Introduction to the new funding model

February, 2014
The Global Fund funding model has been redesigned to bring the **Global Fund Strategy of ‘Investing for Impact’** to life. The new model will improve the way the Global Fund assesses, approves, disburses, and monitors grants.

- **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
### How does the new model differ from the previous model?

<table>
<thead>
<tr>
<th>From previous model</th>
<th>To new funding model</th>
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<tbody>
<tr>
<td>• Passive role by the Secretariat in influencing investments</td>
<td>• More <strong>active portfolio management</strong> to optimize impact</td>
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<td>• Timelines largely defined by the Global Fund</td>
<td>• Timelines largely defined by <strong>each country</strong></td>
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<td>• Hands-off Secretariat role prior to Board approval</td>
<td>• <strong>Engagement</strong> by Global Fund Country Teams in country dialogue and concept note development</td>
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<td>• Low predictability: timing of Rounds, success rates and available funds</td>
<td>• <strong>High predictability:</strong> timing, success rates, indicative funding range</td>
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<tr>
<td>• Cumbersome undifferentiated process to grant signing with different delays</td>
<td>• <strong>Disbursement-ready grants</strong> with differentiated approach</td>
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New funding model cycle and timing
Overview of how funds are allocated to countries

1) Eligibility is primarily determined by a country’s disease burden and income level.

2) A designated amount of money is reserved for each eligible country.

3) Qualitative factors will be used to adjust the funding amount for each country. These factors could lead to both upward and downward adjustments to the initial amount.

4) A final adjustment is made during country dialogue, once a country confirms increases to its national funding commitments for health (called “willingness-to-pay”).
Eligibility for Funding

- Country eligibility is determined according to the revised ECFP policy, based on income level and disease burden.
- Identifies which components are eligible to receive an allocation.
- Updated annually to reflect changes in income level and disease burden; allocations are made every 3 years.
Overview of how funds are allocated to countries

Investments will focus on countries with the highest disease burden and lowest ability to pay, while keeping the portfolio global.

1. Eligibility List
2. Allocation formula per country for all 3 diseases
3. Allocation formula determines country allocations, not country band

Measured by GNI per capita
- Lower-income
- Higher-income

Measured by composite disease burden
- Higher-Burden
- Lower-Burden

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

Includes countries that should target MARPs to assist underserved, vulnerable groups amidst concentrated epidemics.

Investments will focus on countries with the highest disease burden and lowest ability to pay, while keeping the portfolio global.
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)
   - Total scores of all countries (for disease)

2. Apply qualitative adjustments to country share
   - Country share (for disease)
   - Adjusted country share (for disease)
   - Qualitative Adjustments
     - 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
## Types of funding

| Country allocation | • Each eligible country receives an allocation to support its disease programs for the allocation period (communicated in March 2014)  
|                    | • The amount is determined using an allocation methodology based on disease burden and income levels, and is adjusted for qualitative factors |
| Incentive funding* | • A separate reserve of funding designed to reward high impact, well-performing programs and encourage ambitious requests  
|                    | • It is made available, on a competitive basis, to applicants in Country Bands 1, 2, 3  
|                    | • Awarding of incentive funding will be based on the TRP recommendation. The GAC will decide on incentive funding, which will be included in the upper-ceiling of the grant |
| Unfunded quality demand | • Any funding requested through a concept note which is considered strategically focused and technically sound by the TRP, but cannot be funded through available funding  
|                    | • The demand is registered for possible funding by the Global Fund or other donors when, and if, any new resources become available |

*Regional applicants, significantly over-allocated disease components and Band 4 countries are not eligible for incentive funding.*
On-going Country Dialogue
Country dialogue is a country-owned on-going process

The term used by the Global Fund to refer to the ongoing discussion that occurs at country level to prioritize how to fight the three diseases and strengthen health and community systems.
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 Global Fund support
- 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
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
Who plays a role in country dialogue?

Country dialogue

- Country government
- Global Fund
- Technical partners
- Civil society / key populations
- Academia
- Other donors
- Private sector

These actors meet in the CCM, however, the dialogue should expand beyond the CCM
### Key discussions during country dialogue

<table>
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<tr>
<th>Documented evidence of impact</th>
<th>Conducting program evaluations and other research to determine outcomes and impact of programs including capacity assessments of health and community systems to deliver services</th>
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<tbody>
<tr>
<td>Disease and health sector landscape</td>
<td>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</td>
</tr>
<tr>
<td>Human Rights and Inclusion</td>
<td>Ensuring meaningful participation of people living with HIV, TB 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</td>
</tr>
<tr>
<td>National, Donor &amp; Global Fund investments</td>
<td>Mapping the funding landscape and ensuring alignment and complementarity between donor and national funding in the overall budget for the disease response</td>
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Preparing for the Concept Note
What is the role of CCM?

- **Initiate** pre-concept note country dialogue
- **Facilitate** robust country dialogue
- **Develop** concept note
### Key tasks during concept note preparation

| Review national strategic plans | • Conduct national program reviews with technical partners  
  • Examine existing data and information  
  • Consider using the JANS criteria  
  • Take action to strengthen them in areas where weaknesses are found |
| Plan for inclusive dialogue key groups | • Develop an engagement plan, including how to involve Key Populations and civil society  
  • Consider including community organizations, government ministry representatives, private sector, technical partners, academia, other donors  
  • Establish a process for ensuring inclusive dialogue |
| Plan when to apply | • Identify when funds are needed for each disease, ensuring continued funding for existing programs  
  • Estimate how long the application process will take for your country  
  • Decide on which submission date best suits your country |
| Review CCM compliance with eligibility requirements | • Ensure you are following CCM eligibility requirements and minimum standards  
  • Review CCM governance, and request partner support to performance, where relevant |
### Key tasks during concept note preparation

<table>
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<tr>
<th>Task</th>
<th>Description</th>
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<tr>
<td><strong>Begin negotiations on increased governmental commitments</strong></td>
<td>• Discuss increases to domestic commitments with the government to ensure the ability to access the last 15% of the country allocation.</td>
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<td><strong>Agree on program split across eligible diseases and HSS activities</strong></td>
<td>• Revise and determine how to split the allocation between eligible disease components and cross-cutting HSS to better suit the country context</td>
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<td>• Agree on what information will be needed to make a decision and who will be the ultimate decision-maker</td>
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<td>• Endorse the proposed split before the first concept note submission to the Secretariat</td>
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<td><strong>Begin discussion on appropriate implementation arrangements</strong></td>
<td>• Define the implementation arrangements for the program</td>
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<td>• Assess the main risks related to the effective implementation of the program and each nominated PR against a set of minimum standards</td>
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<td>• Propose risk mitigation measures</td>
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<td>• Start the development of an implementation arrangement diagram</td>
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Review National Strategic Plans
Funding requests should be based on national strategic plans (NSPs)

The new funding model places more emphasis on **alignment to country processes**, and aims to incentivize the development of **robust, costed and prioritized disease-specific NSPs** (and/or investment cases for HIV) as well as the overall national health strategy.

### A robust NSP meets JANS criteria:

- ✔ Sound situational analysis and programming
- ✔ Inclusive development and endorsement process
- ✔ Sound and feasible costs and budgetary framework
- ✔ Effective implementation and management arrangements & systems
- ✔ Effective monitoring, evaluation and review mechanisms

![Concept Note](with prioritized programmatic gaps)
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
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
### Different scenarios regarding NSP development

<table>
<thead>
<tr>
<th>What if NSP needs to be further strengthened?</th>
<th>Country can apply, however, they <strong>must have a robust NSP to be eligible for incentive funding</strong> and register of unfunded quality demand.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What if NSP is current?</td>
<td>In case of current NSP (i.e. still valid, and based on a recent review), attach NSP and review docs to concept note.</td>
</tr>
<tr>
<td>What if NSP needs to be revised?</td>
<td>If NSP needs to be revised (i.e. is about to end, or mid-term review is due), Global Fund expects countries to</td>
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<tr>
<td></td>
<td>• <strong>Conduct a review of their NSP</strong> (i.e. program review, mid-term review, monitoring mission, JANS assessment, etc)…</td>
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<td>• … <strong>using specific procedures</strong> 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)</td>
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<td><strong>JANS criteria (and tool) are strongly recommended</strong> as a framework for all reviews.</td>
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</table>
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.
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.
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

*As reviewed under the criteria mentioned in earlier slide
Plan for Inclusive Dialogue
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?
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

- Key populations and people living with the three diseases in program design and routine supervision

  - Ensure coverage, quality and uptake across the continuum of prevention, testing, treatment, care and support, particularly for key populations

Inclusive country dialogue
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>
</tr>
<tr>
<td>✓ Other funders and implementers</td>
<td>✓ Non-public sector implementers (e.g., FBOs)</td>
<td>Private foundations, such as Levi Strauss Foundation, Global Fund for Women</td>
</tr>
<tr>
<td>✓ Private foundations, such as Levi Strauss Foundation, Global Fund for Women</td>
<td>✓ Regional and international human rights groups</td>
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<tr>
<td>✓ WHO</td>
<td>✓ People who work in settings that facilitate TB transmission</td>
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<tr>
<td>✓ UNAIDS</td>
<td>✓ Former prisoners</td>
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<tr>
<td>✓ Stop TB partnership</td>
<td>✓ People living with HIV</td>
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<tr>
<td>✓ Regional and international networks of Key Populations</td>
<td>✓ People who use drugs</td>
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<tr>
<td>✓ Roll Back Malaria partnership</td>
<td>✓ Migrants</td>
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<td>✓ UNDP, OHCHR, UNFPA, ILO, UNHCR, UNICEF, depending on country context</td>
<td>✓ Refugees</td>
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<tr>
<td>✓ Open Society Foundations and other private foundations</td>
<td>✓ Indigenous peoples</td>
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<tr>
<td>✓ Regional and international human rights groups</td>
<td>✓ Other, such as labor unions, depending on country context</td>
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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 disproportionally 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

Communities, of key populations, women etc. should give as sufficient level of input in the country dialogue as any other country dialogue stakeholders
Key takeaways on inclusive dialogue

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.
Plan when to apply
Key principles around timing in the new funding model

1. **Flexible timing** for application to maximize concept note quality

2. **Alignment with country fiscal cycle** is recommended

3. **NSP alignment is an advantage** but is not compulsory

4. **Submission of one concept note per disease** per replenishment

5. Availability of up to 12 month costed & uncosted **extensions to help align timing**

Concept note should present a consolidated request for existing and new funds
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
  - Pre-concept note country dialogue: 2 months
  - Concept note writing: 2 months
  - TRP and GAC review: 1.5 months*
  - Grant making: 1 month
  - From Board approval to 1st disbursement: 7 months

- **Average**:
  - Need time for country dialogue to agree on priorities and consult stakeholders
  - PRs and implementation arrangements are satisfactory
  - Pre-concept note country dialogue: 3 months
  - Concept note writing: 2 months
  - TRP and GAC review: 2 months
  - Grant making: 3 months*
  - From Board approval to 1st disbursement: 1 month

- **Long**:
  - Lack clear strategy or viable extension plan through grant period
  - Weak CCM and/or implementers
  - Weak technical partners in-country
  - NSP development: 8 months
  - Concept note writing: 3 months
  - TRP and GAC review: 2 months
  - Grant making: 3 months*
  - From Board approval to 1st disbursement: 1 month

**Timing of concept note submission has to be aligned to one of the TRP / GAC windows**

* 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** TRP review meeting (approx.)

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New extension policy
(to be approved by the Board in March 2014)

1 Extension of 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

2 Costed extensions (borrowed from allocation), subject to approval

3 Non-costed extensions (uncommitted Funds/Savings), subject to approval

Extensions should be used sparingly (for strongly justified cases)
Review CCM Eligibility
<table>
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<tr>
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<th>CCM Eligibility Requirements</th>
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<tr>
<td>1</td>
<td>Transparent and inclusive concept note development process</td>
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<td>2</td>
<td>Open and transparent PR selection process</td>
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<td>3</td>
<td>Overseeing program implementation and having an oversight plan</td>
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<td>4</td>
<td>Document the representation of affected communities</td>
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<tr>
<td>5</td>
<td>Ensure representation of non-governmental members through transparent and documented processes</td>
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<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>
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1 and 2 assessed at CN 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

---

**2013**

- Review CCM performance against the Minimum Standards to determine TA needs

**2014 Benchmarking**

- Conduct an annual self-assessment against the CCM Minimum Standards
- Choose a TA provider to support the assessment and develop an action plan
- Implement the action plan to meet the minimum standards

**January 1, 2015**

- Minimum Standards enforced at grant signing as of January 1, 2015
Facilitates annual CCM performance assessment (requirements 3, 4, 5 and 6)

Information captured by the tool allows CCM self-reflection about its performance

Contains indicators for CCM eligibility requirements (mandatory for submitting a Concept Note) and CCM minimum standards (mandatory for signing a grant - enforceable as of 1 January 2015).
Begin negotiations on increased government funding commitments
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?

The allocation amount, as communicated by The Global Fund, includes 15% that is only accessible 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

**Example:**
- US$ 90 million
- US$ 100 million

US$ 85 million + Maximum US$ 15 million for Willingness to Pay
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.
Willingness-to-Pay commitment: Roles and Responsibilities

Pre-country dialogue Portfolio Review

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

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

Review and communication
• Provide clarifications during Secretariat review, if required

Government tasks
• Provide necessary background information

Concept note Submission
• Engage in negotiations
• Commit additional government investments
• Provide a calendar of government investments
• Provide supporting documentation, where applicable
Program Split: Agree on how to split funds from the Global Fund
Program split: What is the process?

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
How much can the country invest in HSS?

The Global Fund will provide no guidelines / limits on how funds should be split among the 3 diseases and HSS.

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
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

<table>
<thead>
<tr>
<th>Key rules that should be set up upfront</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When must decision be made by?</td>
</tr>
<tr>
<td>2. Who should decide the process if no agreement could be reached?</td>
</tr>
<tr>
<td>3. What information should be brought by each group?</td>
</tr>
<tr>
<td>4. Who should be involved in decision-making process?</td>
</tr>
<tr>
<td>5. What could be the decision-making process?</td>
</tr>
</tbody>
</table>
Begin discussion on appropriate implementation arrangements
Minimum Standards for PRs

The Global Fund will expect grant implementers to meet minimum standards

- PR demonstrates effective management structures and planning
- PR has the capacity & systems for effective management & oversight of SRs
- Internal control system of PR is effective to prevent & detect misuse or fraud
- The financial management system of the PR is effective & accurate
- Central & regional warehousing have capacity, & aligned with good storage practices
- Distribution systems & transportation arrangements are efficient to ensure secure and continued supply
- Data-collection capacity and tools are in place to monitor program performance
- Functional routine reporting system with reasonable coverage to report program performance
- Implementers have capacity to comply with quality requirements & monitor product quality throughout the in-country supply chain
New task: implementation arrangement mapping

Mapping is an iterative process showing what is known and unknown at a point of time

Pre-submission CD

CN submission

Post Grant signing

1. Identify key entities and flow of funds:
   - Entities roles and proportion of the grant value they are managing

2. Identify potential risk factors:
   - PRs / SRs handling large amount of funds
   - Procurement & supply chain arrangements
   - Interactions between grants
   - External entities that influence implementation

3. Prioritize risk through capacity assessment:
   - Share with Technical Partners a common view on risk analysis

Important Note: Implementation arrangement map is mandatory for all new grants
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

- Be part of negotiations on counterpart financing and willingness to pay commitment
What are the responsibilities of other stakeholders?

<table>
<thead>
<tr>
<th>Country government / National Disease Program</th>
<th>In-country technical partners</th>
<th>Private sector</th>
<th>Civil society and key populations</th>
<th>Other donors</th>
<th>Academia</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Supports the CCM to determine the ideal submission timing for concept notes to correspond with national health strategy</td>
<td>• Discuss disease landscape with in-country stakeholders</td>
<td>• Share expertise to inform concept note development</td>
<td>• Provide ongoing and meaningful input into development of strategy and funding request</td>
<td>• Participate in country dialogue and co-ordination</td>
<td>• Provides inputs in the development of concept note in areas expertise</td>
</tr>
<tr>
<td>• Ensures coordination between different donors</td>
<td>• Support development of an accessible knowledge base of available data in country</td>
<td>• Explain any financial contribution to the three diseases</td>
<td>• Defines and follows up on national commitments</td>
<td>• Assist in the development of a clear funding overview by country</td>
<td>• Shares country-specific knowledge of key topics</td>
</tr>
<tr>
<td>• Defines and follows up on national commitments</td>
<td>• Ensure domestic or regional experts are included in country dialogue</td>
<td>• Highlight opportunities to leverage private sector: management and finance support to PRs, channel for service delivery and increasing access, solutions for supply chain</td>
<td>• Help identify and monitor legal or policy barriers to services</td>
<td>• Review program performance</td>
<td>• Identifies opportunities for operational research</td>
</tr>
<tr>
<td>What is available?</td>
<td>What is it?</td>
<td>Where is it?</td>
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</tr>
<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>
<td></td>
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</tr>
<tr>
<td>TA request form</td>
<td>Template to request technical assistance from partners</td>
<td>Coming soon on Global Fund website</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCM minutes template</td>
<td>Word / excel template to submit minutes of CCM meetings</td>
<td><a href="#">click here</a></td>
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</tr>
<tr>
<td>JANS tool</td>
<td>List of attributes &amp; criteria to perform a preliminary assessment of the NSP</td>
<td><a href="#">click here</a></td>
<td></td>
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</tr>
<tr>
<td>Guidelines and requirements for CCM</td>
<td>Guidelines to CCM on their role in Global Fund processes</td>
<td><a href="#">click here</a></td>
<td></td>
<td></td>
<td></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>
<td></td>
<td></td>
<td></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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</tr>
</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>
</tr>
</thead>
<tbody>
<tr>
<td>• CN template and guidelines</td>
<td>- Programmatic gap table: Excel template to map coverage from other donors and funding request to the Global Fund</td>
<td>click here</td>
</tr>
<tr>
<td></td>
<td>- Modular tool: Excel template to map impact and outcome indicators of the program</td>
<td></td>
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<tr>
<td></td>
<td>- Financial gap analysis and counterpart financing table: Excel template to map funding needs &amp; resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- CCM endorsement form template: 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>1. New funding model Resource Book</td>
<td>click here</td>
</tr>
<tr>
<td>2. Frequently Asked Questions about the new funding model</td>
<td>click here</td>
</tr>
<tr>
<td>3. Online learning materials on key topics (e-learning modules)</td>
<td>Coming soon on Global Fund website</td>
</tr>
<tr>
<td>4. Concept note templates and guidelines</td>
<td>click here</td>
</tr>
<tr>
<td>5. Information notes</td>
<td>click here</td>
</tr>
</tbody>
</table>
The concept note
**The concept note**

- Principal document for TRP and GAC reviews and grant-making purposes
- Output from country dialogue, reflective of an inclusive multi-stakeholder process
- Encourages robust and ambitious funding request
- Funding request based on the national strategic plan
- Captures “full expression of demand”
Concept note will capture the full expression of demand

In the concept note:
- Full expression of demand captured at a higher level based on a costed national strategy
- Applicant will determine which program elements of their full expression of demand should be in their request above the allocation

Applicants encouraged to apply for their full expression of demand

Remaining Demand

Funding request above the allocation

New funding

Existing funding*

Current Country Response
(based on current and anticipated resources)

✓ Domestic Resources**
✓ External Resources (Non-GF)

Consolidated funding request

Funding gap

* As of 1 January 2014
** Includes counterpart financing and willingness-to-pay commitments
Funding request to be prioritized across the allocation amount and the amount requested above

Concept note

Total funding request

- Request above the allocated amount

Country allocation (existing + incremental)

TRP Review

- Technically sound

GAC

- Quality demand

- Incentive

Country allocation

Upper-ceiling of funding for grant

Illustrative example: assumes that the whole funding request is technically sound
A concept note outlines the reasons for Global Fund investment:

- Describes a strategy, supported by technical data that shows why this approach will be effective.
- Prioritizes a country’s needs within a broader context, guided by a national health strategy and a national disease strategic plan.
- Describes how implementation can maximize the impact of the investment.

Prioritizing investments means making hard choices about what programs can make the most of Global Fund support.

Results-based funding requires a constant reassessment and reprogramming of existing funds to maximize their usefulness.

The Global Fund and applicants must constantly look for ways to adapt and adjust, to respond to the changing landscape of the diseases.
Overview of the structure of the standard concept note

Section

1. Define the problem and assess response to date

2. Understand the funding landscape

3. Prioritize funding needs and choose best response for highest impact

4. Ensure appropriate implementation capacity and risk mitigation

The CCM will submit the Concept Note in most cases

• Core tables
• CCM Eligibility & endorsement
• Supporting documents

Instructions & Information Notes

Provide guidance to applicant on how to integrate key issues such as human rights, gender, SOGI, operational risk
Core tables & templates in a standard concept note

**Tables**

1. Financial Gap Analysis & Counterpart Financing Table*
2. Programmatic Gap Table(s)
3. Modular Template
4. List of Abbreviations and Annexes

**Templates**

- CCM Eligibility Requirements**
- CCM Endorsement of Concept Note**

* Not applicable to stand-alone HSS or applications from Regional Organizations, Regional Coordinating Mechanisms and Non-CCMs
** Not applicable to applications from Regional Organizations and Non-CCMs
(Standard) Step 1: Define the problem and assess response to date

**A** Situational analysis of the current and changing epidemiological context in the country

1. Define the problem, including geographic variations
   - Define constraints and barriers to an appropriate response
     - Consider:
       - Community system constraints
       - Health system constraints
       - Human rights barriers
       - Key populations with disproportionately low access to services

**B** Assessment of the current national response against the disease

1. Provide information based on national strategic disease plan(s)
   - Describe:
     - The impact of the national response to the disease
     - Country processes for reviewing and revising the response based on outcomes achieved and lessons learned
Section 2

(Standard) Step 2: Understand the funding landscape, additionality and sustainability

An outline of the current & anticipated funding landscape of the national program over the proposed grant duration

1. Include current and future commitments (government and donor) towards the disease(s)

   Demonstrate:
   - Compliance with counterpart financing requirements and planned actions to reach compliance
   - Government’s willingness-to-pay commitments and how they will be tracked and reported

2. Identify the funding gaps of the national program

Table 1

Financial Gap Analysis & Counterpart Financing Table
(Standard) Step 3: Prioritize funding needs and choose best response for highest impact

1. Prioritization should be evidence-based and build on the analysis provided in sections 1 and 2

2. Prioritization of modules across and within: - the country allocation and - the amount requested above the country allocation + justification

3. - Choose the best interventions to achieve the highest impact with the investment - Propose expected impact and outcome from additional investments above the country allocation

4. LMIs & UMIls: Ensure compliance with the ‘focus of application’ on key populations and/or highest impact interventions
(Standard) Step 4: Ensure appropriate implementation capacity and risk mitigation

Information on the implementation capacity of PRs and risk mitigation measures to program delivery

1. Overview of implementation arrangements
   - Include dual-track financing
   - Describe coordination among implementers
   - Identify any anticipated challenges

2. Include an implementation arrangement diagram (not required at concept note submission)

3. For each PR, complete the ‘minimum standards for implementers’ assessment

4. Describe current or anticipated risks to program delivery and/or PR performance, including the proposed mitigation measures
Global Fund is moving to a modular approach for grant making

It runs throughout a grant's lifecycle, providing consistency at each stage

- During the concept note stage, a funding request is defined by selecting a set of interventions per module to align with national strategy
- During the grant making stage, each approved intervention is further defined by identifying and describing the required sets of activities
- During grant implementation, progress of each intervention is monitored as laid out in the prior stages
Benefits of the modular approach

<table>
<thead>
<tr>
<th>1</th>
<th>Single, common and well defined framework for grant making</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Incorporates terminology already being used by countries and partners</td>
<td></td>
</tr>
</tbody>
</table>
| • “Service Delivery Areas” (SDAs) were applied inconsistently, presenting challenges for portfolio level analysis. These have been replaced by “interventions”.
| • Enables the flow of content from approved concept note into grant making stage |
| • Avoiding complex budgeting at concept stage and using broad estimates, leaving detailed budgeting for collaborative grant making process |

<table>
<thead>
<tr>
<th>2</th>
<th>Single template for activities, funding, and indicators for performance assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Includes modules, intervention and associated budget</td>
<td></td>
</tr>
<tr>
<td>• Allows for comparison between funding and performance at the intervention level</td>
<td></td>
</tr>
<tr>
<td>• Ensures tracking of key program elements with focus on coverage and impact</td>
<td></td>
</tr>
<tr>
<td>• Minimizes the use of multiple separate grant documents (budgets, PSM plan, performance framework) which were developed &amp; reviewed in parallel without clear links</td>
<td></td>
</tr>
</tbody>
</table>
Example: HIV-Treatment Care and Support

**Component**
- HIV
- Malaria
- TB
- HSS

**Modules**
- Treatment care and support (PMTCT)
- Program management
- M&E

**Interventions**
- Pre-ART Care
- ART therapy
- Treatment monitoring
- Counselling and Psych-social Support
- Treatment adherence
- CD4 testing
- Training of health workers
- Baseline clinical assessment
- Procurement of ARVs

**Activities (not standardized)**

**Impact/outcome indicators**

**Coverage/output indicators**

**Work-plan tracking measures**
Concept notes can be of various types, depending on type of request and country context

1. Standard (H-T-M)
2. TB-HIV*
3. HSS
4. Non-CCM
5. Differentiated approach
6. Multi-country applications**
7. RCM & RO

* Mandatory for countries identified by WHO with a high co-infection rate
** Countries whose individual allocations are pooled together in one funding request, e.g. small island economies
TB and HIV single concept note: Joint Planning and Programming

1. Conduct joint planning and alignment of TB and HIV Strategies, Policies and Interventions

2. Describe:
   - Plans for further alignment of the TB and HIV strategies, policies and interventions at different levels of the health systems and community
   - The barriers that need to be addressed in this alignment process
Eligibility for HSS funding

• All countries receiving Global Fund’s support for disease programs are eligible for HSS investments

• Request by including one or more cross-cutting HSS module’s in one or more disease Concept Note(s), or by preparing a separate HSS concept note for a stand-alone cross-cutting HSS grant

• Upper-middle income countries with “high” disease burden are not eligible, and can’t submit a HSS concept note for a HSS grant

• Disease-specific interventions with spill-over effects on health system components relevant to only one disease program (labelled as “disease-specific HSS” under the Rounds-based system) are allowed and can be embedded in disease grant; not labelled as “HSS”
# Flexibility for requesting funding for HSS

<table>
<thead>
<tr>
<th>Option</th>
<th>When to consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not requesting funding for cross-cutting HSS</td>
<td>When sufficient resources are available from domestic and other donors’ resources to address cross-cutting HSS needs, ensuring successful implementation of HIV/AIDS, TB and malaria programs.</td>
</tr>
<tr>
<td>Including cross-cutting HSS in disease requests</td>
<td>When cross-cutting HSS needs are identified, which cannot be resourced by domestic or other donors’ resources, but countries do not wish to prepare a separate HSS Concept Note for a stand-alone HSS grant.</td>
</tr>
<tr>
<td>Developing a separate HSS Concept Note for stand-alone HSS grant</td>
<td>All countries, except upper middle-income countries with “high disease burden”, (as defined by the eligibility policy) are eligible to develop a separate funding request for a stand-alone cross-cutting HSS grant.</td>
</tr>
<tr>
<td>Single TB-HIV Concept Note</td>
<td>41 countries with high TB/HIV co-infection burden are expected to submit a single concept note for the two diseases. These countries are strongly encouraged to consider cross-cutting HSS needs.</td>
</tr>
<tr>
<td>Aligning multiple disease-specific Concept Notes</td>
<td>In order to better coordinate a broader health response, improve alignment and reduce fragmentation between disease-specific programs, some countries may choose to prepare 2 or 3 eligible disease Concept Notes simultaneously. These countries are strongly encouraged to consider cross-cutting HSS needs.</td>
</tr>
</tbody>
</table>
Prioritized scope of HSS investments

- Five components of the health system are prioritized for HSS investments based on programmatic risk analysis:

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

- Limited flexibility beyond this, with strong justification:
- direct link to ATM outcomes & complementary to proposed HSS & focus on key populations & no other resources available.
Approach to regional applications: two-step process

- All regional applicants must submit an **expression of interest (EOI)** before developing a CN
- A review of EOI will take place to determine: eligibility; strategic focus and regional impact; potential indicative amounts
- **Only eligible and strategically focused applications can submit a CN**
- Two submission windows: one in 2014 and one 2015
Submission of Expression of Interest

Objectives of EoI

• Provides a high-level summary of who, what, how much and expected impact.

• Determines if the regional funding request is strategically focused.

Needs to have enough detail to make a decision on whether or not to move forward

Structure of EoI

1. Applicant Summary
   Applicant type (RCM or RO) and disease, countries involved and preliminary information on CCM endorsements

2. Brief description
   Context of proposed scope, cost, expected impact and justification for a regional approach

3. Timeline and risks
   Proposed implementation timeline and key risks
Human rights, gender, CSS interventions are part of the health response, and included in grants

<table>
<thead>
<tr>
<th>Critical enablers</th>
<th>Output</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strengthen health systems (HSS)</td>
<td>Health services are • Available • Sustainable • High quality • Accessible to all • Respect rights/ enabling environment</td>
<td>Health is improved</td>
</tr>
<tr>
<td>2. Strengthen community systems (CSS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Protect and promote human rights</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Fund programs that strengthen response for women and girls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Address needs of MSM, transgender people, sex workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Strengthen linkages between RMNCH and HIV, TB, and malaria services</td>
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</tr>
</tbody>
</table>
Countries must identify human rights barriers to access

- Discrimination
- Fear of arrest for criminalized key populations
- Forced sterilization
- Prison overcrowding
- Denial that key pops exist
- Gender inequality
- Migrants lack ID cards
- Lack of legal aid
- Police abuse
- No right to register an NGO
Human rights interventions for Global Fund grants

**Interventions**

Use a **rights-based approach** to health services
- Consult with key populations for HIV, TB and malaria
- Put the person at the center, tailor services to their needs, integrate services with local community platforms

Package to **remove legal barriers to access**
- Legal environment assessment
- Law and policy reform
- Legal literacy
- Legal aid services
- Rights training for officials, health workers, and police
- Community-level monitoring
- Policy advocacy and social accountability

**Examples**

- In South Africa, prisoner support groups monitor and advocate on treatment access
- Myanmar networks of PLHIV and key populations monitor local cases of medical discrimination against PLHIV and TB patients, and work with a national law reform working group to change the laws
- In Kenya, KELIN provides legal aid to women living with HIV who lose their inheritance rights
- In Indonesia, LBH Masyarakat trains people who inject drugs as community paralegals for peers

These programs give new entry points for testing and treatment, boost adherence, and empower communities to advocate for prevention, treatment and high-quality care.
Community system strengthening interventions

Community system strengthening (CSS) is defined as an approach that promotes the development of informed, capable and coordinated communities, community-based organizations, groups, networks and structures.

Four kinds of interventions the Global Fund will support:

- Community-level monitoring for accountability
- Policy advocacy for social accountability
- Social mobilization, building community linkages, collaboration and coordination
- Institutional capacity building, planning and leadership development in the community sector

Community-led service provision now fully integrated into health service modules
All programs should be gender-responsive

<table>
<thead>
<tr>
<th>Table Row</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Differentiating needs &amp; vulnerabilities</td>
<td>Take into account the <strong>different needs and vulnerabilities</strong> of women and men, girls and boys because of existing gender norms</td>
</tr>
<tr>
<td>Barriers to access</td>
<td>Reduce women’s and girls’ <strong>barriers to access</strong> to prevention, treatment and care, especially by addressing specific needs of women and girls living with diseases</td>
</tr>
<tr>
<td>Burdens of care</td>
<td>Address disproportionate <strong>burdens of care</strong> and support on women and the elderly</td>
</tr>
<tr>
<td>Address other gender-based issues</td>
<td>Address <strong>gender-based violence, early or forced marriage, lack of access to education</strong>, etc.</td>
</tr>
<tr>
<td>Sex-disaggregated data</td>
<td>Collect and report with <strong>sex-disaggregated data</strong> for monitoring and evaluation</td>
</tr>
<tr>
<td>Programs linked with RMNCH services</td>
<td>Include programs that are <strong>linked with RMNCH services</strong>, for easier access and integrated health services for women and girls</td>
</tr>
</tbody>
</table>
The new funding model: Entry points for civil society, key populations

1. Key populations, women’s networks, human rights, CBOs:
   • Caucus and strategize
   • Have data to show need not being met

2. Using evidence, help government identify barriers to services, and good programs that should be scaled up
   Ensure your representatives are included in country dialogue

3. Advocate for representation in writing group to create concept note
   Review the concept note!, ensure interventions to achieve impact

4. Review guidance from TRP on impact, targets and indicators the grant should focus upon

5. Identify the detailed activities necessary to achieve impact

6. Identify implementers most appropriate to deliver the activities and ensure impact

Ongoing Country Dialogue

CCM, domestic civil society and KPs review evidence, identify gaps and priorities

National Strategic Plan determined by country

Concept Note

TRP

Grant-Making

GAC

2nd GAC Board

Grant Implementation 3 years

The Global Fund
Le Fonds Mondial
El Fondo Mundial
Глобальный фонд
Global Fund
The Global Fund
Le Fonds Mondial
El Fondo Mundial
Глобальный фонд
Grant Management Platform: Automation
Grant Management Platform

CCMs complete the concept note (including the narrative and core components) and supporting documentation.

The GF Secretariat will access the final application online.

PR use the platform for grant-making.
Grant Management Platform - Demo
The platform will be available in English, French, Spanish and Russian.

Advanced training will be available for CCM-designated administrator(s) of the Platform.

CCMs are encouraged to identify technical or capacity gaps which would prevent usage of the online system (with the support of GF Country Teams).

The grant management platform with detailed guidance will be available to CCMs **April 1, 2014**.
Concept Note Review & Approval: Technical Review Panel & Grant Approvals Committee
What is the Technical Review Panel looking for?

The TRP is an independent panel of international experts that reviews and assesses the prioritized interventions in the concept note.

- Soundness of approach
- Value for money
- Feasibility
- Potential for sustainable outcomes

Criteria for reviewing funding requests
What does the Grant Approval Committee take into account?

The GAC determines the upper-ceiling for the budget and awards incentive funding

- TRP’s recommendations
- Strategic focus
- Sustainability
- Reward strong performance
- Ambition of the request
- Ensures adequate investment in gender, CSS, human rights and key populations
Practical advice

Technical Review Panel

1. Start discussing important strategic changes early

2. Make sure the concept note clearly indicates strategic choices that will deliver maximum impact in the long term

Grant Approval Committee

1. Ensure rigorous and comprehensive programmatic gap analysis with focus on coverage and outcomes

2. Provide detailed information on domestic contributions

3. Clearly state priorities for incentive funding
Grant Making
What is grant-making?

Translation of the approved interventions, based on the TRP and GAC recommendations, into **disbursement-ready** grants for Board approval and signature

Create work plan for the development of the grant documents

Negotiate grant documents and implementation details with Principal Recipients

Identify and mitigate capacity gaps and risks related to the grant implementers and grant implementation
Practical advice for successful grant-making?

- Start grant-making as soon as the concept note is submitted
- Retain the engagement of the country dialogue partners
- Plan to spend quality time with your Country Team
- Maintain the linkages set out in the modular template
- Anticipate procurement lead times
- Be realistic about the capacity of implementers
- Implementer choice should be based on most effective delivery of the interventions
Grant Approval
How does it work?

Country Team submit

- Proposed Grant Agreement
- Implementation Assessment of Principal Recipient
- Concept Note
- Grant-making Issues Documentation Form, describing how the issues raised by the TRP and GAC have been addressed during grant making

What is the GAC looking for?

- Rigorous financial and budget review, that results in cost efficiencies which can be re-invested for greater impact
- Clarification of key strategies and actions for follow up during program implementation
- Determination of final programmatic scope
- Identification of funding gaps to be added to the register of unfunded quality demand
Grant Approval Process

- GAC reviews disbursement-ready grant and submits a final report to the Board
- The GF Board reviews and approves grants
- The GF signs the Grant Agreement after the Principal Recipient and CCM have signed
- The GF and PR set the grant start date
Questions?
## HANDOUT: Consider these groups to make your country dialogue inclusive

### In-country organizations
- CCM members
- Ministry of Health
- Ministry of Finance
- Ministry of Gender/Women
- Ministry of Justice, Ministry of Interior, Parliamentary committee on health
- National disease bodies, e.g., national AIDS council
- National human rights institutions
- Civil society, e.g., Aids Alliance, faith-based organizations, legal and human rights groups

### Global technical partners
- UNAIDS
- Stop TB partnership
- Roll Back Malaria partnership
- WHO
- UNDP, OHCHR, UNFPA, ILO, UNHCR, UNICEF, depending on country context
- Open Society Foundations
- Regional and international networks of KAPs
- Regional and international human rights groups

### Other funders and implementers
- PEPFAR, PMI, USAID, CDC
- EU members (e.g., DfiD, GIZ, French)
- AusAid
- HIVOS
- European Commission, staff at embassy human rights/development programs
- Private foundations, such as Levi Strauss Foundation, Global Fund for Women, depending on context
- Non-public sector implementers (e.g., FBOs)
- World Bank

### HIV
- People living with HIV
- Men who have sex with men
- Transgender persons
- People who inject drugs
- Sex workers (male, female, and transgender)
- Women and girls
- Youth
- Other, such as people with disabilities, ethnic minorities, depending on country context

### TB
- People who work in settings that facilitate TB transmission
- Prisoners
- Migrants
- Refugees
- Indigenous peoples
- People living with HIV
- People who use drugs
- Other, such as labor unions, depending on country context

### Malaria
- Refugees
- Migrants
- Community health workers/ volunteers working on MNCH
- Other, such as indigenous peoples, depending on country context
**HANDOUT: Develop an engagement plan**
Some example ideas are below

<table>
<thead>
<tr>
<th><strong>Who should be involved</strong></th>
<th><strong>In what should they be involved</strong></th>
<th><strong>How to engage them</strong></th>
<th><strong>When key events will occur</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Epi analysis &amp; program reviews</td>
<td>Through caucuses</td>
<td>Major meetings and consultations</td>
</tr>
<tr>
<td>Civil society</td>
<td>National strategic plan development</td>
<td>At national conferences</td>
<td>Draft concept note sent for TRP review</td>
</tr>
<tr>
<td>Key affected populations</td>
<td>Country dialogue</td>
<td>In safe spaces</td>
<td>Concept note submission (target date)</td>
</tr>
<tr>
<td>People living with the disease</td>
<td>Concept note writing</td>
<td>In writing group</td>
<td>TRP / GAC input received</td>
</tr>
<tr>
<td>Technical partners</td>
<td>Grant making</td>
<td>Through lead representative</td>
<td>Date when new funds are needed</td>
</tr>
<tr>
<td>Other funders</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>