
Applicant Handbook 2020-2022

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GENEVA, SWITZERLAND

Table of Contents

1. Background	4
1.1 Introduction	
1.2 What's New and Different	
2. Preparing for the Next Funding Cycle	6
2.1 Ensure Country Dialogue Is Ongoing	
2.2 Plan for Submission	
2.3 Think Carefully About Health and Community System Needs	
2.4 Conduct Program Reviews and Update National Strategic Plans	
2.5 Request Technical Cooperation if Appropriate	
2.6 Strengthen Sustainability and Prepare for Transition	
2.7 Keep CCM Eligibility In Mind	
3. Allocation	15
3.1 Replenishment	
3.2 Eligibility	
3.3 Allocation	
3.4 Catalytic Investments	
3.5 The Allocation Letter	
3.6 The Five Application Approaches	
4. Developing the Funding Request	19
4.1 Country Dialogue in Funding Request Development	
4.2 Confirming Program Split	
4.3 Joint Funding Requests	
4.4 Components of the Funding Request Application	

5. After Submission	23
5.1 Technical Review Panel (TRP)	
5.2 Grant Making	
5.3 Grant Approvals Committee (GAC)	
5.4 Grant Signing	
5.5 Publicly Available Information	
6. Further Information on Sustainability, Transition, and Co-Financing	26
6.1 Co-Financing	
6.2 Application Focus Requirements	
7. Further Information on Country Coordinating Mechanism Eligibility Requirements	33
7.1 Documentation of compliance with Eligibility Requirement 1 and 2	
7.2 Minimum standards for implementers	
7.3 Case Study: Georgia's transparent and inclusive Funding Request preparation	
8. Further Information on Key and Vulnerable Populations	36
8.1 Key Populations in the Context of HIV	
8.2 Key Populations in the Context of Tuberculosis	
8.3 Vulnerable Populations in the Context of Malaria	
9. Acronym List	37
9.1 List of Commonly Used Abbreviations	

1. Background

1.1 Introduction

The Applicant Handbook supports the preparation of funding requests for the 2020-2022 Allocation Period. It offers practical information and best practices for the different stages of the application process. Supporting resources and tools available related to each stage are also indicated.

The Applicant Handbook is designed to provide summarized information on the key steps required to access funding from the Global Fund. The final authority on this process is the Global Fund Operational Policy Note on [Design and Review of Funding Requests \(2020-2022 Allocation Period\)](#)¹.

Please note: Where CCM (Country Coordinating Mechanism) is mentioned, this relates generally to all applicants, including Multicountry Coordinating Mechanisms, Regional Organizations, and non-CCMs as relevant.

1.2 What's New and Different

As a part of the preparations for the new funding cycle, the Global Fund took the opportunity to ask applicants, Country Teams, and partners what was working well about our application process and what could work better. We made a few changes based on this feedback. Here are five things to know about what is new or different for this cycle.

#1. Refinements, not a Redesign

Our partners told us we should continue to simplify, but not make any major changes. Taking this advice, we made some small improvements to make our application process even smoother. This means that applicants can focus on implementing programs and delivering impact, rather than learning and meeting new requirements.

#2. A Streamlined application for Focused countries

We have introduced **a new application**: the Tailored for Focused Portfolios application approach. This approach is for countries with smaller allocation amounts and disease burdens, classified as Focused Portfolios in the Global Fund. The streamlined application reflects the targeted nature of the Global Fund's investment and ensures it produces maximum impact.

Focused Portfolio countries which are transitioning from Global Fund funding will also use the same application which, combined with a transition annex, make up the Tailored for Transition application approach.

By further differentiating the way that funding requests are presented and reviewed, we created a simpler approach that can be used by almost half of the countries which receive an allocation from the Global Fund.

The remaining application approaches are familiar as they were introduced in the current cycle with small improvements for the next cycle: Tailored for National Strategic Plans, Program Continuation and the Full Review.

¹ "Design and Review of Funding Requests (2020-2022 Allocation Period)" found starting on Page 12/Section 1.1 of the "Operational Policy Manual" found under "Programmatic Documents": <https://www.theglobalfund.org/en/governance-policies/>

#3. Emphasis on systems integration

We aim to make sure our health systems investments are efficient and effective.

To do this, we're encouraging applicants to:

- **Focus on results:** Measure results of Resilient and Sustainable Systems for Health (RSSH) investments more rigorously against improvements in disease outcomes and health system performance.
- **Promote innovation:** Test bold innovations and evaluate them rigorously. Innovations need to be practical and efficiently use limited resources.
- **Apply systems thinking:** Transition from short-term, input-focused support to more strategic systems thinking. This can be achieved by considering needs across HIV, TB, malaria and related health programs, as well as the broader health system which includes the community. Applicants are encouraged to explore how common systems constraints such as laboratory systems, supply chains or human resources impede progress in the fight against the diseases.
- **Consider equity issues:** Design investments to reach all people, keeping in mind that HIV, TB, and malaria disproportionately affect different populations including the poorest households, women and children, or key populations, depending upon the epidemic. Focus on the community.

By taking a systems approach, we can be more efficient and effective in improving health outcomes for all and ensuring the sustainability of our investments.

To learn more about systems integration, please see the [RSSH Information Note](#) ².

#4. A new tool for data-driven funding requests

We're introducing a new tool to assist in funding request creation and review: the **Essential Data Tables**.

For the new allocation period, the Global Fund will pre-fill Essential Data Tables with the most recent data that we and our global health partners have related to demographics, disease components and cross-cutting issues.

The tables will be sent to applicants by Country Teams. Applicants do not need to validate the data, as it is provided by technical partners and official sources, but they are encouraged to add more current data, if available. The data provided in the tables complements the contextual information which applicants will provide in the funding request, making it even easier to identify and justify prioritized requests based on the analysis of data.

The Essential Data Tables will also support the funding request review process, giving the Technical Review Panel a uniform and standardized reference dataset to support decision-making.

#5. The Prioritized Above Allocation Request

The Prioritized Above Allocation Request (or PAAR) is a central piece of the funding request. To ensure that all applicants have interventions which are ready to be integrated into grants as soon as new funding is identified, the PAAR now needs to be submitted at the same time as the funding request.

The PAAR is a list of costed and prioritized interventions for which funding is needed, but which cannot be funded from the country allocation. The amount requested in the PAAR should be equivalent to at least 30% of the allocation amount. Proposed interventions which are judged to be technically sound are placed on the Global Fund's Register of Unfunded Quality Demand.

In the 2017-2019 funding cycle, over US\$1.2 billion went towards funding interventions from the Register of Unfunded Quality Demand.

²"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/>

2. Preparing for the Next Funding Cycle

The Global Fund has found that preparations for the next funding cycle should start well before the allocation letters are received. Here are some recommendations on how to prepare for a smooth funding process:

2.1 Ensure Country Dialogue Is Ongoing

Country dialogue is an ongoing process at the country level that can include civil society, key and vulnerable populations³, youth, adolescent girls and young women, implementers, faith-based organizations, country governments, academia, the private sector, donors, and bilateral, multilateral and technical partners. The purpose of country dialogue is to achieve maximum impact in health outcomes. For the Global Fund, country dialogue is about determining the right national strategies and activities to end the HIV and TB epidemics and to eradicate malaria. Country dialogue should be a nationally owned and led process and may be more or less formal according to the country.

Depending on the stage of the funding cycle, different groups take the lead in coordinating Global Fund-specific country dialogue input from other partners.

Funding Request:

Country Coordinating Mechanisms (CCMs) lead country dialogue. It is an eligibility requirement that applicants be able to demonstrate that the funding request has been developed through a transparent and inclusive process that engages a broad range of stakeholders, including civil society and key and vulnerable populations.

Grant-making:

Principal Recipients, with CCM oversight, lead country dialogue focused on the development of the grants. Country dialogue should inform program design to ensure interventions reach relevant populations.

Grant implementation:

CCM and Principal Recipients jointly lead on-going country dialogue, focused on increasing the impact and effectiveness of the Global Fund grant. Ongoing country dialogue supports the Principal Recipient and key implementers in successfully optimizing the implementation of the grant.

³ To learn more about who are universally considered key and vulnerable populations, please see Chapter 10: "Further Information on Key and Vulnerable Populations"

Tips for Country Dialogue:

- Establish a key and vulnerable population’s sub-committee at the CCM level to develop a plan for engaging key and vulnerable populations.
- People most affected by the diseases are often unable or unwilling to travel to urban areas for country dialogue consultations. Instead, organize consultations at the community level in relevant and safe locations and at appropriate times to maximize inclusive participation. Ensure these meetings are run in the local language.
- Ensure timelines for funding request development are broadly shared in advance. This includes the plans for country dialogue consultations.
- Consult with civil society organizations representing key and vulnerable populations.
- Consider online tools such as e-surveys and email interviews that allow key and vulnerable populations to participate anonymously
- Country dialogue is more successful where it has the leadership, engagement and support of key and vulnerable populations. This approach is called ‘nothing about us without us.’

To learn more about country dialogue, please see:

[How We Engage: Stories of Effective Community Engagement on AIDS, Tuberculosis and Malaria⁴](#)

[Making the money work for young people: a participation tool for the Global Fund to Fight AIDS, Tuberculosis and Malaria⁵](#)

[Working Together: A Community-Driven Guide to Meaningful Involvement in National Responses to HIV⁶](#)

2.2 Plan for Submission

The Global Fund has defined dates for funding request submissions and associated review windows. There are three windows for funding request submission during 2020. Funding windows for 2021 will be communicated at a later date.

Window	Submission Date	Technical Review Panel Dates
1	23 March 2020	27 April – 2 May 2020
2	25 May 2020	29 June – 5 July 2020
3	31 August 2020	5-11 October 2020

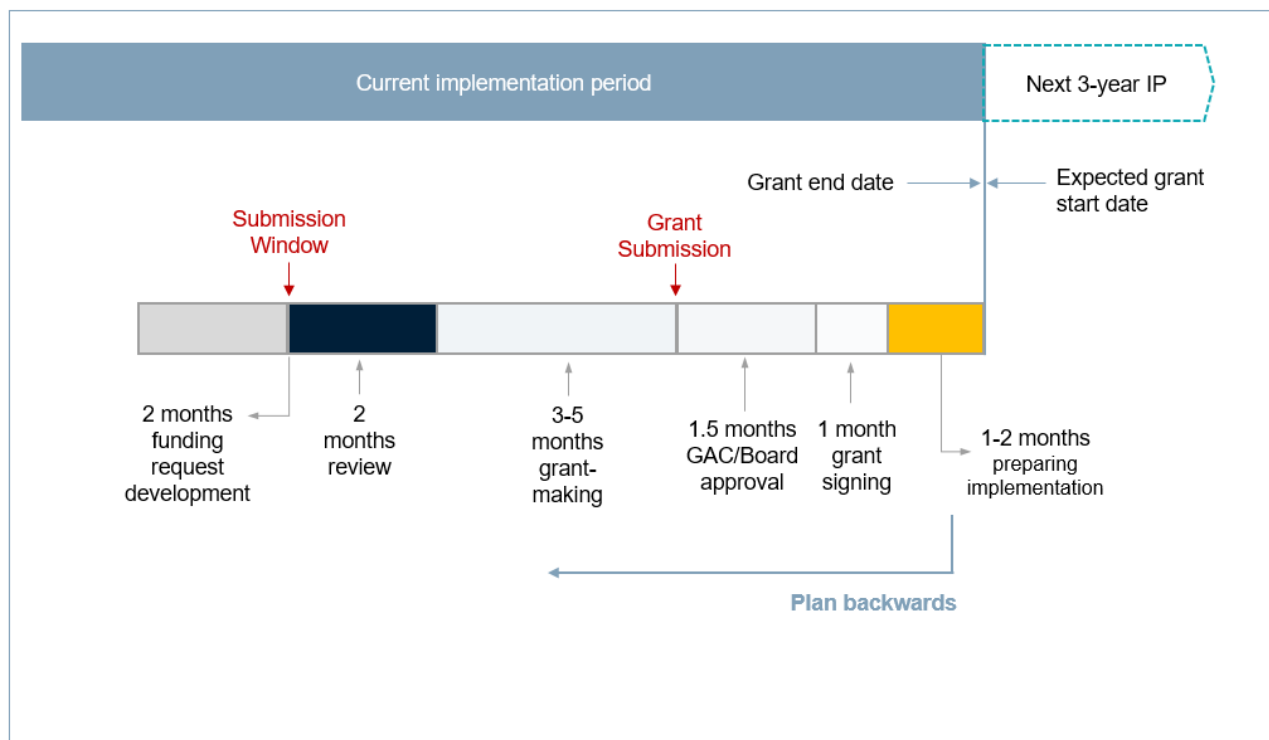
Applicants will work with Global Fund Country Teams to identify an appropriate review window. Country teams will then register the applicant for the review window. All grant documents will be completed offline using relevant templates, and then will be loaded into the Global Fund system by the Country Team.

⁴ “How We Engage: Stories of Effective Community Engagement on AIDS, Tuberculosis and Malaria” found under “Case Studies”: <https://www.theglobalfund.org/en/funding-model/applying/resources/>

⁵ “Making the money work for young people: a participation tool for the Global Fund to Fight AIDS, Tuberculosis and Malaria” found at UNAIDS under “Publications about young people and HIV”: <https://www.unaids.org/en/topic/young-people/publications>

⁶ “Working Together: A Community-Driven Guide to Meaningful Involvement in National Responses to HIV” found under “Community Involvement-Global Fund”: <http://icaso.org/working-together/>

It is important to plan sufficiently in advance to ensure funding is available to support programs without interruption, and to ensure that the planned program is implementation-ready by the start of the next implementation period. When planning, CCMs should allow adequate time for inclusive dialogue, funding request development, review processes, grant-making and grant approval.



The overall process from submission of the funding request to grant signing may take 9 months (or longer in some cases depending on the length of grant-making).

2.3 Think Carefully About Health and Community System Needs

Building resilient and sustainable systems for health (RSSH) is essential for ending HIV, TB and malaria as epidemics. Common constraints in both community and formal health services impede the delivery of essential health services and threaten progress in the fight against the three diseases. Investing in RSSH yields broad health outcomes and enables health care to be delivered in a sustainable, equitable and effective way while accelerating progress toward better health and wellbeing for all. The Global Fund, in partnership with our many stakeholders, is committed to helping deliver this by 2030.

In parallel to examining the programmatic gaps in each of the national disease responses, applicants should also perform a robust needs assessment and gap analysis of health and community systems, using evidence to drive investment priorities. In order to efficiently and effectively deliver patient-centered health services, applicants are encouraged to explore opportunities for integration across the three diseases and within broader systems for health. Areas to explore include: labs, supply chains, data systems, community-based monitoring, community mobilization, advocacy and organizational development, and human resources for health at the community and facility level. Applicants should also assess how to engage with the private sector, which accounts for a sizeable proportion of care in many countries.

During County Dialogue

Countries are strongly encouraged to take an inclusive approach to country dialogue that broadens participation to include stakeholders involved in health and community systems strengthening. This will enable CCMs to identify strategic health systems priorities.

Key questions to be addressed during the process include:

- Is the country sufficiently addressing cross-cutting health systems constraints and identifying interventions for building health systems that drive better outcomes for HIV, TB and malaria and increase the health system's performance more broadly?
- Are the identified RSSH interventions building the capacity of health systems to scale up integrated, patient-centered service delivery and improve quality, equity, efficiency and sustainability of services, particularly in hard-to-reach areas and those targeting key affected and underserved populations?
- Are the investments in RSSH more focused on health systems support (i.e. mostly short-term funding of inputs) or focused on health systems strengthening (activities that last beyond the funding cycle)? Countries should increasingly adopt strengthening interventions.
- Are investments to build health systems harmonized with national health sector plans?
- Is there any potential complementarity with government and other donors' investments into health system interventions?
- Has the country identified opportunities for innovation and evaluation?
- Finally, the country level dialogue should analyze the national budget for health, taking into consideration how it compares to the overall national budget, recent trends and planned increases or decreases in it, how it compares to the GNP and how it compares (in the case of African countries) to the health expenditure goal of 15% in the Abuja Declaration.

During Funding Request Development

Countries are encouraged to base their funding request for RSSH interventions on a gap analysis and needs assessment. The analysis should support the case for RSSH investment. Evidence should demonstrate a clear understanding of what the problem is, and how the RSSH investment will help resolve shared problems and lead to better delivery of services and impact across the three diseases. The need for specific analytical evidence may vary from country to country, but applicants should consider including the following information:

- Overview of the country's national strategy priorities, including National Strategic Plans (i.e. for HIV/AIDS, TB, malaria) and the broader health sector strategy, including RMNCAH (Reproductive, Maternal, Newborn, Child, and Adolescent Health) goals. Based on a review of national strategies, stakeholders may identify explicit HIV, TB and/or malaria-related objectives that can be addressed by RSSH interventions, and prioritize them based on country-specific circumstances.
- Performance assessment of the prioritized health system components for which funding has been requested (e.g. Human Resources for Health, Health Management Information Systems, and Community Systems Strengthening). This would identify explicit gaps and weaknesses and highlight the need for specific RSSH support.
- Summary of the country's progress towards universal health coverage, its financing and essential health packages content to enable the Global Fund to see the broader RSSH needs of the country.
- Overview of the national and donor-supported RSSH investments, programs and interventions. This analysis would ensure that the Global Fund's RSSH investments complement ongoing efforts to avoid duplication or overlap.
- Overview of current domestic and donor-support investments in HIV/AIDS, TB, malaria and RMNCAH. This analysis would inform the alignment of RSSH support with investments in disease programs (e.g. in case of large-scale procurements of medicines and health

products through disease grants, cross-cutting support may be needed to strengthen an integrated supply chain system for improved distribution and delivery).

- Assessment of absorptive capacity for additional support and scale-up.

To learn more about strengthening health systems, please see the [RSSH Information Note](#)⁷.

For a summary list of modules and interventions available for RSSH funding, please see the table below.

Summary of RSSH Modules and Interventions

Module	Intervention
Health products management and systems strengthening	Policy strategy and governance Storage and distribution capacity Procurement capacity Regulatory and quality assurance support Avoidance, reduction and management of health care waste
Health management information systems and M&E	Routine reporting Program and data quality Analysis, evaluations, review and transparency Surveys Administrative and finance data sources Civil registration and vital statistics
Human resources for health including community health workers	Education and production Remuneration & deployment In-service training Policy and governance frameworks
Integrated service delivery and quality improvement	Quality of care Service organization and facility management Service infrastructure
Financial management systems	Public financial management systems Routine grant financial management
Health sector governance and planning	National health sector strategies and financing Policy and planning for national disease control programs
Community systems strengthening	Community-based monitoring Community-led advocacy and research Social mobilization Building community linkages and coordination Institutional capacity building, planning and leadership development
Laboratory systems	National laboratory governance and management structures Infrastructure and equipment management systems Quality management systems and accreditation Information systems and integrated specimen transport networks Laboratory supply chain systems.

For full descriptions of the interventions aligned with RSSH investments, please see the [Modular Framework Handbook](#)⁸.

⁷ “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/>

⁸ “Modular Framework Handbook” found under “Funding Model Information”: <https://www.theglobalfund.org/en/funding-model/applying/resources/>

2.4 Conduct Program Reviews and Update National Strategic Plans

Rather than providing funding on the basis of a separate project, which can lead to fragmentation of efforts and a heavy administrative burden for both countries and donors, the Global Fund encourages applicants to base funding requests on National Strategic Plans for the diseases. National Strategic Plans are country-owned and provide the overall strategic direction for a country over a period of time. The plans may be further supported by implementation plans (annual, bi-annual or three-year plans) and other operational documents, including a costed and prioritized budget. National Strategic Plans should be aligned with the overarching national health strategy and national health plan in a country.

For specific guidance on National Strategic Plans, please refer to the International Health Partnership's [JANS tool](#) and to technical partner guidelines (linked below) on NSP development.

In the absence of an up-to-date National Strategic Plan, applicants should consider conducting a program review at the country level to strengthen their national planning. In cases where a country does not have a strong National Strategic Plan, a disease specific investment case can be developed with technical cooperation.

To learn more about creating National Strategic Plans, please see:

[JANS Tool and Guidelines](#)⁹

[Global Fund Core Information Notes and Technical Briefs](#)¹⁰

[Global Fund Sustainability, Transition and Co-Financing Policy](#)¹¹

Strategic Investment Guidance from Technical Partners:

[UNDP HIV and the Law](#)¹²

[WHO HIV Guidelines](#)¹³

[WHO TB Guidelines](#)¹⁴

[WHO Malaria Guidelines](#)¹⁵

2.5 Request Technical Cooperation if Appropriate

As countries design, implement and evaluate programs to fight HIV, tuberculosis, and malaria, as well as strengthen Resilient and Sustainable Systems for Health, they may discover capacity gaps and challenges that hinder the impact of their efforts. In many circumstances, technical cooperation may help strengthen country capacity to address these gaps and challenges and thereby maximize impact.

Global Fund defines technical cooperation (sometimes also referred to as 'technical assistance or 'technical support') as the engagement of people with specific and relevant technical expertise to support inclusive country dialogue, preparatory activities, grant-making processes or implementation of Global Fund-supported programs. Technical support, which can be short or long term, seeks to strengthen the capacity of individuals and institutions to undertake the relevant activities.

⁹ <https://www.uhc2030.org/what-we-do/coordination-of-health-system-strengthening/jans-tool-and-guidelines/>

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

¹¹ "Sustainability, Transition, and Co-Financing Policy" found under "Co-Financing": <https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/co-financing/>

¹² "National Dialogues on HIV and the Law" found under "A practical manual for UNDP regional HIV teams and country offices": <https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/a-practical-manual-for-undp-regional-hiv-teams-and-country-offices/>

¹³ <https://www.who.int/hiv/pub/en/>

¹⁴ <https://www.who.int/tb/publications/en/>

¹⁵ <https://www.who.int/malaria/publications/en/>

To learn more about which technical cooperation resources may be available, please see [Technical Cooperation Resources on the Global Fund website](#)¹⁶

2.6 Strengthen Sustainability and Prepare for Transition

Countries, together with global development partners, have made significant progress in the fight against HIV, tuberculosis and malaria. But accelerating the end of the epidemics will only be achieved with sustainable health systems that are fully funded and managed by countries through their own domestic resources. As part of its efforts to support countries to strengthen sustainability, there are several thematic areas that the Global Fund recommends all countries consider to enhance the sustainability of HIV, TB, and malaria programs as well as the overall health sector. These include:

- Strengthening national planning, including development of robust, costed, and prioritized National Strategic Plans
- Strengthening domestic resource mobilization for health and the three diseases
- Where possible, implementing through national systems and strengthening alignment of Global Fund support with those systems
- Enhancing strategic investments in Resilient and Sustainable Systems for Health (RSSH)
- Maintaining and strengthening access to affordable, quality health products
- Strengthening Value for Money, including overall efficiency
- Advancing human rights and gender and supporting activities to reduce barriers to access related to gender and human rights
- Assessing readiness and strengthening transition planning, particularly as countries reach Upper Middle-Income status and/or Lower Middle-Income status with “not high” disease burdens.

More information on these thematic focus areas can be found in the Sustainability, Transition and Co-Financing Guidance Note¹⁷ (forthcoming).

Co-Financing

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.

¹⁶ “Technical Cooperation” found in “Throughout the Cycle”: <https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/technical-cooperation/>

¹⁷ To be found under “Related Resources”: <https://www.theglobalfund.org/en/sustainability-transition-and-co-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.

Co-Financing Requirements

The [Sustainability, Transition, and Co-Financing policy](#) sets out two core co-financing requirements to access each national Global Fund allocation:

Requirement 1: Progressive government expenditure on health to meet national universal health coverage (UHC) goals; and

Requirement 2: Demonstrate increasing co-financing of Global Fund supported programs over each allocation period, focused on progressively taking up key costs of national strategic plans.

In addition, to further encourage domestic investment, **at least** 15% of a country's allocation (but in some cases more) is a **co-financing incentive** made available if countries make – and eventually realize – additional domestic commitments over the implementation period (relative to expenditures over the previous implementation period).

To learn more about Sustainability, Transition and Co-Financing, please see:

Chapter 7: Further Information on Sustainability, Transition and Co-Financing

Sustainability, Transition, and Co-Financing Guidance Note (Forthcoming)¹⁸

[The Global Fund Sustainability, Transition and Co-Financing Policy](#)¹⁹

2.7 Keep CCM Eligibility In Mind

The Global Fund is committed to supporting programs that reflect national ownership, that build partnerships across all sectors of society, and that strengthen the participation of communities and people, particularly those affected by the three diseases. These programs should work to eliminate stigmatization and discrimination, should coordinate with existing regional and national programs, and should promote transparency and accountability. These core principles of the Global Fund are at the heart of the Country Coordinating Mechanism (CCM) model and inform the [guidelines on CCM Eligibility](#).²⁰

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 was added, along with two minimum standard indicators. This indicator covers the need to enforce the Global Fund's [Code of Ethical Conduct](#)²¹ and to apply the CCM's Conflict of Interest Policy throughout the life of Global Funds 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 annually.

At the funding request submission stage, the Global Fund will conduct a screening of [CCM eligibility criteria one and two](#)²², related to the inclusive funding request development process and the open and transparent Principal Recipient selection process.

For more information on CCM Eligibility requirements, please see Chapter 9: Further Information on Country Coordinating Mechanism Eligibility Requirements

Other Tips for Applicants:

- **Identify key and vulnerable populations.** Request technical cooperation from partners if data is not complete or unavailable at a sub-national level. CCMs that would benefit from additional financial support to identify, reach and gather data on key populations can discuss the availability of funding from the Global Fund's special initiatives with their Fund Portfolio Manager.
- **Make a work plan.** Consider the tasks that need to be completed before a funding request is submitted. Coordinate the timetable and make resources available so that relevant groups are able to participate in discussions.
- **Start negotiations early** with the Ministry of Finance around increasing domestic health contributions. Consider inviting a Ministry of Finance representative into country dialogue discussions. Strengthen systems to track co-financing commitments.

¹⁸ To be located under "Related Resources": <https://www.theglobalfund.org/en/sustainability-transition-and-co-financing/>

¹⁹ GF/B35/04 "Sustainability, Transition and Co-Financing Policy" found under "Programmatic Documents":

<https://www.theglobalfund.org/en/governance-policies/>

²⁰ "Country Coordinating Mechanisms Guidelines and Requirements" found under "Related Resources":

<https://www.theglobalfund.org/en/country-coordinating-mechanism/eligibility/>

²¹ "Code of Ethical Conduct for Country Coordinating Mechanism Members" found on "Country Coordinating Mechanism":

<https://www.theglobalfund.org/en/country-coordinating-mechanism/>

²² "Guidance on CCM Eligibility Requirements 1 and 2" found under "Funding Model Information":

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

3. Allocation

The 2020-2022 Allocation Period begins with allocation letters that are sent in December 2019. Following is a high-level overview of the allocation process and how it impacts countries.

3.1 Replenishment

The Global Fund partnership raises and invests funding in three-year cycles known as Replenishment Periods. The amount available for allocations to countries depends on the funding raised during the Replenishment Conference.

In order to meet the challenge set in the 2030 Sustainable Development Goals of ending the epidemics of HIV, tuberculosis, and malaria, in 2019 the Global Fund raised US\$14 billion to fund programs to fight the three diseases and build Resilient and Sustainable Systems for Health in the next three-year period. With only a decade to go until 2030, this level of funding will help the Global Fund to continue playing a 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.

3.2 Eligibility

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.

Countries will need to be eligible for two consecutive eligibility determinations to be considered for an allocation. The eligibility list for 2020²³ (forthcoming) will be the basis for eligibility for allocations for the 2020-2022 funding cycle. Note that eligibility for Global Fund funding does not guarantee an allocation.

Changes to the eligibility policy related to disease metrics have been made for Upper Middle-Income countries which 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.

For more information on Eligibility, please see the [Global Fund Eligibility Policy](#).²⁴

3.3 Allocation

Allocations among the three diseases at a global level are based on the following distribution:

- HIV: 50%
- Tuberculosis: 18%
- Malaria: 32%

The Global Fund's allocation methodology for 2020-2022 drives an increased proportion of funding to higher burden, lower income countries, and specifically accounts for HIV epidemics among key populations, the threat of multidrug-resistant tuberculosis, and for malaria elimination efforts, while considering sustainable reductions with decreasing funding where appropriate.

²³ Will be available here: <https://www.theglobalfund.org/en/funding-model/before-applying/eligibility/>

²⁴ "Eligibility Policy" found under "Related Resources": <https://www.theglobalfund.org/en/funding-model/before-applying/eligibility/>

Allocations to individual countries are calculated using a formula that is predominantly based on each country's disease burden and economic capacity, and the allocations are then refined to account for important contextual factors through a transparent and accountable qualitative adjustment process.

Allocation amounts are communicated to countries in the Allocation Letter, sent in December 2019.

3.4 Catalytic Investments

In addition to the funds for country allocations, the Global Fund uses Catalytic Investments to support 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](#)²⁵ 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 has now been approved by the Board and will be published on the Global Fund website shortly²⁶.

Two catalytic investment funding streams directly affect funding available for Global Fund grants: matching funds and multicountry funds.

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. Matching funds are designated to specific countries, for specific priority areas. This information is indicated in their allocation letter.

In the 2020-2022 funding cycle there is no separate matching funds application form; applicants are expected to describe within their funding request how they have met the programmatic and financial conditions tied to their matching funds award. The Technical Review Panel will assess how well the applicant has met the conditions and make matching funds recommendations while reviewing the funding request.

Multicountry:

Through multicountry funding, the Global Fund aims to address a limited number of key multicountry priorities, deemed critical to fulfill the aims of the Global Fund strategy and not able to be addressed through country allocations alone.

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\$230 million in catalytic funding will be invested in strategic multicountry programs in specific priority areas.

Depending on the funding level, the possible priority areas are:

- Key Populations and Sustainability Multi-Country Approaches
- TB Multi-Country Approaches

²⁵ "The Global Fund Strategy 2017-2022" found in "Related Resources": <https://www.theglobalfund.org/en/strategy/>

²⁶ To be found under "Catalytic Investments": <https://www.theglobalfund.org/en/funding-model/before-applying/catalytic-investments/>

- Addressing Drug Resistance in the Greater Mekong Sub-region
- Malaria Elimination in Southern Africa

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

3.5 The Allocation Letter

After eligibility, allocation and catalytic investment decisions have been made, the Allocation Letter is sent to the Country Coordinating Mechanism from the Global Fund. As well as sharing the country's overall allocation amount, the Allocation Letter will include an indication of:

- The suggested program split of how the allocated funds could be divided between each disease component;
- Detailed co-financing requirements to access the full allocation amount;
- The recommended Application Approach; and
- Country-specific messages with considerations related to the focus of the allocation funding.

3.6 The Five Application Approaches

The application approaches are designed to allow funding requests to be developed more efficiently, so greater time can be spent implementing grants. For the 2020-2022 Allocation Period, there are five different funding request application forms:

- Program Continuation enables well-performing programs which require no significant changes to continue implementation with minimal distraction;
- Tailored for National Strategic Plans has documentation requirements which rely primarily on suitable national strategic plans referenced in place of the funding request narrative.
- Tailored for Transition is suitable for countries approaching transition from Global Fund financing which are building sustainable programs with decreasing Global Fund support.
- Full Review applications are a comprehensive overall review of a program's approach and strategic priorities.
- Tailored for Focused Portfolios is an application which 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.

Please see the information box below for more information on portfolio categories.

Portfolio Categories:

The Global Fund uses three portfolio categories to ensure that operational policies and processes reflect contextual needs for countries. These categories are updated every allocation period based on the allocation amount, the disease burden, and strategic impact of the country.

- Focused Portfolios are generally smaller portfolios, with a lower disease burden, and a lower mission risk.
- Core Portfolios are generally larger portfolios, with a higher disease burden, and a higher mission risk.
- High Impact Portfolios are generally very large portfolios with mission critical disease burdens.

The Global Fund also use two cross-cutting classifications to further differentiate portfolios:

- Challenging Operating Environments are countries or regions with complex natural or man-made crises and instability.
- Transitioning countries are those that are approaching transition from receiving funding from the Global Fund.

For the most recent classification of Portfolio Categories, please see the [Global Fund's Operational Policy Manual](#).

Changes to the Application Approaches:

- The Tailored for Material Change and Tailored for Challenging Operating Environments (COEs) application approaches from the 2017-2019 cycle are no longer in use.
- Countries identified as COEs will be given specific flexibilities, regardless of the application approach they follow.
- Core documents (such as Performance Framework and Budget) are now required at the time of funding request submission for all applications, even Program Continuation.
- 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.
- Once an allocation letter has been received, a Country Coordinating Mechanism can begin the process of preparing the funding request submission, which should be based on National Strategic Plans and informed by an inclusive country dialogue process.

4. Developing the Funding Request

4.1 Country Dialogue in Funding Request Development

Country dialogue is important throughout the entire grant lifecycle, and especially important for funding request development. When meaningful and inclusive country dialogue is used to influence the design and prioritization of programs, the results are often that services better reach impacted communities and are more relevant to them, addressing specific barriers to health access. This means better results and higher impact from investments.

To learn more about country dialogue in funding request development, please see [How we Engage: Stories of Effective Community Engagement on AIDS, Tuberculosis, and Malaria](#)²⁷

4.2 Confirming Program Split

CCMs have the flexibility to revise the allocation between eligible disease components and sustainable health systems activities to better suit the country context. During country dialogue, the CCM uses a documented and inclusive process to determine how they wish to split the funding. CCMs are encouraged to decide up front how the process will work, set up meetings to determine the program split, and ensure discussions are data-based and include representatives for health systems. The Global Fund recommends that at minimum the Programmatic Gap Table is updated before program split is discussed to ensure the discussion is informed by recent data.

In these discussions, CCMs should discuss how much of the allocation should go towards investments in Resilient and Sustainable Systems for Health. This amount does not need to be reported in the program split submitted to the Global Fund unless a stand-alone health systems funding request is planned. However, CCMs should make sure to earmark money from the allocation for health systems investments, regardless of whether or not a stand-alone request is planned.

Countries are strongly encouraged to include their entire cross-cutting health systems request in one application (either with a disease application or in a stand-alone application) to ensure a coherent approach and minimize fragmentation.

More Details About Program Split:

- The Global Fund Country Team should be involved in the program split discussions so they fully understand the basis for the split, but the CCM determines the program split which is submitted to the Global Fund for review and approval.
- The CCM must endorse the proposed split and submit this to the Global Fund before the first funding request is submitted. 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.
- The proposed program split should account for the total allocation amount. The applicant is only required to submit a justification for the proposed program split if the split is different from the split indicated by the Global Fund in the allocation letter.

²⁷ "How We Engage: Stories of Effective Community Engagement on AIDS, Tuberculosis and Malaria" found in "Case Studies": <https://www.theglobalfund.org/en/funding-model/applying/resources/>

- Decision-making should be inclusive and follow standard CCM procedures, but documentation does not need to be shared with the Global Fund unless requested.
- Any revised program split will be reviewed by the Secretariat once the program split confirmation is received from the CCM. The proposed split will be reviewed on a case-by-case basis against Secretariat understanding of the country context and considering the rationale submitted by the CCM. Based on this review, the Secretariat will: (1) accept the proposed split; (2) request the CCM to clarify the justification or supporting documentation; or (3) request the CCM to reconsider the program split.
- Funding requests must reflect the program split agreed by the Global Fund. In the event that a proposed program split is communicated to the Secretariat at the time of funding request submission and the proposed split is not agreed by the Secretariat, the submitted funding request must be revised by the CCM and re-submitted before TRP review.

4.3 Joint Funding Requests

The Global Fund recommends that funding requests for eligible components are submitted as joint applications or submitted at the same time. This enables applicants to consider in a more holistic way how the proposed investments in a specific disease relate to other components and the broader health system.

A joint funding request could be for a combination of disease components, or for disease components and cross-cutting investments in Resilient and Sustainable Systems for Health.

Countries with a high co-infection rate of HIV and tuberculosis are required to submit a joint funding request for these components. This integrated approach to considering systems can improve disease outcomes, improve program sustainability, and generate efficiencies.

4.4 Components of the Funding Request Application

Regardless of which application approach is used, there are similar thematic sections in each funding request:

Context

In each of the applications, the Context section focuses on the “why” behind the funding request. It should describe the programmatic and financial gaps in the national disease response and the wider health system. It should be up to date and reference recent, relevant data and trends.

Funding Request and Prioritization

This section asks “what” will be done to address the challenges identified in the “Context” section, and how much investment is requested to bring these plans to life. These are the specific interventions and programs prioritized for Global Fund investment and can be a for a single disease, joint disease programming, and for interventions that strengthen health systems.

Operationalization and Implementation Arrangements

This section describes “who” will implement the programs and “how” they will do it. This includes the nomination of the Principal Recipient and any subrecipients.

Co-financing, Sustainability and Transition

The final section asks applicants to explain how much they have contributed and plan to contribute to specific program areas, to identify key challenges to sustainability and explain how the applicant plans to build their programs sustainably and eventually transition from Global Fund support.

Key Annexes

In addition to the application, there are a number of key annexes that are submitted as a part of the funding request. These are an integral part of the application and should be used to inform the analysis behind the prioritization in the funding request:

Essential Data Table

This is a new annex for the 2020-2022 Application Period which helps applicants to develop a data-informed funding request. It will be provided to applicants pre-filled with indicators for HIV, TB, malaria, and Resilient & Sustainable Systems for Health using publicly available datasets.

Prioritized Above Allocation Request (PAAR)

This annex lists prioritized and costed modules and interventions beyond that covered by the allocation amount. When approved, these modules and interventions are added to the Register of Unfunded Quality Demand and can be incorporated into grants if additional resources become available. The PAAR must be submitted at the same time as the funding request.

Programmatic Gap Table

By summarizing national goals and targets related to the diseases and comparing this to what can be achieved with current levels of domestic and external funding, the programmatic gap table shows the needs and gaps that are key to achieving impact. This provides a holistic view of expected outcomes and results to strategically guide investments.

Funding Landscape Table

This table is an overview of who is paying for what in the health program. It does this by illustrating the total funding need for the health program and detailing how the country plans to meet that need, whether through domestic resources, external donors, Global Fund support, or otherwise.

Performance Framework

This document links program goals and objectives to the chosen program modules, interventions and indicators by focusing on which indicators and targets will be reported on by the country. It is a statement of the expected performance of the programs over the implementation period.

Budget

The budget shows the strategic investment and intervention choices made by the applicant. It shows the projected costs for each of the modules and interventions chosen by the applicant.

In addition to these tables, there are several required documents that are key pieces of the funding request:

Country Coordinating Mechanism Endorsement of the Funding Request

As part of the application, applicants must demonstrate that each member of the CCM endorses the final funding request.

Country Coordinating Mechanism Statement of Compliance

Applicants must confirm that they are in compliance with CCM Eligibility Requirements 1 and 2, and meet the application focus requirements.

Co-Financing Documentation

Applicants must include supporting documentation demonstrating how they are meeting the co-financing requirements of the current period.

National Strategic Plans

Applicants should include plans which are health sector and disease specific.

Implementation Arrangement Map

The applicant should provide a visual depiction of the relationships between funds, organizations, and programs that are a part of a grant or set of grants.

Health Product Management Tools

Formally known as the List of Health Products, this tool is an instrument that shows all health products and health technologies that will be funded by the Global Fund. If these are not being funded by the Global Fund, it is not necessary to include this annex.

Sustainability and transition related documents (Transition Readiness Assessments, Transition Workplans, sustainability analyses, etc.)

These documents help ensure that countries are proactively planning for transition. All countries which have undertaken a Transition Readiness Assessment should include these with the application. In addition, all Tailored for Transition applicants should include a Transition Workplan.

Tips for Applicants

Please check the funding request so that:

- Nothing is left blank, that all relevant questions have been answered (in case a question is not applicable please mark it as N/A in the funding request template), and that any relevant financial and programmatic figures add up and are consistent across different funding request sections and attachments;
- Relevant supporting documents are attached (please refer to the mandatory attachments list). Only attach additional documents if referenced in the funding request;
- The description in the funding request is consistent with the identified gaps in the Programmatic Gap Table(s) and Funding Landscape Table and the rationale for prioritization is outlined clearly.

The CCMs are recommended to share the funding request with all CCM members, Principal Recipients and other groups involved in the funding request development process before it is submitted. After the Funding Request has been submitted to the Global Fund, it is recommended the CCM share it with participants of the country dialogue process so that they can see the final results and are familiar with what was submitted.

5. After Submission

After submitting a funding request, it is reviewed by the Technical Review Panel and then grants are developed which are reviewed by the Grant Approvals Committee. Grants are then recommended to the Board for approval.

5.1 Technical Review Panel (TRP)

To support the Global Fund in financing programs that are positioned to achieve the highest impact, the Board relies on an independent panel of international experts, called the Technical Review Panel (TRP), to review and assess the prioritized interventions in the funding request.

The TRP is a team of technical experts with expertise in HIV, tuberculosis, malaria, health systems, community systems, human rights and gender, sustainable financing and transition, as well as cross-cutting development issues. They have the responsibility for assessing funding requests on the basis of technical merit, strategic focus, and potential for impact and for providing advisory input to the Global Fund Board. The Global Fund Board relies on TRP recommendations when making decisions on where investments will have the most impact.

The [TRP Terms of Reference](#) include the technical criteria the Global Fund has asked the TRP to use when reviewing funding requests. The criteria include whether a funding request maximizes impact for the three diseases, builds Resilient and Sustainable Systems for Health, promotes and protects human rights and gender equality, invests in increasing the effectiveness and efficiency of program implementation, as well as considers sustainability and co-financing requirements.

The TRP will also consider relevant contextual, operational and risk information from the Secretariat concerning the funding requests as part of its review.

Following the TRP review of the funding request, the outcome will be one of the following:

- Proceed to grant-making: The funding request is determined to be strategically focused and technically sound, although the applicant might need to address time-bound clarifications or make adjustments; or
- Re-submit funding request (iteration): The applicant should address the comments raised by the TRP in a revised funding request to be re-submitted for a second TRP review prior to advancing to grant-making.

Communication of TRP outcomes to applicants is through a Review and Recommendation Form that is shared by Country Teams. In most cases, the applicant will receive this form within two weeks following the end of the TRP meeting.

To learn more about the Technical Review Panel, please see:

[Terms of Reference for the Technical Review Panel](#)²⁸

[Technical Review Panel Observations on the 2017-2019 Allocation Cycle](#)²⁹

²⁸ "Terms of Reference of the Technical Review Panel" under "Related Resources": <https://www.theglobalfund.org/en/technical-review-panel/#related-resources>

²⁹ "Technical Review Panel Observations on the 2017-2019 Allocation Cycle" under "Observations on the 2017-2019 allocation cycle": <https://www.theglobalfund.org/en/technical-review-panel/>

5.2 Grant Making

Grant-making is the process of translating the funding request, including recommendations from the Technical Review Panel (and Grant Approvals Committee if relevant), into implementation-ready grants for Global Fund Board approval.

During grant-making, Principal Recipients and the Global Fund will:

- Identify gaps and risks related to grant implementation and determine mitigation measures
- Review and agree on implementation arrangements and plans
- Develop and negotiate key grant documents

For more information and resources on Grant Making, please see the [Grant Making page of the Global Fund website](#)³⁰

5.3 Grant Approvals Committee (GAC)

The Grant Approvals Committee (GAC) is the Secretariat's governance body that funding requests and recommends implementation-ready grants for Board approval. The GAC meets approximately once per month or more frequently in exceptional cases. In addition to senior management of the Global Fund, the GAC includes senior technical experts from partner agencies and representatives from civil society with relevant technical expertise.

A GAC review can take place before grant-making or during grant-making if specifically requested by the Secretariat or partners, in order to provide additional grant-making guidance. GAC reviews will generally take place after grant-making is completed, when the final grants are ready for review.

Following review of final grant documentation, the GAC submits a report with recommendations to the Board. GAC Review and Board approval takes approximately 2 months. If approved by the Board, final amounts, as well as grant conditions, are communicated to the applicant by the Country Team.

Grant Approvals Committee Review Criteria

- Determination of final programmatic scope to ensure strategic investment of Global Fund resources for maximum impact, aligned with the national strategy and focused on key populations, human rights, gender, and high transmission geographies as appropriate.
- Confirmation that issues and clarifications raised by the TRP and GAC (if applicable) have been addressed during grant-making.
- Rigorous financial and budget review that results in cost efficiencies and savings (e.g., in program management and unit costs), which can be re-invested for greater impact.
- Adequate risk identification and mitigation measures put in place against residual risks.
- Overall grant management arrangements and capacity to implement, including compliance with Global Fund minimum standards and applicable policies and procedures;
- Clarification of key strategies and actions for follow-up during program implementation to ensure program quality and efficiency.
- Assessment of government and partners' funding landscape including domestic contributions and sustainability plans.
- Overall implementation-readiness of grant.

³⁰<https://www.theglobalfund.org/en/funding-model/applying/grant-making/>

Following GAC review, the TRP-approved PAAR interventions will be included in the Register of Unfunded Quality Demand, excluding those activities covered through savings identified during the grant-making process and integrated into the grant.

5.4 Grant Signing

The Global Fund Board approves implementation-ready grants, after which the parties sign the grant agreement and grant funds are committed and released to the Principal Recipient. The Board will approve the total budget amount for the duration of the relevant implementation period for each grant.

Following Board approval, the grant agreement should be signed as soon as possible to facilitate disbursement of funds and prepare for implementation at the start of the implementation period. The grant agreement is signed by the authorized signatories of the Principal Recipient and the Global Fund and is acknowledged by the CCM chair or vice-chair and the CCM civil society representative.

The grant agreement will be in the form of a Grant Confirmation, issued under a framework agreement, and will include:

- A narrative context for the agreement;
- A table capturing details about the agreement and the signing parties; and
- The Integrated Grant Description, describing the program governed by the grant agreement, and including the negotiated Performance Framework and Summary Budget.

First Annual Funding Decision: The first annual funding decision is reviewed and approved as part of the finalization of the detailed budget. The first annual funding decision and the disbursement schedule related to this decision are captured in the Integrated Grant Description.

5.5 Publicly Available Information

Following Board approval of a disbursement-ready grant, the Global Fund will publish the funding request and grants in the [Data Explorer](#)³¹ section of the Global Fund website. All grants are included in the “Grants” tab for each country. Funding requests and core documents associated with the approved grants are available on the “Documents” tab for each country. Country co-financing commitments will also be published and will be available through the Data Explorer.

³¹ Found here: <http://data.theglobalfund.org/>

6. Further Information on Sustainability, Transition, and Co-Financing

The Global Fund's [Sustainability, Transition, and Co-Financing Policy](#) (STC Policy) was approved in April 2016³² and implemented for the first time during the 2017-2019 allocation cycle. Although sustainability has always been an element of the Global Fund's work in some form, the STC Policy codified the overall approach to strengthening sustainability, increasing domestic financing and co-financing, and supporting countries to better prepare for transition through national planning. The ultimate goal of this approach is to better invest external resources, to catalyze domestic resources to strengthen health systems, and to support countries in addressing critical sustainability and transition challenges, in order to maintain and scale service coverage and accelerate the end of the three diseases.



Key pieces of the Global Fund's sustainability, transition, and co-financing policy include:

- Enhanced co-financing requirements, differentiated by income level and disease burden
- Updated application focus requirements
- Transition funding to support disease components that have become ineligible for Global Fund financing
- An enhanced emphasis on key thematic areas relevant to sustainability, including support for early, robust, and inclusive sustainability and transition planning, enhanced efficiency, efforts to address human rights and gender-related barriers to access, enhanced alignment with national systems, and strategic investments in Resilient and Sustainable Systems for Health.

6.1 Co-Financing

To end the three epidemics for good and to achieve better health for all, funding solely from the Global Fund is far from sufficient to address the full cost of national responses. In order to achieve lasting impact against the three diseases, financial commitments from domestic sources must play a key role in meeting goals of national strategies. It is therefore critical that national governments sustain and increase their resources to fund national disease programs and health sectors. The STC policy includes specific co-financing requirements aimed at incentivizing greater domestic resources for health and the three diseases. The requirements are differentiated by national income to encourage additional domestic investments to be more ambitious and progressively focused on specific activities and thematic areas as a country moves along the development continuum and prepares for transition. Overall, the co-financing requirements aim to encourage increases in overall health spending and progressive domestic uptake of key program costs.

For those countries with high disease burdens and fewer resources, the policy emphasis is more on domestic investments to build Resilient and Sustainable Systems for Health (RSSH) and move towards universal health coverage. As countries increase economic resources or lower the disease burden, expectations are for greater investments in disease programs, as well as progressively

³² GF/B35/DP08. "Sustainability, Transition and Co-Financing Policy" found under "Programmatic Documents": <https://www.theglobalfund.org/en/governance-policies/>

higher co-financing requirements targeting specific sustainability and transition challenges (including programming for key and vulnerable populations in Upper Middle-Income Countries).

Qualifying Sources of Co-Financing

The Global Fund defines co-financing as pooled domestic public resources and domestic private contributions that finance the health sector and the National Strategic Plans supported by the Global Fund. These resources can come from:

- Government revenues at the central, regional and local levels;
- Loans from external sources or private creditors;
- Debt relief proceeds including Debt2Health arrangements with the Global Fund
- Social health insurance;
- Verifiable contributions from domestic corporations and philanthropies that finance National Strategic Plans.

Minimum Co-Financing Requirements

The policy sets out two core co-financing requirements to access each Global Fund country allocation:

Requirement 1: Progressive government expenditure on health to meet national universal health coverage (UHC) goals; and

Requirement 2: Demonstrate increasing co-financing of Global Fund supported programs over each allocation period, focused on progressively taking up key costs of national strategic plans.

In addition, to further encourage domestic investment, **at least** 15% of a country's allocation (but in some cases more) is a **co-financing incentive** made available if countries make – and eventually realize – additional domestic commitments over the implementation period (relative to expenditures over the previous implementation period).

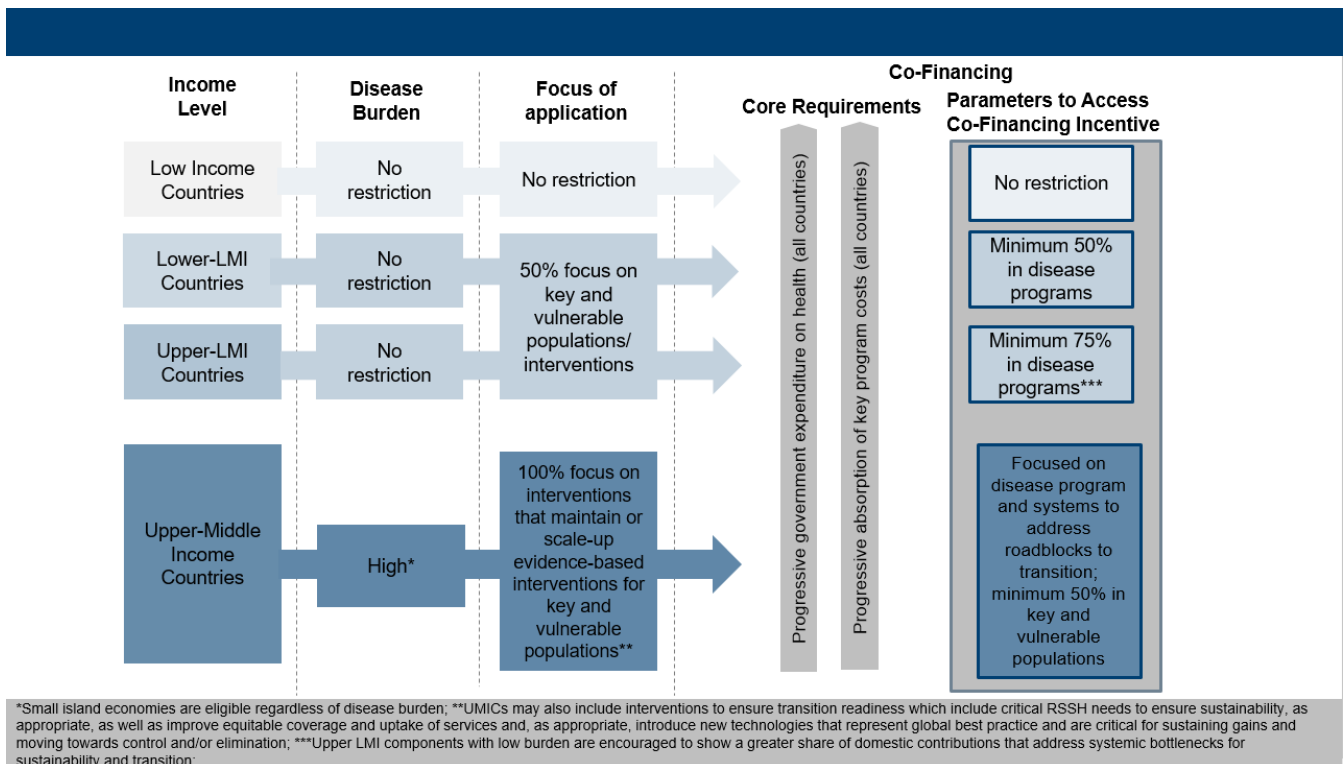
Qualifying Sources of 'Additional Domestic Investment' to Access the Co-Financing Incentive

Additional domestic investment is the increase in domestic investment in the grant implementation period of the 2020-2022 allocation, compared to the previous implementation period of corresponding duration.

The co-financing incentive target is communicated through the allocation letter. To access the co-financing incentive, additional domestic investments should be:

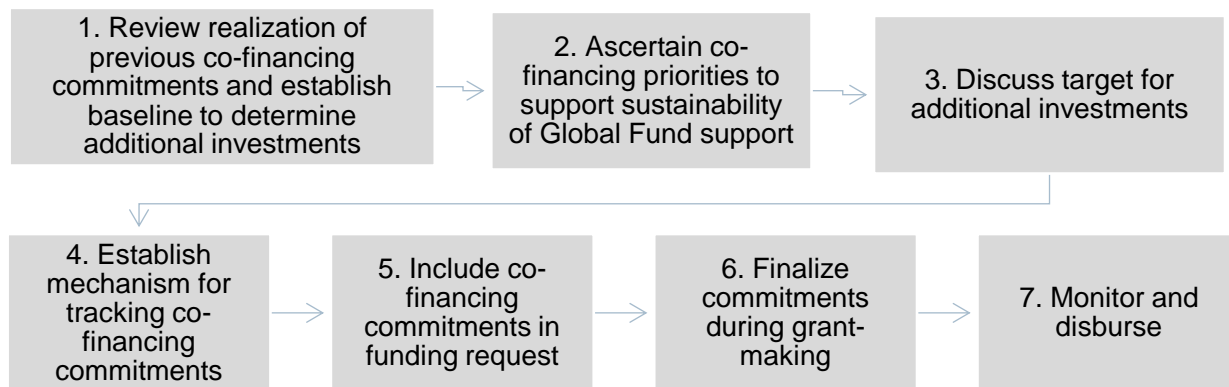
- At least 50 percent of the co-financing incentive for Low-Income Countries and at least 100 percent of the co-financing incentive for 'Middle-Income Countries;
- Invested in priority areas of national strategic plans, in line with the investment guidance developed with partners (including region specific guidance, as applicable); and
- Evidenced through allocations to specific budget lines, or other agreed assurance mechanisms.

The level and the focus of government commitments required to access the co-financing incentive will be agreed upon during country dialogue and will depend on the funding need, existing commitments, past spending trends, program split, country income, and fiscal space. In general, the parameters shown in the following graphic will apply when assessing co-financing contributions:



Demonstrating Compliance with Additional Co-Financing Requirements

Although the precise amounts of additional future commitments will be different for every country, the general process for identifying, establishing and tracking the commitments will be similar for everyone:



1. Review realization of previous co-financing commitments and establish baseline to determine additional investments:

Evidence of realization of co-financing commitments for the implementation period of the previous allocation and any justification for not meeting commitments (if applicable) should be formally submitted to the Global Fund prior or along with the submission of first funding application under the next allocation. It is expected that information on expenditure/budget execution for the first two years and the budget of the third implementation year of the previous allocation will be provided. The Global Fund may request additional information from the Ministry of Finance, other relevant ministries, and/or the CCM. In the event of failure to realize previous co-financing commitments, the Global Fund may reduce funds from existing grants or the new allocation.

Co-financing in the implementation period of the previous allocation will serve as the basis for determining additional co-financing in the next implementation period.

2. Ascertain co-financing priorities to support sustainability of Global Fund support, national programs, and health systems:

Broader health financing and domestic financing of disease programs should be a focus of country dialogue, engaging key stakeholders including relevant ministries (including the Ministries of Finance and Health).

Specifically in high burden³³ countries with low government spending on health and/or low revenue capture,³⁴ it is important to strengthen government plans to develop/implement health financing strategies to improve domestic financing of health. Assess existing support from partners for these initiatives and discuss requirements of additional support through grants to accelerate their implementation, if relevant. Where there are no specific initiatives, explore in consultation with partners the available support for developing health financing strategies through Global Fund grants.³⁵

Review available resources and funding gaps for Global Fund supported programs based on costed National Strategic Plans. Through CCM and key stakeholder engagement, focus the discussion on longer term strategies for sustaining programs with increasing domestic investments and specific co-financing contributions to the next implementation period, taking into account funding gaps; level of dependency on the Global Fund, overall and for specific interventions; regional strategies and benchmarks; priorities identified by the Global Fund in the allocation letters; and transition and sustainability priority areas, as applicable.³⁶ Explore interest and feasibility of implementing innovative financing solutions supported by the Global Fund.³⁷

3. Discuss target for additional investments

The share of the allocation that is tied as a co-financing incentive will be communicated through the allocation letter— this will be 15% or greater depending on a review of country-specific factors. This co-financing percentage determines the minimum amount that countries will have to commit to, and subsequently realize, in order to access the full allocation. The Global Fund Country Team will work with the CCM and the appropriate government authorities, as needed, to discuss and agree on the strategic areas for additional domestic investments to access the co-financing incentive. The additional investments to access the co-financing incentive should be targeted to support strategic priorities of the country and should be in line with the STC policy requirements and any priorities outlined by the Global Fund in the allocation letter.

4. Establish mechanism for tracking realization of co-financing commitments

The CCM and national government should discuss and include in funding requests the tracking mechanism by which co-financing investments can be demonstrated and validated in a timely manner. Mechanisms for tracking realization of co-financing commitments could include budget execution/expenditure against earmarked allocations, National Health Accounts, National AIDS Spending Assessments, expenditure reviews, or other verifiable and reliable documentation that provides evidence of disbursement of domestic funds or implementation of agreed upon activities.

5. Include co-financing commitments in funding request

The CCM should formally present domestic commitments in the funding request through the Funding Landscape Template, which requests a yearly breakdown of domestic spending and commitments for HIV, TB malaria and health systems strengthening programs. In the narrative of the funding request, an assessment of the funding landscape and co-financing should be also provided.

The CCM should also provide the appropriate documentation as evidence to support the commitments. Appropriate documentation could include official national strategic plans, medium

³³ Countries with 'high' disease burden for two or more disease components, as defined by the eligibility policy

³⁴ Defined as less than 8% of government expenditure on health and tax revenues are lower than 15% of the GDP

³⁵ See Guidance Note on Sustainability and Transition of programs supported by the Global Fund, for more details

³⁶ See Guidance Note on Sustainability and Transition of programs supported by the Global Fund, for more details

³⁷ Such as Debt2Health, Social Impact Bonds, Blended Finance, Private Sector Initiatives

term expenditure frameworks and budget estimates. The Global Fund may request for commitments to be additionally formalized in writing by the Ministries of Finance or other relevant authorities. The Global Fund Secretariat and TRP will then review the submitted funding request, including the co-financing information provided, during application review.

6. Finalize co-financing commitments during grant-making

Once the funding request is approved for grant-making, the Country Team will work with the CCM to finalize the details of the co-financing commitments and their tracking during the grant-making phase. The grant agreement will incorporate the domestic commitments as well as any applicable conditions related to its scope, monitoring, and its associated impact on the release of grant funds.

7. Monitor and disburse

The CCM should monitor the progress made against commitments and provide evidence of realization of commitments as per agreed timelines. The Global Fund will review evidence of whether a country has met its co-financing requirements. If co-financing conditions are not met, it may have an impact on annual Global Fund funding decisions and/or availability of funding in subsequent allocations.

Exceptions to Meeting Co-Financing Requirements

By default, all country components eligible to receive an allocation from the Global Fund must comply with co-financing requirements to access their allocation, irrespective of whether the Principal Recipient is from the governmental or non-governmental sector (including the private sector). However, in exceptional circumstances, if a country is not in a position to meet the co-financing requirements, the Global Fund may consider an exemption based on strong justifications provided by the CCM.

Additionally, multi-country³⁸ and non-CCM applicants are exempt from co-financing requirements under the STC policy.

For more information on co-financing, please consult the Sustainability, Transition, and Co-Financing Guidance Note (forthcoming)³⁹.

³⁸ Exemption of co-financing requirements for a constituent country of regional grants are applicable only if the country does not receive an allocation, outside of regional grants

³⁹ Will be found under "Related Resources" here: <https://www.theglobalfund.org/en/sustainability-transition-and-co-financing/>

Advice for Applicants on Co-Financing

Take early steps to address lack of data. Monitoring of compliance with co-financing requirements requires robust resource tracking mechanisms. If lack of reliable data on domestic expenditure is a major issue, work with the Global Fund Secretariat to take steps to generate the data. This could include a rapid assessment by in-country partners or institutions, strengthening public finance management systems and/or institutionalization of expenditure tracking mechanisms such as national health accounts. CCMs may consult with their Fund Portfolio Manager to budget and/or reprogram existing grant funds towards investments in improving reliability of health and disease spending data.

Country documents and resources that can be used for assessing financial commitments and expenditures:

- National Strategic Plans
- Medium-term Expenditure Framework (MTEF)
- Government budgets and supporting documents
- Budget outturns/obligations
- Government accounts and accounts of autonomous entities, such as NACs/disease funds
- Beneficiary payment statement of social security spending
- National Health Accounts (NHA) with disease sub-accounts
- National AIDS Spending Assessment (NASA)
- Public Expenditure Reviews (PER)
- Public Expenditure Tracking Surveys (PETS)
- Program evaluation/review reports
- Annual reports of the Ministry of Health and/or disease programs

Transition Funding

Once a country disease component becomes ineligible for Global Fund financing, it *may be eligible* to receive up to 3 years of transition funding to help support full transition to domestic financing and management of the national response. For components receiving transition funding, the funding request should focus exclusively on activities essential to maintaining service coverage and addressing critical challenges that may prevent continued progress against the three diseases once Global Fund support comes to an end. The funding request for transition funding components will be subject to a tailored review by the Technical Review Panel (TRP), and applicants applying for transition funding are required to submit a **transition work-plan** along with their funding request. The transition work-plan would ideally be derived from the overall approach of national programs or from a strategy for transition and/or transition readiness assessment (or equivalent). In all cases, the work-plan should be aligned with the NSP and other health sector planning.

For more information on transition funding and the transition work-plan, please consult the STC Guidance Note (forthcoming).⁴⁰

6.2 Application Focus Requirements

To strengthen the overall impact and sustainability of Global Fund investments, the Global Fund's application focus requirements guide how countries should invest Global Fund financing. These requirements differ based on a country's income classification and are designed to ensure that Global Fund financing strategically addresses critical challenges – including human rights and gender barriers to access, RSSH, and services for key and vulnerable populations -- in different contexts across the development continuum. Compliance with application focus requirements is

⁴⁰ To be found under "Related Resources": <https://www.theglobalfund.org/en/sustainability-transition-and-co-financing/>

reviewed as part of the review of a country's funding request. Application focus requirement for Low-Income, Lower Middle-Income, and Upper Middle-Income countries are:

Low Income-Countries: For Low-Income countries, there are no restrictions on the programmatic scope of allocation funding for HIV, TB or malaria requests and applicants are strongly encouraged to include RSSH interventions. Applications must include, as appropriate, interventions that respond to key and vulnerable populations, human rights and gender-related barriers, inequities and vulnerabilities in access to services.

Lower Middle-Income Countries: For Lower Middle-Income countries, at least 50% of allocation funding should be for disease-specific interventions for key and vulnerable populations and/or highest impact interventions within a defined epidemiological context. Requests for RSSH must be primarily focused on improving overall program outcomes for key and vulnerable populations in two or more of the diseases and should be targeted to support scale-up, efficiency and alignment of interventions. Applications must include, as appropriate, interventions that respond to human rights and gender-related barriers, inequities and vulnerabilities in access to services.

Upper Middle-Income Countries: For Upper Middle-Income Countries, 100% of the Global Fund allocation should focus on interventions that maintain or scale-up evidence-based interventions for key and vulnerable populations. Applications must include, as appropriate, interventions that respond to human rights and gender-related barriers and vulnerabilities in access to services. Applications may also introduce new technologies that represent global best practice and are critical for sustaining gains and moving towards control and/or elimination; and interventions that promote transition readiness which should include critical RSSH needs for sustainability, as appropriate, and improvement of equitable coverage and uptake of services.

Transition Funding: As described above, as per the Sustainability, Transition, and Co-Financing policy, transition funding should be used to fund activities included in the country's transition work-plan. In addition, applicants should take into account the broader application focus requirements for Upper-Middle Income countries as described above.

For more information about Application Focus Requirements, please see the [Sustainability, Transition, and Co-Financing Policy](#)⁴¹

⁴¹ "Sustainability, Transition, and Co-Financing Policy" under "Programmatic Documents": <https://www.theglobalfund.org/en/governance-policies/>

7. Further Information on Country Coordinating Mechanism Eligibility Requirements

The six eligibility requirements with which CCMs must comply remain unchanged for the 2020-2022 funding cycle. However, for the eligibility requirement number six, an additional indicator (and two minimum standard indicators) have been added covering the need to enforce the Global Fund's Code of Ethical Conduct and apply the Conflict of Interest Policy throughout the life of Global Fund grants.

- There are now two approaches to conducting a CCM performance assessment (related to eligibility criteria three to six) prior to the submission of a funding request:
- Countries who participated in the 'CCM Evolution' pilot have completed an 'updated assessment'.

All other countries are required to complete a 'light EPA' (self- assessment).

For additional information see online information on CCM guidelines.

Eligibility Requirement 1: Transparent and inclusive concept note development process

Eligibility Requirement 2: Open and transparent PR selection process

Eligibility Requirement 3: Oversight planning and implementation

Eligibility Requirement 4: CCM membership of affected communities

Eligibility Requirement 5: Processes for electing non-government CCM member

Eligibility Requirement 6: Adoption of Code of Ethical Conduct and management of conflict of interest on CCMs

CCMs will be informed of their assessment approach by their Fund Portfolio Manager.

7.1 Documentation of Compliance with Eligibility Requirement 1 and 2

At the funding request submission stage, the Global Fund Secretariat 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.

The Global Fund Secretariat categorized CCMs into either a standard or light review, based on the outcomes of the latest available Eligibility and Performance Assessment tool (related to eligibility criteria three to six) and additional contextual information from the Global Fund's Community, Rights and Gender Department.

The documentation requested to demonstrate compliance with eligibility criteria one and two varies according to a CCM's category of review. However, standard documentation will be required to demonstrate compliance with eligibility criteria two if the CCM is proposing a new Principal Recipient, or a returning Principal Recipient with a most current performance rating of B2 or lower.

CCMs will be informed of their review type, and the corresponding required documentation, for eligibility criteria one and two in their allocation letters.

7.2 Minimum Standards for Implementers

In addition to the CCM eligibility requirements, grant implementers are required to meet nine minimum standards:

- Principal Recipient demonstrates effective management structures and planning.

- Principal Recipient has the capacity and systems for effective management and oversight of sub-recipients.
- Internal control system of Principal Recipient is effective to prevent and detect misuse or fraud.
- The financial management system of the Principal Recipient is effective and accurate.
- Central and regional warehousing have Principal Recipient and aligned with good Principal Recipient.
- Distribution systems and transportation arrangements are efficient to ensure secure and continued supply.
- Data-collection capacity and tools are in place to monitor program performance.
- Functional routine reporting system with reasonable coverage to report program performance.
- Implementers have capacity to comply with quality requirements and monitor product quality throughout the in-country supply chain.

7.3 Case Study: Georgia's Transparent and Inclusive Funding Request Preparation

The development of Georgia's HIV funding request offers a good example of how to engage a broad range of stakeholders and maintain transparency throughout country dialogue.

The Country Coordinating Mechanism (CCM) dedicated sections of its publicly available website to support the funding request development process with increased accessibility. These sections contain resources including relevant progress updates, meeting minutes from various conferences as well as Global Fund strategy documents and annual reports. Many of these materials are made

available in both English and Georgian in an effort to reach a greater range of stakeholders across the country.

This website also complemented and enhanced the funding request development process through the tailored compilation of relevant documents from key sources. These include:

- Georgia's disease-specific national strategic plans;
- Abstracts on interventions implemented by the state, Global Fund and other partners,
- Trend surveys on HIV risk and prevention among key populations; and
- Relevant comparison and performance studies, policy briefs and articles.



Almost every section of the website contains a public online comment box, encouraging visitors to leave questions and comments, as a means of seeking feedback from stakeholders. The homepage highlights recent updates and enables visitors to trace posts across all topics.

The CCM increased transparency by using this website as a comprehensive platform that contains a wide range of relevant resources, an extensive amount of information on the role and composition of the CCM, as well as updated information on the respective Global Fund Board constituency. The example of this CCM demonstrates how transparency and inclusivity during country dialogue can contribute to the successful submission of a funding request.

Advice for Applicants on CCM Eligibility

The Global Fund has also identified best practices related to Eligibility Requirement 2, as evidenced by positive assessments in CCM eligibility screening:

- Publishing a call for Principal Recipient applications in different communication channels (radio, websites, emails, newspapers) with at least 14 days' notice before the application deadline.
- Formation of a committee to review Principal Recipient applications based on clear criteria. Selection of members for this committee made by secret ballot by the CCM.
- Shortlist of recommended Principal Recipients presented to the entire CCM for final consideration.
- Transparent selection or reselection of Principal Recipient (e.g. by secret ballot) with application of conflict of interest policy monitored and documented.

Include stakeholders beyond the CCM. For Eligibility Requirement 1 (inclusive process to develop funding requests), CCMs should consider non-traditional participants as well. For example, encourage experts in health systems strengthening or in maternal, newborn and child health within the country to participate.

For more information and resources on CCM Eligibility, please see:

[CCM Policy and Assessment Tool](#)⁴²

[Guidance on CCM Eligibility Requirements 1 and 2](#)⁴³

[Guidelines and Requirements for CCMs](#)⁴⁴

[CCM minutes template](#)⁴⁵

[Introduction to Global Fund and CCMs video](#)⁴⁶

⁴² "Eligibility and Performance Assessment Tool Light" found under "Resources and feedback":
<https://www.theglobalfund.org/en/country-coordinating-mechanism/eligibility-performance-assessment/>

⁴³ "Guidance on CCM Eligibility Requirements 1 and 2" found under "Funding Model Information":
<https://www.theglobalfund.org/en/funding-model/applying/resources/>

⁴⁴ "Country Coordinating Mechanisms Guidelines and Requirements" found under "Related Resources":
<https://www.theglobalfund.org/en/country-coordinating-mechanism/eligibility/>

⁴⁵ "Country Coordinating Mechanism Meeting Minutes Template" found under "Related Resources":
<https://www.theglobalfund.org/en/country-coordinating-mechanism/eligibility/>

⁴⁶ "Introduction to the Global Fund and CCMs" on YouTube: <https://www.youtube.com/watch?v=qOPU9f6MM0E&>

8. Further Information on Key and Vulnerable Populations

The Global Fund relies on the definition of key and vulnerable populations described in the [Key Populations Action Plan 2014 – 2017](#)⁴⁷ 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.

Vulnerable populations are those who face increased vulnerabilities within specific contexts, but do not fit into the above criteria – for instance adolescent girls and young women or people living with disabilities, or the partners of any of the populations listed below.

8.1 Key Populations in the Context of HIV

In the context of HIV, key populations include:

- People living with HIV
- Men who have sex with men
- Transgender people, with a special focus on transgender women
- People who inject drugs
- Sex workers
- People in prison and other closed settings
- Partners of members of the above groups

8.2 Key Populations in the Context of Tuberculosis

In the context of tuberculosis, key populations include:

- People who have been diagnosed with or recovered from TB
- People in prison and other closed settings
- People living with HIV
- Migrants, refugees and indigenous populations

8.3 Vulnerable Populations in the Context of Malaria

In the context of malaria, populations include:

- People who have been diagnosed with or recovered from malaria
- Pregnant women
- Children under 5 years old
- Refugees and internally displaced people
- Populations in malaria endemic areas
- Migrant workers

⁴⁷ “Key Populations Action Plan 2014-2017” found in “Community, Rights and Gender”: <https://www.theglobalfund.org/en/publications/>

9. Acronym List

9.1 List of Commonly Used Abbreviations

ACT	Artemisinin-based Combination Therapy
AIDS	Acquired Immune Deficiency Syndrome
AMFm	Affordable Medicines for Malaria
ART	Antiretroviral therapy
ARV	Antiretrovirals
CCM	Country Coordinating Mechanism
CSS	Community Systems Strengthening
DOTS	Directly Observed Treatment Short Term
FPM	Fund Portfolio Manager
GAC	Grant Approvals Committee
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
HRH	Human Resources for Health
HSS	Health Systems Strengthening
JANS	Joint Assessment of National Strategies
LFA	Local Fund Agent
LLIN	Long-lasting insecticidal net
MDR	Multi-drug resistant
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NAC	National AIDS Committee/Council
NGO	Non-governmental organization
NSP	National Strategic Plan
PAAR	Prioritized Above Allocation Request
PC	Program continuation
PR	Principal Recipient
PSM	Procurement and Supply Chain Management
RBM	Roll Back Malaria
RMNCAH	Reproductive, maternal, newborn, child, and adolescent health
RSSH	Resilient and Sustainable Systems for Health
SDG	United Nations Sustainable Development Goals
SIIC	Strategic, Investment and Impact Committee

SR	Sub-recipient
STC	Sustainability, Transition and Co-financing Policy
TB	Tuberculosis
TRP	Technical Review Panel
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
WHO	World Health Organization