

**THE GLOBAL FUND
REQUEST FOR PROPOSALS (RFP)
MULTICOUNTRY GRANT(S)
INVITATION NOTICE**

Issue Date	23 April 2018
RFP number	GF-MC-2018-09
RFP Multicountry strategic priority	HIV: Sustainability of services for key populations in the Caribbean
RFP Closing Date	6 August 2018
RFP Closing Time	17.00 Geneva time
Proposal and Questions Submission Address	accesstofunding@theglobalfund.org cc Carmen.Gonzalez@theglobalfund.org

The Global Fund to Fight AIDS, Tuberculosis and Malaria (the “Global Fund”) is seeking proposals from regional stakeholders to implement a multicountry program under the Catalytic Investments for the 2017-2019 Allocation Period.

In this RFP the “Applicant” refers to an entity responding to this RFP, while “Implementer” refers to the implementing entity of the grant proposed by the Applicant. Requirements for the Applicants and the Implementers are set forth in Attachment C of this RFP.

Applicants will be notified of the outcomes of the review by the Global Fund Secretariat and Technical Review Panel (TRP), as specified below. The successful Applicant or Applicants will then, with the proposed implementing entity and the support of the Global Fund Secretariat, proceed to grant-making.

This RFP contains the following attachments and annexes:

Attachment A	Statement of Work
Attachment B	Evaluation Criteria
Attachment C	Proposal Requirements and general guidelines
Attachment D	General Instructions

Submitting a proposal in response to this RFP constitutes an acceptance of the terms indicated herein, including the Global Fund Grant Regulations (2014), and the Global Fund reserves the right to reject the proposal of any entity or individual, as the case may be, that fails or refuses to comply with, or accept, such terms.

This RFP shall not be construed as a contract or a commitment of any kind. This RFP in no way obligates the Global Fund to award a grant, nor does it commit the Global Fund to pay any costs or expenses incurred in the preparation or submission of proposals.

1. For audit and efficiency purposes, this RFP process is being managed electronically, and Applicants are required to submit their proposals by email to Access to Funding Department at acesstofunding@theglobalfund.org copying the Multicountry priority Focal Point Carmen Gonzalez at Carmen.Gonzalez@theglobalfund.org
2. Proposals must be submitted in the Global Fund provided format, and received by the Global Fund at the RFP Closing Date and by the RFP Closing Time, all as indicated in the RFP Information Table above. All templates will be shared with all interested Applicants upon request sent by email to Access to Funding Department at acesstofunding@theglobalfund.org copying the Multicountry priority Focal Point Carmen Gonzalez at Carmen.Gonzalez@theglobalfund.org
3. Unless otherwise indicated, proposals shall be submitted in the officially provided template in the appropriate MS Office file format, and **should be divided in three separate files** containing
 - a. The funding proposal narrative and the core supporting documents;
 - b. Relevant Regional Coordinating Mechanism (RCM)/Regional Organization (RO) Eligibility documentation;
 - c. Supporting documents referenced in the funding proposal.

The title of the document of your attachment must be labelled as follows:

- Funding Proposal narrative: GF-MC-2018-09-FP-[Your organization name]
 - Performance Framework: GF-MC-2018-09-PF-[Your organization name]
 - Budget: GF-MC-2018-09-Budget-[Your organization name]
 - Implementation Arrangement Map: GF-MC-2018-09-ImpMap-[Your organization name]
 - RCM Eligibility documentation: GF-MC-2018-09-RCM-[Your organization name]
 - RO Eligibility documentation: GF-MC-2018-09-ROE-[Your organization name]
 - Annexes: GF-MC-2018-09-[name of annex]- [Your organization name]
(Note: shorten the name of the annex as much as possible as if it is too long the it might not be possible to open the file)
4. All communications with regard to this RFP shall be in writing, electronically via email to the Access to Funding Department copying the Global Fund Secretariat Focal Point. The final deadline to sending clarification questions associated to the RFP is July 20, 2018 17.00 GMT (Geneva time).
 5. Any communication between an Applicant and the Global Fund regarding this RFP, which is not through the designated channel, as set forth in Section V of Attachment C of this RFP, shall invalidate such Applicant proposal to this RFP.

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ATTACHMENT A STATEMENT OF WORK

The Global Fund

The Global Fund is a 21st-century partnership organization designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. Founded in 2002, the Global Fund is a partnership between governments, civil society, the private sector and people affected by the diseases. The Global Fund raises and invests nearly US\$4 billion a year to support programs in countries and communities most in need.

The Global Fund is a financing institution, providing support to countries in the response to the three diseases and does not implement programs on the ground. By challenging barriers and embracing innovative approaches, the Global Fund partnership strives for maximum impact.

The Global Fund is calling for proposals from qualified organizations to provide programming for the strategic priority area Sustainability of services for key populations in the Caribbean under the Multicountry catalytic funding modality for the 2017-2019 Allocation Period.

Multicountry approach¹ :

Based on the Global Fund Board's decision ([GF/B36/04](#)) in November 2016 on the Catalytic Investments available during the 2017-2019 Allocation Period, US\$ 50 M was made available for sustainability of services for key populations under the multicountry approach. The amounts and priority areas for Catalytic Investments were determined primarily by technical partners in consultation with the Global Fund Secretariat, and reflect critical needs that will assist in the delivery of the global plans for HIV, TB, and malaria and the 2017-2022 Global Fund Strategy. Under the recommendation of the Global Fund Board and technical partners, unless an ideal Applicant can be agreed through comprehensive regional consultations, the funds will be allocated through an open and competitive RFP process.

Of the US\$ 50 M made available for this strategic priority area, this RFP refers to the **US\$ 6,500,000** made available for the Caribbean region² under multicountry priority area **"HIV: Sustainability of services for key populations"**. This funding is intended to support one multi-country grant to address the challenges indicated below.

¹ In the 2017-19 the term "multi-country" replaces the term "regional" which was used during the 2014-2016 allocation for these type of funding requests (i.e. regional grants)

² The total amount of resources available for the Latin America and the Caribbean countries is US\$ 17 million: US\$ 10.5 million to Latin American countries and US\$ 6.5 million to the Caribbean countries.

Problem Statement

Sub-area A: Increasing domestic resources to fund effective key population HIV programming

Caribbean countries funded 21% of an estimated total of US\$ 367 million allocated to HIV responses in the region in 2016³. Domestic resources have progressively increased to support expansion of treatment and care and some countries have reduced their dependency on external funding for ARVs. Nevertheless, a significant part of resourcing HIV treatment and care is still funded by donors. Furthermore, many prevention programs that focus on key populations in the region, depend substantially on donor funding. As donor funding in the region declines, increased domestic financing will be essential to maintain prevention programs in countries as well as to expand access to treatment. Achieving the international 2020 goals will require additional domestic investments focused on community-centered approaches that increase HIV diagnoses, particularly among key populations and their sexual partners, and in service improvements that allow more people living with HIV to start treatment promptly, stay adherent, and achieve viral load suppression. Improvements in efficiency, price reductions for commodities, along with other cost containments will be necessary to guarantee a financially sustainable response that is capable of ending AIDS as a threat to public health by 2030. Innovative strategies to support Government's financing of HIV responses will be especially relevant to the Caribbean Region.

In 2014, countries in the Americas approved the Regional Strategy for Universal Access to Health and Universal Health Coverage (Universal Health), adopting the right to health, equity, and solidarity as core values. The Universal Health Strategy calls for increasing and improving financing with equity and efficiency and recommends countries a public spending on health equivalent to six per cent of the GDP.

In the Political Declaration on HIV and AIDS: on the fast track to accelerate the fight against HIV and put an end to the AIDS epidemic by 2030, Caribbean countries committed to global goals, including goals 90-90-90, reducing gender inequalities, increasing initial investment to close the resource gap, and ensuring at least one quarter of HIV investments are for prevention and at least six percent for social facilitators: promotion, community and political mobilization, monitoring in / of communities and political communication for 2020. The Call for Action of the 3rd Latin America and Caribbean Forum "Road to ending AIDS in LAC- Towards Sustainable Regional Fast Track Targets", reiterates the need for increasing public expenditure on health in order to put in place sustainable responses that achieve epidemic control.

This Sub-area I is aligned with the Caribbean Regional Strategic Framework on HIV 2014-2018 as it recognizes the need for increased funding and supports "securing reduction of prices of ARVs" along with "development and implementation of innovative financing methods, which can support Universal Health Coverage, including dedicated tax levies, visitor health fees, regional health insurance and new public-private partnerships. It also recommends financing mechanisms to be "matched with policies and strategies which leverage investments for maximum value for money".

³ UNAIDS (2017), Ending AIDS. Progress towards 90-90-90. Global AIDS Update

Sub-area B: Resource mobilization for key population organizations

In a number of consultations/meetings around sustainability of the HIV response civil society and key population organizations have indicated that the ability of community service organizations and networks to continue providing comprehensive support to people living with HIV and key populations, will depend on the recognition by the Governments on the value of their work to achieve a sustainable response as well as on the ability of the organizations to manage change, capacity to mobilize resources from a variety of sources and foster partnerships with a broad range of stakeholders. Consequently, they have expressed their interest in strengthening their knowledge and skills on resource mobilization from public and private donors as well as on setting up of successful social enterprises (when appropriate). Activities in this sub-area should contribute to foster sustainability and to mobilize public and private resources for organizations to continue and expand service delivery to key population; to diversify sources of funding, making them less dependent on one single source and to obtain financial support to implement their advocacy strategies.

Sub-area C: Reduction of structural barriers for access by key populations to services, including stigma and discrimination and gender based violence.

Human rights and gender-related barriers including stigma and discrimination, sexual orientation, gender identity and gender-based violence and inequalities continue being a major barrier for key and vulnerable populations to accessing HIV prevention, treatment and support. These barriers hinder key populations from accessing HIV prevention and testing services; disclosing their status and following up on the results of testing/survey/medical examinations, even if they have access to services.

In 2015, the countries of Latin America and the Caribbean established a set of prevention goals and zero discrimination in order to put the region in accelerated action towards the end of AIDS by 2030. Among the objectives included zero discrimination related with HIV in health services and social services

According to the recently published report "HIV Prevention in the Spotlight. An analysis from the perspective of the health sector in Latin America and the Caribbean"⁴, despite the existence of training and awareness actions in most of the countries of the region, discrimination in the health sector is still identified as a barrier in serving key population groups. Among the factors that are indicated as possible reasons, include: a) the high turnover recorded in human resources; b) the lack of mechanisms for monitoring and evaluating the quality and outcome of the training; c) lack of investigation and follow-up of reports of abuse or institutional discrimination; d) the lack of mechanisms to encourage good practices and expand friendly and non-discriminatory services; e) the lack of involvement of people from the key population groups in designing policies and training.

The scope of this sub-area should involve innovative approaches as well as best practices to address stigma and discrimination and to promote change and accountability in institutions.

⁴ Pan American Health Organization and Joint United Nations Programme on HIV/AIDS. HIV Prevention in the Spotlight: An Analysis from the Perspective of the Health Sector in Latin America and the Caribbean, 2017. Washington, D.C.: PAHO, UNAIDS; 2017

Sub-area D: Improvement in knowledge, generation and use of strategic information on key populations for decision-making and advocacy by communities and other key stakeholders.

The report "HIV Prevention in the Spotlight. An analysis from the perspective of the health sector in Latin America and the Caribbean", highlights the "lack of data and analysis on key indicators related to HIV prevention in key population groups". According to this report, this shows a "weakness of the strategic information systems on the results and the impact of the programs aimed mainly at these groups".

In addition to the need for more and better information, it is necessary to expand the knowledge and use of data, best practices and recommendations available, to advocate for the increase in the allocation of domestic resources to finance interventions for key populations and the implementation / expansion of efficient service models for reaching key populations with the recommended interventions.

Geographic scope

Caribbean countries, taking into consideration that Global Fund eligibility criteria for multi-country proposals apply.⁵

Epidemiological context

Between 2000 and 2016 the estimated number of AIDS-related deaths in the Caribbean region declined by 55% from 21000 to 9400. The number of new HIV infections has remained stable, near 17000 since 2010. Over this period the number of people on antiretroviral therapy more than doubled and an increasing number of countries have adopted a "treat all" approach UNAIDS estimates indicate.

As of 2016 there were an estimated 310,000 people living with HIV (PLHIV) in the Caribbean region, acutely concentrated in four countries: Haiti (150,000), Dominican Republic (67,000), Jamaica (30,000), and Cuba (25,000). As of 2016, over 80% of PLHIV and over 85% of new infections in the Caribbean region were in these countries. There is also variation in the dynamics of the epidemic at country level: between 2010 and 2016 new infections doubled in Cuba and decreased by a quarter in Haiti.

Large gaps across the HIV testing and treatment cascade persist, along with significant variation between countries in the region in terms of closing these gaps. At the end of 2016, nearly two thirds (64%) of PLHIV were aware of their status. Among PLHIV that were aware of their status, 81% were accessing antiretroviral therapy, and of those, only 67% were virally suppressed. Among all PLHIV in 2016, treatment coverage in the region was 52% and viral suppression was 34%.

⁵ Fifty one percent (51%) of the countries included in the Funding request must be eligible for Global Fund Funding. Refer to [Global Fund Eligibility policy](#)

Data from different countries in the region highlights the increased vulnerability of key populations, especially men who have sex with men, sex workers and transgender persons⁶. This vulnerability is translated not only by higher prevalence rates but also by pervasive levels of stigma, discrimination⁷ and associated issues related to accessing appropriate and high quality HIV prevention, care, treatment and support services.

Strategic focus

- The grant should clearly demonstrate the added value of the multi-country proposal in relation to the actions supported through the country specific grants.
- The grant should take advantage of and improve existing mechanisms for collaboration and partnership between civil society organizations, in particular local organizations of key populations and the government, including through CCMs;
- The grant should ensure meaningful participation of communities and organizations of key populations in the planning and provision of sustainable HIV services supported by evidence for key populations; and in the reduction of human related barriers that impact the accessibility and efficiency of those services
- The grant should take into account the lessons learned from previous initiatives and investments (domestically, regionally and in other parts of the world) in the selected sub-areas. Furthermore, the grant should foster experience exchange among countries in order to support the fulfillment of the defined objectives.
- The grant should encourage strategic alliances with other actors outside of the HIV field that can be instrumental in achieving the defined objectives for this multi-country grant (i.e. networks working on budget transparency, UHC, etc.).
- The grant should improve the multi-sectoral response, including coordination between civil society and the authorities to improve and institutionalize community participation, as well as social control by the populations
- The grant should be a model of transparency and inclusion to allow national and local governments and other partners to support and improve HIV-related services;
- All the actions and deliverables supported by the grant must be informed and in accordance with the latest guidelines and relevant international normative and operational tools.

Target populations and diseases under the grant

Target groups under the grant are key populations, as defined in the Global Fund factsheet “key population: a definition”. Key populations in the HIV response include: “Gay, bisexual and other men who have sex with men; women, men and transgender people who inject drugs, and/or who are sex workers; as well as all transgender people are socially marginalized, often

⁶ It is important to note that young women (15-24) accounted for 17% of new infections in 2016. While they are not considered a key population in many countries in the region, they are an important, highly affected group in the region.

⁷ While all Caribbean countries report having training programs for health-care workers on human rights and non-discrimination, only 63% report having such training programs at national scale as of 2016. 89% of Caribbean countries report having training and/or capacity-building on HIV-related rights for people living with HIV and key populations in 2014-2016, but only 44% reported having such training at national scale. (from UNAIDS, Global AIDS Update 2017)

criminalized and face a range of human rights abuses that increase their vulnerability to HIV”.
“All people living with HIV fall within this definition of key population.

Scope of work

The programmatic sub-areas that will be addressed through a multi-country grant with the overall objective of ensuring the sustainability of HIV services for key populations are detailed below. An eventual multi-country subsidy should cover at least two of the 4 defined sub-areas.

Sub-area A: Increasing domestic resources to fund effective key population HIV programming

Relevant activities in Sub-area I may include (but should not be limited to):

- Capacity building of civil society on health budget advocacy; including strengthening of advocacy skills to influence the allocation of resources based on needs and risk.
- Civil society organizations (CSO) capacity building on financing mechanisms for the HIV response, in particular for key population programming;
- Development and implementation of regional and country level advocacy strategies for more and better financing for key population programming;
- Development and use of tools to monitor and facilitate advocacy on domestic budgets (at national and sub-national level) for the HIV response, including investments for key population programming, and other related critical investments (i.e. TB budget)
- Development and dissemination of studies and investment cases to support advocacy to increase domestic funding for key populations programming;
- Social mobilization/campaigning at regional and national level for increasing domestic resources to address the needs of key populations;
- Building alliances among stakeholders at regional and national levels to advocate for domestic public resources for key population programming;
- Exchanging good practices among countries on funding for key population programming.

Sub-area B: Resource mobilization for key population organizations

The multi-country grant will support key populations organizations to explore and access new sources of income, including public and private sector, individuals and other potential donors. The multi-country grant is expected to implement interventions at the regional level for key population organizations to explore and access new sources of income, including public and private sector, individuals and other potential donors.

Relevant activities in Sub-area II may include (but should not be limited to):

- Capacity strengthening for CSO and key populations networks in resource mobilization (public and private, domestic and external), partnerships building and communication strategies;
- Targeted technical assistance to CSO and key populations networks on fundraising mechanisms, writing technical proposals, exploring alternative donor funding opportunities, social marketing, etc.;

- Mini-grants to provide seed capital to implement pilots of resources mobilization strategies;
- Incentivize learning and exchange from successful experiences of other CSO and networks in the mobilization of public (social contracting, government grants or subsidies) and private resources;
- Foster partnership with non-HIV CSOs and networks to implement innovative advocacy resource mobilization strategies;
- Documentation of the main contributions of key population organizations to the response and identification of gaps in the response that can be effectively and efficiently covered by the civil society and key population organizations.

Sub-area C: Support reduction of structural barriers for access by key populations to services, including stigma and discrimination and gender violence

The multi-country grant seeks to support actions to address human rights-related barriers to services through legal empowerment, programs to address stigma and discrimination in the health care settings and communities, violence against key populations at all levels, and monitor violations of their rights, advances and setbacks in structural barriers in the region, and to be able to intervene where appropriate.

Relevant activities in Sub-area III may include (but should not be limited to)⁸:

- Programs to address stigma and discrimination;
- Training for health care workers on human rights and medical ethics related to HIV;
- Trainings with law enforcement officers and agencies;
- “Know-your rights” and legal literacy for communities;
- Programs to provide HIV-related legal services
- Community-based monitoring and advocacy for policy and law reform related to HIV
- Programs to reduce discrimination against women and girls in the context of HIV
- Documentation and sharing of best practices in the field

Sub-area D: Improvement in knowledge, generation and use of strategic information on key populations for decision-making and advocacy by communities and other stakeholders

The multi-country grant will foster strengthening knowledge and data use for improving and sustaining key population services.

Relevant activities in Sub-area III may include (but should not be limited to):

- Training on analysis and use of key population data in the region, including use of relevant analytical approaches (i.e. prevention and treatment cascades, yield analyses, costing for key populations), root cause analysis, and best practices in use of key population data for resource allocation, rational planning, and optimization of service delivery models for key populations.;

⁸ For more information on these activities, please refer to Global Fund (2017), “HIV, Human Rights and Gender Equality” technical brief.

- Identification and documentation of best practices of effective service delivery models that comprehensively address the needs of key populations, including decentralization of services and task shifting.
- Based on the evidence available, propose a regional framework and operational guidelines and strategies to support the implementation of efficient, comprehensive differentiated models of care for key populations in the region aligned with the WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations
- Advocacy actions at the regional and national levels to promote the development and expansion of differentiated care models and interventions that guarantee the quality and coverage of services for key and vulnerable populations;
- South-South exchange and / or between government officials and civil society to promote the expansion of models of efficient services for the attention of key and vulnerable populations

The scope of this sub-area should involve innovative approaches as well as best practices to institutionalize and promote analysis and use of strategic information on key populations to influence resource allocation decisions, rational planning, and optimization of programs.

Due to the nature of the expected work under this sub-area, close collaboration with technical partners would be strongly desirable.

The above list should not be treated as an exhaustive list of activities to be financed by the Global Fund. The final list of activities shall be determined with the successful applicant during the grant negotiation stage and subject to Global Fund Board approval.

All activities will be conducted in line with relevant national/international guidelines and standards.

Expected outcomes and anticipated result

Sub-area A: Increasing domestic resources to fund effective key population HIV programming

- Increased domestic budget destined to finance combined prevention for key populations⁹
- Increased total amount of funding that governments allocate to civil society organizations each year to provide health services to key populations.
- Increased HIV services that are added to the list of services covered by compulsory health insurance or other basic package of medical services financed domestically in each country covered by the grant;

Sub-area B: Resource mobilization for key population organizations

- Increased number of key population organizations that increased their donor portfolio or financial revenue mechanisms.

⁹ See indicator 8.1E from the Global AIDS Monitoring (GAM) Indicators for monitoring the 2016 United Nations Political Declaration on Ending AIDS

- Increased volume of resources mobilized from the private sector by organizations of key populations.
- Increased volume of resources mobilized from the public sector by key population organizations

Sub-area C: Support reduction of structural barriers for access by key populations to services, including stigma and discrimination and gender violence

- Avoidance of health care among key populations because of stigma and discrimination¹⁰
- Number of complaints about discrimination against key populations in the health sector that were resolved
- Percentage of law enforcement officers reached by training and sensitization programs on the human rights of people living with or affected by HIV, sex workers, men who have sex with men, transgender people and people who inject drugs in the context of HIV in the past 12 months
- Number of countries that have undertaken sensitivity and awareness training of law enforcement officials on sexual and gender diversity, sexual and gender based violence and the relevant legislative framework Number of countries that have achieved legislative reforms for modifying and repealing discriminatory laws that infringe human rights
- Number of discriminatory norms and policies that affect key populations and that have been removed or reformed favorably.
- Number of countries that have updated/revised their gender based violence policies to include international best practice standards

Sub-area D: Improvement in knowledge, generation and use of strategic information on key populations for decision making

- Documentation (reports / presentations) demonstrating analysis and use of key population data in the region, including analytical approaches (i.e. prevention and treatment cascades, yield analyses, costing for key populations), root cause analysis, and best practices in use of key population data for resource allocation, rational planning, and optimization of service delivery models for key populations
- Documentation (reports / presentations) that identify and document the application of best practices of differentiated models of care and interventions for key and vulnerable population services in the region;
- Number of countries with key populations networks using strategic information – including cascade, yield and cost analysis – in advocacy materials and activities (i.e. seminar, lobby meetings) aimed at regional and national levels to promote the development and expansion of differentiated care models and interventions that guarantee the quality and coverage of services for key and vulnerable populations.

Roles, Responsibilities, and Management Structure

- The selection of the applicant and its implementers should be conducted in line with the "Guidelines on implementers of the Global Fund grants"
- The applicant and its implementer(s) will need to establish an ongoing and strong collaboration with the relevant government agencies and ministries, including NTPs/NAPs

¹⁰ See indicator 4.2 from the Global AIDS Monitoring (GAM) Indicators for monitoring the 2016 United Nations Political Declaration on Ending AIDS

of the countries, CCMs and Principal Recipients of other Global Fund grants and other stakeholders.

- The applicant and its implementer(s) should engage with the global and regional technical partners, such as WHO/PAHO, the Stop TB Partnership, UNAIDS and others, who will be able to provide technical expertise that the applicant and its implementer(s) can use.
- To be conducted in line with the Global Fund policies and procedures.

Implementation arrangements

1. The Applicant shall propose modules and interventions with clear indicators and targets, the costing of the each proposed modules and interventions, and a monitoring and evaluation plan.
2. The Applicant shall present implementation arrangements and explain how the oversight mechanism is envisioned, assuring multicountry coordination.
3. The Applicant shall propose an Implementer that satisfies the requirements of this RFP, in addition to the proposed programming and implementation arrangements outlined in the funding proposal submission.

The Applicant will provide strategic oversight to ensure effective and strategic implementation of programs. The Applicant will oversee the performance of the Implementer to ensure that it achieves the agreed targets of the programs being implemented.

The Implementer will enter into a grant agreement with the Global Fund and manage the grant. Implementation of the activities under the grant will be conducted by the Implementer and the selected Sub-recipients in close coordination and consultation with the Global Fund and relevant regional and national authorities. The Implementer for the grant must have the capacity to control the grant activities and expenditure and manage Sub-recipients in compliance with Global Fund policies.

For more information, please refer to “Guidelines on Implementers of the Global Fund Grants.”¹¹

Applicable Global Fund Policies

All relevant policies, rules and guidelines of the Global Fund (as enacted or amended from time to time) shall apply to this Applicant selection process, the ensuing grant making process as well as implementation of the contemplated grant.

Framework Agreement and Grant Regulations

The Applicant will select an appropriate Implementer, which will enter into a Grant Agreement with the Global Fund. The Grant Agreement is governed by the standard Framework Agreement terms and Global Fund Grant Regulations (2014)¹². Acceptance by Applicants of

¹¹ https://www.theglobalfund.org/media/5663/core_guidelinesonimplementers_guideline_en.pdf?u=636486807190000000

¹² https://www.theglobalfund.org/media/5682/core_grant_regulations_en.pdf

the standard Framework Agreement terms and Global Fund Grant Regulations (2014) will be taken into account in the assessment of Applicants' proposals.

In particular, the successful Applicant along with the proposed Implementer shall confirm acceptance of the standard Framework Agreement terms, the Global Fund Grant Regulations (2014) and policies relating to maintenance of, and access to, books and records, and to full cooperation with the authorized representatives of the Global Fund, including the Office of the Inspector General, in audits, investigations, financial reviews, forensic audits, evaluations or other activities that the Global Fund deems necessary to ensure that Global Fund resources are used in accordance with the terms and conditions of the Grant Agreement for the purposes approved by the Global Fund. Cooperation includes in particular access to all relevant records, documents, personnel, sites, electronic materials and computerized records generated, or in the possession of, the Implementer, or the Implementer's agents, consultants, representatives or Sub-recipients, that pertain to activities and expenditures supported by Global Fund resources.

The Applicant and Implementer shall confirm acceptance of the standard Framework Agreement terms and Global Fund Grant Regulations (2014) in full with the technical proposal or, as the case may be, identify any proposed significant deviations from these terms in writing within the proposal.

The Global Fund shall be entitled to accept or refuse in its entire discretion any proposed deviations from its standard Framework Agreement terms and Global Fund Grant Regulations (2014) submitted in writing within the proposal.

Applicants shall not be allowed to propose any significant deviations from the standard Framework Agreement terms and Global Fund Grant Regulations (2014) after submission of their proposal under this RFP.

ATTACHMENT B EVALUATION CRITERIA

The Global Fund Secretariat will conduct a screening process to assess the extent to which proposals meet the evaluation criteria below and in accordance with **Attachment C**. All proposals considered of sufficient quality and technical rigor will be submitted to the Global Fund Technical Review Panel (the “TRP”) for independent expert review. The TRP will evaluate the proposals to ensure they are technically sound and strategically focused, and select the proposal(s) or elements of them deemed most likely to realize catalytic impact, multicountry collaboration and to demonstrate sufficient value for money in response to the targeted strategic priority. The selected proposal will be recommended to the Grant Approvals Committee of the Global Fund (the “GAC”) for final review before proceeding into grant signing.

During the Global Fund Secretariat screening procedure, applications are evaluated to ensure they fulfil the requirements outlined in **Attachment C** (Proposal Requirements and General Information) and demonstrate sufficient attention to the project described in **Attachment A**.

Only those proposals that fulfil all requirements will be considered for technical review by the TRP.

The Global Fund Secretariat evaluation:

Each proposal submitted in response to this RFP will undergo a screening process by the Global Fund Secretariat to evaluate whether it fulfils the criteria outlined in **Attachment C** and complies with relevant Global Fund policies and procedures, including the Regional Coordination Mechanism/Regional Organization Eligibility Criteria and the Global Fund Grant Regulations (2014). Applicants must demonstrate technical and programmatic capacity, sufficient regional knowledge and experience, and a commitment to open and inclusive drafting and decision-making.

Any proposal meeting the basic criteria outlined in **Attachment C**, demonstrating alignment with the Statement of Work, and in line with the relevant policies and procedures cited in the RFP, will be eligible for technical consideration by the TRP. The Global Fund Secretariat reserves a right to initially evaluate each proposal to determine a short list of candidates for further consideration by the TRP.

In addition, the Global Fund Secretariat will provide the TRP with a confidential assessment of the merits of the proposal. This assessment will address:

- How well the proposal, as submitted, meets the requirements for each criterion;
- The strengths, weaknesses and deficiencies that had a bearing upon the rating;
- Organisation’s track record/relevant experience;
- Technical approach to the requisite scope of work and achieving key objectives; and
- Any relevant regional and country-level context, which may have bearing on the TRP review.

TRP review process and criteria:

All proposals deemed eligible by the Global Fund Secretariat will be evaluated by the TRP against the framework put forth in **Attachment A**, and in line with the following general considerations:

a. Technical approach

- The extent to which the proposal demonstrates a clear understanding of the nature of the work and the environment in which the work must be performed;
- The extent to which the proposed approach and methodology are solid, appropriate, innovative, feasible, implementable and relevant as demonstrated in the proposal;
- The extent to which the proposed programs and interventions are catalytic and would encourage regional and strategic collaboration across borders; and
- The extent to which the proposal demonstrates the advantage of approaching the stated problem through a multicountry proposal and its complementarity to the existing country-level interventions and programs.

b. Expertise and qualifications

- The extent to which the regional and country implementers have the necessary capacity to implement the proposed interventions; and
- The extent to which the regional and country implementers have the necessary and relevant experience, e.g., multi-country research programs, and a strong track record of 'evidence into action', etc.

c. Country and regional expertise

- The extent to which the Applicant demonstrates the necessary and relevant understanding of country and regional context, including the impact and importance of the particular Global Fund strategic priority to which the funding proposal is oriented.

In addition to the criteria laid out above, each proposal will be evaluated by the TRP for technical soundness, strategic focus, and catalytic impact, based on the following criteria, as applicable:

1- Maximizing impact against HIV, TB and malaria towards ending the epidemics	
Strategic focus	<ul style="list-style-type: none"> ▪ Is the proposal based on a comprehensive situational analysis, most recent available data, lesson learned and also aligned with the multicountry priority? ▪ Has the Applicant identified the right critical gaps in programming? ▪ Are the goals, objectives, expected outcomes clear, measurable and achievable?
Multicountry focus	<ul style="list-style-type: none"> ▪ Does the funding proposal clearly delineate the advantage of approaching the problem through a multicountry proposal? ▪ Is the explanation why the interventions cannot be done at the country level clearly stated? ▪ Does the proposal enhance country programs? ▪ Does the proposal involve countries in planning and implementation? ▪ Does the proposal strengthen country health systems?

	<ul style="list-style-type: none"> Does the proposal illustrate how multicountry approach addresses unique aspects of the disease(s) of a cross border nature?
Technical soundness	<ul style="list-style-type: none"> Has the Applicant chosen modules and interventions that are aligned with normative guidance/international standards and best practices, which are appropriate to the context?
Prioritization	<ul style="list-style-type: none"> Does the proposal, including the budget distribution appropriately prioritize high burden areas and/or highest risk and vulnerable populations?
Evidence-based programs for key populations	<ul style="list-style-type: none"> Are globally accepted interventions for key populations that fit the epidemiological context being applied?
Scale-up and ambition	<ul style="list-style-type: none"> Is there sufficient scale of proposed interventions to achieve highest impact?
Leveraging partnerships	<ul style="list-style-type: none"> Does the proposal clearly highlight synergies with other investments, including from the government, civil society and donors?
Monitoring and evaluation plan for impact	<ul style="list-style-type: none"> Does the proposal clarify that appropriate investments or provisions are in place for effective measurement of expected outcomes and impact?

2- Promotes and protects human rights and gender equality	
Human rights-related barriers	<ul style="list-style-type: none"> Are human rights barriers clearly identified in the proposal? Does the proposal include programs or activities to address and remove human rights barriers?
Gender-related barriers, and gender equality	<ul style="list-style-type: none"> Does the proposal identify gaps for women and girls and propose activities to promote sexual and reproductive health and rights (if applicable)? Does the proposal include age and sex-disaggregated data and are gaps clearly identified? Does proposal include activities to address gaps in sex-disaggregated data with a view to address health inequities?
Engages key and vulnerable populations in decision-making	<ul style="list-style-type: none"> Does the program design and other information demonstrate that key and vulnerable populations were engaged in the development of the program and will be engaged in the elaboration of the grant?

Empowers and engages key and vulnerable communities	<ul style="list-style-type: none"> Does the proposal clarify that appropriate investments or provisions are in place for community empowerment to increase community involvement in program design in service delivery as well as advocacy and accountability?
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3- Invests in increasing program quality and efficiency of program implementation through shared ownership and mutual accountability	
Technical and implementation capacity	<ul style="list-style-type: none"> Do the proposed implementation mechanisms seem feasible?
Value for money	<ul style="list-style-type: none"> Is the budget distribution across different modules appropriate for achieving highest impact given the epi and program context?
Programmatic risk	<ul style="list-style-type: none"> Are potential <u>programmatic</u> risks identified and are there concrete plans proposed to address them?
Strategies to address bottlenecks	<ul style="list-style-type: none"> Has the proposal identified challenges and barriers to implementation? Are there clear actions, including innovative approaches as applicable, to address enduring implementation barriers/challenges?

4- Sustainability	
Sustainability	<ul style="list-style-type: none"> Does the proposal include a vision for greater program sustainability of the proposed program?

ATTACHMENT C FUNDING PROPOSAL REQUIREMENTS AND GENERAL INFORMATION

I. Background

The objective of multicountry grants is to target a limited number of key, strategic multicountry priorities deemed critical to meet the aims of the 2017-2022 Global Fund Strategy and not able to be addressed through country allocations alone. Funding proposal for multicountry catalytic funding should focus on regional and cross-border collaboration, as well as complementarity with national disease programs, in order to achieve maximum catalytic impact in the strategic priority area.¹³ Proposal will be considered from a single organization or from a consortium,¹⁴ who provided the proposal that demonstrates sufficient technical capacity and strategic initiative to fulfill the terms outlined in **Attachment A**.

As part of the principle of country ownership, **Attachment A** has been shaped through a documented inclusive consultation process with partners and key stakeholders in the affected areas. Applicants are required to continue this inclusive approach to ensure the final grant reflects the interests and needs of different constituents and is sufficiently integrated with national and regional programming to achieve truly catalytic impact.

II. Requirements for Applicants

An Applicant must be a Regional Coordinating Mechanism (RCM) or Regional Organization (RO)¹⁵ that demonstrates technical and programmatic capacity in the multicountry strategic priority, sufficient regional knowledge and experience in broad stakeholders engagement, and a commitment to open and inclusive dialog and decision-making.

Applicants must develop and demonstrate an inclusive and evidence-informed regional dialogue. It must be based on relevant national disease plans and regional strategies. A regional dialogue should actively engage representatives from all stakeholder groups involved in the response to the diseases, including those involved in building resilient and sustainable systems for health, and must include key and vulnerable populations disproportionately impacted by the diseases.

In order to demonstrate an inclusive proposal development and to be eligible for Global Fund funding, Applicants must comply, as relevant, with the applicable Global Fund CCM/RCM Eligibility Requirements¹⁶ or the equivalent Global Fund principles applicable to RO proposal submissions. At the time of the submission of the funding proposal, the Global Fund

¹³ For more information on Global Fund Catalytic Investments, see [GF/B36/04 – Revision 2](#). For more information on Multicountry priority areas, see the [Guidance note on Multicountry approaches](#).

¹⁴ In the interest of an enhanced regional dialogue and collaborative drafting process, proposals are encouraged which incorporate multiple partner organizations operating in the region. Such proposals should demonstrate the collaborative and integrated nature of the proposal and the enhanced capacity and impact, which will result from a consortium proposal.

¹⁵ In order for a Regional Organization to be considered an eligible Applicant it must comply with the following requirements:

1. Demonstrate broad regional stakeholder consultation and involvement by:
 - Having a broad experience in working in the region on the issues targeted by the multicountry priority;
 - Having experience in working with other regionally / multicountry focused initiatives, programs;
 - Having a broad experience and confirmed track of working with people living with and/or affected by the diseases targeted by the multicountry priority.
2. Not be a United Nations, multilateral or bilateral agency.
3. Demonstrate elements for sustainability for the regional strategic priority.

¹⁶ Please refer to the CCM Eligibility Requirements for further information https://www.theglobalfund.org/media/1285/ccm_requirements_guidelines_en.pdf

Secretariat evaluates compliance with CCM/RCM Eligibility Requirement 1 and 2 or the equivalent Global Fund principles applicable to RO proposal submissions these being:

Requirement 1:

- i. Coordinate the development of the funding proposal through transparent and documented processes that engage a broad range of stakeholders – including RCM members and non-members – in the solicitation *and* the review of activities to be included in the application.
- ii. Clearly document efforts to engage key affected populations in the development of funding proposal, including most-at-risk populations.

Requirement 2:

- i. Nominate one or more Implementer(s) at the time of submission of the funding proposal.
- ii. Document a transparent process for the nomination of all new Implementer(s) based on clearly defined and objective criteria.
- iii. Document the management of any potential conflicts of interest that may affect the Implementer nomination process.

RCM Applicants may not act as Implementers and shall nominate an Implementer(s) in accordance with procedures and requirements listed below. RO Applicants may nominate as Implementer(s) both themselves and any third party.

Compliance to CCM/RCM Eligibility Requirement 3 to 6 will be monitored on a yearly basis by the Global Fund Secretariat. More information on Eligibility Requirements, see [online](#) and in the [Guidelines and Requirements for Country Coordinating Mechanisms](#).

The Global Fund requires endorsement of the final funding proposal by all RCM members (or their designated alternates) or legal representative of the RO, documented in the designated form. The Global Fund requires multicountry applicants to provide evidence of endorsement from the CCMs of all participating countries¹⁷. For those countries with no CCM, endorsement is required from the legal representative of the Ministry of Health or other national coordinating body.

Additionally, a representative of the “Implementer” must sign off on the bottom of the endorsement sheet confirming that they endorse the funding request and are ready to begin grant making and implementation.

III. Requirements for Implementers

The Implementer will be the entity implementing the grant proposed by the Applicant¹⁸. At the minimum, a successful Implementer shall be a legally registered entity and needs to demonstrate the following:

¹⁷ The CCMs endorsements should be submitted together with the Funding Request. However, in special and well documented cases where circumstances do not allow to provide the CCM endorsements at the time of the submission, exception can be granted by the Secretariat to submit the documents during the grant making phase on case by case basis.

¹⁸ Eligible Global Fund Implementers are:

- Local and legal entities from the public or private sector or civil society. Locally-incorporated international non-governmental organizations are considered local stakeholders and are acceptable as PRs. The same requirements apply to SRs. For the

- 1 The Implementer demonstrates technical expertise in the multicountry strategic priority at multicountry and country levels.
- 2 The Implementer demonstrates effective management structures and planning at multicountry and country levels.
- 3 The Implementer has the capacity and systems for effective programmatic management and oversight of Sub-recipients (and relevant Sub-sub-recipients) at multicountry and country levels.
- 4 The internal control system of the Implementer is effective to prevent and detect misuse or fraud.
- 5 The financial management system of the Implementer is effective and accurate.
- 6 Data-collection capacity and tools are in place to monitor programmatic and financial performance.
- 7 A functional routine reporting system with reasonable coverage is in place to report multicountry financial and programmatic performance timely and accurately.

An Applicant should ensure that the Implementer(s) comply with [the Global Fund Grant Regulations \(2014\)](#).

IV. Proposal Requirements

The proposal should be concisely presented and structured, and should explain in detail the organization's strategic approach, technical capacity and resources to provide the proposed services. Applicants can include a prioritized and costed proposal for funds above the allocation amount (the "Prioritized above Allocation Proposal", or "PAAR") in case any available funds become available during the 2017-2019 Allocation Period, including savings identified in grant-making. Applicants are expected to use the official Funding Proposal Template for Multicountry RFPs and include all required documentation.¹⁹ Proposals deemed incomplete or not responsive to these criteria may not be considered in the review process. All proposals should be submitted as MS-Word documents or in the correct template, though annexes may be submitted as PDF. The Global Fund accepts application documents in English, French, and Spanish or Russian, though the working language of the Global Fund Secretariat and the TRP is English.²⁰

Appropriate application materials, instructions, and supporting documentation are only available through the relevant Secretariat Focal Point. After completing the funding proposal

purpose of this RFP local means being registered as legal entity in at least one of the countries forming part of the funding proposal.

- In exceptional cases, should the RCM/RO conclude that there is no local entity qualified to be PR, the local office of an multilateral organization can be approved to take on the responsibilities of being PR. In this case, firm evidence must be presented by the RCM/RO that there are no local entities with the requisite capacity, and Country Teams must confirm their agreement.

- The Global Fund expects that engaging multilateral organizations or international NGOs to be PR as temporary, and that one or several local entities may be phased-in as PR(s) once their capacities had been strengthened. The Grant Agreement with a non-local entity PR may include plans for developing the capacity of one or several local entities and a timeline for passing PR responsibility to them.

- In rare cases where no other options are considered as acceptable, bilateral organizations (including the consulting arm of bilateral organizations, even if these are private entities) can be considered as PRs. This would be the case where the country context proves to be challenging and where the RCM/RO and the Global Fund Country Team conclude that no other international organizations can be appointed as PR to undertake grant implementation. The use of a bilateral organization as a PR would require approval from Global Fund Senior Management.

¹⁹ Please refer to the attached Funding Proposal Instructions

²⁰ Please refer to the Funding Proposal Instructions for Multicountry Approaches for more information on language requirements and translations.

(including the narrative and mandatory attachments) should be submitted via email to the Secretariat Focal Point and with copy to the Access to Funding Department (accesstofunding@theglobalfund.org).

a. Technical Proposal

Each funding proposal should be supported by regional and in-country data and technical guidance. It should be guided by regional disease strategies and national disease strategic plans, as appropriate, and draw on an inclusive multi-stakeholder regional dialogue process. The proposal must emphasize the strategic priority area within the specific regional and cross-national context, and describe how implementation of the resulting grant can maximize the impact of the investment by catalysing national and regional programming to increase the impact and effectiveness of both national and international investments in line with Global Fund Strategic Objectives.

In addition to the funding proposal document, the following attachments and documentation are required:

- Performance Framework (following the Global Fund Modular Framework)
- Budget (in alignment with the Performance Framework and the Global Fund Modular Framework)
- Implementation Arrangement Map
- Endorsement of the funding proposal from the RCM or RO
- Endorsement letters from CCM of each country that forms a part of the regional application (or equivalent) List of abbreviations and annexes
- Documents describing the Applicant status such as organization's status, by-laws etc.
- Documents describing the Implementers status such as organization's status, by-laws etc. (Not applicable if the Regional Organization – Applicant acts also as an Implementer).

Applicants are requested to include all relevant and necessary contextual documentation with the funding proposal as labelled annexes, including national and regional strategic plans for the relevant diseases.

For detailed instructions on the information and documentation required, refer to the Funding Proposal Instructions for Multicountry Approaches, which are available on request from the Secretariat Focal Point.

b. Budgeting Guidelines

All proposals submitted in response to this RFP are expected to use the Global Fund Modular Framework to describe the intended programming and budget. The Global Fund Modular Framework is a list of standard modules, related interventions, and associated impact, outcome, and coverage indicators through which applicants describe their intended grant programming. The Global Fund uses the modular approach to organize the programmatic and financial information about each grant throughout its lifecycle, from the funding proposal through grant-making and implementation.

Further information on the Global Fund Modular Framework may be found in the [Modular Framework Handbook](#). Instructions on completing the Performance Framework and Budget may be found in the Instructions completing a Multicountry Funding Proposal.

All proposals should additionally follow the [Global Fund Guidelines for Grant Budgeting](#), which sets forth the financial requirements for all stakeholders involved in the development, review, and implementation of the Global Fund program budgets and specific grant budgets funded by the Global Fund.

V. Proposal submission and communications

The amount of available funding and intended program outline relevant to this RFP has been outlined in **Attachment A**.

Applicants will receive the appropriate application materials, including instructions on how to generate required attachments and templates from the information management system, from the designated Secretariat Focal Point. After completing the funding proposal (including the narrative and mandatory attachments), submit all documentation via email to the Access to Funding Department (accesstofunding@theglobalfund.org) and copy the Secretariat Focal Point. The full proposal must be submitted no later than the date and time designated in the summary table and following the submission guidelines noted in the invitation notice (page 1).

ATTACHMENT D GENERAL INSTRUCTIONS

By submitting a response for this RFP, the Applicant agrees to the following:

1. The Global Fund shall not be considered as making any offer of a contract, nor a grant, by posting this RFP or evaluating any response submitted in response to it, and there shall be no legal agreement or relationship, whether in contract (express, implied, or collateral) or tort, created by this RFP process between the Global Fund and any Applicant. For the avoidance of doubt, any grant agreement remains subject to Global Fund Board approval.
2. The Global Fund expressly reserves the right to change the closing date and timing of, amend, withdraw, or cancel this RFP process and/or its grant strategy, and to reject any or all responses at any time and for any reason, without liability or penalty to any party. Applicants will be informed of all amendments or other modifications to this RFP.
3. The Global Fund may (a) reject any or all proposals, (b) accept for award a proposal other than the lowest cost proposal, (c) accept more than one proposal, (d) accept alternate proposals, (e) accept part of a proposal, and (f) waive informalities and minor irregularities in proposals received.
4. The Global Fund will be under no obligation to reveal, or discuss with any Applicant, how a proposal was assessed, or to provide any other information relative to the selection process. Applicants whose proposals are not selected will be notified in writing of this fact, and shall have no claim whatsoever for any kind of compensation.
5. All Applicants shall be responsible for and bear their own costs, expenses, and liabilities arising in connection with the preparation and submission of a response to this RFP, as updated, amended, or modified from time to time, and their involvement in the RFP process. In no circumstances whatsoever will the Global Fund be liable for any such costs incurred by any Applicant, whether direct or indirect, irrespective of the outcome of the selection process, nor if the selection process is cancelled, altered, or postponed for any reason.
6. Any dispute, controversy, claim, or issue arising out of this RFP, shall be finally settled by arbitration conducted in accordance with the United Nations Commission on International Trade Law (UNCITRAL). The number of arbitrators shall be three, the place of arbitration shall be Geneva, Switzerland, and the language used at the arbitration shall be English.
7. The Global Fund's Code of Conduct for Recipients and the investigative, decision-making, and sanctions policies and processes of the Global Fund, including those of its Office of the Inspector General shall apply to this RFP. These documents are available at:
<https://www.theglobalfund.org/en/policies-guidelines-templates/governance-policies/>
8. The Global Fund has full discretion to investigate any potential fraud or abuse, whether occurring in the past, present, or future, associated with the procurement with Global Fund resources, and the Global Fund at its full discretion may publish the findings of such investigations; through participation in this process, the Applicant acknowledges these processes and will not challenge in any setting the investigation by the Global Fund of potential fraud or abuse associated with procurement with Global Fund resources, the dissemination of investigation findings, and the responses undertaken

by the Global Fund to findings of fraud or abuse, in all cases whether occurring in the past, present, or future.

9. Nothing contained in this RFP may be construed as a waiver, express or implied, of the privileges and immunities accorded to the Global Fund.
10. Nothing in this RFP shall be taken to mean or read as compelling or requiring the Global Fund to respond to any questions or to provide any clarification to a query of an Applicant. The Global Fund reserves the right not to respond to questions raised by an Applicant that it perceives as irrelevant, or not to provide clarifications if in its sole and absolute discretion it considers that no reply is necessary.
11. The Global Fund reserves the right to seek any additional information or document from the Applicant in the manner it deems fit at its sole and absolute discretion.
12. The maximum allowable email size (including all attachments) is 30Mb. In case the files exceed this limit the Applicant can share the file via sharing web sites.