

# Frequently Asked Questions

2020-2022 Funding Cycle

September 2019

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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 will continue 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 2020, which will be the basis for eligibility for allocations for the 2020-2022 funding cycle, will be available [here](#) once it is published. Note that eligibility for Global Fund funding does not guarantee an allocation.

### **How much money will be available for 2020-2022?**

The total amount of funds available for the 2020-2022 funding cycle will be determined following the Replenishment Conference, which is taking place in October 2019.

### **How much money is the Global Fund seeking 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 Global Fund is seeking to raise at least US\$14 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.

### **How are country allocations determined?**

The 2020-2022 allocations are determined by applying the allocation methodology approved by the Board.

Funds are allocated to country programs by applying a formula that is based on each country's disease burden (as recommended by technical partners) and economic capacity (based on GNI per capita). The allocation formula also ensures that no country component awarded an allocation receives less than \$500,000, no country component receives more than 10% of total funding for that disease, and no country receives more than 7.5% of the total portfolio funding – in line with Strategy Committee-approved minimums and maximums.

Further adjustments are made to take into account other external financing and to ensure that countries face smooth changes in funding levels (whether their allocation is increasing or decreasing). In addition, the Global Fund refines allocations during a qualitative adjustment process to address specific country situations that are not fully captured in the allocation formula, such as the needs of populations disproportionately affected by the diseases, as well as the performance of disease programs and their capacity to absorb the available funds.

## **Who will receive allocation letters?**

Countries awarded an allocation will receive an allocation letter in December 2019. This allocation letter will be sent to the Chair of the Global Fund Country Coordinating Mechanism (CCM). It will include information specific to each CCM including which application type to use for the funding request(s).

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

The Global Fund encourages applicants to submit integrated funding requests or apply for their full allocation in one submission window however this is not mandatory. What is required is that countries submit no more than one funding request for each eligible component and those countries with a high co-infection of TB and HIV are required to submit a joint application. A decision on program split by the applicant is required before any funding request is submitted. Regardless of when funding requests are submitted, applicants should ensure that interventions funded through disease specific applications take into consideration the needs across diseases and of 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).

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.

## **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 applicant'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. Applicants 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 will be indicated in the allocation letter.

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

As part of the allocation methodology the Secretariat will apportion 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.

Applicants will receive an indicative program split for their country in their allocation letter and will then be expected to confirm the program split or propose an adjusted split.

## **3. Application Process**

### **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. A change for this approach is that the core documents (e.g. Performance Framework, 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 can be integrated into the other application approaches to help adapt the application for the unique challenges faced in their context.

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.

## **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 to Focused Portfolios approach?**

The Tailored to 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.

Focused portfolios are countries with allocation amounts of less than \$US30 million. For the 2017-2019 cycle, countries with a Focused portfolio represented 5.4 percent of the total Global Fund allocation and a 4.6 percent share of the composite disease burden.

## **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 require no significant changes to continue implementation with minimal distraction;
- 2) Tailored for Focused Portfolios: application is streamlined and designed to meet the needs of countries with smaller funding amounts and disease burden, 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, 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 will be informed of the amount of funding they can access, as well as the application approach, in an allocation letter from the Global Fund, planned to be sent in December 2019.

## **How is the application approach determined?**

- 1) As a first step, the Global Fund gathers information and conducts analysis on existing country programs. This analysis considers factors such as a country's portfolio type (Core, Focused or High Impact), if they are receiving transition funding and if they used Program Continuation for the 2017-2019 cycle.

- 2) Based on this analysis, the Secretariat recommends an application approach for each country program. This recommendation is reviewed and confirmed by the Grant Approvals Committee.
- 3) The application approach for each program is then communicated to applicants in their allocation letter.

### **Can I choose which application approach to follow?**

The Global Fund recommends the approach for each country program and communicates this to countries in the allocation letter. In most cases, countries are expected to use the recommended application approach. However, countries invited to use Program Continuation can opt into Full Review. Countries invited to use Tailored for National Strategic Plans can opt into the Full Review if they are designated as Core or High Impact countries or 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 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 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.

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

The Global Fund will invite 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 considers 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 complete, etc.), then it can opt into the Full Review or Tailored for Focused Portfolios application approaches as applicable.

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

This is the approach that will be used by the majority of countries that are classified as Focused portfolios unless requested to use the Tailored for Transition or invited to use the Tailored for National Strategic Plans application approaches. Focused portfolios could also opt into the Tailored for Transition approach.

## **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.

## **How is eligibility for Full Review determined?**

This approach is typically for Core and High Impact countries. Components will be advised to use the Full Review application if they are not eligible for the Tailored for NSP or the Program Continuation approaches.

## **How can I find out which application approach a country component is following?**

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.

## **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.

## **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 the additional time and effort of applying for a grant extension as well as developing a funding request for the remaining allocation amount.

## **4. Preparing a Funding Request**

### **What are the submission dates for funding requests?**

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

### **What is the Prioritized Above Allocation Request (PAAR)?**

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

As of July 2019, \$US1.3 billion was funded from the Register of Unfunded Quality Demand in the 2017-2019 funding cycle. Of this, almost US\$800 million was due to 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 they are able to integrate into grants when savings or efficiencies are found during grant-making or can be integrated into 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.

### **Are countries still able to determine program split?**

Program split remains largely unchanged. Countries will be 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 are approved by the Board, provided the CCM discusses and votes on any new split and submits an updated program split confirmation and justification for Global Fund review. As grants are approved by the Board, the split for that component is locked in.

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

Guided by the [Global Fund Strategy for 2017-2022](#), 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 systems. 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.

### **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 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 examples include developing National Strategic Plans, convening multi-stakeholder meetings, or collecting health financing data. For questions on the grant revision process, please contact the Global Fund Country Team for 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.

## **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. The Review Process**

### **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 in an independent and transparent way. They will apply a high degree of differentiation in the scope and depth of the review.

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

The Grant Approvals Committee (GAC) will review grants accessing 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 be needed during grant-making.

## 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 revising grants during grant-making or 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<sup>1</sup>.

### 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<sup>2</sup> and may be updated periodically. Any change will be communicated to relevant countries.

## 7. Country Coordinating Mechanisms (CCMs)

### How 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 Ethical Conduct](#) and apply the CCM's **Conflict of Interest Policy** 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 EPA' (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 the inclusive funding request development process and the open and transparent Principal Recipient selection process.

<sup>1</sup> Found within Key Documents: <https://www.theglobalfund.org/en/documents-by-type/implementers/>

<sup>2</sup> Found within Key Documents: <https://www.theglobalfund.org/en/documents-by-type/implementers/>

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

### **What is the CCM code of conduct?**

A new [Code of Ethical Conduct for CCMs](#) 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 [Guidelines and Requirements for CCMs](#) and internal CCM policies. As part of the Code, CCM members are required to:

- read, be familiar 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 continue 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 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.

## **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. As an example of this, the allocation methodology includes qualitative adjustment factors that aim to reflect the needs of key populations.

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 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 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 Policy and application focus requirements, 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:

- 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 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;

## 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.

- 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.<sup>3</sup>

### **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](#).

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

### **Who are universally 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 – 2017](#) 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 as the vulnerability to malaria itself is based on areas with malaria endemicity (and different to HIV and TB), thus the standard definition highlighted in the Key Populations Action Plan may not apply in many contexts. Nonetheless, in

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<sup>3</sup> 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;

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 had 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, homeless 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.<sup>4</sup>

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.

## 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;
- 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<sup>5</sup> policy, 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.

### **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.

The Global Fund supports countries, as applicable, 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.

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<sup>4</sup> Stop TB Partnership. The Global Plan to End TB – the paradigm shift 2016 – 2020. Accessed at: <http://www.stoptb.org/global/plan/>

<sup>5</sup> A guidance note on this policy found within Technical Briefs: <https://www.theglobalfund.org/en/funding-model/applying/resources/>



## **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 that finance the health sector and the execution of national strategic plans supported by the Global Fund. Domestic public resources can include government revenues, government borrowings, social health insurance, and debt relief proceeds. Domestic 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<sup>6</sup> or the Sustainability, Transition, and Co-Financing Guidance Note.<sup>7</sup>

## **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
- 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 additional co-financing investments over and above previous levels of spending, and then realize those commitments.

The amount and 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.

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<sup>6</sup> Found within Operational Policy Manual (May 2019): <https://www.theglobalfund.org/en/documents-by-type/country-coordinating-mechanisms/>

<sup>7</sup> Found within Sustainability, Transition and Co-Financing Documents: <https://www.theglobalfund.org/en/documents-by-type/applicants/>

## **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.

## **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<sup>8</sup> 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.

## **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

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<sup>8</sup> ‘Community systems’ is a broad term that describes the structures, mechanisms, processes and actors that are needed to support community responses.

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 community, rights and gender policy environment. 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](#) for further guidance.

## 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 total number of catalytic priority areas and amount of funding available for catalytic investments in the 2020-2022 funding cycle will be determined following the outcome of the Replenishment conference.

### 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.

### What are the matching funds priority areas?

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

- HIV: Scaling up community-led key population programs;
- HIV: Adolescent girls and young women;
- TB: Finding missing TB cases; and
- Cross-cutting: Addressing human rights barriers.

### 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.

### **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. Contact your Country Team for more information on submitting a pooled application.

Strategic 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 strategic multicountry programs in specific priority areas. The final amount will be determined after the Replenishment conference in October 2019. Depending on the funding level, the possible priority areas are:

- Addressing Drug Resistance in the Greater Mekong Sub-region;
- Scaling up Community-Led Key Population Programs<sup>9</sup>;
- 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 by early 2020 on the Global Fund [website](#).

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<sup>9</sup> Will either be implemented through Multi-Country or Matching Funds depending on changes to country HIV allocations

## 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)
- All supporting documentation 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