The Global Fund
To Fight AIDS, Tuberculosis and Malaria

STANDARD CONCEPT NOTE INSTRUCTIONS

Investing for impact against HIV, tuberculosis and malaria

These instructions guide the applicant through the concept note and should be read by all stakeholders engaged in its development. The concept note should present the proposed investment based on a national strategic plan or investment case and draw on an inclusive multi-stakeholder dialogue process.

The instructions are divided into three parts:

- **Part 1** outlines the resources available to help an applicant complete the concept note
- **Part 2** describes each section of the concept note and provides more detailed instructions regarding what is required.
- **Part 3** describes the documents required to accompany the concept note submission.

For questions, please refer to accesstofunding@theglobalfund.org

FOREWORD

By Mark Dybul, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund was conceived and created as a 21st Century institution, and that means it is an organization that learns and evolves, so that it can constantly improve. We are now launching a new approach to funding, in what we call a new funding model. Our intent is to improve the process of selecting where to invest. Most important, we strive to invest strategically. Our strategy is to support programs that can reach the most people, and provide the most effective response to HIV, tuberculosis and malaria.

Prioritizing investments means making hard choices about what programs can make the most of our support. To prepare a concept note that requests funding, you will be asked to provide a great deal of information. We require data and perspective on epidemiology, context, existing funding, human rights barriers and many other topics. We are trying hard to make sure we can implement the strategy that the Global Fund Board, after careful consideration and wide consultation, concluded is the best available approach. We are committed to results-based funding, and that requires us to constantly reassess and reprogram existing funds to maximize their usefulness.

HIV, tuberculosis and malaria are constantly changing, retreating in some places and advancing in others. We must constantly look for ways to adapt and adjust, to respond to the changing landscape of the diseases. There is no time to lose. We look forward to working with our partners to ensure the new way of working together is a success in every way.

By Shawn Baker, Chair of the Technical Review Panel

The new funding model translates the Global Fund's strategy into action and sets in motion a new way of doing business as the Global Fund seeks to invest its resources more strategically to make a greater impact in the fight against HIV, tuberculosis and malaria. The Technical Review Panel (TRP) – the independent body that assesses the strategic focus and technical soundness of these investments – strongly support the new direction the Global Fund has taken to ensure that limited resources are positioned to achieve maximum impact.

The TRP's review is designed to arrive at positive outcomes through an iterative process with applicants and the Secretariat – an important enhancement that has been embraced by the TRP. During the transition to the new funding model, the TRP has had the opportunity to review these new types of funding requests, and has been extremely encouraged by what it has seen.

The TRP believes that the new funding model offers applicants new opportunities to make strategic investments and to align Global Fund funding to country needs. In light of the new funding model's greater emphasis of robust national strategies, the TRP is committed to ensuring that country-owned programs are investing in the most effective prevention and treatment to save lives and defeat these diseases. Moreover, with the predictability of funding through country allocations and frequent review windows, countries can apply in accordance with their planning cycles and get rapid turn-around on revised requests.

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PART 1: GETTING STARTED

What is New?

The Global Fund's new funding model changes the way applicants apply for and receive grant funding and then manage their grants. These new features are summarized below:

i. **Flexible timeline:** Eligible countries can apply at any point during the allocation period so that funding aligns with national budgeting cycles and country-specific demands.

ii. **Improved predictability of funding:** Countries will have far greater predictability of available funding through the country allocation, and also the potential to secure further funds ('incentive funds').

iii. **Simplified application process:** A concept note, rather than a lengthy application, begins the process of applying for a grant.

iv. **Improved predictability of overall process:** Early feedback through an iterative process with the Secretariat aims to reduce the time necessary for approval.

v. **Enhanced engagement:** The Global Fund engages in ongoing country dialogue with a focus on multi-stakeholder participation, prior to Board approval of grants.

For a full description of these changes and how they influence the way our partners engage with the Global Fund, see the Funding Model Resource Book.

Key Changes in Applying for Funding through the New Funding Model

While many aspects of applying for funding from the Global Fund remain unchanged, several key changes are highlighted here:

Country allocation. A fundamental change to the application process is improved predictability of funding. The country allocation (also referred to as the indicative amount) is the total funding made available by the Global Fund to support an applicant's disease programs for the allocation period. This includes both the initial allocation[1] and the existing pipeline[2]. This allocation will be communicated in March 2014.

Full expression of demand. Applicants are also asked to indicate the full cost of a technically appropriate response against the disease or the specific component of health system strengthening being requested. This full expression of demand should be based on robust, costed national strategic plans (and/or investment cases for HIV[3]), and the national health strategy for cross-cutting HSS requests.

Prioritization of funding request. In the concept note, applicants provide an analysis of the current disease and country context, and outline the current and anticipated funding landscape of the national program. Based on this analysis, the applicant prioritizes its funding needs to the Global Fund. This includes the proposed investment for the allocation, and a request above this amount (also known as

[1] The initial allocation is the incremental amount of funds determined using an allocation methodology based on disease burden and income levels, and is adjusted for qualitative factors.

[2] This takes into consideration existing funding, as of 31 December 2013, which includes: (1) committed funding that remains undisbursed; (2) uncommitted transition funding of the new funding model approved by the Board; and (3) uncommitted rounds-based funding (whether or not Board approved). Any such funding not yet approved by the Board will be adjusted by performance-based funding criteria and for Board-mandated savings.

[3] An investment case is defined as a country-devised proposal for resource allocation including an analysis of optimal allocation of existing resources and a prioritized scale-up plan to reach 'full expression of demand' for a specific program/set of interventions. It is based on thorough analysis of the epidemiology and state of the current response; identifies vulnerabilities to infection, obstacles to uptake of services and funding gaps related to opportunities to bring programs to optimal scale; and highlights potential efficiency and equity gains. It "makes the case" for an optimized national response to AIDS, based on the country's national strategic plan.'' (Global Fund Information Note on Strategic Investments for HIV Programs, 2013).

the above-indicative amount) that allows for a full expression of demand. Together, the allocation and the request above this amount should represent a strategic investment that maximizes impact and value for money.

Incentive funding. This is a separate reserve of funding designed to reward high impact, well-performing programs and encourage ambitious requests, and is made available, on a competitive basis, to applicants in Country Bands[4] 1, 2 and 3. Disease components that are considered significantly "over-allocated"[5], Band 4 applicants, and regional applicants are not eligible to be awarded incentive funding. Applicants apply for incentive funding by including a request above the allocation in the concept note.

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 (i.e. allocation and any additional incentive funding awarded), becomes registered for possible funding by the Global Fund or other donors when, and if, any new resources become available. All eligible components may be considered by submitting their full expression of demand.

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. These strategies should form the basis of the funding request, as applicants with strong NSPs are more likely to be awarded with incentive funding,

Inclusive country dialogue. The new funding model emphasizes a strong multi-stakeholder and multi-sectoral dialogue beyond the Country Coordinating Mechanism (CCM) during all stages of the grant cycle. A country dialogue that is open, inclusive, and participatory ensures that the adopted strategies and plans reflect a multi-stakeholder response and critical engagement of key populations and community-based organizations. It identifies the health priorities best suited to achieve high impact against the diseases and informs the design of technically appropriate interventions. The Global Fund will take an active role in supporting the development of the concept note to ensure partners are accessing the relevant support and information they need.

CCM eligibility requirements 3 to 6. Starting in 2014, CCM requirements 3, 4, 5 and 6 are assessed annually through a CCM Eligibility and Performance Self-Assessment (CCM requirements 1 and 2 are assessed at the time of concept note submission). The assessment is based on the CCM minimum standards related to requirements 3 to 6, which measures the core functions of a CCM, to ensure it can perform core tasks before signing a new grant (or grant renewal). The assessment will be conducted with the support of a technical assistance (TA) provider. Compliance with CCM minimum standards will be enforceable **beginning January 1, 2015**. If a CCM does not show compliance with minimum standards by that point, it will not be able to have any grant signed. For more information, please refer to the Funding Model Resource Book.

Program split. Countries that are eligible for two or more diseases have the flexibility to allocate their allocation among the disease components and cross-cutting HSS in a manner that best meets the country's needs. Countries are encouraged to initiate the program split discussion with relevant stakeholders and the Global Fund country team as soon as possible. **The program split must be communicated by the CCM to the Global Fund through the Global Fund Grant Management Portal no later than with the submission of the first concept note.** If time permits, the country may wish to confirm the program split before beginning concept note development. The proposed program split should account for the total allocation amount, including existing funding and new funding. The proposed split should also reflect confirmed willingness-to-pay commitments (or preliminary commitments if confirmation is not yet possible).

Willingness-to-pay commitments. To encourage countries to increase national funding beyond the minimum counterpart financing requirements, **15 percent of the allocation amount can be**

[4] Countries and their notional funding amounts are placed in one out of four country bands based on their income level and disease burden. Band composition and the allocations to each country band will be announced by the Global Fund Board in March 2014.

[5] Awarded more than 50 percent above the allocation the Global Fund originally calculates because of high past or current funding levels.

accessed when a country commits additional, and increasing, co-investments in disease programs in accordance with their ability-to-pay; and/or realization of existing government commitments. A country's willingness-to-pay commitments will be presented ahead of concept note development to encourage countries to demonstrate their future financial commitment to the three diseases (beyond counterpart financing requirements). The actual level of government commitments required to avail the total willingness-to-pay adjustment will be agreed upon with the Secretariat during country dialogue. The willingness-to-pay commitments will be reviewed on an annual basis (following the national fiscal year) to assess the realization of planned government commitments. ***If commitments are not met, the Global Fund will reduce proportionally its resources for the next year through its annual funding decision.***

Modular template. The new approach to the way applicants request funding includes the modular template, allowing Global Fund grants to be organized according to disease specific modules which are composed of interventions and linked to targets and costs. The modules and interventions have been drawn from the investment guidance of major agencies including the WHO and UNAIDS. Applicants can also define their own modules or add interventions to an existing module in exceptional cases. The modules, interventions, targets and funding amount submitted in the concept note and approved for funding will be further refined and detailed during the grant-making stage.

Mapping implementation arrangements. Another enhancement to support more efficient grant-making includes the request for better information on the proposed implementation arrangements. While not required at the time of concept note submission, a diagram of the implementation arrangements is an important part of the implementation assessment work at the beginning of grant-making.

Terminology

New terms used in the concept note are included in the **Glossary of Key Terms** presented in Annex 1. Also refer to the **list of commonly used abbreviations and acronyms** in Annex 2.

Resources to Inform Concept Note Development

Many important resources are available to support concept note development. Relevant documents are noted at the start of each section of these instructions, and web links are included to ensure easy access to the documents. Prior to concept note development, applicants should review these documents as described below. All documents will be posted here on the Global Fund website as soon as they become available.

Document	Description
The Funding Model Resource Book	Provides an overview of the funding model to assist Country Coordinating Mechanisms (CCMs) and key stakeholders in planning and to set expectations about the process steps and roles of those involved. Available by the end of January 2014.
Strategic investment guidance from technical partners	For HIV, TB, and malaria; developed by the Global Fund and technical partners. Aim to support countries in using investment approaches to support the development of strong national strategies.
Global Fund information notes	Provide thematic and strategic guidance on specific topics to help CCMs develop their concept notes. Available here.
Global Fund strategy documents	Provide the organization's objectives and strategic actions for contributing to the collective fight against HIV/AIDS, tuberculosis and malaria. The three Global Fund strategies are: The Global Fund Strategy 2012-2016: Investing for Impact

Document	Description
	The Global Fund Gender Equality Strategy The Global Fund Strategy in relation to Sexual Orientation and Gender Identities (SOGI)
CCM guidelines and requirements	Describes the CCM eligibility requirements and minimum standards that must be met by CCMs, in order to be considered eligible for funding.
CCM Performance Assessment	An annual assessment undertaken by the Global Fund and the CCM to evaluate compliance against CCM eligibility requirements 3, 4, 5 and 6.
Frequently asked questions (FAQs)	List of commonly asked questions and answers updated on a regular basis available on the new funding model page.
Portfolio analysis	Information provided by the Global Fund country team during the country dialogue which summarizes performance and implementation issues. It includes information collated from partners on epidemiological information, the latest data of disease burden, coverage, outcome and impact, an analysis of the current funding landscape, and an assessment of risk. It provides up-front guidance to the CCM on issues that the CCM should consider when preparing the concept note.
TRP terms of reference and review criteria	Board-approved charter that sets out the principles governing the work of the Technical Review Panel (TRP) and includes the criteria used in assessing the technical soundness of requested investments. Available here.
TRP reports	Provide lessons learned by the TRP during specific proposal reviews (i.e. TFM, Round 10, and Report of the First and Second Wave of Early Applicants) and provide recommendations for applicants and other stakeholders for consideration when developing future funding requests. Available here.

Use of Existing Country Documentation

To keep the concept note concise, applicants are encouraged to refer to relevant country-specific documents rather than repeat the same text in the concept note. This will ensure the use of existing country documentation and avoid any unnecessary duplication of language found in the source documents.

References to Additional Documents

To help ensure that reviewers have access to all relevant information, applicants should reference relevant country documents (e.g. national strategies or attachments, recent program review report) and include these documents as attachments to the concept note. *Do not attach documents that are not referenced in the concept note.*

Applicants must submit an electronic copy of the referenced document(s) as an attachment, and list the name and exact page reference that is relevant in Table 6 (List of Abbreviations and Attachments).

Page Limits

Page limits should be respected as they are provided to encourage applicants to keep the responses focused. The Global Fund would prefer standard concept notes not to exceed 40 pages.

Submission of the Concept Note

Timing the Submission

As the funding model now offers multiple review windows throughout the calendar year, the applicant needs to take appropriate decisions around when it wishes to submit the request. A number of factors should be considered, including the national program cycle, existing funding, and availability of information and data to serve as the basis of the request.

The CCM will discuss the application process and timing considerations with the Fund Portfolio Manager to plan a reasonable timeline for concept note development and review processes. This will help ensure new grants are negotiated and approved ahead of any program disruption. Applicants will also need to consider the alignment with national programmatic planning and fiscal cycles.

Translation of Documents

The Global Fund accepts application documents in English, French, Russian and Spanish. Applicants are encouraged to translate **all required documents** into English. The working language of the Secretariat and the Technical Review Panel (TRP) is English.

The Global Fund will translate **only core application documents** (for example, concept note template and mandatory tables) submitted in French, Russian and Spanish. As the Secretariat cannot ensure translations of **all supplementary documents, countries are requested to consider submitting the most critical attachments** in English.

New Online Grant Management Platform

Applicants will benefit from a newly introduced automated system aimed at providing an online grant management platform for CCMs, Principal Recipients (PRs), Local Fund Agents (LFAs) and the Global Fund Secretariat to create, approve, and manage grants under the new funding model.

The new grant management platform with detailed guidance and tutorials will be available to all CCMs by the end of March 2014.

CCMs will complete their concept note (including the narrative, core tables, CCM eligibility and endorsement) using this online platform. The Global Fund will access the final application directly through the platform.

To facilitate concept note development and review, the concept note will be accessible (in word format) directly from the grant management platform.

In exceptional cases only, and upon the approval of the FPM in advance, CCMs unable to submit concept notes on line will receive soft copy templates by email and submit their completed concept note(s) to Accesstofunding@theglobalfund.org, with a copy to their Fund Portfolio Manager (FPM).

A Complete Application

A complete application consists of the following documents, all of which can be submitted via the online platform:

Standard concept note narrative template	One per disease component. Countries with high co-infection rates of HIV and TB (list provided here) must submit a single concept note which can be found here
Table 1: Financial Gap Analysis and Counterpart Financing Table	One per concept note
Table 2: Programmatic Gap Table(s)	A set of programmatic gap tables to be submitted per concept note (for the 3-6 quantifiable priority modules

	of the applicant funding request)
Table 3: Modular Template	One per concept note
Table 4: List of Abbreviations and Annexes	One per concept note
CCM Eligibility Requirements	One per concept note
CCM Endorsement of Concept Note	One per concept note

Mandatory Attachment of the National Strategic Plan(s) or HIV Investment Case

A key principle of the new funding model is to base Global Fund support on robust, prioritized and costed disease specific national strategic plans (NSPs) and/or investment cases for HIV. It is therefore mandatory that applicants upload to the online platform (or attach a copy if applying via email) the country's national strategic plans, and the national investment case for HIV, if available. Relevant supporting documents that are referenced in the funding request should be attached. These include the budget, annual, bi-annual or three-year implementation plans, and any associated monitoring and evaluation plans. In addition, it is important to attach any assessments or program reviews.

For applications that include cross-cutting HSS modules, the main point of reference should be the national health strategy, and any relevant sub-sector strategies – for example a human resources plan – plus the relevant NSP.

All attachments should be clearly referenced in the concept note, and listed in Table 4: List of abbreviations and attachments.

CCMs in countries that have robust national disease and broader health-sector NSPs that include a fully costed and prioritized list of interventions will be able to proceed more rapidly towards receiving new financial support from the Global Fund. Applicant countries are therefore encouraged to develop and/or strengthen their NSPs.

In the absence of a robust NSP, applicants should either work to revise their plan before applying, or alternatively, conduct a review process at the country level to establish the basis for their full expression of demand. This may require additional time to conduct review process before applying for funding. For more information about NSP development, please refer to the Funding Model Resource Book.

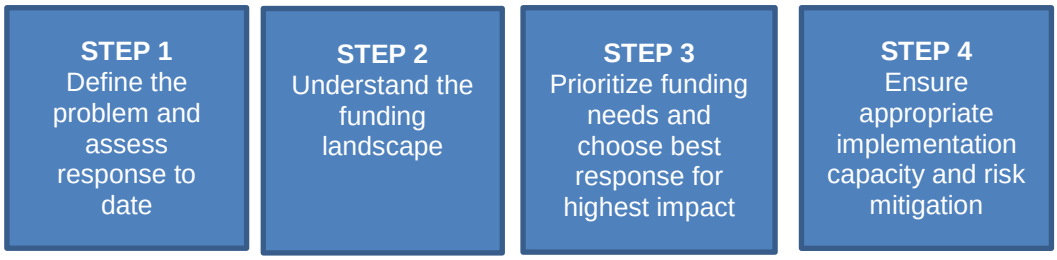
For HIV components, requests can be supported by an HIV investment case that is developed to complement existing HIV NSP that may not be robust enough to support a Global Fund application. Please refer to the Information Note on Strategic Investments for HIV Programs for more information.

PART 2: COMPLETING THE CONCEPT NOTE

Concept note development is embedded in the country dialogue process. In order to have a successful concept note, different steps have to be taken before and during concept note development, such as epidemiological and impact assessments, program reviews, the development or updating of NSPs, and gap analysis. Applying strategic investment thinking throughout the concept note development process is critical to target investments on the interventions and populations where they will have maximum impact. During all these steps, meaningful engagement of key populations[6] and civil society organizations equally representing the diseases should be ensured.

[6] Global Fund defines key populations as: women and girls, men who have sex with men, transgender persons, people who inject drugs, male and female and transgender sex workers and their clients, prisoners, refugees and migrants, people living with HIV, adolescents and young people, vulnerable children and orphans, and populations of humanitarian concern. In

The concept note should also include cross-cutting activities such as HSS, CSS, program management, monitoring & evaluation and human rights, which offer great opportunities for identifying synergies between the different disease programs. The concept note sections are designed to follow the following logical flow:



Section 1: Country Context: The concept note begins by requesting a situational analysis of the current and changing epidemiological context in the country. This allows the applicant to define the problem including health system and community system constraints and human rights barriers that are critical to inform the most appropriate and technically responsive set of interventions.

The applicant then assesses the current national response against the disease(s). This information is provided within the broader framework of the national strategic disease plan(s) as the backbone of the response. This allows the reviewers to understand the impact of the national response to the disease(s), and country processes for reviewing and revising the response based on outcomes achieved and lessons learned.

Section 2: Funding Landscape, Additionality, Sustainability: The applicant then outlines the current and anticipated funding landscape of the national program over the proposed grant duration. This enables the reviewers to understand current and future commitments (government and donor) towards the disease(s), assess compliance with counterpart financing requirements, understand the government's willingness-to-pay commitments, and determine the funding gaps of the national program.

Section 3: Funding Request: Building on the analysis provided in sections 1 and 2, the applicant prioritizes its funding needs to the Global Fund through its selection of appropriate modules. Justification for the prioritization of modules across and within the allocation amount and the amount requested above this should be provided. These priority modules serve as the basis for the programmatic gap analysis and the modular template. Based on these priority selected modules, the applicant chooses the best interventions to achieve the highest returns on the invested allocation, and proposes what could be achieved with additional investments above this amount.

Section 4: Implementation Arrangements and Risk Assessment: After defining the modules and interventions included in the proposed funding request, the applicant must ensure sufficient implementation capacity and risk mitigation measures to program delivery.

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addition to these groups: internally displaced persons, indigenous persons, people living with TB and malaria and people working settings that facilitate TB and malaria transmissions should also be considered as key populations.

SUMMARY INFORMATION

Applicant Information

Indicate the country and the disease component for which funding is being requested, as well as the proposed start and end date of the funding request. Grants should typically cover a period of three years, but there is operational flexibility to structure shorter implementation periods as appropriate. Please contact your Fund Portfolio Manager for more information.

Also list the PRs that have been selected.

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. Detailed information will be provided in late March 2014.

SECTION 1: COUNTRY CONTEXT

Section 1 requests information on the country context, including: the epidemiological situation, health and community systems context, and the human rights context. It also requests the country's response to the disease according to their national disease strategic plan(s) and/or HIV investment case. The purpose of this section is to outline the disease setting for which the investment request has been designed. It is critical to set this situational analysis of the disease landscape, the geographic dimension and the location of hot spots or zones of disease transmission that justifies the expected investment and choice of interventions. In this way, the applicant will later demonstrate how priority interventions identified are effective to address the country specific setting of the disease. This section thus describes the background in which the requested funding will be expected to create the desired impact.

The **Portfolio Analysis** provided by the Global Fund will support the applicant's response to Section 1. This information has been created for each applicant in order to better assist with the concept note development. It is also a tool to facilitate country discussions about programmatic strengths and weaknesses, and what is working well and what is not.

The Portfolio Analysis provides a consolidated view of each country's epidemiological information latest disease burden; coverage, outcome and impact data as well as existing data gaps for impact evaluations; the impact of disease programs; the current funding landscape; and an assessment of risk and of the performance of existing PRs within the portfolio.

Useful documents for completing this section:

Portfolio Analysis

Strategic Investment Guidance from Technical Partners

Global Fund Gender Equality and SOGI Strategies

Relevant Global Fund Information Notes

1.1 Country Disease, Health Systems and Community Systems Context

In this section, the applicant presents an analysis of the country context, focusing on the epidemiology and key populations, human rights barriers to accessing health services, as well as the health systems and community systems context and their constraints. This robust analysis is the basis for the funding request and defines what is known about the disease and its specific profile within the country context.

The narrative in this section should focus on the relevant epidemiological trends as well as on the overall health and community systems context. It should also provide a strong analysis of human rights and gender issues that have an impact on the epidemiological context and are contributing to inequity in accessing prevention and treatment services.

Answers should be supported by the analysis included in the national strategic plan(s) and/or HIV investment case, recent program reviews, in-country research, case studies or related program evaluations, as well as partner/country/global reports and recent data.

In your response, please summarize the main issues and refer to the exact pages of the national strategic plan(s) and/or other supporting documentation where more information can be found. Do not copy and paste information contained in attachments into the narrative response.

a. Summarize the current and evolving epidemiological situation and profile of the disease, and if and how the response has changed recently due to changes in epidemiological evidence (including changing incidence or prevalence). Describe the epidemiology of the disease, including the drivers of the epidemic, the type of epidemic, and what population groups are most affected. Explain any changes in disease mortality, morbidity, disease risk, incidence or prevalence, and the reasons for any trends. It is recommended to attach a geographic map (or table if this is not available) that visualizes, at a minimum, the disease burden and key geographic settings and populations where rates of transmission and unmet need services are high in the country.

b. Provide a narrative description of the current epidemiological profile of key populations, including any changing epidemiological trends. Describe how the epidemic affects these populations, in particular populations that have disproportionately low access to prevention, treatment and support services. Describe why these populations are affected, where they are located, and any improvement or deterioration in disease outcomes. Explain the relevant data sources and any weaknesses in the data, such as lack of population denominators.

c. For human rights and gender constraints, describe gender norms and practices as well as human rights issues that create inequities and barriers to accessing health services. This analysis is essential as human rights and gender issues are critical enablers in the delivery of health services, and can play an important role in achieving improved health outcomes.

   Explain how gender differences, both biological (sex) and social, result in different health risks, health-seeking behavior, and responses from health systems. Also describe how gender norms affect men's health, and can promote risk-taking behavior or neglect of their health. Explain how the health response addresses the gender dimensions of specific diseases, and takes into consideration the particular needs and rights of women and men of all ages. For more information, please refer to the Information Note on Addressing Women, Girls, and Gender Equality

   It is also important that human rights and related legal barriers to access have been discussed by the CCM during country dialogue in an open and inclusive manner, as there are questions pertaining to this in the concept note. It is strongly recommended that CCMs consult with domestic human rights experts and key populations representatives to identify laws, policies, and practices that may impede access to health services for people living with or directly affected by the three diseases. Specific funded activities to address these risks should be identified in the "Removing Legal Barriers to Access" module of the measurement framework. In many cases, there may be domestic agencies or organizations already running such programs successfully; if so, these should be scaled up.

   For more information, refer to the Information Note on Human Rights.

In accordance with the Global Fund's Strategy 2012-2016, the Global Fund aims to protect and promote human rights by:

i. **Integrating human rights considerations throughout the grant cycle**
ii. **Increasing investments in programs that address human rights-related barriers to access**
iii. **Ensuring that the Global Fund does not support programs that infringe human rights.**

d. Describe the health systems and community systems context in the country including existing gaps, barriers and inequities in the delivery of services (for example due to poverty, geography, conflict and natural disasters) and any issues with poor implementation, lack of capacity, or limited effectiveness of existing activities.

For health systems-related constraints, include those at the national, sub-national and community levels, highlighting particular issues that the funding request aims to address. For example, if constraints in the procurement and supply chain management system pose challenges to disease control efforts, describe these constraints at the national, sub-national and/or community level as relevant. Potential areas of other health system constraints include: availability and quality of health services, health service delivery systems, health information systems for measuring progress on service delivery (access, utilization, and quality), human resources and access to medicines and medical technologies. If relevant, describe the role of the private sector in the delivery of health services and/or commodities. For more information, refer to the Information Note on Health Systems Strengthening for Global Fund Applicants.

For community systems-related constraints, describe key community systems constraints that challenge the achievement of planned outcomes in the disease program(s) for which funding is requested. In particular highlight constraints related to key populations and other unreached, marginalized, or otherwise disadvantaged populations to accessing services. To identify constraints to community systems, refer to the Global Fund Global Fund Community Systems Strengthening (CSS) Framework. The CSS framework is intended for use by all those who play a role in dealing with major health challenges and have a direct interest in community involvement and action to improve health outcomes. These players include governments, community actors, donors, partner organisations and other key stakeholders. For more information, refer to the Information Note on Community Systems Strengthening

1.2 National Disease Strategic Plans

The Global Fund encourages the use of country-owned, robust, fully costed and prioritized disease specific NSPs developed through inclusive and multi-stakeholder efforts as the basis of a funding request. NSPs should be linked to the overarching national health strategy in a country. NSPs and the national health strategy should be developed and implemented in a coordinated manner, as the national disease response relies on the national health sector response.

Applicants should consider conducting a review process to help establish a full expression of prioritized demand, as this will help support their concept note development. Note that countries can reprogram up to US$ 150,000 of their existing grants per component to support NSP revision and development as well as related data collection and analysis, including expenditure tracking. Refer to question 2.2 for more information on this.

In cases where the NSP requires revision or development, it can be supplemented by a prioritized full expression of demand based on a recent program review process that addresses the country context described in question 1.1. In cases where a country does not have a strong HIV-related NSP, an HIV investment case might be developed with the assistance of UNAIDS and other partners. In those cases, the applicant should also respond to all questions in this section through the investment case lens.

All the points described below need to be addressed in the response. The NSP and/or the HIV investment case needs to be attached to the funding request as well as any recent reviews, and the

relevant pages and sections of these supporting documents should be referenced when answering the points below.

a. With reference to relevant sections, describe the goals, objectives and main priority programs of the NSPs or investment case, focusing on the areas relevant to this funding request. Summarize the country's strategies to comprehensively respond to the disease in question. Explain what strategies are included to enable service delivery to key populations.

b. With reference to recent program reviews, impact evaluations, surveillance surveys and/or any other relevant studies, provide a brief summary on the implementation to date of the NSP. Explain if and how the response is consistent with the pattern and burden of the disease described in question 1.1. Analyze the main outcomes and impact of the plan to date. These can include changes in epidemiological indicators, service coverage, effectiveness of services, and access by target populations (if applicable, through both the public and private sectors).

c. Summarize any obstacles or limitations to the implementation of the NSP and how these have impacted implementation. Describe any lessons learned and how they will inform future implementation. Highlight key suggested changes that have been implemented, or will be implemented and the rationale for these changes. In particular, highlight how the inequalities and constraints described in question 1.1 are being addressed through the implementation of the NSPs and/or investment case. For CSS, describe if advocacy and health mobilization activities are creating a supportive and enabling environment. For human rights, describe the effectiveness of any programs to protect and promote human rights, including efforts to provide a supportive social, legal and policy environment. These could include efforts to ensure that patients receive appropriate treatment, that patients are free from discrimination (including in health care settings) and that they are not forced to have treatment. They also include programs to ensure migrants and other population groups that are discriminated against have access to appropriate health care.

d. Explain the main areas of linkage between the NSP and the national health strategy, including how implementation of the national health strategy impacts relevant disease outcomes. This could include a description of any joint planning processes, human resource strategies including the distribution and payment of health staff, health financing or procurement issues, decentralization, and health information and supply chain management systems that coordinate or integrate vertical approaches.

e. For HIV or TB funding requests, describe the scope and status of on-going TB/HIV collaborative activities including the cooperation between the respective national tuberculosis and HIV programs. In particular, highlight how the two national programs have been involved in the development of the TB or HIV concept note(s). Also explain the degree to which HIV and TB service delivery systems are integrated, together with their respective reporting systems, and the extent to which their respective policy development processes are coordinated.

The Global Fund recognizes that limited coverage of collaborative TB/HIV activities within existing grants has resulted in insufficient attention to co-infection-related issues. In line with guidance from technical partners, the Global Fund strongly recommends the routine inclusion of TB/HIV collaborative activities in both HIV and TB funding requests. Refer to the Information Note on Guidance to Intensify the Uptake and Scale-up of Collaborative TB/HIV Activities in Global Fund Grants and Processes. Also note that countries with a high degree of TB and HIV co-infection are required to submit a single TB and HIV concept note.

f. Describe the review and planning cycle for the NSP and how it will be revised. Explain the results of any recent NSP reviews (e.g. program reviews, mid-term evaluations or joint assessments such as JANS) that have been conducted, including how the NSP meets the five JANS attributes[7]. Also summarize how the findings have been, or will be used. If a NSP is valid for 18

[7] The Joint Assessment of National Strategies (JANS) tool can be found here. The five JANS attributes are: 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 and systems; 5) effective monitoring, evaluation and review mechanisms.

months or less from the proposed funding request start date, describe how the new NSP will be developed (milestones and timelines) in an inclusive manner that includes key populations.

If the current NSP expires during the timeframe of this funding request, please explain the rationale for the funding request outside the timeframe of the NSP, including how information was extrapolated to cover the timeframe of the request. If the request is based on a supplementary review process (for example, an HIV investment case or a program review), describe how this was developed, the timeframe for which it is valid, and if relevant, how the information was extrapolated to cover the timeframe of the proposed grant.

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. While the Global Fund allocates funding to all eligible countries, these resources are far from sufficient to address the full cost of a technically sound program. It is therefore critical to assess how the requested funding fits within this overall funding landscape, including other donor funding, and how the national government plans to commit increased resources to the national disease program and health sector each year.

This section requests the applicant to provide information on the national funding landscape including both its counterpart financing requirements and its willingness-to-pay commitment. For more information, refer to the counterpart financing and willingness-to-pay section in the Funding Model Resource Book.

The country's willingness-to-pay commitments will be presented through the online platform ahead of concept note development and will be reviewed on an annual basis (following the national fiscal year) to assess the realization of planned government commitments.

Useful documents for completing this section:

The Global Fund Eligibility and Counterpart Financing Policy

Funding Model Resource Book section on Counterpart Financing and Willingness to Pay

2.1 Overall Funding Landscape for Upcoming Implementation Period

a. Describe the program areas that currently receive support and clearly identify the source of funding (i.e. domestic and/or donors or other partners). In your response, highlight the program areas that are adequately resourced and therefore not included in the funding request to the Global Fund. Note that program areas are country-specific, according to how a country describes its disease control program in national documents. Program areas are not necessarily related to modules, although they can be if that is how the country has conceptualized its disease control program.

b. Describe how this funding request to the Global Fund will leverage the mobilization of additional donor resources. Explain if any dialogue has taken place with other donors, and the outcomes of that dialogue in terms of future commitment and funding flows.

c. Highlight program areas that have significant financing gaps along with planned actions to address these gaps. The aim is to provide reassurance that the key program areas that have significant funding gaps will be addressed through proposed investment from the Global Fund or other sources.

2.2 Counterpart Financing Requirements

Please complete the Financial Gap Analysis and Counterpart Financing Table (Table 1) together with the narrative of this section. Grants will typically be for three years, with the flexibility to structure longer or shorter grant implementation periods as appropriate. **The Counterpart Financing Table provides a provision for 'Year 4' in cases where three-year grants span four fiscal years depending on the grant start date.**

Detailed instructions on how to complete the table are provided on the relevant platform page and as a separate tab in the Excel template of the table.

Financial sustainability of program interventions is key to ensuring continued impact. The Global Fund expects that over the course of implementation of grants in any given country that the government will increase the absolute value of their contribution to the national disease program and health sector each year.[8]

Compliance with Counterpart Financing Requirements

Information presented in the Financial Gap Analysis and Counterpart Financing Table demonstrates how the applicant meets the counterpart financing requirements as set forth in the Global Fund Eligibility and Counterpart Financing Policy (ECFP). All CCM applicants must comply with counterpart financing requirements including:

i. Availability of reliable data to assess compliance
ii. Minimum threshold for government contributions to the national disease program;
iii. Increasing government contributions to the disease program; and
iv. Increasing government contribution to health sector.

The minimum government contributions to the national disease program (as a percentage of total government and Global Fund financing), over the period of the funding request, are:

i. Low income countries (LI): 5 percent
ii. Lower-middle income countries (LMI):[9]
    a. 20 percent for 'lower' lower-middle income countries ('Lower-LMI')
    b. 40 percent for 'upper' lower-middle income countries ('Upper-LMI')
iii. Upper-middle income countries (UMI): 60 percent

The counterpart financing requirements, which are based on the World Bank income category, apply to both the allocation and above allocation amounts**.** For information on countries' income level classification, refer to the Global Fund Eligibility List for 2014.

In question 2.2, applicants are required to indicate whether the four counterpart financing requirements have been met by selecting the appropriate box. If the requirements have not been met, the applicant must provide satisfactory justifications which include actions planned during implementation to reach compliance, for example, actions to improve domestic contributions and/or health spending assessment to provide better data. If the requirements are not met at this stage, the Global Fund may reject the concept note unless **a strong justification** is provided.

[8] Paragraph 27 of the Eligibility and Counterpart Financing Policy (GF/B30/6 Revision 1, Attachment 1).
[9] For the purpose of counterpart financing, LMI countries are split into two income groups using as a cut-off the midpoint of the range of GNI per capita for LMIs as reported by the World Bank. Countries at the midpoint or below the midpoint shall, for the purposes of the Global Fund Policy, be described as lower-LMIs and those above the midpoint as upper-LMIs.

Willingness-to-pay: additional Government Investments in the Next Implementation Period

A portion of the funding allocation (15 percent) to countries can only be accessed by countries based on government investments in disease programs that are beyond current spending and the minimum threshold requirement. Discussions on additional government investments will be a core component of the country dialogue. The government's commitment to increase investments in the disease program(s) over the next implementation period and the determination of the specific interventions/activities financed by these investments should be agreed upon during country dialogue and clearly highlighted in this section of the concept note. Moreover, applicants should specify the mechanism by which government investments will be tracked and reported on an annual basis.

Major gaps and constraints identified in data collection and reporting of data related to counterpart financing needs to be reflected in the concept note.

Applicants should include a brief assessment of the completeness and reliability of financial data reported, including any assumptions and caveats associated with the figures**.** Applicants are encouraged to include targeted investments for identified actions to improve disease and health spending data consistent with methodologies and guidelines prescribed by technical partners. **If necessary, applicants should include in their funding request up to US$ 50,000 (per disease supported by the Global Fund) for institutionalization of mechanisms for routine health and disease expenditure tracking.** The Global Fund is collaborating with the WHO to make available technical assistance for institutionalization of National Health Accounts (NHA) supported by its grants.

SECTION 3: FUNDING REQUEST TO THE GLOBAL FUND

A comprehensive description of the applicant funding request is fundamental to the concept note. Having established the broader context both programmatically (Section 1) and financially (Section 2) for this investment, Section 3 first requests an analysis on the key programmatic gaps which in turn 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, objectives of the program, and associates these with indicators, targets, and costs.

Useful documents for completing this section:
Relevant Global Fund Information Notes
The Global Fund Eligibility and Counterpart Financing Policy
Strategic Investment Guidance from Technical Partners

3.1 Programmatic Gap Analysis

The programmatic gap analysis provides the underlying rationale for why priority modules are being requested from the Global Fund, as it provides information on the overall need, the proportion of need already being covered, and the proportion of the need that is proposed to be covered by Global Fund funds. The aim of the section is to allow the applicant to position all of the Global Fund financing (including existing funding, the allocated amount, and the request above the allocated amount) within the national coverage gaps identified. The programmatic gap analysis is focused on program coverage and does not request the applicant to provide the monetary funding needed for these modules. Detailed instructions on how to complete the table for each disease are provided on the relevant online platform page, and as a separate tab in the Excel template. Please note that a tailored programmatic gap table template and instructions for long-lasting insecticidal nets (LLINs) is provided in a separate tab.

The Programmatic Gap table (Table 2) is filled in directly on the online platform. A programmatic gap table needs to be completed separately for three to six priority modules (including cross-cutting

modules) within the applicant's funding request. **Although resulting grants will typically cover a three year implementation period, the programmatic gap tables allow provision for 'Year 4' to accommodate cases where three year grants span four calendar years depending on the program start date.**

For priority modules with gaps that are difficult to quantify (e.g. when a module is not related to service delivery), the applicant should describe the gaps in coverage in narrative form in this section of the concept note. These modules may include, but are not limited to, human rights and community system strengthening modules. For these modules, applicants can consider describing gaps per intervention if more relevant. In the narrative description of the gap analysis question, use the same logic as in the gap table and describe the total population in need, country targets, the population already covered, the gaps expected, and how Global Fund funding will address some of these gaps.

Please ensure that the coverage levels for the priority modules in the programmatic gap tables are consistent with the coverage targets in Section D of the modular template (Table 3). This is to ensure that the suggested coverage levels in the programmatic gap table are linked to, and make sense when compared to the coverage targets that are being suggested in the funding request.

3.2 Applicant Funding Request

The purpose of this section is to provide an overall description of the funding request to the Global Fund and how it will be strategically invested to maximize impact. It should enable the reader to understand the programmatic focus of the proposed investment of the allocation, and any amount requested above this, by building on the information provided in previous sections (i.e. country context, national disease response, financial landscape and programmatic gap analysis).

The applicant should ensure that both the proposed investment of the allocation amount and above this allocation are described, including what is expected as additional gains from investing above the amount allocated. Note that if assessed as technically sound quality demand, the request above the allocation may either be funded by incentive funding or will be added to the Register of Unfunded Quality Demand.

If the disease component is not eligible for incentive funding, applicants may provide a high level budget rather than filling out the modular template (question 3.3) for the request above the allocation. However, these applicants are expected to provide an overall narrative on the request above the allocation and the additional gains expected (question 3.2), in order to allow the reviewers to determine if this demand is technically sound. If this demand is deemed technically sound, and is then selected for targeted funding, applicants will be asked to describe the additional funds in more detail at a later stage.

The Global Fund emphasizes the importance of ensuring that the adequate funding for key populations to overcome human rights barriers to accessing health services, and enable community level interventions is available to ensure effective programs and successful implementation. Applicants should consider the inclusion of these types of interventions, aligned to the country and epidemiological context, in the funding request for the allocation. For example, if human rights barriers are identified, the CCM should document efforts made to identify at least one area for which the Global Fund could provide support.

Guidance on strategic investment approaches can be found in Global Fund information notes and technical partner guidance documents. Refer to Annex 3 for more guidance on the criteria to assess the technical soundness of funding requests.

Applicants may choose to either embed cross-cutting HSS into a disease request using this concept note, or to develop a separate concept note for a stand-alone cross-cutting HSS grant. In either case, cross-cutting HSS interventions should be prioritized in close collaboration with HIV, TB and malaria programs, as they should address system-related bottlenecks that are common across multiple disease programs.

Country allocations communicated by the Global Fund include any existing funding stemming from Board approvals under the round-based system and other prior Board decisions. This takes into consideration existing funding, as of 31 December 2013, which includes: (1) committed funding that remains undisbursed; (2) uncommitted transition funding of the new funding model approved by the Board; and (3) uncommitted rounds-based

funding (whether or not Board approved). Any such funding not yet approved by the Board will be adjusted by performance-based funding criteria and for Board-mandated savings.

Applicants must consider all funding available over this allocation period, both new and pipeline amounts, and the total should be reflected in the funding request. This is to ensure that the Global Fund investment is looked at holistically and that the concept note provides a consolidated request for how all funds will be invested to achieve optimum value for money and maximum impact. For questions on what constitutes an existing grant or reprogramming, please contact your FPM.

When developing the funding request, applicants are encouraged to consider the following:

- **Expenditure data:** Applicants are required to report government expenditure to key partners[10] according to the ECFP policy. If applicants have committed additional national investment as part of the willingness-to-pay negotiations, then they need to provide evidence that they meet their commitment each year. If necessary, applicants should include in their allocation funding request up to US$ 50,000 (per disease) for institutionalization of mechanisms for routine health and disease expenditure tracking so that they can report against their commitments every year.
- **Risk Management:** Consider key risks and risk mitigation measures that are needed for effective program implementation and achievement of impact and outcomes. Funding for risk mitigation measures should be included, where applicable, as part strengthening implementation capacity.
- **Coordination and Integration**: To avoid fragmentation and vertical approaches to program delivery and achieve efficiencies, applicants should ensure adequate coordination and integration of interventions and services among the three diseases and HSS components. This is particularly relevant at community and primary health care levels, and includes laboratory, training, supply management and health information systems.
- **Strengthening Implementation Capacity:** Applicants are encouraged to provide a plan for sustainable capacity and system strengthening of key implementers, and include a funding request for management and/or technical assistance (TA) to achieve strengthened capacity and high quality services, which are insufficiently funded by other sources. This may include efforts to strengthen oversight capacities, program-level management and implementation capacity, programmatic activities and health and community systems strengthening in addition to support for the PR and/or sub-recipients. TA needs should be based on identified weaknesses in program oversight, planning, implementation and monitoring including assessment of gender and human rights barriers to accessing health services supported by the Global Fund (e.g. using rigorous analysis of the systemic weaknesses and implementation bottlenecks in the past, etc.). TA should also address long-term local capacity building and known gaps and program weaknesses, and contribute to high quality services. Identified needs for technical and management assistance will be assessed within the overall context of the proposal strategy and budget. Countries are encouraged to consider whether domestic or regional organizations or networks can provide TA on human rights, gender equality, community systems strengthening, or engagement of key populations.
- **Strengthening Monitoring and Evaluation (M&E) systems:** Sufficient funds should be dedicated to strengthen M&E systems in the country. The Global Fund recommends grants to allocate 5-10 percent to M&E, including to strengthen national data systems of reporting (analytical capacity and reviews; strengthening HMIS; population based and risk group surveys; and birth and death statistics.) The activities must be included in the modular template and the funds to support each of these interventions included in the funding request[11].
- **Reproductive, Maternal, Newborn and Child Health (RMNCH) Interventions**: Disease specific programming in HIV, TB and malaria should be planned, budgeted and implemented to

[10] Includes WHO and UNAIDS, among others.
[11] Tools that exist to help diagnose M&E weaknesses and gaps can be found at: http://www.theglobalfund.org/en/me/documents/systemassessments/

achieve maximum impact on women and children. All funding requests should include efforts to promote the integration and enhancement of RMNCH interventions. For more information, refer to the Information Note on RMNCH.

- **Human Resource support:** If requesting support for human resources, please explain how this support links to the country's human resource development policy, and how any recurrent cost implications will be addressed at the end of the proposed support. Any proposed financing of salaries, compensation, volunteer stipends and top-ups paid should be consistent with existing compensation policies and incentive schemes as agreed between governments, donors and civil society organizations. If departing from existing compensation policies, applicants must provide a detailed justification for this decision. Where possible, the relevant documentation must be attached, even if it is in draft form. In case no such documentation is available, applicants should provide a clear description of current practices as well as efforts, if any, to elaborate and document in-country compensation policies.
- **Multi-drug resistant TB:** The Global Fund requires procurement of pharmaceuticals to treat multi-drug resistant tuberculosis (MDR-TB) to occur through the Global Drug Facility (GDF), StopTB Partnership as delegated by the Green Light Committee (GLC). Applicants must include in their funding request the relevant amount of funds for payment of the GLC fees for the technical assistance and advice they provide as indicated in the MoU between the Global Fund and WHO. Applicants who are one of the 27 countries[12] with a high burden of MDR-TB and XDR-TB must include US$ 50,000 per year over the full term of the funding request. Non-high burden MDR-TB and XDR-TB countries must include US$ 25,000 per year.[13] Refer to the Information Note on Scaling-Up Effective Management of Drug-Resistant Tuberculosis'.
- **Private sector:** The Global Fund encourages the creation, development and expansion of government/private/non-government organization (NGO) partnerships, also known as Public-Private-Partnerships (PPPs). Private sector areas of collaboration are often called co-investment, but may also involve product or service donations or a role as a supportive partner, including to deliver commodities and health services. For example, the Global Fund works with many companies using corporate health infrastructure to expand workplace health care services beyond workers to the surrounding communities. Private sector organizations may be particularly well suited to act as recipients, and in some cases they may be the best source for delivery of services in remote locations where other options are not available.
- **Co-payment Mechanism (malaria):** Based on the lessons learned from AMFm Phase 1, the Global Fund allows countries to use grant funding to work with the private for-profit sector through a co-payment mechanism for malaria interventions, if this is in line with their needs and plans and remains consistent with current normative guidance. If countries allocate grant funding to this mechanism, private sector importers will be able to access and distribute subsidized quality-assured ACTs through their pre-existing distribution channels. In this model, the grant covers the cost of the partial subsidy only and private sector partners use their own complementary resources for the remaining costs. This mechanism leverages existing private sector delivery systems to increase availability and decrease prices at the retail level of quality-assured ACTs. In countries where a significant proportion of the population seeks care in the private sector, the co-payment mechanism can complement public sector service delivery in order to meet Roll Back Malaria targets related to ACT coverage. Key supporting interventions to allow for the safe and effective scale-up of ACT coverage in the private sector should also be included. For more information, refer to the Information Note on Use of a Private Sector Co-Payment Mechanism to Improve Access to ACTs in the New Funding Model.
- **Quality of Services:** While scaling-up service delivery is an important determining factor of impact, quality of healthcare services must also be provided at the appropriate level. The quality of services affects the outcomes/impact of health programs. Even with high coverage, activities

[12] Armenia, Azerbaijan, Bangladesh, Belarus, Bulgaria, China, Democratic Republic of the Congo, Estonia, Ethiopia, Georgia, India, Indonesia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Myanmar, Nigeria, Pakistan, Philippines, Republic of Moldova, Russian Federation, South Africa, Tajikistan, Ukraine, Uzbekistan, and Vietnam.
[13] Per revised Memorandum of Understanding between the Global Fund and the GLC 1 April 2012.

and services that are of poor quality and are not delivered according to recognized standards will have suboptimal, or even adverse, results. In addition to public health risks, this also poses a risk of ineffective and inefficient use of the available resources, therefore providing poor value for money. Applicants are strongly encouraged to consider quality improvement mechanisms that ensure that programs deliver high quality services. For further guidance, refer to the WHO publication: 'Quality of Care. A process for making strategic choices in health systems.'

3.3 Modular Template

Applicants are required to fill in the modular template (Table 3), which outlines the main goals, objectives, modules, interventions, associated indicators and targets, costs and cost assumptions. The template replaces the performance framework, detailed work plan and budget previously used by the Global Fund. Service delivery areas (SDAs) have been replaced with modules and interventions.

The template should be completed via the online platform. Fill in the modules and interventions for the allocation, and the request for funding above the allocated amount in order of priority, in addition to their associated indicators and targets. Prioritization may be based on those that cost the most, or those that are key to the expected impacts of the funding request. For each intervention in the modular template, briefly describe the target population, geographic scope, implementation approach and other relevant information. Costs and budget assumptions in addition to data sources and key activities should also be included.

As mentioned in question 3.2, if the disease component is not eligible for incentive funding, applicants may opt to provide a high-level budget using their own template rather than complete the modular template for the request above the allocated amount.

Although proposed grants will typically cover a three year implementation period, the modular template allows provision for 'Year 4' to accommodate cases that span four calendar years depending on the grant start date.

More information on how to fill out the modular template can be found in the description of Table 3 as well as on the relevant pages of the online platform (or within the template itself if using the Excel table in exceptional circumstances). Annex 4 of these instructions has a description of how the modules, interventions and indicators together make up the modular template.

In the narrative section of the concept note, please address the following points:

a. Explain the rationale for the selection and prioritization of the modules and interventions for the allocated amount and the request above the allocated amount (for example, existing programmatic gaps, program effectiveness, etc.).

b. Explain the expected impact and outcomes for the allocated amount and the request above the allocated amount. Describe how the impact and outcomes have been estimated, including the sources of data used and any modeling or survey results, and refer to available evidence of effectiveness. For the request above the allocated amount, highlight the additional gains expected and analyze the additional expected coverage and/or plans for scale-up.

3.4 Focus on Key Populations and/or Highest Impact Interventions

This question is not applicable to low income countries.

In this narrative section, provide a description of how the total funding request to the Global Fund meets the relevant focus of proposal requirements, as outlined in the ECFP Focus of Application requirement. All lower-middle income and upper-middle income countries must meet this requirement.

Lower-middle income countries from both the lower and upper tiers (e.g. lower-lower-middle income and upper-lower-middle income countries) must focus at least 50 percent of the total funding request

on key populations (i.e. underserved[14] and most-at-risk populations) and/or highest-impact interventions within a defined epidemiological context.

Applications from upper-middle income countries, regardless of disease burden, must focus 100 percent of the total funding requests on most-at-risk populations and/or highest-impact interventions.

Highest-impact interventions are defined as evidence-based interventions that:

1. Address emerging threats to the broader disease response; and/or
2. Lift barriers to the broader disease response and/or create conditions for improved service delivery; and/or
3. Enable roll-out of new technologies that represent global best practice; and
4. Are not funded adequately.

SECTION 4: IMPLEMENTATION ARRANGEMENTS AND RISK ASSESSMENT

This section requests information regarding the proposed implementation arrangements for this funding request. Defining the implementation arrangements for the program including the nominated PR and other key implementers is essential to ensure the success of the program and service delivery. The CCM should identify and nominate PR(s) following the CCM eligibility requirements and relevant Global Fund policies. As soon as the PR has been identified, the assessment of capacity should be initiated.

4.1 Overview of Implementation Arrangements

Describe the proposed implementation arrangements for this funding request:

a. **Dual-track financing** is the recommended inclusion of both government and non-government PRs in Global Fund requests for funding and applies separately for each disease (refer to the Information Note on Dual-track Financing). If a dual-track financing is not being proposed, summarize the reason(s) for deciding **not to** implement such arrangement. Describe the process of having considered PRs from both government and non-government sectors and, if relevant, describe how the implementation of this concept note will move towards this principle.

b. If more than one PR has been identified, describe how multiple PRs will coordinate with each other.

c. If sub-recipients will be involved in implementation, describe their role and identify any anticipated challenges, if applicable, and the intended strategies to address them. Describe whether sub-recipients have been identified, and what type of sub-recipient management arrangements are likely to be put in place. If sub-recipients have not been identified, describe the time-bound process that will be used by the PR(s) to transparently select sub-recipients.

d. Clearly describe how nominated PR(s) will coordinate with their respective sub-recipients.

e. Describe how representatives of women's organizations, people living with the three diseases and key populations will actively participate in the implementation of the funding request.

While not required for concept note submission, the applicant will be requested to develop an implementation arrangement diagram showing the selected key actors

[14] Underserved populations are defined as subpopulations, within a defined and recognized epidemiological context:
1) That have significantly higher levels of risk, mortality and/or morbidity;
2) Whose access to or uptake of relevant services is significantly lower than the rest of the population.

responsible for program delivery soon after the concept note has been completed. This will need to be prepared for the grant-making stage of the funding process and it will be used to launch the capacity assessment.

The implementation arrangement chart is an organogram that shows (i) all entities receiving grant funds and/or playing a role in program implementation, (ii) the reporting and coordination relationships between them, (iii) each entity's role in program implementation, and (iv)the flow of funds and commodities, and data. Any unknown entities or resource flows should also be depicted on the chart, and developed prior to grant signing. Detailed information on how to complete this exercise can be found on the relevant online platform and in Part 3 of the instructions.

4.2 Addressing Implementation Efficiencies

Complete this question only if the CCM is overseeing other Global Fund grants.

CCMs who are overseeing other Global Fund grants need to clearly demonstrate that the interventions and the funding being requested is complementary and not duplicative. Common areas of overlap include human resources, staffing, training, monitoring and evaluation and supervision activities. Describe any possible areas of overlap, and how implementation will be done to ensure that the grants are complementary and there are no areas of duplication.

4.3 Minimum Standards for PR and Program Delivery

As part of mitigating risk, the Global Fund has adopted a list of minimum standards relating to the key capacities for PRs. These minimum standards will be formally assessed during grant-making, and are required for grant signing. They will be monitored throughout the grant lifecycle. In cases where a nominated PR fails to meet one or more of the minimum standards, the Global Fund will work with the nominated PR to assess where gaps exist and determine appropriate next steps. The list of minimum standards is available in Annex 5 (Minimum Standards for Implementers), as well as the Funding Model Resource Book.

In this section, the CCM should complete an assessment for each PR regarding the minimum standards. Include the nominated PR name and sector which they represent and indicate whether or not the PR is currently managing a Global Fund grant for the same disease component. Describe how the nominated PR meets (or does not meet) the minimum standards, and describe potential gaps and/or areas that need to be strengthened and how these will be addressed (e.g. outsourcing of specific functions to a third party).

The selection of PRs (including re-selection of existing PRs) is subject to final approval by the Global Fund, which in most cases will be based (in part) on a thorough Capacity Assessment during grant-making. Assessments will be carried out by the Global Fund country team with support from an independent Local Fund Agent (LFA) appointed by the Global Fund. In cases where the PRs plan to outsource key functions, it is possible that the Global Fund will also assess the entity handling the outsourced function(s).

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

Another aspect of mitigating risk is to understand the current and anticipated risks related to the delivery of the program, and to develop ways to mitigate these risks. Risks include both programmatic risks as well as implementation risks. In this section, describe the various types of risks and plans to mitigate them.

a. Describe current or anticipated risks to program delivery and/or PR performance. This includes major external risks that may have negative or unintended consequences on program implementation and performance. Major external risks include, but are not limited to:
   - Macroeconomic factors, including unexpected rises in commodity prices, inflation and average exchange rate in relation to local market currencies;

- Instability of the country and enabling environment: in terms of significant political changes or social unrest, ongoing conflicts, humanitarian crises, poor physical infrastructure, natural disasters, corruption; and
- Upcoming country elections or significant changes in national leadership likely to impact program implementation.

Furthermore, referring to the assessment(s) conducted by the CCM in question 4.3, indicate whether or not there are any additional risks and/or limitations to the program and nominated PR(s) performance.

b. Clearly describe the proposed mitigation measures that have been incorporated into your funding request or will be funded through national or other donors. Describe any technical assistance funding that has been requested to strengthen implementation capacity. For programs already funded by the Global Fund and existing PR(s), if relevant, describe how any previous concerns identified either directly by the Global Fund or through national or other donor assessments, will be addressed.

PART 3: DOCUMENTS INCLUDED IN THE CONCEPT NOTE

The following are included with the application. These are filled in through the online portal. Alternatively, if the applicant has permission to apply by email, there will be templates available from the Global Fund.

TABLE 1: FINANCIAL GAP ANALYSIS AND COUNTERPART FINANCING TABLE

Applicants must use the Financial Gap Analysis and Counterpart Financing Table to provide financial information pertaining to the national disease strategy. The table is either filled in directly on the online platform or uploaded as an Excel file. Detailed instructions on how to complete the table are provided in the relevant platform page and as a separate tab in the Excel template.

The financial gap analysis and counterpart financing table identifies the:

(i) Funding needed to address the overall response to the disease (Line A);

(ii) Current and anticipated funding from **domestic** (Line B) and **external** sources, including non-Global Fund resources (Line C) and existing Global Fund grants (Line D); and

(iii) Resulting financial gap between funding needed and funding available (Line A-E).

The table should also show data on government financing of the overall health sector. This data, along with other contextual information, will be assessed to ensure that **government funding** is not diverted away and that the Global Fund's **additionality** requirement is respected.

The table collects data on contribution of different funding sources to the national program for the:

(i) Two years preceding the year of application;

(ii) Current year; and

(iii) Duration of the funding request

When completing the financial gap analysis provide actual expenditure data for the years prior to the year of application and budget data for the year of application.

To ensure standardized and validated data for funding decisions of the Global Fund as well as monitoring compliance with **counterpart financing**, countries are required to report on disease program and health spending in accordance with methodologies specified by technical partners. This includes methodologies underlying data reported by countries for:

- Tuberculosis: Financial data reported in the data collection form for the World Health Organization's annual Report on Global Tuberculosis Control
- Malaria: Data on malaria financing reported in questionnaire for the annual World Malaria Report of the World Health Organization

- HIV/AIDS: Data reported in the UNAIDS National AIDS Spending Matrix as part of the UNGASS Country Progress Report for Monitoring the Declaration of Commitment on HIV/AIDS
- Health Spending: National Health Accounts (NHA) data published by the World Health Organization annually, following an official consultation process.

Data should be drawn from official country documents, which can and will be verified. Data source documents should be specified in the table. If the country has reported disease expenditure to technical partners for any of the previous years in consideration, data from such country reports should be used to complete the table. If the applicant determines that the data reported to technical partners is not complete or if the country has not yet reported, other data sources can be used.

For previous years and current year, data sources could include government budgets and spending plan; audited accounts of the government, unaudited accounts placed on the floor of the legislature, National Health Accounts (NHA) and disease sub-accounts, resource tracking surveys and spending assessments such as National AIDS Spending Assessment (NASA), Public Expenditure Reviews, Public Expenditure Tracking Surveys and donor reports. Data for forward-looking estimation of financial support to the disease program and health sector can be drawn from health and disease strategy and planning documents, medium term expenditure frameworks for health, grant agreements and loan agreements.

TABLE 2: PROGRAMMATIC GAP TABLE(S)

Applicants are required to complete a programmatic gap table for each of the 3-6 key modules in their funding request. Detailed information on how to fill the table(s) can be found on the relevant online platform page and within the Excel template and in question 3.1 of this guidance.

The purpose of the programmatic gap table is to identify the key coverage gaps in the country, per module, and to estimate how they can be filled by Global Fund and other support.

Key modules are either those that cost the most, or those that are key to the expected impacts of the funding request. In some cases, it may make sense to select key interventions and not modules, if one intervention is predominant amongst the others, and is easier to quantify than the module in terms of coverage.

First, the applicant should select the appropriate coverage indicator from the list that appears automatically when the module is selected. Note the current national coverage of that indicator, as this will be the baseline for the analysis. Then, describe the current estimated population in need and the targets that have been set by the country to meet those needs. Estimate the country needs already covered by domestic and other resources, as well as Global Fund resources. Then, calculate the estimated needs remaining, and how the proposed investment of the allocation and the request for funding above the allocated amount are expected to meet (some of) those gaps. Finally, an applicant should estimate the total needs covered by all the resources available, and the remaining gap.

The final gap analysis will allow the applicant and the reviewers to get a better understanding of how close the country is to meetings its needs given the resources available, how much of the needs will be met by the Global Fund funding request, and the expected outcomes based on overall coverage.

TABLE 3: MODULAR TEMPLATE

Applicants are required to fill in the modular template using the online portal, or exceptionally, using the relevant Excel template. The modular template outlines the main goals, objectives, associated indicators and targets, and associated costs with their cost assumptions. The template replaces the performance framework and detailed workplan and budget. It also replaces the use of service delivery areas (SDAs) with modules and interventions.

For more information about the template and its associated modules, interventions and indicators, see Annex 4: Description of Modules and the Measurement Framework. Detailed information on how to fill in the template can be found on the relevant platform page and within the Excel template.

The top part of the modular template is the performance framework.

- Once the program component is selected, list the *program goals* and *impact* indicators (including baselines and targets), and the *program objectives* and *outcome* indicators (including baselines and targets).
- Then, select the modules which are being requested, and set the *coverage* indicators, baselines and targets that will be used to measure progress for each module.

It is highly recommended that indicators be selected from the list of indicators made available; these depend on the program component that is selected. It is also possible to choose other indicators if the local situation requires country specific indicators that are more appropriate.

For each module, select the relevant interventions that are associated with that module, and describe the intervention. If the necessary intervention is not in the drop down list, please select the intervention "other" and explain the nature of this intervention in the description. Note that applicants are encouraged to select from the standard interventions as much as possible.

For each intervention, calculate the budget per PR. Then, for each PR, divide the budget into the request for the allocated amount, and the request above the allocated amount, and list the cost assumptions. In the costing approach column, explain how the figures of the funding request to the Global Fund for this intervention were estimated including (1) what sub-interventions/activities are included within this cost, and their cost drivers; (2) sources of costing (e.g. past experience, technical partner benchmark or costing tool, detailed budgeting etc.); and (3) provide cost assumption information for at least 80 percent of the value of the intervention. Specify the number of services that will be provided, per year, due to the contribution of the Global Fund (e.g. number of additional people reached by BCC interventions). Clearly indicate the number of services possible with the allocation investment as well as the incremental number due to any additional funding. Moreover, explain if there are changes in the number of services delivered across years or in the value of funding for the intervention.

Fill in all the sections of the modular template, ensuring that the summary budget by module is created, and fill in any supplementary cost or indicator assumptions as necessary.

TABLE 4: LIST OF ABBREVIATIONS AND ATTACHMENTS

The list of abbreviations and attachments of supporting documentation referenced is a required attachment. It should be filled in online, or exceptionally filled in using the template available on the Global Fund website.

In the list of abbreviations, include a list of uncommon or country-specific abbreviations and acronyms used in the application.

Applicants should also list all additional documents that are included in the application to support the funding request. These documents should be uploaded onto the online portal, and in the list of annexes, they should be clearly named and numbered, and the exact page reference (if applicable) should be noted.

In order to maximize the utility of these supporting documents, only supporting documents that are referenced in the funding request itself should be attached. The applicant should summarize the specific information found in the supporting document (for example, in a short paragraph), and then refer the reader to the specific page in the supporting document if the reader would like more information. This approach will help ensure the funding request is as concise as possible, and that any additional information is easily available to a reader if they want more detail about a specific topic.

CCM ELIGIBILITY REQUIREMENTS

CCM Eligibility Requirements

CCM eligibility information regarding the concept note development process, and PR selection and nomination processes must be submitted using the online portal or via email (for applicants who have permission to submit the concept note via email).

The Global Fund requires CCMs to meet six requirements to be eligible for funding ("CCM eligibility requirements").

Applicants are required to ensure that all six requirements are met. The review for compliance with the six requirements will be based on two separate assessments:

1. Assessment of application-specific requirements (e.g. eligibility requirements 1 and 2) requested within the concept note. CCM compliance with eligibility requirements 1 and 2 will be assessed by the Global Fund Secretariat at the time of concept note submission.
2. Assessment of compliance with eligibility requirements 3, 4, 5 and 6 which will be conducted on an annual basis using the CCM performance assessment tool.

Non-compliance with any of the six eligibility requirements could result in a CCM being ineligible to submit a concept note until compliance issues are addressed, or could result in a concept note being ineligible for funding. For questions, contact your FPM and refer to the CCM self-assessment tool.

For more information about the CCM eligibility requirements, refer to the CCM Guidelines.

Funding Request Development Process (Requirement 1)

The development of the concept note needs to be an open, transparent and inclusive process which engages a broad range of stakeholders, in particular key populations. For this requirement, show evidence of:

a. The transparent process used to coordinate the development of the funding request that engages a broad range of stakeholders – including CCM members and non-members[15] representing disease-specific and cross-cutting perspectives (e.g. HSS, human rights, M&E, Procurement and Supply Chain Management (PSM), RMNCH) – in both the solicitation and review of activities for possible integration in the application.

b. The efforts used to engage key populations as active participants in dialogue around the concept note development process.

   Applicants need to clearly demonstrate that there has been meaningful engagement of key populations during the concept note development process. Provide documentation which supports your response.

Supporting documentation should be clearly referenced and attached in the online portal. Please ensure that all supporting documents are clearly named and numbered.

Referenced supporting documentation may include the following:

- Public announcements using print media, television, radio, internet and/or email announcements (with distribution list) inviting stakeholders to participate.
- Minutes and lists of participants (including organizations represented) of country dialogue and

[15] Non-CCM members refer to all relevant stakeholders who may not be represented on the CCM but are part of the national disease or overall health sector response.

concept note development workshops.

- Criteria used to review proposals for inclusion within the concept note.
- Documentation (for example, mail communications) that document distribution of the concept note to stakeholders for feedback.
- Signed, dated minutes of meetings which record the decisions taken on what to include in the application, stakeholder input and participation.
- In cases where official voting occurs regarding inclusion of elements in the concept note or the concept note development process, the Global Fund recommends that this 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.
- Minutes or reports from application development related workshops, technical working groups or panels (including list of attendees and sectors represented).

PR Nomination and Selection Process (Requirement 2)

The Global Fund requires all CCMs to:

i. Nominate one or more PR(s) at the time of submission of their application for funding.[16]

ii. Document a transparent process for the nomination of new and continuing PRs based on clearly defined and objective criteria.

iii. Document the management of any potential conflicts of interest that may affect the PR nomination process.

For this requirement:

a. CCM applicants must demonstrate that PR nomination occurred through a transparent process for each PR (including cases where an existing PR has been re-selected).

b. Documents submitted must show evidence of the process that was undertaken to nominate and select a PR and demonstrate how any actual or potential conflict of interest was managed.

Supporting documentation should be clearly referenced and attached in the online portal. Please ensure that all supporting documents are clearly named and numbered.

Supporting documentation for the nomination of new PRs may include:

- CCM terms of reference outlining processes for PR nomination.
- Copies of any advertisements or invitations made for potential PR candidates.
- The criteria used for PR nomination.
- The list of PR candidates considered and a description of how they meet the agreed criteria.
- Minutes of CCM meetings where PR nomination is planned, 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 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.

[16] In exceptional circumstances, the Global Fund will directly select PRs for the CCM. These circumstances include those countries which are under the Additional Safeguard Policy (ASP) or undergoing an investigation by the Office of the Inspector General.

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

In cases where the CCM is re-selecting well-performing[17] PRs, 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.

Note that PRs will be assessed against the minimum standards for implementers when selecting and/or re-selecting a PR(s) for a given component. For more information, refer to Annex 5: Minimum Standards for Implementers. For more information about dual-track financing, refer to the Information Note on Dual Track Financing.

CCM ENDORSEMENT OF CONCEPT NOTE

The Global Fund requires evidence of endorsement of the final concept note by all CCM members (or their designated alternates). The CCM endorsement attachment must be downloaded from the online portal, and signed by all CCM members. A representative of each PR must sign off on the funding request at the bottom of the endorsement sheet confirming that they endorse the concept note and are ready to begin grant-making and implementation.

A scanned copy of the signed endorsement should be submitted through the online portal, or exceptionally, submitted by email. CCM members unable to sign the endorsement of the concept note must send an endorsement email to their CCM Secretariat to be submitted to the Global Fund as an attachment.

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

[17] Well-performing is defined as an A1, A2, or B1 performing Principal Recipient based on the latest available rating provided by the Global Fund . For confirmation of this rating, applicants should contact their FPM.

ANNEXES OF THE INSTRUCTIONS

Annex 1: Glossary of Key Terms

Above allocation (or above-indicative) request	The request to the Global Fund that is over and above the allocation (or indicative) amount communicated by the Secretariat. This request is reviewed by the TRP for technical soundness and strategic focus, which may be recommended for funding through any incentive funding available, and/or kept on the Register of Unfunded Quality Demand (see also incentive funding).
Additionality	To ensure that national resources already committed to a national program are not displaced or duplicated through funding from an existing grant, it is necessary for applicants to demonstrate that funds requested from the Global Fund are additional to existing available resources.
Board of the Global Fund	The supreme governing body of the Global Fund, with core functions including: strategy development, governance oversight, commitment of financial resources, assessment of organizational performance, risk management, and partnership engagement, resource mobilization and advocacy. Provides final approval of disbursement-ready grant programs.
CCM - Country Coordinating Mechanism	A country-level multi-stakeholder partnership that has overall ownership of and responsibility for concept note development and grant oversight. Usually leads the country dialogue processes and is responsible for the development and submission of a concept note(s). The CCM is also responsible for the oversight of its grants and to ensure that they comply with the CCM requirements and CCM minimum standards.
CCM eligibility requirements	Include six eligibility requirements that must be met by CCMs, Sub-CCMs and RCMs in order for their concept note(s) to be considered eligible for technical review by the TRP.
Community systems	Community systems are the community-led structures and mechanisms used by communities, through which community members, community organizations and other community actors interact, coordinate and deliver their responses to the challenges and needs affecting their communities.
Community systems strengthening (CSS)	A way to both improve access to and utilization of health services, as well as increase community engagement in health and social care, advocacy, health monitoring and wider responses to ensure an enabling and supportive environment for health and disease control interventions.
Co-payment mechanism	Eligible countries have the option to allocate grant funding to a mechanism which will allow private sector importers to access subsidized quality-assured ACTs. Based on the lessons learned from Phase 1 of the Affordable Medicines Facility for malaria (AMFm), this mechanism complements delivery of ACTs through the public sector. It can be used to meet RBM ACT coverage targets by decreasing prices and increasing availability of quality-assured ACTs in the private sector.

Counterpart financing	The contribution made by the government of an applicant country to the national disease program.
Counterpart financing threshold	The mandatory minimum level of the government's contribution to the national disease program, as a share of total government and Global Fund financing for that disease.
Country allocation (or indicative amount)	Amount allocated by the Global Fund to support an applicant's disease programs for the allocation period. The amount is determined using an allocation methodology based on disease burden and income levels, and is adjusted for qualitative factors. Both the amount available from the allocation and incentive funding are designed to encourage the submission of robust, ambitious requests based on national strategic plans or HIV investment cases
Country dialogue	A national process that builds upon existing, on-going mechanisms and dialogue in health and development in the country. It is not a Global Fund-specific process and includes key stakeholders beyond the CCM constituency including government, donors, partners and civil society.
country team	Led and coordinated by the Fund Portfolio Manager, the country team is a cross-functional team (including Finance, Legal, Public Health/M&E Officer, and PSM) assigned to the Global Fund grant portfolio. The goal of the country team approach is to enhance collaboration among team members in order to achieve a more effective and efficient oversight of the Global Fund grant portfolio.
Disease burden	Official data provided by the headquarters of the following key partners per disease: UNAIDS (HIV and AIDS) and WHO (tuberculosis; malaria). For eligibility purposes, disease burden is measured as low, moderate, high, severe or extreme.
Dual-track financing (DTF)	Dual-track financing is the recommended inclusion of both government and non-government PRs in Global Fund requests for funding and applies separately for each disease.
Early applicant	Applicants that were selected for the transition to the new funding model and tested the full application process.
Eligibility criteria	Criteria set forth in the Eligibility and Counterpart Financing Policy to identify which country components are eligible to receive an allocation in the new funding model.
Existing grants	Refers to signed grants, unsigned Phase 2 grants or uncommitted Phase 2 amounts and any approved but unsigned proposal (e.g. Round 10 or Transitional Funding Mechanism (TFM)).
Full expression of demand	This is the total amount of funding needed to finance a technically appropriate response to the disease(s) (e.g. costed national strategy).

Funding, domestic	In the context of the 'Financial Gap Analysis and Counterpart Financing Table', this refers to all current and anticipated domestic resources to meet the funding needs of the full national disease program. This includes: loans and debt relief, government funding resources, national private sector resources.
Funding, external	In the context of the 'Financial Gap Analysis and Counterpart Financing Table', this refers to all current and anticipated external resources to meet the funding needs of the full national disease program. This can include: grants from international donors/organizations, contributions from the private sector outside the applicant country, etc. Global Fund resources are calculated separately.
Government contribution	In the content of counterpart financing, this is the annual average of that government's spending in the past two years and current government budget for the relevant disease program. Government expenditure is ideally measured as all government spending on the disease program, excluding external assistance other than loans.
Health systems strengthening (HSS) approach	An integrated approach that encourages health system planners and HIV, TB and malaria (and other) programs to coordinate performance assessment of key health system components as a basis for developing funding requests for cross-cutting HSS.
Health system	A good health system delivers quality services to all people, when and where they need them. The exact configuration of services varies from country to country, but in all cases requires a robust financing mechanism; a well-trained and adequately paid workforce; reliable information on which to base decisions and policies; well-maintained facilities and logistics to deliver quality medicines and technologies.[18]
Highest impact interventions	Within a defined epidemiological context, these are evidence-based interventions that: (a) address emerging threats to the broader disease response; and/or (b) lift barriers to the broader disease response and/or create conditions for improved service delivery; and/or (c) enable roll-out of new technologies that represent global best practice; and (d) are not funded adequately at present.
Impact	The effect (or the contribution) of an intervention toward the reduction or elimination of morbidity and mortality.

[18] As defined by WHO.

Incentive funding	Incentive funding is designed to reward high impact, well-performing programs and encourage ambitious requests. Disease components that are considered significantly "over-allocated" (for which the allocation exceeds their notional formula derived funding by more than 50 percent) and Band 4 applicants are not eligible to be awarded incentive funding. Incentive funding will be awarded to those eligible applicants who present a technically sound funding request which demonstrates: (a) how the proposed investment is strategically targeted to achieve impact; (b) how they will use additional funding to accelerate progress toward MDGs; and (c) how this investment will leverage the mobilization of additional Government and/or other donor resources with the view of achieving rapid impact.
In-country stakeholders	These include the PRs, Country Coordinating Mechanisms, Sub-recipients, national governments, in-country development partners, civil society organizations, the private sector, and other entities engaged in the fight against AIDS, TB and/or malaria.
Intervention	The Global Fund has adopted the term intervention (and groups them as modules) to describe a group of activities that will contribute to achieving a target of impact. Under the new funding model, the service delivery areas are no longer used, and have been replaced with the modules, interventions, activities and cost inputs.
Joint Assessment Of National Strategies and Plans (JANS)	A shared assessment developed by the International Health Partnership (IHP) of the strengths and weaknesses of a national health strategy or strategic plan. The assessment is "joint" in that a single assessment process involves multiple stakeholders including government, civil society and development partners/donors. It is country-led and aligned with existing in-country processes.
Key populations	The definition in the CCM guidelines defines key populations as: women and girls, men who have sex with men, transgender persons, people who inject drugs, male and female and transgender sex workers and their clients, prisoners, refugees and migrants, people living with HIV, adolescents and young people, vulnerable children and orphans, and populations of humanitarian concern. In addition to these groups: internally displaced persons, indigenous persons, people living with TB and malaria and people working settings that facilitate TB transmissions should also be considered as key populations.
Local Fund Agent (LFA)	Entities contracted by the Global Fund to provide independent information, advice and recommendations based on in-country verifications and review of grant programs financed by the Global Fund.
Minimum standards for implementers	Standards that provide all applicants with upfront information on the Global Fund's expectations for required capacity levels; and that give a clear description of the expected systems and procedures for each critical element of grant management. The minimum standards are critical for the assessment of implementers, and correspond to the highest-risk areas of typical Global Fund grants.

Modular template	A disease-specific, high-level template that consists of an integrated performance framework and budget. It outlines the main goals, objectives, modules, interventions, associated indicators and targets, costs and cost assumptions. The template replaces the performance framework and detailed work plan and budget previously used by the Global Fund.
Most-at-risk populations (MARPs)	MARPs are defined as subpopulations, applying to HIV/AIDS, malaria and tuberculosis, within a defined and recognized epidemiological context: i. that have significantly higher levels of risk, mortality and/or morbidity; ii. whose access to or uptake of relevant services is significantly lower than the rest of the population; and iii. who are culturally and/or politically disenfranchised and therefore face barriers to gaining access to services.
National disease strategic plans (NSP)	Disease-specific strategies that provide the overall strategic direction for a country over a period of time (usually five years). These strategies (also called plans in some countries) are further supported by implementation plans (annual, bi-annual or 3 year plans), and other operational documents, including a costed budget.
Portfolio analysis	Information provided by the Global Fund country team during country dialogue which summarizes performance and implementation issues. It includes information collated from partners on epidemiological information, the latest disease burden data, coverage, outcome and impact, an analysis of the current funding landscape, and an assessment of risk. It provides up-front guidance to the CCM on issues it should consider when preparing the concept note(s).
Principal Recipient (PR)	A legal entity that is responsible for the implementation of a grant, including oversight of sub-recipients, grant funds, and communications with the Local Fund Agent, Fund Portfolio Manager and Country Coordinating Mechanism on grant progress.
Prioritized request	A set of prioritized activities within the allocated funding amount, and a set of prioritized activities above the allocated funding amount, that represent the best investment approach.
Program review	Periodic, joint evaluations of disease (or health sector) programs and aim to improve the performance of the program in order to reduce morbidity and mortality based on evidence on epidemiological impact and its results chain.
Program split	The distribution of a country's total funding allocation among eligible disease components and cross-cutting HSS for the allocation period.
Sub-recipient	Entities (government or non-government, big or small) receiving Global Fund financing through a PR for the implementation of program activities. They are usually selected among stakeholders involved in the response to HIV, TB and malaria.

Technical Review Panel (TRP)	An independent, impartial team of disease-specific and cross-cutting health and development experts, appointed by the Board's Strategy, Investment and Impact Committee, to provide a rigorous technical assessment of requests for funding made to the Global Fund. The TRP assesses funding requests for strategic focus and technical merit and makes funding recommendations.
TRP reports	Provide lessons learned by the TRP following review windows (i.e. TFM, Round 10, and first and second waves of early applicants) and provide recommendations for applicants and other stakeholders for consideration when developing future funding requests. Available here.
Unfunded quality demand	Funding requested through a concept note which is considered technically sound by the TRP but above the funding amount available (i.e. allocated funding and any additional incentive funding awarded), is registered for possible funding by the Global Fund or other donors when, and if, new resources become available.

Annex 2: List of Commonly Used Abbreviations and Acronyms

ACT	Artemisinin-based combination therapy
AIDS	Acquired immune deficiency syndrome
AMFm	Affordable Medicines Facility for malaria
ANC	Antenatal care
ARV	Antiretrovirals
ART	Antiretroviral therapy
BCC	Behavioral change communication
BSS	Behavior surveillance survey
CBO	Community-based organization
CCM	Country Coordinating Mechanism
CRIS	Country response information system
CSS	Community systems strengthening
DHS	Demographic and health surveys
DOTS	Directly observed treatment short term
DRS	Drug resistance surveillance
DST	Drug susceptibility testing
FBO	Faith-based organization
GLC	Green Light Committee
GOV	Government
HAART	Highly active antiretroviral therapy
HCW	Health care worker
HIS	Health information system
HIMS	Health information measurement systems
HIV	Human immunodeficiency virus
HSS	Health systems strengthening
IMS	Impact measurement systems
IPT	Intermittent preventive treatment
IRS	Indoor residual spraying
ITN	Insecticide-treated net
KAP	Knowledge, attitudes and practices survey
LFA	Local Fund Agent
LLIN	Long-lasting insecticidal net
MDG	United Nations Millennium Development Goals
MDR	Multi-drug resistant
M&E	Monitoring and evaluation
MERG	Monitoring and Evaluation Reference Group
MICS	Multi indicator cluster surveys
MoH	Ministry of Health
MTEF	Medium term expenditure framework
NAC	National AIDS Committee
NGO	Non-governmental organization
NHA	National health accounts
NMCP	National malaria control program
NTP	National tuberculosis control program
OI	Opportunistic infection
PHC	Primary health care

PEP	Post-exposure prophylaxis
PICT	Provider initiated counseling & testing
PIP	Performance and impact profile
PMTCT	Prevention of mother-to-child transmission
PPTCT	Prevention of parent-to-child transmission
PR	Principal Recipient
PSM	Procurement and supply chain management
PV	Pharmacovigilance
RBM	Roll Back Malaria
RDT	Rapid diagnostic test
STI	Sexually transmitted infection
TB	Tuberculosis
TRP	Technical Review Panel
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session (on HIV/AIDS)
UNICEF	United Nations Children's Fund
VCT	Voluntary counseling and testing
WHO	World Health Organization
WHOPES	WHO Pesticide Evaluation Scheme

Annex 3: Technical Review Panel Criteria

The Technical Review Panel (TRP) independently reviews all concept notes for strategic focus and technical soundness as mandated by their Terms of Reference. The TRP provides an overall assessment, including prioritization of proposed interventions and gives funding recommendations on the funding request for the allocated amount and the request for above the allocated amount, including incentive funding. The TRP may recommend a resubmission of the concept note or request further clarifications. In case of a recommendation to go forward, the TRP recommendations may, include issues to be clarified or addressed during grant-making or grant implementation to the satisfaction of the TRP or the Secretariat. The TRP provides these recommendations to the Secretariat's Grant Approvals Committee and the Board.

The following technical criteria[19] are used by the TRP to ensure that Global Fund investments are positioned to achieve the highest impact and contribute to the targets set out in the Global Fund's strategy[20]:

Soundness of approach
• Responds to the highest epidemiological priorities and to the most critical health system gaps in a country-specific context, relevant for reducing new infections and mitigating the impacts of existing ones; • Uses the best, current, evidence-based technical practices and approaches for prevention, control, diagnosis, treatment and care for the three diseases; • Where appropriate and relevant in a country's context, demonstrates a strategic focus on vulnerable and key affected populations, high transmission geographies, and improving the health of mothers and children; and • Proposes relevant health system strengthening and community systems strengthening interventions to complement adequately core investments in the three diseases and to improve effectiveness, efficiency and sustainability of disease programs.
Feasibility
• Has the necessary implementation capacity, including human resources and infrastructure, or has identified adequate mitigation efforts such as through the provision of technical assistance; • Has sufficient access to and engagement with the populations being served, and adequate resources to carry out the activities successfully; • Understands and responds to local social, legal and economic constraints that could prevent these activities from being conducted; and • Ensures that structural barriers to accessing services, including those related to human rights and gender, are adequately understood and addressed to achieve the set targets.
Potential for sustainable outcomes
• Is consistent with broader health and development strategies and is complementary to other related national or international efforts; and • Allows for an orderly and rapid transition of capacity and activities to stable in-country counterparts (e.g. organizations, communities, government) and shifts financial support from external to domestic resources.
Value for money
• Delivers a technically sound and strategically focused response in a cost-efficient manner.

[19] Except otherwise specified in the relevant access to funding policies.
[20] The implementation feasibility and cost-efficiency of the funding requests is further reviewed by the Secretariat prior to submission of the investment request for the Board approval, as part of the grant-making process.

Annex 4: Description of the Modular Template and the Measurement Framework

Overview of the Modular Template, and the Associated Measurement Framework

The modular template consists of an integrated performance framework and a budget. It outlines the main goals, objectives, modules, interventions, associated indicators and targets, costs and cost assumptions. The template replaces the performance framework and detailed work plan and budget previously used by the Global Fund.

The measurement framework is embedded in the modular template, and provides the standardized menu of modules, interventions (including scope), and a core set of indicators that can be selected when filling in the modular template. The aim of the modular template, and the associated measurement framework, is to describe the relationship between what is planned, what results are expected, and how much it will cost. The framework provides guidance as to the types of activities to be completed under each intervention. An illustrative list of activities is also included, but applicants are free to determine their own set of activities. The indicators will be used to assess what is being done and whether the program is making a difference.

The term 'module' refers to areas of programming such as: vector control and case management for malaria; DOTS and MDR-TB for tuberculosis; prevention for general population and ART treatment and care for HIV. The term 'intervention' refers to specific sets of activities designed to achieve the objectives related to each module. For example, ITNs and IRS are interventions under the module 'Vector Control' for malaria; case detection and diagnosis and treatment are interventions under the module 'DOTS' for tuberculosis; and condoms, STI diagnosis and treatment, HIV testing and counselling as part of programs for general population, etc. under the module 'Prevention for general population' for HIV.

The goals and objectives of the program will drive the selection of relevant modules and related interventions as well as the types of activities to be completed under each intervention. To the extent possible, applicants should limit their selection of modules and interventions to those provided. However, an "other" option is also included for those exceptional cases.

Selection of Indicators and Links to Available M&E Guidance

The measurement framework provides a standardized menu of core indicators, drawn from existing monitoring and evaluation guidance[21] put forth by UNAIDS, the World Health Organization, Stop TB Partnership, Roll Back Malaria Partnership and the United States President's Emergency Plan for AIDS Relief (PEPFAR) and are already being used in the majority of national programs. The use of these core indicators is critical to successful grant applications. Where necessary, countries should include plans for strengthening monitoring and evaluations systems to be able report on these core indicators in their applications.

The selected indicators help to focus attention in the country on key components of the national response and the resulting impact. They represent a core set and will not address all the monitoring and evaluation needs of the national program or the project.

When reporting results, reporting of disaggregated data will be required for relevant indicators to assess equity across various age and sex groups and key populations.

[21] Monitoring and Evaluation toolkit, 4th edition, The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2011; Definitions and reporting framework for tuberculosis– 2013 revision, WHO, 2013; Global AIDS response progress reporting 2013: Construction of core indicators for monitoring the 2011 UN Political Declaration on HIV/AIDS. UNAIDS, January 2013; Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and their Measurement Strategies. WHO, 2010.

Types of Core indicators

Impact and Outcome indicators

Impact and outcome indicators relevant for various epidemic types are provided and will be used to assess achievement of the program goals and objectives. These indicators are reported at the national program level and should demonstrate progress of the overall national program (a total of all contributions from various domestic and international sources).

In cases where funding is requested for projects aimed at specific populations or a defined sub-national target area, some of the impact and outcome indicators could be reported at project or sub-national level.

Trends in the impact and outcome indicators will be used as inputs in the periodic reviews conducted every three years. In addition, the overall impact and outcome assessments will take into account the findings and recommendations of national program reviews/evaluations and other assessments/studies when these are available. The findings from these assessments will be used to inform future strategy, reprogramming and investments, including investments to strengthen measurement of disease burden and data collection, analysis, reporting.

Coverage and Output indicators

Coverage refers to the proportion of individuals needing a service or intervention who actually receive it. In other words, it is the percent of the population in need that has received the service or intervention. The numerator of the coverage indicator should be linked to the number of people reached by services. The denominator, or the assumptions used to estimate population in need, as well as the data sources, should be agreed upon during the country dialogue. In cases where the estimates of population in need are not available at the time of concept note submission, numerical targets (output indicators) could be set and appropriate timeframes must be agreed upon by when the denominator will be provided.

Coverage/ output indicators will be used regularly for the performance rating of grants, every 6-12 months. These ratings will inform the annual disbursement decisions as well as allocation of funding every three years.

A list of coverage/output indicators is provided to measure success of the program in reaching people with services through the selected modules and interventions. The selected coverage/output indicators reflect national program coverage and the targets should be national targets with clearly defined denominators. In cases where funding is requested for specific projects or interventions in defined sub-national areas, for example, those implemented by non-governmental agencies, these indicators should refer to the funded projects or sub-national programs and reported against population denominators in the respective target areas.

The choice of indicators and therefore of data collection instruments will depend on the epidemiological context and the goals, objectives and interventions that constitute the national response. This may require additional efforts and resources in strengthening the underlying monitoring and evaluation systems including mapping and size estimations.

To ensure consistency of indicator data from all countries and comparability over time, the indicators should be selected from the measurement framework. Applicants can include additional indicators to capture part of the national response not covered by this framework.

Disease and Cross-Cutting Frameworks

HIV

The HIV modules and interventions are in line with the HIV Strategic Investment Approach developed by partners. The framework is also in line with and informed by normative guidance as well as global strategies including the UNAIDS Strategy – Getting to zero and the WHO Global Health Sector Strategy for HIV/AIDS, 2011-2015. The measurement framework should be used in conjunction with the Information Note on Strategic Investments for HIV Programs and the UNAIDS' 'Investing in HIV More Strategically: A 4-Step Self-Assessment and Decision-Making Tool'.

The framework was developed in consultation with technical partners including WHO, UNAIDS, UNICEF and PEPFAR. The framework was also reviewed by experts in health systems strengthening, human rights, gender, community systems strengthening and other cross cutting areas.

The framework has nine “modules” covering HIV/AIDS prevention and treatment, two modules on cross-cutting investments and two for supportive activities. There are six prevention modules which are divided by population, in line with technical partner guidance and to support combination prevention programming. In contrast, ‘PMTCT’, ‘Treatment, Care and Support’ and ‘TB/HIV’ are standalone modules. Please note that disease specific HSS interventions have been imbedded in each module, while community systems strengthening (CSS) and human rights are separate modules. This is to ensure that critical enablers and development synergies are integrated alongside core programs. In addition, the framework also has two “supportive” modules covering monitoring and evaluation and program management.

Each module has a range of “interventions” with defined ‘scope’ to strategically guide HIV investments in evidence based, effective and high impact interventions. Applicants may choose to apply to all or any of the core modules and supportive modules.

Malaria

The malaria modules and interventions are in line with malaria strategic investment guidance which has been developed by partners. The framework is also in line with and informed by normative guidance as well as global strategies including the World Malaria Report 2012 and the Global Malaria Action Plan.

The framework was developed in consultation with technical partners including WHO and the Roll Back Malaria Partnership. The framework was also reviewed by experts in health systems strengthening, human rights, gender, community systems strengthening and other cross-cutting areas.

The framework has five “modules” covering malaria control and elimination including vector control; case management and specific preventive interventions (e.g. seasonal malaria chemoprophylaxis), two modules on cross-cutting investments and two for supportive activities. Please note that disease specific HSS interventions have been imbedded in each module, while community systems strengthening (CSS) and human rights are separate modules. In addition to, the framework also has two “supportive” modules covering monitoring and evaluation and program management. each module has a range of “interventions” with defined ‘scope’ to strategically guide malaria investments in evidence based, effective and high impact interventions. applicants may choose to apply to all or any of the core modules and supportive modules.

Tuberculosis

The tuberculosis modules and interventions are in line with the TB Strategic Investment Guidance/Tool which has been developed by partners. The framework is also in line with and informed by normative guidance as well as global strategies including the Stop TB Strategy and the Global Plan to Stop TB, 2011-2015.

The framework was developed in consultation with technical partners including WHO and the Stop TB Partnership. The framework was also reviewed by experts in health systems strengthening, human rights, gender, community systems strengthening and other cross-cutting areas.

The framework has six “modules” covering “core packages” of TB control including DOTS, TB/HIV and MDR-TB two modules on cross-cutting investments and two for supportive activities; Please note that disease specific HSS interventions have been imbedded in each module, while community systems strengthening (CSS) and human rights are separate modules. In addition, the framework also has two “supportive” modules covering monitoring and evaluation and program management. Each module has a range of “interventions” with defined ‘scope’ to strategically guide TB investments in evidence based, effective and high impact interventions. Applicants may choose to apply to all or any of the core modules and supportive modules.

Health Systems Strengthening (HSS)

Cross-cutting HSS modules and interventions are in line with the WHO Health Systems Framework, and have been informed by the Information Note on Health Systems Strengthening For Global Fund Applicants, which was developed in collaboration with technical partners. The modules and the information note have been reviewed by disease partners, and benefit from comments by representatives of CSS, gender and human rights constituencies.

The framework has six HSS modules that cover the major components of the health system. In addition, the framework includes a module to integrate the human rights aspects in HSS interventions, a module on program management and a module on monitoring and evaluation. Each module has a range of 'interventions' with a defined 'scope' to strategically guide HSS investments in evidence based, effective and high impact interventions. The grant management intervention under program management module is applicable for stand-alone HSS grants only. Also, note that some of the activities listed under some interventions in the modular template are illustrative examples only, to help clarify the scope of interventions. They should not be considered an exhaustive list of eligible activities for funding. Countries are encouraged to design and include those activities that best fit their country-specific needs.

Applicants may choose to select relevant cross-cutting HSS module(s) to include in disease funding request(s) when investments are designed to benefit more than one disease, or to use the modules to develop a separate concept note for stand-alone cross-cutting HSS funding requests.

In either case, cross-cutting HSS interventions should be prioritized in close collaboration with HIV, TB and malaria programs, as they should address system-related bottlenecks that are common across multiple disease programs. Requests should indicate how each proposed HSS intervention will help produce system-related outputs, leading to improved HIV/AIDS, TB and malaria-related outcomes, and consequently to health impact as defined in the national strategy. They should also lead to sustained improvements in the health system and benefit the long-term sustainability of disease control efforts.

Proposed HSS modules and interventions should be linked to health system gaps, identified and prioritized at the proposal stage. The monitoring and evaluation framework should help provide programmatic justification for how the proposed HSS activities will contribute to improving HIV/AIDS, TB and/or malaria outcomes and broader health impact. As part of this, it is important to explain how assessments of the system-wide results of HSS interventions will be undertaken. HSS investments may be measured by assessing how specific weaknesses, gaps or bottlenecks in the targeted health system components have been reduced as a result of interventions, or by assessing how the performance of a specific component (or a function) of the system improves. Where possible, assessments should be part of a country's national health information systems to avoid measuring additional indicators.

Community Systems Strengthening (CSS)

CSS is a separate module under each of the disease measurement frameworks. The module consists of four interventions to reflect cross-cutting system strengthening elements: community-level monitoring for accountability, policy and advocacy for social accountability, social mobilization and institutional capacity building. Please note that these interventions may be complimentary to human rights module and must be conceptualized as such.

The scope and interventions are in line with the UNAIDS Strategic Investment Framework Guidance on Critical Enablers and Development Synergies, the Global Fund's CSS Framework, the disease-specific Strategic Investment Guidance, the Information Note on Community Systems Strengthening as well as disease specific and cross-cutting guidance from WHO, RBM, STB and UNAIDS.

Removing Legal Barriers to Access (Human Rights)

Cross-cutting human rights modules and interventions are in line with the UNAIDS Strategic Investment Framework Guidance on critical enablers and development of synergies as well as the Tuberculosis Patients' Charter. These modules and interventions also incorporate UNAIDS guidance on the key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses. They are informed by the Information Note on Human Rights for HIV, TB, malaria and

HSS, developed in consultation with technical partners and human rights experts on the Global Fund Human Rights Reference Group.

'Human rights' is a separate module under each of the disease and HSS measurement framework it consist of three interventions on legal assessment and reform, legal aid services and literacy as well as training. Community-level monitoring for accountability and policy advocacy for social accountability are two additional interventions that overlap with the CSS module. Please note that the scope of the investments is different under each disease and in HSS.

Applicants for HIV, TB and malaria may choose to include relevant human rights interventions within the disease grant. Interventions addressing human rights issues that affect two or more diseases, such as interventions on prison conditions or health-related discrimination, may be included in applications for stand-alone cross-cutting HSS grants.

Gender

While there is no specific gender module, gender-sensitive, -responsive and -transformative responses to each disease are included at the intervention level and reflected accordingly under scope definitions. The scope and interventions are in line with the UNAIDS Strategic Investment Framework Guidance on Critical Enablers and Development Synergies, the Global Fund's Gender Equality Strategy , the disease-specific Strategic Investment Guidance, and the Information Note on Addressing Women, Girls, and Gender Equality.

Please note that key impact, outcome and coverage indicators are also required to be sex-disaggregated in order to monitor whether interventions are achieving the intended impact for both genders. Please consult programmatic resources and guidance published by technical partners (such as WHO, UNAIDS, UN Women, UNFPA, UNDP) and civil society organizations to help applicants to select interventions and design programs that address the specific needs of women and girls and the inequities in relation to the epidemiological and country context.

Program Management

When determining the scope for each selected intervention, applicants should include all the activities that the Global Fund is being asked to fund in order to deliver a specific intervention. This includes the support related to human resources. In addition, when the requested support is meant to cover more than one intervention, it should be allocated appropriately across the applicable interventions. This is important in order to demonstrate that the funding of this support is necessary for the successful implementation of that intervention.

Similarly, activities at the administrative level outside the point of health care delivery that support a single, specific intervention should be included within that intervention. However, if these types of activities cut across more than one intervention, they should be included under the module "program management". Each of the three disease frameworks and the HSS framework includes this module. Within this module there are two interventions. The "planning, coordination and management" intervention covers the development of national/ project level strategic plans and operational plans; the technical assistance for and oversight and supervision of national to sub-national levels; human resource planning and staffing; coordination with district and local authorities; etc. The "grant management" intervention covers Global Fund specific processes not included under the previous intervention. For example, this could include support to a Global Fund specific program management unit where it exists; oversight and supervision of PR to sub-recipient level; technical assistance related to specific Global Fund requirements; etc. The TB measurement framework includes an additional intervention, "systems strengthening for procurement and supply management (PSM)" which covers PSM systems strengthening activities specific for TB to ensure uninterrupted and sustained supply of quality-assured anti-TB drugs as per STOP TB strategy.

In exceptional cases only, when support related to provision of services such as human resources cuts across more than one intervention and cannot be allocated across them, it may be included under the "program management" module. For these exceptional cases, it is especially important to clearly describe in the intervention narrative description the cross-cutting nature of the activities.

Annex 5: Minimum Standards for Implementers

1. Cross-functional	**The PR demonstrates effective management structures and planning** - The PR has sufficient number of skilled and experienced staff to manage the program [including staff for functional tasks such as Procurement and Supply Chain Management (PSM), monitoring and evaluation (M&E) and Finance]. - PR shows effective organizational leadership, with a transparent decision-making process. - Staff of key functions at the PR has relevant technical knowledge & health expertise for HIV/AIDS, tuberculosis and/or malaria. - *If applicable*: procurement staff has relevant experience for procurement; warehouse staff is sufficient in number, and have appropriate skills to manage storage of health products.
2. Program (Sub-recipient oversight)	**The PR has the capacity and systems for effective management and oversight of sub-recipients (and relevant sub-sub-recipients)** - PR exercises sufficient oversight over sub-recipients to safeguard both financial and physical assets. - PR has the ability to provide or contract for capacity-building to ensure timely and quality program implementation.
3. Finance	**The internal control system of the PR is effective to prevent and detect misuse or fraud** - The internal control system ensures that the PR adheres to policies and procedures consistently. - The internal control system supports compliance effectively with the related grant agreement to be proposed (evidence of the operation of the internal control is verified during grant management). - *To be checked during grant management:* external auditors and other third-party assurance providers are selected and assigned duties in accordance with Global Fund guidelines.
4. Finance	**The financial management system of the PR is effective and accurate** - PR has an accounting system in place that can correctly and promptly record all transactions and balances making clear reference to the budget and workplan of the grant agreement. - PR manages all transactions and transfers to suppliers and sub-recipients in a transparent manner to safeguard financial and physical assets. - *To be checked during grant management:* The PR monitors actual spending in comparison to budgets and workplan and investigates variances and takes prompt action.
5. PSM	**Central warehousing and regional warehouses have capacity, and are aligned with good storage practices to ensure adequate condition, integrity and security of health products** - The storage capacity is appropriate in condition (including ventilation), equipment, and size for the type and quantity of products to be stored. - There is sufficient trained staff at central and regional level to manage stock. - The facilities are properly secured against theft and damages. - The facilities are equipped with a temperature monitoring and controlling mechanism.

6. PSM	**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** - There is a distribution plan for supplies, dispatches and transportation. - The security measures for transportation are defined and the equipment and transportation conditions are adequate. - There is sufficient trained staff to manage distribution and delivery activities. - There is a logistics-management information system (LMIS) with requisition and stock-reporting tools in place to anticipate and minimize risk of stock-outs (incl. accurate forecasting and timely ordering).
7. M&E	**Data-collection capacity and tools are in place to monitor program performance** - The monitoring and evaluation (M&E) system defines relevant indicators for routine monitoring of activities/interventions that are aligned to the goals and objectives of the program in question. - Adequate mechanism and tools are in place to report accurate and quality assessed data from the **sub-sub-recipient** / **sub-recipient** to the **PR** level. - *Applicable for high-impact / TERG countries:* Program Reviews are planned during the implementation period and National program reviews are conducted with involvement of partners on a regular basis.
8. M&E	**A functional routine reporting system with reasonable coverage is in place to report program performance timely and accurately** - The routine reporting system/ Health Management and Information System (HMIS) for public-sector facilities has a coverage of at least 50 percent, and there is a costed plan to improve coverage to 80 percent. - The relevant HIV, TB, malaria indicators have clear definitions, and are coded in the HMIS. - The routine reporting system / HMIS has a data-assurance mechanism in place that annually verifies data.
9. PSM	**Implementers**[22] **have capacity to comply with quality requirements and to monitor product quality throughout the in-country supply chain. (Required as part of grant documents for grant management - covenant)** (b) There is qualified staff to manage/oversee quality assurance activities. (c) There is a plan for quality monitoring activities throughout the in-country supply chain, including quality control. (d) The World Health Organization "Model Quality Assurance System for Procurement Agencies (MQAS)" serves as guidance. (e) The entity(ies) has(ve) Standard Operating Procedures (SOPs) for key processes in place and revises the SOPs when necessary.

An implementation arrangement diagram is a visual depiction of a grant (or a set of grants), detailing: (i) all entities receiving grant funds and/or playing a role in program implementation, (ii) the reporting and coordination relationships between them, (iii) each entity's role in program implementation, and (iv) the flow of funds and commodities, and data.

The CCM and PR are required to develop and submit a diagram of the implementation arrangement as an annex **during grant-making**. However, the applicant may wish to begin developing the implementation arrangement diagram and submit it with the funding request. If submitted, the

[22] PSM may involve multiple implementers, including PR(s), compliance with PSM related standards should be assessed taking this into consideration – for example, describe, if relevant, the other implementers' capacity, and any strengths or weaknesses of the overall system.

implementation arrangement diagram should be updated throughout grant-making to reflect any updated changes. A complete diagram will be again requested prior to grant signing.

The diagram should depict every entity (organization, not person) that plays a role in or receives Global Fund money in the path from input of funds to the implementation of activities at the beneficiary level. It is critical not to skip entities (e.g. regional and district level offices of the National Health System), group entities into generic groups (e.g. health facilities), ignore certain types of entities (e.g. key repeat vendors), or stop short of the beneficiary level (e.g. only PR and sub-recipient level). **Rather, all unknowns should be clearly recorded in the diagram.** This is critical to track what further information-gathering is needed to obtain an accurate understanding of the reality.

Diagram recording "unknowns" using question marks and grey coloring (possible at concept note)

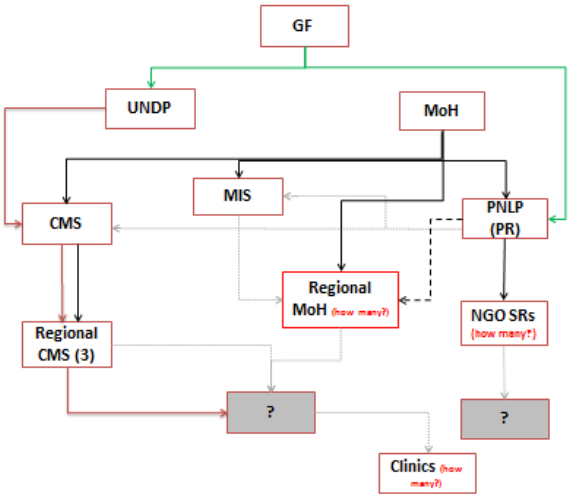
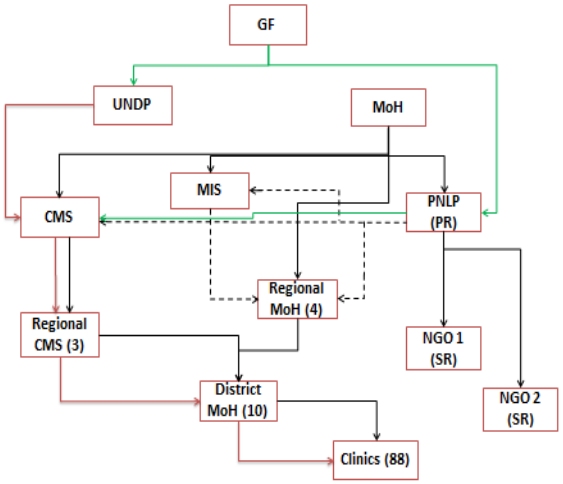
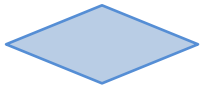


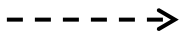
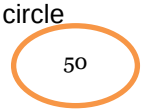
Diagram without "unknowns" (required at Grant Signing)



Mapping the implementation arrangement is usually easiest if first drawn on paper or a white board, using different colored markers or pens. Also, it is most efficient if done jointly with key implementers, in a joint session. Transferring this to a computerized, cleaned-up version (preferably Excel) can be performed at a later time, to summarize the findings of the mapping process.

Standardized Legend for Implementation Diagram

To map	Draw	Comments
An entity	A box 	Include name of entity, title (PR, sub-recipient), and in cases of multiple entities with the same name (e.g. regional offices) provide number of such entities. The colors of the boxes may be adjusted to reflect different entities or grants (e.g. black for implementers of 1 grant, purple for implementers of another, and brown for non-implementers who influence the program).
Beneficiary group	Blue diamond 	At the bottom of the diagram, include the target beneficiaries. In a blue diamond write the name of the beneficiary group and the population size.
Reporting lines	A black arrow 	Formal authority between entities (not necessarily the authority lines of the implementation arrangement for the grant). Examples include units of the Minister of Health (MoH) reporting to the MoH.

Coordination lines	A dashed arrow 	Use in cases where one entity is responsible for coordinating/overseeing the performance of another for purposes of the grant, but does not have formal authority over the other. Examples include a PR coordinating with the CMS, or the UNDP as PR overseeing a governmental unit as sub-recipient.
Transfer of funds	A green arrow 	Represents money flow (i.e., from Global Fund to PR or procurement agent).
Transfer of assets (HPs)	An orange arrow 	Represents transfer of assets or commodities. This should be principally used to show transfer of pharmaceuticals or health products, but nutritional support may also be represented this way. In cases where a single entity receives both assets and funds, two separate arrows (green and orange) should be used.
Data Flow	A blue arrow 	Represents flow of M&E data.
Unknowns	Grey box  Grey dotted line 	Grey serves to express unknowns. Entities and relationships can be unknown, etc. Rather than ignoring unknowns, this set of symbols allows parties to record their unknowns concretely, so that they are not forgotten.
Roles & Responsibilities	Free text, as comment in the excel file	Record the roles and responsibilities of each entity in the context of program implementation.
Fund flow	A green circle 	Record percent or actual amount of planned budget.
Asset flow	An orange circle 	Record percent or actual value of planned asset value.
Unknowns	A grey circle 	If you do not know, record this.