

The Applicant Handbook

A practical guide to preparing a funding request following receipt of an allocation letter

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The Applicant Handbook is specifically designed to provide accessible and 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 Access to Funding, Grant-making and Approval](#).

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Introduction

The Global Fund has revised its approach to funding applications and reviews in order to have a bigger impact on the three diseases. Changes are designed to better serve people in need by tailoring funding application approaches to different country circumstances. The Applicant Handbook will support the preparation of funding requests for the 2017-2019 funding cycle. It offers practical information on the different stages of application process, along with guidance on best practices and lessons learned from the last funding cycle. Supporting resources and tools available related to each stage are also indicated.

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

The icons below can be used to navigate each section:



Key Change: What's new for the 2017-2019 funding cycle



Practical Advice: Helpful guidance for applicants



Case Study: Illustrating the funding application process



Lessons Learned: Learnings from the previous funding cycle



Key Resources: Links to additional resources

What's New?

Below is a list of the key changes made for the 2017-2019 funding cycle.

Change	Short description
Differentiated applications Refer to page 4	The funding request process for 2017-2019 is tailored to the needs of applicants through 'differentiated' application materials and corresponding review approaches. These updated application and review processes allow for flexible funding requests and documentation that are 'right-sized' to match the needs and context of a country
Program continuation Refer to page 9	Program continuation streamlines the funding request process to ensure well-performing programs with no material change needed can continue implementation with minimal distraction.
Matching funds Refer to page 18	Catalytic investments matching funds replaces incentive funding. It is a separate reserve of funding for eligible applicants to catalyze the use of country allocations for activities in line with the Global Fund strategy.
CCM eligibility assessments Refer to page 18	There are now three different approaches to the annual CCM Eligibility and Performance Assessment: standard, light and superlight. There are also standard and light approaches to screening eligibility requirements one and two, which are assessed at the time of funding request submission.

What's in my Allocation Letter?

In general, the first page of the Allocation Letter provides a summary of a country's eligible disease programs, the amount of allocation funding designated to each disease program, and the corresponding allocation utilization period. The first section of the letter also gives a broad overview of domestic financing requirements, information on opportunities to increase return on investments, as well as a summary of recoveries and opportunities for funding beyond the allocation amount.

Annex A includes guidance on program split and health systems investments, as well as providing details on domestic financing commitments and applicant focus requirements. If an applicant is eligible for catalytic investments funding, information will be provided in this annex. In Annex A you will also find the funding request approach for each eligible disease program (see page 3 for more information on application approaches).

Annex B provides a general overview of program quality and efficiency guidance.

★ What are differentiated applications?

The differentiated application approaches mentioned in the allocation letter are designed to allow funding requests to be developed more efficiently, so greater time can be spent implementing grants. There are three approaches to accessing funding:

Program continuation: streamlines the funding request process to ensure well-performing programs with no material change needed can continue implementation with minimal distraction.

Tailored Review: funding request documentation requirements are specifically tailored for:

- Programs with **material change** in limited and defined programmatic area(s): Designed to facilitate access to funding for applicants with programs that have experienced or require change in limited and defined program areas.
- Programs in **Challenging Operating Environments**: Challenging Operating Environments refer to countries as a whole, but also to unstable parts of countries or regions, characterized by weak governance, poor access to health services and manufactured or natural crises.
- Programs with **transition** funding, using a transition work plan or other form of a transition readiness assessment: For programs eligible for transition funding under the Global Fund's Sustainability, Transition, and Co-Financing Policy or those approaching transition.
- Programs where **innovative approaches** and learning opportunities are being applied: Certain countries will be identified by the Global Fund to trial innovative application approaches and learning opportunities. Examples include countries who will access their funding through national strategy-based pilots or results-based funding approaches.

Full review: comprehensive overall review of a program's approach and strategic priorities.

What do I need to do before submitting a funding request?

Base your funding request on national strategies

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. This applies to all the types of funding requests. If a country does not yet have a national strategic plan for a disease, or if the plan is no longer current, countries can base their requests on an investment case.

Best practice for national strategic plans and investment cases

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. Disease strategic plans should be aligned with the overarching national health strategy in a country, and developed in a coordinated manner across the three diseases.

All requests should aim to achieve resilient and sustainable systems for as part of the national health strategy and any relevant sub-sector strategies.

For specific guidance on national strategic plans, please refer to the International Health Partnership's "[Joint Assessment of National Strategies](#)" (JANS) tool guidelines and to technical partner guidelines on NSP development.

In the absence of an appropriate national strategic plan, applicants should consider conducting a review process 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 the technical assistance support.

Investment Case

An investment case is a country-developed proposal for resource allocation, including an analysis of optimal allocation of existing resources, and a prioritized scale-up plan to reach national disease control goals for a specific program/set of interventions. It is based on an analysis of the epidemiology and state of the current response; identifies vulnerabilities to infection, obstacles to uptake of services, and funding gaps related to opportunities to bring programs to optimal scale; and highlights potential efficiency and equity gains. An investment case can also provide the rationale for an optimized national response to the diseases based on a country's national strategic plan.



Lessons Learned:

Many national disease strategies have a longer cycle than the three-year cycle of the Global Fund. Therefore, the timing of a Global Fund funding request does not have to match the exact timing of a national plan. Decisions about submission dates for funding requests should take into account the overall status of the current national plan or investment case and, if needed, the amount of time required to conduct a national review processes or the development of the relevant investment cases.



Practical Advice for Applicants

Use technical support to strengthen plans. Governments and their partners are encouraged to use all available technical support mechanisms proactively for developing or updating national strategic plans to further maximize the impact of investments.

Plan a program review at the appropriate time. Programs should be regularly reviewed by the country with the support of relevant technical partners according to country timeframes and using standard tools and processes (e.g. facilitated processes such as the HIV National Strategic Plan 3G process; the Toolkit to Develop National Strategic Plan for TB control; and Roll Back Malaria led tools and processes).

Additionally, national strategic plans can be jointly assessed through a credible, independent, multi-stakeholder process that uses internationally agreed frameworks (e.g. the JANS tool). A JANS approach is a process where country stakeholders and development partners carry out an independent assessment of a NSP against an internationally agreed set of criteria. The purpose is to indicate the soundness and potential of a national strategic plan and its operational plan as the basis for technical and financial support.

JANS does not assess aspects related to human rights, gender or community systems. The Global Fund expects countries to also address these issues in its assessments, and countries can use alternate and/or additional tools, for instance the UNAIDS gender assessment tool.



Useful Resources

[JANS Tool and Guidelines](#)

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

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

Strategic Investment Guidance from Technical Partners:

[UNDP HIV and the Law](#)

[WHO HIV Guidelines](#)

[WHO TB Guidelines](#)

[WHO Malaria Guidelines](#)

Ensure country dialogue is ongoing

Country dialogue is an ongoing process at country level among the government; the private sector; the public sector; key and vulnerable populations; implementers; civil society; faith-based organizations; academia; and bilateral, multilateral and technical partners. The purpose of country dialogue is to achieve maximum impact in health strategies and through health and community systems. It is a nationally owned and led process that is not Global Fund-specific, and may be more or less formal according to the country.

Best practice for country dialogue at different stages of the funding cycle

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:** CCMs lead country dialogue. It is an eligibility requirement that applicants 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 Global Fund grant. Country dialogue should inform program design to ensure interventions reach relevant populations as grant-making documents are developed.
- **Grant implementation:** CCM and Principal Recipients jointly lead 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 implementing the grant.

Case Study

Twenty years ago, Cambodia had one of the world's highest TB rates and a health system shattered by decades of conflict and poverty. Today, the country is tackling TB through innovative approaches that involve key and vulnerable populations in identifying challenges and solutions.

People affected by TB are experts on the challenges they face. This is why engaging key populations in inclusive country dialogue is key to the development and implementation of Global Fund grants. Recognizing this, Cambodia's Country Coordination Mechanism joined forces with technical partners to hire an engagement consultant. The consultant was given the clear mandate of ensuring vulnerable communities were able to fully and meaningfully participate in the country dialogue.

The consultant quickly identified that a creative approach to country dialogue was required. Approximately a quarter of Cambodian adults are illiterate, with illiteracy rates higher among women, people in rural areas and minority groups.

The consultant worked alongside key populations to create a series of highly interactive workshops and visual tools. Facilitators used pictorial flashcards to guide discussions. Ideas were recorded using colored cards – green for strength or promoting factors, yellow for challenges or hindering factors, and blue for recommendations. In order for participants to prioritize identified issues, stickers were placed on the colored cards.

In assessing the quality of access to health services in their communities, a simple ten-step ladder ranking tool was used – in which higher steps represent better functioning services. Participants were quizzed on the reasons for their scores and asked for suggestions on how health services could be improved.

The workshops, which took place in Phnom Penh as well as in four rural provinces – proved vital to filling gaps in data and for developing creative recommendations – such as the need to produce educational materials specifically for the elderly, the need to provide support for transportation costs for TB patients and the necessity to locate hard-to-reach cases – in Cambodia's TB funding request.

Lessons Learned

Country dialogue is more successful globally where it has key population leadership, engagement and support. This approach is called '**nothing about us without us**'.

Involving people with **experience in health systems** strengthening in the country dialogue leads to better integration and more resilient and sustainable systems for health.

Practical advice for applicants

Establish a key population's sub-committee at CCM level to develop a key population's engagement plan.

People 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 locations. Ensure these meetings are run in the local language.

Consider online tools such as e-surveys and email interviews that allow key populations their anonymity.

Consult with civil society organizations representing the most at risk populations

Ensure timelines for funding request development are broadly shared in advance. This includes the plans for country dialogue consultations.



Useful resources

[Achieving Inclusive Country Dialogue e-learning course](#)

[Engage! Practical tips to Ensure the Funding Model Delivers the Impact Communities Need e-learning course](#)

[Engage! Practical Tips to Ensure the Funding Model Delivers the Impact Communities Need publication](#)

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

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

Agree on 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, and set up meetings to determine the program split.

As part of these discussions, CCMs should discuss how much of the allocation should go towards resilient and sustainable systems for health interventions. In a change from the last funding cycle, 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.

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 decides on the program split submitted to the Global Fund. **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. Decision-making should be inclusive and follow standard CCM procedures but documentation does not need to be shared with the Global Fund unless requested.

The 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.

Understand health systems needs

It is important countries clearly understand the ways in which they can request support for building resilient and sustainable systems for health (formerly known as health systems strengthening). Countries are strongly encouraged to take an inclusive approach to country dialogue to enable CCMs to identify strategic health systems priorities. Key questions to be addressed during the process include:

- Is the country sufficiently supporting resilient and sustainable systems for health interventions that directly impact HIV, TB and malaria?

- Are the identified resilient and sustainable systems for health interventions building the capacity of health systems to scale up integrated service delivery platforms and improve quality, equity, efficiency and sustainability of services, particularly in hard-to-reach areas and those targeting key affected and underserved populations?
- How are the identified resilient and sustainable systems for health interventions funded and implemented in the country?
- Is there any potential complementarity with government allocations and other donors' investments into resilient and sustainable systems for health interventions?

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.

Perform a needs assessment and gap analysis of the health system

Countries are encouraged to base their health systems request on their gap analysis and needs. The analysis should make the case for the resilient and sustainable systems for health (RSSH) investment. Evidence should demonstrate a clear understanding of what the problem is, and how the RSSH investment will help resolve the problems and lead to better delivery of services. 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 disease plans (i.e. for HIV/AIDS, TB, malaria) and the broader health sector strategy, including RMNCAH 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. HRH, HMIS, and CSS). 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).
- Summary of how RSSH priorities will affect the health of women, children and adolescents.
- Assessment of absorptive capacity for additional support and scale-up.

Request technical assistance if appropriate

Countries can request technical assistance to ensure that RSSH is part of the ongoing country dialogue. Technical partners can assist countries to identify their RSSH needs, programmatic gaps and costs, as well as to identify effective interventions. Needs should be noted and assistance sourced as early in the process as possible, in collaboration with the Fund Portfolio Manager. International agency partners in-country can provide advice on identifying and funding technical assistance.

Know the submission dates

The Global Fund has defined dates for funding request submissions and associated review windows. There are three windows for funding request submission during 2017. 2018-2019 funding windows will be communicated at a later date. CCMs may submit their funding requests for tailored or full review in any of these TRP review meetings. Program continuation funding requests must be submitted for review in the **first window** for grants that start earlier than 1 July 2018.

Year	Window	Funding request submission date	Expected TRP review meeting dates	Expected response date (approximately 10 days after end of review)
2017	Window 1	20 March 2017	23 April-2 May 2017	12 May 2017
	Window 2	23 May 2017	19-28 June 2017	8 July 2017
	Window 3	28 August	25 September-4 October 2017	14 October 2017

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.

Practical Advice for Applicants

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.

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.

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.

Review the funding request for completeness and consistency before submission. 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.

Share final draft with country dialogue participants. The CCMs must 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.

Useful resources

[Achieving Inclusive Country Dialogue e-learning course](#)

[Understanding Program Split e-learning course](#)

[Understanding Technical Cooperation e-learning course](#)

How do I prepare a program continuation request?

When do I submit my funding request?

Program continuation requests for grants that start earlier than 1 July 2018 must be submitted for review in the first window (20 March 2017). For grants that start after 1 July 2018, the program continuation submission window is 31 January 2018.

What do I need to do first?

When an applicant is informed they have a program eligible for program continuation, the first step is to decide whether to continue on this approach or rather submit a material change or full request. The cover page gives the CCM the option to choose. If program continuation is not chosen, then all that is needed is to return the cover page, duly signed, and prepare for another application approach (see page 11).

If the CCM desires to assess whether Program Continuation is the appropriate approach, then it should complete the **Program Continuation Self-Assessment**. The self-assessment is a short checklist to establish if there have been major changes that might affect the program.

- If the self-assessment determines a **material change** (see What is material change below) has occurred or is required for a program, the applicant should register for a funding request tailored to material change (see page 11).
- If the self-assessment determines an **overall change in investment approach** for the program is required, the applicant should register for a full review funding request (see page 11).
- If the self-assessment determines there have been no major changes that require material reprogramming, they prepare a program continuation request.

What do I need to submit?

Once an applicant has completed the self-assessment and determined program continuation is the appropriate response, they prepare the request, made of the following components and supporting documents:

- **Program continuation request cover letter:** This short cover letter should outline the applicant's intention to request funding using the program continuation approach.
- **Program continuation Self Assessment.**
- **Annex 1: Checklist to confirm inclusiveness of key and vulnerable populations:** To confirm inclusiveness of engagement with key and vulnerable populations in the decision and preparations of the Program Continuation Request, applicants must complete this short checklist. Applicants are requested to place special emphasis on key and vulnerable populations that are targeted by the program but not represented in the CCM, if relevant.
- **Relevant supporting documentation:** Attach any relevant documents referenced in the cover letter.

Unless already prepared and ready to be shared, no additional documents are required at this stage. Prioritized Above Allocation Request (see page 12) and Matching Funds Request (if eligible, see page 18) can be submitted during grant making or implementation. Also the key grant documents (e.g. Performance Framework, Budget, etc.) can be prepared during grant making.

What is material change?

As part of the self-assessment, applicants will consider whether material changes to the program have occurred or are required. Specifically, they will consider whether the following factors should 'trigger' a different type of review:

- Have there been significant epidemiological changes that affect the program?
- Has the National Strategic Plan been revised or updated resulting in a significant change to the program?
- Is the program strategically focused, on track in achieving its intended results and demonstrating potential towards ending the epidemic?
- Is there a need for changes to ensure the program is aligned with Global Fund 2017-2022 Strategy?
- Is the current implementation approach effective?
- Have changes in domestic or international financing affected the funding for programmatic interventions and their sustainability?
- Is your country's 2017-2019 Global Fund allocation for the diseases significantly lower as compared to the 2014-2016 allocation, and if so, will this result in significant national coverage gaps?

Who will review my funding request?

At the first review window, the Technical Review Panel will review all submitted program continuation requests and make one of the following recommendations:

- To proceed to grant-making for program continuation. The Technical Review Panel may recommend strategic actions for consideration during grant-making or implementation.
- The applicant should instead develop a tailored or full funding request.

Case Study

Yunon, a fictional country in Southeast Asia, receives an allocation letter from the Global Fund, notifying the country that its HIV program is eligible for program continuation.

Yunon's Country Coordinating Mechanism completes the program continuation checklist, and because they are satisfied it meets the criteria, they confirm the country's intention and suitability to pursue program continuation for its HIV program.

During the first review window from 23 April-2 May 2017, the Technical Review Panel validates all program continuation requests submitted by Country Coordinating Mechanisms. Because they are satisfied Yunon's HIV program does not require a material change, the Country Coordinating Mechanism is notified in early May it can proceed directly to grant-making.

Next, the Principal Recipient in Yunon responsible for the HIV program works with Global Fund on to update the previously agreed programmatic targets and budget. Updated grant documentation is presented to the Grant Approvals Committee, who recommend the Board approve the funding for the program to continue uninterrupted.

When will I get a response?

Communication of TRP recommendations to applicants is generally done by country teams within 10 days after the TRP meeting (or Grant Approvals Committee Review meeting if one is requested).

What do I need to do during grant-making?

For program continuation, grant-making is focused on updating and finalizing previously agreed grant documents that are necessary to deliver impact. For example, the Programmatic Gap Table(s), Performance Framework, the budget, Implementation Arrangements Map and the Prioritized Above Allocation Request (this can also be submitted with the program continuation request, and can be updated during grant implementation) and other documents as applicable. Contact your Country Team for more information on your specific grant-making requirements.

Who provides final approval of my grant?

Following grant-making, grants are sent to the Grant Approvals Committee for review (see page 16 for more information). Following sign-off by the Grant Approvals Committee, grants are considered to be "disbursement-ready." These are then sent to the Board of the Global Fund for final approval (see page 17 for more information on this process) and, once approved, the grant is then signed and the first disbursement is made to the Principal Recipient(s).

Useful resources

[Funding Request Templates and Instructions](#)

[Modular Framework Handbook](#)

[Core Information Notes and Technical Briefs](#)

[Understanding the Differentiated Funding Application Process e-learning course](#)

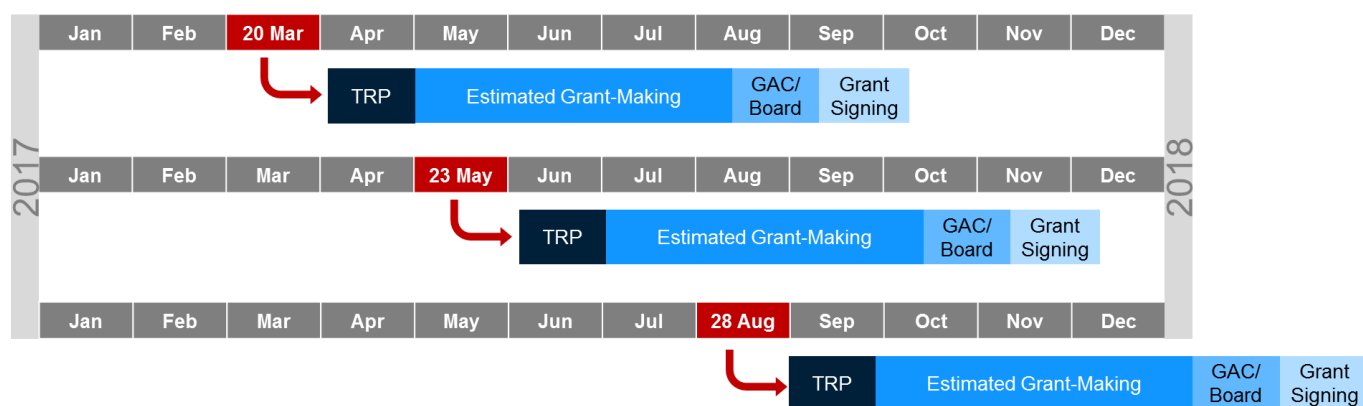
[Understanding the Programmatic Gap Table e-learning course](#)

[Understanding the Modular Approach e-learning course](#)

How do I prepare a tailored and full review request?

When do I submit my funding request?

It is important to plan sufficiently in advance to ensure funding is available when it is needed. When planning, CCMs should allow adequate time for inclusive dialogue, funding request development, review and approval processes, and grant-making and approval. The overall process from submission of your funding request to grant signing may take on average 9 months (or longer in some cases depending on the length of grant-making). There are three submission windows for funding requests in 2017: 20 March, 23 May and 28 August.



What do I need to submit?

The documentation and level of detail required for a funding request differs, depending on the application approach. Applicants should consult the appropriate [funding request templates and instructions on the Global Fund website](#) for more information on their specific documentation submission requirements.

The Funding Request Application Form

Regardless of the type of application approach, every Funding Request Application Form includes five main sections:

1. Country Context

Applicants provide information on the current epidemiological situation and outline the constraints and barriers. They also provide an assessment of the country's current response to the disease.

2. Funding Request

In this section, the country will prioritize the interventions and programs to be included in the Global Fund grant(s) and referenced in the attached Programmatic Gap Table(s), Funding Landscape Table(s), Performance Framework and Budget.

3. Operationalization and Risk Mitigation

After defining and costing the interventions to be funded, countries detail how these interventions will be implemented, and by whom. They also cover risk mitigation measures that will be put into place.

4. Funding Landscape, Co-financing and Sustainability

What is the current funding landscape, and what is the anticipated future funding? This allows reviewers to understand the total commitments to the disease, both from the country and from other donors. In this section, countries also outline their commitments to co-financing and sustainability.

5. Prioritized Above Allocation Request

All applicants are encouraged to include a prioritized request for additional funding beyond the allocation with their application. The total amount should represent at least 30 to 50 percent of the funding request. The prioritized above allocation request will be reviewed by the Technical Review Panel and technically strong interventions will be registered as unfunded quality demand.

★ What is the Prioritized Above Allocation Request?

Applicants are no longer required to articulate a full expression of demand. Instead, a prioritized above allocation request is now encouraged. It should be used to set out additional prioritized interventions to be considered should additional resources become available.

This ensures countries have technically sound and strategically focused interventions to integrate into programs when savings become available during grant-making or during the grant lifecycle.

The interventions on the Register of Unfunded Quality Demand can also be funded from several other sources throughout the grant life cycle: Global Fund portfolio optimization, private sector investments, or Debt2Health agreements.

Refer to the [webpage on Unfunded Quality Demand](#) to view a copy of the current Register and read frequently asked questions.

Case Study

Lestolva, a fictional country in Eastern Europe, receives an allocation letter from the Global Fund, notifying the country that because its tuberculosis program is receiving transition funding, it should apply for funding using a transition work plan and transition application, and will undergo a tailored review.

The Country Coordinating Mechanism registers for the third Technical Review Panel review window. It engages with relevant groups, including people affected by malaria, as part of the country dialogue, and works with technical partners to prepare a funding request demonstrating readiness for a transition. These documents are submitted to the Global Fund on 28 August.

During the third review window, The Technical Review Panel assess the tailored transition funding request for Lestolva. Because they are satisfied the request is sound and prepares the country up for a successful transition, the Technical Review panel makes a recommendation that the applicant move to the grant-making stage.

During grant-making, the CCM, Principal Recipient and in-country partners work closely with the Global Fund to identify capacity gaps and risks, and puts implementation arrangements in place as they develop grant documents.

The grant then goes to the Grant Approvals Committee, who assess and confirm its disbursement readiness. Finally, the Board signs the grant and funds are released.

Lessons Learned:

Concept notes submitted during the 2014-2016 funding cycle were often more than a hundred pages long. This required significant effort on the part of the applicants who prepared the concept notes, as well as the Technical Review Panel who were required to review the applications. For the new funding cycle, each funding request comes with a maximum number of pages. Applicants are strongly encouraged to keep funding requests concise. The clearer and more focused it is, the easier it will be to review and understand. Refer to information that is available in other key documents, rather than repeating it in the narrative.

Practical Advice for Applicants

Joint funding requests are recommended. Funding request can be submitted to the Global Fund Secretariat as an integrated application or separately for each disease component. Integrated funding requests for more than one eligible country component are encouraged, or simultaneous submissions of individual funding requests at the same time.

Discuss resilient and sustainable systems for health upfront. Countries are strongly encouraged to discuss resilient and sustainable systems for health needs upfront, and develop a comprehensive approach to requesting funding for cross-cutting health investments. Countries are requested to apply for resilient and sustainable systems for health funding in **one application** (either with a disease request or in a stand-alone resilient and sustainable systems for health funding application), ensuring that it covers the needs of all eligible diseases. Ideally this would be included with the first funding request submitted by an applicant.

Be sure your strategic choices deliver impact. Applicants should strive for requests that represent strategic choices on where to invest limited resources for maximum impact in the longer term.

Confirm your Principal Recipient early. Select your Principal Recipient as early as possible, and involve the Principal Recipient in the country dialogue and funding request development process to get the most benefit from their practical expertise (while still respecting conflict of interest policies).



Useful resources

[Funding Request Templates and Instructions](#)

[Modular Framework Handbook](#)

[Core Information Notes and Technical Briefs](#)

[Understanding the Differentiated Funding Application Process e-learning course](#)

[Understanding the Programmatic Gap Table e-learning course](#)

[Understanding the Modular Approach e-learning course](#)

Who will review my funding request?

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 provide 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.

Review process

The TRP meets together periodically to jointly review funding requests. These meetings can be conducted in-person or remotely. The Chair and Vice Chairs determine the panel size and composition based on the expected funding requests. The TRP reviews each request for funding on its own merits and, to the extent possible, considering the overall balance of priorities within a country's portfolio, as well as the broader policy and financial context within a country.

The [TRP Terms of Reference](#) are the technical criteria the Global Fund has asked the TRP to use when reviewing funding requests. The criteria includes whether a funding request maximizes impact and 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 demonstrates compliance with 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:

- i) **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
- ii) **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.



Case Study

Bonande, a fictional country in West Africa, receives an allocation letter from the Global Fund notifying the country that it must develop a full review application for its HIV programme.

Because the country's current HIV grant ends in less than a year's time, and they are aware the full review process takes approximately 10 months, the Country Coordinating Mechanism immediately starts the process of preparing their funding application.

The Country Coordinating Mechanism engages with relevant groups, including people affected by HIV, as part of the country dialogue, and works with technical partners to prepare a funding request.

The country registers for the second Technical Review Panel window and works with their Country Team to submit the required funding request documents on time.

During the second review window, The Technical Review Panel assess the full review funding request for Bonande. Because they are satisfied the request is technical sound and maximizes impact, the Technical Review panel makes a recommendation that the applicant move to the grant-making stage.

During grant-making, the applicant, Principal Recipient and in-country partners work closely with the Global Fund to develop grant documents.

The grant then goes to the Grant Approvals Committee, who assess and confirm its disbursement readiness. Finally, the Board approves the grant and funds are released. No grant extension is needed since the approval was attained before the end of the current grant.



Lessons Learned:

The TRP has produced a number of reports on lessons learned during the 2014-2016 funding cycle. These, and past TRP reports, are available on the Global Fund [website](#).



Practical Advice for Applicants

Start discussing important strategic changes early. In cases where an applicant wants to make important strategic changes and test new approaches, it may be possible to submit a draft of the funding request for early review by technical experts. This is part of the iterative process and can help applicants prepare their funding request.



Useful resources

[TRP dates for 2017](#)

[TRP Terms of Reference](#)

[TRP Reports](#)

[Understanding the Funding Request Review Process e-learning course](#)

When will I get a response?

Communication of TRP decisions to applicants is generally done by country teams. In most cases, the applicant will receive the Review and Recommendation Form within 10 days following the TRP meeting (or GAC Review meeting if one is requested).

What do I need to do during 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 disbursement-ready grants for Global Fund Board approval.

Country teams, applicants and Principal Recipients should work together to plan grant-making milestones and aim at completing grant-making within a three-month period. Other key stakeholders, such as donors, civil society organizations, key populations and Local Fund Agents, should continue to be engaged in the process.

During grant-making, Principal Recipients, the CCM and in-country partners will work closely with the Global Fund Secretariat to put implementation arrangements in place before obtaining Board approval, so the grant is disbursement-ready. The Secretariat will assess and help strengthen the capacity of implementers (e.g. through identifying appropriate technical cooperation or capacity-building measures) in close consultation with partners. Only grants that are appropriately suited to each implementer's capacity will be signed.

The specific documents that need to be completed or updated differs, depending on the applications approach and other relevant factors. For more information on specific documents you will be required to complete during grant-making, contact your country team.

Key changes to grant-making you should know

Budget and Performance Framework: Applicants are no longer required to submit a Modular Template with the application. They can directly fill in budget and Performance Framework and continue to build on it during grant making.

Capacity Assessment: Previously it was mandatory for all Principal Recipients to undergo a capacity assessment. This is no longer mandatory for existing Principal Recipients, unless there is a particular reason to do an assessment or if the Principal Recipients is undertaking a new area of activity.

Audit Arrangements: Previously, it was mandatory to submit finalized audit arrangements as part of grant-making. This will no longer be mandatory. It should, however, be finalized within three months of signing the grant agreement.

Performance Framework for Focused Countries: Under the differentiated approach, Focused countries will maintain a Performance Framework that has a reduced number of indicators and work plan tracking measures. This is to facilitate the reporting and management of grants on an annual basis, while focusing attention on implementation and achievement of results.

Practical Advice for Applicants

Treat grant-making as a continuation of the application process. When planning for accessing funds, ensure that the grant-making process builds on from that. Ensure that the same people who were engaged at the funding request stage continue to elaborate the documents for grant-making.

Retain the engagement of the country dialogue partners. Inclusive country dialogue should continue during grant-making. It is important to draw on technical partners, experienced national implementers and civil society or key populations to support the choice of detailed activities to achieve the identified targets.

Plan to spend quality time with your country team. If possible, carve out a significant amount of time when the Principal Recipient and the country team can work together on negotiating the main elements of the grant agreement in person. This will reduce time spent on clarifications and will allow for rapid and joint decision-making.

Anticipate procurement lead times. The procurement plan may have been developed based on the assumptions in the funding request. These assumptions should be reviewed and updated during the grant-making phase. The focus should be on health products and commodities with the longest manufacture or delivery lead times. Early or pooled procurement should be discussed with the Fund Portfolio Manager.

Start capacity assessment of new Principal Recipients early. The capacity assessment can start as soon as the key implementers are identified, even before the funding request submission. This allows sufficient time for the necessary capacity-building and system-strengthening activities.

Be realistic about the capacity of implementers. The capacity assessment tool helps to identify the inherent risk and complexity of proposed implementation plans and implementer organizations. Work on mitigation plans should begin as soon as an issue has been identified.

Implementer choice should be based on most effective delivery of the interventions. During grant-making, the emphasis should be on the efficient implementation of the identified health responses whilst maintaining a focus on human rights and gender issues. Proposed implementation arrangements may require changes from past implementers where proven alternate implementers would be more efficient. Equally, new implementers that require significant systems strengthening should be carefully considered before replacing an efficient implementer.

Useful resources

[Grant-making overview online](#)

[Introduction to Grant-making e-learning course](#)

[Understanding Implementation Arrangement Mapping e-learning course](#)

[Understanding the Performance Framework e-learning course](#)


[Capacity Assessment Tool User Guide](#)

Who provides final approval of my grant?

The Grant Approvals Committee (GAC) is the Secretariat's governance body that reviews funding requests and recommends disbursement-ready grants for Board approval. The GAC meets approximately once per month or more frequently in exceptional cases.

Technical Partners are invited to attend regular GAC meetings. GAC Partners include senior technical experts from WHO, UNAIDS, Stop TB Partnership, Roll Back Malaria Partnership and a representative from civil society with relevant technical expertise. Development partners (bilateral and multilateral donors) may also be invited to participate in GAC meetings.

Grant Approvals Committee review of funding requests

 A GAC review will take place before grant-making only for country components eligible for matching funds (see page 18) or if specifically requested by a country or functional team, in order to provide additional grant-making guidance. All other GAC reviews will take place after grant-making is completed.

What is the GAC looking for?

- 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 disbursement-readiness of grant.

Following GAC review, the prioritized, costed needs above the grant funding will be updated in the Register of Unfunded Quality Demand, including deductions of any activities and relevant costs that may have been absorbed during grant-making.

When do I hear about the results of the GAC review?

Following review of a disbursement-ready grant, the GAC makes a final determination of the funding amount for Board approval and submits a report with recommendations to the Board. This process takes approximately 2-3 months. If approved by the Board, final amounts as well as grant conditions are communicated to the applicant by the country team.



Lessons Learned:

Address TRP and/or GAC actions requested or clarifications early: The country team, applicant and Principal Recipients should ensure that the required clarifications or actions are addressed early, are fed into the grant-making process in line with the set timelines and, at the end of the grant-making process, report to the GAC on any outstanding issues.



Practical Advice for Applicants

Highlight new developments/changes. Complete the Applicant Response Form and ensure any new information/developments or changes made in strategic focus and key interventions since TRP review are clearly highlighted for determination of materiality.

Maximize value for money. Look for opportunities to maximize value for money and the impact of available resources in terms of coverage of key interventions that can be funded within the funding amount.



Useful resources

[Funding decisions page](#)

Who signs the grant?

The Global Fund Board approves disbursement-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 across each disease component.

Following Board approval, the grant agreement should be signed as soon as possible to facilitate disbursement of funds and grant 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 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. A narrative context for the agreement;
- b. A table capturing details about the agreement and the signing parties; and
- c. 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.

Available information. Following Board approval of a disbursement-ready grant, the Global Fund will publish the funding request in the [Grant Portfolio](#) section of the Global Fund website. The funding requests are listed on the individual country pages. Grant agreements will be posted on the each country's individual grant pages once a grant has been signed. The [funding decisions page](#) will provide an overview of, and links to, approved funding requests and signed grant agreements.



Grant extensions policy

Financing from the 2014-2016 and 2017-2019 allocations cannot be consolidated or overlap. Applicants should therefore plan to apply for funding with sufficient time to start grants from the new allocation immediately after the current implementation period ends. If an extension is required, then the amount required for the extension will be deducted from the applicant's new allocation amount for the 2017-2019 allocation period.

Additional useful information

★ What are catalytic investments matching funds and how do I access them?

Countries have been informed if they are eligible for catalytic investments matching funds in their Allocation Letter. To meet the conditions for matching funds, an applicant must show:

1. An increase in the allocation amount designated to the relevant catalytic investment priority, compared to the budget levels in Global Fund grants from the 2014-2016 allocation period. At minimum this designated allocation amount should equal (or be more than) the amount of available matching funds.
2. A corresponding increase in programmatic targets and coverage anticipated through both the increased use of country allocations and use of matching funds towards the relevant catalytic investment priority.

Flexibilities in the implementation of matching funds are possible, in particular for heavily commoditized grants where moving funding to meet matching requirements would reduce impact or harm programs. Application of flexibilities will be reviewed by the TRP and GAC on a case-by-case basis.

The TRP will review all funding requests with matching funds to determine technical soundness and potential for impact. The TRP will also evaluate whether the allocation amount has been appropriately programed towards catalytic priorities.

The Grant Approvals Committee will award the matching funds, conditional upon assessment that they are in line with catalytic priorities.



Useful resources

[Catalytic Investment Matching Funds instructions and application template](#)

[Catalytic Investment: Available Matching Funds](#)

What are the Country Coordinating Mechanism eligibility requirements?

The six eligibility requirements with which CCMs must comply remain unchanged for the 2017-2019 funding cycle. However, there are now three different approaches to conduct the annual CCM eligibility and performance assessment (related to eligibility criteria three to six): Standard, Light and Superlight. 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: Management of conflict of interest on CCMs

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

★ Documentation of compliance with Eligibility Requirement 1 and 2

At the funding request submission stage, the 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 Secretariat has categorized CCMs into either a standard or light review, based on the outcomes of the annual 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.

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.

Lessons Learned:

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.

Practical Advice for Applicants

Start self-assessment early. CCMs that will be following the standard EPA approach should start the process of requesting technical cooperation for the annual self-assessment as early as possible so that they can address any

eligibility issues and avoid potential delays in grant signing. Global Fund country teams can answer questions about how to request and fund technical cooperation.

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.



Useful resources

[Guidelines and Requirements for CCMs](#)

[CCM minutes template](#)

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

[Eligibility Requirements for CCMs e-learning course](#)

What do I need to know about 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 national strategies. It is therefore critical that national governments sustain and increase their resources to fund national disease programs and health sectors.

★ The Sustainability, Transition and Co-financing Policy

The Global Fund has introduced a new [Sustainability, Transition and Co-financing Policy](#), replacing the Eligibility and Counterpart Financing Policy. Co-financing (formerly known as counterpart financing and willingness to pay) requirements for Global Fund support is embedded within this new policy and is differentiated to account for diverse country contexts. 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 and move towards universal health coverage. As countries increase economic resources or lower disease burden, expectations are for greater transition preparedness and transition planning, as well as progressively higher co-financing requirements targeting specific transition challenges and key populations programming.

Key changes to co-financing requirements under new Sustainability, Transition and Co-financing Policy:

Previous Counterpart Financing Policy (for the 2014-2016 allocation period grants)	New Sustainability, Transition and Co-financing Policy (for 2017-2019 allocation period grants)
Minimal focus on overall government health expenditures	Explicit focus on government health expenditures, particularly in high burden countries with low health spend / low revenue capture
Minimum thresholds based on income	No minimum thresholds; focuses on additional investments
15% of the 2014-2016 allocation subject to meeting willingness-to-pay requirements	Co-financing incentive is at least 15% of the allocation, and may vary based on country context
Access to co-financing incentive based on total additional investments, regardless of investment area	Differentiated requirements for progressively increased investments in key program components. For example: LICs: up to 100% of additional investments can go to RSSH interventions; UMICs: 50% of co-financing investment needs to be focused on key and vulnerable populations to access incentive. In addition, core requirements put a specific focus on increases in health spending and progressive government absorption of key program costs (including for key populations)

What counts as 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.

What are minimum co-financing requirements to apply for Global Fund support?

The policy sets out two core co-financing requirements to access the 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 disease plans.

How does the Global Fund encourage additional co-financing?

In order to encourage additional domestic investment, a co-financing incentive is included within the allocation for each country. The co-financing incentive will be at least 15 percent of the Global Fund allocation, which only becomes available if the country contributes an **additional domestic investment** to the disease programs and/or related resilient and sustainable systems for health (RSSH) investments over the implementation period and realizes those commitments.

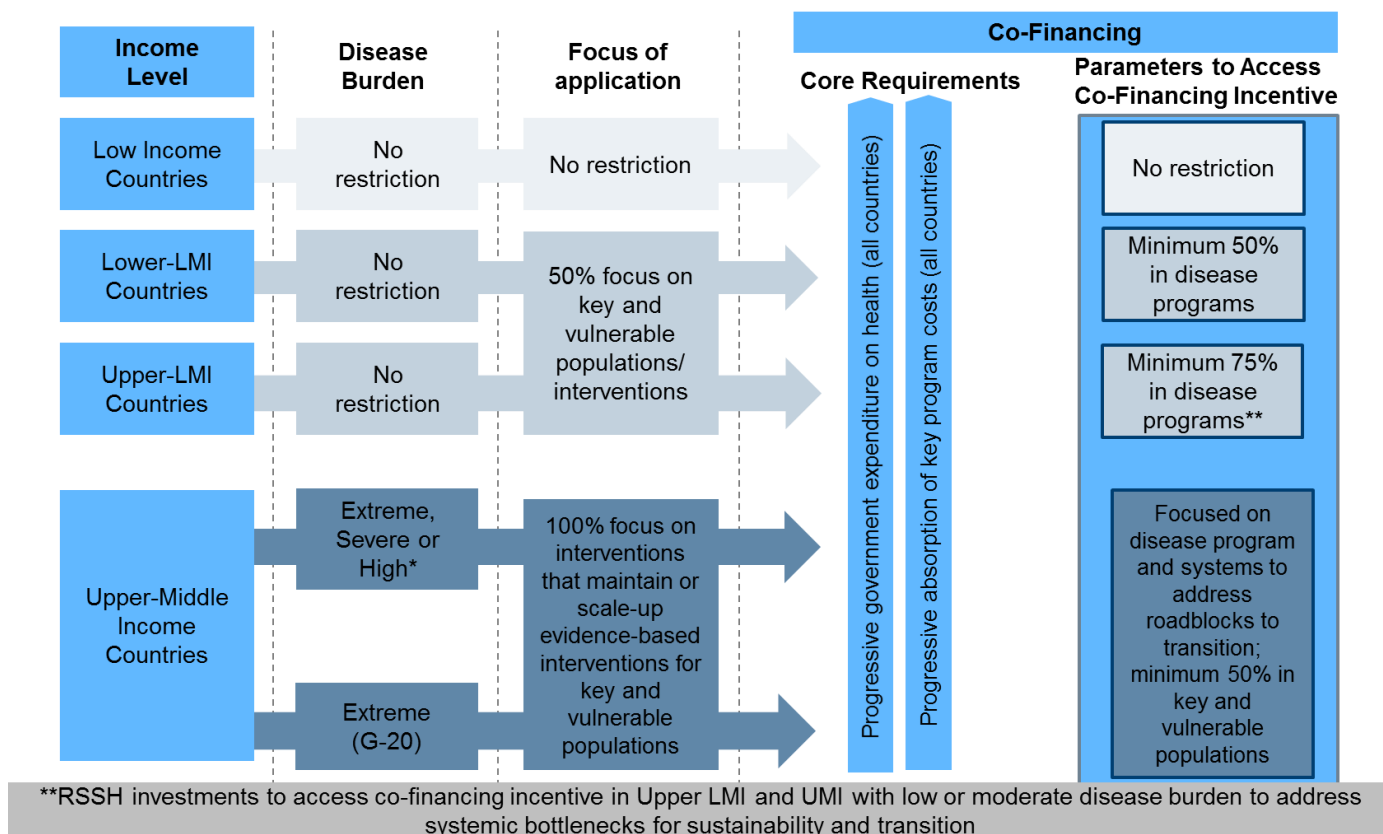
What qualifies as an ‘additional domestic investment’ to access the co-financing incentive?

Additional domestic investment is the increase in domestic investment in the grant implementation period of the 2017-19 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:

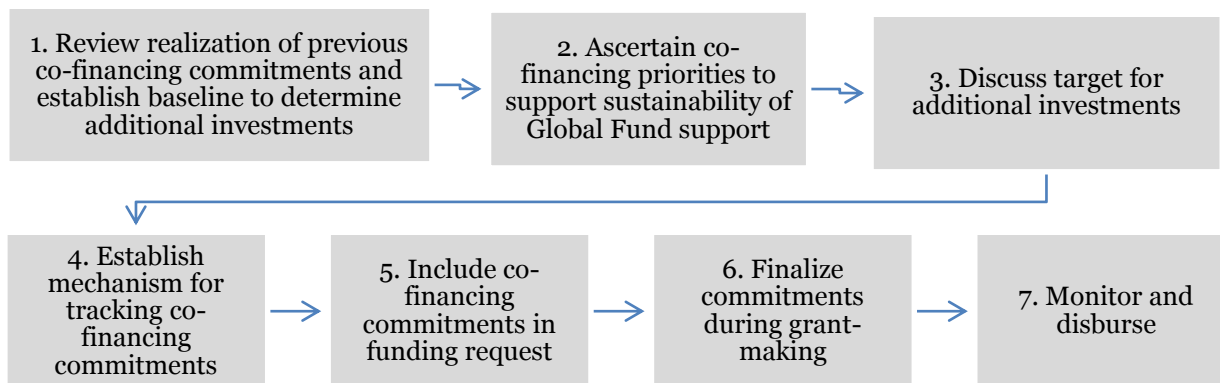
- a. At least 50 percent of the co-financing incentive for low income countries and at least 100 percent of the co-financing incentive for ‘middle income countries;
- b. Invested in priority areas of national strategic plans, in line with the investment guidance developed with partners (including region specific guidance, as applicable); and
- c. 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 following parameters will apply when assessing co-financing contributions:



Process for 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:



Are there 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-country¹ and non-CCM applicants are exempt from co-financing requirements under the STC policy.

¹ Exemption of co-financing requirements for a constituent country of regional grants applicable only if the country does not receive an allocation, outside of regional grants



Practical Advice for Applicants

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:

- Health and disease strategy documents
- 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



Useful resources

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

What if I'm a non-Country Coordinating Mechanism applicant?

In limited situations, and with prior approval from the Access to Funding Department, the Global Fund allows funding requests to be developed by applicants that submit applications separately from the CCM. Where applicable, non-CCM applicants are strongly encouraged to contact the CCM in their respective country before completing a funding request template. Ideally, the relevant CCM should be asked to include the ideas from the non-CCM applicant as part of a consolidated national funding request. The Global Fund website lists the key contacts for national CCMs under the relevant country page in the 'Where we invest' section.

Justification for Non-CCM funding request

There are three types of circumstances where an applicant may apply as a non-CCM:

1. Countries without a legitimate government;
2. Countries in conflict, facing natural disasters, or in complex emergency situations (identified by the Global Fund through reference to international declarations such as those of the United Nations Office for the Coordination of Humanitarian Affairs); or
3. Countries that suppress or have not established partnerships with civil society and non-governmental organizations. These circumstances include a CCM's failure or refusal to consider a civil society or non-governmental organization proposal, particularly those targeting highly marginalized and/or criminalized groups, for inclusion into the national CCM funding request.

Proposals not endorsed by CCMs for inclusion into the CCM funding request for documented technical weaknesses communicated to a potential applicant are unlikely to be accepted as non-CCM applications.

Relevant applicants should provide a clear timeline to demonstrate all efforts to participate in the CCM's process of developing a funding request, setting out what submissions were made to the CCM, what reply was received, and what the non-CCM applicant did to work with and/or participate in CCM meetings or funding request development sessions, as well as all applicable dates.

When a non-CCM funding request is received, the Global Fund may contact the relevant CCM to obtain their input on the topics raised, and the Global Fund's decision on eligibility will be final.

Appendix: Glossary and Acronym List

Allocated funding	The funding amount assigned to a country during a three-year allocation period. An allocation is made for each country by using a methodology based on disease burden and income levels. Countries are informed of the allocation amount before developing requests for funding, aligned with national strategies and priorities. The allocation system replaced the rounds-based system that was used until 2011.
Board of the Global Fund	The supreme governing body of the Global Fund, with core functions including: strategy development, governance oversight, commitment of financial resources, assessment of organizational performance, risk management, partnership engagement, resource mobilization, and advocacy. Provides final approval of disbursement-ready grant programs.
Country Coordinating Mechanism (CCM)	A country-level multi-stakeholder partnership that has overall ownership of and responsibility for concept note development and grant oversight. Usually leads the country dialogue processes and is responsible for the development and submission of a concept note(s). The CCM is also responsible for the oversight of its grants and to ensure that they comply with the CCM requirements and CCM Minimum Standards.
CCM eligibility requirements	Include six eligibility requirements that must be met by CCMs, sub-CCMs and RCMs in order for their concept note(s) to be considered eligible for technical review by the TRP.
Community systems	Community systems are the community-led structures and mechanisms used by communities, through which community members, community organizations and other community actors interact, coordinate and deliver their responses to the challenges and needs affecting their communities.
Community systems strengthening (CSS)	A way to both improve access to and utilization of health services, as well as increase community engagement in health and social care, advocacy, health monitoring and wider responses to ensure an enabling and supportive environment for health and disease control interventions.
Co-payment mechanism	Eligible countries have the option to allocate grant funding to a mechanism that will allow private sector importers to access subsidized quality-assured ACTs. Based on the lessons learned from AMFm Phase 1, this mechanism complements delivery of ACTs through the public sector. It can be used to meet RBM ACT coverage targets by decreasing prices and increasing availability of quality-assured ACTs in the private sector.
Co-financing	The contribution made by the government of an applicant country to the national disease program.
Country dialogue	A national process that builds upon existing, ongoing mechanisms and dialogue in health and development in the country. It is not a Global Fund-specific process and includes key stakeholders beyond the CCM constituency, including government, donors, partners and civil society.
Country team	Led and coordinated by the Fund Portfolio Manager, the country team is a cross-functional team (including Finance, Legal, Public Health/M&E Officer, and PSM) assigned to the Global Fund grant portfolio. The goal of the country team approach is to enhance collaboration among team members in order to achieve a more effective and efficient oversight of the Global Fund grant portfolio.
Disease burden	Official data provided by the headquarters of the following key partners per disease: UNAIDS (HIV and AIDS), WHO (tuberculosis) and WHO (malaria). For eligibility purposes, disease burden is measured as low, moderate, high, severe or extreme.
Eligibility criteria	Criteria set forth in the Eligibility and Counterpart Financing Policy to identify which countries can apply for Global Fund funding, and for which components and under which conditions funding may be requested and accessed (e.g. focus of the proposal and counterpart financing requirements).
Funding, domestic	This refers to current and anticipated domestic resources to meet the funding needs of the full national disease program. This includes: loans and debt relief, government funding resources, national private sector resources.
Funding, external	This refers to current and anticipated external resources to meet the funding needs of the full national disease program. This can include: grants from international donors/organizations, contributions from the private sector outside the applicant country, etc. Global Fund resources are calculated separately.
Government contribution	In the content of counterpart financing, this is the annual average of that government's spending in the past two years and current government budget for the relevant disease program. Government expenditure is ideally measured as all government spending on the disease program, excluding external assistance other than loans.

Grant Approvals Committee (GAC)	The Grant Approvals Committee (GAC) is the Secretariat’s governance mechanism for reviewing funding applications and grant agreements. It determines funding levels for concept notes, and reviews disbursement-ready grants before submitting them to the Board for approval. This review ensures that the grants reflect the strategic focus in the concept note and incorporate the TRP and GAC recommendations.
Grantee	A “Grantee” refers to the party in an agreement with the Global Fund, who legally receives grant funding to implement a program in a specific country as approved by the Global Fund Board. In the case that the relevant Principal Recipient nominated for such program is a government entity, the grantee will be the “country” (i.e., the Republic of XYZ) itself, in which the program is implemented; if the relevant Principal Recipient is an NGO or a local office of an international NGO, the grantee will be the head office of such NGO. This is to ensure that the grantee is held ultimately responsible for the action or inaction of relevant implementers (Principal Recipients, sub-recipients, etc.) involved in carrying out the program in question. This is also to help enhance the country ownership for programs implemented in any given country
Health Systems Strengthening (HSS) approach	An integrated approach that encourages health system planners and HIV, TB and malaria (and other) programs to coordinate performance assessment of key health system components as a basis for developing funding requests for cross-cutting HSS.
Health system	A good health system delivers quality services to all people, when and where they need them. The exact configuration of services varies from country to country, but in all cases requires a robust financing mechanism; a well-trained and adequately paid workforce; reliable information on which to base decisions and policies; and well-maintained facilities and logistics to deliver quality medicines and technologies.
Highest Impact Interventions	Within a defined epidemiological context, these are evidence-based interventions that: (a) address emerging threats to the broader disease response; and/or (b) lift barriers to the broader disease response and/or create conditions for improved service delivery; and/or (c) enable roll-out of new technologies that represent global best practice; and (d) are not funded adequately at present.
Impact	The effect (or the contribution) of an intervention toward the reduction or elimination of morbidity and mortality.
Incentive funding	Incentive funding is designed to reward high-impact, well-performing programs and encourage ambitious requests. Disease components that are considered “significantly above the formula share” (when the allocation exceeds their notional formula-derived funding by more than 50%) and Band 4 applicants are not eligible to be awarded incentive funding. Incentive funding is competitively awarded by the GAC from a pool of set-aside funding. Incentive funding available for the 2014-2016 allocation period is US\$950 million.
In-country stakeholders	These include the Principal Recipients, Country Coordinating Mechanisms, sub-recipients, national governments, in-country development partners, civil society organizations, the private sector, and other entities engaged in the fight against AIDS, TB and/or malaria.
Intervention	The Global Fund has adopted the term intervention (and groups them as modules) to describe a group of activities that will contribute to achieving a target of impact. Under the funding model, the Service Delivery Areas are no longer used, and have been replaced with the modules, interventions, activities and cost inputs.
Joint assessment of national strategies and plans (JANS)	A shared assessment developed by the International Health Partnership (IHP) of the strengths and weaknesses of a national health strategy or strategic plan. The assessment is “joint” in that a single assessment process involves multiple stakeholders including government, civil society and development partners/donors. It is country-led and aligned with existing in-country processes.
Key populations	The definition in the CCM guidelines defines key populations as: women and girls, men who have sex with men, transgender persons, people who inject drugs, male and female and transgender sex workers and their clients, prisoners, refugees and migrants, people living with HIV, adolescents and young people, vulnerable children and orphans, and populations of humanitarian concern. In addition to these groups: internally displaced persons, indigenous persons, people living with TB and malaria, and people working in settings that facilitate TB transmissions should also be considered as key populations.
Local Fund Agent (LFA)	Entities contracted by the Global Fund to provide independent information, advice and recommendations based on in-country verifications and review of grant programs financed by the Global Fund.
Minimum Standards for Implementers	Standards that provide all applicants with up-front information on the Global Fund’s expectations for required capacity levels; and that give a clear description of the expected systems and procedures for each critical element of grant management. The Minimum

	Standards are critical for the assessment of implementers, and correspond to the highest-risk areas of typical Global Fund grants.
Most-at-risk populations (MARPs)	MARPs are defined as sub-populations, applying to HIV/AIDS, malaria and tuberculosis, within a defined and recognized epidemiological context: That have significantly higher levels of risk, mortality and/or morbidity; Whose access to or uptake of relevant services is significantly lower than the rest of the population; and Who are culturally and/or politically disenfranchised and therefore face barriers to gaining access to services.
National Disease Strategic Plans (NSP)	Disease-specific strategies that provide the overall strategic direction for a country over a period of time (usually five years). These strategies (also called plans in some countries) are further supported by implementation plans (annual, bi-annual or 3-year plans), and other operational documents, including a costed budget.
Portfolio analysis	Information provided by the Global Fund country team during country dialogue, which summarizes performance, risk and implementation issues. It includes epidemiological information, the latest data of disease burden, coverage, outcome and impact, an analysis of the current funding landscape, and an assessment of risk. It is meant to provide up-front guidance to the CCM on areas and issues that the CCM should consider when preparing the concept notes.
Principal Recipient (PR)	A legal entity that is responsible for the implementation of a grant, including oversight of sub-recipients, grant funds, and communications with the Local Fund Agent, Fund Portfolio Manager and Country Coordinating Mechanism on grant progress.
Prioritized request	A set of prioritized activities within the allocated funding amount, and a set of prioritized activities above the allocated funding amount, that represent the best investment approach.
Program review	Periodic, joint evaluations of disease (or health sector) programs that aim to improve the performance of the program in order to reduce morbidity and mortality, based on evidence on epidemiological impact and its results chain.
Program split	The split of a country's total funding allocation between eligible disease components and cross-cutting HSS for the allocation period.
Sub-recipient (SR)	Entities (government or non-government, big or small) receiving Global Fund financing through a Principal Recipient for the implementation of program activities. They are usually selected among stakeholders involved in the fight against HIV, TB and malaria.
Technical Review Panel (TRP)	An independent, impartial team of disease-specific and cross-cutting health and development experts, appointed by the Board's Strategy, Investment and Impact Committee, to provide a rigorous technical assessment of requests for funding made to the Global Fund. The TRP assesses funding requests for strategic focus and technical merit, and makes funding recommendations.
Unfunded Quality Demand	Funding requested through a concept note that is considered technically sound by the TRP but above the funding amount available (i.e. allocated funding and any additional incentive funding awarded), which is registered up to three years for possible funding by the Global Fund or other donors when, and if, new resources become available.
Co-financing Commitment	To encourage countries to increase national funding beyond the minimum counterpart financing requirements, 15 percent of the allocation amount can be accessed when a country commits additional, and increasing, co-investments in disease programs in accordance with their ability to pay; and realization of existing government commitments. This term is now referred to as 'counterpart financing increasing future commitments', however some training material developed in 2014 still contains this language.

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
EOI	Expression of Interest
FPM	Fund Portfolio Manager
GAC	Grant Approvals Committee
HIV	Human Immunodeficiency Virus
HSS	Health Systems Strengthening
JANS	Joint Assessment of National Strategies
LFA	Local Fund Agent
LLIN	Long-lasting insecticidal net
MDG	United Nations Millennium Development Goals
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
RMNCH	Reproductive, maternal, newborn and child health
RSSH	Resilient and Sustainable Systems for Health
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