

STANDARD CONCEPT NOTE

Investing for impact against HIV, tuberculosis or malaria

A concept note outlines the reasons for Global Fund investment. Each concept note should describe a strategy, supported by technical data that shows why this approach will be effective. Guided by a national health strategy and a national disease strategic plan, it prioritizes a country's needs within a broader context. Further, it describes how implementation of the resulting grants can maximize the impact of the investment, by reaching the greatest number of people and by achieving the greatest possible effect on their health.

A concept note is divided into the following sections:

Section 1: A description of the country's epidemiological situation, including health systems and barriers to access, as well as the national response.

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

Section 3: A funding request to the Global Fund, including a programmatic gap analysis, rationale and description, and modular template.

Section 4: Implementation arrangements and risk assessment.

IMPORTANT NOTE: Applicants should refer to the Standard Concept Note Instructions to complete this template.

SUMMARY INFORMATION

Applicant Information

Country		Component	Choose an item.
Funding Request Start Date		Funding Request End Date	
Principal Recipient(s)			

Funding Request Summary Table



A funding request summary table will be automatically generated in the online grant management platform based on the information presented in the programmatic gap table and modular templates.

SECTION 1: COUNTRY CONTEXT

This section requests information on the country context, including the disease epidemiology, the health systems and community systems setting, and the human rights situation. This description is critical for justifying the choice of appropriate interventions.

1.1 Country Disease, Health and Community Systems Context

With reference to the latest available epidemiological information, in addition to the portfolio analysis provided by the Global Fund, highlight:

- a. The current and evolving epidemiology of the disease(s) and any significant geographic variations in disease risk or prevalence.
- b. Key populations that may have disproportionately low access to prevention and treatment services (and for HIV and TB, the availability of care and support services), and the contributing factors to this inequality.
- c. Key human rights barriers and gender inequalities that may impede access to health services.
- d. The health systems and community systems context in the country, including any constraints.

2-4 PAGES SUGGESTED

1.2 National Disease Strategic Plans

With clear references to the current **national disease strategic plan(s)** and supporting documentation (include the name of the document and specific page reference), briefly summarize:

- a. The key goals, objectives and priority program areas.
- b. Implementation to date, including the main outcomes and impact achieved.
- c. Limitations to implementation and any lessons learned that will inform future implementation. In particular, highlight how the inequalities and key constraints described in question 1.1 are being addressed.
- d. The main areas of linkage to the national health strategy, including how implementation of this strategy impacts relevant disease outcomes.
- e. For standard HIV or TB funding requests¹, describe existing TB/HIV collaborative activities, including linkages between the respective national TB and HIV programs in areas such as: diagnostics, service delivery, information systems and monitoring and evaluation, capacity building, policy development and coordination processes.
- f. Country processes for reviewing and revising the national disease strategic plan(s) and results of these assessments. Explain the process and timeline for the development of a new plan (if current one is valid for 18 months or less from funding request start date), including how key populations will be meaningfully engaged.

¹ Countries with high co-infection rates of HIV and TB must submit a TB and HIV concept note. Countries with high burden of TB/HIV are considered to have a high estimated TB/HIV incidence (in numbers) as well as high HIV positivity rate among people infected with TB.

4-5 PAGES SUGGESTED

SECTION 2: FUNDING LANDSCAPE, ADDITIONALITY AND SUSTAINABILITY

To achieve lasting impact against the three diseases, financial commitments from domestic sources must play a key role in a national strategy. Global Fund allocates resources which are far from sufficient to address the full cost of a technically sound program. It is therefore critical to assess how the funding requested fits within the overall funding landscape and how the national government plans to commit increased resources to the national disease program and health sector each year.

2.1 Overall Funding Landscape for Upcoming Implementation Period

In order to understand the overall funding landscape of the national program and how this funding request fits within this, briefly describe:

- a. The availability of funds for each program area and the source of such funding (government and/or donor). Highlight any program areas that are adequately resourced (and are therefore not included in the request to the Global Fund).
- b. How the proposed Global Fund investment has leveraged other donor resources.
- c. For program areas that have significant funding gaps, planned actions to address these gaps.

1-2 PAGES SUGGESTED

2.2 Counterpart Financing Requirements

Complete the Financial Gap Analysis and Counterpart Financing Table (Table 1). The counterpart financing requirements are set forth in the Global Fund Eligibility and Counterpart Financing Policy.

- a. Indicate below whether the counterpart financing requirements have been met. If not, provide a justification that includes actions planned during implementation to reach compliance.

Counterpart Financing Requirements	Compliant?	If not, provide a brief justification and planned actions
i. Availability of reliable data to assess compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ii. Minimum threshold government contribution to disease program (low income-5%, lower lower-middle income-20%, upper lower-middle income-40%, upper middle income-60%)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

iii. Increasing government contribution to disease program	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>b. Compared to previous years, what additional government investments are committed to the national programs (TB and HIV) in the next implementation period that counts towards accessing the willingness-to-pay allocation from the Global Fund. Clearly specify the interventions or activities that are expected to be financed by the additional government resources and indicate how realization of these commitments will be tracked and reported.</p> <p>c. Provide an assessment of the completeness and reliability of financial data reported, including any assumptions and caveats associated with the figures.</p>		
2-3 PAGES SUGGESTED		

SECTION 3: FUNDING REQUEST TO THE GLOBAL FUND

This section details the request for funding and how the investment is strategically targeted to achieve greater impact on the disease and health systems. It requests an analysis of the key programmatic gaps, which forms the basis upon which the request is prioritized. The modular template (Table 3) organizes the request to clearly link the selected modules of interventions to the goals and objectives of the program, and associates these with indicators, targets, and costs.

3.1 Programmatic Gap Analysis

A programmatic gap analysis needs to be conducted for the three to six priority modules within the applicant’s funding request.

Complete a programmatic gap table (Table 2) detailing the quantifiable priority modules within the applicant’s funding request. Ensure that the coverage levels for the priority modules selected are consistent with the coverage targets in section D of the modular template (Table 3).

For any selected priority modules that are difficult to quantify (i.e. not service delivery modules), explain the gaps, the types of activities in place, the populations or groups involved, and the current funding sources and gaps.

1-2PAGES

SUGGESTED – *only for modules that are difficult to quantify*

3.2 Applicant Funding Request

Provide a strategic overview of the applicant’s funding request to the Global Fund, including both the proposed investment of the allocation amount and the request above this amount. Describe how it addresses the gaps and constraints described in questions 1, 2 and 3.1. If the Global Fund is supporting existing programs, explain how they will be adapted to maximize impact.

4-5 PAGES SUGGESTED

3.3 Modular Template

Complete the modular template (Table 3). To accompany the modular template, for both the allocation amount and the request above this amount, briefly:

- a. Explain the rationale for the selection and prioritization of modules and interventions.
- b. Describe the expected impact and outcomes, referring to evidence of effectiveness of the interventions being proposed. Highlight the additional gains expected from the funding requested above the allocation amount.

3-4 PAGES SUGGESTED

3.4 Focus on Key Populations and/or Highest-impact Interventions

This question is not applicable for low-income countries.

Describe whether the focus of the funding request meets the Global Fund's Eligibility and Counterpart Financing Policy requirements as listed below:

- a. If the applicant is a lower-middle-income country, describe how the funding request focuses at least 50 percent of the budget on underserved and key populations and/or highest-impact interventions.
- b. If the applicant is an upper-middle-income country, describe how the funding request focuses 100 percent of the budget on underserved and key populations and/or highest-impact interventions.

½ PAGE SUGGESTED

SECTION 4: IMPLEMENTATION ARRANGEMENTS AND RISK ASSESSMENT

4.1 Overview of Implementation Arrangements

Provide an overview of the proposed implementation arrangements for the funding request. In the response, describe:

- a. If applicable, the reason why the proposed implementation arrangement does not reflect a dual-track financing arrangement (i.e. both government and non-government sector Principal Recipient(s)).
- b. If more than one Principal Recipient is nominated, how coordination will occur between Principal Recipients.
- c. The type of sub-recipient management arrangements likely to be put into place and whether sub-recipients have been identified.
- d. How coordination will occur between each nominated Principal Recipient and its respective sub-recipients.
- e. How representatives of women's organizations, people living with the three diseases, and other key populations will actively participate in the implementation of this funding request.

1-2 PAGES SUGGESTED

4.2 Ensuring Implementation Efficiencies

Complete this question only if the Country Coordinating Mechanism (CCM) is overseeing other Global Fund grants.

Describe how the funding requested links to existing Global Fund grants or other funding requests being submitted by the CCM.

In particular, from a program management perspective, explain how this request complements (and does not duplicate) any human resources, training, monitoring and evaluation, and supervision activities.

1 PAGE SUGGESTED

4.3 Minimum Standards for Principal Recipients and Program Delivery

Complete this table for each nominated Principal Recipient. For more information on minimum standards, please refer to the concept note instructions.

PR 1 Name		Sector	
Does this Principal Recipient currently manage a Global Fund grant(s) for this disease component or a cross-cutting health system strengthening grant(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Minimum Standards		CCM assessment	
1. The Principal Recipient demonstrates effective management structures and planning		<i>Provide a brief description</i>	
2. The Principal Recipient has the capacity and systems for effective management and oversight of sub-recipients (and relevant sub-sub-recipients)		<i>Provide a brief description</i>	
3. The internal control system of the Principal Recipient is effective to prevent and detect misuse or fraud		<i>Provide a brief description</i>	
4. The financial management system of the Principal Recipient is effective and accurate		<i>Provide a brief description</i>	
5. Central warehousing and regional warehouse have capacity, and are aligned with good storage practices to ensure adequate condition, integrity and security of health products		<i>Provide a brief description</i>	
6. The distribution systems and transportation arrangements are efficient to ensure continued and secured supply of health products to end users to avoid treatment/program disruptions		<i>Provide a brief description</i>	
7. Data-collection capacity and tools are in place to monitor program performance		<i>Provide a brief description</i>	
8. A functional routine reporting system with reasonable coverage is in place to report program performance timely and accurately		<i>Provide a brief description</i>	

9. Implementers have capacity to comply with quality requirements and to monitor product quality throughout the in-country supply chain

Provide a brief description

4.4 Current or Anticipated Risks to Program Delivery and Principal Recipient(s) Performance

- a. With reference to the portfolio analysis, describe any major risks in the country and implementation environment that might negatively affect the performance of the proposed interventions including external risks, Principal Recipient and key implementers' capacity, and past and current performance issues.
- b. Describe the proposed risk-mitigation measures (including technical assistance) included in the funding request.

1-2 PAGES SUGGESTED

CORE TABLES, CCM ELIGIBILITY AND ENDORSEMENT OF THE CONCEPT NOTE

Before submitting the concept note, ensure that all the core tables, CCM eligibility and endorsement of the concept note shown below have been filled in using the online grant management platform or, in exceptional cases, attached to the application using the offline templates provided. These documents can only be submitted by email if the applicant receives Secretariat permission to do so.

- Table 1: Financial Gap Analysis and Counterpart Financing Table
- Table 2: Programmatic Gap Table(s)
- Table 3: Modular Template
- Table 4: List of Abbreviations and Annexes
- CCM Eligibility Requirements
- CCM Endorsement of Concept Note