



Resource Book for Applicants

Summary

This Resource Book provides an overview of how the Global Fund's access to funding process works for Country Coordinating Mechanisms (CCMs), other applicants and key stakeholders. This guide offers practical information on the different stages of the funding cycle, along with guidance on best practices learned from applicants. Supporting resources and tools available related to each stage are also indicated.

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How to Read this Guide

This resource book is meant to be a comprehensive guide to the funding model that can be read one section at a time, as needed. Readers who need a short introduction to the funding model can download the funding model [brochure](#) or view the funding model [video](#). To learn more about key topics such as ‘Understanding the Standard Concept Note Development Process’ or ‘Understanding Full Expression of Demand,’ please visit our [e-learning library](#) on the Global Fund website. 15 independent learning courses are available for free download or online use.

The resource book will be updated periodically in order to share best practices with all applicants.

The most current version of this resource book can be found at:

<http://www.theglobalfund.org/en/fundingmodel/support/>

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

To help you get the most use out of this guide, we have used the icons below to navigate each section.



Indicates a **new tool or key change**



Roles & Responsibilities: An overview of who does what during each stage



Practical Advice: Helpful guidance for applicants



Key Resources: Links to additional resources on related topics

What's New

In addition, we have compiled a list of the important changes the Global Fund has made to help readers focus their review.

Change	Short description
Allocation amount Refer to page 44.	A fundamental change to the application process is the improved predictability of funding. The allocation amount is the funding designated by the Global Fund to support an applicant's eligible disease programs for an allocation period. These allocations were communicated in March 2014.
Incentive funding Refer to page 48.	This is a separate reserve of funding designed to reward high impact, well-performing programs and encourage ambitious requests. Incentive funding is made available, on a competitive basis, to select applicants in Country Bands 1, 2 and 3.
Unfunded Quality Demand Refer to page 48.	This is funding requested through a concept note that is considered technically sound by the Technical Review Panel (TRP) but is above the funding amount available (i.e. allocated funding and any additional incentive funding awarded). All eligible disease components may apply by submitting their full expression of demand. This may be funded by the Global Fund or other donors when new resources become available.
Inclusive country dialogue Refer to page 6.	The funding model emphasizes a strong multi-stakeholder and multi-sectorial dialogue that is not CCM-specific, during all stages of the grant cycle. This inclusive dialogue ensures the identification of the priorities best suited to achieve high impact against the diseases, and informs the design of technically appropriate interventions as well as effective risk mitigation.

Program split Refer to page 16.	Countries that are eligible for two or more diseases have the flexibility to split their allocated funding among the disease components and cross-cutting HSS in a manner that best meets the country's needs.
Counterpart financing commitment Refer to page 53.	To encourage countries to increase national funding beyond the minimum counterpart financing requirements, 15 percent of the allocation amount can be accessed once a country commits additional, and increasing, co-investments in disease programs in accordance with their ability to pay.
Modular template Refer to page 23.	The new approach to the way applicants request funding includes the modular template, allowing Global Fund grants to be organized according to disease-specific modules that are composed of interventions, with linked targets and costs.
Implementation arrangement mapping Refer to page 17.	The mapping of how the funds and services flow through the proposed implementation arrangements is now required to support more efficient grant-making. It is an important part of the assessment work that begins during concept note development and continues through grant-making.
Risk assessment and risk mitigation Refer to section on concept note preparation, page 18 and grant-making, page 35.	Identifying and addressing key risks to effective program implementation and current bottlenecks are an integral part of country dialogue, grant-making and ongoing grant management. Risk mitigation measures will need to be put in place related to programmatic, financial, health product quality & service delivery along with governance & oversight risks. It includes the selection of qualified Principal Recipients and implementation arrangements, able to ensure high quality delivery of the program, adequate fiduciary controls and programmatic oversight.
Grant Management Platform Refer to page 18.	This automated system is aimed at providing an online platform for CCMs, Principal Recipients, LFAs and the Global Fund Secretariat to create, approve, and manage grants throughout the funding cycle. This is also the platform through which the CCM submits its concept note.
CCM Minimum Standards Refer to page 49.	There are now CCM minimum standards that will be required for grant signing as of January 2015. The minimum standards measure the core functions of a CCM and ensure that a CCM can perform core tasks before signing a new grant (or grant renewal). The CCM minimum standards are related to eligibility requirements 3 to 6.
TB and HIV joint applications Refer to page 61.	The Global Fund recently decided that a single tuberculosis (TB) and HIV concept note that presents an integrated program will be required for those countries that have a high burden of co-infection with TB and HIV, and are allocated funding for TB and HIV for 2014-16.
Partnership agreements Refer to page 67.	<p>The Global Fund has launched several special initiatives, some of which provide funding for pre-concept note development through implementing partners such as WHO. There is funding set aside for community, rights and gender technical assistance to support the engagement of civil society, key populations, people living with or affected by the diseases and women's networks and organizations, independently or in partnership with the CCM.</p> <p>The aim of the community, rights and gender technical cooperation program is to ensure that human rights, gender and community systems strengthening-related issues and responses are better reflected in concept notes and programs.</p>

Introduction to the Funding Model

Investing for Impact

We all share a vision of a world free of the burden of AIDS, tuberculosis and malaria. We will only be able to realize this joint vision by investing more strategically, to achieve greater impact. The Global Fund strategy is to support programs that can reach the most people and provide the most efficient and effective response to the challenges countries are facing in reducing their HIV, tuberculosis and malaria burdens. To identify the most effective response, and make a greater impact, it is crucial that we understand the disease epidemiology in each country. This means that we must track where it is advancing and retreating, and identify which interventions are having the greatest impact. This data-based understanding will inform our investment choices and guide our focus to the right areas.

The Funding Model

The Global Fund funding model has been designed to bring the Global Fund Strategy of ‘Investing for Impact’ to life. This funding model will improve the way the Global Fund assesses, approves, disburses, and monitors grants. The funding model takes into account the challenges and lessons of managing Global Fund grants in previous years. Increased engagement between applicants and the Global Fund is required to successfully implement the funding model.

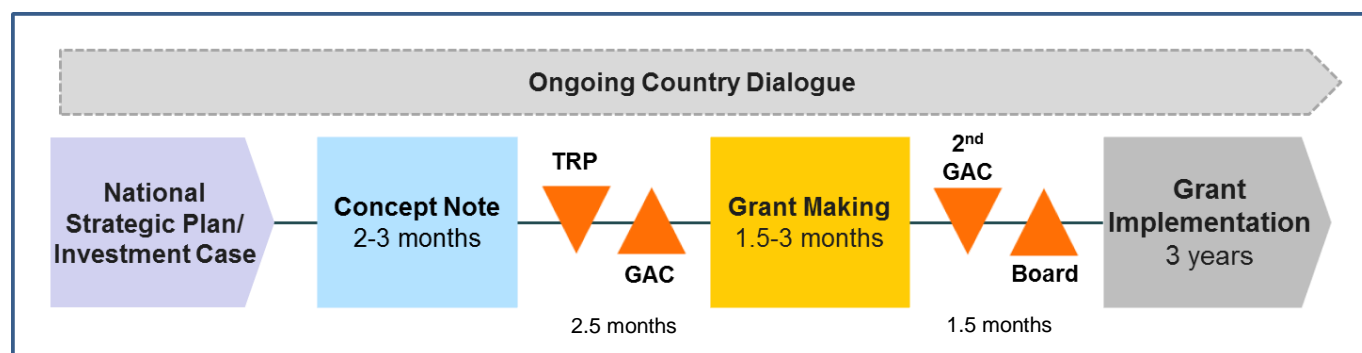
Features

The funding model is designed to make a **bigger impact** against the three diseases. It enables **predictable funding**, **encourages ambitious vision**, and works according to more **flexible timelines** and with a more **streamlined process** that ensures a higher success rate of applications.

- By focusing more resources on countries that have the highest disease burden and lowest ability to finance their response to the three diseases, we can ensure bigger impact.
- Each eligible country has an allocated amount of predictable funding for the allocation period.
- We encourage ambitious vision to tackle the three diseases by having a pool of competitive ‘incentive’ funding available, to allocate more funds to applicants that make a powerful case for achievable interventions based on their National Strategic Plan or investment case. As new funds become available, the Global Fund will be able to award additional resources for quality requests through the Register of Unfunded Quality Demand.
- Instead of a rounds-based system with a set application date, the Global Fund now allows countries to apply on a flexible schedule that meets their own national timelines, within the allocation period.
- Finally, the process of moving from a funding application to signed grants has been streamlined. This cuts a lengthy process that used to take 2 years down to an average of 10-12 months. Not only is the process shorter, but it should also be smoother as Global Fund teams actively support countries in the preparation of their funding request. This should improve the quality of each submission and ensure that all country applications are ultimately successfully signed into high impact grants.

Key Stages in Funding Cycle

In the funding cycle there are different stages, as visualized below:



We will look at each stage in a separate section, clarifying what each stage is about, why it is important, identify roles and responsibilities, offer practical advice, and suggest helpful resources.

Ongoing Country Dialogue

What is country dialogue?

Country dialogue refers to the ongoing process that occurs at the country level among the government (including the National Ministries of Health, Finance and Planning, Education, Youth, Women and Child, Labour and Employment etc.); the private sector; the public sector; networks of key populations including women's organizations; people who are most vulnerable based on the epidemiological context, including people living with the diseases; implementers; civil society; faith-based organizations; academia; and bilateral, multilateral and technical partners. The purpose of country dialogue is to develop health strategies to fight the three diseases and strengthen 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. The Global Fund serves as an active participant in this process.

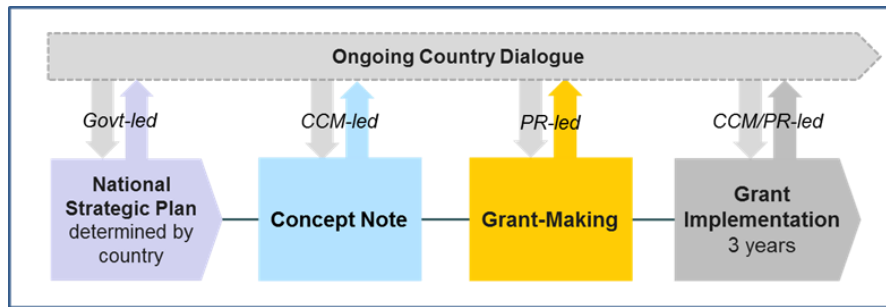
Over time, ongoing country dialogue results in a shared vision amongst partners for how best to improve health and fight the three diseases. The following topics are regularly discussed and lead to changes in the country approach.

- **Documented evidence of impact:** Conducting program evaluations and other research to determine outcomes and impact of programs including capacity assessments of health and community systems to deliver services;
- **Disease and health sector landscape:** Forging a common understanding of a country's disease and health sector landscape, including the latest epidemiological studies and identifying data gaps; areas for coordination and partnership; and any weaknesses in health or community systems that could affect disease programs;
- **Human Rights and Inclusion:** Ensuring meaningful participation of people living with HIV, TB and/or malaria and key populations in the design, implementation, and monitoring of Global Fund-supported programs, including an assessment of any legal or policy barriers to service access, and designing programs to address those barriers; and
- **National, Donor & Global Fund investments:** Mapping the funding landscape and ensuring alignment and complementarity between donor and national funding in the overall budget for the disease response.

The Global Fund funding model emphasizes the continuation of a strong multi-stakeholder and multi-sectorial dialogue during concept note development and, in turn, grant-making and grant implementation. This dialogue ensures that the development of a Global Fund grant and its implementation is embedded within the larger context of the country's health sector strategy and responds to the needs of those affected by the three diseases. The process should enable CCMs to identify program components for which funding can be requested from the Global Fund based on robust national strategies identified through open, inclusive and participatory processes. It should also allow multi-stakeholder involvement during the grant-making stage and inclusive discussions surrounding oversight of Global Fund grant implementation.

How does country dialogue evolve over different stages in the funding cycle?

Throughout the funding cycle, different actors take the lead in coordinating Global Fund-specific country dialogue input from other partners depending on the stage. The figure below summarizes the typical shifts in roles across the stages.



- National country dialogue is led by the government and is not Global Fund-specific. An inclusive country dialogue is crucial to establish strong national health sector strategies that will positively impact key populations.
- Pre-concept note/concept note country dialogue is led by the CCM and is focused on the objective of developing the Global Fund application for funding. It is an eligibility requirement for concept note submission to demonstrate that the funding application has been developed through a transparent and inclusive process that engages a broad range of stakeholders, including civil society and key populations.
- Grant-making country dialogue is led by the Principal Recipient, with the CCM providing oversight, and is focused on the development of the Global Fund grant. As the grant-making documents are gathered and developed, advice and input from diverse representatives from civil society, communities affected by the three diseases and key populations should be sought on:
 - Designing appropriate service packages;
 - Identifying the most effective implementation arrangements;
 - Suitable targets and indicators; and
 - Other areas as relevant.

The continued involvement of these key actors during country dialogue in all the stages in the funding cycle will ensure that as implementation details are defined, activities are focused on agreed target groups and effective interventions are well designed to reach the identified groups.

- Grant implementation country dialogue is led jointly by the CCM and Principal Recipient and is focused on increasing the impact and effectiveness of the Global Fund grant. It is important to have the input of all relevant stakeholders, including beneficiaries. Ongoing country dialogue will ensure that the Principal Recipient and key implementers are supported to successfully implement the grant and that grant implementation remains aligned to national health sector strategies and the needs of key populations.



Roles & Responsibilities: Ongoing Country Dialogue

Country dialogue will vary across countries based on national planning processes for the health sector and for each of the three diseases. Below is a general description of the roles and responsibilities different actors may have across the stages of country dialogue.

Ministry of Health/Planning/Finance/ National Disease Programs

- Plays a key role in organizing national country dialogue and supporting ongoing country dialogue.
- Ensures coordination of various planning processes across donors with respect to disease responses.
- Encourages the coordinated use of all sources of funding in the country to avoid duplication and maximize impact.

Country Coordinating Mechanism

- Provides information on Global Fund programs to inform national planning and prioritization.
- Links the Global Fund to national processes where appropriate.
- Works to ensure that Global Fund investments are aligned with national priorities and national cycles.

Global Fund Secretariat (Country Teams)

- Takes an active role in country dialogue through increased engagement with implementing countries.

- Maintains links to development partners in the country and region, and with technical partners supporting the health sector. Works with partners to ensure support at key points in the process.
- Participates in disease-specific program reviews or mid-term reviews, and participates in donor coordination meetings. The level of engagement will likely vary from one country to another, depending on the number of countries a country team supports.

Technical Partners In-Country

- Discuss disease/health sector landscape with in-country stakeholders, including mapping of donor commitments and ensuring alignment.
- Support development of an accessible knowledge base of country studies, available data, etc.
- Review program performance and impact data & current trends of epidemiological context.
- Provide technical support to country.

Technical Partners Global Level

- Provide and helps coordinate technical support and guidance to countries and regions throughout program design, review and implementation.

Implementers (Grantees, Principal Recipients or sub-recipients)

- Provide guidance on successful approaches to conduct key activities.

Civil Society and Key Populations

- Identify the most impactful interventions and any barriers to access for key populations, and supports and monitors program implementation. (Strong engagement of civil society organizations, in particular key populations and community-based organizations, is essential to country dialogue.)
- Advocate for changes to policies that create barriers to service delivery or successful program implementation.
- Encourage increased national investment into the health sector and for the three diseases.

Other Funders

- Participate in country dialogue.
- Assist in the development of a clear funding overview by country.
- Coordinate activities with other funders and government-funded initiatives to avoid duplication and maximize impact.



Practical Advice for Applicants: Inclusive Country Dialogue

The Global Fund has identified best practices related to inclusive country dialogue, as evidenced by positive assessments in CCM eligibility screening.

Best practices	Avoid the following pitfalls
Creation of a key populations sub-committee at CCM level to develop a key populations engagement plan	No official representation of the key populations constituency on the CCM membership
Consultations at community level in different geographical areas with gender balanced attendance	No key populations or people living with the disease representation on the concept note writing team
Focus group discussions organized with specific key population groups using participatory methodology and other tools such as e-surveys and interviews	No invitations provided for consultations
Consultations with civil society organizations representing most at risk populations	Engagement of key populations only at CCM level and not included in all stages and levels of dialogue
Significant efforts to engage key populations despite the criminalization and active prosecution of same-sex relations(e.g. consultations with criminalized key populations conducted outside the country)	Country dialogue with lack of involvement/engagement from the CCM
Timelines for concept note development broadly shared, in advance	Lack of planning shared in advance with participants
Open call to receive concept note proposals published on a website, with clear criteria established for assessment	Results from inclusive dialogue process ignored in final concept note priorities

Useful reference documents:

E-Learning Course: [Achieving Inclusive Country Dialogue](#)

E-Learning Course: [Engage! Practical tips to ensure the new funding model delivers the impact communities need](#)

Guidance Note: [Global Fund Country Dialogue](#)

Publication: [Engage! Practical tips to ensure the new 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 - For young activists and youth organizations](#)

Publication: [Coordinating with Communities](#)



National Strategic Plan/Investment Case

What is a National Strategic Plan (NSP)?

A key principle of the funding model is that the Global Fund will base its support on disease-specific national strategic plans (NSPs) that are robust, prioritized and costed (a definition of a “robust” NSPs is provided below). NSPs are country-owned and provide the overall strategic direction for a country over a period of time (usually five years). NSPs are further supported by implementation plans (annual, bi-annual or 3 year plans) and other operational documents, including a costed (and ideally prioritized) budget. Disease NSPs should be aligned with the overarching national health strategy in a country, and ideally developed in a coordinated manner across the three diseases. For cross-cutting HSS applications, the main point of reference should be the national health strategy and any relevant sub-sector strategies – for example a human resources plan –in addition to the NSPs that are relevant to the application.

A robust NSP should:

- Be derived from clear and relevant priorities and strategies, and based on a sound situation analysis.
- Have gone through a well-defined and inclusive development and endorsement process. Groups to involve include key populations and vulnerable populations who are often excluded: women and children, men-who-have-sex-with-men, sex workers, injecting drug users, and the advocates for these groups.
- Include an expenditure framework that contains a comprehensive budget/costing of the program areas covered.
- Present an overview of the implementation and management arrangements for each program.
- Include appropriate review and evaluation mechanisms, and describe how the results from these mechanisms will be used to improve each program.
- Be aligned with international normative guidance.

For specific guidance on how to develop a robust NSP, please refer to the International Health Partnership’s “Joint Assessment of National Strategies” (JANS) tool guidelines and to technical partner guidelines on NSP development (*refer to resources at the end of this section*).

In the absence of a robust NSP, applicants should consider conducting a review process at the country level to strengthen their NSP. In cases where a country does not have a strong HIV NSP, an HIV investment case can be developed with the assistance of UNAIDS to support a Global Fund funding application. Please refer to the Global Fund Information Note: [Strategic Investments for HIV Programs](#) for more information. Countries can ask partners to help them develop a full expression of prioritized demand for tuberculosis, or a Business Plan under the auspices of Roll Back Malaria (RBM) for malaria.

Countries are encouraged to move towards robust and costed national disease strategies aligned with national health sector strategies by the next Global Fund replenishment period (2017 – 2019).

In the near term, countries with robust NSPs are better positioned to compete for additional funding beyond the Global Fund allocation amount, and are more likely to be prioritized to receive new funds that become available through the Global Fund’s Register of Unfunded Quality Demand on an ongoing basis. They will also be able to develop higher quality concept notes more quickly. Finally, they may be considered for simplified grant management procedures, or different types of grant implementation, such as those based on results-based financing. Applicant countries are therefore encouraged to develop and strengthen their NSPs. Technical support is available from various donor agencies to do this. Additionally, up to US\$150,000 per disease component may be reprogrammed from existing Global Fund grants to support NSP development.

What is an HIV Investment Case, and how does it complement a NSP?

An investment case is defined as 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 a thorough 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 provide the rationale for an optimized national response to AIDS, based on a country’s NSP.

Why is a National Strategic Plan important?

NSPs strengthen the rationale provided in the concept note for why the support requested is a strategic investment. CCMs should therefore ensure that the funding request reflects national priorities as outlined in the NSP, and prioritizes the highest impact interventions in need of additional support.

The cost of implementing the NSP is the total amount of funding needed to finance a technically appropriate response to the disease(s) - i.e. a full expression of demand. If a robust costing exercise has been done for the NSP, this information can provide the basis for the costing of the interventions prioritized in the Global Fund application. High priority elements that are currently underfunded should be prioritized for Global Fund support.

The TRP and GAC will use reviews of NSPs by technical partners (such as program reviews, mid-term evaluations, monitoring missions, JANS assessments, etc.), in addition to the NSP itself, to help them assess the robustness of the NSP, as well as the technical soundness, feasibility and applicability of a funding application. This will help them make a determination on whether an application can thus compete for incentive funding or have some interventions placed on the Register of Unfunded Quality Demand.

To assist with this determination, applicants are asked in the concept note to comment on the degree of alignment of the concept note with the NSP, as well as the quality and robustness of the NSP (using information from any available reviews, e.g. RBM malaria program reviews, etc.). They need to attach both the NSP and any review documents to the application. If no review is available, applicants should attach the NSP and provide more detail on the robustness of the NSP by referencing the JANS attributes. Applicants should also consider conducting a review to help establish their full expression of prioritized demand, as this will help support their concept note development.



Roles & Responsibilities: National Strategic Plan/Investment Case

National government

- Leads the development or revision of the National Strategic Plan/Investment Case, and determines what National Strategic Plan/Investment Case reviews are needed to support these activities and commission these reviews.
- Identifies the key populations, technical partners, representatives of the public sector and non-public sector (i.e., civil society) which should be engaged in the development or review of the national strategic plan.
- Determines the appropriate method of engagement and consultation for each stakeholder group and in which parts of the process they can make the most significant contribution.
- Establishes how data can be gathered and validated to determine the national and sub-national disease situation.
- Engages with affected populations, experienced service providers and other implementers to update information on existing programs and progress.

Country Coordinating Mechanism

- Contributes to the National Strategic Plan/Investment Case development or revision as required, including any National Strategic Plan reviews that are commissioned.
- Assists the government to identify the key populations, technical partners, representatives of the public sector and non-public sector (i.e., civil society) that should be engaged in the development or review of the national strategic plan.
- Assists the government to engage with affected populations, experienced service providers and other implementers to update information on existing programs and progress.
- Provides relevant information as required by the government, including the results of Global Fund programs.

Global Fund Secretariat (Country Teams and technical specialists)

- Supports the process by connecting countries to technical partners, participating in consultations at the country level, and providing feedback on the performance of Global Fund grants. The Global Fund Secretariat should not be leading the development or review of National Strategic Plans/Investment Cases.
- Encourages the Country Coordinating Mechanism in the identification of and engagement with key populations.

Technical Partners

- Provide updated guidance on strategic investment in identifying possible responses for the disease situation.
- Make available tools and technical guidance to support strategic investment decisions and the formulation or updating of holistic health responses.

- Support required data collection and analysis at the national and sub-national level.
- Participate as requested by the country in program reviews or other assessments of the robustness of National Strategic Plans, using the Joint Assessment of National Health Strategies or other agreed upon tools.
- Assist in the identification and prioritization of strategic investments for robust National Strategic Plans/Investment Cases, and document the national prioritization process.

Local Fund Agent

- In exceptional cases: attends specific meetings at the request of Global Fund country teams as observers. There should be clear Terms of Reference, for example, to confirm the inclusion of stakeholders, to ensure the Local Fund Agent's independence is safeguarded.

Implementers (Grantees, Principal Recipients and sub-recipients)

- Ensure that the national government, Country Coordinating Mechanism, and other partners are aware of proven interventions and effective implementation mechanisms that achieve impact, based on country or relevant regional experience.
- Share tools and practices especially related to monitoring & evaluation, procurement and supply-chain management, and collaboration between programs.
- Ensure that the Country Coordinating Mechanism is aware of the timetable for the end of each current grant and the implications for submitting a funding application to the Global Fund.

Civil Society and Key Populations

- Engage with Government and Country Coordinating Mechanism representatives to ensure that relevant information is available regarding key populations and the sub-national situation.
- Engage, through ongoing country dialogue, on proven implementation methods and effective interventions.
- Participates in national processes when feasible.



Practical Advice for Applicants: NSP/Investment Case

Use technical support to strengthen NSPs that are not robust. Governments and their partners are encouraged to use all available technical-support mechanisms proactively for developing or updating NSPs to further maximize the impact of investments. (See section on *Global Fund Technical Cooperation*)

Consider conducting a JANS review. As part of these processes, NSPs should be reviewed by the country with the support of relevant technical partners according to country timeframes and using standard tools and processes (e.g., Program reviews; HIV NSP 3G; Toolkit to Develop National Strategic Plan for TB control; RBM tools and processes).

Additionally, NSPs can also be jointly assessed through a credible, independent, multi-stakeholder process that uses internationally agreed frameworks (i.e. 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 NSP and its operational plan as the basis for technical and financial support.

The JANS tool and principles can be applied either to a national health sector strategy, or to a national disease strategy. Assessing a national strategy does not mean just reviewing the strategy document itself, but also the various documents and procedures that underpin the strategy. These include, for example, technical policy documents, sub-sector plans, strategies for strengthening human resources or health financing, budget frameworks, financial and procurement regulations, and monitoring and evaluation (M&E) plans.

The potential benefits of following a JANS approach are: improved quality and consistency of national strategies; improved strategy development and implementation processes, including stakeholder involvement, and renewed focus on national strategies as a basis for alignment and harmonization. From a Global Fund perspective, it may also lead to increased confidence in the priorities reflected in a funding request and their potential impact.

Note on limitation: JANS is **not** the most effective tool to 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.

The timing of a Global Fund application (the concept note) does not have to match the timing of a NSP. While a concept note should be based on the national strategy, the Global Fund does not require that the timing of the concept note match NSP timing. Various scenarios are envisioned:

- If the NSP is complete and has been recently reviewed, the applicant should use existing documents when writing its concept note, and no further reviews are needed.
- If the NSP is still under development, or is being revised (for example, it is undergoing a mid-term review), applicants should consider delaying the concept note until the NSP is developed. Preparation of the concept note should commence once a draft NSP is in place. In some cases, grant approval may be subject to finalization of the NSP development process.
- In situations where the NSP runs out one or two years into the grant, applicants are asked to extrapolate in the concept note beyond the end of the NSP and to explain the rationale for the requested funding. If the new NSP incorporates substantive changes, grants can be reprogrammed to reflect updated strategies.
- In exceptional cases (for example, if there is no NSP), countries may have to submit a project-type concept note, and include clear plans to strengthen or create their NSP for the next allocation period.

Overall, decisions about submission dates for concept notes should take into account the status of the current NSP, and if needed, the amount of time required to conduct NSP review processes and/or the development of the relevant investment cases.



Useful reference documents:

[JANS Tool and Guidelines](#)

[Global Fund Information Notes](#)

[The Global Fund Eligibility and Counterpart Financing Policy](#)

Strategic Investment Guidance from Technical Partners:

[UNDP HIV and the Law](#)

[UNDP National Dialogues on HIV and the Law](#)

[WHO HIV Guidelines](#)

[WHO TB Guidelines](#)

[WHO Stop TB Strategy](#)

Concept Note: Preparation

What is Concept Note Preparation?

It is important that countries prepare well for the development of their concept notes. This takes time, so it is best to start preparing as soon as possible.

Thorough and well-documented concept note preparation will ensure that applicants have thought through the information they need and the stakeholders that should be involved. The result will be a better, more impactful plan and a stronger funding request.

Guidance on CCM tasks that need to be done during the concept note preparation phase

1. Review National Strategic Plans (NSPs).

As an initial step, the CCM should review the NSPs with technical partners. Examine existing data and information to ensure that interventions in the most recent NSPs are still appropriate and relevant to the country context. Consider using the Joint Assessment of National Strategies (JANS) criteria, and take action to strengthen the NSPs in areas where weaknesses are found. For more information about JANS refer to the *Key Resources* in the NSP section. If needed, plan a program review and use the findings to update the NSP. (See section on *National Strategic Plan / Investment Case*).

2. Plan for inclusive dialogue.

The CCM will need to ensure that relevant stakeholders are involved in discussions around interventions and their relative priority. These discussions must be broadly inclusive, and must include both CCM and non-CCM members, key populations, civil society and people living with and/or affected by the disease. Consider including community organizations including those of people affected by the three diseases, government ministry representatives (including non-health ministries), private sector, technical partners, academia, faith-based organization, other donors, etc. Failure to ensure an inclusive process will make the CCM ineligible to submit concept notes to the TRP.

Establish a process for ensuring inclusive dialogue. Identify the stakeholders that should be involved and invite them to a kick-off meeting as part of concept note preparation. Identify the right rhythm of ongoing involvement with each group. Consider whether any social, logistical or financial barriers could reduce a party's ability to participate.

Note: all applicants should ensure that the concept note preparation process is open and participatory and includes relevant stakeholders, in particular key populations and people living with and/or affected by the diseases, even in cases where the applicant is a Regional Organization or a Non-Country Coordinating Mechanism.

3. Plan when to apply.

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, concept note development, review and approval processes, and grant-making.

The overall process will take on average 10-12 months, although some countries will take longer if there are issues to be resolved (e.g. there is no NSP, or the CCM takes a long time to make decisions, or the PR capacity is weak). Below we describe what may make it possible to move more rapidly or require more time.

- **Accelerated timeline (6 to 7 months).** In exceptional cases, applicants may move from concept note creation to grant signing within 6 to 7 months. This is possible for applicants that have up-to-date and costed NSP with agreed priorities, strong CCM and PRs that meet minimum standards and inclusive engagement with relevant stakeholders.
- **Average timeline (10 – 12 months).** For most applicants, 3 or 4 months will be needed for country dialogue to agree on priorities and consult stakeholders before starting the concept note development process.
- **Long timeline (17 + months).** Some countries will face challenging situations where they need to develop a clear national strategy, or strengthen PR capacity. In addition, if decision-making within the CCM is slow or the CCM does not meet the CCM eligibility requirements, the process could take longer.

In deciding on when to submit a concept note, CCMs should work backwards from the date when they want implementation to start. Here is a table to help applicants identify when to start preparing, and which concept note submission date to aim for:

Begin by agreeing when you want grant implementation to start. Often it is the date that ensures continuity of services for grants that are ending. The date can be sooner if you are trying to better align with national cycles. Then, working backwards from this date, calculate:		
1.	Time from grant agreement signing to receipt of first disbursement.	On average allow 1 month.
2.	Time required for final GAC review and Board approval.	On average allow 1 month.
3.	Time required for grant-making.	This should take between 1.5-3 months. However, if there are complications it could take much longer.
4.	Time between concept note submission and the review of the concept note by the TRP and GAC.	On average allow 2.5 months. This period can be used to complete tasks begun during the concept note preparation, such as implementer identification, detailed description of activities and interventions, risk and capacity assessments and mitigation plans, and finalizing the budget.
5.	Time required to prepare the concept note.	This should take 2-3 months.
6.	Optional: Time required to review/strengthen the NSP (if needed).	Experience suggests that this could take 2-8 months and can be overlapping with concept note development.
7.	Time required to engage in inclusive pre-concept note dialogue.	This could take 2-3 months. It can be combined with the concept note development if there are agreed priorities based on the national strategy.
Add up the number of months for items 1-7 as relevant, and calculate the date by which you need to start preparing, in consideration of submission windows for concept notes. For example, if your current funding lasts until the end of February, 2016 and your NSP has been recently reviewed, you need to start engaging in pre-concept note country dialogue in January, 2015 and target the concept note submission date of 15 July, 2015.		

The Technical Review Panel (TRP) that reviews concept notes will meet nine times in the 2014 through 2016 period. CCMs may submit their concept notes for review at any TRP review meeting they choose, but will need to register for the TRP review meeting in advance. This will allow the Global Fund Secretariat and TRP to plan appropriately for the review of each concept note and to book needed translation services. Based on the number and the type of concept notes expected, the TRP will convene an appropriate group of reviewers (in terms of the number of experts and areas of expertise/experience) to evaluate the concept notes submitted.

The TRP does not require concept notes to be perfect but the best quality possible. The TRP review is part of the iterative process to achieve the most impact.

Registration instructions

- CCMs should register their submission timings for each concept note on the online Grant Management Platform by choosing a concept note submission date in a drop-down menu. Submission timings should be discussed with the Global Fund country team before registration, to ensure timelines are feasible. It is important that CCMs plan for sufficient time to ensure a quality application.
- CCMs should also review the language the concept note will be submitted in (click on the concept note name on the platform and go to the overview page and see which 'Language' is currently set for the concept note) and if a different language is preferred, send an email with the request to gmp@theglobalfund.org.
- CCMs can register up to one month before the concept note submission deadlines (e.g. the September TRP window has an August 15 concept note submission deadline, so registrations are open until 15 July). After this point, registration for that TRP window will be closed and no additional concept notes will be accepted. The submission date will no longer appear in the drop-down menu.
- Upon registration, an automatic email response confirming CCM registration will be sent to CCMs and Global Fund country teams confirming their window and explaining the review process and timelines.

- Once a CCM confirms registration, the registration for that concept note is fixed. In the case that the registration has been made in error or a change is needed, there will be an option to send a request to change the submission date in the online system.
- If a CCM requests a change they will be asked to provide a brief justification for the change in submission dates to help inform lesson learning.

Note: Grants must be signed by 31 December 2016 to keep the allocated funding – therefore the last date for submitting concept notes in this allocation period is 15 April, 2016. Funds that have not been signed into grants by this point will be counted as unallocated funds for the next replenishment period.

To consider: Alignment with national cycles. While it is an advantage to align timings of concept note with national programmatic planning and fiscal cycles, it is not compulsory. Grants may be reprogrammed to align with NSP updates.

To consider: Availability of extensions for existing grants. A standard extension approach to cover situations where there is a risk that funding for programs will be interrupted was approved by the Board in March 2014. The approach allows for up to 12-month costed or un-costed extensions. Funds for costed extensions are taken from the country's 2014-2016 funding allocation.

Extensions should not be considered as the only response to timing challenges. Country teams will discuss options available with applicants.

4. Review CCM governance and request technical support to conduct the assessment on CCM eligibility.

It is important to use this pre-concept note period to review CCM governance, and where relevant, request partner support to strengthen CCM performance. CCMs now need to demonstrate compliance with updated Eligibility Requirements and Minimum Standards to be eligible for Global Fund financing. Non-compliance with any of the six eligibility requirements could result in a CCM being ineligible to submit a concept note until compliance issues are addressed, or could result in a concept note being ineligible for funding. (*See section on CCM Eligibility*).

5. Begin negotiations on increased governmental commitments.

Discuss increases to domestic commitments with the government to ensure the CCM can access the 15% of the country allocation that is only available with additional government investments. (*See section on Counterpart Financing for complete description of what is required*).

6. Agree on how to split funds from the Global Fund across eligible diseases and health systems strengthening activities (program split).

☆ CCMs will have the flexibility to revise the allocation between eligible disease components and cross-cutting health systems strengthening to better suit the country context¹. This is called the program split. Countries eligible for a stand-alone HSS grant may propose an allocation from the total funding amount communicated, which can be included in one or more disease concept note or through a stand-alone cross-cutting HSS concept note. Countries may also choose to adopt the funding split communicated by the Secretariat.

During country dialogue, the CCM must document their inclusive process to determine how they wish to split the funding among eligible components and cross-cutting HSS. CCMs are encouraged to decide upfront how the process will work, and set up meetings to determine the program split. Agreeing on what information will be needed to make a decision (e.g., gap analysis for each disease and analysis of health system strengthening needs) and asking relevant stakeholders to prepare the information will help the CCM make an informed decision. It may also be helpful to agree on who will be the ultimate decision-maker in case a consensus is not reached.

The Global Fund country team should be involved in the program split discussions so that they fully understand the basis for the split, but the proposed split is ultimately the CCM's decision. **The CCM must endorse the proposed split and submit it to the Global Fund Secretariat via the Grant Management Platform before the first concept note is submitted** (using agreed CCM procedures as described in the CCM Governance Manual). The proposed program split should account for the total consolidated funding amount, including existing funding and new funding. The split proposed should also reflect confirmed counterpart financing future commitments (or

¹ With the exception of funds allocated to HIV under the 'NGO rule' which if the applicant does not meet all the criteria cannot be allocated to a different disease component.

preliminary commitments if confirmation is not yet possible). The proposed program split must be submitted along with:

- i. Documentation of the decision-making process (e.g., CCM minutes); and
- ii. The rationale for the proposed split, including comments on cross-cutting HSS investment and consideration of periodic/ongoing investments.

Clarification points on the process:

- The CCM may choose to move existing funding across eligible diseases if that will lead to greater impact.
- All cross-cutting HSS should be reflected in the program split table regardless of whether it is part of a disease component concept note or in a stand-alone concept note (if eligible). Cross-cutting HSS interventions contribute to maximizing the impact of more than one of the eligible HIV, TB and malaria programs, and may also contribute to health outcomes beyond the three diseases.

The proposed program split should be communicated to the Global Fund as early as possible, and no later than the day the CCM submits its first concept note. Where time permits, the CCM should confirm the program split before beginning concept note development.

The revised program split will be reviewed by the Secretariat once the communication is received from the CCM. The Secretariat encourages country ownership of this decision, while seeking to ensure that the proposed split is justifiable. The proposed split will be reviewed on a case-by-case basis according to Global Fund understanding of the country context and considering the program split rationale and other supporting documentation submitted by the CCM. Documentation on the decision-making process will also be reviewed to ensure that an inclusive process was followed in reaching the proposed split. Proposed changes to the allocated funding split resulting in under- or over-allocated components will be carefully reviewed. 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.

All concept notes must reflect the program split agreed with the Secretariat. In the event that a proposed program split is communicated to the Secretariat at the time of concept note submission, and the proposed split is not agreed to by the Secretariat, then the submitted concept note must be revised by the CCM and re-submitted before the TRP review.

During the TRP review, the TRP may subsequently make a recommendation on priorities and funding across the portfolio.

7. Begin discussion on appropriate implementation arrangements.

Defining the implementation arrangements for the program is essential to ensure the success of the program and service delivery. There is one new tool and one new process to help improve the quality of the implementation arrangements.



Implementation Arrangement Mapping

The CCM, together with the nominated Principal Recipient, is responsible for submitting an implementation arrangement map of the grants. This map is mandatory for grant signing, but should be started as early as the implementation arrangements start coming into focus (if the same implementers will remain, it can be submitted before or along with the concept note; if not, start with what is known and add on throughout grant-making.) The Secretariat will require it as a prerequisite to its capacity assessment exercise.

An implementation arrangement map is an easy way for all parties to get an accurate understanding of which implementer will be doing what, with what portion of grant funds. It is a visual way to see how a grant (or set of grants) works, because it shows how funds flow into the country to beneficiary-level activity. The map includes:

- (i) all entities receiving grant funds and/or playing a role in program implementation;
- (ii) the reporting and coordination relationships between them;
- (iii) each entity's role in program implementation;
- (iv) the flow of funds and commodities, and data; and
- (v) any arrangements that are not known.

Best practice indicates that the process of mapping has been helpful to implementers, CCMs, and country teams. It helps them (i) understand existing processes, (ii) spot areas for improvement such as bottlenecks, redundancies, and

weak links, and (iii) make changes based on what is really happening. Maps are best first drawn manually, on paper or white boards, and then transferred into an electronic format at the end.

For a detailed description on how to approach this task, please see the [Concept Note Instructions](#).

☆ Risk and Implementer Capacity Assessment

In the concept note, the CCM will assess the main risks related to the effective implementation of the program and propose risk mitigation measures in the concept note. The risk assessment should cover external risks, programmatic, financial, health product quality & service delivery and governance & oversight risks. Actions to mitigate against risks should be reflected in the program design, selection of interventions and the selection of qualified Principal Recipients. Good implementation arrangements will ensure that the program runs well, key populations have access to quality health services, and there are adequate fiduciary controls and programmatic oversight up to the community level.

The CCM will assess each nominated Principal Recipient against a set of minimum standards and capture this assessment in the concept note. Building on the assessment, the Global Fund country team will assess the program, the Principal Recipient and other key implementers. This assessment will happen once the Principal Recipient and key implementers have been identified and should be completed during grant-making.

The assessment enables the country team to determine the capacity of the proposed (key) implementers to fulfil the role assigned to them in the program and propose capacity strengthening and mitigating measures for identified capacity gaps and risks. It focuses on four areas: Monitoring and Evaluation; Financial Management and Systems; Procurement and Supply Management; Governance and Program Management

Funding of risk mitigation measures and required technical cooperation need to be reflected in the concept note and budget.

8. Get familiar with the online system.

☆ The Global Fund has introduced an online grant management platform for the CCM, Principal Recipient, Local Fund Agent and Global Fund Secretariat to collaborate on the request, review, approval and management of grant funds. The platform is available in English, French, Spanish and Russian. Guidance and training materials on how to use the platform are available for [download](#) on the funding model website.

The CCM will submit the concept note through the platform, and use the platform to update their membership information, track their eligibility status, provide CCM endorsement of the concept note, monitor their counterpart financing commitment, and provide oversight of the grant throughout its lifecycle.

Following CCM submission of the concept note, the PR will use the platform for grant-making. Both the CCM and PR will be able to monitor and manage the grant throughout its lifecycle via the platform. This will allow for the flow of consistent and accurate grant data.

The Global Fund has requested each CCM to designate one or two administrators of the platform. The administrators receive additional information and guidance and are able to provide access rights for other CCM members on an as-needed basis.

For those countries where internet connectivity or technical capacity prohibits usage of the online platform, the Global Fund will work with the CCM and Principal Recipient to find an offline option for development and submission of the concept note. The CCM is encouraged to work with their Global Fund country team to identify technical or capacity gaps which would prevent usage of the online system.

What information is provided by the Secretariat during concept note preparation?

To assist CCMs in their concept note preparation, the Global Fund has shared the following two documents.

☆ Portfolio Analysis

The purpose of the portfolio analysis is to provide up-front guidance to the CCM on the country team recommendations and guidance the CCM should consider when preparing the concept note. It discusses past performance of previous and existing Global Fund grants and may cover topics such as CCM eligibility and key implementation risks. The submission of the portfolio analysis to the CCM is meant to initiate an iterative discussion and can be used as a mechanism to begin elements of country dialogue. It should be seen as helpful suggestions from the country team (and Partners where relevant), not a methodologically rigorous assessment where outcomes and

recommendations must be complied with fully by the CCM. How the CCM addresses the points raised in the portfolio analysis should be discussed with the Global Fund during the preparation of the concept note.

Allocation Announcement

Countries were informed of their total funding allocation in the allocation letter they received in March 2014. Fifteen percent of the total funding amount is contingent on counterpart financing future commitments.

In the allocation letter, the Global Fund shared key information that CCMs may wish to consider in determining the country-level program split.

- **Eligibility:** The disease and cross-cutting HSS components for which funding can be requested.
- **Allocation amount:** The total funding envelope for the country. A breakdown of allocated funding by disease component is also given, for information only. The allocation methodology does not provide a separate allocation for cross-cutting health system strengthening (HSS).
- **Existing funding commitments:** Existing funding, as of 31 December 2013, is taken into account in the funding allocation. Countries may choose to re-distribute existing funding among eligible disease components and HSS (see 'program split' below).
- **Over- allocated components.** Disease components that have been allocated funding at levels above their notional shares.
- **Counterpart financing:** Requirements for governments to support their own disease programs in order to access Global Fund funding.
- **Country Band:** The Band in which a country has been placed for the allocation period.
- **Incentive funding:** Information on current eligibility and the amount available to countries within their band.
- **Country program split:** The breakdown of the allocation by eligible disease (for information only), and the process by which a country reviews and proposes a revised program split (if applicable).
- **Cross-cutting health system strengthening (HSS) investment guidance:** The Global Fund seeks to encourage differentiated cross-cutting HSS investment by Band as follows:
 - Band 1 countries: HSS investment strong encouraged
 - Band 2 countries: HSS investment encouraged
 - Band 3 countries: HSS investment encouraged
 - Band 4 countries: HSS investment considered on an exceptional basis

Historically, approximate allocation of health systems strengthening funding by bands in the Global Fund's portfolio has been as follows: 11 percent for Band 1, 8 percent for Bands 2 and 3, and 5 percent for Band 4. However, each country should decide how to allocate resources for health systems strengthening based on an assessment of their country's needs.

- Confirmation whether a **joint TB and HIV concept note is required**.



Roles & Responsibilities: Concept Note Preparation

Ministry of Health/Planning/Finance/ National Disease Programs

- Supports the Country Coordinating Mechanism to determine the ideal submission timing for concept notes and grant implementation to correspond with national strategy, and national planning cycles.
- Defines and follows up on commitments to national funding levels in order to access the 15% of the Global Fund allocation reserved for countries that increase their domestic contribution to their health sector. *Please refer to the Counterpart Financing section for a detailed explanation.*

Country Coordinating Mechanism

- Understands the national disease strategies in order to base the request for Global Fund funding on national strategic priorities.
- Ensures that representatives from key stakeholders in the country are consulted, especially people who live with, or are personally affected by the diseases, and civil society organizations and faith-based organizations.
- Convenes inclusive dialogue among the three disease programs as well as Health and Community Systems stakeholders in relation to the Global Fund funding application.
- Agrees the ideal timeline for concept note development and submission based on funding needs, national strategies, in-country planning cycles and Global Fund review windows as determined for the next three years.
- Makes decisions regarding the proposed program split for all eligible components and facilitates discussions around the prioritization of the funding request to the Global Fund.

- Requests technical cooperation where gaps in information or data exist, or there is insufficient capacity in-country to develop a strategically focused concept note.
- Coordinates the development of the concept note, reflecting the epidemics, funding from all sources, national priorities and plans of the country and considers the overall country allocation.
- Ensures an open and transparent process regarding the selection of Principal Recipients/implementers.
- Defines the implementation arrangements for the program including nominated Principal Recipients and other key implementers.
- Conducts CCM Eligibility and Performance Assessments with the support of a technical support provider and takes action to correct any problems identified

Global Fund Secretariat (Country Teams and Technical Specialists)

- Explains the Global Fund application process and roles of the various stakeholders and provides access to the latest guidance.
- Shares a Portfolio Analysis with the CCM and discusses how to address identified issues during concept note development.
- Communicates availability of funding.
- Agrees with the CCM on key milestones in the preparation, application, review, and approval cycle to support the CCM in developing an access to funding timetable.
- Reviews program split between diseases and cross-cutting health systems strengthening efforts.
- Engages partners in reviewing available analyses of impact data to facilitate their work to guide concept note development, including participation in program reviews or mid-term reviews.
- Identifies support needs of the CCM and those that will be involved in country dialogue and facilitates access to technical cooperation.
- Encourages an inclusive country dialogue process to ensure appropriate consideration of people affected by the diseases. Works with technical partners to support the CCM in the development of an inclusive engagement plan, helping identify when appropriate safe spaces for secure consultations are necessary.
- Supports the negotiation of counterpart financing contributions and future commitments.
- Provides guidance and training on how to use the online Grant Management Platform and to prepare concept notes.

Technical Partners

- Assists applicants to ensure that the latest technical guidance and data is available to concept note development.
- Ensures domestic or regional experts are included as needed, for instance to support key populations with identifying human rights barriers to access, or civil society strengthening needs.

Local Fund Agent

- Starts the assessment of the capacity of key known implementers (Principal Recipient or key sub-recipient), country systems and procurement supply management arrangements as soon as the Principal Recipient is nominated and the implementation map is completed by the Country Coordinating Mechanism, as requested by the country team. Based on the portfolio analysis and the nature of the nominated Principal Recipient (i.e. new or existing Principal Recipient), the scope of the Local Fund Agent's assessment is tailored by the country team to known risks and the specific requirements of the grant, including the results of the implementation map.

Implementers

- Suggest implementation arrangements, identify risk in implementation arrangements.
- Strengthen capacity to deliver on Global Fund programs.

Civil Society and Key Populations

- Actively engage in the concept note preparation discussions. Provide ongoing and meaningful input into development of strategy and funding requests through caucuses.
- Check the availability and inclusion of disease burden data related to key populations and consideration of experienced implementers in program design discussions.
- Help identify and monitor legal or policy barriers to services as well as barriers to service uptake related to the quality of services and/or program design.
- Help identify key components related to community-based service delivery and community systems strengthening efforts to be included in the funding request.

- When selected by the CCM, undertake the role of Principal Recipient or sub-recipient, as a balance to government implementers as part of dual-track financing arrangements.



Practical Advice for Applicants: Concept Note Preparation

Make a work plan. Consider all the tasks that need to be completed before concept note is submitted to the TRP. Ensure that the timetable is agreed by all parties and resources are available to coordinate and participate in the discussions.

Use epidemiological data to identify key populations. Request technical cooperation from partners if data is not complete or not broken out 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.

Encourage caucusing of key populations. Ensure that key populations have a voice and can raise human rights concerns in a safe space without repercussions. Ensure confidentiality of sensitive participants attending these meetings.

Facilitate meaningful participation by holding meetings in your local language and outside the capital city.

Start negotiations early with the Ministry of Finance around increasing domestic health contributions. This will be important in order to access the 15% of the allocated funding conditional on counterpart financing future commitments. Consider inviting a Ministry of Finance representative into some country dialogue discussions. Ensure systems are in place to track counterpart financing commitments.

Get prepared to use the new online system. The Grant Management Platform will be used for concept note submission and ongoing grant management. Identify one or two members of the CCM or the CCM Secretariat to act as the administrators of the online platform, ensuring their availability for training and management of the CCM's use of the platform.



Useful reference documents:

[Guidance on Prioritizing Interventions: Information Notes](#)

[Grant Management Platform](#)

[Understanding the Standard Concept Note e-learning course](#)

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

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

[Technical Cooperation e-learning course](#)

Concept Note: Development

What is a Concept Note?

The concept note details the applicant's request for Global Fund resources for HIV, malaria, tuberculosis and/or health systems strengthening. Usually, a concept note presents a funding request for a three year period. This funding request is reviewed by the Technical Review Panel (TRP) and the Grant Approvals Committee (GAC) before being submitted to the Global Fund Board for approval.

The concept note should articulate an ambitious and technically sound response, drawing from relevant Health Sector Strategic and National Strategic Plans and other appropriate documentation. It should explain what a country needs to do to fully address the problem it faces and how much this would cost (this is called the full expression of demand). The concept note should also explain what part of the response the Global Fund resources should focus on to maximize impact against the disease(s). It is very important that Global Fund resources are invested strategically in order to support programs that can reach the most people, and provide the most effective response to HIV, tuberculosis and malaria.

A concept note can be developed for each eligible disease and, if relevant (and eligible), a separate health system strengthening (HSS) component. Another option is for all diseases and HSS to be included in one concept note. For countries with a high rate of HIV-TB co-infection, the Global Fund requires one single concept note which includes both diseases. In total there are 7 different concept note templates which cover the different application contexts: Standard, TB-HIV, Regional, Health System Strengthening, Multi-Country, Multi-Country TB-HIV, and Non-CCM (*see section on Non-Standard Applications for more detail*).

Consolidated Requests: Concept notes will be consolidated requests, including all funds available, both new and already signed amounts. Any existing approved grants that are being implemented as of the selected start date for the grant should be incorporated in the consolidated concept note, in addition to the new funding being requested by the applicant.

Grant Duration and Concept Note Duration: The standard grant duration for a new Global Fund grant is 3 years from the start date.

The Global Fund hopes to announce the next allocations in the fourth quarter of 2016, after which CCMs may develop concept notes and PRs can negotiate grants, although this will depend on the timing of the Global Fund's replenishment conference. Given the inherent uncertainty in timelines, it may be prudent for grants to continue until the end of 2017. This way, there is little risk of grants ending before new funds can be disbursed.

On a case-by-case basis, there is some flexibility to shorten or lengthen grants, with the aim to achieve greater impact and in consideration of the country-specific context. As stated in the Board Decision GF/B31/DP09, while each disease component's allocation will typically cover a period until the end of 2017, the Secretariat has the operational flexibility to structure longer or shorter grant implementation periods while applying the principles of the allocation model (GF/B28/DP4) to guide funding levels towards the amounts derived from the allocation formula. As a result, the Secretariat will take into consideration ambition to achieve increased impact and sustain gains, and whether a country has been relatively under-allocated or over-allocated, when making a decision about grant lengths.

The Global Fund will need to be responsible about managing the portfolio impact of early grant end dates. Any request to end grants before the end of 2017 will need to be reviewed on a case-by-case basis and portfolio impact will be assessed by the Secretariat. The final decision will be taken by the Head of Grant Management.

If you feel that your country has a good justification for a grant end date before the end of 2017, please discuss this with your Fund Portfolio Manager. This request needs to be made as soon as possible and, going forward, made at minimum one month prior to concept note submission.

Even if shorter grants are requested and approved by the Secretariat, concept notes should still cover the period to the end of 2017. In addition, these concept notes should explain where funding will come from to cover the period until the end of 2017, if not from the Global Fund, or the country should ensure the above allocation request covers the remaining period. The TRP may request another iteration of a concept note if it has unanswered concerns that a shorter timeframe puts the continuity of programs at risk, in the event that the funding does not materialize or falls short.

Strategic Investment: In its 2012-2016 Strategy, the Global Fund commits to work with countries and partners to sustain and accelerate the existing gains through substantial contributions to ambitious international goals. To achieve this, under the funding model the Global Fund will encourage countries to "Invest for Impact". This means

investing strategically in areas with high potential for impact and strong value for money; providing funding in more proactive, more flexible, more predictable and more effective ways.

Applicants will be measured against the impact the program achieves. Therefore the CCM should ensure the request for funding represents strategic and prioritized choices on where to invest limited resources for maximum impact in the longer term, while also addressing critical enablers such as human rights, gender equity and community systems strengthening. HIV, tuberculosis and malaria are constantly changing, retreating in some places and advancing in others. Prioritizing investments means making hard choices about what programs can make the most of Global Fund support.



What is the structure of the standard concept note?

The concept note consists of 4 elements, all of which must be completed and submitted together.

1) Concept note form. The concept note form is the same for all diseases and is divided into the following narrative sections:

Section 1: The description of the country's epidemiological and health systems context, including barriers to access, and the national response to the disease.

Section 2: Information on the national funding landscape, additionality and sustainability.

Section 3: The summary of the funding request to the Global Fund.

Section 4: Implementation arrangements and risk assessment.

Applicants should consult the appropriate concept note templates and guidelines on the Global Fund website for more information.

2) Financial gap analysis and counterpart financing table. Applicants provide financial information relating to the national disease and health sector strategy. This is not required in the health systems strengthening concept note. Applicants must show compliance with the counterpart financing requirements contained in the Global Fund Eligibility and Counterpart Financing Policy (ECFP).

3) Programmatic gap table. The programmatic gap analysis shows why funding is being requested from the Global Fund. It should contain a summary of the current levels of coverage in the areas where funding is requested (organized into 'modules'), the gaps, the Global Fund contribution, and contributions from other donors required to achieve and sustain universal / national coverage or reach NSP targets.

The term 'module' refers to areas of disease control programming such as: vector control and case management for malaria; DOTS-based package and MDR-TB package for tuberculosis; and prevention and ART treatment and care for HIV.

4) Modular template. The aim of the modular template is to describe the relationship between what is planned and what results are expected. It outlines the main goals, objectives, modules, interventions, associated indicators and targets, costs and cost assumptions for each disease and for HSS. The template replaces the performance framework and detailed work plan and budget previously used by the Global Fund.



Roles & Responsibilities: Concept Note Development

Country Coordinating Mechanism

- Guides the translation of a country's national strategy plan and programmatic/financial gap analysis into a targeted and prioritized request for funding from the Global Fund, using the relevant concept note template.
- Writes or arranges for a designated drafting team to write the concept note, and ensures engagement of key stakeholders in the process in line with the country dialogue expectations and Country Coordinating Mechanism eligibility requirements. This process must be documented and submitted with the concept note.
- Arranges for human rights/gender considerations to be taken into account in the prioritization of interventions, especially regarding barriers to access.
- Ensures applications outline the implementation role of community sector and faith-based organizations relating to service delivery and community monitoring/accountability efforts; and ensures that appropriate community systems strengthening measures are included to support these activities.
- Checks that the funding requests highlight financial/health commodity gaps and explains why the additional resources are needed.
- Identifies and selects grant implementers (Principal Recipients).

Global Fund Secretariat (Country Team and Technical Specialists)

- Provides guidance on the concept note templates and instructions.
- Ensures lessons learned on implementation experiences of existing Global Fund grants (or other funding) form part of the partner discussions and risk issues are addressed, etc.
- Encourages CCM to work with the community sector/civil society to support efforts to define community systems strengthening aspects of applications.
- Facilitates the provision of technical cooperation but cannot provide direct technical support regarding the writing of the concept note.
- Provides technical support for the online Grant Management Platform through dedicated inboxes, hotlines, training materials and guidance.

Technical Partners

- Provide technical support to the Country Coordinating Mechanism to develop the concept note.
- Contribute to the discussion around prioritization of interventions.

Local Fund Agent

- Attends, in exceptional cases and upon the request of the country team, specific meetings related to the development of the concept note version of the modular template as an observer, based on clear Terms of Reference, to safeguard the Local Fund Agent's independence.

Implementers (Principal Recipients and Sub-Recipients)

- Strive to provide un-biased views on the feasibility of programs.
- Provide accurate and recent information on costs that can be used to develop the summary budget.

Civil Society and Key Populations

- Ensure that the prioritization of the requests for funding and the recommended interventions take into account the needs and perspectives of key population groups consistent with the socio-epidemiological context of the country.
- Actively engage in country dialogue around concept note development, whether as implementers or beneficiaries.

Private Sector

- Private sector entities include: national companies, public (state-owned) as well as private; Foundations; Multinational Corporations/Enterprises; Employers' organizations/associations/industry associations; Business associations; Trade unions and local corporations. Private sector entities can play the following roles:
 - Participate in country dialogue and the Country Coordinating Mechanism.
 - Provide inputs to the development of the concept note in areas where they have specific expertise.



Practical Advice for Applicants: Concept Note Development

Begin working on the concept note through the programmatic gap table. Many of the early applicants during the transition phase of the funding model found that it was helpful to begin developing the programmatic gap table as a way to clarify what the gaps are, and therefore to identify the areas of greatest need. When completed together with the financial gap table, the applicant should have a good overview of where funds are already allocated and where the remaining gaps are.

Use the same indicators and modules in the programmatic gap table and the modular template. The same indicators and modules used in the programmatic gap table should be used in the modular template to describe the targets and associated budget. This will show how the gaps will be filled using the resources from the Global Fund to achieve impact.

Review recent TRP reports to better understand lessons learned from previous concept note submissions. TRP reports are available at: <http://www.theglobalfund.org/en/trp/reports/>

Refer to page 31 to see a short description of what the TRP is looking for in a concept note. For more detail refer to Annex 1: on page 45 of the TRP Report on Windows 3 & 4.

Be sure your strategic choices deliver impact. Different from the Rounds-based system, the applicant will be measured according to the impact the program achieves. Therefore the CCM should ensure the request represents strategic choices on where to invest limited resources for maximum impact in the longer term.

Select your Principal Recipient early. Select your Principal Recipient as early as possible, and involve the Principal Recipient in the country dialogue and concept note development process to get the most benefit from their practical expertise (while still respecting conflict of interest policies). This will also ensure that the country team can perform the capacity assessment early in the process.

Keep your concept note concise. The concept note should be no more than 40 pages. 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 (e.g., the National Strategic Plan, program reviews) rather than repeating it.

Estimate budget ceiling carefully. Applicants need to accurately calculate how much of current grant money will be spent through to the starting point of the next grant. This spend should be subtracted from the allocation amount in order to identify the correct budget ceiling for the concept note. Either over-estimating or under-estimating spend could result in the need to reprogram the next grant.

All applicants are encouraged to include an above allocation request, even if not eligible for incentive funding. Strategically sound interventions will be registered, and are then able to be included in Global Fund grants if efficiencies are found during grant-making, or new donors are interested in funding through the Register of Unfunded Quality Demand.

Useful reference documents:

[Concept Note Templates and Guidance Material](#)

[Understanding the Concept Note e-learning course](#)

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

[Understanding Full Expression of Demand e-learning course](#)

[Understanding Counterpart Financing e-learning course](#)

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

[How to Complete the Modular Template e-learning course](#)

[TRP Reports](#)

[What the TRP looks for in a concept note: Annex 1 of TRP Report on Third and Fourth Windows](#)



Concept Note: Submission

What is Concept Note Submission?

The Global Fund has defined dates for concept note submissions and associated review windows. There are 9 windows for concept note submission over 2014-2016 and CCMs may submit their concept notes for review in any of these TRP review meetings. (*See the section on Concept Note: Preparation*).

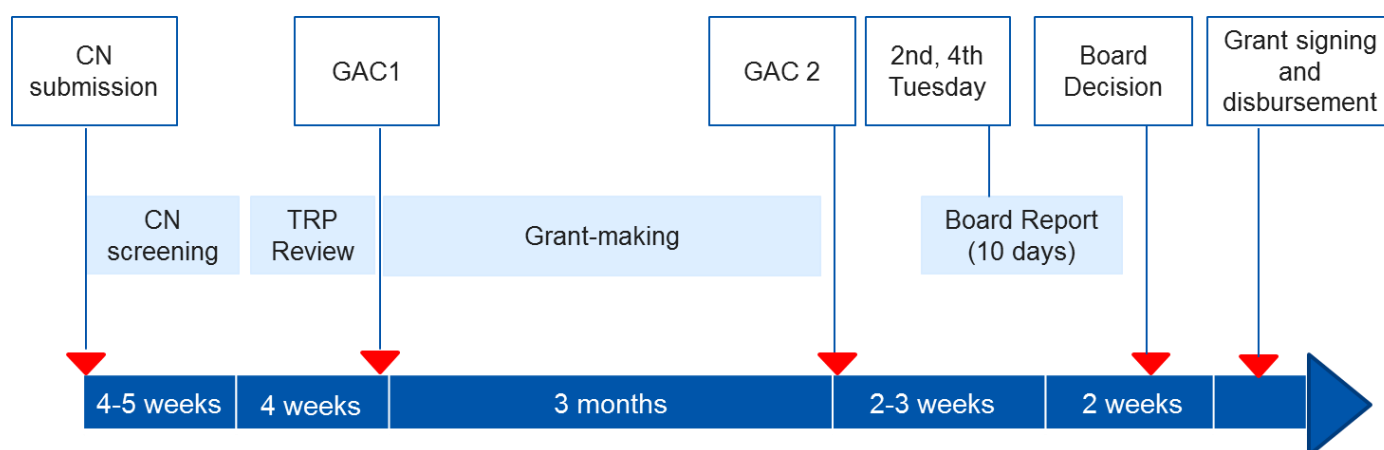
Year	Window	Concept Note Submission Date	Timing of TRP review meeting
2014	Window 1	15 May	15 June -20 June, 2014
	Window 2	15 June	27 July – 1 Aug, 2014
	Window 3	15 August	28 Sept- 3 Oct, 2014
	Window 4	15 October	17 Nov – 23 Nov, 2014
2015	Window 5	30 January	18 March – 27 March, 2015
	Window 6	20 April	12 June – 21 June, 2015
	Window 7	15 July	31 August – 6 September, 2015
	Window 8	15 September	2 November – 8 November, 2015
2016	Window 9	15 April (tbc)	End of May (tbc)

As part of concept note submission, the Global Fund requires evidence of endorsement of the final concept note. If submitted by a CCM, all CCM members (or their designated alternates) must endorse and sign the document entitled “CCM Members Endorsement of Funding Request” according to the concept note guidelines. Regional Coordinating Mechanisms and non-CCM applicants need to ensure they receive the required endorsements according to the concept note guidelines.

In cases where a CCM member is unwilling to endorse the concept note, that member must promptly inform the Global Fund in writing (AccessToFunding@theglobalfund.org) about the reason for not endorsing the concept note, to ensure that the Global Fund understands the member's position.

What happens once a concept note is submitted?

An applicant should hear back from the Global Fund roughly 8-12 weeks after the concept note is submitted. Once submitted to the Secretariat, the concept note is translated into English (if needed) and reviewed by the Secretariat. Secretariat review is focused on two areas: (i) screening for CCM eligibility requirements; and (ii) review of the concept note for completeness and consistency. Please see below for more information on screening.



The overall process is likely to take 8 months from concept note submission to 1st disbursement.

Screening of CCM eligibility. The CCM eligibility screening focuses on Requirements 1 and 2 (namely, inclusive concept note development and transparent Principal Recipient nomination). The results of this screening process will be reported to the GAC. In cases where a CCM (or regional body) has not met relevant eligibility requirements, there may be escalation to Secretariat senior management to decide on appropriate remedial actions, which could include sending back the concept note. The Secretariat may also send back a concept note if there are major concerns

about CCM eligibility requirements 3 through 6. (See section on Country Coordinating Mechanism Eligibility for more detail.)

Review of concept note for completeness and consistency. The Secretariat will review the concept note prior to its submission to the TRP. The aim of the review is to ensure completeness and to address any issues which could otherwise present future grant-making or grant implementation bottlenecks. In some cases, a concept note may be sent back to the country for further development. This is referred to as an iteration.

Secretariat Briefing Note. The Secretariat analysis of the concept note and concept note development process is captured in a document called the Secretariat Briefing Note. It is meant to highlight the critical issues for the Technical Review Panel and Grant Approvals Committee to consider that may not be apparent by reviewing the concept note alone. The Secretariat Briefing Note includes the following sections: Background and Country Dialogue, Lessons Learned from Past Program Performance, Investing for Impact — Issues for Consideration, Funding Landscape, CPF and Sustainability, Risk Management and Implementation Arrangements, Budget Analysis, and Further Contextual Information. The same Secretariat Briefing Note is submitted to both the TRP and the GAC.

Submitting a concept note on the online system

Applicants will benefit from a newly introduced automated Grant Management Platform aimed at providing an online platform for CCMs, Principal Recipients, LFAs and the Global Fund Secretariat to create, approve, and manage grants under the funding model.

CCMs will input all tabular data and upload the concept note narrative form and supporting documentation using this online platform. The Access to Funding team and Fund Portfolio Manager will be able to access the final application directly through the platform.



Roles & Responsibilities: Concept Note Submission

Country Coordinating Mechanism/Regional Coordinating Mechanism

- Ensures the submission of a complete and accurate concept note.
- Ensures that concept note is endorsed by all members and reflects country dialogue processes. Submits the signed CCM endorsement of concept note document along with all other application materials.
- Checks that all relevant documentation is provided with the concept note including annexes and supporting documentation related to Country Coordinating Mechanism eligibility requirements 1 and 2.
- Submits through the online Grant Management Platform.

Other applicants (Regional Organizations and non-Country Coordinating Mechanisms)

- Ensure that the concept note is submitted according to the specific Concept Note guidelines, and that required endorsements are obtained where relevant.
- Submit through the online Grant Management Platform.

Global Fund Secretariat (Access to Funding Department, Country Teams and Technical Specialists)

- Access to Funding Department screens concept notes for eligibility.
- Country teams review concept notes for completeness and to ensure it is ready to proceed to the Technical Review Panel and Grant Approvals Committee.
- The overall Secretariat review will incorporate contextual information on the country dialogue process and other information relevant to the funding request. In some cases, a concept note may be sent back to countries for further development before submission for technical review.
- Country teams prepare (with support from technical advisors) the Secretariat Briefing Note in advance of the Technical Review Panel and Grant Approvals Committee meetings. As needed, provide a briefing and any clarifications during the Technical Review Panel and Grant Approvals Committee review.
- Considers involvement in the selection of the Principal Recipient for countries managed under the Additional Safeguards Policy (see *Operational Policy Note on Additional Safeguards Policy*).



Practical Advice for Applicants: Concept Note Submission

Involve your Global Fund country team in reviews. Share near-final drafts of the concept note with your Global Fund country team so that they can see the concept note as it progresses. They may notice areas where additional work would be helpful to clarify an idea or where the TRP / GAC may raise questions. Note that the level

of involvement is at the discretion of the country team. Country teams that support multiple countries may not be as active in concept note review.

Ensure your priorities are clear and clearly articulated. Ask a knowledgeable person to read it from cover to cover to see whether the context and request are clearly articulated: Is the data for the country and epidemiological context reliable? Does the disease response build on that context and the lessons learned? Is it clear what is planned as a comprehensive response within the overall national disease response to achieve the highest impact on the disease?

Review the concept note for completeness and consistency before submission. Many times, CCMs submit concept notes with missing data, data inconsistencies, and missing attachments. Please check the concept note to ensure that:

- Nothing is left blank, that all questions have been answered, and that the financial figure and objectives add up and are consistent across different concept note sections.
- Relevant supporting documents are attached – NSP, mid-term review, JANS review (if the country has had one), and relevant audit reports.
- The description of request in the concept note is consistent with the identified gap and the modules of the modular template.

Limit the number of attachments. At times, applicants have submitted over 80 attachments, which slows down processing of the application. The TRP and GAC will only review attachments that are referenced clearly in the concept note. So if a document is not referenced in the concept note, there should be no need to submit it as an attachment.

Share final draft with country dialogue participants. The CCMs must ensure the concept note is shared with all CCM members, Principal Recipients and other stakeholders involved in the concept note development process before it is submitted. When the CCM is confident that the concept note is of good quality, then it needs to request ‘endorsement’ of the concept note, through signatures of CCM members and also minutes of CCM meetings or electronic discussions, which clearly demonstrate that the final concept note has been shared with all relevant stakeholders. After the concept note has been submitted to the Global Fund, as a courtesy, the CCM may want to share it with participants of the country dialogue process so that they can see the final results and are familiar with what was submitted to the TRP.

Ensure availability of fast, reliable internet connection for the submission of the concept note. Since the concept note will need to be submitted online, a fast internet connection makes this process much more efficient. There will be many numbers to key in to complete the online tables, and many documents to upload. *In exceptional cases only, and with advance written approval from the Fund Portfolio Manager*, applicants unable to submit concept notes via the Grant Management Platform can submit completed concept note(s), with all mandatory attachments and supporting documentation, to AccessToFunding@theglobalfund.org, with a copy to their Fund Portfolio Manager.

Begin working on grant-making tasks as soon as the concept note is submitted (if not before). Many of the early applicants in the funding model transition phase found that it was helpful to start work on their detailed budget, performance framework and procurement plan during the time needed for TRP and GAC review. Principal Recipients should continue mapping their implementation arrangements. Country teams may begin the capacity assessment of key implementers.



Useful reference documents:

[Concept Note Templates and Guidance Material](#)

[Concept Note Submission Dates](#)

[Understanding the Concept Note Review Process e-learning course](#)

Technical Review Panel

What is the Technical Review Panel (TRP)?

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

The TRP consists of experts in HIV/AIDS, tuberculosis, malaria, as well as health systems, community systems, and cross-cutting development issues. The primary function of the TRP is to review funding requests for strategic focus and technical merit, and make funding recommendations. The TRP serves as a 'quality assurance mechanism' by providing an overall assessment, including assessment of prioritization of proposed interventions and potentially makes recommendations on reprioritization. The TRP makes recommendations to the GAC and the Board on the use of allocated funding and on optimized use of "above allocation" funding. The TRP provides: a determination and prioritization of all elements within the request that are quality demand; recommendations around priorities to receive incentive funding; an assessment of which concept notes are ready to progress to grant-making; and recommendations of necessary changes to the program in order for its priorities and technical approach to achieve maximum impact. It also determines whether any part of the concept note beyond the funds available should be placed on a register for future funding (called the register of unfunded quality demand). (*See section on Competitive Funding to learn more*).

In addition to the technical review of funding requests, as an advisory body to the Board, the TRP plays an important role in the Global Fund's strategy development and implementation. Following each review, the TRP provides lessons learned and recommendations. <http://www.theglobalfund.org/en/trp/>.

What will happen during TRP review?

The TRP will generally meet up to four times a year to review concept notes. These meetings will be conducted in-person and the Chair and Vice Chairs will determine the panel size and composition based on the expected concept notes. It is therefore critically important that there is reliable and timely information on expected concept notes per application window to ensure TRP panels of the right size and expertise can be formed.

The TRP will review each request for funding on its own merits and, to the extent possible, consider the overall balance of priorities within a country's portfolio (e.g., the three diseases, health systems strengthening and community systems strengthening, and other cross-cutting factors) and the broader policy and financial context within a country.

The **TRP Terms of Reference** describe the technical criteria the Global Fund has asked the TRP to use when reviewing funding requests for technical soundness, and strategic focus. This includes soundness of approach, feasibility, potential for sustainable outcomes and value for money.

Soundness of approach:

- i) Responds to the highest epidemiological priorities and to the most critical health system gaps in a country-specific context, relevant for reducing new infections and mitigating the impacts of existing ones;
- ii) Uses the best, current evidence-based technical practices and approaches for prevention, control, diagnosis, treatment and care for the three diseases;
- iii) Where appropriate and relevant in a country's context, demonstrates a strategic focus on vulnerable and key populations, high transmission geographies, and improving the health of mothers and children; and
- iv) Proposes relevant health system strengthening and community systems strengthening interventions to complement adequately core investments in the three diseases and to improve effectiveness, efficiency and sustainability of disease programs.

Feasibility:

- i) Has the necessary implementation capacity, including human resources and infrastructure, or has identified adequate mitigation efforts such as through the provision of technical cooperation;
- ii) Has sufficient access to and engagement with the populations being served, and adequate resources to carry out the activities successfully;
- iii) Understands and responds to local social, legal and economic constraints that could prevent these activities from being conducted; and
- iv) Ensures that structural barriers to accessing services, including those related to human rights and gender, are adequately understood and addressed to achieve the set targets.

Potential for sustainable outcomes:

- i) Is consistent with broader health and development strategies, and is complementary to other related national or international efforts; and
- ii) Allows for an orderly and rapid transition of capacity and activities to stable in-country counterparts (e.g., organizations, communities, government) and shifts financial support from external to domestic resources.

Value for money:

- i) Delivers a technically sound and strategically focused response in a cost-efficient manner – maximal benefit over a defined time period of the resources available.

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 concept note the outcome will be one of the following:

- i) Proceed to GAC/grant-making: The concept note is determined to be strategically focused and technically sound, although the applicant might need to address some time-bound clarifications/make some adjustments with the Secretariat and/or TRP; or
- ii) Re-submit concept note iteration: The applicant should address the comments raised by the TRP, and re-submit a revised concept note for the TRP review prior to advancing to the GAC and grant-making.

The TRP will summarize its assessment of the concept note in a Review and Recommendation Form, which is reviewed by the GAC and to which the GAC will also contribute before the form is sent to the applicant.

Should the TRP request a concept note iteration, the applicant will be informed shortly after the TRP review.

**Roles & Responsibilities: Technical Review**Technical Review Panel

- Reviews concept note for strategic focus and technical soundness.
- Determines whether or not the concept note is ready to move to grant-making.
- Makes recommendations to the Board via the Grant Approvals Committee (GAC) on the award of available incentive funding, and what unfunded quality demand should be added to the Register of Unfunded Quality Demand.
- Makes recommendations on issues to be clarified or addressed during grant-making or grant implementation.
- Provides overall observations, lessons learned and recommendations.

Country Coordinating Mechanism

- Addresses Technical Review Panel clarifications/adjustments as needed.

Global Fund Secretariat (Country Teams, Access to Funding Department)

- Country teams may present, or respond to clarification questions, during the Technical Review Panel review.
- Access to Funding Department communicates any request for iteration (request for concept note re-work and re-submission) to applicant.

Technical Partners

- Provide input to the Global Fund Secretariat and/or directly to the Technical Review Panel prior to the review and provides updates on latest technical guidance related to the review. May be asked to provide additional epidemiological information or clarifications on technical guidelines and guidance.

**Practical Advice for Applicants: Technical Review**

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 concept note for early Secretariat and Partner review. This is part of the iterative process and can help applicants prepare their concept note.

Be prepared to respond to TRP comments between TRP and GAC dates. On occasion, the TRP asks for clarifying questions that a country team may bring to you for response before the GAC meets to review the concept notes.

Where can I find detailed lessons learned (TRP Reports)? All TRP reports are publically available on the Global Fund website. See link below. It is recommended to address any prior TRP comments/suggestions during country dialogue and include the response in the concept note (e.g. risk mitigation strategies, previously identified bottlenecks which require resolution, etc.)

What does the TRP look for in the concept note?

The concept note narrative receives the closest scrutiny in TRP review and should be a *self-contained document*. This makes it essential that the concept note:

- Presents the current epidemiological and programmatic situation in the country, highlighting significant gaps in the response, especially those to be addressed by the funding request;
- Makes a compelling case that the activities selected for Global Fund support will fill critical gaps in a way that is likely to achieve high impact;
- Clearly shows how the activities proposed for funding complement existing programs funded by the government or other donors;
- Concisely but *completely* describes the activities to be funded, who will carry them out, how they will address barriers and challenges to implementation, how they respond to existing gaps and needs, and what impact they are expected to achieve based on observed outcomes and effectiveness of past efforts in-country;
- Clearly shows the feasibility of achieving its goals through a clear and thorough analysis of the country's capacity to implement the proposed activities or provides a clear strategy for addressing any capacity gaps identified; and
- Demonstrates a strategy for achieving long term sustainability of the activities, eventually reducing the dependence on external funding.

Importantly, the narrative accompanying the modular template (section 3.3 of the concept note) must contain at a minimum the following:

- A **prioritized list of the modules and interventions to be funded by the allocation amount**. The most important elements should be presented first with *cost figures (both annual and total)*, a *summary of the specific activities* covered by that cost, and the *expected impact and/or coverage gains clearly delineated by year*.
- A **second prioritized list of the modules and interventions to be funded by the above allocation request**. Again, the most important above allocation elements should be presented first, with *cost figures (annual and total)*, a *summary of the additional activities* to be conducted using these additional resources; and a *description of the additional expected impact and/or coverage clearly delineated by year*.

It is also extremely helpful if prioritized summary budget and coverage/outcome tables for the activities in both the allocation and above allocation funding requests are provided in this section. Providing costed and prioritized lists in section 3.3 is critical as the TRP must review the prioritization proposed in the concept note and may choose to recommend changing the priority order, moving items between the allocation and above allocation requests, or asking that additional priorities be considered in an iterated concept note. If such costed and prioritized lists are not provided, the TRP may need to request an iteration of the concept note.



Useful reference documents:

[TRP dates 2014 - 2016](#)

[TRP Terms of Reference](#)

[TRP Reports](#)

[What the TRP looks for in a concept note: Annex 1 of TRP Report on Third and Fourth Windows](#)

[Understanding the Concept Note Review Process e-learning course](#)

Grant Approvals Committee: 1st Review

What is the Grant Approvals Committee?

The Grant Approvals Committee (GAC) is the Secretariat's governance mechanism for reviewing and determining funding levels for concept notes submitted under the funding model. If the TRP recommends that a concept note proceed to grant-making, it is sent to the GAC to determine the upper-ceiling for the budget with the award of any incentive funding. The GAC meets approximately once per month or bi-weekly in exceptional cases.

The GAC is composed of the following members:

- i. Executive Director (Chair)
- ii. Chief of Staff (Alternate Chair)
- iii. Head, Strategy, Investment and Impact Division (Co-Chair);
- iv. Head, Grant Management Division;
- v. Chief Financial Officer;
- vi. Chief Risk Officer; and
- vii. Head, Legal and Compliance Department

Technical Partners are invited to attend regular GAC meetings. GAC Partners include senior technical experts from WHO (HIV, TB and Malaria Departments), UNAIDS, Stop TB Partnership, Roll Back Malaria Partnership, The World Bank and a representative from civil society with relevant technical expertise. Development partners (bilateral and multilateral donors) are invited to participate in GAC meetings, by disease program and by countries on the GAC agenda, based on their significant in-country investments.

What happens during the GAC review?

The first GAC review takes place following the TRP review of concept notes, and entails a review of documentation submitted to GAC members² and partners one week in advance of the meeting. These include: assessment of CCM eligibility requirements 1 & 2, the concept note, the TRP Review and Recommendation Form, the Secretariat Briefing Note, and the country team presentation. Additionally, confidential memos outlining recommendations from the TRP on the prioritization of incentive funding and critical issues for consideration may be provided exclusively to GAC members.

At the GAC meeting, country teams present the context and country's request for investment based on the Secretariat Briefing Note shared with the TRP and any new information/developments since the TRP review. This presentation focuses on the epidemiological context in which the request is based, a summary of the concept note, the process through which the concept note has been developed, past performance of Global Fund grants in the country, risk management, and any other information on how any technical issues raised by the TRP for GAC attention may be addressed. The GAC will consider the TRP recommendations and any issues raised by the TRP, technical partners and the country team during a plenary session. The GAC makes a determination of an upper-ceiling amount for grant-making, including any additional incentive funding during a closed executive session that is not attended by partners or the TRP. The GAC will also consider the registration of any unfunded quality demand, based on the TRP recommendations.

When setting the upper-ceiling for the budget during grant-making, the GAC will consider the TRP's recommendations and the following issues:

- Operational issues, risk management, Office of Inspector General recommendations;
- Inputs from GAC technical, development and civil society partners;
- Opportunities to leverage Global Fund resources to enhance government investment;
- Political and partnership considerations; and
- Policy implications across the portfolio.

The budget ceiling will include funding available from a country's allocated funding amount and, if applicable, any additional incentive funding. (*See section on Competitive Funding*). It will also be impacted by absorption rates of any existing grants.

² "GAC Members" – refers to GAC decision-making members including the Executive Director, Chief of Staff, Head of SIID, Head of GMD, Chief Financial Officer, Chief Risk Officer and Head, Legal and Compliance Department.

The GAC decides on how incentive funding will be distributed across applicants, taking into account the recommendation of the TRP and other considerations, including whether additional resources will maximize impact and to what extent the request meets the following criteria:

- i. Strategic focus – based on a robust national strategy, with demonstrated potential for impact in terms of additional gains that can be achieved and/or allowing the country to accelerate and reach the Millennium Development Goals (MDGs);
- ii. Sustainability – including opportunities to leverage Global Fund resources through co-investment and national counterpart financing future commitments;
- iii. Rewarding strong performance and progress towards impact; and
- iv. Ambition of the request, prioritized according to Global Fund portfolio considerations and Global Fund Strategy 2012-2016.

What is the focus of the first GAC review?³

The GAC undertakes reviews of funding applications under the framework of the *Global Fund Strategy 2012-2016* with:

- a. Focus on investing strategically with the aim of maximizing coverage, outcomes and impact at levels required for complete control of the epidemics;
- b. Attention to financial and programmatic gap analysis aligned to National Strategic Plans and targets;
- c. Ensuring that adequate investments are made available across grants to address human rights, gender, CSS and key populations as appropriate;
- d. Rigorous review of risk management and mitigation measures; financial management and budget review; grant management and operational issues and value for money; and
- e. Increased focus on sustainability to leverage Global Fund investments and increase domestic contributions.

Following the GAC meeting, the applicants will receive the Review and Recommendation Form that tells them the upper-ceiling for grant-making and summarizes issues raised by TRP and GAC to be addressed during grant-making and/or grant implementation.

When and how do I find out the decisions and recommendations from the TRP/GAC?

Communication to CCMs is generally through country teams, but may come through the Access to Funding Department if an iteration is requested. In most cases, the CCMs will receive the Review and Recommendation Form, with the recommendations and decisions to be shared with applicants, within 10 days after the GAC meeting.

What is the “Fast Track”?

In order to further streamline the access to funding process, the Secretariat instituted an expedited electronic review by the GAC for concept notes that are not eligible for incentive funding and do not have any issues that need review by the GAC. For these cases, the results from the review process will be communicated to applicants shortly after the TRP meeting, thus reducing the timeline by approximately one month. The Secretariat estimates that approximately a quarter to one half of the concept notes will follow an expedited review by the GAC.



Roles & Responsibilities: Grant Approvals Committee Review

Grant Approvals Committee

- Provides oversight on the country dialogue process, assesses requests for funding to ensure strategic investments for maximum impact and refocusing of existing investments.
- Conducts rigorous scrutiny into where Global Fund resources are likely to have maximum impact and achieve development objectives or leverage policy change, taking into consideration country contexts, income levels and epidemic profiles.
- Considers the TRP recommendations and any issues raised by the TRP, technical partners and the Secretariat before recommending an upper-ceiling amount for grant-making, including any additional incentive funding.
- Reviews the assessment of domestic contributions with a focus on ensuring governments deliver commitments, complemented by follow-up through high-level engagement of governments.

³ Refer to article 32 of GAC ToRs.

- Reviews the concept note with a view to identifying cost savings, opportunities to further drive down the costs in order to increase efficiency, expand coverage and improve value for money.
- Proactively leverages GAC partners to plug critical programmatic gaps; collaborate around risk mitigation, HSS and sustainability; mobilize additional resources; maximize impact on maternal, newborn and child health (MNCH); technical cooperation; etc.
- Reviews assessment of compliance with CCM Eligibility Requirements 1 and 2.
- Considers the registration of any unfunded quality demand, based on the TRP recommendation.
- Sets parameters for grant-making, including sustainability considerations, government contributions, counterpart financing and donor/partnership landscape.

Global Fund Secretariat (Country Teams)

- Presents the context and country's request for investment per the Secretariat Briefing Note shared with the TRP and in exceptional cases, any new information/developments since the TRP review.
- Informs the CCM of the upper-ceiling amount and of areas that need to be clarified per Technical Review Panel/Grant Approvals Committee comments.

Technical Partners

- Provide high-level technical advice on the concept notes' programmatic content, based on most recent evidence and normative guidance.
- Provide technical advice on acceleration of efforts to better target and improve allocation of grant funding towards high impact interventions, key populations, high transmission geographies or hot spots, expanding new technologies, etc.
- Share detailed contextual information as well as on what works based on in-country presence, with special emphasis on alignment, oversight of risk, overcoming political, technical and operational bottlenecks, and implementation feasibility.
- Share detailed information on partnership commitments and coordination of investments at global and country levels in the fight against the three diseases (for example on commodities, procurement supply management, HSS, data systems, etc.).
- Track progress and identify potential areas of refocusing investments and reprogramming as early as possible.
- Respond to policy gaps and/or inconsistencies in normative guidance that only becomes clear by the time of GAC review.



Practical Advice for Applicants: Grant Approvals Committee Review

Ensure that the programmatic gap analysis is rigorous and comprehensive, with focus on coverage and outcomes required for complete control of the epidemics aligned with the NSP; including investments to fill data gaps and improve information systems, mapping of geographic high transmission areas at sub-national, state or district levels and size estimation of key populations.

Provide detailed information on domestic contributions, information on areas where the government will assume greater responsibility, and the sustainability of programs financed by the Global Fund. The GAC will review all funding applications with special focus on resources available in-country, including government contributions and the partner funding landscape. The GAC will require clear evidence of co-financing or co-investments in order to assess the financial gaps in the program, and make final determination of allocated and incentive funding for grant-making.

Clearly state your priorities for incentive funding. The GAC requires information on the prioritization of a country's unmet needs. Applicants should explain the rationale for the priorities contained in the concept note and to the country team so that they can answer questions from either the TRP or the GAC about them.

Grant-Making

What is grant-making?

Grant-making is the process of translating the final concept note, including recommendations from the TRP and GAC, into disbursement-ready grants for Board approval and signature.

Country Teams, CCMs and Principal Recipients should work together to plan grant-making milestones and aim at completing grant-making ideally within a three-month period. Other key stakeholders should continue to be engaged in the process (such as other donors, civil society organizations, key populations, and LFAs). The budget ceiling for the grant negotiations will be set by the GAC.

During grant-making, Principal Recipients, the CCM and in-country partners will work closely with the Secretariat to ensure that the implementation arrangements are in place *before* the Global Fund's Board approves each grant, so the program is "disbursement-ready." The Secretariat will assess and help strengthen the capacity of implementers (e.g., through funding technical cooperation or capacity-building measures), in close consultation with partners. Only grants of a scale appropriate to each implementer's capacity will move forward.

What happens during grant-making?

There are three interrelated work streams during grant-making:

- i) Identification of capacity gaps and risks related to grant implementation, and determining mitigation measures;
- ii) Development and negotiation of key grant documents, including the grant agreement; and
- iii) Review and agreement on implementation arrangements and plans.

The specific outputs during the grant-making stage include:

- Implementation arrangements map finalized
- Capacity assessment of PR (and other key implementers as necessary) finalized
- Risk mitigation measures identified for risks related to grant implementation
- National M&E Plan submitted or grant-specific M&E Plan developed
- Modular inputs finalized for each agreed module in the grant (indicators and targets, detailed budget with associated list of health products)
- Audit arrangements approach agreed
- PR master data and account details compiled
- Grant agreement negotiated
- Work planning priorities and tracking measures agreed
- Finalization of the Applicant Response Form, in which the applicant describes how they have addressed any comments or issues raised by the TRP/GAC in the Review and Recommendation Form.

1) Identification of capacity gaps and risks related to grant implementation

The identification of capacity gaps and risks is initiated through the capacity assessment exercise led by the country team and builds on the CCM's own assessment, provided in the concept note, of the nominated Principal Recipient(s) according to the Global Fund's Minimum Standards.

As a first step in the capacity assessment, the PR should prepare or update the implementation arrangements map with the details of sub-recipients, PSM, M&E, supervision, and fund flow processes as they come to light. As described on Page 17, the implementation arrangement mapping can start as soon as the country dialogue process begins. It is not a mandatory document at the time of concept note submission, but it is one of the required documents to be completed before grant signing. The country team uses the implementation arrangement map as the basis to identify the key implementers from a programmatic and fiduciary standpoint (see [Implementation Arrangement Mapping Guidelines](#)). At the end of grant-making, the implementation arrangements map will be updated to reflect additional information that becomes available during grant-making and the results of the capacity assessment of the PR and other key implementers, as relevant.

Thereafter, together with support from the Local Fund Agent and other partners, as appropriate, the country team undertakes an assessment (using the Capacity Assessment Tool) to ensure each key implementer (Principal Recipient or other key implementers as relevant) has sufficient implementation capacity. During the assessment process, the country team may ask the implementer to provide information on select criteria related to any of these 4

areas: Finance, Monitoring and Evaluation, Procurement and Supply Management, and Governance and Program Management. The country team may ask the LFA to verify the information submitted by the implementer. The scope of the assessment and the information requirements from the implementer and LFA will be fully tailored based on consideration of various factors such as type of implementers (new or repeat Principal Recipient, government/non-government/international organization), role of the implementer under the program, recent Global Fund or partner assessments or other relevant information available, and value of the grant, among others (see [Capacity Assessment Tool User Guide](#)).

The capacity assessment will lead to decisions on accepting or rejecting the nominated Principal Recipients by:

1. Determining if capacities and systems of the nominated Principal Recipient and other key implementers (including main sub-recipients) in Finance, Monitoring and Evaluation, Procurement and Supply Management, and Governance and Program management are adequate to implement the grant;
2. Identifying capacity weaknesses of the Principal Recipient(s) that could impede the effective implementation of the grant; and
3. Identifying capacity-building and system-strengthening activities and/or alternative implementation arrangements to address implementation gaps and risks (such as outsourcing certain implementation functions).

If critical risks and capacity gaps are identified through the assessment of implementers and review of grant documents, the country team may undertake the following mitigation measures:

- i. **Implement capacity-building measures.** This can be through technical cooperation from partners or the pre-financing approach (see [Operational Policy Note on Pre-financing Grant-making and Start-up Activities](#)), if other sources of funding are not available, and subject to Global Fund approval of the key implementers. Any transfer of funds from the Global Fund will be debited against the upper-ceiling amount. Fund Portfolio Managers will approach the Principal Recipient if this type of pre-financing is recommended.
- ii. **Change implementation arrangements.** This can be done through (i) rejecting the nominated Principal Recipient or sub-recipient if severe capacity gaps cannot be addressed within a defined time frame and requesting a change of key implementer from the CCM⁴, OR (ii) exploring mandatory out-sourcing of the function in question, such as using a fiduciary agent, procurement agent, and supply and distribution sub-contracting functions. The decision to change the implementation arrangements will be taken by the country team with the agreement of its Department Head (high impact countries) or Regional Manager (non-high impact countries).
- iii. **Reduce scope and scale:** scaling down the grant to the scope and scale (or focus the grant on essential services) so that the grant is appropriate to the capacity of the nominated Principal Recipient(s).

Critical measures that must be completed before first disbursement should be anticipated and grant-making timelines should be planned accordingly. For instance, where a grant is approaching the end of grant-making and some of the planned measures have not yet been completed, the country team may use technical cooperation or out-sourcing alternatives to help address the risks and gaps in a timely manner, to minimize the risk of delaying Board approval of the disbursement-ready grant. Other remaining risks and issues that do not impact the first disbursement may be addressed during grant implementation.

2) Development and negotiation of key grant documents including grant agreement

The core work of the grant-making phase is the (i) development and finalization of grant documents such as detailed budget with an associated list of health products, quantities and costs, and the performance framework, and (ii) the negotiation of the grant agreement.

The development of the detailed budget, list of health products and performance framework is led by the Principal Recipient(s) with support from the country team. If not already identified during the country dialogue and captured in the concept note, each Principal Recipient will detail the specifications and quantify the level of effort per intervention and activity during grant-making. The performance framework requires the Principal Recipient to provide geographic coverage and period-wise targets for coverage/output indicators. In addition, a disaggregation is needed for some select impact, outcome and coverage/ output indicators. Targets in the performance framework do not need to be disaggregated, but baselines should be provided for the required disaggregation categories. Disaggregated results will be required for these select indicators and will be compared with the baseline values.

⁴ In these instances the standard process for assessing and selecting a PR shall be used.

Based on the final grant documents and the results of the capacity assessment exercise, the Country Team takes the lead in drafting the grant agreement, including conditions that would be adopted for the grant. The grant agreement will formalize the counterpart financing commitments for the duration of the grant. It will specify the annual government investments, outputs of government investments, mechanism and time-frame for reporting annual government spending.

Grant Agreement

Under the funding model, the structure of the grant agreement has been significantly revised. The previous grant agreement structure has been replaced by two documents:

- (1) Framework Agreement, which includes the Global Fund Grant Regulations (i.e., the standard terms and conditions that are applicable to the Global Fund grants) and other general terms that are agreed at the institutional level; and
- (2) Grant Confirmation, which includes, among other things, a narrative context for the legal agreement, grant and Principal Recipient information, and conditions applicable to the grant. Annexed to the Grant Confirmation is an Integrated Grant Description which includes a program description, the performance framework for the grant and the summary budget.

The Framework Agreement will only need to be signed once per government/non-government entity and will remain effective for an indefinite period of time to cover all future Global Fund programs (irrespective of disease components) to be implemented by related Principal Recipients in such a country. To further enhance the country ownership under the funding model, the Framework Agreement will be signed in the name of such country, not in the name of any particular Ministry.

For government Principal Recipients in a given country, the Global Fund will sign a Framework Agreement with the host country that will cover all new programs/grants to be implemented by all government entities (irrespective of different government Principal Recipients or disease programs) in such country. For Global Fund programs to be implemented by a non-government Principal Recipient (e.g., an NGO) in a country, subject to the nature of such non-government Principal Recipient and its existing cooperation mode with the Global Fund, the Global Fund will sign a separate Framework Agreement with the head office. For international non-government organizations (I/NGO) Principal Recipients, the Global Fund will generally sign a Framework Agreement with the head office of each such I/NGO, which will cover all future programs/grants to be implemented by such I/NGO, irrespective of countries or disease programs.

With the Framework Agreement in place, whenever the Global Fund Board approves a grant, a grant confirmation will be issued under such Framework Agreement and then signed by the Global Fund with the Principal Recipient (acting on behalf of the entity which signed the Framework Agreement as described above). A standard Grant Confirmation will include the funding amount, implementation period and program description, budget, and performance framework (i.e., covering various items of the grant-making requirements listed above). Following signing, funds are committed and released and the implementation of the grant can then begin.

Despite the documentation structure being a new one, in terms of the substance of legal agreement, the majority of the stipulations in the Global Fund Grant Regulations are the same as those under the prior Standard Terms and Conditions, except for the following key changes:

- **Mandatory tax exemption:** For each Global Fund program, the obligation of the host country government to provide tax exemption has become mandatory. If taxes are levied or paid, the host country government is required to refund such tax amounts. Failure to do so will result in the withholding of disbursements or reduction of grant funds made available to the country at a rate of twice the amount of taxes paid. Please note, however, that so far as the non-government Principal Recipient is concerned, its obligation to obtain tax exemption for the Global Fund programs remains on a best-effort basis, which is similar to those under the previous STCs ;
- **Privileges & Immunities:** Host countries will need to show substantive efforts to accord privileges & immunities to the Global Fund in a three-year period;
- **Human Rights:** a provision concerning human rights has been introduced; and
- The new **Global Fund audit guidelines** are incorporated by reference.

3) Review and agreement on implementation arrangements and plans

As part of the grant-making process, the Country Team and the Principal Recipient should discuss key milestones and priority actions that are to be completed during grant implementation.

- i. Milestones during grant implementation such as the schedule of progress reporting and annual funding decisions, schedule of annual audits, QUART assessment, other risk tailored reporting and monitoring, key grant oversight and assurance modalities; and
- ii. Specific actions agreed with the Principal Recipients to be completed during implementation to address capacity gaps and to prevent/mitigate risks identified from the capacity assessment, review of grant documents, etc. These include all conditions and management actions to be fulfilled during grant implementation.

What is a disbursement-ready grant?

The grant will be submitted to the Board for approval only when it is disbursement-ready – when the required grant documents described above are in their final form and agreed with the Principal Recipient, adequate risk mitigation measures have been put in place, and all issues that must be resolved prior to the first disbursement are appropriately addressed. The Grant Approvals Committee determines disbursement readiness of each grant prior to Board approval.

Online platform

Similar to the concept note, grant-making development, submission and approval will also occur through the online Grant Management Platform from mid-2015 onwards. The core grant-making sections of the platform will be accessible during concept note development. Implementers are encouraged to access the guidance and training materials available and, if needed, to seek technical support as early as possible from the Global Fund Secretariat.



Roles and Responsibilities: Grant-Making

Country Coordinating Mechanism

- Shares communications from the Global Fund with Principal Recipients and stakeholders.
- Re-engages the participants in country dialogue related to prioritization and choices of interventions to ensure the decisions made are reflected in the detailed activity plan of the grant.
- Supports the acquisition and coordination of any technical cooperation required during the grant-making process to support the Principal Recipient and country dialogue participants.
- Ensures follow-up of any outstanding issues impeding grant-making, including complying with any remaining eligibility requirements.
- Supports implementers in updating and finalizing the implementation arrangement map to include additional implementers identified during grant-making or capture new information available during grant-making.
- Ongoing: provides oversight of the grant-making process, the development of implementation plans, and the selection of sub-recipients.

Global Fund Secretariat (Country Teams)

- Discusses, based on the final concept note (including required clarifications), the requirements for grant-making and agrees on a plan for grant-making and timeline for completing the process.
- Determines the scope of required Local Fund Agent work related to the review of the detailed budget, indicators, targets and assumptions, the Monitoring & Evaluation plan and the Procurement Plan (what will be procured when).
- Negotiates the detailed budget, assessing each activity for programmatic relevance and financial efficiency.
- (With support from the Local Fund Agent) (i) finalizes assessment of capacity of the Principal Recipient that may have been initiated during concept note development stage; and (ii) initiates and completes additional assessment of key implementers that have been identified during grant-making.
- Undertakes anti-terrorism checks on the Principal Recipient's authorized signatories.
- Agrees on risk mitigation measures (including conditions and management actions) to be implemented during grant-making and grant implementation.
- Finalizes grant documents with implementers.

Technical Partners

- Provide technical cooperation and capacity building in areas recommended by the Technical Review Panel/Grant Approvals Committee.
- Support the Principal Recipients and CCM in the development of the detailed implementation arrangements and grant work plan based on the concept note.
- Provide support for the development and finalization of grant-making documents: Monitoring & Evaluation plan, grant work plans, performance framework, detailed budget and the list of health products, quantities and costs.

Local Fund Agent

- Undertakes as required, a tailored review of the detailed budget, indicators, targets and assumptions, capacity and risk-assessments based on the Country Team's requirements.
- Completes verification tasks before grant signing as a prerequisite for the first disbursement, e.g. Local Fund Agent verification of the bank account details, confirmation of signatory, key Principal Recipient information.

Principal Recipient

- Leads a participatory grant-making process once the concept note has been approved and budget ceiling has been set by the GAC.
- Prepares required documents for grant-making and submits to the Secretariat:
 - Performance framework including indicators, targets, reporting periods
 - Detailed budget and list of health products, quantities and costs.
 - Audit arrangements and Terms of Reference.
 - Principal Recipient master data (name, address, bank account details, focal point...) including confirmation letters (for example, letter from the bank).
 - Principal Recipient authorized signatory.
- Updates and finalizes implementation arrangement map to include additional implementers identified during grant-making or capture new information available during grant-making.
- Finalizes grant documents, taking into consideration Local Fund Agent and Secretariat comments and recommendations.
- Negotiates and finalizes the terms and conditions of the Grant Agreement.

Civil Society and Key Populations

- Contribute to the development of the grant workplan with the technical partners and other country dialogue participants to ensure key decisions made during the development of the concept note are maintained during the grant-making phase.
- Support the response to the TRP and GAC clarifications and ensure civil society implementers provide their experience to improve the design of implementation arrangements
- Participate actively in submitting proposals to act as sub-recipients where relevant and provide supporting documentation if identified as sub-recipients, including ensuring strong Monitoring & Evaluation and risk mitigation processes.



Practical Advice for Applicants: Grant-Making

☆ Start on grant-making requirements early. Grant-making processes should not be sequential but should move in parallel. Some of the grant-making requirements could already be initiated during concept note development. During the funding model transition phase many country teams/CCMs/Principal Recipients began working on detailed budgets during concept note development, which were made available to the Secretariat. This facilitated a more meaningful Secretariat review of the concept note budget and avoided significant changes to the budget during grant-making. The CCM should inform the Secretariat of the nominated PRs early on so that capacity assessments are initiated. Where the concept note identified technical cooperation would be required to complete the grant-making or for the building of implementer capacity, the CCM should work with the FPM to ensure that the appropriate support is promptly mobilized. By working on grant requirements early, grant-making time can be minimized and disbursements can be made more quickly.

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 selected interventions. If support

from other partners was provided during the concept note development phase, CCMs should consider whether continued support is required during grant-making.

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.

Maintain the linkages set out in the modular template. The funding model promotes a strong relationship between the disease burden and the choice of the most appropriate response. This will ensure that indicators and milestones are suitable to achieve progress and eventual impact. When developing the grant activity plan, performance framework and costing budget activities, frequent referencing to the modular template and concept note is recommended. The modular template sets out the rationale, quantity assumptions, costing criteria and annual targets, and the submitted grant agreements will be closely scrutinized in comparison to the approved concept note.

Anticipate procurement lead times. The procurement plan may have been developed based on the assumptions in the concept note. 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. The eligibility for early or pooled procurement should be discussed with the FPM.

Start capacity assessment early. Similar to implementation arrangement mapping, the capacity assessment can start as soon as the key implementers are identified, even before the concept note 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 reference documents:

[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](#)

Grant Approvals Committee: 2nd Review

Why is the 2nd Review of the Grant Approvals Committee important?

Disbursement-ready grants to be submitted for Board approval will be reviewed by the GAC, to ensure that the grants reflect the strategic focus in the concept note and incorporate the TRP and GAC recommendations. The GAC reviews the outcomes of the grant-making stage and decides to either: (i) recommend the proposed grant for Board approval; or (ii) refer the proposed grant back to the country team for revision or adjustments; or (iii) refer the proposed grant back to TRP if any of the changes between the final grant and the approved concept note are considered material.

How does it work?

Ten days before the GAC meeting, the country team submits final documents to the GAC including:

- Framework agreement;
- Grant confirmation, along with grant description, performance framework, and summary budget;
- Grant signing financial calculator;
- Capacity assessment of key implementers;
- Implementation arrangement map;
- Applicant Response Form, describing how the issues raised by the TRP and GAC have been addressed during grant-making;
- Grant-making final review and sign-off form;
- Detailed budget; and
- List of health products, quantities and related cost.

Key documents from the GAC¹ review are also made available during the second GAC meeting: the original concept note, the Secretariat Briefing Note, and the Review and Recommendation forms.

During the second GAC meeting, the country team highlights any areas that were unresolved or might need to be flagged to the GAC's attention during grant-making (challenges, difficulties, issues, etc.) as well as areas that will be addressed during grant implementation. Moreover, the country team will highlight any material changes from the original concept note (where applicable).

What is the GAC looking for?

- Confirmation that all TRP and GAC issues and clarifications 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.
- Analysis of operational issues, risk mitigation measures and critical risks in the grant.
- Clarification of final programmatic scope.
- Clarification of key strategies and actions for follow-up during program implementation.
- Confirmation and registration of funding gaps to be added to the Register of Unfunded Quality Demand, following deductions of any activities and relevant costs that may have been absorbed during grant-making.
- Scrutiny of any proposed salary-related matters, such as performance-based incentives and retention-based incentives, to ensure consistency with Global Fund guidelines to minimize funding in this area.
- Assessment of domestic contributions and sustainability plans.
- Overall disbursement-readiness of grant.

How and when do applicants find out the results of their review?

Following the detailed second GAC review, the GAC Secretariat sends a report to the Board, in which it confirms the final funding amount, highlights any issues, and makes relevant recommendations on conditions and management actions if needed.

If approved by the Board, final amounts as well as grant conditions are communicated to the applicant by the country team.



Roles & Responsibilities: Grant Approvals Committee 2nd Review

Global Fund Secretariat (Country Team, Regional Manager, Regional Department Head)

- Country team: reviews the grant documents to determine if the documents are ready for approval.
- Country team: ensures all TRP and GAC recommendations have been adequately addressed, summarizes outcome of the grant-making and critical issues including actions taken, and prepares grant documents to be submitted to GAC.
- Regional Manager or Regional Department Head (for High Impact Department): determines disbursement readiness and confirms that the grant may be submitted for Grant Approvals Committee review.

Grant Approvals Committee

- Reviews the outcomes of the grant-making stage and decides whether to recommend the proposed grant for Board approval.
- Submits disbursement-ready grants to the Board for approval (ensuring that grants reflect concept note strategic focus, as well as TRP and GAC recommendations).
- Endorses registration of Unfunded Quality Demand. This includes any 'above allocation' funding requested through the concept note that is considered technically sound by the TRP and not funded using allocated or incentive funding during grant-making.
- Submits a report to the Board reflecting priority areas of investment for each disease program, summary of TRP review and GAC funding recommendations, for each grant. The GAC report to the Board presents funding recommendations in the format of narrative summaries, a table of proposed incremental amounts, and a table of unfunded quality demand that will be added to the register.
- Continues ongoing portfolio monitoring – regular tracking and reporting on impact of investment decision on the portfolio, uncommitted assets and financial forecasts.



Practical Advice for Applicants: Grant Approval Committee 2nd Review

Highlight new developments/changes. Ensure that the Applicant Response Form is completed and any new information/developments or changes made in strategic focus and key interventions since TRP and GAC 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 grant-making ceiling set at the first GAC review meeting.

Board Approval/Grant Signing

What is Board Approval/Grant Signing?

The Global Fund Board approves disbursement-ready grants, after which the Global Fund signs the grant and funds may be committed and released. The grant agreement is signed by the authorized signatories of the Principal Recipient, CCM and the Global Fund. The Global Fund signs the grant agreement after the Principal Recipient and CCM have signed. The Principal Recipient and CCM should sign within 30 calendar days from receipt of the grant agreement.

What does the Board approve?

Board approval will be requested through a monthly or, if necessary, bi-weekly electronic GAC Report. The Board will approve the final amount for each grant across each disease component and the scope of interventions and investments negotiated by the Secretariat. The main documents to be submitted to the Board are the GAC Report, the concept note, and the Review and Recommendation Form. The negotiated grant agreement will be submitted as part of the supporting documents but will not require approval by the Board.

The grant agreement is signed as soon as possible to facilitate disbursement of funds and grant implementation. Signing the grant agreement will be facilitated through the Grant Management Platform. Once the board decision has been confirmed, the final GAC recommended and Board-approved amount is entered into the online system Grant Management Platform as a ceiling for the total amount per country, per disease program and per defined implementation period. This ceiling is a key budgetary control. A “Grant Confirmation” will be issued and signed by the Global Fund with the Principal Recipient. The Grant Confirmation includes:

- a. A narrative context for the agreement;
- b. A cover sheet capturing details about the agreement and signing parties;
- c. Integrated Grant Description; and
- d. Any relevant attachments capturing conditions and other essential grant details.

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, which forms a part of the related Grant Confirmation.

Grant Start Date. The Secretariat and PR set the grant start date, taking into consideration alignment with the national fiscal or reporting cycles and the ending dates of any existing grants.

Following Board approval of the grant documents, the Global Fund will publish the **concept notes** in the [Grant Portfolio](#) section of the Global Fund website. The concept notes are listed on the individual country pages. **Grant agreements** will be posted on the country’s individual grant pages once the grants have been signed. The [funding decisions page](#), will provide an overview of, and links to, approved concept notes and signed grant agreements.



Roles & Responsibilities: Board Approval/Grant Signing

Global Fund Secretariat (Country Team)

- Arranges submission of the grant for Board approval.
- Informs the CCM and Principal Recipient of the Board approval.
- Prepares grant documents for signature.

Global Fund Board

- Approves the grant through an electronic report submitted to the Board.

Country Coordinating Mechanism

- Ensures that the grant agreement is signed by authorized signatories within 30 calendar days after receipt of the final documents for signature.

Allocated Funding

Eligibility for Global Fund Financing

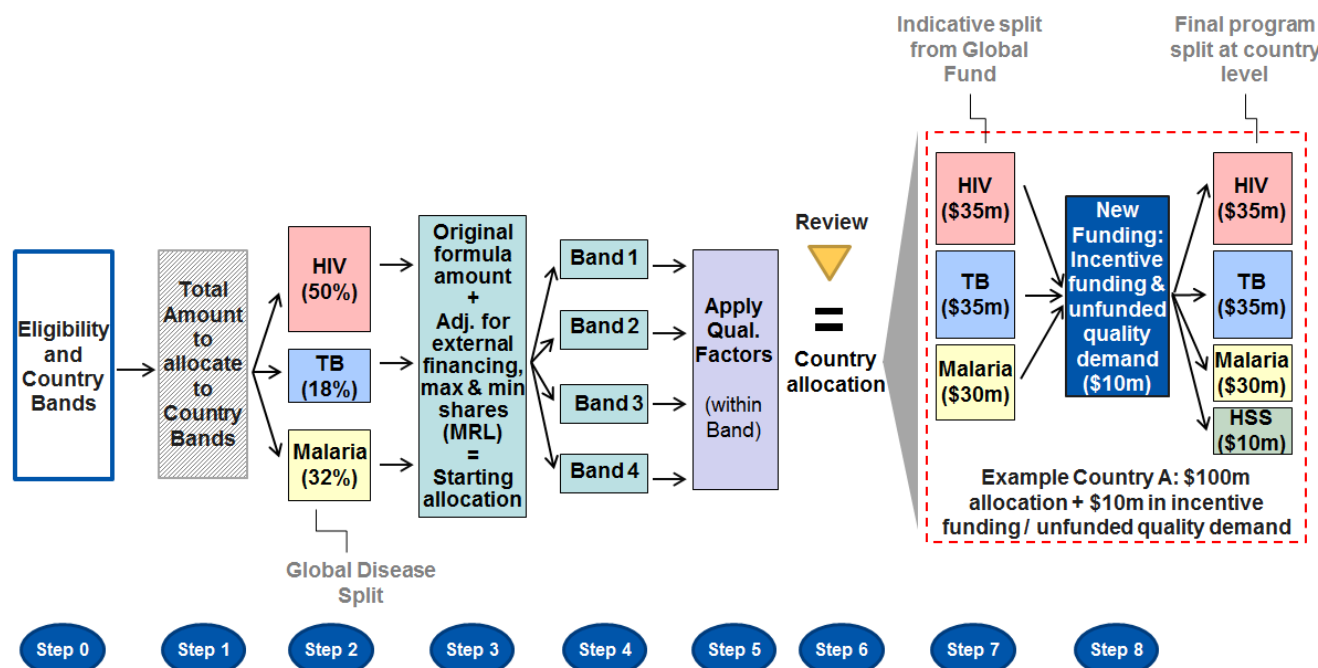
Eligibility for Global Fund financing is determined based on the revised *Eligibility and Counterpart Financing Policy*. The *Global Fund Eligibility List* identifies the disease or diseases for which each country is eligible to receive an allocation of funds. While the Global Fund will publish an eligibility list each year, funding allocations will only be made once every three years. Eligibility is determined by a country's income level, provided by the World Bank, and official disease burden data, provided by the World Health Organization (WHO) and UNAIDS. Countries or components that become eligible during an allocation period may receive a funding allocation, subject to the availability of funding, only after being newly eligible for two consecutive years. Countries or components that become ineligible during an allocation period, before accessing their funding allocation, will not forfeit their allocation. However, the Secretariat may adjust the level of funding and require specific time-bound actions for transitioning to other sources of financing. Newly ineligible components may be allocated funding to cover up to one replenishment period to support an effective transition from Global Fund support.

Allocation Amount

A total of US\$14.82 billion was available for allocation across eligible countries for the Fourth Replenishment, using the Board-approved allocation methodology. These funds are 20 percent higher than the amount of funding disbursed by the Global Fund over the previous period. Many countries are also eligible to compete for US\$950 million of additional funding to encourage ambitious funding requests based on robust national strategies (called incentive funding). In addition, the Global Fund will provide US\$200 million to countries through strategically focused regional grants. Added together, this represents US\$16 billion in funding for countries.

Allocation Methodology

The diagram below provides an overview of the allocation methodology for countries. The process and factors considered in the allocation are described in detail afterwards.



Note: In the section following, we will describe the process for allocation that relates to individual countries. The approach for regional applications is covered in the section on *Non-Standard Applications*.

The key steps for determining country allocations:

Step 0: Determine country eligibility and country band composition. The Global Fund determines which countries and disease components are eligible to receive a funding allocation from the Global Fund. The Global Fund Board then assigns countries to one of four groups based on income and disease burden (called “country bands”).

Band 1 Lower income Higher burden	Band 3 Higher income Higher burden
Band 2 Lower income Lower burden	Band 4 Higher income Lower burden

Step 1: Approve the total amount to allocate to country bands. Based on the results from the Global Fund’s Replenishment Conference and existing assets, the Board approves the total amount of funds for allocation to countries. For the 2014-2016 allocation period, US\$14.82 billion was approved by the Board to be allocated to country bands.

Step 2: Split resources across the three diseases. The Global Fund Board sets the share of resources available across the three diseases as an input into the allocation calculations. For the 2014-2016 allocation period, this distribution was 50 percent for HIV/AIDS, 18 percent for tuberculosis and 32 percent for malaria. The total amount to allocate to country bands is then multiplied by this distribution to determine the total funds that will be notionally allocated to each disease.

Step 3: Calculate the starting allocation for eligible disease components. Following the application of the allocation formula, original formula amounts for eligible disease components are calculated within the total funds available for each disease. The original formula amounts are adjusted by applying minimum and maximum shares, as well as initial qualitative factor adjustments for the level of past disbursements and existing grants (called Minimum Required Level) and external donor financing that a country receives.

Step 4: Finalize funding amounts for country bands. The starting allocations for disease components are added together to generate funding amounts for each country band. The Global Fund Board reviews and approves the funding amounts for country bands.

Step 5: Adjust starting allocations for qualitative factors. Within the total amounts for each country band, the starting allocations are further adjusted for other qualitative factors that the Board asked the Secretariat to apply. These qualitative factors account for specific circumstances in each country due to past program performance, impact, increasing rates of infection, risk, absorptive capacity and other considerations (see more detailed explanation of qualitative factors on following page).

Step 6: Review and validate country allocations. The allocation amount for each country is the total of any disease allocation for HIV, TB and malaria for that country. After the qualitative factor adjustments, the Global Fund ensures that all the country allocations within the same country band add up to the total amount of funding approved by the Board for that country band. To the extent possible, data was validated by multiple persons. Additionally, the allocation model was reviewed by an external firm. The review confirmed that, based on the data supplied, the allocation model generated correct funding allocations for each eligible disease component and country band.

Step 7: Communicate country allocations to each country. Following the review and validation of allocations, countries were informed of their country allocations via a letter tailored to their situation. Many country teams travelled to countries to explain the allocation and answer questions in person.

Step 8: Determine final funding amount for each country. After a country receives its country allocation amount, further adjustments may be made to the allocations for each disease component taking into account the government’s future counterpart financing commitments, incentive funding and funding provided through the register of unfunded quality demand. Countries may choose to redistribute their country allocation among eligible disease components and to cross-cutting health systems strengthening during their discussion around their program split. For these reasons, the allocations by country disease components could change, and will not be finalized for some time.

Band 4: For Band 4, countries with lower disease burden and higher income levels, a separate methodology has been developed so that these countries will not be disadvantaged as they might had their allocations been based on disease burden and income. It is based on population size rather than disease burden.

Qualitative Adjustments: The majority of the qualitative adjustments, with the exception of external financing and minimum required level, are made after Board approval of Band composition and allocation. This means that any adjustments made have to be offset by other adjustments in the same Band. For example, if one country's allocation is reduced because of concerns that they cannot use the funds in 3 years, these funds will be reallocated across the other countries in the same Band.

Criteria	Allocation Impact	Description
Adjustments to Formula Amount Prior to Band Aggregation⁵		
1. External Financing	Maximum decrease or increase in allocation of 50%	<ul style="list-style-type: none"> - Funding for the three diseases from external sources other than Global Fund. Loans are counted at 50% of the allocated amount (to account for repayment) - Based on recent or projected funding information from top donors and on information derived from the OECD DAC database for any other donor.
2. Minimum required level	The greater of i) Total of past years' disbursement data reduced by 10% per year (or 4 years at 75%); or ii) existing grants pipeline.	<ul style="list-style-type: none"> - Used to allow a graduated reduction to the funding levels of disease components that have received funding at levels above their notional shares under the allocation methodology
Adjustments Within Bands⁶		
3. Performance	Increase of up to 25% for good/exceptional implementation	<ul style="list-style-type: none"> - Weighted average performance of Global Fund grants over last 24 months (cut-off date provided)
4. Impact	Increase or decrease of up to 15%	<ul style="list-style-type: none"> - Impact of the national disease programs supported by the Global Fund in reducing mortality and morbidity to meet the 2015 MDGs 6/international targets is rated to "Demonstrated impact", "Making Progress towards impact", "No or limited progress towards impact" or "Insufficient data" based on method, data sources and results agreed with WHO and UNAIDS.
5. Increasing rates of infection	Increase of 5%	<ul style="list-style-type: none"> - Additional funding for increasing rates of infection in the overall population or in a key population, where additional funding would help reverse the trend.
6. Risk	Increase of up to USD 1 million per disease component	<ul style="list-style-type: none"> - Increase given to countries in high risk situations to finance risk mitigation measures.
7. Absorptive Capacity	Decrease (no defined amount)	<ul style="list-style-type: none"> - Based on spend rate and annualized spent amount over last 24 months (based on Enhanced Financial Reporting) - Global Fund Secretariat reviews the allocation amount against past disbursements to determine whether funds can be absorbed
8. Other considerations	No defined amount	<ul style="list-style-type: none"> - The Secretariat may take into account other considerations that have an impact on the allocation amount.
Adjustments During Pre-Concept Note Development Country Dialogue		
9. Willingness to Pay (see section on Counterpart Financing)		<ul style="list-style-type: none"> - 15% of the allocation is conditional upon government's commitment to make an additional investment into the disease program. - To access their full allocation, countries must demonstrate an increase in future counterpart financing commitments. If they do not, then they will only be able to access 85% of their allocation. Governments will be able to access this remaining 15% of the allocation upon committing and realizing additional investments in disease programs on top of the expected counterpart financing requirements as determined by their country income category. - This will be assessed during annual funding decision process and failure to meet commitments will result in downwards adjustments to funding amounts

⁵ The formula amount is also adjusted for maximum and minimum shares

⁶ Contextual information not captured within the specific qualitative adjustments may be considered in determining country allocations on a case-by-case basis.

- **Accessing and Using Funds:** A country may access its allocated funding anytime within the 2014-2016 allocation period. **All allocated funding must be signed into grants by December 31, 2016.** Otherwise the funds will be considered available for allocation in the 2017-2019 allocation period. The funding may be used beyond the allocation period if the grant is signed before the end of the period.

Special initiatives: The Board has decided that up to US\$ 100 million will be available over the 2014-2016 allocation period for the following special initiatives, in the amounts listed below:

- US\$ 30 million for the Humanitarian Emergency Fund;
- US\$ 17 million for Country Data Systems;
- US\$ 29 million for Technical Assistance for Strong Concept Notes and PR Grant-making Capacity Building;
- US\$ 15 million for Technical Assistance on Community, Rights and Gender; and
- US\$ 9 million for Enhancing Value for Money and Financial Sustainability of Global Fund Supported Programs.

Wherever appropriate and possible, the Secretariat will endeavour to reimburse special initiatives funds from country grant allocations.



Useful reference documents:

[Understanding the Full Expression of Demand e-learning course](#)

[Eligibility and Counterpart Financing Policy](#)

[Eligibility List](#)

[Allocation List](#)

[Allocation Methodology Overview](#)

Competitive Funding

Full Expression of Demand: All applicants are encouraged to formulate their full expression of demand – the total funding that is needed for an appropriate response to the disease(s) and/or cross-cutting HSS - and submit a prioritized request for this full amount in the concept note. Interventions proposed for funding should be prioritized (e.g., planning to avoid gaps in service or commodity delivery), both those within the allocation amount, as well as proposed interventions that are in the above allocation request. A full expression of demand is needed in order for the Grant Approvals Committee (GAC) to make funding recommendations regarding incentive funding and determine which interventions should be placed on the Register of Unfunded Quality Demand. If the request is technically sound, the GAC may register any unfunded quality demand for potential funding by other donors or by the Global Fund, should additional resources become available. Refer to the [e-learning course on Full Expression of Demand](#) for further explanation.

Incentive Funding: Funding requests that exceed funding allocations but demonstrate the greatest potential for high impact may be funded through a pool of funding that is competitively awarded called incentive funding. The criteria for award of incentive funding include the ambition of the request (i.e. whether it reflects the full need), the strategic focus (which includes potential for impact, and whether the request is based on a robust national strategy) and sustainability (including co-investment and national counterpart financing commitments). Awarding of incentive funding will be guided by the Technical Review Panel recommendations. The GAC will recommend interventions to receive incentive funding based on country proposals in the concept note. The GAC decisions on incentive funding will be communicated together with the decision on allocated funding and will provide the upper-ceiling for grant-making, prior to Board approval.

Note that not all applicants are eligible for incentive funding:

- Countries in Band 4 (higher income, lower burden) are not eligible for incentive funding since they have their own allocation methodology, which recognizes the particular needs of countries / disease components in Band 4.
- Disease components that have been allocated funding significantly above the formula share in the allocation methodology will not be eligible for Incentive Funding during the 2014 – 2016 allocation period.

Unfunded Quality Demand: Any funding requested that is considered strategically focused and technically sound by the TRP, but for which there are not enough resources currently available, will be placed on the Register for possible financing by the Global Fund or other donors when, and if, any new resources become available over a three-year period. Once a year, the Secretariat will report to the FOPC whether any additional funds are available. If the FOPC agrees to release funds for unfunded quality demand, the Grant Approvals Committee will identify elements on the Register to receive additional funding that can be reprogrammed into existing grants. Eligible non-government donors may propose funding to disease components at any time, in line with the recently approved Amended and Restated Global Fund Policy for Restricted Financial Contributions.

All countries (and components) in all Bands are eligible to receive funding for unfunded quality demand that is recorded on the Register. Regional and multi-country proposals may also receive funding through the Register. To note: when unfunded quality demand is placed on the Register, it does not mean that all requests will be funded. The Register facilitates possible financing, but it does not guarantee it. Refer to the [webpage on Unfunded Quality Demand](#) to view a copy of the current Register and read frequently asked questions.



Practical Advice for Applicants: Competitive Funding

If a disease component is eligible for incentive funding, or wants to be considered for potential funding through the Register of Unfunded Quality Demand, the full expression of demand should be prepared in some detail, with the allocation and above allocation requests separated and prioritized. The narrative accompanying the modular template (section 3.3 of the concept note) must contain a prioritized list of the modules and interventions to be funded by the allocation amount AND a second prioritized list of the modules and interventions to be funded by the above allocation request. Please see the Practical Advice in the TRP section for more detail.

Country Coordinating Mechanism (CCM) Eligibility

CCM Eligibility Requirements and Minimum Standards

To be eligible for Global Fund financing, CCMs, sub-national CCMs and Regional Coordinating Mechanisms (RCMs) must meet each one of the six CCM eligibility requirements listed below, approved by the Global Fund Board in May 2011 (*Guidelines and Requirements for CCMs*, Decision Point: GF/B23/DP17).

Non-compliance with any of the six eligibility requirements could result in a CCM being ineligible to submit a concept note until compliance issues are addressed, or could result in a concept note being ineligible for funding.

In July 2013, the **CCM Guidelines and Requirements** were updated by the Strategy, Investment and Impact Committee (GF/SIICo8/DP4). There are four important changes to be aware of:

- ☆ **CCM minimum standards.** There are now CCM minimum standards that are required for grant signing as of January 2015. The minimum standards, which measure core functions of a CCM, ensure a CCM can perform core tasks before signing a new grant (or grant renewal). The CCM Minimum Standards are related to Eligibility Requirements 3 to 6.
- ☆ **CCM annual self-assessment.** CCMs are expected to perform an annual self-assessment according to the eligibility requirements and take action to address gaps.
- ☆ **Representation of people impacted by the diseases.** CCM Eligibility Requirement No. 4 now requires the presence on the CCM of those most impacted by HIV, tuberculosis and malaria.
- ☆ **Principal Recipient selection.** CCM Eligibility Requirement No. 2 on selecting Principal Recipients now has a simplified approach to re-select well-performing Principal Recipients.

Requirement 1:

The Global Fund requires all CCMs to:

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

Requirement 2:

The Global Fund requires all CCMs to:

- i. Nominate one or more Principal Recipients at the time of submission of their application for funding (if two Principal Recipients are nominated they should represent different sectors);
- ii. Document a transparent process for the nomination of all new and continuing Principal Recipients based on clearly defined and objective criteria; and
- iii. Document the management of any potential conflicts of interest that may affect the Principal Recipient nomination process.

For this requirement:

Applicants must demonstrate that nominations occurred through a transparent process for each Principal Recipient (including cases where an existing Principal Recipient has been re-selected). For a new Principal Recipient a transparent process means that the Principal Recipient selection process is advertised through different channels (or published in mass media) and a broad range of stakeholders are informed. The results of the selection must also be published. Documents submitted must show evidence of the process that was undertaken to nominate and select a Principal Recipient, and demonstrate how any actual or potential conflict of interest was managed.

☆ Note: In cases where the CCM is re-selecting a well-performing Principal Recipient, supporting documentation is different from that required for the nomination of a new Principal Recipient. This supporting documentation may include:

- The criteria (i.e. past performance, implementation capacity and sub-recipient management) used by the CCM to decide to continue with an existing well-performing Principal Recipient nomination.
- Minutes of CCM meetings where Principal Recipient re-selection is discussed and voted upon.
- The process and results of the voting for re-selecting Principal Recipient(s).
- The letter sent by the CCM to the existing PR(s) inviting them to express their interest to continue as a PR.

Note: The eligibility requirement that CCMs nominate Principal Recipients does not apply to those countries in which the Global Fund may directly nominate the Principal Recipient under the Additional Safeguard Policy. In these scenarios, the CCM should continue to document the nominations process and management of potential conflicts of interests.

Requirement 3:

Recognizing the importance of oversight, the Global Fund requires all CCMs to submit and follow an oversight plan for all financing approved by the Global Fund. The plan must detail oversight activities, and must describe how the CCM will engage program stakeholders in oversight, including CCM members and non-members, and in particular non-government constituencies and people living with and/or affected by the diseases.



Requirement 4:

The Global Fund requires all CCMs to show evidence of membership of people that are both living with and representing people living with HIV, and of people affected by and representing people affected by Tuberculosis and Malaria, as well as people from and representing key populations, based on epidemiological as well as human rights and gender considerations.

Requirement 5:

The Global Fund requires all CCM members representing non-government constituencies to be selected by their own constituencies based on a documented, transparent process, developed within each constituency. This requirement applies to all non-government members, including those members under Requirement 4, but not to multilateral (e.g. UNDP, WHO, UNAIDS, etc.) and bilateral partners (USAID, CDC, etc.).

Requirement 6:

To ensure adequate management of conflict of interest, the Global Fund requires all CCMs to:

- i. Develop and publish a policy to manage conflict of interest that applies to all CCM members, across all CCM functions. The policy must state that CCM members will periodically declare conflicts of interest affecting themselves or other CCM members. The policy must state and CCMs must document that members will not take part in decisions where there is an obvious conflict of interest, including decisions related to oversight, and selection or financing Principal Recipients or sub-recipients; and
- iii. Apply their conflict of interest policy throughout the life of Global Fund grants, and present documented evidence of its application to the Global Fund on request.

The six requirements for CCM eligibility apply equally to sub-national CCMs and to Regional Coordinating Mechanisms (RCMs).

Note: In limited circumstances (as described in points 84 and 85 of section 8 of the [Guidelines and Requirements for CCMs](#)), the Global Fund will accept applications by applicants who do not apply through a CCM (non-CCMs) or for multi-country applicants through a Regional Organization (RO). Non-CCM and RO applicants are not bound to the six requirements for CCM eligibility.

Process for Reviewing CCM Eligibility Requirements

- **Requirements 1 and 2:** Requirements 1 and 2 are assessed at the time of concept note submission.
- **Requirements 3 to 6:** Requirements 3, 4, 5 and 6 are assessed annually through a *CCM Eligibility and Performance Assessment*. In most cases, this Assessment is to be conducted with the support of a technical cooperation provider. This Assessment must be completed before the submission of the first concept note from a CCM.

Requirements 1 and 2: Once an applicant submits a concept note to the Global Fund, the Secretariat will review the applicant's eligibility, based on documentation related to compliance with Requirements 1 & 2. This documentation should be provided with concept note submission. The Secretariat may request clarifications prior to determining compliance and will then communicate the level of compliance to the applicant. If an applicant does not comply with both eligibility requirements, the concept note will be sent back and the CCM will be required to re-conduct the related processes.

Requirements 3 to 6: As of 2014, the Secretariat will review CCM compliance with all Eligibility Requirements, including Minimum Standards, on a yearly basis. This assessment will produce a complete diagnostic, and indicate compliance levels with Eligibility Requirements and Minimum Standards to determine the level of functionality of

the CCM. **Compliance with CCM Minimum Standards is enforced as of January 1, 2015. If a CCM does not show compliance with Minimum Standards, grant signing will be affected.**

Requesting technical cooperation to conduct the CCM self-assessment

CCMs should request technical support from technical cooperation providers in order to facilitate the CCM self-assessment and produce a complete diagnostic that takes into account information from in-country partners. A list of technical cooperation providers available to provide support for the self-assessment is available at: www.theglobalfund.org/en/ccm/technicalassistanceProviders/

The technical cooperation provider, in collaboration with the CCM, will analyse internal functioning and dynamics of the CCM and conduct interviews with in-country key stakeholders to get the information necessary to develop a diagnostic and improvement plan for each CCM. This improvement plan is to be submitted to the Global Fund Secretariat.

CCMs who would like to choose a provider not on this list to facilitate this process, or where the current technical cooperation providers are not able to help, must consult their Fund Portfolio Manager. In very specific cases, the Fund Portfolio Manager will contact the CCM to conduct this assessment in a slightly different way.

Compliance with Eligibility Requirements and Minimum Standards

CCMs that are fully compliant will be deemed eligible for one year from the assessment.

For non-fully-compliant CCMs, technical cooperation providers will support the CCM to develop a milestone-driven improvement plan prior to concept note submission. The improvement plan, to be implemented by the CCM, will be reviewed by the Global Fund when the concept note is submitted. It is the CCM's responsibility to ensure that the latest information is in the online system as the plan is progressing. In consultation with partners, the Global Fund will determine if the proposed plan is reasonable and acceptable. If the CCM performance has progressed in line with the agreed improvement plan, the Global Fund will consider the CCM eligible for funding. Non-adherence to the improvement plan will impact current and future funding.

Required Documentation for CCM Eligibility

Examples of documentation required to demonstrate compliance with the Global Fund's CCM Eligibility Requirements are listed [online](#) for Requirements 1 and 2.



Practical Advice for Applicants

Start self-assessment early. CCMs 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 No. 1 (inclusive process to develop concept notes), 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.

To review additional best practices related to Eligibility Requirement 1, please refer to the Practical Advice section of Ongoing Country Dialogue.

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

Best practices	Avoid the following pitfalls
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.	Not publishing a public call for Principal Recipient applications. Not providing appropriate application deadlines.
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.	Conflict of interest in the Principal Recipient review committee. No clear criteria for the selection or reselection of the Principal Recipients.

Shortlist of recommended Principal Recipients presented to the entire CCM for final consideration.	Not sharing the Principal Recipient application documentation.
Transparent selection or reselection of Principal Recipient (e.g. by secret ballot) with application of conflict of interest policy monitored and documented.	Not following Principal Recipient selection process as mentioned in the CCM bylaws. Non-recusal of CCM members with potential conflict of interest during the Principal Recipient selection.
	No documentation of voting process and whether conflict of interest policy was implemented.


Useful reference documents:

[Guidelines and Requirements for CCMs](#)

[Applicants and CCMs](#)

[Conflict of Interest Policy Guidelines](#)

[Performance Assessment Tool](#)

[CCM minutes template](#)

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

Counterpart Financing

What is Counterpart Financing?

In the fight against HIV, tuberculosis and malaria, and in the strengthening of health systems, 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.

To support the sustainability of national disease programs, the Global Fund has incorporated a set of counterpart financing conditions into the funding model. All of these conditions must be met in order to access the total allocation amount.

The counterpart financing conditions can be broken down into two areas:

1. **Counterpart financing eligibility requirements:** A set of three pre-requisites that a country needs to meet to be eligible for Global Fund funding. The requirements apply to 100 percent of a country's allocation. They require meeting a minimum threshold contribution, demonstrating increasing government contributions and regularly reporting expenditure data.
2. **Counterpart financing increasing future commitments:** An additional condition a country must meet to receive 15 percent of its allocation. That 15 percent can be accessed only if the government has committed and realized additional investments.

What counts as counterpart financing?

The Global Fund defines counterpart financing as all domestic public resources allocated to the national response against HIV, tuberculosis and malaria, or to health systems that directly support the diseases funded by the Global Fund. The income to support these programs can come from:

- Government revenues at the central, regional and local levels
- Government loans from external sources or private creditors
- Social health insurance
- Debt relief

Example 1

This example is of an HIV program funded through several sources of funding.

Funding source	Health program	Counterpart financing?
National government ministry of health	The national government purchases all HIV-related commodities	Yes
Regional government units	Regional government units cover most service delivery costs of HIV treatment and support	Yes
Social health insurance	The national social health insurance program covers some PLHIV beneficiaries for ART in private clinics	Yes
Out-of-pocket payments in private clinics	PLHIV who seek antiretroviral therapy in private clinics and pay out of pocket for services	No
Direct budget support from donors that is not a loan	Funding from donors that is allocated directly to the ministry of health and spent through the government health systems on HIV-related health services	No

Example 2

This example is a tuberculosis program budget that is completely funded by the national government, but does not include any health systems costs.

Counterpart financing for this country's tuberculosis program would include all earmarked tuberculosis program commitments and an appropriate and justifiable portion of health systems investments that directly support the disease program.

Funding source	Health program	Counterpart financing?	Proportion included as counterpart financing
National government	Tuberculosis program, such as tuberculosis-specific drugs and lab supplies	Yes	100%
National and regional governments	Health systems, such as human resources for health, infrastructure and other service delivery costs	Yes	Appropriate apportionment supporting the tuberculosis program that can be justified to the Global Fund

What are the counterpart financing eligibility requirements?

In accordance with the Global Fund policy on eligibility and counterpart financing, applicant countries are required to demonstrate compliance with three requirements. The requirements are monitored separately for each eligible disease. They will be assessed upon application before annual funding decisions and must continue to be met throughout the grant cycle.

1. Meet minimum threshold

Government contributions to its national disease program must meet a minimum threshold for counterpart financing. This threshold is defined as the minimum level of the government's contribution to the national program as a share of total government and Global Fund financing for that disease.

This formula shows how to calculate a government's counterpart financing share. The government's contribution for the applicable disease program – A – is divided by the combined government and Global Fund financing for that disease, which is A plus B. The result is the counterpart financing share.

	Government contribution (A)
Counterpart financing share (CFS) =	$\frac{\text{Government contribution (A)}}{\text{Government contribution (A) + Global Fund contribution (B)}}$

For health systems strengthening grants, A includes spending on all national disease programs that receive Global Fund support. B includes support for all diseases and health systems strengthening. For example, if a country has existing Global Fund support for HIV and malaria, the government contribution to these two disease programs is included.

The counterpart financing threshold is based on a country's World Bank income classification status at the time of grant signing and therefore will vary from country to country. The thresholds are set at:

- Low income countries: 5 percent
- Lower-lower middle income countries: 20 percent
- Upper-lower middle income countries: 40 percent
- Upper-middle income countries: 60 percent

To comply with this requirement, a CCM must demonstrate that its national government has met the appropriate minimum threshold at the application stage. Or, if the country's share is below the minimum threshold for counterpart financing, it must provide a justification and present an action plan as to how it intends to move towards it as part of the funding application.

2. Show increasing government contribution

The government must increase the annual total value of its contribution to the national disease program and health sector each year of the Global Fund grant.

The reason for this requirement is to help countries steadily strengthen the government contribution to the national disease program. This is in the context of increasing overall public spending on health so that increases do not come at the expense of other key programs.

Examples



The left-hand example shows increasing investments in each disease and the health sector, year after year. Blue, yellow and red represent spending on Global Fund-supported disease programs. Green represents remaining health sector programs. This scenario would satisfy the increased government contribution requirement.

The right-hand example shows increased investment in the three diseases. However, other health sector programs see a decrease in investment over time. As a result, this scenario would not satisfy the eligibility requirement.

3. Report on expenditure data

Applicants must report disease and overall health sector expenditure data on an annual basis. Most countries are already reporting data on disease and health spending to technical partners. However, there is room to improve the quality and reliability of the data. CCMs are encouraged to include investments in their funding requests to strengthen expenditure tracking through mechanisms such as national health accounts.

The Global Fund offers the opportunity to direct funding towards improvements in data quality. CCMs may consult with their Fund Portfolio Manager to budget and/or reprogram grant funds of up to USD 50,000 per disease program supported by the Global Fund per grant cycle towards investments in strengthening financial data systems.

How does a country show compliance with the eligibility requirements?

To show it's satisfying the eligibility requirements, a CCM submits information on its counterpart financing to the Global Fund through the concept note.

In the concept note, the CCM lists:

- Total funding needs
- Domestic resources
- External resources
- Existing Global Fund grants
- The Global Fund funding request
- Overall government health spending
- Counterpart financing percentage
- Other financial information

The information goes into the financial gap analysis and counterpart financing section of the online grant management platform. The platform provides detailed instructions. The table is also available as a [downloadable Excel spreadsheet](#) with detailed guidance.

What are counterpart financing future commitments?

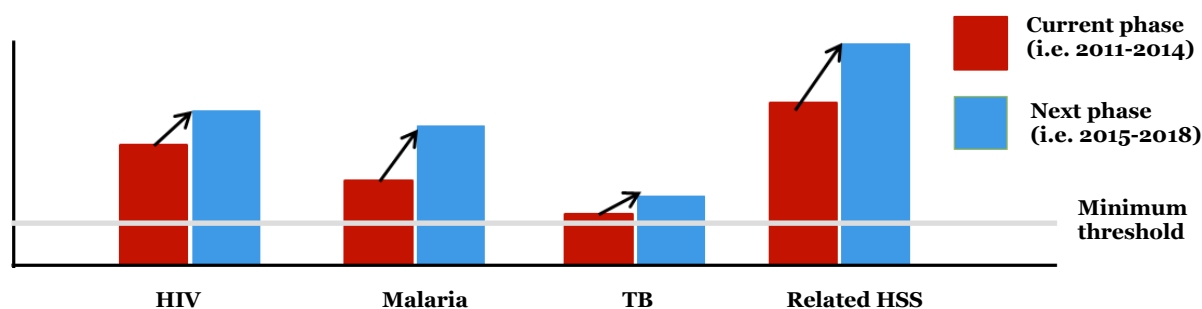
Under the allocation-based funding model, the Global Fund has made 15 percent of a country's total allocation dependent on whether the country provides additional commitments towards strategic areas of the national disease programs and/or related health sector programs supported by the Global Fund.

The following are key principles of these future commitments:

- 15 percent of the allocation amount can only be accessed when a country commits and realizes additional and increasing co-investments.
- Investments should be made towards strategic areas of the national diseases programs and/or health sector programs that directly benefit programs funded by the Global Fund. This could be, for example, towards filling the funding gap of Global Fund-supported areas.
- In addition to domestic public resources, debt relief proceeds such as Debt2Health count as future commitments.
- Additional investments by the government are needed in accordance with ability to pay. For example, low income countries will need to invest less than lower-middle income countries to unlock the 15 percent of the total allocation. The exact amount is discussed with the Global Fund country team.
- Countries are rewarded for any increased investments. It is not “all or nothing.”
- Investments must be verifiable through budgets or equivalent official documentation on an annual basis.

What does “additional” mean, in the context of the counterpart financing requirements and future commitments?

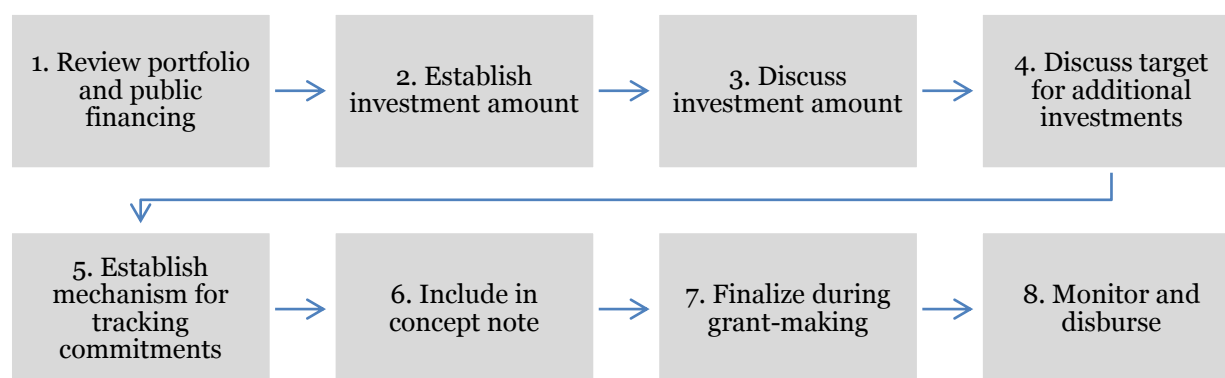
“Additional” means that future levels of government spending must be greater than current levels of government spending on disease programs and/or health systems that directly support the diseases funded by the Global Fund. The specific additional amount that is needed in the next phase of a grant is in accordance with ability to pay. The Global Fund Secretariat will work with CCMs and national governments to determine the specific additional amounts required for each national government.



In this illustration, there are additional commitments relative to the current phase for each component. Specific additional commitments are dependent on ability to pay.

What is the process to confirm the counterpart financing future commitments?

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. There is an eight-step process.



1. Review portfolio and public financing

The Global Fund Secretariat will make an initial assessment of a country's current government financing and planned investments for the next phase of each disease program and across the health sector. The Global Fund will review the available data and information on public financing of disease programs and the health sector. The Global Fund may request additional information from the national government and/or CCM.

2. Establish investment amount

Based on the review of country-specific factors, the Global Fund will determine the minimum additional investment required by the government to satisfy the future commitments condition. The additional investment will be different for each country. This is the minimum amount the government will have to commit to, and subsequently realize, in order to access 15 percent of the country allocation tied to the condition. Most countries have been and are continuing to increase their investment in health. Within the context of existing increasing commitments, most countries will satisfy the future commitments condition without the need for additional investment if these existing commitments are realized. The Global Fund country teams will work closely with CCMs to understand existing commitments to disease programs and whether or not additional investments over and above existing commitments are required to meet this condition.

The next four steps are part of the country dialogue process and are closely linked.

3. Discuss investment amount

Based on the analysis of the Global Fund, some countries may need to increase commitments to disease areas supported by the Global Fund in order to access the 15 percent of the allocation amount tied to the counterpart financing future commitments condition. This will be communicated by country teams. If an increase in commitments is needed, then the CCM should work with the appropriate government authorities – namely the ministries of health and finance – to confirm the additional commitments.

4. Discuss target for additional investments

An important aspect of the condition is for the additional commitments to be invested in strategic areas of the national disease programs supported by the Global Fund. The Global Fund country team will work with the CCM and the appropriate government authorities, as needed, to discuss and agree on the areas that additional commitments should go towards. The additional investments should be filling the existing funding gaps of national disease plans. The discussion should happen as talks around program split are happening.

Examples of strategic areas of investment include:

- Direct investments to scale coverage of key interventions, such as drugs, commodities and targeted interventions
- Absorption of existing donor support, such as recurrent costs like human resources
- Investments in health systems that directly back Global Fund-supported programs, such as human resources, labs systems, central medical stores, and procurement and supply chain management systems

5. Establish mechanism for tracking commitments

The final point of agreement with the CCM and national government for the future commitments condition is the tracking mechanism by which investments can be demonstrated and validated. Counterpart financing and realization of government commitments will be an important part of the annual Global Fund funding decisions. The

funding tied to the future commitments will only be disbursed with the verification of appropriate budgets or equivalent official documentation. Official documents can include national health accounts, expenditure reviews or other verifiable and reliable documentation that provides evidence of disbursement of government funds or implementation of agreed upon activities. In order for disbursements to be made in a timely manner, the tracking mechanism for investments must also be available in a timely manner. Ideally, this would be annually or more frequently, as appropriate. The mechanism and frequency of the tracking of investments will need to be included in the grant agreement.

6. Include in concept note

The CCM will present its formal future commitments in the concept note. The CCM will enter its data into the ‘willingness-to-pay’ table, which requests a yearly breakdown of government spending and commitments by HIV, tuberculosis, malaria and health systems strengthening programs. The health systems strengthening programs must address bottlenecks in management, monitoring and service delivery of disease programs supported by the Global Fund. The table is an Excel spreadsheet, which can be downloaded while on the “financial gap analysis and counterpart financing” section of the online grant management platform or on the [Global Fund internet site](#). Once complete, the table is to be uploaded on the platform. Figures in the willingness-to-pay table might be the same as those in the counterpart financing section. The willingness-to-pay table must be completed and submitted for all three diseases and health systems strengthening, as applicable, before or at the time of the first concept note submission.

The CCM will also provide the appropriate documentation as evidence to support the commitments. Appropriate documentation will include national strategic plans, medium term expenditure frameworks and budget estimates with a confirmation by the CCM. The Global Fund may request for commitments to be additionally formalized in writing by the ministries of health and/or finance. The Global Fund Secretariat and Technical Review Panel will then review the submitted concept note, including the counterpart financing information provided, through the established process.

7. Finalize during grant-making

Once the concept note is approved for grant-making, the country team will work with the CCM to finalize the details of the commitments and their tracking. This happens during the grant-making phase. The Global Fund incorporates the government commitments as well as any applicable conditions related to the future commitments and its associated impact on the release of allocation funds into the grant agreements. The expected areas of strategic investment for the additional commitments are included, as well as the mechanism and timeframe for reporting actual government spending annually.

8. Monitor and disburse

At the time of making its annual disbursement decision, the Global Fund will review evidence of whether a country has met all counterpart financing conditions, including the eligibility requirements and future commitments. If counterpart financing conditions are not met, annual disbursement decision amounts will be proportionately adjusted downwards. This could be if commitments do not fully materialize during grant implementation. The CCM should monitor the progress made against commitments.

Are there exceptions to meeting counterpart financing eligibility requirements and future commitments?

Yes. In exceptional circumstances, if a country is not in a position to meet conditions, the Global Fund may consider an exemption based on strong justifications provided by the CCM. The CCM must also provide a credible action plan for the country to promptly meet all outstanding requirements and commitments. Exceptional cases could include an economic or political crisis or a situation in which a country is already maintaining contributions significantly above the minimum requirements and cannot further increase government contributions.

Additionally, there are exceptions for non-CCM and regional application submissions. There are also exceptions for costed extensions to amend the end date of the relevant implementation period to allow continued grant implementation and avoid program disruptions while operational challenges are addressed.



Roles and Responsibilities: Counterpart Financing

Global Fund Secretariat (Country Team)

- Communicates the allocation that can be accessed by countries making additional government commitments, including the future commitment component.
- Reviews, prior to country dialogue, the available data and information on government disease/health financing mechanisms, spending and commitments, as well as the overall macroeconomic context. These reviews will also identify issues related to counterpart financing, if any, to be clarified during the country dialogue process.
- Determines the minimum additional investment required by the government to satisfy the future commitments condition. The Secretariat will communicate to countries whether their commitments are sufficient to access the 15 percent of the allocation tied to these future commitments.
- Engages in negotiations with country stakeholders on counterpart financing based on pre-country dialogue review and subsequent clarifications from in-country stakeholders.
- Reviews government commitments subsequent to country dialogue and formally confirms the extent to which the allocation is available.
- Incorporates government commitments as well as any applicable conditions related to counterpart financing in the grant agreements.
- Annually monitors the realization of government commitments and incorporates counterpart financing as a material part of the annual disbursement review.

Country Coordinating Mechanism

As a multi-stakeholder entity responsible for coordination and oversight of Global Fund support, the Country Coordinating Mechanism has a central role in the implementation of the counterpart financing conditions. Specifically, the Country Coordinating Mechanism:

- Ensures that the key stakeholders are engaged in discussions and decisions related to government commitments for the next phase.
- Supports and advocates for government contribution that is in line with need and fiscal space of the government as well as its commitments to the health sector to ensure that the country can access its full funding allocation.
- Formally communicates government commitments agreed during the country dialogue process to the Global Fund.
- If there are extenuating circumstances that prevent the government from increasing its contributions over the next phase, provides a strong justification for an exemption from the application of any counterpart financing adjustment to the allocation.
- Ensures availability of supporting documentation of past spending and future commitments, where applicable.
- Monitors realization of government commitments during grant implementation and reports to the Global Fund on an annual basis.
- Continues to advocate with government bodies to ensure that commitments materialize during the grant implementation period.

Ministry of Health, Ministry of Finance (and other relevant government authorities)

- Provide timely and accurate information about government spending for HIV, malaria, tuberculosis and related health systems strengthening efforts.
- Contribute funds as committed in its budgets on an annual basis.
- Strengthen ability to track and report on expenditures on an annual basis by implementing or strengthening data quality and collection mechanisms.

Civil Society and In-Country Partners

- Advocate for additional government commitments and their realization, in cases where the government does not meet its counterpart financing threshold and future commitments condition.



Practical Advice for Applicants: Counterpart Financing

Take early steps to address lack of data. If lack of reliable data on government expenditure is a major issue, work with the Secretariat to take steps to generate the data. This could include a rapid assessment by in-country partners or institutions and/or embedding national health accounts with disease sub-accounts. CCMs may consult with their Fund Portfolio Manager to strengthen data quality by budgeting and reprogramming grant funds up to US\$50,000 per disease program supported by the Global Fund.

Resources

Country resources 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
- 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

Partner resources useful for gathering health financing data

- HIV: <http://www.unaids.org/en/resources/documents/2013/name.85053.en.asp>
- HIV: <http://www.unaids.org/en/dataanalysis/monitoringcountryProgress/nasacountryreports/>
- HIV: <http://aidsinfoonline.org/devinfo/libraries/asp/Home.aspx>
- HIV: <http://www.pepfar.gov/countries/cop/>
- TB: http://www.who.int/tb/publications/global_report/en/
- Malaria: http://www.who.int/malaria/publications/world_malaria_report_2013/en/index.html
- Malaria: <http://www.pmi.gov/countries/mops/index.html>
- Health: <http://apps.who.int/nha/database/ChoiceDataExplorerRegime.aspx>
- Health: <http://www.who.int/nha/country/en/>
- Disease and health: <http://www.healthsystems2020.org/section/resources/>
- Macroeconomic indicators: <http://www.imf.org/external/ns/cs.aspx?id=28>

Other resources

- Counterpart financing e-learning course:
<http://www.theglobalfund.org/en/fundingmodel/support/elearning/>

Non-Standard Applications

The Global Fund accepts several types of non-standard applications. Below we will describe each of these applications: 1) TB & HIV joint applications; 2) Health systems strengthening applications; 3) Regional applications; and 4) Non-CCM applications.

TB & HIV Joint Applications

The Global Fund recently decided that a single tuberculosis (TB) and HIV concept note that presents joint programming of TB and HIV disease programs will be required for those countries that have a high burden of co-infection with TB and HIV and are allocated funding for TB and HIV for 2014-2016.

When is it used?

- The decision applies to 38 of the 41 countries which WHO considers as the TB/HIV priority countries that have the highest estimated number of people living with HIV who develop TB. These countries represent 92% of the global burden of HIV-associated TB in 2012. The list of these 38 countries eligible for funding for HIV and TB under the funding model is in Appendix 3.
- Other countries (particularly countries with concentrated and increasing HIV epidemics e.g. in Central Asia and Eastern Europe) are also encouraged to consider joint planning and concept note submission. At a minimum, other countries that plan to request funding for HIV and TB should include TB/HIV collaborative activities in their concept notes, in line with the information provided in the funding model tools and guidance materials.

How is it different from the standard concept note?

- There is a specific concept note template available for applications for TB and HIV programs for countries to which this decision applies. It is closely based on the standard concept note, and has all the same tools (e.g. modular template, programmatic gap table and counterpart financing table). The concept note presents prioritized, high impact interventions and activities under both the TB and HIV program, including a detailed description of how these two programs will work jointly to address the burden of co-infection with TB and HIV.
- The Global Fund will follow a similar approach to how it manages its broader grant portfolio, recognizing that there is not a one-size-fits-all solution and that country context is essential. In this, the single TB and HIV concept note is intended to stimulate a country-led dialogue and related decision-making leading to better HIV and TB programming, service delivery and health outcomes achieved. This might also entail structural adjustments, where needed. The Global Fund recognizes that the situation might be different for each country that is submitting a single concept note. Countries will therefore determine their own scope and areas of joint programming depending on their local context including the epidemiology of TB and HIV.



Practical Advice for Applicants: Joint TB/HIV Applications

The TRP has made several recommendations related to creation of stronger joint TB/HIV applications. Three highlights are:

- Applicants should focus their interventions on key populations and geographic priorities.
- Applicants must ensure that both TB and HIV programs are fully and jointly engaged in the joint concept note development.
- Applicants should ensure integrated service delivery between TB and HIV programs is well developed.

Please see page 19 in the [Report of the TRP](#) on the Concept Notes Submitted in the First and Second Windows of the New Funding Model for detailed recommendations and advice for applicants.



Useful reference documents:

[Information Note on Joint TB and HIV Programming](#)

[Ten FAQs on the Global Fund Board decision of a single concept note submission for joint HIV and TB programming](#)

[TB and HIV Joint Concept Note Template and Instructions](#)

Health Systems Strengthening Applications

Under the funding model, countries may use the allocation to finance eligible disease programs and Health Systems Strengthening (HSS). Although the Global Fund encourages countries to allocate a portion of the funding envelope for HSS, it is up to each country to decide, based on needs assessment and/or on national health strategy and plans, whether or not to allocate resources for HSS, what proportion of the total funding envelope to allocate, and how to design the funding request. The following scenarios are available for designing funding requests to the Global Fund:

- (i) Developing concept note(s) for eligible diseases without cross-cutting HSS: countries may request support for HIV/AIDS, TB and malaria programs and may choose not to allocate any portion of the funding envelope for cross-cutting HSS. Such a scenario is envisaged in countries where sufficient resources are available within the three-year allocation timeframe from domestic and other donors' resources to address cross-cutting HSS needs to ensure successful implementation of HIV/AIDS, TB and malaria programs. However, even under this scenario, areas of coordination and integration among the three disease programs should be identified at a planning stage.
- (ii) Including cross-cutting HSS module(s) under one or more disease concept notes: if countries identify cross-cutting HSS needs, which cannot be resourced by domestic or other donors' resources, they may design cross-cutting HSS interventions for the Global Fund's support and may include them under one or more eligible disease concept notes. This scenario is envisaged in countries that choose not to develop a separate HSS concept note for a HSS grant. While such HSS interventions will be managed as part of a disease grant, due to their cross-cutting nature, their benefits should span beyond the host disease program. Under this scenario, cross-cutting HSS funding requests should be developed in close coordination with all disease programs and cross-cutting health sector planners and implementers, not only by the host disease program.
- (iii) Developing a standalone HSS concept note: under the funding model, eligible countries are given the flexibility to develop a funding request for a standalone cross-cutting HSS grant⁷. In this case too, the HSS funding request should demonstrate close linkages with HIV/AIDS, TB and/or malaria, and the funding request should be developed in close coordination with all three disease programs (broader consultations with other disease programs, such as RMNCH, non-communicable diseases, immunization and others are encouraged).
- (iv) Developing a single HIV & TB concept note: Countries with high rates of co-infection between TB and HIV will submit a single concept note that presents integrated and joint programming for the two diseases. These countries are strongly encouraged to carefully consider cross-cutting HSS support needs in order to ensure effective integration of the two disease programs and, where appropriate, with malaria programs as well.
- (v) Aligning multiple disease-specific concept notes: Some countries may consider preparing concept notes for more than one disease program at the same time in order to better coordinate a broader health response, improve alignment and reduce fragmentation between disease-specific programs. In order to make such an approach successful, countries should have multiple national disease plans well-aligned with the broader national health sector strategy; the planning cycles of different national disease programs should be coordinated with each other; and strong health sector governance capacity should exist in order to ensure a well-coordinated approach to planning and programming. Those countries feeling prepared to undertake such a joint approach are encouraged to do so, in which case, the critical role of cross-cutting HSS interventions should be carefully considered.

The Global Fund prioritizes specific components of the health systems for investment. These priority investment areas, described below, have been identified based on an analysis of the Global Fund's grant portfolio, which revealed a number of health system-related risks that directly affect successful implementation of HIV/AIDS, TB and malaria programs. These risks are mostly associated with the following five areas:

⁷ Upper-middle-income countries that have a "high" disease burden, as defined in the Global Fund's eligibility policy, are not eligible to apply separately for cross-cutting health systems strengthening funding. Upper-middle-income countries with a "severe" or "extreme" burden are eligible. So are all countries in lower income level categories as well.

- Procurement and supply chain management
- Health management information systems
- Health and community workforce
- Service delivery
- Financial management

The analysis further revealed that most programmatic risks were associated with low performance of the procurement and supply chain management and health management information systems components of the health system. Therefore, countries are particularly encouraged to pay attention to these components when undertaking diagnostic assessment of health system needs.

It is expected that focusing on the five areas noted above will facilitate successful implementation of HIV/AIDS, TB and malaria programs and enhance their linkages with reproductive, maternal, newborn and child health programs, thus yielding higher returns on the Global Fund's core investments.

Countries are expected to undertake robust analysis of their own health system bottlenecks and use the findings as the basis for prioritizing their funding requests. If a country identifies specific health system gaps that require HSS interventions that may not fall within one of the five prioritized areas, the Global Fund allows limited flexibility to address such needs; however, strong justification should accompany these requests. For easy reference, the HSS modular template includes investment categories outside the five priority areas. Justification for such requests will be assessed against the following criteria, with the provision that all the criteria listed below should be met in order for the Global Fund to give proper consideration to supporting the interventions that fall outside the prioritized scope:

- Direct linkages between the proposed activities outside the prioritized scope of HSS activities, and HIV/AIDS, TB and malaria outcomes;
- Clear justification of how the HSS interventions outside the prioritized HSS scope complement the HSS support proposed under one or more of the priority areas, by maximizing sustainability, efficiency or quality;
- The focus on key populations (e.g. the poor, people affected by diseases, marginalized groups); and
- Justification that no other resources are available from either domestic or other donors' resources.



Useful reference documents:

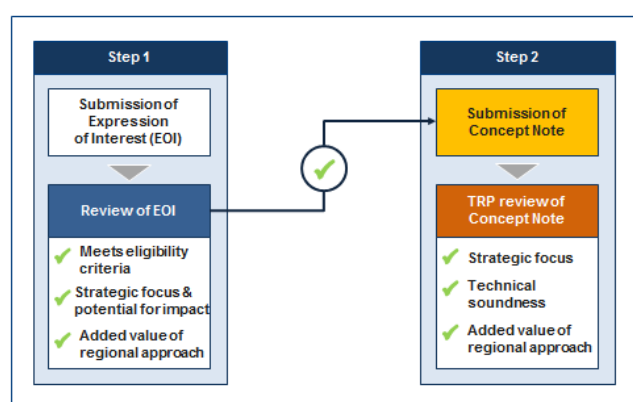
[HSS Concept Note Template and Instructions](#)

Regional Applications

US\$200 million has been set aside by the Global Fund for strategically focused new regional applications in the 2014-2016 allocation period. This is in addition to the \$91 million reserved to finish existing regional grants. A regional application is defined as an application from a group of countries within the same geographic region aimed at addressing common issues such as cross-border interventions and structural barriers that impede access to services (e.g. harm reduction, advocacy and policy, drug resistance, migrants and displaced populations, etc.). Regional applications must clearly demonstrate the value-added of a regional approach and strong potential for high impact in the fight against the three diseases within a given context. Regional applications typically only include activities and interventions that cannot be funded effectively through a country allocation due to their inherently regional nature.

Multi-country applicants are not the same as regional applicants. ‘Multi-country’ refers to a combined application from small island economies and/or other small countries that typically do not apply as individual countries due to inherent administrative inefficiencies. Multi-country applications will be funded through the individual eligible country allocations and are normally submitted through a Regional Coordinating Mechanism (RCM). Multi-country applicants will not have to submit an expression of interest (as detailed below).

All **regional applications**, including applications for new funding from currently funded regional grants, will follow a two-step application process.



First step: Interested applicants will be requested to submit an Expression of Interest (EOI), which will request key information on the goals and objectives of the regional initiative, expected impact and outcomes, and relevant information on expected implementation arrangements, including any foreseen issues of CCM endorsement. There will be two calls for expressions of interest during 2014-2016 allocation period (1 May 2014 and 1 April 2015). US\$120 million will be distributed among the regional applicants in the first round of concept note applications in this allocation period. US\$80 million will be distributed among the regional applicants in the second round of concept note applications in this allocation period.

The Global Fund Secretariat will review all Expressions of Interest and assess whether all applicable eligibility and regional requirements are met, as well as review the strategic focus of the request. The Technical Review Panel may also be asked to assess these. Only eligible and strategically focused Expressions of Interest will receive an invitation to submit a concept note. At the time of the invitation, the Secretariat will also communicate a maximum funding amount, a fund portfolio manager and strategic feedback for the development of the concept note.

Second step: the regional concept note will request more detailed information from the applicant on how the funding will be invested strategically to achieve the desired impact and outcomes. The regional concept note will be similar to single country disease-specific concept notes.

Regional applications should typically cover three years. In exceptional circumstances, subject to the discretion of the Secretariat, they may be for longer or shorter periods. Regional applicants can choose to submit a funding request that exceeds their upper-ceiling amount as part of the full expression of demand, and are eligible to have technically sound interventions placed on a Register of Unfunded Quality Demand, yet regional applicants are not eligible for incentive funding.

The concept note will be reviewed by the TRP and the Secretariat. Only technically sound and strategically focused requests will be recommended for grant-making.



Practical Advice for Applicants: Regional Applications

What makes a good expression of interest?

The Technical Review Panel identified a number of key elements of strong regional expressions of interest in the submissions of 2014. Future applicants should keep these characteristics in mind:

- Applicants should clearly capture the rationale for regional implementation.
- Regional activities need to be well justified, taking into account complementarity and synergy with country activity and ensuring subsidiarity (providing services at the lowest level).
- The application should explain the applicant's legitimacy in the eyes of country stakeholders to play the role proposed.
- The application should contain clear, measurable goals and outcomes that address gaps and encourage accelerated impact against disease. They should align with country programs and regional Global Fund strategy, leveraging, where possible, and other Global Fund investments and domestic contributions.

Can regional organizations or Regional Coordinating Mechanisms apply for technical support?

Regional organizations and Regional Coordinating Mechanisms can apply for technical support to help with a range of issues. For more information on these opportunities, please see the Technical Cooperation webpage [here](#) or the webpage on Special Initiative on Technical Assistance on Community, Rights and Gender [here](#).

What support does the Global Fund provide to help enable inclusive regional dialogue?

Inclusive dialogue is a key feature of the funding model, for both country applicants and regional applicants. The Global Fund has made available a small amount of some regional dialogue funding to select applicants that have been invited to submit a concept note, either scaled to the size of the potential funding amount or through use of existing grant funds. This funding is for the purpose of facilitating regional dialogue and engaging key populations and partners in the region, related to meeting and caucusing costs. These funds might not be sufficient to conduct all regional dialogue activities given the number of countries, communities and partners involved and applicants have been encouraged to explore funding through other partners in the region or support from the Special Initiative on Technical Assistance for Community, Rights and Gender.



Useful reference documents:

[Frequently Asked Questions on Regional Applications](#)

[Guidance Note for Regional Applications](#)

[Regional Concept Note Template and Instructions](#)

[Understanding Regional Applications e-learning course](#)

[RCM Eligibility Requirements](#)

[RO Eligibility Requirements](#)

Non-CCM Applications

In limited situations, and with prior approval from the Access to Funding Department, the Global Fund allows concept notes 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 the concept note template. The applicant is expected to have a good understanding of CCM processes established for the consideration of concept note elements (e.g. whether there was a public tender process, or an expression of interest process, and how proposals would be considered). Ideally, the relevant CCM should be asked to consider including the ideas from the non-CCM applicant as part of a consolidated national concept note.

The Global Fund's website lists the [key contacts](#) for national CCMs.

Justification for Non-CCM concept note

There are three types of circumstances where a country 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 composite CCM concept note.

Proposals not endorsed by CCMs for inclusion into the CCM concept note for documented technical weaknesses communicated to 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 concept note, 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 concept note development sessions, as well as all applicable dates.

When a non-CCM concept note 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.

Global Fund Technical Cooperation

What is technical cooperation?

As countries design, implement and evaluate programs to fight HIV, tuberculosis and malaria, and to strengthen health systems, they may discover gaps in knowledge, data or skills that hinder the impact of their efforts. Technical cooperation is meant to provide support for CCMs and their partners, including civil society, key population and community networks and organizations, to address bottlenecks in the short term and to build national capacity in the medium and long term.

Technical cooperation is defined as knowledge transfer, capacity building or targeted interventions to resolve specific technical or systems issues faced by CCMs, implementers, civil society and community networks and other partners. It includes both 1) short-term support to address immediate needs or blockages related to concept note development or grant-making and implementation, and 2) medium to long-term support for more complex tasks and national technical capacity-building at the community and health systems levels.

Technical cooperation provided through Global Fund partnership resources must adhere to the following principles:

- The request is country-driven,
- Support is tailored to country needs,
- All partners are involved in collaboration, and
- Applicants consider long-term capacity-building even when developing short-term technical cooperation requests.

Which partners fund and/or support technical cooperation?

Technical cooperation is supported by local or international specialists through agreements with bilateral, multilateral and other providers, as well as through Global Fund special initiatives. In recognition of the additional technical cooperation needs generated by the funding model, the Global Fund and its partners have significantly increased the resources available for technical cooperation. Major external sources of funding for technical cooperation include the United States government, the French 5 % initiative, the German BACKUP initiative (expected to resume activity in the last quarter of 2015), WHO, UNAIDS, Roll Back Malaria and STOP TB. In addition, to support the roll-out of the funding model, the Global Fund has allocated funding for technical cooperation through three special initiatives to support country dialogue and the development of strong concept notes: to offer community, rights and gender technical assistance; and to promote the financial sustainability of programs and improve data collection systems.

Some partners restrict the type of technical cooperation they provide or fund. The chart below shows which stages of the funding cycle are supported by each of the major organizations supporting technical cooperation.

Figure 1: Overview of technical partners and funding sources for different stages in the funding cycle

TA providers		Source of funding	NFM stage					
			Country Dialogue	Inputs into Concept Note	Concept Note writing	Grant making	Grant Implementation	CCM strengthening
Bilaterals	US Government	Bilateral funding	✓	✓	✓	✓	✓	✓
	French 5% Initiative Other bilateral partners		✓	✓	✓	✓	✓	✓
Multilaterals (WHO and UNAIDS): Support for Strong Concept Note	WHO, STOPTB, RBM	Global Fund – Special Initiative	✓	✓	✗	✓	✗	✗
	WHO, STOPTB, RBM	Agencies' budgets	✓	✓	✓	✓	✓	✗
	UNAIDS	UNAIDS/Technical Support Facilities (non - Global Fund funding)	✓	✓	✓	✓	✓	✓
Other multilaterals	UNICEF, UNFPA, UNDP, etc.	Agencies' budgets	✓	✓	✓	✓	✓	✓
Pool of consultants for Community, Rights and Gender Support for Strong Concept Note	Multiple Providers	Global Fund - Special Initiative	✓	✓	✗	✓	✗	✓
Pool of consultants for CCM support	Multiple Providers	Global Fund	✓	✓	✗	✓	✓	✓
Multiple providers	International NGOs Private Sector Civil Society Organisations TA partners Individual consultants	Global Fund grant budget	✓	✓	✗	✓	✓	✓
		Non - Global Fund funding	✓	✓	✓	✓	✓	✓
Multiple providers	As above	Pre-financing of grant-making and start-up activities	✗	✗	✗	✓	✗	✗

Note that CCMs and other organizations should consider Global Fund partnership agreement special initiative funding only to cover critical unfunded needs. Any CCM requesting technical cooperation funding under a Global Fund special initiative will need endorsement from the Fund Portfolio Manager at the Global Fund. Remember that the FPM should be included in all discussions relating to technical cooperation needs and should be informed of requests for support from Global Fund partners and other funding sources as part of the commitment to increased engagement and inclusive country dialogue.

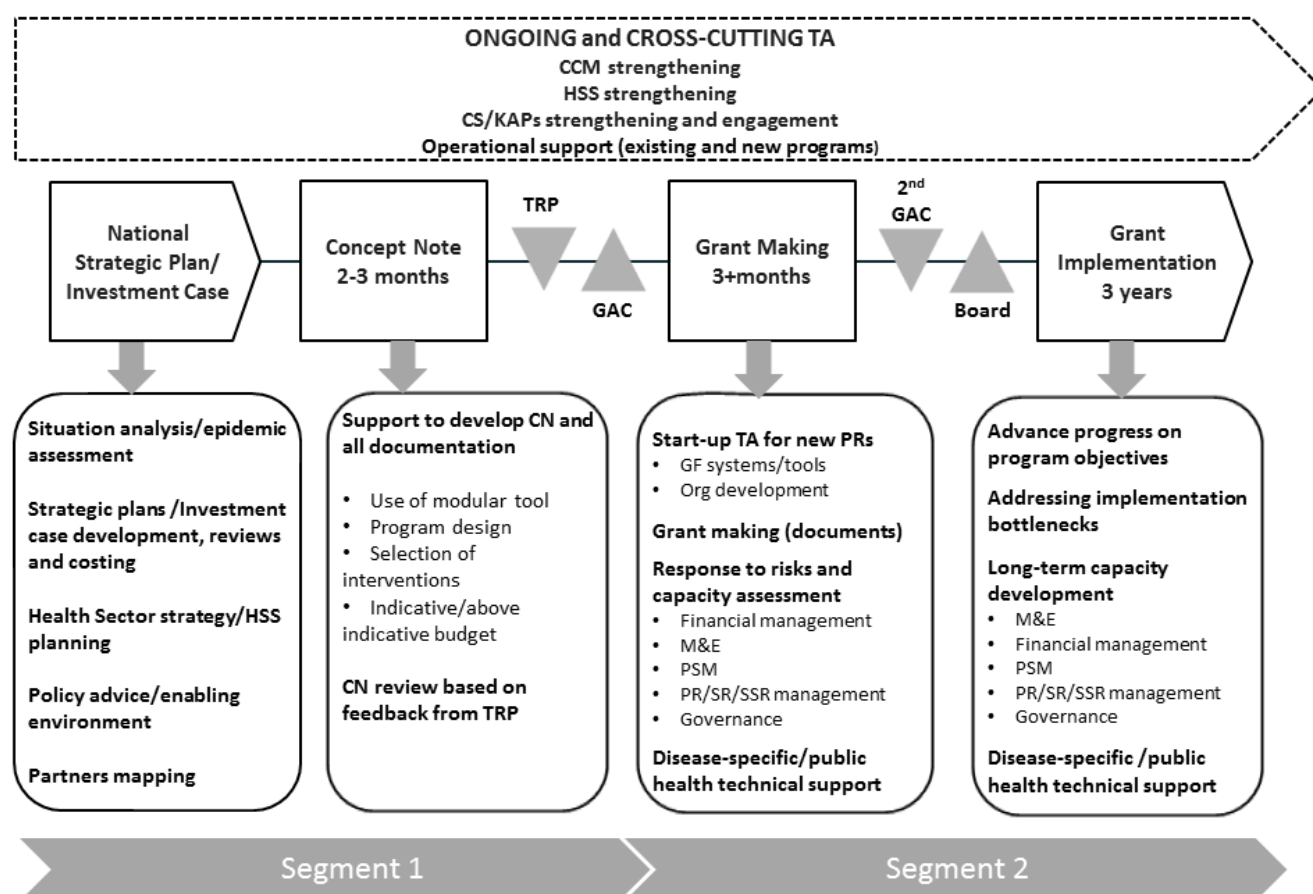
What types of technical cooperation are available to CCMs?

The Global Fund does not directly provide technical cooperation. Rather, it can help to facilitate and coordinate technical cooperation through its partnerships with multilateral organizations, with bilateral providers, and with civil society technical cooperation providers. In addition, in recognition of the substantial technical cooperation needs generated by the funding model, the Global Fund has launched several special initiatives, some of which provide funding for community, rights and gender technical cooperation and for pre-concept note development through implementing partners such as WHO.

Technical cooperation is available at every stage in the funding cycle, as the figure below illustrates. Note that these examples represent the most common needs at each point in the process but do not encompass every type of support a CCM can request. Requests should always be tailored to the country's context and needs.

As the diagram illustrates, the funding cycle can be schematically broken into two general segments that lend themselves to different types of technical cooperation. The first segment contains pre-Technical Review Panel (TRP) activities related to the development and/or review of the national strategic plan and to concept note preparation. During this period, CCMs will tend to require disease-specific and community, rights and gender, as well as public health-related technical support. The post-TRP segment of the funding cycle encompasses grant-making and implementation, and typical technical support needs will be grant-specific and management-related. However, there are also technical cooperation needs throughout the funding cycle that are not unique to one particular part of the process or to one particular concept note, such as: support for civil society, key populations and people living with the diseases; CCM strengthening; health systems strengthening; and operational support.

Figure 2: Funding model technical cooperation framework: examples of technical cooperation needs and interventions by stages in the funding cycle



Segment 1: Pre-TRP: National strategic plan and concept note development

Most technical cooperation support during these stages of the funding cycle relates to determining the highest-impact approach to fighting the three diseases and to developing strategic, costed national plans and concept notes. Although they may be more accustomed to seeking technical cooperation later in the grant life cycle, CCMs should not overlook opportunities to receive support at this point in the process.

A. National strategic plan/investment case

During preparation of the national strategic plan or investment case, CCMs and civil society and community networks can request support to perform a situation analysis or epidemiological assessment; with partner mapping; or with strategic plan development, review and costing. They may also access policy advice and support in enabling an inclusive country dialogue.

B. Concept note

During the concept note stage, CCMs and civil society and community networks may apply for support for program design, budgeting and completing the modular template. If the TRP requires clarifications or makes significant technical recommendations, the CCM can request technical support in revising the concept note.

Segment 2: Post-TRP: Grant-making and implementation

As the concept note moves into grant-making and project implementation, a country's needs tend to shift toward alleviating specific bottlenecks or addressing operational issues.

C. Grant-making

During grant-making, CCMs can apply for technical cooperation in developing financial management, monitoring and evaluation, product supply management and governance infrastructures in response to identified capacity gaps. New Principal Recipients may benefit from technical support with learning Global Fund tools or improving management capacity. The CCM may also request support in the preparation of required grant-making documents.

D. Grant implementation

During grant implementation, technical cooperation can help the country to advance progress on program objectives or to address specific implementation bottlenecks or can contribute to long-term capacity development in health systems and program management.

Ongoing and cross-cutting technical cooperation

Some types of technical cooperation are not specific to a stage in the funding cycle, and, in fact, the Global Fund encourages CCMs to use technical cooperation to realize longer-term knowledge transfer or capacity-building goals. At any point in the grant life cycle, CCMs can request ongoing and cross-cutting technical cooperation for CCM or health systems strengthening, operational support and key population engagement, among other things.

As with all requests for funding, requests for technical cooperation should be strategically prioritized and submitted to the appropriate partner, and applicants should be aware that not all requests for support will be funded.

Clearly, not all types of technical cooperation will be appropriate for every country at every stage. CCMs should endeavor to engage all partners in a discussion of the country's technical cooperation needs as early as possible during the country dialogue process to facilitate the identification of weaknesses and the planning of technical cooperation requests. A number of tools, such as the [Capacity Assessment Tool](#), the Grant Risk Assessment and Management tool, and the [Eligibility and Performance Assessment](#), can be used to identify areas that may benefit from technical cooperation.

How can a CCM request technical cooperation?

Technical cooperation is country-driven, meaning that CCMs are responsible for identifying needs, investigating all possible funding options and applying for technical cooperation directly from the relevant provider. In-country technical partners and the Global Fund country team can provide support in determining funding sources and technical cooperation providers. Below is a quick list of links to various technical cooperation resources.

Figure 3: Quick links to technical cooperation resources

Type of technical cooperation	Request channel	Quick links
Bilateral technical cooperation providers: Technical support for CCMs at all stages of the funding cycle	US Government Central Resource HIV and HSS	http://www.pepfar.gov/partnerships/coop/globalfund/ta/index.htm
	TB support through central TBTEAM mechanism	http://www.stoptb.org/countries/tbteam/
	Malaria support through Roll Back Malaria HWG	http://www.rbm.who.int/mechanisms/hwgWorkstream7.html
	French 5% Initiative (FEI) Channel 1 (short-term support)	http://www.initiative5pour100.fr/en/types-of-action/channel-1-short-term-expertise
	Channel 2 (long-term support)	http://www.initiative5pour100.fr/en/types-of-action/channel-2-projects-funding/
	German BACKUP Initiative (at the moment Risk Management only)	http://www.giz.de/expertise/html/7192.html
WHO, STOP TB and Roll Back Malaria: Support for strong concept notes	Request should be put through the respective WHO country office and FPM to be copied on the request	Request for technical cooperation form is available through WHO country office
UNAIDS	Request should be put through the respective UNAIDS country office and FPM to be copied on the request	Request for technical cooperation should be channelled through UNAIDS country director
Multilateral partners: Grant-making and implementation activities	Requests should be put through the respective partner's office and FPM to be copied on the request	Depends on technical cooperation partner
Community, rights and gender: Technical assistance for strong concept notes	Request should be put directly to the Global Fund through the FPM Civil society CCM representatives should be informed in writing	Please contact FPM
Country Coordinating Mechanism: Strengthening governance and oversight	Request to be put through one of the bilateral mechanisms (as above) with FPM copied; or directly through FPM	http://www.pepfar.gov/partnerships/coop/globalfund/ta/index.htm http://www.initiative5pour100.fr/en/types-of-action/channel-1-short-term-expertise CCM support can be requested through UNAIDS country office

The Global Fund encourages CCMs to devote an appropriate amount of their allocation funding to technical cooperation activities, depending on the country context. While technical cooperation can be effectively used to solve immediate bottlenecks, CCMs are also urged to think about how technical cooperation can be leveraged over the longer term to strengthen health systems and improve capacity at the country level. The FPM and in-country technical partners can assist in developing a strategic technical cooperation plan.

Technical cooperation information for civil society and community organizations

What is the community, rights and gender technical cooperation program?

The Global Fund believes that a successful response to HIV, tuberculosis and malaria depends on the meaningful engagement of all actors, including civil society and key populations. At the same time, it recognizes that civil society often lacks access to the knowledge and information necessary to play an active role in Global Fund processes. Moreover, the impact of HIV, tuberculosis and malaria programs is often limited because they pay insufficient attention to barriers related to human rights, gender and other inequalities and exclusions.

In order to ensure that all those who are affected by the three diseases play a meaningful role in the Global Fund processes and that these barriers are effectively addressed in grants, the Global Fund board has approved a special initiative to provide technical assistance to support the engagement of civil society, key populations, people living with or affected by the diseases, and women's networks and organizations, independently or in partnership with the CCM.

The aim of the community, rights and gender technical cooperation program is to ensure that human rights, gender and community systems strengthening-related issues and responses are better reflected in concept notes and programs.

Community, rights and gender technical cooperation can be provided for country processes including country dialogue support, concept note inputs (but not concept note writing), grant-making, and CCM strengthening. It is not currently available for grant implementation.

Who can access the community, rights and gender technical cooperation program?

The following types of organizations are eligible to receive support under the community, rights and gender technical cooperation program:

1. Civil society networks and organizations
2. Key population networks and organizations
3. Women's networks and organizations
4. Networks or organizations of people living with or affected by the three diseases

Applications from CCMs will be considered if developed and submitted in collaboration with one of the above groups. Applicants should be domestic organizations, since the primary focus of the community, rights and gender technical cooperation is to improve country-level programs funded by the Global Fund.

Because community, rights and gender technical cooperation is designed to inform and strengthen national strategies and decision making, priority will be given to national level requests, for instance, from representative national organizations or from groups or consortia of local organizations or networks. Requests from local organizations or requests focused on specific issues will also be considered, but in these cases, the Global Fund will work with the organization to ensure any technical cooperation that is provided has a broader relevance.

How can civil society and community organizations access community, rights and gender technical support?

Civil society and community organizations interested in applying for technical cooperation under the community, rights and gender special initiative should contact CRGTA@theglobalfund.org for more information. The Global Fund encourages those seeking support to discuss their technical support request with the CCM in advance of its submissions, and at a minimum, the civil society representatives of the CCM should be informed that a request is being submitted. However, because some of the issues being addressed by community, rights and gender technical cooperation relate to issues being excluded from or insufficiently addressed by the CCM and by national decision-makers, it is not required that community, rights and gender requests be approved by CCMs or other national authorities.



Useful reference documents:

[Global Fund webpage on technical cooperation](#)

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

Appendix 1: Glossary and Acronym List

Above allocation amount	The request to the Global Fund that is over and above the allocation amount communicated by the Secretariat. This request is reviewed by the TRP for technical soundness and strategic focus, which may be recommended for funding through any incentive funding available, and/or kept on a register of Unfunded Quality Demand (see also Incentive Funding).
Additionality	To ensure that national resources already committed to a national program are not displaced or duplicated through funding from an existing grant, it is necessary for applicants to demonstrate that funds requested from the Global Fund are additional to existing available resources.
Allocated funding	Amount allocated by the Global Fund to support an applicant's disease programs for the allocation period. The amount is determined using an allocation methodology based on disease burden and income levels, and is adjusted for qualitative factors. Both allocated and incentive funding are designed to encourage the submission of robust, ambitious requests based on national strategic plans or HIV investment cases.
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.
CCM - Country Coordinating Mechanism	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.
Counterpart financing	The contribution made by the government of an applicant country to the national disease program.
Counterpart financing threshold	The mandatory minimum level of the government's contribution to the national disease program, as a share of total government and Global Fund financing for that disease.
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.
Dual-track financing (DTF)	Dual-track financing is the recommended inclusion of both government and non-government Principal Recipients in Global Fund requests for funding and applies separately for each disease.
Early applicant	Applicants that were selected for the transition to the funding model and tested the full application process.
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).
Existing grants	Refers to signed grants, unsigned Phase 2 grants or uncommitted Phase 2 amounts and any approved but unsigned proposal (e.g. Round 10 or Transitional Funding Mechanism (TFM)).
Full expression of demand	This is the total amount of funding needed to finance a technically appropriate response to the disease(s) (e.g. costed national strategy).

Funding, domestic	In the context of the 'Financial Gap Analysis and Counterpart Financing Table', this refers to all 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	In the context of the 'Financial Gap Analysis and Counterpart Financing Table', this refers to all 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. ^[1]
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.

^[1] As defined by [WHO](#).

Impact	The effect (or the contribution) of an intervention toward the reduction or elimination of morbidity and mortality.
Incentive funding	<p>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.</p> <p>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.</p>
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.

Modular Template	A disease-specific, high-level template that consists of an integrated performance framework and budget. It outlines the main goals, objectives, modules, interventions, associated indicators and targets, costs and cost assumptions. The template replaces the performance framework and detailed work plan and budget previously used by the Global Fund.
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: <ul style="list-style-type: none"> i. That have significantly higher levels of risk, mortality and/or morbidity; ii. Whose access to or uptake of relevant services is significantly lower than the rest of the population; and iii. 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.
Willingness-to-Pay 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
PR	Principal Recipient
PSM	Procurement and Supply Chain Management
RBM	Roll Back Malaria
RMNCH	Reproductive, maternal, newborn and child health
SIIC	Strategic, Investment and Impact Committee
SR	Sub-recipient
TB	Tuberculosis
TRP	Technical Review Panel
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
WHO	World Health Organization

Appendix 2: List of 38 high TB/HIV burden countries to which the Global Fund Board decision regarding the single concept note for TB and HIV applies.

High TB/HIV Burden Countries	Estimated TB/HIV incidence, 2012	HIV Positive Rate
South Africa	330,000	65%
India	130,000	5.40%
Mozambique	83,000	58%
Zimbabwe	55,000	70%
Nigeria	46,000	23%
Kenya	45,000	39%
Uganda	35,000	50%
Zambia	35,000	54%
United Republic of Tanzania	32,000	39%
Ethiopia	23,000	10%
Cameroon	19,000	37%
Myanmar	19,000	27%
Democratic Republic of the Congo	16,000	16%
Malawi	16,000	59%
Swaziland	13,000	77%
Thailand	12,000	13%
Lesotho	9,900	75%
Viet Nam	9,300	7%
Côte d'Ivoire	8,000	27%
Indonesia	7,500	28%
Namibia	7,300	47%
Angola	5,500	9.60%
Central African Republic	5,300	39%
Botswana	5,100	63%
Ukraine	4,800	14%
Haiti	4,300	20%
Sudan	4,300	7.50%
Chad	4,100	20%
Sierra Leone	3,900	12%
Congo	3,600	33%
Rwanda	2,900	26%
Ghana	2,800	24%
Cambodia	2,700	4.40%
Burundi	2,500	19%