resource allocation and utilization;
- **Programmatic sustainability**: key and vulnerable populations, human rights, service delivery;
- **Health systems and community systems**: human resources for health, procurement systems, data and information systems;
- **Governance,** etc.

The response should also include a description of the key actions to support transition from Global Fund funding and strengthen sustainability of programs. These may include:

- Planned actions/reforms to increase domestic resources for health;
- Planned actions to develop a health financing strategy and/or the implementation of the existing health financing strategy;
- Increasing trends in government health expenditure;
- Planned support for implementing financing reforms;
- Plans to meet universal health coverage goals and objectives;
- Planned efficiencies behind investments into RSSH;
- Other plans to enable greater efficiency and effectiveness of health spending;
- Planned changes to legal environment;
- Analysis of sustainability and/or transition challenges, and development and implementation of sustainability and/or transition plans, etc.

Where relevant, the response should explain if specific interventions are included in the funding request to support the sustainability and transition challenges outlined.

c) If the applicant has developed and initiated a transition workplan, provide a status update on what has been achieved and any changes required to the workplan.

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 files (HIV, TB, malaria, TB/HIV). 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.

Detailed instructions on how to complete the Performance Framework are provided in the Performance Framework excel file.

The Performance Framework and Budget templates are specific to each applicant and are provided by the Country Team.

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 Section 1.

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-members[14] 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.

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 CCMs[15] to:

a. Nominate one or more PR(s) at the time of submission of their application for funding[16],
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.

[14] 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.
[15] Except in some cases where the Global Fund's Additional Safeguard Policy is applied.
[16] 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.

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 Section 1 of these instructions or the Sustainability, Transition and Co-Financing Policy for specific requirements.

Health Product Management Template (HPMT)

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

The Health Product Management Template (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 template.

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.