



## The Global Fund Funding Process

The processes in the Global Fund Funding Model offer different opportunities for the inclusion of community, key population, human rights and gender related priorities. Here's a walkthrough of the process, with some insights on how community groups can maximize the processes to push for their CRG priorities.

Note that the Global Fund Community, Rights and Gender Strategic Initiative (CRG-SI) has a technical assistance programme to enable greater access to technical support for community groups, key population networks, and civil society.

### Eligibility and Allocation

Before the start of a three-year allocation period, the Global Fund determines which countries are eligible for Global Fund support. Eligibility policy in access to Global Fund resources is determined by the Global Fund Board and currently based on the country's income classification (measured through a three-year average of GNI per capita) and disease burden (based on WHO and UNAIDS indicators).

The Global Fund Strategy 2017-2022 prioritizes investment in countries with the highest levels of disease burden and lowest economic capacity; scale up of responses for adolescent girls and young women where this community faces extreme and disproportionate burden of HIV with high burden of multi-drug resistant tuberculosis, scale up of evidence informed programs for key and vulnerable populations that are disproportionately impacted by the three diseases; and scale up of programs that remove human rights related barriers in access to services. Community systems and responses, key populations, gender and human rights are all elevated in priority under the new Strategy.

After determining eligibility on the basis of the above criteria, the Global Fund produces and makes publicly available a list of eligible countries and their respective eligible disease components (HIV, TB, and/or malaria). It is important to understand that a country can be eligible for funding for one disease but not another. The eligibility list is updated annually.

Funding allocation periods are for three years. The next cycle is for the period 2017 to 2019. Prior to the commencement of this period, allocation amounts are calculated for all eligible disease components in all eligible countries. Allocation amounts are calculated using formula based on a country's 'disease burden' and 'gross national income'. A number of qualitative factors are then applied to refine the amounts. These factors include capacity to absorb funding and potential for impact. In the 2021-2024 allocation period HIV funding levels will be adjusted to better reflect contexts where HIV prevalence is concentrated among key populations.

Once final amounts are determined, Country Coordinating Mechanisms (CCMs) receive communication indicating the amount of funding available for each disease component. A country may decide to adjust the communicated "disease split" and reallocate funding from one eligible disease component to another, or apportion some funds for programmes that support resilient and sustainable systems for health, which include community systems. CCMs are required however to notify the Global Fund of these changes and, if significant, may not receive approval.



CCMs are required to hold inclusive multi-stakeholder consultation in any decision to revise the disease split.

Countries can submit their funding request (formerly known as “Concept Note”) within the planned Submission Windows. This is to ensure that grants can start immediately after an existing grant ends. The standard implementation period for grants is three years from the point at which the grant was finalized and signed.

#### **NEW:**

From the beginning the 2021-2024 allocation period, the Global Fund will follow a “differentiation framework” across different parts of the funding process, and this influences the processes an eligible country needs to undertake.

Eligible countries are differentiated through three investment portfolio categories: Focused, Core and High Impact. “Focused countries” are those with lower disease burdens and with less than \$75 million in allocation. “Core countries” have higher disease burdens, higher investment risks, and with allocations above \$75 million but less than \$400 million. “High impact countries” represent 75% of the world’s disease burden and have allocations above \$400 million. The application process and review are differentiated into three approaches:

- 1 **Program continuation:** Country components that have no material change, which will be determined through separate evaluations by the Global Fund secretariat (based on existing information gathered and analyzed) and the CCM (based on national strategy, investment priorities, and performance), have substantially shorter funding application process and fewer application materials. A funding request under this approach will need validation from the Technical Review Panel (TRP), and then will proceed immediately to grant-making phase.  
This will be recommended for “focused countries” and core components with less than 2 years of implementation or those with good performance and no material change. High impact components may be considered on a case-to-case basis.
- 2 **Tailored:** Under this approach, the application materials and the review process are determined by specific contexts: if there are material changes in defined programmatic areas; if a country component is transitioning out of Global Fund support; if a country is categorized as a challenging operating environment; or if funding requests present learning opportunities, such as pilots for direct funding of National Strategic Plans or innovative financing.
- 3 **Full proposal and full review:** Funding requests go through standard procedures and review. The majority of countries classified as “high impact” will follow this process but a volume of focused or core countries, may also be recommended to follow this approach. All components that were not reviewed by the TRP in the previous allocation period will be required to submit for full proposal and review.

#### **Community guide:**

- Start early. Get to know the Global Fund, its funding processes, the different stakeholders involved, and your country’s disease contexts and strategies.



- Learn about issues around communities, key populations, human rights, and gender equality, and how they are related to your diseases. Get access to and familiarize yourself with country assessments on human rights and gender that may have been done on each of the disease components by groups like UNDP and UNAIDS. For example, UNDP has a compilation of reports on legal and policy barriers to access to HIV services in the Asia-Pacific region.
- Develop your CRG priorities, and build evidence to support them. Document how CRG interventions (or the lack of) influence the effectiveness of current grant programmes.
- Develop your engagement objectives and strategies. Seek support to address gaps and challenges in your strategies from technical support providers. Check out if there are regional organizations representing civil society and key populations that could also provide support for your organization.
- Reach out to your CCM and Global Fund Country Teams, or development partners like UNAIDS and WHO, to access the information that you need to be able to participate and engage in the processes. Know who your CCM representatives are.
- Review existing guidelines on key populations, human rights, and gender equality. Learn how your existing Global Fund-supported programmes address CRG issues.

## Country Dialogues

The Global Fund requires that periodic, open, and broad consultations prior to and during grant application, implementation, and oversight are conducted. These consultations should include not only relevant government agencies and private sector institutions, but also, more importantly, community groups, key populations, people living with the diseases, human rights advocates and organizations, and local civil society organizations. This is an integral feature of the Funding Model, and CCMs are required by the Global Fund to conduct Country Dialogues to inform country priorities, funding requests, grant implementation and grant oversight.

### **Community guide:**

- Mobilize community groups and key population networks for the country dialogues. Use this platform as an opportunity to influence national strategies or priorities on HIV, TB, or malaria and to lobby for the inclusion of community-focused, human rights-informed, and gender transformative programs as stand-alone interventions and as foundations for health-specific programs. Introduce evidence on why CRG interventions are necessary, and how they are aligned with new strategies to end the three diseases.
- Talk to different stakeholders that influence program priorities and program implementation. Ask your disease programmes where they stand on your CRG priorities, and think about how you can get their support. During country dialogues, it is important for your allies to speak up and share their insights on why CRG interventions are important. It is also critical that you are able to address concerns or issues raised about your CRG priorities.
- Conduct preparatory discussions with similar groups, other key populations from other diseases, and potential allies. Strategize around your CRG priorities.



- Take note of your country's funding application timelines, and ask your CCM secretariat to present the timeline during the country dialogue. Use the timeline to prepare for your interventions and advocacy, but at the same time, ensure that you don't cause unnecessary delays because you are not prepared to engage.

## National Strategic Plans (NSPs)

Funding requests are expected to be based on robust and up-to-date national disease specific strategic plans, or, in their absence, on Investment Cases. The strategies should be solidly constructed, with costed and prioritized interventions based on evidence-based standards and developed with the engagement of different stakeholders, especially civil society, communities, and key populations. They should also take into account different issues, from gender and human rights to legal and social factors that act as barriers to services. If current national strategies or investment cases do not adequately prioritize or reflect or respond to issues facing communities, key and vulnerable populations, gender or human rights, stakeholders in the dialogue process have the right to raise these weaknesses and demand their inclusion in any funding request to the Global Fund.

### Community guide:

- In your advocacy planning, prioritize the inclusion of CRG issues and interventions in your disease National Strategic Plan. This is critical in ensuring that CRG priorities get funded in Global Fund-supported programmes, and an important first step to guarantee that CRG priorities are owned by the country. It is also an important advocacy tool to influence other policies on human rights and gender, and your country's overall development plans.
- NSPs are high-level, comprehensive documents. It should cover health-specific strategies, interventions to strengthen community systems, enabling environments such as policy reforms, human rights and gender equality. In operationalizing NSPs, communities and key populations can also be considered as implementing agencies and should be capacitated to implement interventions.
- Make sure that your NSP is up-to-date. Find out when your country is reviewing its disease NSPs, or creating a new one. Take part and engage in these processes.
- If your CCM is using an investment case to submit a funding request, make sure that the interventions are not limited to service delivery or biomedical strategies alone.

## Funding Requests Development

### NEW

Funding requests replaces the term 'Concept Note', as funding requests refer to different funding application materials and tailored review approaches that are dependent on the country's disease contexts. For instance, countries with disease components that are following the programme continuation approach will submit a shorter funding application material, while a country eligible for transition funding only will use an application material designed for transitioning countries. Applicants that are pilot-testing their NSPs will have NSP-tailored application documents.



The funding request is based on the total amount allocated per component. Applicants are encouraged to submit integrated funding requests, or submit disease-specific funding requests at the same time. Applicants also need to include interventions for resilient and sustainable systems for health (RSSH) in their funding request development. RSSH interventions are critical to achieve universal health coverage and to end the epidemics, and they include community systems strengthening (CSS) and responses; community monitoring programs, sexual, reproductive, women's, children's, and adolescent's health; integrated service delivery; improving procurement and supply chain systems; strengthening NSPs and data systems - including strengthened systems to collect and analysis data on key and vulnerable populations, gender and age in a rights-based and ethical manner; and leveraging human resources for health and improving data systems and analysis, among others. RSSH can be supported as part of disease-specific funding requests, or an applicant may submit a separate RSSH funding request for cross-cutting RSSH interventions.

### **NEW**

All funding requests are now required to include a prioritized request for additional funding, representing about 30% to 50% of the allocation. If approved by the Technical Review Panel, these pre-approved interventions can be supported if there are savings during grant-making, grant implementation or if additional resources are committed by donor to the Global Fund.

### **NEW**

The Sustainability, Transition and Co-financing policy also lays down co-financing and application focus requirements for funding requests. Low income countries with high disease burden need to demonstrate emphasis on increasing domestic investment on RSSH and for universal health coverage. As countries progress along the development continuum and become middle income country (regardless of disease burden), applicants should be able to show progressive absorption of key program components, such as service delivery, recurrent human resource requirements, procurement of essential medicines, and programs for key populations, human rights, and gender equality.

All applications should focus on key and vulnerable populations and should address barriers related to human rights and gender equality. Low income countries should include interventions to build RSSH. Low middle income countries are required to focus 50% of their funding requests to scale up interventions focused on key and vulnerable populations and/or high impact interventions, while for upper middle income countries, 100% of the funding request must be for maintaining or scaling up of interventions for key and vulnerable populations. They can also include interventions for RSSH and transition readiness.

### **NEW**

As part of the differentiation framework, review of a CCM's eligibility for funding remains focused on the conduct of broad and participatory process in the development of funding requests and a transparent and open process in the selection of principal recipients. The changes here relate only to the documentary evidence CCMs are required to submit:



A “standard review” entails the submission of eligibility narrative and documentation of compliance. A “light review” (or in some cases, “super light”), only a statement of compliance will be required. It is important to emphasize an inclusive multi-stakeholder consultative process, including communities and key and vulnerable populations, in the development of funding requests remains mandatory as a requirement to be eligible for funds. The Global Fund will reserve the right to request full documentation that such a process has occurred in countries following ‘light review’ and will continue to liaise with in-country community partners throughout the process. CCMs will be informed through their Allocation Letters the kind of review that applies for them.

### **Community guide:**

- Know which approach the disease component will follow. Meaningful participation of key and vulnerable populations is required in funding request development, regardless of the approach.
- Under the current Funding Model, civil society organizations, community groups and key population networks may be part of the funding request technical writing team, or be designated as an implementer of the program. These create more spaces to push for or implement CRG-related interventions. Consider these opportunities in developing your advocacy strategy.
- The country response does not only refer to the Global Fund-supported programmes, but also to programmes financed by the country and are leveraged as the country’s counterpart for Global Fund support. Check out how the funding request responds to the co-financing requirement, and whether it is inclusive of key populations and addresses barriers related to human rights and gender equality.
- Funding requests need to be approved by the entire CCM. It is important to engage all stakeholders in the CCM to get their support. In contexts where funding requests are integrated (for example, HIV-TB), look into the possibility of CRG priorities that could benefit more than one or all disease responses, or the over-all health systems.
- Reach out to your country team and get their support to ensure that CRG priorities are included in the funding request. They can provide guidance to the CCM to ensure that the funding requests are compliant with requirements on key populations, human rights, and gender equality. Consulting with in-country community and civil society groups is part of the roles of country teams; communities and civil society would benefit from knowing and building productive relationships with the Country Team.
- The inclusion of community systems strengthening interventions in the funding request is critical to improve the capacity of communities in taking part in the disease response. CRG priorities have to be part of the funding request, and not just identified as a priority unfunded demand.
- In the implementation design, the roles of community groups and KP networks have to explicitly laid down. If they are identified as implementers, their capacity building and their work should be provided with the appropriate level of funding.



## Technical Review Panel

Once approved by the CCM and submitted to the Global Fund, a panel of technical experts (TRP) assesses the funding request based on technical merit, quality, alignment with technical guidance as well as additional factors such as: if it is responsive to country priorities and to critical gaps, if the strategies are evidence-based and appropriate to specific populations; if the grant implementation, as designed, is feasible; if the outcomes are aligned with or complement country strategies; and if the invested resources are optimized and maximized (value-for-money). The technical review will also be according to the approach that the funding request is following.

### **NEW**

Applicants that are submitting funding requests based on program continuation will only go through TRP validation if there are no material changes to the programme (as assessed by the Secretariat at the CCM separately). The TRP will reserve the right to recommend that a program continuation request be returned and full or tailored review be conducted

### **NEW**

Under the new differentiated process, the expertise of the TRP now covers RSSH, human rights, gender equality, and transition readiness, among others. Depending on the results of the evaluation, a funding request may be sent back to the CCM for revisions, or the TRP may recommend to proceed to grant-making. The Global Fund country team may also recommend for a Grant Approval Committee (GAC) assessment first before grant-making.

### **Community Guide:**

- The TRP (or GAC, if the funding request is submitted to it for initial assessment) may have questions in relation to CRG issues or the CRG priorities included in the funding request. Be ready to answer their questions.
- Prepare for the next steps of the funding process. If you are vying to include community groups as implementers, check out their organizational capacity and see if they meet the requirements for principal recipients or sub-recipients. You can access technical support to ensure that they meet these criteria.
- Monitor how the CCM responds to the TRP feedback. Make sure that CRG interventions are not de-prioritized. Regularly reach out to your country team, CCM secretariat, and CCM representatives for updates and to ensure that CRG priorities are retained. You may also reach out to APCRG and other CRG regional platforms, including the CRG unit of the Global Fund secretariat (email here), for inquiries and support.

## Grant-making

At this point, the principal recipient identified in the funding request, the CCM, and the Global Fund Country Team (led by the Fund Portfolio Manager) will work out the details of the grant



and thresh out key milestones and timelines of the grant, including the detailed budget and performance framework. For focused countries and multi-country programmes, the number of indicators and work plan tracking measures. During grant-making, they will also conduct capacity assessment for the implementing organizations and recommend actions to address gaps in the implementation design of the grant.

## **NEW**

Only new PRs or existing PRs implementing new activities will be undergoing assessment. Furthermore, “focused countries” will follow a performance framework that has less indicators and work plan tracking measures.

### **Community guide:**

- During the grant-making phase, changes to the grant design or component can still happen. Following through with your engagements is critical to guarantee that the CRG priorities and focus on key populations are retained and operationalized.
- Ensure that CRG-related capacity development is part of the assessment process for the implementers of the grant.

## **Grant Approvals Committee and Board Approval**

Grant Approvals Committee (GAC), is comprised of Global Fund Executive Management representatives from technical partners, and a representative from community and civil society (nominated by the CS delegations to the Global Fund Board), and whose role is to review approve the level of funding for the Concept Note, including the incentive funding.

The GAC assesses the strategic value of the funding request vis-a-vis the required outcomes and impact; how it addresses the financial and programmatic gaps in the NSP; its focus on key populations and the sufficiency of investments for human rights, community systems strengthening; value-for-money, risk management, and financial management; and sustainability of the investment and the increase in the share of domestic funding, as well as the transition readiness of the country components. The GAC does not conduct a full technical review but instead uses TRP recommendations to inform its decisions and focusses review at the ‘portfolio’ level. After the GAC review, the applicants receive notification from the Global Fund whether the grant request proceeds to Board approval or not.

### **Community guide:**

- At this point, it is important to prepare for grant implementation. Continue engaging the implementers of the grant and the CCM to ensure that the programs are included, including those that are CRG-specific, and that there’s capacity to implement them.
- Look for sources of technical support that are available for civil society, communities and key populations that can help strengthen your engagement in Global Fund processes and in monitoring grant implementation. Read about the CRG Technical Assistance



Programme that the Global Fund has established to check out if your organization is eligible to access it.

## Grant signing and implementation

Once approved, the grant agreement is signed by the PR and the Global Fund. This signifies the start of grant implementation. During this stage, the PR lays down the basic implementation design, which includes the selection and engagement of SRs, finalizing the monitoring and evaluation plan, and developing programmatic guidelines. The PR also periodically reports to the CCM for programmatic and financial updates.

### Community guide:

- Aside from ensuring that CRG-related or CRG-specific interventions are properly implemented, grant implementation provides many opportunities to expand CRG programmes in the country. It can lead to more evidence on CRG issues and the impact of CRG interventions in disease programs, and can improve capacity of CSOs, community groups, and key population networks to contribute to country responses to HIV, TB, or malaria.
- The periodic reports of the PR to the CCM can also be maximized to improve programmes. CSOs, community groups, and key population networks can also advocate for reprogramming for CRG-specific interventions if savings are being reported by the PR.

## Grant review and reprogramming

Grant implementation is periodically reviewed by the CCMs. As a performance-based funding model, disbursement of funding depends on the performance of the implementers. This is also an opportunity for grant implementers and CCMs to undertake reprogramming to make implementation more efficient and effective.

### NEW

If needed, focused countries can request for reprogramming once a year, while core and high impact countries can request for reprogramming at any time during grant implementation, if needed.

### Community guide:

- Reach out to your CCM secretariat to know how the programmes are progressing. Coordinate with them if you wish to attend the meeting. You can also ask for updates from your CCM representatives.
- Based on the identification of efficiencies in the grant or if there are additional funding from the Secretariat, the unfunded programme priorities can be supported and implemented.