Country Dialogue Training

Version: March 6, 2014
Recap: Principles of the new funding model

- **Bigger impact:** focus on countries with the highest disease burden and lowest ability to pay, while keeping the portfolio global
- **Predictable funding:** process and financing levels become more predictable, with higher success rate of applications
- **Ambitious vision:** ability to elicit full expressions of demand and reward ambition
- **Flexible timing:** in line with country schedules, context, and priorities
- **More streamlined:** for both implementers and the Global Fund

Inclusive country dialogue process is essential to achieve goals of the new funding model
What will we cover in this training?

1. **Your role in the country dialogue process**

2. **Tools and templates to support country dialogue**

3. **Key changes under the new funding model**
# Agenda

**Introduction**

**Roles and responsibilities in country dialogue process**

**Key changes under the new funding model**

1. CCM eligibility requirements
2. Timing of concept note submission and access to funding
3. Inclusive country dialogue
4. Splitting funds between eligible diseases and HSS
5. Additional government investments
6. National strategic plans

**Key takeaways**
Agenda

Introduction

Roles and responsibilities in country dialogue process

Key changes under the new funding model

Takeaways of the training
Country dialogue is a country-owned process

Today we will focus on country dialogue in the early steps of application under the new funding model
Why is country dialogue so important?
Key principles of country dialogue

**Ongoing** process to develop health strategies
- Develop NSP for the three diseases
- Strengthen health and community systems

**Country-led** process used to request GF funding
- Align funding request on NSP or investment case
- Produce a concept note that maximizes the impact of Global Fund resources

**Open, inclusive and participatory** process
- Matches involvement of stakeholders to the epidemic in the country
- Builds concept notes based on inputs of those most affected

Country dialogue is critical because TRP / GAC will review concept notes created through a robust country dialogue process only
Agenda

Introduction

Roles and responsibilities in country dialogue process

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Takeaways of the training
Who plays a role in country dialogue?

These actors meet in the CCM, however, the dialogue should expand beyond the CCM.
What is the role of CCM in country dialogue?

- Initiating GF country dialogue
- Facilitating robust country dialogue
- Submitting concept note
Key tasks for CCMs prior to concept note submission

1. Initiating GF country dialogue
   - Understand new funding model process
   - Review CCM eligibility requirements
   - Understand allocation process
   - Determine optimal timing of funding requests
   - Understand the national strategy development process
   - Develop an engagement plan for different stakeholders
   - Request technical assistance where gaps in data exist

2. Facilitating robust country dialogue
   - Ensure inclusive participation
   - Guide translation of national strategy plan and programmatic/financial gap analysis into a targeted request
   - Make decisions regarding program split
   - Support country team in negotiating government investments
   - Write or arrange a designated drafting team to write the concept note

3. Submitting concept note
   - Review concept note for completion and accuracy
   - Check that all relevant documentation is provided
   - Sign off on concept note
   - Ensure early start to grant making
   - Define the implementation arrangements, ensure transparent PR selection process
Where can Country Teams support CCMs on activities prior to concept note submission?

- Explain new funding model process
  - CCM eligibility requirements
  - Allocation
  - Concept note

- Communicate key portfolio issues and discuss implementation arrangements

- Agree on approach to concept note development
  - Timing of application
  - Participants
  - Program split discussion and decision making

- Facilitate access to technical assistance

- Negotiate counterpart financing and willingness to pay commitment
What are the responsibilities of other stakeholders?

**Country government / National Disease Program**
- Supports the CCM to determine the ideal submission timing for concept notes to correspond with national health strategy
- Ensures coordination between different donors
- Defines and follows up on national commitments

**In-country technical partners**
- Discuss disease landscape with in-country stakeholders
- Support development of an accessible knowledge base of available data in country
- Ensure domestic or regional experts are included in country dialogue
- Review program performance

**Private sector**
- Share expertise to inform concept note development
- Explain any financial contribution to the three diseases
- Highlight opportunities to leverage private sector: management and finance support to PRs, channel for service delivery and increasing access, solutions for supply chain

**Civil society and key populations**
- Provide ongoing and meaningful input into development of strategy and funding request
- Ensure the final concept note and grant-making takes into the account needs from key population groups
- Help identify and monitor legal or policy barriers to services

**Other donors**
- Participate in country dialogue and co-ordination
- Assist in the development of a clear funding overview by country

**Academia**
- Provides inputs in the development of concept note in areas expertise
- Shares country-specific knowledge of key topics
- Identifies opportunities for operational research
<table>
<thead>
<tr>
<th>What is available?</th>
<th>What is it?</th>
<th>Where is it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Engagement plan template</td>
<td>Checklist of the key events of the process and agreement on the list of participants</td>
<td>Request from Country Team</td>
</tr>
<tr>
<td>• TA request form</td>
<td>Template to request technical assistance from partners</td>
<td>Coming soon on Global Fund website</td>
</tr>
<tr>
<td>• CCM minutes template</td>
<td>Word / excel template to submit minutes of CCM meetings</td>
<td>click here</td>
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<tr>
<td>• JANS tool</td>
<td>List of attributes &amp; criteria to perform a preliminary assessment of the NSP</td>
<td>click here</td>
</tr>
<tr>
<td>• Guidelines and requirements for CCM</td>
<td>Guidelines to CCM on their role in Global Fund processes</td>
<td>click here</td>
</tr>
<tr>
<td>• Program split form</td>
<td>Form to submit decision regarding split of funds between eligible diseases and HSS</td>
<td>Coming soon on Global Fund website</td>
</tr>
<tr>
<td>• Willingness-to-Pay form</td>
<td>Form where CCM records the additional government investments</td>
<td>Coming soon on Global Fund website</td>
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</tbody>
</table>
### Tools & templates available to support country dialogue (2/2)

<table>
<thead>
<tr>
<th>What is available?</th>
<th>What is it?</th>
<th>Where is it?</th>
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</thead>
<tbody>
<tr>
<td>• CN template and guidelines</td>
<td></td>
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<tr>
<td>– Programmatic gap table</td>
<td>Excel template to map coverage from other donors and funding request to the Global Fund</td>
<td></td>
</tr>
<tr>
<td>– Modular tool</td>
<td>Excel template to map impact and outcome indicators of the program</td>
<td></td>
</tr>
<tr>
<td>– Financial gap analysis and counterpart financing table</td>
<td>Excel template to map funding needs &amp; resources</td>
<td><a href="#">click here</a></td>
</tr>
<tr>
<td>– CCM endorsement form template</td>
<td>Form for endorsement form of the final concept note by all CCM members</td>
<td></td>
</tr>
<tr>
<td>• Capacity assessment tool</td>
<td>Tool used by the Secretariat to assess the capacity of key implementers</td>
<td>Request from Country Team</td>
</tr>
</tbody>
</table>
## Resources available for CCMs

<table>
<thead>
<tr>
<th>Resource</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> New funding model Resource Book</td>
<td><a href="#">click here</a></td>
</tr>
<tr>
<td><strong>2.</strong> Frequently Asked Questions about the new funding model</td>
<td><a href="#">click here</a></td>
</tr>
<tr>
<td><strong>3.</strong> Online learning materials on key topics (e-learning modules)</td>
<td>Coming soon on Global Fund website</td>
</tr>
<tr>
<td><strong>4.</strong> Concept note templates and guidelines</td>
<td><a href="#">click here</a></td>
</tr>
</tbody>
</table>
Agenda

Introduction

Roles and responsibilities in country dialogue process

Key changes under the new funding model

Takeaways of the training
Key changes under the new funding model

1. CCM eligibility requirements
2. Timing of concept note submission and access to funding
3. Inclusive country dialogue
4. Splitting funds between eligible diseases and HSS
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6. National strategic plans
Key changes under the new funding model

1. CCM eligibility requirements
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<table>
<thead>
<tr>
<th></th>
<th>What are the CCM Eligibility Requirements?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Transparent and inclusive concept note development process</td>
</tr>
<tr>
<td>2</td>
<td>Open and transparent PR selection process [!]</td>
</tr>
<tr>
<td>3</td>
<td>Overseeing program implementation and having an oversight plan</td>
</tr>
<tr>
<td>4</td>
<td>Document the representation of affected communities [!]</td>
</tr>
<tr>
<td>5</td>
<td>Ensure representation of non-governmental members through transparent and documented processes</td>
</tr>
<tr>
<td>6</td>
<td>Develop, publish and follow a policy to manage conflict of interest that applies to all CCM members, across all CCM functions</td>
</tr>
</tbody>
</table>

1 and 2 assessed at the time of concept note submission

3 to 6 monitored on-going basis

Changes under the new funding model
New: There is a simplified PR selection approach to re-select well-performing PRs

In cases where the CCM is re-selecting well-performing PRs (grant rating*: A1, A2, B1), 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 PR nomination.

- If applicable, copies of any invitations made to existing PR(s) of the same disease component to submit an expression of interest to continue as PR.

- CCM conflict of interest policy and documentation illustrating how it was applied to the PR re-selection process.

- Minutes of CCM meetings where PR re-selection is discussed and voted upon. Minutes should include a summary of discussions, a list of participants, decision points and a record of who and which constituency took part in the decision making process.

- The Global Fund recommends that the voting process for re-selecting PR(s) be done via secret ballot to avoid undue pressure on stakeholders and the potential manipulation of voting results. Supporting documentation which clearly outlines the process and the results must be provided.

*Based on the latest available rating provided by The Global Fund
New: Presence of those most impacted by HIV, tuberculosis and malaria, required on the CCM

1. Specifically including Key Populations as a CCM requirement
   - Taking into account the socio-epidemiological context.
   - Direct or indirect representation of Key Populations on CCMs will be possible, especially in countries where some Key Populations are marginalized or criminalized

2. Increasing representation
   - Of persons that are both living with and representing people living with HIV on CCMs

3. Linking the need for representatives
   - For TB and malaria in contexts: where those diseases are a public health issue (regardless of whether Global Fund funding has been requested or not)
   - e.g. in cases where a CCM does not have a TB representative, although TB is a significant issue in the country
New: All CCMs will be expected to meet minimum standards by January 2015

- Minimum Standards will be compulsory at grant signing as of January 1, 2015
- Minimum Standards express the Global Fund’s expectations of CCM performance

<table>
<thead>
<tr>
<th>2013</th>
<th>2014 Benchmarking</th>
<th>January 1, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review CCM performance against the Minimum Standards to determine TA needs</td>
<td>Conduct an annual self-assessment against the CCM Minimum Standards</td>
<td>Minimum Standards enforced at grant signing as of January 1, 2015</td>
</tr>
<tr>
<td></td>
<td>Choose a TA provider to support the assessment and develop an action plan</td>
<td></td>
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<tr>
<td></td>
<td>Implement the action plan to meet the minimum standards</td>
<td></td>
</tr>
</tbody>
</table>
Key changes under the new funding model

1. CCM eligibility requirements
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Key principles around timing in the new funding model

1. Flexible timing for application to maximize concept note quality
   - Allocation is available until 31/12/2016 and will not be impacted by submission date
   - Concept note quality drives incentive funding and Quality of Demand funding

2. Alignment with country fiscal cycle is recommended
   - Concept note submission timing and grant reporting period should be considered

3. NSP alignment is an advantage but is not compulsory
   - Grants can be extrapolated from NSPs for years not covered
   - PRs can reprogram grants to align with NSP updates

4. Submission of one concept note per disease per replenishment
   - All existing grants should be consolidated into the request
   - Joint TB/HIV concept note submission required for 38 highest co-infection countries eligible for funding

5. Availability of up to 12 month costed & uncosted extensions to help align timing
   - Used sparingly as often require significant effort
   - Funded from country allocation

Concept note should present a consolidated request for existing and new funds
## Illustration: Timing will vary depending on country context

### Considerations country must take into account

<table>
<thead>
<tr>
<th>Consideration</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alignment with end of existing grant</strong></td>
<td>Existing grant</td>
<td>End of grant</td>
</tr>
<tr>
<td><strong>CN submission in TRP review windows</strong></td>
<td>TRP review</td>
<td>TRP review</td>
</tr>
<tr>
<td><strong>Timing of program reviews &amp; NSP revisions</strong></td>
<td>NSP 1</td>
<td>NSP 2</td>
</tr>
<tr>
<td><strong>Country fiscal cycle</strong></td>
<td></td>
<td>End of fiscal year</td>
</tr>
<tr>
<td><strong>Country reporting period</strong></td>
<td></td>
<td>Reduction of reporting first period for alignment</td>
</tr>
<tr>
<td><strong>Country capacity to do country dialogue within desired timing</strong></td>
<td>Need to plan backwards from disbursement date</td>
<td>First disbursement</td>
</tr>
</tbody>
</table>

- Pre-concept note development country dialogue
- Concept note writing
- TRP and GAC review

- Grant making
- From Board approval to 1st disbursement
Time required for new funding model stages also depends on country context

**Accelerated**
- Up-to-date and costed national strategic plan or investment case with agreed priorities
- Strong CCM and PRs that meet minimum standards

<table>
<thead>
<tr>
<th>Stage</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Pre-concept note country dialogue</td>
<td>2 months</td>
</tr>
<tr>
<td>Concept note writing</td>
<td>2 months</td>
</tr>
<tr>
<td>TRP and GAC review</td>
<td>1.5 months*</td>
</tr>
<tr>
<td>Grant making</td>
<td>1 month</td>
</tr>
<tr>
<td>From Board approval to 1st disbursement</td>
<td>7 months</td>
</tr>
<tr>
<td>Time from dialogue to 1st disbursement</td>
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</table>

**Average**
- Need time for country dialogue to agree on priorities and consult stakeholders
- PRs and implementation arrangements are satisfactory

<table>
<thead>
<tr>
<th>Stage</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Pre-concept note country dialogue</td>
<td>3 months</td>
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<tr>
<td>Concept note writing</td>
<td>2 months</td>
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<tr>
<td>TRP and GAC review</td>
<td>2 months</td>
</tr>
<tr>
<td>Grant making</td>
<td>3 months*</td>
</tr>
<tr>
<td>From Board approval to 1st disbursement</td>
<td>1 month</td>
</tr>
<tr>
<td>Time from dialogue to 1st disbursement</td>
<td>11 months</td>
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</tbody>
</table>

**Long**
- Lack clear strategy or viable extension plan through grant period
- Weak CCM and/or implementers
- Weak technical partners in-country

<table>
<thead>
<tr>
<th>Stage</th>
<th>Duration</th>
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<tbody>
<tr>
<td>NSP development</td>
<td>8 months</td>
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<tr>
<td>Concept note writing</td>
<td>3 months</td>
</tr>
<tr>
<td>TRP and GAC review</td>
<td>2 months</td>
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<tr>
<td>Grant making</td>
<td>3 months*</td>
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<tr>
<td>From Board approval to 1st disbursement</td>
<td>1 month</td>
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<tr>
<td>Time from dialogue to 1st disbursement</td>
<td>17 months</td>
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Timing of concept note submission has to be aligned to one of the TRP / GAC windows

Note: TRP reviews will be scheduled to accommodate the most programs. If there is no TRP scheduled in the month the concept note is submitted, the “TRP and GAC review” stage may take longer, up to 3 months.

* This is the anticipated average scenario – it may take longer in some countries.
CCMs choose one of the submission dates for each component

- Submission deadline for EoI (regionals only)
- Submission deadline on 15th of the month
- TRP review meeting (approx.)

2014
Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec

2015
Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec

2016
Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec
2 Concept note timing can differ from NSP timeline

Alignment on timing necessary

Majority of the grant period covered by current NSP

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<td>NSP timeline</td>
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<tr>
<td>Current NSP</td>
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<tr>
<td>New NSP</td>
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<tr>
<td>New Grant</td>
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<td>New grant</td>
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Majority of the grant period covered by new NSP

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<tr>
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<td>Current NSP</td>
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<tr>
<td>New NSP</td>
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<td>New Grant</td>
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<td>New grant</td>
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Alignment on timing unnecessary

1 Grant should be extrapolated beyond the end of the NSP
   • Programmatic and financial description in concept note
   • Mid-term reviews could also be used as extrapolation basis

2 Annual funding decision should be used to reprogram grant to strategic objectives of NSP after revision of NSP
What is the new extension policy?

1. The Global Fund Secretariat can extend the current implementation period for grants by up to 12 months in strongly justified exceptional circumstances
   - The extension would only be available for alignment purposes as a last resort and on exceptional basis
   - Standard extension would also need to cover grants ending before 31 Dec 2014 with no other funding option to bridge disruption (no TFM, interim funding, etc.) before NFM grant can be signed
   - Extension may be costed (advanced from allocation)

2. Costed extensions (Borrowed from allocation)
   - Up to six months of additional funding to a maximum of $10 million approved by GAC (Reported to Board through GAC report)
   - More than six months of additional funding or more than $10 million recommended by GAC (Board approval through GAC report)

3. Non-costed extensions (Uncommitted Funds/Savings)
   - Up to 12 months approved by the relevant Department Head, reported to the Board through the GAC report

Extensions should be used sparingly (for strongly justified cases)
Key changes under the new funding model

1. CCM eligibility requirements
2. Timing of concept note submission and access to funding
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6. National strategic plans
Why do we need inclusiveness in country dialogue?

"...It is essential to deal with strongholds of infection among young women and girls; men who have sex with men; sex workers; people who inject drugs and prisoners. If we are going to address this epidemic we must deal with the strongholds. We must have our tools available for the most vulnerable and that means creating an inclusive human family."

Mark Dybul
Executive Director
The Global Fund
The Human Rights-Based Approach – Better services, Greater impact

The Human Rights-Based Approach, promoted by UN agencies in development work since 2003

Consult closely with populations who will use health services to better design the services

- Communities will have different information from PRs, SRs
- Discuss coverage, quality and uptake of prevention, testing, treatment, care and support, particularly for key populations
- What are the challenges and barriers?
- Are there innovative approaches that could be scaled up?
- How can prevention, treatment, care and support services be designed to meet the needs of people who will use those services?
- Ensure all services are gender-sensitive
- Identify interventions that address specific legal and community barriers directly (law reform, community monitoring, advocacy, legal aid, Community System Strengthening) and integrate them into plans

- Inclusiveness is a process – it takes time and commitment, and is more than a one-time meeting
What are the typical questions raised by CCMs about country dialogue inclusiveness?

1. Who should be included in country dialogue?
   - Who should be included in the process?
   - What is a sufficient level of inclusion?

2. Who are the key populations and other affected groups?
   - How do we identify the right community stakeholders?
     - What if official epidemiological data is not available?

3. How can we engage with them meaningfully?
   - How to deal with legal issues in the country?
   - How do ensure that community concerns get addressed?

4. What should they be engaged in?
   - Which stakeholders should be included in what tasks?
3 Who should be included in country dialogue?

**Key to identify participants:**

Populations who will use and/or provide health services in program planning processes, implementation and monitoring and evaluation:

- Relevant national/international stakeholders
- Networks of key populations and people living with the three diseases
- Networks of women’s organizations
- Representatives of communities affected by TB and malaria
- Domestic or regional human rights organizations
- *In addition, some representatives from the following slide, depending on disease and country context*

Note that transgender people not always represented in MSM or LGBT groups
3. Decide the level of inclusion based on the country context and requirements

<table>
<thead>
<tr>
<th>In-country organizations</th>
<th>Global technical partners</th>
<th>Other funders and implementers</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCM members</td>
<td>WHO</td>
<td>PEPFAR, PMI, USAID, CDC</td>
</tr>
<tr>
<td>Ministry of Health</td>
<td>UNAIDS</td>
<td>World Bank</td>
</tr>
<tr>
<td>Ministry of Finance</td>
<td>Stop TB partnership</td>
<td>Other key donors for each disease program</td>
</tr>
<tr>
<td>Ministry of Justice, Ministry of Interior, Parliamentary committee on health</td>
<td>Regional and international networks of Key Populations</td>
<td>EU members (e.g., DfID, GIZ, French)</td>
</tr>
<tr>
<td>National disease bodies, e.g., national AIDS council</td>
<td>Roll Back Malaria partnership</td>
<td>AusAid</td>
</tr>
<tr>
<td>Ministry of Gender/Women</td>
<td>UNDP, OHCHR, UNFPA, ILO, UNHCR, UNICEF, depending on country context</td>
<td>HIVOS</td>
</tr>
<tr>
<td>National human rights institutions</td>
<td>Open Society Foundations and other private foundations</td>
<td>European Commission, staff at embassy human rights/development programs</td>
</tr>
<tr>
<td>Civil society, faith-based organizations, legal and human rights groups</td>
<td>Regional and international human rights groups</td>
<td>Non-public sector implementers (e.g., FBOs)</td>
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<tr>
<td></td>
<td></td>
<td>Private foundations, such as Levi Strauss Foundation, Global Fund for Women</td>
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<table>
<thead>
<tr>
<th>HIV</th>
<th>TB</th>
<th>Malaria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men, women and young people living with HIV</td>
<td>People who work in settings that facilitate TB transmission</td>
<td>Pregnant Women</td>
</tr>
<tr>
<td>Men who have sex with men</td>
<td>Former prisoners</td>
<td>Community health workers/ volunteers working on MNCH</td>
</tr>
<tr>
<td>Transgender persons</td>
<td>People living with HIV</td>
<td>Indigenous peoples, ethnic minorities, rural communities in endemic areas</td>
</tr>
<tr>
<td>People who inject drugs</td>
<td>People who use drugs</td>
<td>Young people</td>
</tr>
<tr>
<td>Sex workers (male, female, and transgender)</td>
<td>Migrants</td>
<td>Refugees</td>
</tr>
<tr>
<td>Women and girls</td>
<td>Refugees</td>
<td>Migrants</td>
</tr>
<tr>
<td>Youth</td>
<td>Indigenous peoples</td>
<td>Others, depending on country context</td>
</tr>
<tr>
<td>Other, such as people with disabilities, ethnic minorities, depending on country context</td>
<td>Other, such as labor unions, depending on country context</td>
<td></td>
</tr>
</tbody>
</table>

Recommended inclusion  Inclusion depending on country context

The number of people of each category depends on country epidemic context and capacity of each representative to input into country dialogue
How do we make the case for key populations engagement

Use epidemic data to support key populations engagement
- Disease burden (e.g. specific populations being disproportionately affected)
- Incidence data (e.g. outbreaks among specific populations)
- Inequalities in accessing services
- Gender and age disaggregated

If adequate epidemic data is not available
- Request technical assistance from partners to identify and engage key populations
- Reach out to global, regional, and national community networks and engage them throughout the process of generating the evidence needed

Credible, trusted individuals should be nominated by and held accountable to their communities
How do we engage with communities, including key populations?

- **Encourage caucusing of communities** in advance of national meetings
  - Ensure they can raise their concerns on human rights, gender, access and other issues in a **safe space** without repercussions
  - Ensure **confidentiality for all participants**
  - Support their engagement through **support for transport, food and lodging** for stakeholders attending meetings
  - **Convene different groups** of women, youth, key populations etc. separately and collectively as needed. Collective caucusing can help create coalitions, separate meetings help in-depth discussions on specific needs and issues

- **Facilitate meaningful participation** e.g., national / regional meetings held **outside the capital** and in the **local language**

Ensure communities understand what support they can expect from The Global Fund to address human rights, CSS, gender inequalities

- **Ensure concerns raised by communities get raised and addressed** during the country dialogue **through lead representatives**
## What should the different stakeholders be engaged in?

### Practical tip: Agree upfront on the stakeholder engagement plan

### Country dialogue stakeholders

Agree on the key stakeholders that should be engaged in the concept note development in order to meet the CCM Eligibility Requirement #1

- Government
- Civil Society
- People living with the diseases
- Technical Partners
- Key Populations
- Other funders & implementers

### Country dialogue tasks

Agree on areas in which each stakeholder should be engaged

- Epi analysis and program reviews
- NSP development and review
- Concept note development and writing
- Input on concept note draft before submission
- Grant making
- Program monitoring

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**Communities, of key populations, women etc. should give as sufficient level of input in the country dialogue as any other country dialogue stakeholders**
Key changes under the new funding model

1. CCM eligibility requirements
2. Timing of concept note submission and access to funding
3. Inclusive country dialogue
4. Splitting funds between eligible diseases and HSS
5. Additional government investments
6. National strategic plans
Program split: What is the process?

Countries may request early review of the split if desired.

CTs communicate allocation via the letter of allocation.

CTs and CCM discuss Disease split during country dialogue.

CCM submits proposed split before concept note submission or at the time of first concept note submission.

GF reviews proposed split based on set criteria.

Proposed split is potentially revised and concept note is adjusted.

Countries may request early review of the split if desired.

CTs communicate allocation via the letter of allocation.

CTs and CCM discuss Disease split during country dialogue.

CCM submits proposed split before concept note submission or at the time of first concept note submission.

GF reviews proposed split based on set criteria.

Proposed split is potentially revised and concept note is adjusted.

Countries may request early review of the split if desired.
CCM proposes a program split between eligible diseases and HSS

Global Fund provides one allocation amount across all eligible disease components.

Allocation announcement contains

- A breakdown by disease component for information only (*countries may propose a different split*)
- Calculation methodology used for disease funding share allocation
- Historical allocation of GF funding and identified over/under allocated disease components*
- Band allocation, for the respective country, based on disease burden and income level
- Amount of potential **incentive funding** available for band

*To be approved by the Steering Committee
Cross-cutting HSS investment guidance is differentiated by bands.

- **Band 1:** Investment strongly encouraged
- **Bands 2,3:** Investment encouraged
- **Band 4:** Investment may be considered on an exceptional basis

For information, the historic levels of disbursements for HSS are provided, but CCMs should invest what is needed for their country:

- **Band 1:** historical average of 11%
- **Bands 2,3:** historical average of 8%
- **Band 4:** None
Proposed program split will be reviewed by The Global Fund

Screening Criteria
Compares proposed allocation against allocation amounts based on disease burden and income levels

- No criterion triggered
- Any criterion triggered or request by Country Team

- Simple review
- Elevated review

Regular reports to GAC on country-level program split
4 Prepare in advance for the program split discussion

Set up ground rules

1. Encourage definition of participants roles

2. Facilitate agreement on analyses / info each group will provide

3. Facilitate agreement on decision-making process

Mitigate conflicts

1. Understand in-going positions

2. Include challenging participants
Key principles on who should be involved in decision-making process

- Balanced representation across eligible diseases
- Specific engagement of KAP
- Representation of HSS

Anonymous vote is recommended for crucial decisions
Practical tip: Agree upfront on the decision making process

Key rules that should be set up upfront

1. When must decision be made by?
2. Who should decide the process if no agreement could be reached?
3. What information should be brought by each group?
4. Who should be involved in decision-making process?
5. What could be the decision-making process?
Overview of allocation methodology of the Global Fund

- Initial Allocation
  - HIV (50%)
  - TB (18%)
  - Malaria (32%)

- Eligible Components
  - Apply Allocation Formula + Qual. Factors
    - Band 1
    - Band 2
    - Band 3
    - Band 4

- Global Disease Split

- Indicative split from Global Fund
  - HIV ($35m)
  - TB ($25m)
  - Malaria ($35m)
  - HSS ($15m)

- Final program split at country level

Example: Country A
Total indicative funding = $100m
How does the allocation formula work?

1. Calculate a country share for each eligible disease component
   - Disease burden
   - Ability to pay (based on GNI per capita)
   - Country score (for disease)
   - Country share (for disease)

2. Apply qualitative adjustments to country share
   - Country share (for disease)
   - Adjusted country share (for disease)
   - External financing
   - Minimum required level

3. Determine country disease allocation
   - Adjusted country share (for disease)
   - Resources available for all allocations for disease (indicative only)
   - Country disease allocation

4. Determine total notional funding amount per country
   - Country allocation (HIV)
   - Country allocation (Malaria)
   - Country allocation (TB)
   - Notional funding amount for country
Key changes under the new funding model

1. CCM eligibility requirements
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How does ‘Counterpart Financing’ work under the new funding model?

Core Global Fund principles:
Sustainability, Additionality, Country Ownership

Mandatory minimum requirements of counterpart financing
• Minimum threshold contribution (LI-5%, Lower LMI-20%, Upper LMI-40%, UMI-60%)
• Increasing government contribution to disease programs and health sector
• Reliable disease and health expenditure data

‘Willingness-to-Pay’ commitment to further incentivize
• Additional co-investments by government in disease programs in accordance with ability to pay
• Realization of planned government commitments
How much money is accessible from the Global Fund for Willingness-to-Pay?

Allocation amount, as communicated by The Global Fund, **includes a 15% allocation** that can only be availed based on additional government investments.

### Allocation formula

- Disease burden
- Income level
- External financing
- Minimum required level

### Qualitative factors

- Grant performance
- Impact
- Increasing infection rate
- Absorptive capacity
- Risk

### Country allocation

15% of which accessible based on Willingness-to-Pay

USD 85 million + Maximum USD 15 million for Willingness to Pay

Example: USD 90 million

USD 100 million
5 What counts towards Willingness to Pay commitments?

Counterpart financing in the next phase, which is

- **Beyond current levels** of government spending or **over minimum threshold** requirements, whichever is higher

- **Committed to strategic areas** of the national disease programs supported by the Global Fund and/or health systems strengthening to address bottlenecks in management and service delivery of programs supported by the Global Fund

- **Not less than already planned spending**: Additional investments should not be lower than already existing government commitments for the next phase

- **Verifiable** through budgets or equivalent official documentation on an annual basis
Consideration of government investments in new funding model

- Government investments are a core focus under the new funding model – will impact annual disbursements
- Level of government commitments required to access the total Willingness-to-Pay component will depend on country allocation, existing commitments, past spending trends, country income, and fiscal space.
- Additional investments required to access Willingness-to-Pay allocation can be prioritized by the government to any Global Fund supported disease program, including relevant HSS
- CCM formally submits government commitments to the Global Fund prior to or along with first concept note submission
- Agree on the following through country dialogue process:
  - Mechanisms for public financing of disease programs
  - Calendar of investments planned by the government over the next phase and the specific interventions/activities financed by these investments
  - Timing and mechanism of tracking and reporting government spending on an annual basis
## The overall process related to counterpart financing and Willingness-to-Pay commitments

<table>
<thead>
<tr>
<th>Communication of country allocation</th>
<th>Pre-country dialogue review</th>
<th>Country dialogue</th>
<th>Concept note submission</th>
<th>Secretariat review</th>
<th>TRP / GAC review</th>
<th>Board approval</th>
<th>Grant agreement</th>
<th>Annual disbursement review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication of indicative funding specifying the willingness to pay component</td>
<td>Review of public financing, mechanisms, spending trends, commitments, fiscal space and availability of data to prepare for country dialogue</td>
<td>Clarify counterpart financing issues, negotiations for increases over the next phase</td>
<td>Formal submission of counterpart financing commitments</td>
<td>Material review of compliance with counterpart financing requirements and willingness to pay allocations</td>
<td>Funding decision</td>
<td>Formalize agreement on counterpart financing commitments and its tracking</td>
<td>Material review of counterpart financing and budget adjustments based on realised commitments</td>
<td></td>
</tr>
</tbody>
</table>

Communication of country allocation

Pre-country dialogue review

Country dialogue

Concept note submission

Secretariat review

TRP / GAC review

Board approval

Grant agreement

Annual disbursement review
What are the roles and responsibilities of CCM and government in the entire process?

**CCM tasks**
- Facilitate setting up of negotiations
- Clarify issues raised by the Global Fund

**Government tasks**
- Provide necessary background information

**Country dialogue**
- Support negotiations
- Assess compliance with requirements of government contribution
- Submit government commitments prior to or along with the first concept note

**Pre-country dialogue Portfolio Review**
- Provide clarifications during Secretariat review, if required

- Engage in negotiations
- Commit additional government investments
- Provide a calendar of government investments
- Provide supporting documentation, where applicable
Key changes under the new funding model

1. CCM eligibility requirements
2. Timing of concept note submission and access to funding
3. Inclusive country dialogue
4. Splitting funds between eligible diseases and HSS
5. Additional government investments
6. National strategic plans
6 Why is a robust NSP important?

- Increases country funding
  - Access to incentive funding
  - Higher probability of funding from Register of Unfunded Quality Demand

- Speeds up Global Fund process
  - Faster concept note development
  - Improved concept note quality
  - Simplified grant management procedures/grant types
6 How do we define a robust NSP?

Robust NSP meets the following criteria*:

1. Sound situational analysis and programming

2. Inclusive development and endorsement process

3. Sound and feasible costs and budgetary framework

4. Effective implementation and management arrangements & systems

5. Effective monitoring, evaluation and review mechanisms

*This criteria has been taken from the JANS review process
6 Different scenarios regarding NSP development

Country can apply, however, they must have a robust NSP to be eligible for incentive funding and register of unfunded quality demand.

In case of current NSP (i.e. still valid, and based on a recent review), attach NSP and review docs to concept note.

If NSP needs to be revised (i.e. is about to end, or mid-term review is due), Global Fund expects countries to

- Conduct a review of their NSP (i.e. program review, mid-term review, monitoring mission, JANS assessment, etc)...
- … using specific procedures e.g. HIV NSP 3G; TB Toolkit to Develop National Strategic Plan for TB control; RBM tools and processes; JANS tool for health sector strategies)

JANS criteria (and tool) are strongly recommended as a framework for all reviews.
6 Role of The Global Fund in NSP development

Facilitative/Catalytic role

- The Global Fund will support reviews of NSPs (similar to other stakeholders), but NSP reviews and development are the responsibility of countries with assistance of technical partners.

NSP and outcomes of review will be used by TRP and GAC to help determine whether the NSP is robust enough to qualify concept note for incentive funding and the Register of Unfunded Quality Demand.
6 What if NSP is not of good quality* or if there is no NSP?

- Consider **delaying the application until NSP is developed (or improve NSP in parallel to concept note development)**.

- Develop more of a **'project-type' concept note**

- Can use an **investment case** (for HIV)

- **Include plan to address NSP weaknesses** by next allocation period in the concept note
  - Access technical partner support
  - Access US$ 150,000 per disease component through reprogramming

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*As reviewed under the criteria mentioned in earlier slide*
6 What is the role of CCM in developing NSP?

✓ 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 key stakeholders that should be engaged in development or review of the national strategic plan – Key Populations, civil society representatives, human rights and gender specialists, etc
  • Engage with stakeholders (including 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.
Agenda

Introduction

Roles and responsibilities in country dialogue process

Key changes under the new funding model

Takeaways of the training
Key takeaways of the training

1. Country dialogue is a **key component** of the Global Fund application process.
   - Involves participation from all key stakeholders, in alignment with the epidemic in the country
   - Produces a concept note that can maximize the impact of Global Fund resources

2. CCMs should be proactive in preparing for and overseeing the country dialogue process.
   - Kick-start the process by engaging the stakeholders of the dialogue as early as possible.
   - Leverage the relevant stakeholders to make things happen.