

Frequently Asked Questions

2020-2022 Funding Cycle

June 2021

Note to Applicants: this is the May 2021 version of the Frequently Asked Questions. This edition contains updated references to documents and provides a clarification on Program Split.

Due to the rapidly evolving nature of the Global Fund's Covid-19 Response Mechanism (C19-RM), this document does not include C19-RM guidance. Rather, we encourage applicants to refer to the [C19-RM applications website](#), especially for guidance related to communities, human rights, gender, inclusive country dialogue, and mitigating the impact of Covid-19 on HIV, TB and malaria services and programs.

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1. The Funding Model

What is new about the funding model?

The allocation-based funding model remains largely unchanged for the 2020-2022 funding cycle. Eligible countries will receive a communication on their allocation amount in December 2019 and will be able to access new funding over the 2020-2022 period.

However, some elements of the funding model have been updated based on lessons learned during the 2017-2019 cycle. These refinements are designed to improve the impact of Global Fund resources. This includes updates to the eligibility criteria, allocation methodology, application approaches, required information for inclusion with the funding request, and priority areas for catalytic investments.

2. Eligibility and Allocations

How has country eligibility changed?

While refinements have been made to the Eligibility Policy, the core elements are largely unchanged for the 2020-2022 funding cycle. Eligibility for Global Fund financing is still based on two key criteria: income level and disease burden. The Global Fund continues to use a three-year average of the latest available gross national income (GNI) per capita (Atlas Method) to determine income level.

The most notable change is the way TB and malaria disease burden is determined for upper middle-income (UMI) countries. UMI countries may now be eligible to receive an allocation if they have a TB incidence rate of at least 50 per 100,000; or if the proportion of new TB cases that are drug-resistant is at least 5 percent of all new TB cases.

The updated policy also means UMI countries may be eligible for a malaria allocation if:

- they have a mortality rate of at least 0.12;
- their contribution to global deaths is at least 0.25%;
- they have a mortality rate of less than 0.12 and a morbidity rate greater than 65; or
- they are a country with documented artemisinin resistance.

Components will need to be eligible for two consecutive eligibility determinations to be considered for an allocation. The [eligibility list for 2021](#)¹ is available on the Global Fund website². Note that eligibility for Global Fund funding does not guarantee an allocation.

How much money is available for 2020-2022?

In order to meet the challenge set in the 2030 Sustainable Development Goals of ending the epidemics of HIV, tuberculosis, and malaria, the world helped the Global Fund raise US\$14.02 billion to fund programs to fight the three diseases and build resilient and sustainable systems for health (RSSH) in the next three-year cycle. With only a decade to go until 2030, this level of funding will help the Global Fund to continue playing its leading role in the fight against HIV, TB and malaria; acting as a catalyst for domestic resource mobilization and accelerating progress toward universal health coverage.

Of the total funds raised US\$12.71 billion³ has been made available for allocations for individual countries, with the remainder for catalytic matching funds, strategic initiatives, multi-country allocations, and the operating expenses of the Global Fund Secretariat.

How are country allocations determined?

The 2020-2022 allocations have been determined by applying the allocation methodology approved by the Board⁴.

Funds are allocated to country disease components by applying an optimization model that uses as a starting point each country's disease burden (as recorded and published by technical partners) and economic capacity (based on GNI per capita). The allocation formula also ensures that no country component is awarded an allocation less than \$500,000. These parameters were set by the Strategy Committee of the Global Fund Board.⁵

¹ "2021 Eligibility List" from "Eligibility": <https://www.theglobalfund.org/en/funding-model/before-applying/eligibility/>

² The 2020 Eligibility list is available here : https://www.theglobalfund.org/media/9016/core_eligiblecountries2020_list_en.pdf

³ [GF/B42/DP03](#): Sources and Uses of Funds for the 2020-2022 Allocation Period

⁴ [GF/B41/DP03](#): Allocation Methodology 2020-2022

⁵ [GF/B41/DP03](#): Allocation Methodology 2020-2022, Annex 2



Further adjustments take into account the availability of other external financing and to ensure that countries have smooth changes in funding levels (whether their allocation was increasing or decreasing). In addition, the Global Fund considers specific country situations not fully captured in the allocation formula, such as the cost of addressing the disease response for populations disproportionately affected by the diseases, as well as the performance of disease programs and the capacity of countries to absorb the available funds.

For more information on the allocation methodology, please see the [Frequently Asked Questions on Allocations](#).⁶

Who receives allocation letters?

Countries awarded an allocation received an allocation letter in December 2019. In the majority of cases this allocation letter was sent to the Chair of the Global Fund Country Coordinating Mechanism (CCM). It includes information specific to each CCM including which application type to use for the funding request(s) and whether the country is eligible for Matching Funds.

Allocation amounts are publicly available on the [Global Fund website](#).⁷

Does the entire allocation amount need to be applied for at the same time?

The Global Fund encourages CCMs to submit integrated funding requests or to apply for their full allocation in one submission window, however this is not mandatory.

A decision on program split by the CCM is required before any funding request is submitted and CCMs may only submit one funding request for each eligible component. Countries with a high co-infection of TB and HIV are required to submit a joint application.

Regardless of when funding requests are submitted, CCMs should ensure that interventions funded through disease specific applications take into consideration system needs across the diseases and across the broader health system.

What is the difference between funding cycle and grant period?

The funding cycle refers to the period when eligible countries can apply for and access their allocation funding. For the current funding cycle (2017-2019), all grants need to be Board-approved by the end of 2019. For the next funding cycle (2020-2022), grants will need to be Board-approved by the end of 2022. The funding cycle is also referred to as the allocation period.

The grant period refers to the period when countries carry out the activities funded by their grant. The grant period is also referred to as the implementation period, or the allocation utilization period (AUP).

Please see [this video](#)⁸ produced by the Global Fund for an illustration of the difference between the Global Fund allocation period and implementation period.

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.

⁶ "2020-2022 Allocation Frequently Asked Questions" under 2020-2022 Allocations: <https://www.theglobalfund.org/en/funding-model/before-applying/allocation/>

⁷ "2020-2022 Allocations" under "2020-2022 Allocations": <https://www.theglobalfund.org/en/funding-model/before-applying/allocation/>

⁸ "Global Fund Cycles Explained" on YouTube: https://www.youtube.com/watch?v=VS_xclxjyUY

For example, in the next allocation period, grants that start in January 2021 are expected to continue to December 2023.

If my current grant ends midway through the cycle (e.g. December 2021) will I only get a two-year allocation?

Allocations are for three-year periods, starting immediately after the end of the current implementation period.

If the existing grant ends in December 2021, the following allocation utilization period would then be a three-year period from January 2022 to December 2024.

If there are applicants whose grant period (implementation period) will not end by December 31, 2020 (for example - it ends by March 2021), can they continue using their grants from the 2017-2019 allocation period until March 2021?

Yes. While 62% of the grants in the current Global Fund portfolio end by December 2020, 38% of current grants continue past 2020 into 2021, and beyond. The funding from the initial allocation period (2017-2019) will fund these grants until their planned grant end-date. The allocation for 2020-2022 will be available to fund 3-year grants from the end date of the current allocation utilization period.

If an extension is required, how will it be funded?

If an extension is required, then the amount required for the extension will be deducted from the country's new allocation amount for the 2020-2022 allocation period. Likewise, the duration of the extension will be deducted from the implementation period.

Funding for one component from the 2017-2019 cycle cannot be consolidated or overlap with funding for that same component in the 2020-2022 cycle. CCMs should therefore plan to apply for funding with sufficient time to start grants from the new allocation immediately after the current implementation period ends.

Some portfolios may benefit from timing flexibilities for grant alignment purposes in the next cycle and this is indicated in the allocation letter.

What is the global disease split of the total allocation amount?

As part of the allocation methodology the Secretariat has apportioned resources among the three diseases at a global level based on the following distribution agreed by the Global Fund Board:

- HIV/AIDS: 50 percent;
- tuberculosis: 18 percent; and
- malaria: 32 percent.

CCMs received an indicative program split for their country in their allocation letter and are expected to confirm the program split or propose an adjusted split.

How do I know if I belong to a Focused, Core or High Impact country?

As part of the implementation of differentiation principles, the Global Fund Secretariat has categorized countries in three categories, and has tailored grant management requirements and support accordingly. The categories are primarily defined by size of portfolio allocation and risk

profile. An updated list will be available soon in the Global Fund [Operational Policy Manual](#)⁹ and may be updated periodically. Any change will be communicated to relevant countries.

3. **Application Process**

What are the application approaches for the 2020-2022 funding cycle?

There are five approaches to accessing funding:

- 1) *Program Continuation*: enables well-performing programs which have recently been reviewed by the TRP and which require no significant changes to continue implementation with minimal distraction;
- 2) *Tailored for Focused Portfolios*: is streamlined and designed to meet the needs of countries with smaller funding amounts and disease burdens, and to ensure targeted investments have the greatest impact.
- 3) *Tailored for National Strategic Plans*: documentation requirements rely primarily on suitable National Strategic Plans referenced in place of the funding request narrative.
- 4) *Tailored for Transition*: suitable for countries approaching transition from Global Fund financing which are building sustainable programs with decreasing Global Fund support.
- 5) *Full Review*: applications are a comprehensive review of strategic priorities and programming in higher burden countries.

Eligible applicants were informed of the amount of the funding they could access, as well as the application approach, in an allocation letter from the Global Fund sent in December 2019.

What has changed in the funding application process?

The application process has been further streamlined based on lessons learned during the 2017-2019 cycle. Key refinements to the application process include:

- removing two application approaches (*Tailored for Material Change* and *Tailored for Challenging Operating Environments*);
- adding a concise application approach specifically designed for countries identified by the Global Fund as Focused portfolios (*Tailored for Focused Portfolios*).

Program Continuation has been maintained as an application approach for well-performing Core or High Impact countries. However, key annexes such as the Performance Framework and Budget are now required at the time of funding request submission instead of at the time of grant submission.

Countries with a Challenging Operating Environment (COE) designation will not have a specific application form but specific flexibilities have been integrated into the other application approaches to help adapt the application for the unique challenges faced in different contexts.

Questions related to human rights and gender, value for money, sustainability, and opportunities for integration of health systems have been included into each of the application approaches.

A new annex – the Essential Data Tables – is a part of the application for the first time. These tables are provided to CCMs alongside the Allocation Letters and come pre-filled by the Secretariat

⁹ “Operational Policy Manual (May 2021)” found under “Programmatic Documents”: <https://www.theglobalfund.org/en/governance-policies/>

with publicly available data. Applicants are encouraged to use this and other sources of quality data to inform program design and the prioritization of funding requests.

Why were the *Tailored for Material Change* and *Challenging Operating Environment* approaches removed?

Feedback revealed the nature and context of countries identified for the *Tailored for Material Change* and *Tailored for Challenging Operating Environment* approaches were often vastly different. The application templates did not adequately meet the diverse needs of these countries. It was determined a more effective approach would be to allow these applicants to apply using other approaches, with specific flexibilities for challenging operating environments.

How will countries with challenging operating environments (COE) be accommodated?

Flexibilities for countries with challenging operating environments (COE) are designed to increase grant impact by allowing custom-fit grant design, implementation, and management solutions to the unique problems that each country faces. After internal review, and consultation with applicants, the Global Fund may propose a customized set of flexibilities at any point in the grant process.

What is the new *Tailored for Focused Portfolios* approach?

The *Tailored for Focused Portfolios* approach streamlines the application to reflect the targeted investment in countries with smaller allocation amounts and disease burden, and to ensure Global Fund investments produce maximum impact.

How was the application approach determined for each component?

- 1) As a first step, the Global Fund gathered information and conducted analysis on existing country programs. This analysis considered factors such as a country's portfolio type (Core, Focused or High Impact), grant and national program performance, if they received transition funding and if they used *Program Continuation* for the 2017-2019 cycle.
- 2) Based on this analysis, the Secretariat recommended an application approach for each country program. This recommendation was reviewed and confirmed by the Grant Approvals Committee.
- 3) The application approach for each program was then communicated to applicants in their allocation letter.

Can I choose which application approach to follow?

The Global Fund recommended the approach for each country program and communicated this to countries in the allocation letter. In most cases, countries are expected to use the recommended application approach. However, countries may discover when developing their funding requests that a more robust review of programs may be necessary to achieve maximum impact. For example, existing programs may need significant changes based on new data, or National Strategic Plans may be less comprehensive than expected.

In these cases where a more substantial review is needed, applicants should discuss the alternatives with their Country Teams. *Program Continuation* could opt into *Full Review*. Countries invited to use *Tailored for National Strategic Plans* could opt into the *Full Review* if they are designated as Core or High Impact countries or could opt into *Tailored for Focused Portfolios* if they are designated as a Focused country.

Is it possible to use different application approaches for different programs?

Yes, the application approach is determined by disease component. For example, a country might be eligible for *Program Continuation* for its malaria program but will be asked to complete a *Full Review* for its TB and HIV programs.

How is eligibility for *Program Continuation* determined?

Eligibility for *Program Continuation* is for countries categorized as Core or High Impact with disease programs that:

- did not use *Program Continuation* during the 2017-2019 funding cycle;
- demonstrated good grant performance and national program performance during the 2017-2019 funding cycle;
- have an allocation change of less than 30 percent compared to the 2017-2019 funding cycle; and
- have a similar strategic approach and plan to maintain programmatic interventions consistent with the current grant and without material change.

A Core or High Impact portfolio applicant identified for *Program Continuation* can opt into a *Full Review* application if they determine that continuing their program is not the approach that will drive the greatest impact.

Is there a specific Review Window for submitting *Program Continuation* applications?

Program Continuation applications can be submitted during any Review Window. The Global Fund encourages applicants to apply during a Review Window that provides ample time between submission and the beginning of the next grant period. Submitting six to nine months in advance of the next grant period allows more time to focus on preparing for grant implementation so that programs can begin shortly after the new grant period begins.

If a country has been recommended to apply using the *Program Continuation* approach, can they change Principal Recipients or Sub-recipients? Will they have to use a *Full Review* if they want to make changes to the implementers?

A change to implementer is possible with the *Program Continuation* approach. Countries applying using the *Program Continuation* approach are encouraged to consider the effectiveness of the current implementation arrangements, including the Principal Recipients and Sub-recipients. If changes to these arrangements could be made that have a positive impact on program outcomes but would not require material changes to program design, then applicants can continue applying using the *Program Continuation* approach.

How is eligibility for *Tailored for National Strategic Plans* determined?

The Global Fund invited countries to use the *Tailored for National Strategic Plans* application based on an assessment of the suitability of the portfolio for this approach. This decision considered several quantitative and qualitative factors, including interest from country actors to pursue this approach. If, at the time of the application, the CCM considers that the conditions for this application are not present (e.g. National Strategic Plans not yet complete, etc.), then it can opt into the *Full Review* or *Tailored for Focused Portfolios* application approaches as applicable.

Are countries which are updating their National Strategic Plans or whose plans are expiring still eligible for the *Tailored for National Strategic Plans* approach?

Countries which are updating their NSPs or whose plans are expiring are still eligible for this approach. When developing their funding requests, CCMs should explain how they anticipate that documents in development will change based on the updated epidemiological context in the

country. If countries expect that new or different areas for funding will be identified in the process of updating national documents, they can request reprogramming once the NSPs are finalized.

What approach should be used for joint applications where one component has a prioritized National Strategic Plan but the other component does not?

The Global Fund strongly encourages joint applications, which is when two or more components are submitted jointly for review. In countries with a high coinfection of HIV and TB, a joint application is a requirement.

In cases where one component is invited to use the *Tailored for National Strategic Plans* application and another component has a different funding request approach recommended, applicants should develop their applications jointly, considering impacts across the diseases and broader health systems. Applicants can then make reference to any identified efficiencies or synergies in the “Opportunities for Integration” questions. Both applications should then be submitted during the same window.

Are there opportunities for adjustments if an applicant is invited to apply using the *Tailored for National Strategic Plans* approach but identifies that the National Strategic Plans are not as robust and comprehensive as they should be?

If an applicant discovers during funding request development that the National Strategic Plans are missing key areas necessary for the completion of the funding request, or otherwise find the NSPs less than suitable, they should discuss this with their Country Team. In some cases, it may be better to use a more robust review process such as the *Full Review*. However, in many cases other national documents may be available that contain the information requested in the application, where detail in the NSPs is lacking.

Can applicants using the *Tailored for National Strategic Plans* application approach request interventions that are relevant and potentially impactful if they are not included in the NSP?

There may be times when new data becomes available or new technical guidance is implemented that may not be present in the most recent NSP. When new interventions are identified that are relevant and likely to have impact, CCMs can include these modules and interventions in their funding requests.

How is eligibility for *Tailored for Focused Portfolios* determined?

Eligibility for the *Tailored for Focused Portfolios* approach is dependent on a country’s classification as a Focused Portfolio. Most countries with this classification will be requested to use this approach unless identified for *Tailored for Transition* or invited to use the *Tailored for National Strategic Plans* application approaches.

Focused portfolios can also use the *Tailored for Transition* application.

How is eligibility for *Tailored for Transition* determined?

This approach is for country programs that:

- are receiving transition funding or have received transition funding in the past;
- are projected to move to high income (as per World Bank classification); or
- have been identified for the *Tailored for Transition* approach for contextual reasons.

What approach should be used for joint applications for a Focused Portfolio country where one component is transitioning from Global Fund funding but the other is not?

For joint applications with one transitioning component, applicants should apply for both components using the *Tailored for Transition* application approach and complete the Transition Annex only for the transitioning component.

How is eligibility for *Full Review* determined?

This approach is designed for Core and High Impact countries. Components will be advised to use the *Full Review* application if they are not eligible for the *Program Continuation* approach and not invited to use the *Tailored for National Strategic Plans* application.

How can I find out which application approach a country component will be using?

As applicants register for a Technical Review Panel review window, information including the specific application approach for that component will be made available on the Global Fund website in the Funding Request Status Tracker. The first Funding Request Status Tracker for the 2020-2022 period will be published on the Global Fund website in January 2020.

When will application materials be available?

English, French and Spanish versions of application materials for the 2020-2022 funding cycle are now available [on the Global Fund website](#).¹⁰

When should I apply for funding?

Overall, the planning and implementation of grants should be aligned with country planning cycles. Applicants need to consider that financing from the 2017-2019 funding cycle cannot be consolidated or overlap with new allocation funding. Applicants should therefore plan to apply for funding with sufficient time to start grants from the new allocation immediately after their current implementation period ends.

Which applicants should apply for funding first?

The Global Fund encourages countries whose current grants are due to end in 2020 to submit a funding request in one of the first two 2020 review windows to complete grant-making and grant approval before their current grants end. By doing so, applicants can avoid potential disruptions in service and ideally begin the new grant period with implementation-ready grants.

What changes have been made to the annexes to the funding request?

Not many changes have been made to the annexes for the new funding cycle. The Budget, Performance Framework, Funding Landscape Table and Programmatic Gap Table are similar to those used to apply for the current cycle. Each of these is required to be submitted with the funding request for all application approaches.

The Prioritized Above Allocation Request is now required to be submitted with the funding request as well. Interventions from the PAAR which are recommended by the TRP are added to the Register of Unfunded Quality Demand and can be incorporated into grants when funding becomes available. Over US\$1.2 billion in Quality Demand was funded in 2017-2019.

¹⁰ <https://www.theglobalfund.org/en/funding-model/applying/materials/>

The Essential Data Tables are a new annex, pre-populated by the Global Fund and provided to applicants along with the Allocation Letters. These tables should be referred to during the development of the funding request to drive data-informed decision making.

The Health Product Management Tool, formerly called the List of Health Products, is required to be submitted with the funding request in most cases, except in the case of Focused Portfolios for which health products are less than 50% of the funding request.

4. **Preparing a Funding Request**

What are the submission dates for funding requests?

Funding request submission dates for the first three review windows are now available on the [Global Fund website](https://www.theglobalfund.org/en/funding-model/applying/submissions/).¹¹ Country Coordinating Mechanisms (CCMs) will be asked to register for a review window that corresponds to when they expect their funding request to be ready for review. The Global Fund Country Team will complete the registration on behalf of the CCM once this decision has been made.

Can different funding requests from the same country be submitted in different windows?

Different funding requests from the same country can be submitted in different windows, but it is recommended that they be developed and submitted at the same time. This allows for planning and coordinating between the funding requests to ensure that common needs across the different diseases and broader health systems are considered together. This integrated approach towards funding request development can improve disease outcomes, increase efficiencies, and enhance the long-term sustainability of programs.

In which cases are transition documents required to be included with the funding request?

Transition Readiness Assessments are requested to be submitted with all funding requests if they are available.

In addition to the Transition Readiness Assessment, all applicants using the *Tailored for Transition* application approach are required to submit a Transition Workplan.

What are the best sources of data for a country to use to prioritize its funding request?

The Essential Data Tables are a compilation of publicly-available data that countries can use when prioritizing the funding request. This and other national data should be reviewed and used as a basis for evidence-based decision-making during the country dialogues.

What is the Prioritized Above Allocation Request (PAAR)?

The PAAR is a list of prioritized and costed interventions that cannot be funded by the allocation. Approved requests are placed on the Register of Unfunded Quality Demand.

Over \$US1.2 billion was funded from the Register of Unfunded Quality Demand in the 2017-2019 funding cycle. Of this, almost US\$800 million was funded by savings and efficiencies identified during grant-making, US\$500 million was funded through Portfolio Optimization and \$40 million was funded through private sector contributions and Debt2Health swaps.

By submitting a PAAR, countries have 'pre-approved' interventions which can be integrated into grants when savings or efficiencies are found during grant-making or which can be integrated into

¹¹ <https://www.theglobalfund.org/en/funding-model/applying/submissions/>



the grants via the grant revision process during implementation if further savings are identified or additional funding becomes available.

What happens to my Prioritized Above Allocation Requests from the 2017-2019 cycle?

Unfunded quality demand submitted as PAAR from the 2017-2019 cycle will not carry over to the 2020-2022 cycle. If unfunded items continue to be relevant, they will need to be resubmitted in the applicant's PAAR with updated costing and prioritizing.

How has the Prioritized Above Allocation Request changed?

In the 2020-2022 funding cycle, the PAAR must be submitted with the funding request for all application approaches. There will be defined opportunities to update the PAAR during grant-making or implementation, upon agreement with the Global Fund. It will not be possible to submit a stand-alone PAAR that comes separately from the funding request.

How much should go into my Prioritized Above Allocation Request?

The general guidance is that the Prioritized Above Allocation Request should represent at least 30 percent of the allocation amount (unless otherwise advised by a Global Fund country team).

The Prioritized Above Allocation Request is not expected to represent the full demand.

Is there an upward ceiling for the Prioritized Above Allocation Request?

There is no upward limit to PAAR but it should represent at least 30% of the allocation amount.

Are countries still able to determine program split?

Program split remains largely unchanged from the 2017-2019 application cycle.

Countries were informed of their overall allocation, and an indicative amount for each eligible component (program split) in their Allocation Letter. Countries should analyze their programmatic gaps for all components and then use a documented and inclusive process to confirm or revise the program split. If the split is revised, the applicant must submit this revision to the Global Fund along with appropriate justification, especially in the case where there is a risk that essential services would be compromised by shifting these funds.

The program split can continue to be revised until grants have been recommended to the Board by the Grant Approvals Committee, provided the CCM discusses and votes on any new split. The CCM should submit an updated program split confirmation and a data-informed justification to the Global Fund for review each time the program split is revised. As grants are approved by the Board, the split for that component is locked in.

When should an approved program split be submitted to the Global Fund?

The Global Fund recommends that an approved program split be submitted well in advance of the first window in which a country intends to apply. This is especially important in cases where a revised split will be submitted, allowing for time to re-submit in case the Global Fund requests the revised split be re-considered.

The very latest a program split can be submitted is alongside the first funding request.

How should requests for resilient and sustainable systems (RSSH) for health be submitted?

The Global Fund recognizes that strong health systems are crucial for ending the three diseases as threats to public health. Investments in resilient and sustainable systems for health (RSSH) in

one disease component can address system constraints that affect not only that disease but also the other two diseases, related health programs and the broader health system.

Countries are requested to apply for cross-cutting resilient and sustainable systems for health funding in one application (either within a disease funding request or separate RSSH funding request), ensuring that it covers the needs of all eligible diseases.

Funding for resilient and sustainable systems for health should be discussed early and earmarked from the overall allocation but does not need to be noted in the program split unless a standalone RSSH funding request will be submitted.

How should standalone requests for RSSH funding be submitted?

Before requesting standalone funding, countries should first consider whether RSSH funding should be included in the funding request for a disease component. If more than one disease component could include the RSSH request, applicants should submit the RSSH request in the first funding request being submitted to the Global Fund.

If a standalone request is preferred, a program split revision should be requested from the Global Fund with the requested amount for RSSH deducted from one or several of the disease components.

How has the focus on resilient and sustainable systems for health changed?

Guided by the [Global Fund Strategy for 2017-2022](#),¹² the Global Fund is ensuring that considerations for health systems strengthening, as well as gender and equity, are incorporated into every key process.

For applicants, this means that questions related to resilient and sustainable systems for health (RSSH) are integrated into each of the application approaches. Special attention will be paid to opportunities for integration during the funding request review process to ensure that health systems components are coordinated and aligned across the three diseases and the broader health system. Moreover, applicants are requested to identify risks (and mitigating actions) related to unintended negative consequences on the health systems that may derive from the requested disease specific interventions.

Does the Global Fund still encourage dual-track financing?

The Global Fund remains committed to its partnership with the public sector and with civil society. In many cases, this still takes the form of dual-track financing. However, especially in countries with smaller portfolios, it may be more efficient and effective to have a limited number of Principal Recipients. Each of the application approaches now includes a question on the role that community-based organizations will play in the implementation arrangements. This helps ensure that focus is maintained on civil society partnerships, even when there may only be one Principal Recipient.

Can current Global Fund grant funds be used to pay for support for country dialogue and the preparation for developing a funding request?

Yes, current Global Fund grant funds can be revised to fund technical assistance for country dialogue and funding request preparation although they may not be used to fund the actual drafting of the funding request. There is a maximum amount of \$150,000 per eligible disease component that can be reprogrammed for technical assistance to prepare for the funding request. Eligible

¹² "The Global Fund Strategy 2017-2022" found under "Related Resources": <https://www.theglobalfund.org/en/strategy/>

examples include developing National Strategic Plans, convening multi-stakeholder meetings, or collecting health financing data.

Please discuss with your Country Team the various forms of [technical assistance](#)¹³ which may be available to your country.

What are application focus requirements?

Application focus requirements are key to sustainability and transition readiness, because they ensure that funding requests for countries at different income levels are strategically focused on the most relevant and impactful interventions as countries progress along the development continuum. The application focus requirements emphasize that all funding requests must:

- consider evidence-based interventions that respond to the epidemiological context;
- position programs to maximize impact against HIV, TB and malaria; and
- contribute towards building resilient and sustainable systems for health.

Application focus requirements are differentiated along the development continuum by low-income, lower middle-income, and upper middle-income.

What are the application focus requirements for low-income countries (LIC)?

Applicants from low income countries have no restrictions on the programmatic scope of funding for HIV, tuberculosis or malaria but are strongly encouraged to incorporate RSSH interventions, as appropriate.

Funding requests must include, as appropriate:

- interventions that respond to key and vulnerable populations;
- human rights and gender related barriers; and
- vulnerabilities in access to services.

What are the application focus requirements for lower middle-income countries (LMIC)?

Lower middle-income countries must focus 50% of their funding requests on:

- disease specific-interventions,
- on key and vulnerable populations; and/or
- on the 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.

Funding requests must include, as appropriate:

- interventions that respond to human rights and gender related barriers; and
- vulnerabilities in access to services.

¹³ <https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/technical-cooperation/>

What are the application focus requirements for upper middle-income countries (UMIC)?

Upper middle-income countries (UMIC) must focus 100% of their funding request on maintaining or scaling-up 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, as appropriate:

- introduce new technologies that represent global best practice and are critical for sustaining gains and moving towards control and/or elimination; and
- introduce interventions to ensure transition readiness, which should include critical RSSH needs to ensure sustainability, as appropriate, as well as improve equitable coverage and uptake of services.

Upper middle-income countries with a very high disease burden may request funding for key program components, as long as it does not replace existing domestic funding for these interventions.

5. Grant Review and Preparing for Implementation

What role will the Technical Review Panel play in the 2020-2022 funding cycle?

The Technical Review Panel (TRP) will continue to review new funding requests, material grant revisions and Prioritized Above Allocation Requests. They will apply a high degree of differentiation in the scope and depth of the review. The TRP is an independent review body and individuals on the TRP are not Global Fund employees.

What role will the Grant Approvals Committee play in the next funding cycle?

The Grant Approvals Committee (GAC) will review grants which access allocation and catalytic funding (including matching funds, multicountry priorities and strategic initiatives).

The GAC will determine the upper-ceiling for catalytic funding amounts and will confirm when a grant is ready to be recommended to the Global Fund Board for approval. In addition, on a case by case basis (e.g., upon request from Country Teams or the GAC Secretariat) the GAC may also review progress on strategically important areas for key portfolios during grant-making.

What is an 'implementation-ready' grant?

Implementation readiness is when the necessary work and preparation has been done in advance so that grants can be effective and efficient from the very beginning of the grant cycle, shortly after grant signing. Having all grants be implementation-ready is necessary for maximizing grant impact over the entire three years of implementation.

What steps can be taken to ensure that grants are implementation-ready?

There are many steps that can be taken to prepare for implementation while still in the funding request development stage. The early identification and inclusion of the Principal Recipient in the development of funding request is particularly helpful. Submitting detailed budgets and performance frameworks with the funding request can also reduce the amount of time spent in grant-making, allowing for more time and focus to be paid on preparation for implementation.

CCMs and PRs are also advised to develop detailed implementation plans, including identifying all sub-recipients, as early as possible.

6. Grant Revisions

When can I revise my grants?

Grant revision may occur at different stages of the grant lifecycle to promote greater flexibility and impact of investment. All countries should consider appropriate revisions to grants during implementation. The timing of a grant revision request during grant implementation depends on a country's portfolio category:

Portfolio Category	When a grant revision may be submitted during implementation
Focused	Once a year during grant implementation, if warranted by program context
Core	Any time during grant implementation, if warranted by the program context.
High Impact	Any time during grant implementation, if warranted by the program context.

For more information on grant revisions refer to the [Operational Policy Note on Grant Revisions](#) which can be found in the Operational Policy Manual.¹⁴

7. Country Coordinating Mechanisms (CCMs)

How can key and vulnerable populations and members of civil society ensure that their issues are prioritized by their Country Coordinating Mechanism?

To ensure that issues are prioritized by the Country Coordinating Mechanism, key and vulnerable populations and members of civil society should be prepared to participate in country dialogue with an understanding of the epidemiological context in a country and with data that supports the issues being advocated for. Advocates can also point to how their issues align with the [Global Fund Strategic Plan](#)¹⁵ or with the recommendations outlined in the [2017-2019 TRP Observation Report](#).¹⁶

The [Global Fund website](#)¹⁷ contains tips and resources for those wishing to increase the strength of their advocacy during the Country Dialogues.

Have Country Coordinating Mechanism eligibility and performance assessment requirements changed?

The six eligibility requirements with which CCMs must comply remain unchanged for the 2020-2022 funding cycle. However, for eligibility requirement number six, an additional indicator (and two minimum standard indicators) was added, covering the need to enforce the Global Fund's [Code of](#)

¹⁴ "Operational Policy Manual" page 179 found within Key Documents: <https://www.theglobalfund.org/en/documents-by-type/implementers/>

¹⁵ "The Global Fund Strategy 2017-2022" found under "Related Resources": <https://www.theglobalfund.org/en/strategy/>

¹⁶ "Technical Review Panel Observations on the 2017-2019 Allocation Cycle" found under "Allocation-Based Funding Model": <https://www.theglobalfund.org/en/technical-review-panel/reports/>

¹⁷ <https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/country-dialogue/>

[Ethical Conduct](#)¹⁸ and apply the **Conflict of Interest Policy** of the respective CCM throughout the life of Global Fund grants.

Countries that were part of the 'CCM Evolution Strategic Initiative' require no additional assessments. All other countries are required to complete a 'light Eligibility and Performance Assessment' (self-assessment).

What documentation do I need to provide to demonstrate compliance with eligibility requirements one and two?

At the funding request submission stage, the Global Fund will conduct a screening of CCM eligibility criteria one and two, related to i) the inclusive funding request development process and ii) the open and transparent Principal Recipient selection process.

The documentation requested to demonstrate compliance with eligibility criteria one and two is indicated in the [CCM eligibility guidance](#).¹⁹

Does eligibility requirement one still apply for those recommended to use the Tailored for National Strategic Plans application approach?

All applications for Global Fund funding require that CCMs confirm their compliance with CCM Eligibility Requirement 1 (a transparent and inclusive funding request development process).

Applicants using the Tailored for National Strategic Plans application approach must be able to demonstrate that the prioritization of modules and interventions from the NSP was the result of a transparent and inclusive process.

What is the CCM code of conduct?

A new [Code of Ethical Conduct for CCMs](#)²⁰ has been introduced, which outlines how CCM members (including Regional Coordinating Mechanisms, alternates and CCM secretariat employees) should perform their duties, which are outlined in the **Country Coordinating Mechanism Guidance Notes on [Engagement](#), [Operations](#), [Oversight](#), and [Positioning](#)**²¹ and internal CCM policies. As part of the Code, CCM members are required to:

- read, be familiar with and comply with the Code
- certify, upon the Global Fund's request, commitment to act in line with this Code in their roles as CCM members
- act ethically and as positive role models in the context of their membership on the CCM
- support anyone who raises concerns about violations of the Code or the CCM guidelines raise questions and concerns if they become aware of possible violations of CCM guidelines and policies, the Code, or integrity-related laws.

What role does country dialogue play in the next funding cycle?

Country dialogue should take place throughout the grant lifecycle. Country dialogue ensures the development of the funding request and its implementation are connected to the larger context of the country's health sector and disease strategies, effectively engages civil society and key and vulnerable populations, and articulates how impact will be maximized through the Global Fund investment. Inclusive country dialogue remains an essential feature and eligibility requirement for

¹⁸ "Code of Ethical Conduct for Country Coordinating Mechanism Members" found under "Key Documents":

<https://www.theglobalfund.org/en/documents-by-type/country-coordinating-mechanisms/>

¹⁹ "Guidance on CCM Eligibility Requirements 1 and 2" found in 'Funding Model Information': <https://www.theglobalfund.org/en/funding-model/applying/resources/>

²⁰ "Code of Ethical Conduct for Country Coordinating Mechanisms" found under "Key Documents":

²¹ Country Coordinating Mechanism Guidance Notes found under "Key Documents"

the next funding cycle. The CCM is responsible for coordinating country dialogue throughout the funding request, grant-making and grant implementation phases of the funding cycle.

Please see the [Global Fund website](https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/country-dialogue/)²² for more information on participating in Country Dialogue.

8. **Human Rights, Gender, and Key Populations**

How will the Global Fund promote investments in programs for key populations?

The Global Fund strategy for 2017-2022 commits to scaling up evidence-based interventions for key and vulnerable populations, as well as supporting their meaningful engagement in Global Fund-related processes.

Detailed application focus requirements are included in the Sustainability, Transition and Co-financing Policy and listed in section 4 above under the question “What are application focus requirements”. Generally:

- all applicants should include, as appropriate, interventions that respond to key and vulnerable populations, as well as address human rights and gender related barriers and vulnerabilities in access to services.
- lower middle-income countries must focus at least 50 percent of their funding request on key and vulnerable populations and/or the highest impact interventions.
- upper middle-income countries must focus 100 percent of their funding request on interventions that maintain or scale-up evidence-based interventions for key and vulnerable populations.

Why does the Global Fund strategy include a focus on human rights and gender?

Human rights and gender-related barriers, including stigma and discrimination and harmful gender norms, undermine an effective response to the three diseases. Promoting and protecting the rights of people living with and affected by the diseases – including the rights of women, children, adolescents and youth, as well as members of key and other vulnerable populations – is essential.

This not only reduces the personal impact of living with the diseases, but also helps to create an enabling environment that encourages people to access HIV, TB and malaria services. Addressing gender inequality and age-related disparities is also essential for driving down infection rates and reducing barriers to health and social services.

Why is addressing gender-related risks and barriers to health services critical for making strategic investments?

Gender-related risks and barriers to services significantly undermine efforts to end the three diseases. A person’s biological sex and socially constructed gender identity interact to produce different health risks and vulnerabilities to ill health, as well as differences in health-seeking behavior and outcomes. As such, programs to prevent and treat those affected by the three diseases must take into consideration how gender affects risks and the way that people access or do not access services.

What is ‘gender-responsive programming’?

Gender-responsive programs are those in which gender inequities, norms, roles and inequalities have been considered, and measures have been taken to actively address them. Such programs

²² <https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/country-dialogue/>

go beyond raising sensitivity and awareness and do something to address gender inequalities. This means tailoring programs to ensure that everyone is reached with quality and appropriate prevention, treatment, and care services. This also means the programs should include a set of feasible and measurable targets that can be gender- and age-disaggregated.

Why is removing human rights related barriers critical for achieving the greatest impact with our investments?

Human rights barriers, including stigma and discrimination, gender inequality, punitive laws, policies and practices, and violence increase the vulnerability of people to the three diseases and drive people away from life-saving health services. Evidence-based programs that remove these barriers are therefore essential to increase the reach and impact of Global Fund grants by empowering those most affected by HIV, TB and malaria to come forward, take up, and adhere to health services.

How should applicants use funding requests to reduce human rights-related barriers to service?

As highlighted in the Global Fund Sustainability, Transition and Co-Financing Guidance Note,²³ funding requests should include, as appropriate, programs that reduce human rights and gender-related barriers, reduce inequities, and reduce vulnerabilities in access to services in all countries, regardless of income level (see box on right for a list of these programs).

It is important that these interventions support key and vulnerable populations that are experiencing barriers to accessing service, and in particular, that these interventions are integrated into or linked with the prevention and treatment strategies and programs that benefit these populations.

Applicants, as applicable, are expected to:

Essential Programs to Reduce Human Rights-Related Barriers to Services

HIV and TB

- Stigma and discrimination reduction;
- Training for health care providers on human rights and medical ethics;
- Sensitization of law-makers and law enforcement agents;
- Reducing discrimination against women in the context of HIV
- Legal literacy (“know your rights”);
- Legal services; and
- Monitoring and reforming laws, regulations and policies relating to HIV and TB.

TB

(In addition to programs above)

- Ensuring confidentiality and privacy related to TB diagnosis and treatment;
- Mobilizing and empowering TB survivors, TB patients and affected community groups;
- Addressing overly-broad policies regarding involuntary isolation or detention for failure to adhere to TB treatment;
- Making efforts to remove barriers to TB services in prisons;
- Addressing data gaps to inform key and vulnerable population programming, and
- Addressing human rights-related supply chain and procurement issues ensuring access to safe, quality, affordable and reliable drugs, including preventative therapy, and diagnostics.

Malaria

- Human rights and gender assessments of malaria-related risks and vulnerabilities;
- Meaningful participation of affected populations;
- Strengthening of community systems for support of malaria programs;
- Addressing gender-related vulnerabilities and barriers in the context of malaria,
- Improving access to malaria services for refugees and others affected by emergencies;
- Addressing HIV-related barriers to malaria services for those living with HIV; and
- Improved malaria services in prison and pre-trial detention.

²³ “Sustainability, Transition, and Co-Financing Guidance Note” under “Technical Briefs”: <https://www.theglobalfund.org/en/funding-model/applying/resources/>

- Use existing data or conduct assessments of human rights-related barriers to services to identify the barriers and who is affected by them;
- Determine the right combination of the interventions described below that are most likely to remove these barriers and indicate how these should be integrated into prevention and treatment strategies;
- Cost, budget and implement at scale. The goal is to reach comprehensive programming to remove human rights-related barriers to HIV, TB and malaria services.

What are the human rights standards that program implementers should comply with?

The Global Fund aims to ensure that the programs it supports do not infringe upon human rights. Global Fund programs are expected to comply with five minimum human rights standards that are embedded in all Global Fund grant agreements. Principal Recipients of Global Fund grants must disclose any actual or potential non-compliance which could lead to a breach of these standards, and may require the development of a mitigation strategy with the relevant country team(s). These standards establish that implementers should:

- grant non-discriminatory access to services for all, including people in detention;
- employ only scientifically-sound and approved medicines or medical practices;
- not employ methods that constitute torture or cruel, inhumane or degrading treatment;
- respect and protect informed consent, confidentiality and the right to privacy concerning medical testing, treatment or health services rendered, and;
- avoid medical detention and involuntary isolation, which, consistent with WHO guidance, are to be used only as a last resort.

Anyone who has either experienced or personally witnessed a violation of one or more of these standards by a Global Fund grant recipient may contact the Office of the Inspector General (OIG), an independent body which reports directly to the Global Fund's Board.²⁴

Will adolescent girls and young women remain a focus in this funding cycle?

The Global Fund increased investments and programs to address the HIV epidemic amongst adolescent girls and young women in 13 countries in the current funding cycle and will continue this focus in the upcoming grant cycle. Without a more rapid scale-up of prevention of HIV transmission in adolescent girls and young women in sub-Saharan Africa, accelerating progress towards epidemic control will become increasingly intangible, and gains made in the fight against HIV in the past 15 years may be threatened.

For more information on this focus, please refer to the [Adolescent Girls and Young Women Technical Brief](#).²⁵

What is the difference between key, vulnerable, and priority populations?

Broadly speaking, 'key populations' in the context of AIDS, TB and malaria are those that experience a high epidemiological impact from one of the diseases combined with reduced access to services and/or being criminalized or otherwise marginalized. 'Vulnerable populations' are those who fall outside of the definition of 'key populations' but experience a greater vulnerability to and impact of HIV, TB and malaria. Within the funding request forms, we use the term 'priority populations' to ask applicants about the population the grant is focusing on, which may include the

²⁴ For further information on how to report human rights violations to the Office of the Inspector General, please visit: <http://www.theglobalfund.org/en/oig/reportfraudabuse/>. Complaints can be filed anonymously, and no personal details will be communicated without the complainant's prior consent;

²⁵ "Adolescent Girls and Young Women in High-HIV Burden Settings Technical Brief" under "Technical Briefs": <https://www.theglobalfund.org/en/funding-model/applying/resources/>

general population. Outside of the funding applications, we will continue to refer to key and vulnerable populations.

Who are recognized as key and vulnerable populations in the context of the three diseases?

The Global Fund relies on the definition of key and vulnerable populations described in [the Key Populations Action Plan 2014 – 2017²⁶](#) which was developed through a consultative process involving technical agencies, civil society and community groups.

Key populations are people who are at heightened risk of HIV, TB and malaria due to: a) increased risk, vulnerability and/or burden due to biological, socioeconomic and structural factors; b) significantly lower access to services; and c) frequent human rights violations, systematic disenfranchisement and/or criminalization.

In the context of HIV, key populations include, gay, bisexual and other men who have sex with men, people who inject drugs, sex workers, transgender people, people in closed settings and people living with HIV. For TB, prisoners, people living with TB/HIV co-infection, migrants, refugees and indigenous populations and those who survived TB are also recognized as key populations. Key populations in the context of malaria are not defined by the vulnerability to malaria itself but rather based on areas with malaria endemicity, thus the standard definition highlighted in the Key Populations Action Plan may not apply in many contexts. Nonetheless, in some contexts, key populations may include refugees, migrants, internally displaced people and indigenous populations in malaria-endemic areas and those who survived malaria.

Those who fall outside of the above definition of key populations but experience a greater vulnerability to and impact of HIV, TB and malaria, such as adolescent girls and young women in East and Southern Africa, are considered vulnerable populations.

It is important to recognize that the Key Populations Action Plan was developed in 2013. Since then, technical partners and global communities have further developed a more robust concept of key populations, e.g. The Global Plan to End TB determines broad criteria for considering key populations if they have; a) increased exposure to TB due to where they live or work; b) limited access to quality TB services; and c) increased risk due to biological or behavioral factors that compromise immune function. This means that populations such as those working in hospitals or are healthcare professionals, people experiencing homelessness as well as people who use tobacco or suffer from alcohol-use disorders are also considered key populations in TB as per the Global Plan.

In the 2020 – 2022 funding request forms the Global Fund requests that applicants identify *priority populations* - those on whom the grant is primarily focused/targeting. This is to address the nuances indicated above and also allow for interventions that address the general population if relevant.

9. Sustainability, Transition and Co-financing

What is the Global Fund's overall approach to Sustainability, Transition and Co-financing?

The Global Fund Strategy places a strong emphasis on the need to support sustainable national disease responses and resilient and sustainable systems for health. To do this, it emphasizes the need to:

- support countries to successfully prepare for transition away from external financing and towards full domestic financing of the disease response;

²⁶ "Key Populations Action Plan 2014-2017" found under "Community, Rights and Gender": <https://www.theglobalfund.org/en/publications/>

- use existing resources more efficiently; and
- strengthen domestic resource mobilization.

Each of these thematic areas are emphasized in the Global Fund's Sustainability, Transition, and Co-Financing [policy](#),²⁷ which governs the Global Fund's overall approach to supporting countries to strengthen sustainability, increase domestic financing, and prepare for transition from Global Fund financing.

A [Guidance Note](#)²⁸ on this policy is available on the Global Fund website.

What does the Global Fund do to prepare countries for transition from Global Fund support?

Early, robust, multi-stakeholder and country-owned planning is essential for identifying the challenges to successful transitions and for addressing these challenges with national stakeholders, technical partners, and external funders.

When applicable, the Global Fund supports countries to proactively analyze transition challenges depending on different income levels and different country contexts. For countries with high disease burdens and fewer resources, beginning long term sustainability planning may help identify these challenges. As countries experience economic growth, increase their investments in health or fighting diseases, or decrease their disease burden, the Global Fund's emphasis shifts to supporting specific transition planning and requiring higher amounts of domestic support from the country.

What is transition funding?

Transition funding is funding that a country may receive for a specific disease component to support activities related to the transition after that component is no longer eligible for Global Fund financing. Transition funding is intended to support countries to address specific challenges and smooth the transition from Global Fund support. The transition funding grant is intended to be the final grant that the Global Fund will provide, and must fund activities outlined in a country's transition work plan.

What are co-financing requirements and how do they support sustainability?

Increasing domestic investment in health systems and HIV, TB, and malaria disease programs is crucial to the sustainability of Global Fund financed programs. To stimulate additional resources for health and the three diseases, to increase country ownership, and to build the sustainability of national programs, the Global Fund funding model includes specific co-financing requirements for countries accessing Global Fund financing. These co-financing requirements are differentiated based on different income levels and disease burdens of countries, and are designed to gradually support overall increases in health spending while decreasing reliance on Global Fund financing for specific programs and interventions.

What qualifies as co-financing?

Co-financing, in the context of the Global Fund, is all domestic public resources and domestic private contributions to programs supported by the Global Fund that finance the health sector and the execution of national strategic plans. Domestic public resources can include government revenues, government borrowings, social health insurance, and debt relief proceeds. Domestic

²⁷ "Sustainability, Transition, and Co-Financing Policy" found under "Programmatic Documents": <https://www.theglobalfund.org/en/governance-policies/>

²⁸ "Sustainability, Transition and Co-Financing Guidance Note" under "Technical Briefs": <https://www.theglobalfund.org/en/funding-model/applying/resources/>

private contributions include verified contributions from domestic corporations and philanthropies that finance national strategic plans. For more details, please see the Global Fund's Co-Financing [Operational Policy Note](#)²⁹ or the Sustainability, Transition, and Co-Financing [Guidance Note](#).³⁰

What are the specific co-financing requirements for accessing Global Fund financing?

The co-financing requirements include two “core requirements” and an additional co-financing incentive. For the core requirements, countries are required to commit that, during the implementation period, they will:

- progressively increase government spending on health; and
- progressively increase co-financing of Global Fund-supported programs.

What is the co-financing incentive?

At least 15 percent (but more in some cases) of Global Fund allocations are made available to countries when they make additional commitments to invest in either health systems or the national disease responses. To access the co-financing incentive portion of their allocation, countries will need to commit to a specific percentage of additional co-financing investments over and above previous levels of spending, and then realize those commitments.

The focus of these additional co-financing investments are determined by a country's income classification (and in some cases, disease burden). In general, there is flexibility for low-income countries to make investments in health systems. For lower middle-income countries and upper middle-income countries, the focus of additional co-financing becomes more targeted, including for specific disease programs and/or specific interventions (including interventions for key and vulnerable populations in upper middle-income contexts). These requirements are shared with countries in their allocation letters.

What are key aspects of sustainability that should be taken into consideration by countries as they develop funding requests?

Strengthening the sustainability of health systems or national disease responses will depend heavily on country context. The Global Fund approach emphasizes the need to be as flexible and as differentiated as possible. Strengthening sustainability may include a wide variety of focus areas, including (but not limited to):

- enhanced national planning,
- financing,
- programmatic challenges,
- strategic investments in RSSH,
- strengthened efficiency,
- alignment with national systems, or
- strengthened governance of the national response.

The Global Fund encourages all countries to consider activities to strengthen long term sustainability as they engage in country dialogue, develop funding requests, make co-financing commitments, and implement Global Fund grants.

²⁹ Found within Operational Policy Manual (May 2019): under Operational Policy Note on Co-Financing (Page 131), available at: <https://www.theglobalfund.org/en/documents-by-type/country-coordinating-mechanisms/>

³⁰ “Sustainability, Transition and Co-Financing Guidance Note” found within Technical Briefs: <https://www.theglobalfund.org/en/funding-model/applying/resources/>

What does “strengthening community responses and systems” mean practically in terms of what the Global Fund will fund?

Applicants are strongly encouraged to promote and facilitate investments in community-led and community-based organizations as key actors in national responses to AIDS, TB and malaria as well as contributors to resilient and sustainable systems for health (RSSH). Community systems strengthening (CSS) investments can support institutional and organizational capacity development, including governance, financial management, sustainability planning, policy development, leadership development, program management, monitoring systems and data use, evaluation and learning, building and sustaining partnerships, and community organizing and advocacy.

Communities and civil society play an important role in holding service providers and decision makers accountable, and the Global Fund supports community-based monitoring in relation to: availability, accessibility, acceptability and quality of services (e.g. observatories, alert systems, scorecards); health policy, budget and resource tracking, and monitoring of health financing allocation decisions; and/or complaint and grievance mechanisms.

For more information, please see the [RSSH information note](#)³¹.

How should applicants include community systems and responses in their funding requests?

‘Community responses’ are how communities act on the challenges and needs that they face. These responses, including community-led and community-based service delivery interventions, should be included under the relevant modules in the HIV, TB or malaria components of the Modular Framework.

‘Community systems’ is a broad term that describes the structures, mechanisms, processes and actors that are needed to support community responses. Interventions to strengthen community systems (CSS) should be included under the CSS Module in the RSSH component of the Modular Framework.

The Global Fund supports programs that are based on sound national strategies that recognize communities as critical partners in ending the three diseases as epidemics. National planning and budgeting processes should meaningfully engage communities and civil society to ensure that national strategies and costed plans address communities’ needs. This involves attention to not only *which* interventions are included, but *how* they are delivered, including the explicit contributions of community-led and community-based organizations.

Funding requests for CSS should be based on a systematic assessment of needs that is completed *before* a request is developed. This includes using existing studies such as those related to the policy environment of community, rights and gender. Occasionally, it may be necessary to conduct additional assessments *during* the development of a funding request so plans for community systems strengthening have a strong basis and meet the needs of community groups and networks.

Please refer to the Global Fund [Technical Brief on Community Systems Strengthening](#)³² for further guidance.

³¹ “Building Resilient and Sustainable Systems for Health through Global Fund Investments Information Note” found under “Core Information Notes”: <https://www.theglobalfund.org/en/funding-model/applying/resources/>

³² “Community Systems Strengthening Technical Brief” found under “Technical Briefs”: <https://www.theglobalfund.org/en/funding-model/applying/resources/>

10. Catalytic Investments

What are catalytic investments?

Catalytic investments are a portion of funding for Global Fund-supported programs, activities and strategic investments that are not adequately accommodated through country allocations but that are essential to achieve the aims of the Global Fund Strategy 2017-2022 and global partner plans.

For the 2020-2022 cycle, catalytic investments comprise:

- matching funds to incentivize the programming of country allocations for specific priority areas;
- multicountry approaches for critical, pre-defined areas that span national borders; and
- strategic initiatives that are needed to support the success of country allocations but cannot be funded through country grants.

The amount of funding available for catalytic investments in the 2020-2022 funding cycle was set by the Global Fund at US\$890 million.

More information on catalytic investments can be found on the [Global Fund website](#).³³

What are matching funds?

Matching funds are designed to inspire ambitious programming approaches driven by evidence, to maximize impact in specific strategic priority areas.

They require applicants to meet specific programmatic and financial conditions to access this additional funding. These requirements are outlined in the allocation letters sent to applicants in December 2019.

What are the matching funds priority areas?

The possible matching funds priority areas for 2020-2022 are:

- HIV prevention: Adolescent girls and young women in high prevalence settings
- HIV prevention: Scaling up community-led key population programs
- HIV prevention: Condom programming
- HIV prevention: Differentiated HIV service delivery - self-testing
- HIV: TB preventive treatment for people living with HIV, with a family approach
- TB: Finding missing people with TB
- TB: Strategic engagement in Western and Central Africa
- Cross cutting: Programs to remove human rights-related barriers to health services
- RSSH: Data science in community health

Who is eligible for matching funds?

Eligible countries will be informed in their allocation letters if they have been designated any matching funds, as well as the specific conditions required to access these funds.

³³ <https://www.theglobalfund.org/en/funding-model/before-applying/catalytic-investments/>

How do I request matching funds?

Matching funds are only available to applicants with designated matching funds as indicated in their allocation letter.

There will be no separate matching funds application form; applicants are expected to describe how they have met the programmatic and financial conditions tied to their matching funds award within the funding request. Matching funds will then be reviewed and awarded as part of the total funding request.

How will multicountry grants be funded?

Groups of applicants with allocation funding can pool their individual allocations and submit a single multicountry funding request. CCMs should contact their Country Team for more information on submitting a pooled application.

Catalytic multicountry or regionally focused programs will be funded through a limited amount of catalytic investment funds. The Global Fund Board has determined that up to US\$208 million in catalytic funding will be invested in catalytic multicountry programs in specific priority areas.

The possible priority areas are:

- Addressing Drug Resistance in the Greater Mekong Sub-region;
- Scaling up Community-Led Key Population Programs³⁴;
- Key Populations and Sustainability;
- TB Multicountry Approaches; and
- Malaria Elimination in Southern Africa.

Information on when and how to access strategic multicountry funding will be made available in early 2020 on the Global Fund [website](#).³⁵

What are Strategic Initiatives?

Strategic initiatives are catalytic investments that are needed to support the success of country allocations, but cannot be funded through country grants.

More information on the Strategic Initiatives approved by the Global Fund Board is available on the [Global Fund website](#).³⁶

³⁴ Will either be implemented through Multi-Country or Matching Funds depending on changes to country HIV allocations

³⁵ <https://www.theglobalfund.org/en/funding-model/before-applying/catalytic-investments/>

³⁶ <https://www.theglobalfund.org/en/funding-model/before-applying/catalytic-investments/>



11. **Annex 1: List of Documents to be Submitted with the Funding Request**

The scope of information required for a funding request differs between application approaches, however many of the required documents remain the same. Applicants should consult the appropriate funding request templates and instructions on the Global Fund [website](#) for information on specific documentation submission requirements. Below is a summary of documents that are required at the funding request stage:

- Funding Request form
- Programmatic Gap Table(s)
- Funding Landscape Table(s)
- Performance Framework
- Budget
- Prioritized Above Allocation Request (PAAR)
- CCM Endorsement of Funding Request
- CCM Statement of Compliance
- Supporting documentation to confirm meeting co-financing requirements for 2017-2019 Allocation Period
- Supporting documentation for co-financing commitments for 2020-2022 allocation period
- National Strategic Plans (Health Sector and Disease specific)
- Supporting documentation if referenced in the funding request
- Health Product Management Tool (if applicable)
- Transition Workplan (for Transition applicants only)
- Transition Readiness Assessment (if available)
- Implementation Arrangement Map(s)
- Essential Data Table (updated)
- List of Abbreviations and Annexes