GUIDELINES FOR PROPOSALS - ROUND 8
(SINGLE COUNTRY APPLICANTS)

Geneva, 1 March 2008

Deadline for submission of proposals:

(i) An electronic version received in the inbox of proposals@theglobalfund.org by no later than 12 noon, local time Geneva, Switzerland, on Tuesday 1 July 2008.

And

(ii) An identical fully signed paper version must have been posted to the Global Fund by no later than 12 noon on Tuesday 1 July 2008, local time Geneva, Switzerland, as evidenced by a stamp of the postal, courier or other independent service provider.

Address for submission of proposals:

Both: (i) proposals@theglobalfund.org (mandatory electronic version)

and (ii) The Manager (identical mandatory paper signed version)
Proposal Advisory Services
The Global Fund to Fight AIDS, Tuberculosis and Malaria
8 Chemin de Blandonnet
CH-1214 Vernier-Geneva
Switzerland

Board consideration of Technical Review Panel recommendations:
4 – 5 November 2008

Applicants considering a multi-country application in Round 8 should refer to the separate materials available at: www.theglobalfund.org/en/apply/call8/multiple/
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important Pre-Proposal Reading</td>
<td>2</td>
</tr>
<tr>
<td>A1. Before starting to write a proposal</td>
<td></td>
</tr>
<tr>
<td>A2. Guiding principles to Global Fund support</td>
<td></td>
</tr>
<tr>
<td>A3. Developing a strong proposal</td>
<td></td>
</tr>
</tbody>
</table>

## Completing the Proposal Form
*(Each of the following sections corresponds to a section in the Proposal Form)*

1. Funding Summary and Contact Details        | 8    |
2. Applicant Summary (including eligibility)  | 10   |
3. Proposal Summary                            | 19   |
4. Program Description                         | 23   |
   (4B. Health systems strengthening cross-cutting interventions) | 41   |
5. Funding Request                             | 46   |
   (5B. Health systems strengthening cross-cutting funding request) | 54   |

Completing the 'Checklists' for attachments   | 55   |

## Annexes to these Guidelines

1. Round 8 Income level classifications       | 56   |
   *(applying the revised eligibility criteria for Round 8)* |
2. Criteria for TRP review of proposals       | 59   |
3. What the Global Fund will support          | 62   |
4. After proposal submission                  | 65   |
5. List of acronyms and abbreviations         | 67   |
   *(used in these Guidelines)*               |

## Sources of further guidance

- Read the Global Fund's [Round 8 FAQ](#) (*Frequently Asked Questions*)

- Contact existing in-country partners, and/or look up partner contact details through the Global Fund's [Round 8 Partners Link](#).

  We will answer your enquiry within one working day after we receive it, copying in, as relevant, all members of the CCM (or Sub-CCM).
A1. Before starting to write a proposal

**Purpose and Format of Guidelines**

These Guidelines explain how to fill in the Round 8 Proposal Form. The Proposal Form has changed in Round 8 to remove duplication and incorporate important changes following recent Board decisions.

We recommend applicants read the Guidelines fully before starting to prepare a proposal. Additional guidance on new topics in Round 8 is also available through ‘Fact Sheet’ tools referred to throughout these Guidelines.

**Obtaining a Proposal Form**

The Proposal Form, all mandatory attachments and an optional budget template are available:
- From local WHO, UNAIDS, and/or UNFPA offices (CD-rom materials).

Please contact the Global Fund at proposals@theglobalfund.org or write to us at the address on the front page of these Guidelines if you experience problems.

**Format of Proposal Form and Attachments**

In Round 8, the Proposal Form has a number of modules (depending on the disease(s)) to be included in an applicant's proposal.

Whether an applicant submits one document as one complete file, or up to four files with separate modules, a completed applicant proposal may only have one of each of the following sections:

- Sections 1 and 2: Funding summary and Applicant Summary
- Sections 3, 4 and 5 for HIV**
- Sections 3, 4 and 5 for tuberculosis**
- Sections 3, 4 and 5 for malaria**

** In Round 8, one disease only may also include a request for support for 'HSS cross-cutting interventions', which benefit more than one of the three diseases. More information on this possibility is provided in s.4 below.

A number of mandatory 'Attachments' must be submitted for a complete proposal. These are listed on page 2 of sections 1 and 2 of the Proposal Form. Other documents that applicants believe are essential for the review of the proposal should be included as clearly named and numbered annexes (e.g., Annex 1 – [Name]).

Before submitting a proposal, applicants are strongly encouraged to review the checklist(s) available at the end of s.2, and at the end of each disease section (s.5).

**Language for proposals**

Proposals and attachments in any of the six United Nations official languages (Arabic, Chinese, English, French, Russian and Spanish) are accepted.

The Technical Review Panel works predominantly in English. Unless the applicant sends their own identical English translation of the proposal to the Global Fund by the 1 July 2008 closing date, the Secretariat will translate non-English proposals and mandatory attachments (but not large annexes) into English.
A1. Before starting to write a proposal

**What the Global Fund will support?**

We recognize that in-country settings have a significant impact on what is appropriate to particular country contexts.

Proposals that include requests for ongoing support and scale-up of proven interventions are encouraged, as are requests for support for innovative approaches to increase access to prevention, treatment, care and support services for people in need.¹

The Global Fund aims to ensure that funding is available to support universal access to the full range of required services by all members of affected communities. Recognizing a broadly held desire to scale-up gender sensitive responses to the diseases, applicants are encouraged to consider how the diseases differently affect key affected populations. In particular, how women and girls are affected compared to boys and men, and what actions are being taken or proposed through the Round 8 proposal to reduce these differences.

Importantly, there is no 'one list' of what should be included in proposals.

Rather, the Global Fund encourages applicants to identify, through broad and inclusive consultation, the interventions that are most relevant to ensuring universal access to comprehensive prevention, treatment, and care and support services in respect of the three disease(s).

**Annex 3 to these Guidelines** provides information on areas of possible Global Fund support.

However, this is general guidance only and not an exhaustive list. Importantly, all interventions in a Round 8 proposal should be evidence based, having regard to the epidemiological situation described in s.4.2. for each disease applied for.

**Influence of New Board Policies on Round 8**

A number of recent Board decisions affect the Proposal Form in Round 8. These decisions have been included as new questions in the Proposal Form and/or the explanatory material in these Guidelines. In particular, applicants are encouraged to consider expanding their work in and/or introducing:

- Equal access to services by women and men of all ages and by key affected populations² and sexual minorities³; and
- Interventions focused on strengthening national, sub-national and community systems to increase the demand for, access to, and the quality of, services to achieve improved outcomes for the three diseases, including improving Global Fund grant implementation.


² The recommendation to include representation of key affected populations in CCMs (and Sub-CCMs) arose from changes at the 16th Board meeting. The Global Fund adopts the UNAIDS definition as follows: women and girls, youth, men who have sex with men, injecting and other drug users, sex workers, people living in poverty, prisoners, migrants and migrant laborers, people in conflict and post-conflict situations, refugees and displaced persons.

³ Sexual minorities comprise people who may experience discrimination based on their real or perceived sexual practices with consenting adults.
A1. Before starting to write a proposal

To introduce a number of the more important Board decisions, the Global Fund has prepared the following *Round 8 Fact Sheets*:

- **What is** 'The Global Fund's Round 8 approach to encouraging gender sensitive proposals'
- **What is** 'The Global Fund's strategic approach to Health Systems Strengthening'
- **What is** 'Dual Track Financing'
- **What is** 'Community systems strengthening'
- **What is** 'Grant Consolidation'
A2. Guiding principles to Global Fund support

**Country driven and outcome focused**

Proposals submitted to the Global Fund should seek additional\(^4\) support for programs that address gaps and needs identified by countries. The proposals should plan to achieve time bound outputs and outcomes over the proposal term that contribute towards preventing further infections, delivering treatment, and/or providing care and support for people in need.

**Inclusive and collaborative**

The Global Fund recognizes that strong, comprehensive country programs require collaboration and inclusion of all stakeholders – both government and non-government sectors – and a focus at the national, sub-national and local or community levels.

Proposals are submitted through a single country coordinating body – termed Country Coordinating Mechanism ("CCM", or 'Sub-CCM' if operating at a sub-national level\(^5\)), other than in exceptional situations (refer to s.2.2.2 of these Guidelines below). Whenever possible, these mechanisms should be the same group of stakeholders that oversee all other efforts in respect of the three diseases.

- **Importantly**, the Global Fund Board has determined a number of minimum principles to guide the collaboration and inclusion of a broad range of stakeholders in CCMs (and Sub-CCMs). These principles are available on the Global Fund website at: http://www.theglobalfund.org/pdf/5_pp_guidelines_ccm_4_en.pdf

- **In addition**, the Board has determined that CCMs (and Sub-CCMs) must meet a sub-set of these principles as requirements of eligibility for funding. Section 2 of these Guidelines provides more information.

**Harmonization and alignment with in country systems**

As far as possible, Round 8 proposals should be developed in the context of:

- national health sector development plans and strategic plans
- national disease control programs and strategic plans

Reference should also be made to national priorities and any recent country-specific analysis of the strengths, weaknesses, opportunities and threats relevant to those program(s).

**Strengthening Service Delivery and Program Sustainability**

Applicants are encouraged to consider the longer-term programmatic sustainability of existing efforts to respond to the three diseases.

Strategies that may assist applicants to strengthen service delivery and move towards increased sustainability of interventions include (as recommended at the Global Fund's Sixteenth Board Meeting) the routine inclusion of:

- both government and non-government sector Principal Recipients\(^6\); and

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\(^{4}\) Applicants must show that funding requested is additional to the country's own contributions to the disease(s), and is not displacing existing or known funding streams (as demonstrated through a 'financial gap analysis' in section 5.1. of each disease proposal submitted in Round 8).

\(^{5}\) In situations where the Sub-CCM can demonstrate it has a legitimate right to operate without CCM oversight, an application may be made by the Sub-CCM direct to the Global Fund (refer to s.2.1.1.).

\(^{6}\) The term 'principal recipient' means principal implementer/manager of program interventions. The principal implementer is responsible to the Global Fund for reporting on programmatic and financial performance during the program term. In country, the role is to oversee and ensure timely, outcome-focused service delivery by other key implementing partners under the Global Fund grant.
A2. Guiding principles to Global Fund support

- interventions focused on strengthening community systems.\(^7\)

Applicants are also encouraged to undertake an analysis of gaps and constraints at the national, sub-national and community levels, considering the different needs of men and women, boys and girls. In addition, applicants should assess need in both the government and non-government sectors when planning the scope of a Round 8 proposal. The ‘non-government’ sector includes NGOs, FBOs, CBOs, networks of people living with or affected by the diseases, organizations representing key affected populations, the private sector, and education/academic sector.

**Improving outcomes for the three diseases through health systems strengthening**

The Global Fund recognizes that weaknesses and constraints in disease programs and the health system impede the demand for, access to, and the delivery of services. These constraints vary considerably across countries and require individual country responses.

As in prior Rounds, applicants are encouraged wherever possible, to include requests for activities that remove these constraints within the most relevant disease proposal, and as part of the description of the proposal strategy in s.4.5.1. (completed on a per disease basis).

In addition, in Round 8, where identified constraints extend across the three diseases (‘cross-cutting’), and it is difficult to include strategies to address these constraints on a per-disease basis, an applicant may request funding for ‘HSS cross-cutting interventions’.  

\(\text{This is not a separate proposal, or a 'separate component'.} \) Rather, any request for funding of HSS cross-cutting interventions must be included within one only of the disease proposals, but in a distinct section (s.4B. for the activities, and s.5B. for the funding request). We recommend that health systems and cross-disease experience be drawn on during proposal development.

More detailed information on health systems strengthening is provided in s.4.5. of these Guidelines.

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\(^7\) Including interventions that increase access to, and the quality of, services and/or support Global Fund grant implementation (particularly for excluded populations out of reach of existing programs for either social or geographic reasons). Refer to s.4.6.7. for more information on community systems strengthening.
A3. Developing a strong proposal

Proposal Development principles

Applicants are encouraged to develop in-country processes that ensure broad and inclusive participation of multi-sectoral stakeholders in proposal development.

Many of the Global Fund’s partners have information on the steps that applicants could take to ensure that there is broad stakeholder involvement. Links to a number of those partners and/or their tools are available at: http://www.theglobalfund.org/en/apply/call8/technical/

However, there a number of common steps that any applicant should undertake to ensure that planning for a Round 8 proposal submission is inclusive and the strategy is widely supported. Some of the major steps may involve the following:

Step 1

Broad stakeholder consultation across both government and non-government sectors at the earliest time possible, to understand the status of the disease(s) and obtain consensus on needs, gaps and priority interventions. Circulate information at national, sub-national and community levels to increase demand for and improve universal access to services, considering strategies to reach people excluded (socially or geographically) from programs.

Step 2

Identify disease program and health system barriers to responding to the full range of in-country needs. Involve national, sub-national and community level health systems stakeholders (from government and non-government sectors) in needs identification.

Step 3

Share information at an early time and broadly throughout the country regarding potential priorities. Invite contributions and proposal submissions for inclusion into disease proposal(s) to ensure a comprehensive response to the disease(s).

Step 4

Consolidate knowledge of existing support and identify priorities for Round 8. Set ambitious targets for the proposal term, and include a framework for coordination of implementation efforts. Consider a peer-review during proposal development to strengthen overall technical soundness.

Step 5

Review the proposal, including all diseases applied for overall soundness. Then send the completed proposal to the Global Fund after full endorsement.

Importantly, the proposal development process should start as early as possible to allow all sectors and constituencies (including non-members of a CCM or Sub-CCM) enough time to provide input into the drafting of the proposal and to be involved in the process to decide on priorities and needs.

The processes used by the CCM (or Sub-CCM) to evaluate all submissions received as input into the national proposal is an essential part of the Global Fund’s assessment of eligibility of the CCM (or Sub-CCM). Refer to s.2.1.4.

The following material corresponds with the Proposal Form ‘Sections’.
1. Funding Summary and Contact Details

Only complete one version of sections 1 and 2 even if more than one disease is included in the proposal.

Throughout the Proposal Form 'check' relevant boxes to make selections where indicated by "double-clicking" with mouse.

Front cover sheet

Applicant Name: CCM, Sub-CCM or non-CCM applicant name
Country: Select from listings in Annex 1 to these Guidelines
Income Level: Select from listings in Annex 1 to these Guidelines
Applicant Type: Select as appropriate

Disease proposal(s) and titles(s)
Round 8 proposals can address one or more of the three diseases:

- HIV (including HIV/TB collaborative activities); and/or
- Tuberculosis (including HIV/TB collaborative activities); and/or
- Malaria.

HSS cross-cutting interventions request
Identify if a disease proposal (one only) includes a request for 'HSS cross-cutting interventions'. ➔ Refer to s.4.5. of these Guidelines for more detailed information.

Currency
Identify the common currency used throughout the whole proposal (for all diseases) as either United States Dollars or Euros. Use this same currency in all sections for all diseases (and any HSS cross-cutting interventions funding request).

1. FUNDING SUMMARY AND CONTACT DETAILS

1.1. Funding summary
Identify the total amount requested by disease on an annual basis (from the budget material in s.5 of the Proposal Form). Separately identify the amount requested (if any) for HSS cross-cutting interventions under one of the diseases (from s.5B) and type over the blue italics to identify the one disease that includes a request for HSS cross-cutting interventions in Round 8.

Ensure that the totals entered in this table by disease are the same as the totals in the table at s.5.4 ("Summary budget by Cost Category" for each disease), and the table in s.5B.2 for any HSS cross-cutting interventions that are included).

1.2. Contact details
List the complete contact details of two persons. These people should be able to reach other people in the country as needed. It is also important that these people are available to answer technical or administrative questions during the 'screening process' that commences immediately after 1 July 2008.

Refer Annex 4 for information on the screening process.
1. Funding Summary and Contact Details

1.3. List of Abbreviations and Acronyms used by the Applicant

Include a list of uncommon or country-specific abbreviations and acronyms used in the proposal to facilitate review of the proposal by the Technical Review Panel ('TRP').
## 2. Applicant Summary (including eligibility)

### Introduction

Section 2 of the Proposal Form replaces all of s.2 and s.3 from the Round 7 materials. Different applicants complete different parts of s.2 as indicated in the text box at the start of s.2 in the Round 8 Proposal Form.

By way of general introduction to the revisions to the eligibility rules in Round 8:

1. Determining eligibility is a multi-step process, drawing on both: (i) the World Bank's classification of countries and other economies; and (ii) a Global Fund requirement that certain applicants ensure a predominant focus on *key affected populations* in their proposals (Lower-middle income, and Upper-middle income applicants, at s.4.5).

2. In addition, Lower-middle income and Upper-middle income applicants must also show that the Global Fund's total contribution to the national disease specific program needs over the Round 8 proposal term does not exceed certain maximums. This is the *newly introduced* principle of *cost sharing*. (This replaces the Round 7 'counterpart financing' approach and is further explained in s.5.1 (where the calculation on 'cost sharing' is done).

3. New in Round 8, the Global Fund has introduced a 'one year grace period' for countries whose income level moves up from one income level to another between a funding Round. Relevant countries can apply for funding as if their income level classification remained at the old income level. Countries benefiting from this 'grace period' are listed in Annex 1 of these Guidelines, in Part A2 (countries deemed 'low income in Round 8) and Part B2 (countries deemed 'lower-middle income' in Round 8).

4. Also new in Round 8, the Global Fund has included certain new countries as eligible to submit HIV proposals. This decision is based on information received from our partners on significant disease prevalence in identified population groups. Relevant countries are listed in Annex 1 of these Guidelines, in Part C.1.

### The revised eligibility rules for Round 8 are summarized in the table below

<table>
<thead>
<tr>
<th>Eligibility Rules</th>
<th>Low-income country + R8 one year grace period countries</th>
<th>Lower-middle income country + R8 one year grace period countries</th>
<th>Upper-middle income country</th>
<th>High-income country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus on key affected populations (s.4.5.1)</td>
<td><strong>AND demonstrate Global Fund total country support does not exceed 65% of overall disease program need (Line H, table 5.1)</strong></td>
<td><strong>Focus on key affected populations (s.4.5.1)</strong></td>
<td><strong>AND current high disease burden in either general population or identified population (Annex 1)</strong></td>
<td><strong>AND demonstrate Global Fund total country support does not exceed 35% of overall disease program need (Line H, table 5.1)</strong></td>
</tr>
<tr>
<td>Eligibility</td>
<td>Eligible</td>
<td>Eligible</td>
<td>Eligible</td>
<td>Not Eligible</td>
</tr>
</tbody>
</table>

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8 Non-CCM applicants are exempt from the cost-sharing rules. They do not complete 'line H' in the table of s.5.1.
2. Applicant Summary (including eligibility)

<table>
<thead>
<tr>
<th>CCM applicants:</th>
<th>Complete sections 2.1. and 2.2.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-CCM applicants:</td>
<td>Complete sections 2.1. and 2.2. and 2.3.</td>
</tr>
<tr>
<td>Non-CCM applicants:</td>
<td>Only complete section 2.4.</td>
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</tbody>
</table>

2.1. Members and operations

Introduction

To support the most effective responses possible, the Global Fund requires CCMs (and Sub-CCMs where they exist) to be inclusive, and representative of all sectors. CCMs that do not meet these requirements are not eligible for funding.

Box 1: CCM and Sub-CCM Eligibility ‘Clarifications Paper’

➡️ Read the Global Fund’s policy and practical guidance on these six minimum requirements at:


2.1.1. Membership summary

CCMs and Sub-CCMs applicants must complete ‘Attachment C – Membership Details’ as part of the essential documents for a complete proposal. Please complete this document in Microsoft excel by downloading it from the Global Fund website at:

http://www.theglobalfund.org/documents/rounds/8/AttachmentC_en.xls

After Attachment C is completed, the applicant should ensure that the membership summary in the table in s.2.1.1. is completed and the total members equal the number of people identified as members in ‘Attachment C’.

Drawing on the documents referred to in Box 1 above, CCMs and Sub-CCMs are reminded that the Global Fund recommends a minimum of 40% representation from non-governmental sectors. These sectors include:

- NGOs and community-based organizations;
- People living with the diseases;
- People representing key affected populations9;
- Faith based organizations;
- Private sector10; and
- Non-government academic institutions.

2.1.2. Broad and inclusive membership

This section requests the membership of the CCM or Sub-CCM (as evidenced by each member signing Attachment C) to advise whether or not the CCM (or Sub-CCM) is adhering to certain requirements for eligibility. The Global Fund may make further enquiries of the CCM (or Sub-CCM) after proposal submission to substantiate the answer given.

If there is any doubt about changes in membership, applicants should contact proposals@theglobalfund.org to make further enquiries at an early time.

9 Refer back to the definition of key affected populations in footnote 1 above.
10 For a definition of ‘Private Sector’, refer to s.4.6.3 of these Guidelines.
2. Applicant Summary (including eligibility)

2.1.3. Member knowledge and experience in cross-cutting issues

The questions arising in sub-paragraphs (a), (b) and (c) seek information on the level of current experience of members of the CCM (or Sub-CCM) in the important cross-cutting issues of health systems gaps to strong disease program outcomes, gender and planning through a multi-sectoral approach. Applicants are not requested to document this experience. Rather, they should provide an overall self-assessment of the relative knowledge and capacity of the membership. This question is asked because the cross-cutting topics are relevant to the overall approach of the CCM (or Sub-CCM) to needs assessment and developing proposals that address gaps and weaknesses relevant to the country context.

The information provided in s.2.1.3. will be taken into consideration by the TRP when reviewing the overall context of a proposal. However, the information in this section does not affect the eligibility of an applicant.

2.2. Eligibility

2.2.1. Application history

It is recognized that a number of applicants have recently applied to the Global Fund for funding (in Round 6 and/or Round 7, or perhaps also under the ‘Rolling Continuation Channel’). If so, applicants may have provided documents on the operations and overall management of the CCM (or Sub-CCM) that may not need to be re-submitted if nothing significant has changed.

Therefore, s.2.2.1. asks about application history first. New in Round 8, if an applicant has recently completed the Phase 2 review process for an existing grant, and the Phase 2 grant has been signed, then the applicant can 'check' the first box ('Applied for funding in Round 6 and/or Round 7 and was determined as having met the minimum eligibility requirements'). This is because the Global Fund recognizes that significant CCM (or Sub-CCM) documentation is required to be submitted during a Phase 2 review also.

Applicants who 'check' the box 'Last time applied for funding was before Round 6 or was determined non-compliant with the minimum eligibility requirements when last applied' do not complete s.2.2.2 to s.2.2.4. Instead, applicants should complete 'Attachment D' (instructions for which are available on the front of Attachment D), and then come back to complete s.2.2.5 and following.

For applicants determined compliant when they last applied

Regardless of prior approvals, for each new proposal, the Global Fund requires applicants to provide documentation about proposal development and grant/program oversight process(es). When completing the following sections, applicants should refer back to the practical guidance on these minimum requirements for eligibility at: http://www.theglobalfund.org/pdf/5_pp_guidelines_ccm_4_en.pdf

11 The Rolling Continuation Channel is an invitation only funding window for grants coming to the end of their existing term. General information on this channel is available at: http://www.theglobalfund.org/en/apply/rcc/application/

12 Phase 2 is the extension of the grant agreement from Phase 1 and covers the remaining proposal period (typically, years 3-5).
2. Applicant Summary (including eligibility)

2.2.2. Transparent proposal development processes

Specifically, the documents to be attached in support of an applicant's demonstration of compliance with these minimum requirements for CCM (or Sub-CCM) eligibility are:

(a) the signed and dated minutes of the meeting at which the members decided on the elements to be included in the Round 8 proposal, by disease if relevant in the circumstances; and

(b) the documentation setting out how the CCM (or Sub-CCM) oversees (or will oversee if no existing grant) program performance.

 Applicants are strongly encouraged to use the 'checklist' at the end of Section 2 of the Proposal Form to crosscheck the documents required.

2.2.3. Processes to oversee program implementation

2.2.4. Processes to select Principal Recipients

The Global Fund recommends applicants consider the following when selecting a Principal Recipient or Principal Recipients for each disease proposal:

(a) Requirement for transparency in selection of Principal Recipient(s): CCM (and Sub-CCM) applicants must demonstrate that selection occurred through transparent processes for each Principal Recipient nominated. Documents must be provided to provide evidence of the processes used, and these should be listed as clearly named and numbered annexes in the 'checklist' at the end of s.2.

(b) Financial and legal responsibility for grant funds: The nominated Principal Recipient(s) should be assessed by the applicants as capable of leading implementation and being responsible to the Global Fund for finances and program implementation under a grant agreement. (Refer to the information at s.4.8. of these Guidelines on Principal Recipient implementation capacities).

Details on Grant Recipients’ accountability are contained in:
• ‘Fiduciary Arrangements for Grant Recipients’;
• ‘Guidelines for Performance Based Funding’; and
• ‘Guidelines for Annual Audits of Program Financial Statements’.

 These documents are available at:
http://www.theglobalfund.org/en/about/policies_guidelines/default.asp#performance

(c) Legal-capacity to enter into grant agreements with the Global Fund: In addition to government entities or ministries, the full range of potential Principal Recipients includes non-governmental or faith-based organizations, a private sector firm or private foundation, an incorporated network for people living with the diseases, a community-based organization that has legal status in the country; or other incorporated body.

(d) Reinforcing and building local ownership and accountability: It is expected that local institutions, rather than United Nations agencies or other multilateral or bilateral development partners, will be selected as Principal Recipient(s) in proposals submitted to the Global Fund. In exceptional circumstances (e.g., civil war or post-conflict reconstruction) when no local stakeholders in the government or non-government sectors are able to act as Principal Recipient(s), other entities may be nominated. In these instances, plans to increase the capacity of country entities to become the Principal Recipient (or joint Principal Recipient) over the program term

13 Neither UNAIDS nor WHO may be nominated as a Principal Recipient.
2. Applicant Summary (including eligibility)

should be considered. Where appropriate, these plans should be integrated into the proposal (in s.4.5.1. and s.4.9.6, and included in the budget and work plan).

International non-governmental organizations with an established local presence are considered local stakeholders in this context. If so, the extent of affiliation of the local body with the international organization should be clearly explained.

(e) **Building on government and non-government sector implementation capacity:**
(principle of ‘dual track financing’ from the 15th Board meeting). (Refer to s.4.5.2.)

(f) **New from Round 8**, the Global Fund’s recommendation that applicants routinely include a Principal Recipient from both the government and non-government sectors in each disease proposal. This is discussed in more detail immediately below under the heading of ‘Dual Track Financing’.

**Principles supporting Dual Track Financing**

➤ Refer to the definition of non-government sectors at page 11 of these Guidelines.

The Global Fund’s recommendation arises from a recognition that comprehensive national programs that are designed to be implemented through a multi-sectoral approach may bring increased opportunities to:

- Raise awareness of accessibility of, and therefore demand for, services, including primary prevention services at the community and sub-national level;

- Scale-up existing service delivery to a broader range of population groups, or geographic regions;

- Move more quickly towards the provision of access to prevention, treatment, and care and support to all persons in need, including, *key affected populations* and people who may not already be included in national disease programming; and

- Contribute to sustainability of programmatic interventions over the longer term, through the increased capacity that comes from a broader range of inter-working implementing partners having complementary skills, including management and oversight capacities.

### 2.2.5. Principal Recipients

Taking into consideration the principles set out in s.2.2.4. above, applicants should list, by disease, the Principal Recipient(s) that are nominated in the Round 8 proposal. Detailed information on the implementation capacity of these implementers is requested in s.4.9.1.

### 2.2.6. Non-implementation of dual track financing

Whilst *dual track financing* is recommended, it is recognized it may not be possible in all country settings.

If relevant, applicants are requested to summarize the reason(s) for not taking up the Global Fund’s recommendation.

Information should be country specific, describing the process of consideration of the potential to include Principal Recipients from the government and non-government sectors. As relevant, applicants can comment on alternative ways in which the Round 8 proposal moves towards this principle.

The Global Fund’s recommendation on *dual track financing* applies separately for each disease. Thus, the selection of a government and non-government sector Principal Recipient
2. Applicant Summary (including eligibility)

In one disease proposal does not remove the need for another disease proposal to provide an explanation if relevant.

Applicants are advised that the information provided in s.2.2.5. will not impact a decision on eligibility. Rather, the information will be considered as part of the overall country context by the TRP. The Global Fund may also consider this information at the end of 2008 when it reviews its policies for Round 9.

2.2.7. Managing conflicts of interest

- Refer to the practical guidance on these requirements at: http://www.theglobalfund.org/pdf/5_pp_guidelines_ccm_4_en.pdf

2.2.8. Proposal endorsement by members

Attachment C must be signed by all members of the CCM (or, as relevant, Sub-CCM)**. It should be sent to the Global Fund as an original paper document after being scanned and sent with the email version of the completed proposal.

- (Attachment C has a number of "drop down" boxes that have been pre-filled to assist completion of the document).

** The Global Fund requires all members to sign Attachment C unless:

- The documented existing rules of the CCM (or Sub-CCM) set out an alternative, documented procedure for signature of proposals that requires less than the full membership to sign the submission and the rules, and the minutes from the meeting in which these rules were accepted by the whole CCM (or Sub-CCM) are included with the proposal;

or

- A member is unable (or unwilling) to endorse the proposal. That member must inform the Global Fund in writing (proposals@theglobalfund.org or by mail) of the reason for not endorsing the proposal, to ensure that the Global Fund understands that member’s position.

- Go to the ‘Checklist’ instructions for sections 1 and 2 on page 18 of these Guidelines.
- CCM applicants do not complete sections 2.3. or 2.4.
2. Applicant Summary (including eligibility)

2.3. Sub-CCM Details

2.3.1. Status of Sub-CCM

In certain circumstances, such as in very large countries, a sub-national Country Coordinating Mechanism (Sub-CCM) may evolve, typically under the guidance of a CCM. In such situations, the Sub-CCM fulfills the roles and responsibilities of a CCM for the sub-national region. As appropriate, a Sub-CCM forms at a state level, province and/or administrative division, or by a grouping of several states, provinces and/or administrative divisions.

Applicants should 'check' whether they are applying as a mechanism that is part of an overall CCM approach, or as an independently operating mechanism. Then, complete the answers as directed.

2.3.2. Rationale

Applicants should briefly explain the overall benefit of there being a Sub-CCM approach to oversight and coordination of efforts for the disease(s).

2.3.3. CCM Endorsement

Where the Sub-CCM was convened by, or is part of the overall disease coordination approach of the CCM, the membership of the CCM (at a meeting or through another documented process) must agree to endorse a Sub-CCM proposal.

Two documents are required to demonstrate endorsement by the CCM members. Sub-CCM's should identify the annex numbers for these documents in the space provided by typing over the blue italics.

2.3.4. Justification of independence of Sub-CCM (only if applicable)

The types of documentation to be submitted in support of a statement that the Sub-CCM is should be assessed independently of a CCM framework include:

- statutes or other legal documents confirming the independent authority of the Sub-CCM;
- international agreements or conventions that recognize the independent nature of the Sub-CCM's territory; or
- proof of the CCM's acceptance of the Sub-CCM's independence.

Go to the 'Checklist' instructions for sections 1 and 2 on page 18 of these Guidelines.

Sub-CCM applicants do not complete section 2.4 of the Proposal Form.
2. Applicant Summary (including eligibility)

2.4. Non-CCM Applicants

Importantly – in limited situations, the Global Fund approves proposals submitted by applicants who apply outside of the CCM.

Non-CCM applicants considering the submission of a proposal are strongly encouraged to contact the CCM in their country before completing the Proposal Form. The CCM should be asked to consider including the ideas from the non-CCM applicant in the national proposal – and ask what the CCM’s process is to consider all proposals submitted (e.g., whether there is a public tender process, or an ‘expression of interest process’ etc, and how proposals will be considered).

The Global Fund’s website for the Round 8 lists the key contacts for national CCMs, at: http://www.theglobalfund.org/en/apply/mechanisms

2.4.1. Sector of work

Non-CCM applicants should ‘check’ the one box that is most descriptive of their sector. If the ‘Other’ box is selected, then this sector must be specified.

2.4.2. Status of Non-CCM applicant

(a) Main justification for non-CCM proposal

‘Check’ the one box that represents the main reason for the non-CCM proposal and attach documents to support this.

Under Global Fund policy, a ‘country that suppresses, or has not established partnerships, with civil society’ includes the situation where a CCM unreasonably fails or refuses to consider a proposal that has been submitted through the CCM’s advised processes for proposal consideration. If a proposal was submitted to a CCM under their current processes but the CCM: (i) did not review it; (ii) did not review it within a reasonable timeframe; or (iii) unreasonably refused to include it (or some part) in the CCM’s own proposal to the Global Fund, documents showing these events (to the extent they exist) should also be included.

** Proposals not endorsed by CCMs for documented technical weaknesses communicated to the non-CCM applicant are unlikely to be accepted as non-CCM applications.

(b) Attempts to have the activities included in the CCM’s proposal

Relevant applicants should provide a clear timeline to demonstrate all efforts to participate in the CCM’s process to develop a proposal, setting out what submissions were made to the CCM, what reply (if any) was received, and what the non-CCM applicant did to work with and/or participate in CCM meetings or proposal development sessions and all applicable dates.

When non-CCM proposals are received, the Global Fund contacts the CCM to obtain their input on the topics raised, and the Global Fund’s decision on eligibility will be final.

Also provide an explanation of the practical feasibility of working in the country without a working relationship with the CCM.

2.4.3. Expected benefit of proposal

Taking into consideration the responses to s.2.4.2, this is a brief summary of how and why the work included in the non-CCM proposal will be beneficial in addressing gaps in the existing country efforts.
## 2. Applicant Summary (including eligibility)

<table>
<thead>
<tr>
<th>2.4.4. Non-CCM knowledge and experience in cross-cutting issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>➔ Refer to the guidance on these requirements at s.2.1.3. of these Guidelines.</td>
</tr>
</tbody>
</table>

| 2.4.5. Principal Recipients |
| 2.4.6. Non-implementation of dual track financing |
| ➔ Refer to the guidance on these requirements at s.2.2.5. and s.2.2.6. respectively of these Guidelines. |

### 2.4.7. Endorsement by non-CCM Applicant

Documents submitted in support of this section must show the people signing the proposal on behalf of the non-CCM applicant have authority to do so.

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### Checklist Instructions – Sections 1 and 2

*Complete the 'checklist' for sections 1 and 2 of the Proposal Form.*

- Ensure that all essential attachments already listed in the right hand column of the 'Checklist' are included.

- Provide additional documents as clearly named and numbered annexes, and list these in the 'Checklist' table for ease of reference.
3. Proposal Summary

Introduction

Sections 3, 4 and 5 of the Proposal Form appear as three individual modules in Round 8 – one for each of HIV, tuberculosis, and malaria.

However, due to the similarity of information requested in each section these Guidelines only reproduce the information once. These Guidelines highlight any questions that relate to only one of the diseases.

### 3.1. Duration of proposal

Applicants should indicate the planned start date of the component proposal and the expected end date **taking into consideration the following:**

- The Global Fund Board will consider the recommendations of the TRP for Round 8 proposals at the 17th Board meeting over 4 to 5 November 2008;

- The target is to complete grant negotiations and sign grants within six months of Board approval (although the formal policy is that all grants must be signed within 12 calendar months of Board approval); and

- The maximum duration of a proposal is five years from the start date. However, it is the Global Fund's policy that **proposals with a duration of less than five years are not eligible to apply for continued funding** for the program through the 'Rolling Continuation Channel' at the end of the program term\(^\text{14}\).

### 3.2. Consolidation of grants

Applicants contemplating **grant consolidation** with an existing Global Fund grant will need to consider how to select a start date that aligns with the reporting cycles of existing grants (**or new dates that the existing grants will adopt**). Applicants are recommended to refer back to the **Grant Consolidation Fact Sheet** for more information (Part A1 of these Guidelines).

### 3.3. Alignment of planning and fiscal cycles

The Global Fund is committed to the principles of alignment and harmonization of existing program and fiscal reporting cycles (**including ensuring that non-government sectors report, so far as possible, in line with government cycles to further the Paris Declaration on Aid Effectiveness**\(^\text{15}\)). Grant consolidation situations may give rise to other considerations for the proposal start date. In particular, selection of a start date that reflects a convenient time to move to a 'consolidated program' with the earlier grants (**and allowing time for grant negotiations and preparation of consolidated work plans, budgets and 'Performance Frameworks' after Board approval of a Round 8 proposal recommended for funding by the TRP**).

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\(^\text{14}\) This decision was made at the 15th Board meeting (GF/B15/DP18).

\(^\text{15}\) Detailed information on the Paris Declaration on Aid Effectiveness is available at the following link: [OECD site on Paris Declaration](http://www.oecd.org)

19
3. Proposal Summary

3.4. Program-based approach

Introduction

In this section, 'program-based approach' refers to situations where the country's response to the disease(s) is managed through a common strategy supported by all partners, with corresponding budget frameworks that are supported by partners and the government through a coordinated approach.\(^\text{16}\)

Program-based approaches can be at the disease level (e.g., a national HIV, national tuberculosis or national malaria strategy that can be multi-sectoral) or a sector level. 'Sector wide approaches' are a specific type of program-based approach that operate only at a whole sector level, e.g., health, and not at a disease-specific level.

The Global Fund supports the provision of funding to program-based approaches, including sector wide approaches. This support can be provided to Principal Recipients who:

- are working in the coordinated environment of a program-based approach (disease or sector), but their budget is developed and funded separately; or

- will channel funding from the Global Fund into a 'common fund' (a pooling of partner funds) from which resources are distributed by the common funding mechanism to implementing partners.

The Global Fund's principles of focusing on results, transparency, accountability and country ownership (inclusive of Principal Recipients from both government and non-government sectors) are applied to all funding provided by us, irrespective of the mechanism that is used.

3.4.1. Program-based approach – 'Yes' or 'No'

Applicants should identify whether or not a 'program based approach' exists in the country context.

Many countries already have a national strategic plan to respond to the disease(s), developed through broad consultation, and which are used to guide partner contributions that are made through bilateral arrangements. This is different to program-based approaches, which involve an agreed approach\(^\text{17}\) to partner support to the plan or strategy. Where there is not this agreed approach, applicants should 'check' no to question 3.4.1.

However where an applicant 'checks' yes:

- the applicant should identify if there is pooling of partner contributions into a common fund (s.3.4.2.), as this identifies whether further information on the financial arrangements is required in s.5.5.; and

- most importantly, applicants should complete s.3 to s.5 of the Proposal Form having regard to specifics of the program-based approach in their country.

For example, in:

- s.4.1., if the applicant's response to the disease(s) is coordinated through a sector

\(^\text{16}\) Relying on OECD materials, program based approaches share the following features: (i) Leadership by the host country or organisation; (ii) A single comprehensive program and budget framework; (iii) A formalised process for donor co-ordination and harmonisation of donor procedures for reporting, budgeting, financial management and procurement; and (iv) Efforts to increase the use of local systems for program design and implementation, financial management, monitoring and evaluation.

\(^\text{17}\) This agreed approach could take the form of a memorandum of understanding, code of conduct or other formalized arrangement.
3. Proposal Overview

(e.g., health) wide approach, the information provided should also describe relevant sector strategies;

→ s.4.9.1., applicants should explain how the Principal Recipient(s) will interact with other implementing partners to achieve national outcomes, whilst still being responsible for overall program and financial assurance to the Global Fund; and

→ s.5.1., the financial gap analysis should be undertaken at the level of the program-based approach if disease-specific, and on the basis of a robust attribution of funding to the disease program if planning and budgeting is undertaken at the health sector level. A ‘robust attribution’ is required to enable the TRP to consider the additionality of the funding request having regard to the work planned to be undertaken during the proposal term (described in s.4.5.1.), and the planned outcomes (as described in the ‘Performance Framework’, Attachment A to the Proposal Form).

3.4.2. Common funding mechanism – ‘Yes’ or ‘No’

Where there is a program-based approach (including, if relevant, a sector wide approach) but there is no pooling of partner funding into a common fund, applicants should ‘check’ no and complete the Proposal Form without also addressing the sections on common funding mechanisms (refer to s.5.5.).

However, where the country uses a ‘common funding mechanism’\(^\text{18}\) as the funding source to support the program-based approach, this should be identified in this section. Section 5 (‘Funding Request’) of these Guidelines contains further information on the budget information to be provided when there is a common pool approach to funding.

3.5. Summary of Round 8 proposal – by Disease

The summary provides an overview of the goals, objectives, program areas (or ‘service delivery areas’, SDAs), interventions/activities, and targets (planned outcomes) of the proposal.

The summary should comment on matters such as:

- Who the proposal targets and/or the priority interventions.

- Why these people (i.e. the particular regional or target populations) and/or the priority interventions have been selected as a priority in Round 8. In Round 8, applicants are encouraged to indicate differences in target populations by sex and age, and to comment on the range of institutions and/or facilities needed to reach these people equitably and effectively;

- The basis of intended coverage for services that reach people (e.g. are the targets for ARV treatment based on 80% 'universal access' principles for coverage, or 100% coverage of the overall needs, or levels required to achieve the Millennium Development Goals, or which other basis?)

- As a list only, the main goals, objectives, SDAs and interventions/activities that will be supported through Round 8 funding; and

- If funding is requested to respond to health systems gaps and weaknesses that impact disease outcomes (either on a disease specific basis in s.4.5.1., or on a cross-cutting basis in s.4B, once only in the whole proposal), how the planned interventions will contribute to improved outcomes for the disease or the disease(s) (as relevant).

\(^{18}\) For the purposes of these Guidelines, this term includes baskets or pooled funding.
3. Proposal Overview

This is important information for the TRP’s assessment of whether the planned interventions will help achieve the objectives and goal(s) of the proposal. Applicants are recommended to refer back to the key gaps in the national program (s.4.3.1.), and the needs of ‘key affected populations’ requiring services when completing this section.
4. Program Description

Introduction

Particular effort has been made to reduce repetition in Round 8 proposal questions. However, where an applicant believes that a question is requesting the same information as in a prior section, applicants are encouraged to reference their earlier answer in the place of restating the same information.

Annex 2 of these Guidelines lists the criteria for TRP review of proposals.

In the sections below, applicants are requested to refer to the national program (where one exists). If there is no existing comprehensive national program, then complete the Proposal Form questions based on any draft plan, or if none exists, the 'program' that is the subject of the proposal.

4.1. National prevention, treatment, care and support strategies

(a) Summarize the country’s current strategies to respond to the disease on a comprehensive basis, addressing the three items listed in the question. If the applicant has ‘checked’ yes to the ‘program based approach’ question (s.3.4), and the program-based approach is at the health sector level, this description should include relevant information on the program-based approach to enable the TRP to consider the overall framework in which the Round 8 request for additional support is made.

Importantly - If the strategies have changed over recent years because of changing incidence or prevalence, explain this in the answer.

Ensure that the information provided in s.4.1. explains how the current strategies are consistent with the pattern and burden of the disease(s).

(b) Supporting documentation: Where some or all of the listed documents are directly relevant to understanding the focus of the Round 8 proposal, 'check' which documents are included as clearly named and numbered annex(es) to the proposal by disease.

Documents already submitted to the Global Fund: Applicants may have submitted a proposal in Round 7 that annexed some or all of the same documents that are listed in the table in this section. If so, applicants can identify the Round 7 annex number in the relevant column of this table in Round 8. The Global Fund will locate these documents for the TRP review process, and applicants do not also have to attach the document(s) again.

4.2. Epidemiological Background

4.2.1. Geographical reach of this proposal

(a) Activity targets

Applicants are requested to 'check' the relevant box(es) and attach a map if the population targeted is not the whole country.

For malaria components especially, it is important for applicants to provide a clear map of the geographical distribution of the malaria disease burden and corresponding control measures already approved and in use.

(b) Size of target population(s)

Applicants should identify differences in coverage of the Round 8 proposal between men and women, and children (and for girls and boys whenever that data is available).
4. Program Description

The ‘other’ lines provide applicants with the opportunity to identify, relevant to the epidemiological evidence in the country, which other population groups are targeted in the proposal. ➔ Refer to the table under s.4.2.2. below for information on possible other groups.

4.2.2. Epidemiology of target population(s)

For the population groups targeted in the proposal, applicants should provide current epidemiological data relevant to those groups. Applicants may again identify ‘other’ groups as important relying on current epidemiological evidence. The table below may assist in this process.

**Other population groups that may be relevant to in-country settings**

Applicants are encouraged to use items from the list below (or others from national monitoring and evaluation frameworks as relevant), to identify both: (i) the target population(s); and (ii) the epidemiological data available for the specific groups targeted in the proposal. ➔ If a proposal targets a particular group, but there is no available data, include the population group in table 4.2.1. and 4.2.2., and explain that data is not available in the column entitled ‘Source of Data’.

<table>
<thead>
<tr>
<th>HIV</th>
<th>Tuberculosis</th>
<th>Malaria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-exhaustive list of other key populations targeted by the proposal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of orphans</td>
<td>Number of prisoners</td>
<td>Number of migrants (or migrant workers)</td>
</tr>
<tr>
<td>Number of injecting (or other) drug users</td>
<td>Number of migrants (or migrant workers)</td>
<td>Number of people living in poverty</td>
</tr>
<tr>
<td>Number of sex workers</td>
<td>Number of infants</td>
<td>Number of bednets in use by population</td>
</tr>
<tr>
<td>Number of men who have sex with men</td>
<td>Number of people living in poverty (or conflict/post conflict)</td>
<td></td>
</tr>
<tr>
<td>Non-exhaustive list of potential epidemiological data for populations targeted by proposal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average number of new cases of HIV reported annually</td>
<td>Estimated number of people with all forms of tuberculosis</td>
<td>Reported malaria episodes per year</td>
</tr>
<tr>
<td>Number of males and females separately &gt; 14 years completing HIC Counseling and Testing</td>
<td>Estimated number of women &gt; 15 years with all forms of tuberculosis</td>
<td>Malaria deaths per year (all ages)</td>
</tr>
<tr>
<td>Estimated number of people with TB/HIV co-infection</td>
<td>Estimated tuberculosis related deaths per year</td>
<td>Estimated malaria episodes per year</td>
</tr>
<tr>
<td>Number of people in need of ARVs</td>
<td>People notified for new smear positive tuberculosis</td>
<td>No hospitalization for severe malaria</td>
</tr>
<tr>
<td>Number of women and men separately &gt; 14 years in need of ARVs</td>
<td>Case detection rate of new smear positive cases</td>
<td>Proportion of children receiving appropriate malaria treatment within 24 hours</td>
</tr>
<tr>
<td>Number of women and men separately &gt; 14 years receiving ARVs</td>
<td>Treatment success rate</td>
<td></td>
</tr>
<tr>
<td>Number of children 0 – 14 receiving ARVs</td>
<td>Estimated MDR TB or XDR TB cases</td>
<td></td>
</tr>
<tr>
<td>Number of injecting (or other) drug users receiving ARVs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people in need of</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Program Description

<table>
<thead>
<tr>
<th>HIV</th>
<th>Tuberculosis</th>
<th>Malaria</th>
</tr>
</thead>
<tbody>
<tr>
<td>treatment for opportunistic infections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIDS related deaths per year by sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage and age of births assisted by skilled birth assistants per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated annual number of women 15-49 with unmet need for contraception</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated percentage of young people by sex, newly infected annually (disaggregated by 15-18, and 19-24 if possible)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.3. Major constraints and gaps

Introduction

Proposals to the Global Fund should be based on a comprehensive review of weaknesses and gaps in:

- disease specific program(s); and
- the health system and the extent to which national, sub-national and community system constraints impede demand for, and access to, comprehensive HIV, tuberculosis and/or malaria prevention, treatment, and care or support services.

The particular vulnerability of *key affected populations* should receive particular attention in this review, as should the relative capacity of non-government and government sectors to support and expand services to these populations.

An important initial question to help planning may be “where do people, especially key affected populations, including women, and sexual minorities, currently go for health services, and do these need strengthening to serve more people and to serve them more effectively and efficiently?”

4.3.1. Disease and 4.3.2. Health system (*weaknesses and gaps*)

First, concerning the national program strategies (s.4.3.1., by disease) and second, concerning the health system (s.4.3.2.), applicants should describe the overall weakness and gaps in the current systems.

A comprehensive description of *weaknesses and gaps* would comment on:

- The ability of the current health system to achieve and sustain scaled up interventions to appropriately respond to the threat of the disease(s);
- Actions/initiatives in the government, non-government and private sectors, and the ways in which the national health system facilitates or hinders effective and efficient quality service delivery by each sector;
- Whether certain groups may face barriers to access, such as women and girls, adolescents, and high risk groups, or barriers arising from geographic, urban/rural or other location issues;
- The ability of the national disease program to equitably reach women and men (and boys and girls) according to their different needs, as well as other *key affected populations* and sexual minorities;
4. Program Description

- Whether the creation of increased demand for prevention and/or control interventions from existing program support (e.g., through the provision of current or planned significant additional resources from other sources) has highlighted areas of increased need for health systems strengthening; and

- The country's priorities in strengthening the health system to ensure equitable access to services for women and men.

Where there is an existing strengths, weaknesses, opportunities and threats analysis or diagram in, for example, the National Health Development Plan, applicants should include this in their proposal either within this section, or as a clearly named and numbered annex to the completed proposal.

4.3.3. Efforts to resolve health system weaknesses and gaps

The information provided should not include any information on how the Round 8 proposal also contributes to these efforts. Rather, the focus in this section should be on other support from national and international sources, including government and non-government support.

What the Round 8 proposal contributes towards addressing the weaknesses and gaps should be described in s.4.6. (and s.4B., in one disease proposal, and only if relevant).

4.4. Round 8 Priorities

Applicants use the tables in this section to highlight the priority areas in the Round 8 proposal (by disease) based on gaps identified in s.4.3. These program gaps can be either people needing services or other important interventions that support service delivery. Complete a separate table for three to six of the major program gaps/areas that are targeted in the proposal. (These will be described, with all other activities, in more detail in s.4.5.1.).

The table(s) have four lines as follows:

<table>
<thead>
<tr>
<th>Line A</th>
<th>Identify the planned targets based on needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line B</td>
<td>Level of coverage already expected via other grants and programs.</td>
</tr>
<tr>
<td>Line C</td>
<td>The overall gap between the targets and planned results</td>
</tr>
<tr>
<td>Line D</td>
<td>The additional coverage requested through this proposal. This may be the full gap in ‘line C’, or a proportion of it, having regard to factors such as country priorities and absorptive capacity assessments.</td>
</tr>
</tbody>
</table>

The information requested is for the historic years of 2006 and 2007 (applicants will report on actual results in lines B), the current 2008 year, and for the years 2009 – 2013 (based on, current information, forward-looking plans, national budgeting processes, and estimates).

Importantly, proposals submitted from:

- Lower-middle income classified countries must have a predominant focus on poor and/or key affected populations and

- Upper-middle income classified countries must have a predominant focus on poor and key affected populations.

➤ Annex 1 to these Guidelines lists the Global Fund’s determination of income level for Round 8

➤ In addition, the priority areas included in the table(s) should be described in detail in a narrative form with all other activities covered in this proposal in s.4.5.1. and included in the ‘Performance Framework’ for the proposal term (e.g., ‘Attachment A’ containing the indicators and targets for the proposal term).
4. Program Description

Addressing health systems strengthening topics when completing table 4.4.1.

Table 4.4.1. should not include a description of any ‘HSS cross-cutting interventions’ that the applicant decides to include in s.4B. of one of the disease proposals.

However, table 4.4.1. should include all health systems strengthening interventions that are specific only to that disease. These cannot be included in s.4B. in any disease proposal because they are not cross-cutting.

➔ For more information on selecting where to include ‘HSS’ interventions, refer to s.4.5.1. below.

4.5. Implementation strategy

Introduction

This is the main part of the Proposal Form to describe all of the goals, objectives, program areas (or service delivery areas, “SDAs”), and then describe in detail the activities that help to achieve the overall objectives.

This description should include interventions that address the burden of the epidemic on the priority groups having regard to the epidemiological background set out in s.4.2.

Specific information on completing s.4.5.1. to s.4.5.5 is provided after the following overview.

Activities supported

The Global Fund promotes the importance of ensuring that there is equal and universal access to health and related social services to prevent, treat, and provide care and support, for those infected or affected by the three diseases.

However, we do not require that each proposal include the range of all possible interventions. Rather, applicants are requested to:

• draw on their analysis of gaps (from s.4.2. and s.4.3. in the proposal); and
• develop their proposals based on identified needs, differentiated as appropriate to the country setting and the differing needs of women and men, and girls and boys.

Planned activities/interventions may scale up proven and effective interventions to attain greater coverage in a country or region and/or may be new and innovative activities, including activities that alleviate adverse impacts and strengthen the supportive environment.19

Annex 3 to these Guidelines provides examples on the types of activities/interventions that may be included in proposals relevant to the three diseases. These interventions include, but are not limited to community systems strengthening initiatives to support increased quality and coverage of services to key affected populations. It also includes information on the ‘six WHO building blocks’ for health systems strengthening (which may be relevant to program level interventions [in s.4.5.] or HSS cross-cutting interventions [in s.4B.] of the Proposal Form).

Importantly – Annex 3 is a guide only and is not an exhaustive list.

Documents required in support of the proposal strategy in s.4.5.1.

In addition to describing the planned implementation approach in detail, applicants should submit:

19 **If the proposal does not adhere to international best practices, the applicant should clearly justify why this is so. Applicants are encouraged to review such materials (as may be found on the websites of organizations such as the WHO and UNAIDS) prior to preparing proposals.
4. Program Description

(a) A ‘Performance Framework’ by disease ('Attachment A' to the Proposal Form). This framework identifies the performance measures that will apply to the program over the proposal term, and this document will form an integral part of any grant agreement signed with the Global Fund; and

(b) A detailed work plan, quarterly for years 1 and 2. The work plan should show the anticipated start and end dates for all activities over the initial two years, set out like the description in s.4.5.1. of the Proposal Form (i.e., by objective, SDA, and specific activities). The work plan should also use the same or similar numbering as in the detailed budget (s.5.2.) to enable a review of both documents together.

In the work plan, the TRP is looking to see that applicants have a clear understanding of when work must start to ensure timely service delivery. This work plan does not replace the need to provide a detailed written narrative of activities in s.4.5.1.

Performance based funding principles can be found in the Multi-Agency “Monitoring and Evaluation Toolkit”, Second Edition, January 2006 (M&E Toolkit). Further information on this toolkit is provided under the instructions for s.4.5.1.

How to include health systems strengthening in Round 8 proposals

1. The Global Fund acknowledges that the responses to identified health systems weaknesses or gaps that constrain the achievement of outcomes for the three diseases may differ substantially in different settings. The Global Fund intends therefore to allow applicants maximum flexibility in addressing these weaknesses and gaps. We provide this flexibility from Round 8 by allowing applicants to apply for funding to respond to these issues either through a program (by-disease) approach, or by a cross-disease approach.

2. If the most appropriate response to a system weakness can be made through a disease program, applicants are encouraged to include the relevant response (activities/interventions) in the program description of the disease proposal (s.4.5.1) as any other disease program activity.

3. However, part or all of the response to system weaknesses that affect outcomes for the three diseases may be more appropriately undertaken on a cross-cutting basis. If so, applicants may request support for these activities/interventions by either:

(a) including the activities/interventions in the various disease proposals (if appropriate), separated between the disease proposals as the applicant believes most appropriate; or

(b) including relevant activities/interventions in only one disease proposal as an optional additional “cross-cutting” group of activities. If so, these activities are included in s.4B. (s.4B. is available as a download from the Global Fund website here). The financial information relating to these interventions should then be included in a corresponding s.5B. of the same disease (s.5B. is available as a download from the Global Fund website here).

4. HSS cross-cutting interventions included in a one disease proposal in s.4B. cannot be the only interventions included in that under a disease proposal. That is, there must also be program activities described in s.4.5.1. This is because there is no separate funding window for HSS.

s.4.5.1. and s.4B. below have additional explanatory information on how to include health systems strengthening in the Round 8 disease proposal.
4. Program Description

4.5.1. Round 8 interventions

The detailed description provided by applicants should demonstrate a clear and logical implementation strategy that is consistent with international norms, standards and best practice.

⇒ Importantly, a detailed work plan does not remove the need for the narrative in s.4.5.1. to be a clear and detailed description of the work to be done during the proposal term.

The description should be clearly linked to the framework of ‘Goals’, 'Impact and Outcome Indicators', 'Objectives', program areas, (or service delivery areas, ‘SDAs’), and routine reporting 'indicators' (as defined in the table below).

| (a) Goals: These should be broad and overarching, corresponding to the national disease program goals. Achievements will usually be the result of collective action undertaken by a range of actors. |
| (b) Impact/Outcome indicators: These describe the changes over proposal term in prevalence in specific populations (including: reductions in the risk of infection or death, and disease prevalence (burden), or behavioral change, or increases in access to social protection and support in the target populations) that indicate that the fundamental goals of the interventions are being achieved. Impact indicators should be linked to goals. For each goal at least one impact indicator at the national level should be provided. |
| (c) Objectives: These describe the intention of the program over the proposal term and provide a framework under which service delivery areas are linked to the overall goal(s). Examples include: ‘To improve survival rates in people with advanced HIV infection’, ‘To reduce tuberculosis morbidity among prisoners in the ten largest prisons’ or ‘To reduce malaria-related morbidity among pregnant women’, ‘Increase social protection and support to people who are coerced, tricked, or driven by poverty into risky sexual relations in high HIV prevalence areas’. |
| (d) Program areas [under Global Fund grants, ‘Service delivery areas’ (SDAs)]: These describe the areas of work required to achieve each objective. Examples include: ‘Providing ARV treatment and monitoring for HIV and AIDS’, ‘Timely detection and quality treatment of cases for Tuberculosis’, or ‘Delivery of Long-lasting Insecticide-treated nets for malaria’. They may also include activities or interventions of broader sector relevance that are essential for the effective delivery of disease-specific interventions, particularly for key affected populations out of ready reach (for either geographic or social reasons) of existing social service platforms. For example: ‘Development and implementation of a national drug and pharmaceuticals policy’, ‘Development of a national information system to monitor treatment adherence’, or ‘Development of married girls’ clubs in high HIV areas, where child marriage is prevalent’. |
| (e) Indicators: Routine reporting indicators measure performance within SDAs. Indicators show the expected increase in coverage of prevention, treatment, and care and support initiatives over the proposal term. Supporting and underlying process activities that contribute to the work are typically included in a monitoring and evaluation plan, or the detailed work plan for the proposal term, and not in the ‘Performance Framework’. |

⇒ 'Attachment A (‘Performance Framework’) has instructions on the front page of the Microsoft excel file to help guide applicants on completing the framework with either national indicators or other examples included in the framework as a guide.

To provide applicants with a clear 'Performance Framework' for the proposal term indicators included should be:

- Harmonized with national plans, disaggregated by sex (whenever possible), and drawn from national lists of indicators wherever possible/existing. Where existing monitoring and evaluation plans and systems do not already include appropriate indicators, the Global Fund suggests applicants make use of indicators recommended by international monitoring and evaluation partners. Where the proposed SDAs and indicators do not adequately reflect the proposed strategy, proposals may include additional SDAs and indicators.
4. Program Description

- **Selected for their usefulness to measure performance.** Baseline figures should be included for all impact and outcome indicators. If those baselines are not available, the first year of the proposal term should include activities (including diagnostic surveys) to determine them.

- **Specific and measurable:** The targets set for each indicator should be robust, achievable, and time bound (that is, defined for each quarter/half year/year as appropriate to the indicator).

It is recommended that each ‘Performance Framework’ has between 8 and 18 indicators in total, and that these be focused at the output and outcome level, with more process focused activities being included in the Work Plan as preliminary activities to be completed to support implementation.

> When preparing the proposal, including the ‘Performance Framework’ (Attachment A) on a per-disease basis, applicants may find it helpful to consult the M&E Toolkit. For Round 8, please refer to the revised compendium of indicators in the March 2008 addendum, to be found at: [http://www.theglobalfund.org/en/performance/monitoring_evaluation/](http://www.theglobalfund.org/en/performance/monitoring_evaluation/).

4.5.2. Resubmission of Round 7 (or Round 6) proposal not recommended by the TRP

Applicants should comment on the adjustments that have been made to their Round 7 proposal (or, Round 6, if that was the last application applied for and not recommended for funding) to respond to weaknesses identified by the TRP when the proposal was last reviewed. It is helpful if the material in this section responds to each weakness in order.

If relevant, applicants re-submitting a ‘Rolling Continuation Channel’ proposal not recommended for funding, should also address the TRP comments from the Rolling Continuation Channel proposal review process.

4.5.3. Lessons learned from implementation experience

Applicants should comment on how programming for the Round 8 proposal has taken into consideration lessons learned from ongoing program implementation supported by all sources. Lessons learned from operations research already undertaken are particularly important. In addition, if there are in-country constraints to strong performance, applicants should describe the specific actions that are included in the Round 8 proposal to mitigate the risk of these challenges affecting implementation.

Lessons can explain positive outcomes from other programs that have influenced the way in which programming for this proposal has been undertaken. Where the lessons learned arise from challenges and problematic implementation experiences, applicants are encouraged to explain how the programming for the Round 8 proposal seeks to avoid these difficulties during implementation.

4.5.4. Enhancing social and gender equality

The Global Fund recognizes the importance of programming that identifies and responds to the differential needs and situation of persons, including their social and/or financial situations, and between women and men, and girls and boys.

In addition, the Global Fund recognizes that stigma and discrimination on the basis of disease status, sex, age, marital and migration status, sexual orientation, and other factors can be significant barriers to ensuring equal access to the range of prevention, treatment, and care and/or support interventions promoted as international best practice.
4. **Program Description**

Applicants should describe how the proposal adheres to the principles of equality and fairness in the prioritization and selection of target population(s). In the description, particularly important are:

- Whether the proposal includes purposeful outreach to assure social support\(^{20}\), protection, information, and access to services that are equitable between women and men, and girls and boys;
- Whether particular groups may receive prioritized access to services and the rationale for this approach;
- How support for the planned interventions will strengthen social equality by reaching the demographic and social groups most in need of the interventions, or without access to interventions, including those populations in which new infection rates are rising, based on epidemiological evidence. 
  
  *Issues that may be appropriate to address, depending on the country context, include differences in the equality of access to services between:*
  
  - men vs women; rural vs urban populations; poor vs. affluent;
  - adults vs children; children in and out of school; and girls vs. boys;
  - migrant vs. native born; and formal vs. informal sector work (and unsafe work),
  - as well as access for high risk or marginalized groups, including sexual minorities; and various combinations of these; and

- Strategies to be pursued during the proposal term to directly address stigma and discrimination as a barrier to ensuring that people in need of services receive relevant prevention, treatment, and/or care and support services in settings most supportive of the services being effectively delivered (e.g., provision of HIV counseling and testing in the framework of reproductive health care, or single sex classes for young people on sexuality and disease prevention).

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### Box 4: Scaling up a gender equality approach

The Global Fund recognizes that gender issues can and do affect access to services by women and men, girls and boys, as well as by *key affected populations* and sexual minorities.

[Read the Gender Fact Sheet](#) for more information.

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#### 4.5.5. Strategy to mitigate initial unintended consequences

Applicants should describe any possible unintended consequences that may result from the request that health system weaknesses and gaps be responded to on a disease-specific program basis ([refer back to the explanatory material entitled ‘How to include Health Systems Strengthening in Round 8 proposals’](#)). For example, if support is requested for human resources funding, it may result in movement of human resources from one area to another.

Applicants should also provide a description of the country’s proposed strategy for mitigation any potential unintended consequences.

20 The term ‘social support’ includes (but is not limited to) providing: (i) Girls’ clubs or other such programs that offer ‘safe spaces’ for girls to go after school or when they’re not in school to obtain information on the prevention of HIV,

(ii) Insurance schemes that provide health, death, or other benefits for people affected by the diseases;

(iii) Programs that provide alternatives to child marriage for girls and their families, such as payments to keep the girls in school.
4. Program Description

4.6. Links to other interventions and programs

4.6.1. Other Global Fund grant(s)

This section seeks information regarding overall capacity to absorb additional Global Fund financing in the country. Applicants should also explain how the Round 8 request complements but does not duplicate activities already being supported.

Applicants should describe:

- Whether the Round 8 proposal is requesting additional support for the same areas covered by other Global Fund approved proposals? If so, how has the applicant ensured there is no duplication of program coverage?

- The nature or type of link. This may include, for example:
  
  (i) the Round 8 proposal scaling up (increasing the number of people receiving services), expanding (geographically) or continuing programs funded under prior grants (for example, where an earlier grant expires before 2013, the applicant may wish to include continued funding for some or all of those soon to be expiring interventions. This would also be relevant to applicants who are considering grant consolidation. Refer back to s.3.1. and the Grant Consolidation Fact Sheet for more information).

  (ii) a description of how the interventions under this proposal complement service delivery under another grant (for example, a Round 5 proposal provides primary treatment, such as ARVs, and the Round 8 proposal seeks support for the scaling-up of treatments for opportunistic infections); and

  (iii) Whether there are any performance issues under the earlier grants that may give rise to a risk of slow performance of the program included in this proposal? If so, what is being done to improve performance, and how did proposal drafting for Round 8 take these issues into consideration?

Information on links and coverage can be supplemented by a table or diagram that is included as a clearly named and numbered annex.

The progress of grant signing for any same disease Round 7 proposal, and constraints that may exist, should be described.

4.6.2. Links to non-Global Fund sourced support

The current proposal may have a link with other programs in addition to linkages with earlier Global Fund grants. Where linkages exist (for example, if this proposal plans to provide bed nets, and other funding is supporting indoor residual spraying as a strategy for the effective prevention of malaria in the country setting), it is important to list the other interventions and explain how and to what extent this proposal complements the other existing activities.

Also describe any implementation challenges to date. Then, how these have or will be overcome so as not to affect performance under this proposal.

Applicants should also explain how the Round 8 request complements but does not duplicate activities already being supported by non-Global Fund sources.
4. Program Description

4.6.3. Partnerships with the Private Sector

The Global Fund is supportive of proposals that focus on the creation, development and expansion of government/private/NGO partnerships, or 'Public-Private-Partnerships' ('PPPs'). These arrangements are often referred to as co-investment arrangements.

Co-investment is a harmonized and coordinated joint investment of public and private resources with the common objective to improve equitable access to and provision of HIV, tuberculosis and malaria services.

The Private Sector has identified several models of possible co-investment partnerships:

- The primary model of co-investment consists of utilizing existing company-owned medical infrastructure and facilities to provide expanded access to prevention, testing and treatment to the surrounding communities.
- A broader model consists of the co-financing of a specific project where a company brings additional funding to that which is requested from the Global Fund.

Other models may exist depending on the local context as long as they meet the following criteria:

- In all cases, the beneficiaries of a co-investment partnership extend beyond the employees of the companies and their direct dependents.
- The co-investment partner must provide an additional contribution to the funding requested from the Global Fund, whether this contribution is non-financial (e.g., the provision of access to facilities or staff) or is a cash contribution.

The term 'private sector' refers to: for profit organizations, their representative bodies and the foundations they established.

This includes a wide range of actors including:

- Large companies (local or transnational)
- Small and Medium Enterprises
- Business coalitions
- Employer organizations and private sector employee organizations/unions
- Informal sector
- Charitable foundations established by companies to provide donations and grants
- Private practitioners
- Private for profit clinics

The Global Fund recognizes that in some countries, ‘private sector’ is sometimes used as a term to include all stakeholders that are not public. Whilst respecting in-country processes, not for profit organizations such as NGOs, community-based organizations or faith-based organizations should not be considered as ‘private sector’ representatives when completing the Proposal Form.

Completing sections 4.6.3.(a) and (b)

Applicants should identify:

- the main contributions anticipated from the Private Sector; and
- how these are important to the planned outcomes and outputs. These outcomes may be for the whole of the population targeted by the proposal or for a specific group within the overall targeted population. Applicants should clearly specify which.
4. Program Description

When completing the table, applicants are encouraged to provide details of the anticipated contribution(s). Some examples of private sector contributions include:

- Opening up a company medical facility to the surrounding communities
- Providing financial advice on management and budgeting and other assistance
- Contributing to the funding of a joint project
- Training of public sector health workers in counseling or treatment management
- Provision of health and non-health products

It is recognized that anticipated financial contributions are more easily described. Applicants are requested, to the extent possible, to seek to attribute a reasonable value to non-financial contributions on an annual basis.


4.7. Program Sustainability

Applicants are not required to demonstrate financial self-sufficiency for the targeted interventions by the end of the proposal term. However, applicants should include how the proposal is addressing issues such as capacity to absorb increased resources and recurrent expenditures, and how national planning frameworks are seeking to increase available financial and non-financial resources to ensure effective prevention and control of the disease(s).

4.7.1. Strengthening capacity and processes to achieve improved outcomes

The Global Fund recognizes that strong service delivery is required throughout the health system to have an impact on the three diseases.

This question therefore seeks information on how the activities/interventions to be undertaken strengthen overall service delivery. (s.4.9.6. asks specifically what management and technical assistance is requested during the proposal term to support implementation).

When responding to this question, applicants should not limit their responses to the government sector. Rather, focus should also be given to the capacity strengthening of the private sector and/or the broad range of non-government sectors referred to in other parts of these Guidelines.

In particular, applicants are encouraged to include community systems strengthening activities/interventions in their proposals where the planned activities/interventions respond to weaknesses and gaps that have been identified as barriers to increasing demand for, and access to, services at the local level for key affected populations (including women and girls), sexual minorities, and people who are not covered with services due to stigma, discrimination and other social factors.

Community systems strengthening initiatives may include (but are not limited to):

- **Capacity building** of the core processes of community based organizations (CBOs) through:
  - physical infrastructure development - including obtaining and retaining office space, holding bank accounts, strengthening communications technology; or
  - organizational systems development - including improvements in the financial management of CBOs (and identification and planning for recurrent costs); development of strategic planning, M&E, and information management capacities;
- **Systematic partnership building** at the local level to improve coordination, enhance impact, avoid duplication, build upon one another’s skills and abilities and to maximize service delivery coverage for the three diseases; and/or
4. **Program Description**

- **Sustainable financing**: creating an environment for more predictable resources over a longer period of time with which to work,

*provided* that the support requested is demonstrated to be linked to improved service delivery and outcomes for the three diseases.

Support for community systems strengthening initiatives may be requested through a disease-specific approach (e.g., included in s.4.5.1.). In addition, where appropriate to the weaknesses and gaps identified in s.4.3., a proposal may include initiatives for community systems strengthening within the framework of the HSS cross-cutting interventions optional additional section (s.4B).21 Refer back to the community systems strengthening fact sheet in Part A1 of these Guidelines.

**4.7.2. Alignment with broader development frameworks**

Applicants should specifically describe how Global Fund financing is incorporated in relevant development frameworks and any important weaknesses and gaps that affect these frameworks in the country setting (e.g., budget or public sectors spending ceilings).

**4.8. Measuring impact**

As described in further detail below, sections 4.8.1. to 4.8.3., request applicants to:

(a) describe existing capacity in surveillance and monitoring and evaluation systems for the disease;

(b) explain how the existing systems of reporting and evaluation have been adopted when ever possible; and

(c) identify how the Round 8 proposal strengthens the overall capacity of the national health information systems (including the systems of Principal Recipients and key Sub-Recipients).

**4.8.1. Impact measurement systems**

Applicants should describe existing impact measurement systems and any weaknesses and gaps in existing systems relevant to demonstrating impact of the program (including increased coverage of key affected populations, improved treatment outcomes, and/or an impact on the disease burden etc). In this section 'system' should be broadly interpreted, to include a reference to organization, human capacity and other institutional issues.

**4.8.2. Avoiding parallel reporting**

The purpose of this section is to identify how, to the extent possible, existing systems are being used to collect and report on data arising from implementation of the Round 8 proposal. If a separate system will be used for reporting during the proposal term, explain why. Also explain how information will be contributed to the national reporting framework to support the principles of alignment and harmonization in reporting and data analysis to further inform and strengthen appropriate programming.

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21 As explained in s.4.5. of these Guidelines, applicants who believe it appropriate to their in-country setting, may apply for funding for 'HSS cross-cutting interventions' in a distinct section in one disease, where the interventions benefit more than one of the three diseases. (Refer to the Board’s decision entitled, ‘Global Fund’s strategic approach to health systems strengthening’, GF/B16/10).
4. Program Description

4.8.3. Strengthening monitoring and evaluation systems

When completing this question, applicants are encouraged to draw on existing recent reports on the capacity of the impact measurement systems operating in-country, where one exists.

Other tools that applicants may already have used for diagnosis of weaknesses and gaps, or may wish to complete when preparing this proposal include:

- the Global Fund’s M&E Systems Strengthening Tool
- the Health Metrics Network Assessment Tool
- the UNAIDS Assessment Tool

Where existing monitoring and evaluation frameworks do not sufficiently disaggregate data by age and sex to enable countries to undertake gender sensitive programming, applicants are encouraged to include efforts in the Round 8 proposal to strengthen this aspect of their national health information systems.

When preparing the detailed proposal budget (s.5.2.), applicants should include funding (recommended at between 5 to 10% of a budget depending on in-country circumstances) to support the strengthening of existing M&E systems.

4.9. Implementation capacity

In this section, applicants describe the respective capacities of the implementing partners they have selected to ensure achievement of the planned outputs and outcomes over the proposal term.

4.9.1. Principal Recipients

Applicants should describe the technical, managerial and financial capabilities for each nominated Principal Recipient. If the Principal Recipient(s) has previously managed a Global Fund grant, summarize this experience, noting strengths and areas of required additional capacity. (Note: A description of capacity building needs during the proposal term should be described in s.4.9.6., and funding for this capacity building should be included in the proposal if not available from other sources. If included in the Round 8 proposal, capacity-building activities should also be clearly described in the work plan and detailed budget, and summarized under the relevant cost category in s.5.4.).

The nomination of Principal Recipients in proposals is subject to final approval by the Global Fund as part of the capacity assessment and grant negotiations process.

Summary of role of Principal Recipients

Principal Recipients are responsible for financial and program management for all funding contributed to the program through this proposal. Their responsibilities include:

- Receiving and managing funds, and accounting for funds;
- Implementing and overseeing program implementation;

Non-CCM applicants should provide the following information for the Principal Recipient(s) nominated in this proposal to assist the TRP consider implementation capacity:

- Governance documents (such as statutes, by-laws of organization, official registration papers);
- A summary of the organization (including background history and organizational structure);
- A summary of the Principal Recipient(s) scope of work, listing their main prior and current activities; and
- The main amounts and sources of funding received over the past three years.
4. Program Description

- Making efficient arrangements for disbursement of funds to sub-recipients, including overseeing the financial arrangements for sub-recipients, and preparing a plan for the annual audit of sub-recipients activities under the grant;
- Reporting on program performance to the Global Fund and the applicant (e.g., CCM) according to the 'Performance Framework' (Attachment A to the Proposal Form); and
- Requesting additional disbursement of funds based on performance.

If a proposal is approved by the Board, an independent Local Fund Agent ('LFA') appointed by the Global Fund will work with the Global Fund to assess these minimum capacities. In the event that a Principal Recipient outsources a key role (e.g., the Principal Recipient is a Ministry of Finance which entrusts program implementation to a Ministry of Health), we will also assess the entity that is handling the outsourced functions as well as the nominated Principal Recipient (e.g., the Ministry of Finance in the example).

Information on the grant oversight role of Principal Recipients is available at: [http://www.theglobalfund.org/pdf/6_pp_fiduciary_arrangements_4_en.pdf](http://www.theglobalfund.org/pdf/6_pp_fiduciary_arrangements_4_en.pdf)
The required minimum capacities and the assessment tools used by the LFA are available at: [http://www.theglobalfund.org/en/about/structures/lfa/background/](http://www.theglobalfund.org/en/about/structures/lfa/background/)

4.9.2. Sub-Recipients

Sub-recipients are program implementers that deliver services under the leadership of the Principal Recipient. Sub-recipients can selected from a broad range of possible implementing partners. 23

Applicants should 'check' the relevant boxes in sub-sections (a) to (d) as relevant to their proposal.

Specifically:

- for sub-section (c), it is important for applicants to attach a list, (in Microsoft excel format if possible), of the identified sub-recipients; and
- for sub-section (e), applicants are requested to comment on what proportion of the sub-recipient activities will be undertaken by various sectors, relative to others. That is, separating between government, and then non-government sectors, with further disaggregation between the private sector and civil society, such as NGOs, CBOs, FBOs and/or networks of people living with the diseases.

4.9.3. Pre-identified sub-recipients

The applicant's description should be sufficient to understand the overall capacity of sub-recipients to deliver services on a timely basis and report routinely. If potential constraints to strong performance exist, applicants are encouraged to include capacity strengthening activities for sub-recipients, especially at the community level for non-government entities. These activities should be described in narrative form in the proposal's program description (s.4.5.1.) and specific details on how the capacity building needs were identified, and how the assistance will be assessed over the proposal term should be described in s.4.9.6. below.

4.9.4. Sub-recipients to be identified

23 Potential sub-recipients include: non-governmental and community-based organizations (CBOs); networks of people living with the diseases; the private sector; faith-based organizations (FBOs); academic/educational institutions; government (including ministries of health as well as other ministries involved in a multi-sectoral response to the diseases, such as education, agriculture, youth, women's affairs, information, etc.); and, where no national recipient is available, multi-/bilateral development partners.
4. Program Description

How sub-recipients will be involved in program implementation is a key input into the review of a proposal for feasibility of the proposal. Therefore, it is expected that proposals will identify most if not all sub-recipients. This is particularly important where a sub-recipient has a major role in service delivery (the specifics of that work should be described in s.4.5.1.).

However, if an applicant is unable to identify some or all sub-recipients prior to proposal submission, the applicant should provide the reason why here.

4.9.5. Coordination between implementers

The applicant should explain how coordination will be achieved between multiple implementers, at the Principal Recipient level, and between Principal Recipients and sub-recipients. How the applicant will oversee program implementation during the program term in such circumstances should also be described.

4.9.6. Strengthening implementation capacity

Applicants are encouraged to identify needs for management and technical assistance over the proposal term to respond to weaknesses and gaps in implementation capacity. There are no restrictions on the source of planned management and/or technical assistance. However, to support the principles of additionality, the needs should be identified through, ideally, a capacity analysis. As requests for technical and management assistance are assessed by the TRP for reasonableness and appropriateness, the planned support should be:

- appropriate for the duration of the assistance that is requested; and
- cost-effective having regard to the planned improvements in implementation capacity and program outcomes.

Efforts to strengthen long-term local capacity to provide ongoing management and technical assistance are encouraged.
4. Program Description

4.10. Management of pharmaceutical and health products

In this section **pharmaceutical and health products** includes all pharmaceutical products and other health products (including consumables) and health equipment (including the 'total cost of ownership'. The 'total cost of ownership' means all of the costs required to keep the equipment operational, including the cost of reagents and other consumables, replacement parts, and annual maintenance.

The table of 'Cost Categories' in s.5.4. of these Guidelines provides more information on which items are 'pharmaceuticals' and which items fall under 'health products and health equipment'. Applicants are encouraged to review those categories before completing s.4.10. and the budget section.

**General overview of policies**

The Global Fund expects Principal Recipients (and sub-recipients) to procure products of assured quality at the lowest price possible, and in accordance with national laws and applicable international obligations. Specific topics which are relevant to this section include the existence of well-functioning transparent procurement systems, quality assurance systems and quality control activities, intellectual property rights, supply management (storage and distribution), and ensuring appropriate use and patient safety (pharmacovigilance system).

The Global Fund has prepared the following guides to our policies on the management of pharmaceutical and health products:

*Guide to Global Fund Policies:*
http://www.theglobalfund.org/en/about/procurement/guides/

*Guide on Quality Assurance Policy:*
http://www.theglobalfund.org/en/about/procurement/quality/

Once a proposal has been approved for funding, the Principal Recipient(s) are responsible for submitting a 'Pharmaceutical and Health Products Management Plan'. This plan describes the detailed arrangements for the management of pharmaceutical and health products over the proposal term. Prior to the disbursement of funds for the procurement of such products, the Global Fund (with assistance from the LFA) will assess this plan and the systems and capacity that it describes.

4.10.1. Scope of Round 8 proposal

Applicants should identify whether or not the proposal involves the procurement and management of 'pharmaceutical and health products' (refer to the table of 'Cost Categories' in section 5.4.). If not, the applicant does not complete section 4.10.

4.10.2. Table of roles and responsibilities

In table format, applicants identify, as relevant, the government departments or non-government organizations that will be responsible for the management of pharmaceutical and health products. The table headings provide examples of the descriptions requested. If there are several Principal Recipients (or a sub-recipient has this responsibility), this table should include information on the different role(s).

Applicants are encouraged to attach as a clearly named and numbered annex, a diagram of main organizations involved in procurement, and lines indicating their interactions with other entities.
4. Program Description

4.10.3. Past management experience

Applicants are requested to complete a table to summarize the experience of Principal Recipients (and sub-recipients as relevant) regarding the procurement and management of pharmaceutical and health products. Latest available annual data should be provided for each agency or organization involved in sub-section (b).

*It is noted that* a Principal Recipient’s capacity to transparently and efficiently perform non-health procurement and supply management activities under the program will also be assessed by the Global Fund. This includes the procurement of goods, vehicles and services (including significant consultancy arrangements). A key focus of this assessment will be on the Principal Recipient(s) financial and management capacities. Information relevant to these activities should therefore be specifically described in section 5 (budget section) and clearly described in the Work Plan for years 1 and 2.

4.10.4. Alignment with existing systems

Applicants should describe how the proposal utilizes and/or builds upon existing in-country procurement management systems. However, if the proposal includes a new or significantly altered management approach to pharmaceutical and health products, a clear rationale for this change should be provided. *This will enable the TRP to evaluate the feasibility of what is proposed, and whether pharmaceutical and health products will reach the target populations.*

Activities to strengthen disease specific procurement systems should be included as part of the program description in s.4.5.1. (and included in the work plan and budget). However, applicants may wish to consider strengthening of common management systems for pharmaceuticals and health products. If so, it may be that this type of support could be included in a request for 'HSS cross-cutting interventions' and included in s.4B. of one disease only, but intended to benefit systems relevant to the three diseases.

4.10.5. Storage and distribution systems

Applicants are required to specify the organizations nominated to provide the supply management function for pharmaceutical and health products (sub-section (a)). In subsections (b) and (c), applicants should then comment specifically on existing capacity of those organizations, and capacity needs. Funding can be requested to support these capacity needs. If so, this should be included in the activity description (s.4.5.1.) and the detailed work plan and budget.

If more than one type of organization is involved in storage and distribution, describe the relationship between them (including how activities will be coordinated).

4.10.6. Pharmaceutical and health products for initial two years

- Applicants who request funding for pharmaceutical and health products must complete *Attachment B* by disease.

The Global Fund anticipates that programs will procure pharmaceutical products that are in line with the World Health Organization’s standard treatment guidelines (‘STGs’). Typically, it is anticipated that these STGs will be adopted as the national STG for the country. However, there may be limited situations where national treatment guidelines may differ or other treatment guidelines (TG) are adopted, including where no STGs exist. If this situation applies, applicants are requested to explain which TGs will be utilized during the proposal term, and why.
4. Program Description

4.10.7. Multi-drug resistant tuberculosis (not malaria proposals)

This section should be completed for tuberculosis and HIV proposals where HIV/TB collaborative interventions are included.

Applicants should identify whether the proposal requests funding for multi-drug resistant tuberculosis ("MDR-TB").

To help limit resistance to second-line anti-tuberculosis pharmaceuticals, the Global Fund requires procurement of pharmaceuticals to treat MDR-TB to occur through the Green Light Committee ("GLC") of the StopTB Working Group on drug resistant tuberculosis.

As the GLC provides essential services to Global Fund grants targeting MDR-TB, relevant applicants must budget US$50,000 for each year of the proposal term. These costs must be clearly visible in the detailed proposal budget (s.5.2.), and the funds must be reserved for payment to the GLC during the proposal term. These funds cannot be used for any other implementation activities.

4B. PROGRAM DESCRIPTION – HSS CROSS-CUTTING INTERVENTIONS

This is an optional additional section for applicants to complete.

SUGGESTED STEPS:

Step 1 ➔ Read s.4B below fully first. It contains important information on the potential inclusion of s.4B in a Round 8 proposal (as first introduced in Part A1 of these Guidelines, regarding any funding request for HSS cross-cutting interventions).

Step 2 ➔ Undertake a cross-disease joint review (including HIV, tuberculosis, malaria, and health systems experts) of health system strengths, weaknesses and gaps. (Include government and non-government entities involved in planning, budgeting and financing of the broader health system). Ensure that people with health systems and cross-disease knowledge are included throughout the whole process.

Step 3 ➔ Identify priority health systems weaknesses and gaps that affect the achievement of HIV, tuberculosis and/or malaria outcomes (and which may affect outcomes in respect of other diseases or efficiencies in the broader health system).

Annex 3 to these Guidelines includes information on the types of interventions that may be necessary to remove address weaknesses. These examples could be relevant to the disease program or the health system, and therefore are relevant to steps 4 and 5 below.

Step 4 ➔ Determine whether, in the planned response to identified health system weakness and gaps:

(a) It is most appropriate to do so on an individual program basis. If so, the interventions are included in s.4.5.1. for the disease(s).

(b) It is more appropriate to include, in one of the diseases only, an additional combined request for HSS cross-cutting interventions. If so, this is made through the inclusion of s.4B. in one disease proposal.

** This election is at the applicant level (and not by disease). That is because s.4B. can only be included in one disease only in the applicant's Round 8 proposal.

Step 5 ➔ If Step 4(b) above applies go to the Global Fund website here and download one copy of:
4. Program Description

- Sections 4B.1. – 4B.3, and copy all of that material into the selected disease only after s.4.9.7. (for HIV or tuberculosis) or s.4.9.6. (for malaria), as indicated;

and

- Sections 5B.1. – 5B.4, and copy all of that material into the same disease proposal after s.5.5.

Then complete those sections as part of that disease proposal.

Step 6 ➔ Prepare budget, work plan and 'Performance Framework' (Attachment A) material to support the program description of the HSS cross-cutting interventions as explained further below. This material can be in the same 'file' or work book as the disease program interventions, or separate materials that are clearly labeled.

This section of the Guidelines discusses important topics in the following order:

A. Objectives of health systems strengthening
B. Restrictions on including s.4B in Round 8
C. Possible indicators and tools available to applicants
D. What health systems strengthening interventions will the Global Fund support
E. Community systems strengthening that benefit the three diseases
F. How to complete s.4B. (detailed instructions on completing the tables)
G. TRP review of funding requests for HSS cross-cutting interventions in s.4B

A. Objectives of health systems strengthening

The Global Fund's major objectives in providing funding for health systems strengthening are to: (i) improve grant performance, and (ii) increase overall impact of responses to the three diseases. We recognize that supporting the development of equitable, efficient, sustainable, transparent and accountable health systems furthers achievement of these objectives.

We also recognize that non-government organizations, the private sector and communities affected by the disease(s) are each an integral component of the health system, as is the government sector.

Applicants should therefore consider the broad range of non-government sector needs in any assessment of overall weaknesses and gaps in strategies to ensure increase demand for, and access to required services and/or care. As discussed in s.4.3. above, this assessment should consider the broad range of health system weaknesses that affect access to services by key affected populations (including the different needs of women and men, girls and boys), sexual minorities, and people who are not presently visible to service delivery providers due to stigma, discrimination, and other barriers to equal access.

B. Restrictions on including s.4B. in Round 8

(a) A disease proposal cannot only include s.4B.1. – 4B.3. and have no other disease program activities described in s.4.5.1. This is because HSS is not a separate component for Global Fund funding.

(b) All disease program activities (or pre-dominantly disease-specific) that may also benefit the health system must be included in s.4.5.1. and not s.4B. (and described by objective, 'SDA', indicator and activity). These cannot be included in s.4B.1. in any circumstance. ➔ For example, if the request is for laboratory equipment that is used...
4. Program Description

in a central laboratory that is specifically for HIV diagnosis, this should be included only in s.4.5.1. and not s.4B. Also see item 'D' below.

(c) Applicants cannot duplicate requests for HSS support in s.4.5.1. and s.4B. of the same disease.

C. Possible indicators and tools available to guide applicants

Working with WHO, the Global Fund has released an update to the 'M&E toolkit' to provide increased guidance on appropriate indicator selection (including planned outputs and outcomes, and links to impact on the three diseases).

Applicants are also encouraged to review 'WHO's Six Building Blocks for health systems', and work with other in-country partners to consider country specific needs.

D. What health system strengthening interventions will the Fund support?

Experience confirms that it is not appropriate to define specific areas for allowable health systems strengthening funding. This is because priorities differ between countries and are best determined based on the analysis of weaknesses in the health system, and knowledge of current national health sector strategies and available resources.

Annex 3 of these Guidelines provides information on the types of support that can be requested of the Global Fund for HSS cross-cutting interventions. This material draws on WHO experience of the 'building blocks' for strong health systems. It also provides a link between the Round 7 Guidelines for Proposals, and the 'HSS strategic actions' that were described in the 2007 material.

Importantly, the material in Annex 3 is illustrative and not exhaustive. Additional guidance, including links to partner websites, is available at: http://www.theglobalfund.org/en/apply/call8/technical/

It is also suggested that:

- Responses to health system weaknesses and gaps should not be developed in isolation from existing national strategies. Rather, there must be a clear and logical justification given between the planned HSS cross-cutting interventions, the national health development plans or strategies, and improved outcomes for HIV, tuberculosis and/or malaria.

- Requests for support for HSS cross-cutting interventions (and any disease program activities in 4.5.1. that benefit the health system) be drawn from existing country-specific assessments of weaknesses and gaps in the health system (whenever such assessments already exist).

E. Community systems strengthening that benefit the three diseases

The Global Fund continues to support community systems strengthening initiatives, as part of the overall framework for improved outcomes for the three diseases.

Similar for other interventions, activities focused on strengthening underlying service delivery capacity (and reach) at the community level may also be included in s.4B, if the planned interventions benefit more than one of the three diseases, and the result of the requested

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4. **Program Description**

Support will be a contribution to improved outcomes for the diseases.

As set out in s.4.7.1. of these Guidelines, commencing from Round 8, the Global Fund encourages applicants to include community systems strengthening measures on a routine basis in proposals to the Global Fund. Information on possible interventions, and how these may link to improved outcomes for the three diseases, is available in the updated M&E Toolkit available at: [M&E toolkit](#).

**F. Completing the questions in s.4B.**

4B.1. **Description of HSS cross-cutting interventions**

Applicants may complete table 4B.1. for up to five *HSS cross-cutting interventions* which ensure achievement of disease outcomes for HIV, tuberculosis, and/or malaria.

For each 'HSS cross-cutting intervention', applicants should provide:

(i) A title, the disease(s) that benefit from the interventions, and the principle WHO "building block" from [Part D](#) in this section of the Guidelines above;

(ii) In (a), up to a one page maximum summary of the relevant action, and how the action is essential to the intended disease-specific performance outcomes;

(iii) in (b), a very short sentence that summarizes the overall planned outputs and outcomes that will be achieved in respect of the HSS cross-cutting intervention (e.g., 'improved cold storage of pharmaceuticals', or 'strengthened national data collection and reporting'); and

(iv) in (c), *(as requested in the heading for each relevant column in the table in the Proposal Form)* information on the support that is available for the same *HSS cross-cutting intervention* from other sources (domestic or international). Also, information on the timeframe over which the support from those other sources will be provided.

4B.2. **Engagement of HSS key stakeholders in Proposal Development**

If *HSS cross-cutting interventions* are included in a proposal, the Global Fund expects that key health systems stakeholders will have been involved in the proposal development process.

In order, the two sub-sections request:

(a) information on the level of involvement of government and non-government (including the private sector) health system stakeholders, including representatives of key affected populations (including women and men), and sexual minorities, who can help identify where in the health system they can best be served; and

(b) confirmation that budget, work plan and 'Performance Framework' materials have been attached to the proposal.

⇒ *Applicants may include the HSS cross-cutting interventions in the same files or work books as the disease program interventions or separate files and work books. However, HSS is not a separate component and the material should still be included as part of the disease proposal that includes s.4B.*

4B.3. **Strategy to mitigate unintended consequences**

Applicants should describe any possible unintended consequences that may result from the HSS cross-cutting interventions set out in section 4B.1. *(For example, if support is requested*...
4. Program Description

for human resources funding, it may result in movement of human resources from one sector to another, or loss of services in another area). Applicants should also provide a description of the country’s proposed strategy for mitigating any potential unintended consequences.

G. TRP review of funding requests for HSS cross-cutting interventions in s.4B.

Commencing from Round 8, where an applicant has included HSS cross-cutting interventions in a disease proposal as part of that ‘disease component’, the TRP is authorized to recommend, subject to technical merit based on the criteria set out in Annex 2 to these Guidelines:

(a) Both the disease specific interventions (s.4.5.1.) in that disease and necessary HSS cross-cutting interventions (s.4B. of that same disease);

or

(b) Only the disease-specific interventions;

or

(c) Only the HSS cross-cutting interventions.

This change was introduced at the 16th Board meeting. This decision supports the objective of applicants having flexibility in how they apply for funding to address health systems weaknesses that impact HIV, tuberculosis and malaria outcomes on a cross-cutting basis.
5. Funding Request

- This is where applicants quantify the financial gap for the disease proposal, and provide detailed budgetary information. Section 5.2. explains how applicants should prepare the detailed electronic budget that must be submitted with all proposals, by disease, as a clearly numbered annex.

5.1. Financial gap analysis

Introduction

The financial gap analysis identifies the overall funding need, the funding available from all sources and the resulting financial gap. This table enables the TRP to view the funding requested in the context of the overall disease program funding for the proposal term.

The gap analysis should relate to the overall national program\textsuperscript{25} as discussed by the applicant in s.4. Thus, a comprehensive ‘financial gap analysis’ should reflect the national program needs (including needs of the government and non-government sectors, and including implementation planned at the national, sub-national and community/local levels) to implement the national strategy over the proposal term.

Particular attention should be given to costing the need to reach key affected populations (including, in particular, women and girls), and sexual minorities to ensure equal access to service delivery. Where the national strategy plans to scale-up service delivery significantly, this is important to include in the gap analysis, and explain in relevant sections.

In particular, the table in s.5.1. requests applicants to:

- **Line A** ➔ Provide, based on national plans and costing (where they exist), an overall disease specific (as far as possible) financial costing. Below the table in 5.1.1. a narrative explanation of the assumptions used is required.

- **Lines B/C** ➔ Provide details of current and planned financial contributions. This should be a comprehensive assessment of funding from all relevant sources, whether domestic (including debt relief) or external. The assumptions used should be described in sections 5.1.2. and 5.1.3.

  ➔ For a definition of ‘Private Sector’ please refer to page 31 of these Guidelines. Certain boxes are shaded black for the Private Sector in this table. This is because it is recognized that historical information may not always be available.

- **Line D** ➔ Provide details of the funding that has already been committed to Applicants or is expected to be received over years 2009 to 2013-14 (or the end of the proposal if less than five years), under grant agreements with the Global Fund (including Round 7 grants recently or currently being negotiated).

- **Line H** ➔ Only for Lower-middle and Upper-middle income classified countries: Calculate, as a percentage, the overall anticipated share of the contribution from the Global Fund (from existing grants as well as the Round 8 request) relative to the national disease program funding need over the proposal term. The maximum proportion of funding from the Global Fund is:

  ➔ For Lower-middle income countries - 65%
  ➔ For Upper-middle income countries - 35%.

\textsuperscript{25} If there is no ‘national program’ relevant to the proposal, then the gap analysis should be prepared based on the program described in the applicant's proposal, ensuring that other contributions to the cost of the program are clearly explained.
5. Funding Request

5.2. Detailed budget

Overview

All Applicants must provide for each disease proposal:

- a detailed budget including key assumptions;
- a summary of the detailed budget by service delivery area (section 5.3. and table 5.3.);
- a summary of the detailed budget by cost category (section 5.4. and table 5.4.);
- a high level analysis of the budget by cost category (section 5.4.1. (a)) and indicate key budget assumptions for Human Resources and other key expenditure items (section 5.4.1. (b) and (c)); and

If the applicant is requesting funding for HSS cross-cutting interventions (see s.4.5.1. and s.4B. of these Guidelines), s.5B. should be completed in the same disease proposal. Section 5B below provides specific information on budget requirements for HSS cross-cutting interventions in addition to the general guidance below.

The detailed budget for each disease proposal:

- Should be attached as a clearly named and numbered annex to the proposal and should cover the proposal term. The budget should be submitted as a financial spreadsheet (in both the electronic and the printed copy of the proposal) with an explanatory narrative to facilitate review.
- Should be submitted in Microsoft excel and not sent as a PDF file.
- Should be organized along the same lines as the implementation strategy set out in s.4.5.1. (by Objective, SDA, indicator and activities).
- Should be quarterly for years 1 and 2, with detailed unit costs provided across both years (avoid using unexplained lump-sum amounts).
- Should provide annual information and assumptions for the balance of the lifetime of the proposal period (year 3 and beyond).
- Should be fully consistent with the detailed Work Plan for years 1 and 2 (refer to section 4.5.). Applicants may use one integrated Work Plan and Budget spreadsheet, but if so, activities that have no cost associated with them should also be very clearly listed as part of the work to be undertaken so that there is a clear description of all activities and their timing.
- Where the applicant has requested support for HSS cross-cutting interventions and included these interventions:
  (i) As part of the disease specific proposal description (s.4.5.1.), either in one of the diseases, or separated into more than one of the three diseases, the detailed budget for the disease should include this work as any other objective, SDA etc within the same budget workbook and worksheets.
  (ii) In s.4B., within one only of the disease proposals submitted in Round 8, the detailed budget for the HSS cross-cutting interventions should be structured along the same lines as the programmatic description (s.4B.1.). This budget, may be submitted as a separate Microsoft excel workbook (file),
5. Funding Request

or as a separate worksheet within the same workbook as the budget for the
disease program interventions.

- Should be consistent with other budget analysis provided elsewhere in the proposal,
  including in table 5.1.

- Can be prepared using the applicant’s own budgeting tools where those tools ensure
  that the detail provided in the budget meets the other requirements set out above.
  However, where an applicant believes it helpful to do so, the budget can be prepared
  by using the optional budget template. This is available from website links provided
  under the ‘General Guidance’ heading below.

General guidance

Size of the funding request
There are no fixed upper limits on the size of a proposal, and the size of proposals may vary
considerably based on country context and type of proposal. Applicants are reminded that
demonstrated evidence of absorptive capacity is an important criterion for additional financial
support from the Global Fund. The TRP may view negatively proposals that request large
amounts where the ability to absorb such funding has not been demonstrated, through
existing capacity or through planned capacity strengthening (including via the Round 8
proposal).

There are also no fixed lower limits on the size of a proposal. However, as the Global Fund
promotes comprehensive programs and particularly those aimed at scaling-up proven
interventions, the TRP may view negatively requests for small programs (of the order of
several hundred thousand US Dollars or below). Smaller requests by individual partners
and/or smaller non-governmental organizations should be aggregated into the overall single
disease proposal.

Budget assumptions/workings should be included within the detailed budget or presented as
separate working files that are submitted with the disease proposal as clearly named and
numbered annexes. The level of detail required depends on the budget item in question.

There is a different level of detail required between years 1 and 2 as compared to years 3 to
5, as explained below:

- **Years 1 and 2**: Applicants should provide sufficient information to be able to
determine how all unit quantities and unit costs were calculated.
  Otherwise, using the optional budget template should also provide information on the
  level of detail requested.

- **Years 3 to 5**: Applicants should provide sufficient information to show the basis for
  the forecast budget amounts were determined. Whenever possible, a similar level of
detail to years 1 and 2 should be provided for years 3 to 5, particularly for items
  relevant to the procurement of products or services. For example: unit costs of
  training may be based on the year 1 and 2 budget, whereas unit quantiles of people
  being trained should be explained in the context of the proposal, rather than simply
  using numbers trained in years 1 and 2.

Use of the budget template (optional)
Different versions of the optional budget template have been prepared to correspond to the
differing versions of Microsoft excel that applicants may be using in a particular country
setting. The different versions of this template are available by ‘clicking’ on the links below (or
by going to the Global Fund’s Round 8 website at:
5. Funding Request

Sub-recipient and sub-sub recipient\textsuperscript{26} budgets
Even though proposals are likely to involve a number of sub-recipients (and sub-sub-recipients) in program implementation, the budget information for those implementing partners should not be sent as separate information to the budget materials of the Principal Recipient(s).

Rather, the one 'detailed budget' (s.5.2., and s.5B.1. as relevant) must provide the budget for all of the activities to implement the program that is described in s.4.5.1. (and s.4B., if relevant). In addition, the summaries that are required by 'objective and service delivery area' (s.5.3., and s.5B.2. if relevant) and 'cost category' (s.5.4., and s.5B.3. if relevant) should be an amalgam of all the costs regardless of the implementer.

Where underlying separate Principal Recipient, sub-recipient, and sub-sub-recipient budgets are submitted, these should have a common level of detail. That is, the budgets must be detailed by activity for all implementers, and not only at the Principal Recipient level. As an example, applicants should avoid lump sum items such as "Implementation costs of sub-recipient 1", "Implementation costs of sub-recipient 2" etc.

Funding to be contributed through a common funding mechanism
Part or all of the funding for this component may be planned to be contributed through a common funding mechanism. If so (see section 3.4.), applicants should:

- Compile the detailed budget information in this section on the basis of the anticipated use, attribution or allocation of the requested funds within the common funding mechanism; and

- Provide, as a clearly named and numbered annex, the available annual operational plans/projections for the common funding mechanism and explain the link between that plan and this funding request.

Common funding mechanisms can vary from country to country. After proposal approval, the applicant and Global Fund will agree a mutually acceptable reporting framework based on the existing reporting framework of the common funding mechanism.

Budget currency
Applicants must choose between using United States (US) Dollars or Euros in their proposal. All local currency expenditure should be translated into the selected currency at the appropriate exchange rate, and this rate should be disclosed in the detailed budget. Applicants should apply the principle of using the best estimate of the exchange rate that will apply at the time of actual conversion of the currency in the future. In the absence of credible forward market predictions, the current 'spot exchange rate' is most often used.

Income
Anticipated income from revenue-generating activities (e.g., social marketing of condoms or bednets) should be separately identified and included in the budget against the appropriate budget activity and 'cost category' where possible. The effects of this sundry income on the net funding request should be clearly visible.

Taxes
The Global Fund strongly encourages the relevant national authorities in recipient countries to exempt from duties and taxes all products and services financed by Global Fund grants. Normally the implementing agency should apply for a tax-exempt status on Global Fund financing. Otherwise, non-recoverable taxes should be allocated to the appropriate activity and cost category (e.g., non-recoverable value added taxes on the purchase of non-health equipment would be allocated to Infrastructure and Equipment).

\textsuperscript{26} Sub-sub-recipients are those implementers that have a contractual relationship with a larger sub-recipient, not the Principal Recipient direct.
5. Funding Request

**Budget totals**
Applicants are encouraged to review their proposal to ensure that all the following totals are the same:

- Funding summary by disease (s.1.1.)
- Funding gap requested to be met by Round 8 proposal (Line G, table 5.1.)
- Annual totals for 'detailed budget by disease' (s.5.2.)
- Annual totals in the 'Summary of detailed budget by objective and service delivery area' (s.5.3.)
- Annual totals in the 'Summary of detailed budget by cost category' (s.5.4.)

### 5.3. Summary of detailed budget by objective and service delivery area

In this table, provide a summary of the annual budget for each service delivery area (SDA) in respect of each year of the proposal. The objectives and SDA listed should correspond to those in the 'Targets and Indicators Table' (Attachment A to the Proposal Form). This breakdown of the budget by SDAs should be prepared from the detailed budget.

In respect of tuberculosis components, applicants may also wish to refer to additional information on the StopTB Strategy (and planning framework for tuberculosis components especially) when preparing their budgets. This information is available at: [http://www.who.int/tb/dots/planningframeworks/en/index.html](http://www.who.int/tb/dots/planningframeworks/en/index.html)

However, this tool does not replace the instructions in these Guidelines about the level of detail that is required.

### 5.4. Summary of detailed budget by cost category

Applicants are requested to summarize the annual totals from the detailed budget by disease into this table. Set out below is a table with a detailed description of the relevant cost categories (and these categories are unchanged from Round 7).

**To be as helpful as possible, we have also indicated what not to include in certain categories, and referred to the category that should be used. For example, all consultant costs should be included in technical and management assistance and not human resources (employee costs only).**

<table>
<thead>
<tr>
<th>Category</th>
<th>Expenditure examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources</td>
<td>Salaries, wages and related costs (pensions, incentives and other employee benefits, etc.) relating to all employees (including field personnel), and employee recruitment costs.</td>
</tr>
<tr>
<td>Technical and Management Assistance</td>
<td>Costs of all consultants (short or long term) providing technical or management assistance, including consulting fees, travel and per-diem costs, field visits and other costs related to program planning, supervision and administration (including in respect of managing sub-recipient relationships, monitoring and evaluation, and procurement and supply management).</td>
</tr>
<tr>
<td>Training</td>
<td>Workshops, meetings, training publications, training-related travel, including training per-diems. Do not include employee training-related human resources costs that should be included under the Human Resources category.</td>
</tr>
</tbody>
</table>
## 5. Funding Request

<table>
<thead>
<tr>
<th>Category</th>
<th>Expenditure examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Products &amp; Health Equipment</strong></td>
<td>Health products such as bed nets, condoms, lubricants, diagnostics, reagents, test kits, syringes, spraying materials and other consumables. Health equipment such as microscopes, x-ray machines and testing machines (including the &quot;Total Cost of Ownership&quot; of this equipment such as reagents, and maintenance costs). <strong>Do not include other types of non-health equipment, as these costs should be included under the Infrastructure and Other Equipment category below</strong>.</td>
</tr>
<tr>
<td><strong>Pharmaceutical products (medicines)</strong></td>
<td>Cost of antiretroviral therapy, medicines for opportunistic infections, anti-tuberculosis medicines, anti-malarial medicines, and other medicines. <strong>Do not include insurance, transportation, storage, distribution or other like costs. These costs should be included in Procurement and Supply Management costs below</strong>.</td>
</tr>
<tr>
<td><strong>Procurement &amp; Supply Management costs</strong></td>
<td>Transportation costs for all purchases (equipment, commodities, products, medicines) including packaging, shipping and handling. Warehouse, PSM office facilities, and other logistics requirements. Procurement agent fees. Costs for quality assurance (including laboratory testing of samples), and any other costs associated with the purchase, storage and delivery of items. <strong>Do not include staff, management or technical assistance, IT systems, health products or health equipment costs, as these costs should be included in the categories above</strong>.</td>
</tr>
<tr>
<td><strong>Infrastructure and Other Equipment</strong></td>
<td>This includes health infrastructure rehabilitation and renovation and enhancement costs, non-health equipment such as generators and beds, information technology (IT) systems and software, website creation and development. Office equipment, furniture, audiovisual equipment, vehicles, motorcycles, bicycles, related maintenance, spare parts and repair costs.</td>
</tr>
<tr>
<td><strong>Communication materials</strong></td>
<td>Printed material and communication costs associated with program-related campaigns, TV spots, radio programs, advertising, media events, education, dissemination, promotion, promotional items.</td>
</tr>
<tr>
<td><strong>Monitoring &amp; Evaluation</strong></td>
<td>Data collection, surveys, research, analysis, travel, field supervision visits, and any other costs associated with monitoring and evaluation. <strong>Do not include personnel, management or technical assistance or IT systems costs, as these costs should be included in the categories above</strong>.</td>
</tr>
<tr>
<td><strong>Living support to clients/target populations</strong></td>
<td>Monetary or in-kind support given to clients and patients E.g.: school fees for orphans, assistance to foster families, transport allowances, patient incentives, grants for revenue-generating activities, food and care packages, costs associated with supporting patients charters for care.</td>
</tr>
<tr>
<td><strong>Planning and Administration</strong></td>
<td>Office supplies, travel, field visits and other costs relating to program planning and administration (including in respect of managing sub-recipient relationships). Legal, translation, accounting and auditing costs, bank charges etc. Green Light Committee contributions (refer to s.4.10.7). <strong>Do not include human resources costs, as these costs should be included under the Human Resources category above</strong>.</td>
</tr>
</tbody>
</table>

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27 "Total cost of ownership" includes the cost of reagents and other consumables, and annual maintenance to ensure that the equipment operates effectively.
5. Funding Request

<table>
<thead>
<tr>
<th>Category</th>
<th>Expenditure examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overheads</td>
<td>Overhead costs such as office rent, utilities, internal communication costs (mail, telephone, internet), insurance, fuel, security, cleaning. Management or overhead fees.</td>
</tr>
<tr>
<td>Other</td>
<td>Significant costs which do not fall under the above-defined categories. Specify clearly the type of cost. Applicants are able to add additional rows to this table should there be other national budget cost categories that are not covered by the above categories.</td>
</tr>
</tbody>
</table>

** Commencing from November 2007, CCM (and Sub-CCM) support costs are provided through a separate budget from the Secretariat, and not through grant funds. Applications for this support are made through a separate form, and subject to review, those costs will be provided through a separate Secretariat budget. Information on those costs is available at: [http://www.theglobalfund.org/en/apply/call8](http://www.theglobalfund.org/en/apply/call8)

Composite activities
It is not appropriate to define 'cost categories' within the summary budget where the 'activity' or topic can be broken down into its various cost category elements.

For example, the costs of the activity 'home-based care' may be broken down into the following categories:

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost Category for table 5.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-based agents</td>
<td>Human Resources</td>
</tr>
<tr>
<td>Travel to communities</td>
<td>Planning and Administration</td>
</tr>
<tr>
<td>Testing kits</td>
<td>Health Products and Health Equipment</td>
</tr>
<tr>
<td>Provision of medicines for treatment</td>
<td>Pharmaceutical Products (Medicines)</td>
</tr>
<tr>
<td>Vehicle for agent</td>
<td>Infrastructure and Other Equipment</td>
</tr>
</tbody>
</table>

5.4.1. Overall budget context
Although the budget by objective and SDA is explained by the detailed programmatic description in s.4.5.1., the summarized budget by cost category may show unusual trends or variations which cannot be easily explained without further narrative. The applicant should therefore use the box to explain the main trends and variations or anything that appears unusual.

5.4.2. Human resources
Applicants should provide an explanation of how the human resources budget has been compiled and to explain the linkage with health systems strengthening. The explanation does not need to repeat information already clearly presented in the detailed budget, but should refer to such information.

5.4.3. Other large expenditure items
Applicants should provide an explanation of how other 'cost category' items that are relatively large have been compiled.

5.5. Common Funding Mechanisms
A common funding mechanism for the purposes of these Guidelines is any arrangement between multiple partners (domestic sources and external donors) in which they contribute
5. Funding Request

funding through a unified approach using joint planning, budgeting and monitoring and evaluation, as well as common rules and common reporting and accountability mechanisms.

If a common funding mechanism is to be used to channel Global Fund resources, the applicant and the Global Fund will, during grant negotiations, agree a mutually acceptable reporting framework that is based on the existing reporting framework of the common funding mechanism, and which is complementary to performance based reporting to the Global Fund.

5.5.1 Operational status of common funding mechanism

Applicants are encouraged to consider the following items:
• Is the common funding mechanism functional with established rules and procedures (e.g. a signed Memorandum of Understanding between all domestic and external donor stakeholders? If yes, attach this document as a clearly named and numbered annex).
• What is the capacity of the common funding mechanism to absorb, manage and account for additional funds?
• Does the common funding mechanism have financial and payment systems that will ensure timely disbursement to sub-recipients throughout the proposal term?

5.5.2 Measuring performance

Under Global Fund policies, common funding mechanisms must allow for reporting to the Global Fund on indicators included in the signed grant agreement. However, we do not require Global Fund specific indicators and reporting can be at the national level, provided there is clarity on contributions towards the achievement of those national targets.

Applicants are encouraged to consider the following items:
• Do the common funding mechanism's data collection and reporting systems enable regular performance monitoring of the effective functioning of the common funding mechanism, recognizing that Global Fund grant disbursements are linked to performance?
• Do partners contribute to the common funding mechanism at regular intervals, and if so, what are the triggers for payment into the mechanism?
• How often is the common funding mechanism audited (including individual partner audits), and what is the process for making adjustments to the performance management of the common fund when required?
• Is there joint reporting to contributors to the common funding mechanism, and how are performance measures agreed at the commencement of reporting periods?

5.5.3 Additionality of Global Fund request

The Global Fund is concerned to ensure that national resources already committed to a national program are not displaced (or duplicated) through funding from an approved proposal. Whilst we do not require direct attribution of specific interventions to specific Global Fund financial contributions, it is necessary for applicants to provide a summary of the additional achievements or outcomes for the national program that will arise from the provision of Global Fund support.

5B. FUNDING REQUEST FOR HSS CROSS-CUTTING INTERVENTIONS

Section 5B requests similar information for HSS cross-cutting interventions as is requested in s.5. for disease program interventions.
5. Funding Request

In the table below, applicants are directed to the equivalent guidance in s.5. above when appropriate:

<table>
<thead>
<tr>
<th>Section 5B item</th>
<th>Review the instructions in the corresponding section of these Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>s.5B.1. – Detailed Budget</td>
<td>s.5.2.</td>
</tr>
<tr>
<td>s.5B.2. – Summary of detailed budget by objective and service delivery area</td>
<td>No corresponding instructions, review the information on s.5B.2. below</td>
</tr>
<tr>
<td>s.5B.3. – Summary of detailed budget by cost category</td>
<td>s.5.4.</td>
</tr>
<tr>
<td>s.5B.4.1. – s.5B.4.3. overall budget context</td>
<td>s.5.4.1. – s.5.4.3.</td>
</tr>
</tbody>
</table>

5B.2. Summary of detailed budget for HSS cross-cutting interventions by objective and service delivery areas

The 'service delivery areas' that applicants should use to complete this table should be drawn from the six categories set out in detail in Annex 3 to these Guidelines.

In summary they are (as relevant to the focus of the proposal):

- Information
- Service delivery
- Medical products and technologies
- Financing
- Health workforce (including human resources costs)
- Leadership and governance

Thus, applicants should, after identifying each relevant objective for the planned HSS cross-cutting interventions, select 'service delivery areas' from the list above (as most relevant to the program activity to be undertaken).

Checklist Instructions – Sections 3, 4 and 5

**Complete the 'checklist' for sections 3, 4 and 5 of the Proposal Form.**

- Ensure that all essential attachments already listed in the right hand column of the 'Checklist' are included.
- Provide additional documents as clearly named and numbered annexes, and list these in the 'Checklist' table for ease of reference.
- Only if relevant to the proposal, where HSS cross-cutting interventions are included in one only of the disease proposals, also attach relevant documents (s.4B and s.5B references in the 'checklist').
5. Funding Request
Annex 1: Round 8 Income Level Classifications

Part A. **Low income applicants**

Proposals from the countries/economies listed in this Part A are not required to address the *cost sharing* principles in Line H of table 5.1. These applicants are also able to target any population group(s).

A.1 **Economies classified as low income by the World Bank at 1 March 2008**

Afghanistan
Bangladesh
Benin
Burkina Faso
Burundi
Cambodia
Central African Republic
Chad
Comoros
Congo (Democratic Republic of)
Cote d’Ivoire
Eritrea
Ethiopia
Gambia, The
Ghana
Guinea
Guinea-Bissau
Haiti
India
Kenya
Korea (Democratic Republic of)
Kyrgyz Republic
Lao People’s Democratic Republic
Liberia
Madagascar
Malawi
Mali
Mauritania
Mongolia
Mozambique
Myanmar
Nepal
Niger
Nigeria
Pakistan
Papua New Guinea
Rwanda
Sao Tome and Principe
Senegal
Sierra Leone
Solomon Islands
Somalia
Sudan
Tajikistan
Tanzania (United Republic of)
Timor-Leste
Togo
Uganda
Uzbekistan
Vietnam
Yemen (Republic of)
Zambia
Zimbabwe

A.2 **Countries deemed as 'low income' by the Global Fund relying on the one year grace period from 16th Board Meeting**

Applicants listed below complete the Round 8 Proposal Form as if their economy remained classified as ‘low income’ by the World Bank (*although the World Bank currently classifies the applicant’s income level as lower-middle income*).

**Bhutan**
Annex 1: Round 8 Income Level Classifications

Part B. **Lower-middle income** applicants

Proposals from the countries/economies listed in this Part B must:

(a) Ensure that their proposal has a predominant focus on poor or vulnerable populations; and

(b) Address the ‘cost sharing’ principles in table 5.1. of the Proposal Form.

B.1 **Economies classified as lower-middle income by the World Bank at 1 March 2008**

Albania
Algeria
Angola
Armenia
Azerbaijan
Belarus
Bolivia
Bosnia and Herzegovina
Cameroon
Cape Verde
China
Congo (Republic of)
Cuba
Djibouti
Dominican Republic
Ecuador
Egypt (Arab Republic of)
El Salvador
Fiji
Georgia
Guatemala
Guyana
Honduras
Indonesia
Iran (Islamic Republic of)
Iraq
Jamaica
Jordan
Kiribati
Lesotho
Macedonia (FYR of)
Moldova
Morocco
Namibia
Nicaragua
Paraguay
Philippines
Samoa
Sri Lanka
Suriname
Swaziland
Syrian Arab Republic
Thailand
Tonga
Tunisia
Turkmenistan
Ukraine
Vanuatu
West Bank and Gaza

B.2 **Countries deemed as 'lower-middle income' by the Global Fund relying on the one year grace period from 16th Board Meeting**

Applicants listed below complete the Round 8 Proposal Form as if their economy remained classified as ‘lower-middle income’ by the World Bank (although the World Bank currently classifies the applicant’s income level as upper-middle income).

Brazil
Bulgaria
Kazakhstan
Montenegro
Serbia
Annex 1: Round 8 Income Level Classifications

Part C.  **Upper-middle income applicants**

Proposals from the countries/economies listed in this Part C must:

(a)  Ensure that their proposal has a predominant focus on poor and vulnerable populations; and

(b)  Address the ‘cost sharing’ principles in table 5.1. of the Proposal Form.

C.1  **Economies classified as upper-middle income by the World Bank** at 1 March 2008 who are eligible for the specific diseases noted by virtue of a current high disease burden in either the general population or in an identified vulnerable group\(^{28}\)

**HIV:**
- Argentina
- Belize
- Botswana
- Gabon
- Malaysia
- Mauritius
- Mexico
- Panama,
- South Africa
- Uruguay

**Tuberculosis:**
- Botswana
- Malaysia
- Russian Federation
- South Africa

**Malaria:**
- Equatorial Guinea
- Gabon

C.2  **Applicants falling under the 'Small Island Economy' lending exemption to the International Development Association’s eligibility requirements (eligible irrespective of disease burden)**

- Dominica
- Grenada
- St. Lucia
- St Vincent and the Grenadines

\(^{28}\) The Global Fund’s revised eligibility criteria was determined at the Sixteenth Board Meeting and detailed information on the principles and its application is available at: [http://www.theglobalfund.org/en/files/boardmeeting16/GF-BM16-Decisions.pdf](http://www.theglobalfund.org/en/files/boardmeeting16/GF-BM16-Decisions.pdf)
Annex 2 – Criteria for TRP review of proposals

The TRP looks for proposals that demonstrate the following characteristics:

Soundness of approach:
- Use of interventions consistent with international best practices (as outlined in the Stop TB Strategy, the Roll Back Malaria Global Strategic Plan, the WHO Global Health-Sector Strategy for HIV/AIDS and other WHO and UNAIDS strategies and guidance) to increase service coverage for the region in which the interventions are proposed, and demonstrate a potential to achieve impact;
- Give due priority to groups and communities most affected and/or at risk, including by strengthening the participation of communities and people infected and affected by the three diseases in the development and implementation of proposals;
- Demonstrate that interventions chosen are evidence-based and represent good value for money;
- Involve a broad range of stakeholders in implementation, including strengthening partnerships between government, civil society, affected communities, and the private sector;
- Address issues of human rights and gender equality, including contributing to the elimination of stigmatization of and discrimination against those infected and affected by tuberculosis and HIV/AIDS, especially women, children, and other vulnerable groups; and
- Are consistent with national law and applicable international obligations, such as those arising under World Trade Organization’s Agreement on Trade-Related Aspects of Intellectual Property Rights (the TRIPS Agreement), including the Doha Ministerial Declaration on the TRIPS Agreement and Public Health, and encourage efforts to make quality drugs and products available at the lowest possible prices for those in need while respecting the protection of intellectual property rights.

Feasibility:
- Provide strong evidence of the technical and programmatic feasibility of implementation arrangements relevant in the specific country context, including where appropriate, supporting decentralized interventions and/or participatory approaches (including those involving the public, private and non-government sectors, and communities affected by the diseases) to disease prevention and control;
- Build on, complement, and coordinate with existing programs (including those supported by existing Global Fund grants) in support of national policies, plans, priorities and partnerships, including National Health Sector Development Plans, Poverty Reduction Strategies and sector-wide approaches (where appropriate);
- Demonstrate successful implementation of programs previously funded by international donors (including the Global Fund), and, where relevant, efficient disbursement and use of funds. (For this purpose, the TRP will make use of Grant Score Cards, Grant Performance Reports and other documents related to previous grant(s) in respect of Global Fund supported programs);
- Utilize innovative approaches to scaling up programs, such as through the involvement of the private sector and/or affected communities as caregivers;
- Identify in respect of previous proposals for the same component submitted to the Global Fund through the Rounds-based channel but not approved, how this proposal addresses any weaknesses or matters for clarification that were raised by the TRP;
- Identify for proposals submitted through the Rolling Continuation Channel, how his proposal addresses the implementation challenges and sustainability issues identified by the Secretariat during the Rolling Continuation Channel qualification process;
- Focus on performance by linking resources (inputs) to the achievement of outputs (people reached with key services) and outcomes (longer term changes in the disease), as measured by qualitative and quantitative indicators;
Annex 2 – Criteria for TRP review of proposals

- Demonstrate how the proposed interventions are appropriate to the stage of the epidemic and to the specific epidemiological situation in the country (including issues such as drug resistance);
- Build on and strengthen country impact measurement systems and processes to ensure effective performance based reporting and evaluation; and
- Identify and address potential gaps in technical and managerial capacities in relation to the implementation of the proposed activities through the provision of technical assistance and capacity building.

Potential for sustainability and impact:
- Strengthen and reflect high-level, sustained political involvement and commitment, including through an inclusive and well-governed CCM, Sub-CCM or RCM;
- Demonstrate that Global Fund financing will be additional to existing efforts to combat HIV/AIDS, tuberculosis, and malaria, rather than replacing them;
- Demonstrate the potential for the sustainability of the approach outlined, including addressing the capacity to absorb increased resources and the ability to absorb recurrent expenditures;
- Coordinate with multilateral and bilateral initiatives and partnerships (such as the WHO/UNAIDS “Universal Access” initiative, the Stop TB Partnership, the Roll Back Malaria Partnership, the “Three Ones” principles\(^{29}\) and UNICEF’s “Unite for Children. Unite against AIDS” campaign) towards the achievement of outcomes targeted by National Health Sector Development Plans (where they exist);
- Demonstrate that the proposal will contribute to reducing overall disease, prevalence, incidence, morbidity and/or mortality; and
- Demonstrate how the proposal will contribute to strengthening the national health system in its different components (e.g., human resources, service delivery, infrastructure, procurement and supply management).

\(^{29}\) One agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners, one national AIDS coordinating authority with a broad-based multi-sectoral mandate, and one agreed country-level monitoring and evaluation system. See [www.unaids.org](http://www.unaids.org) for more information. Proposals addressing HIV/AIDS should indicate how these principles are put into practice.
Annex 3 – What the Global Fund will support

Set out below is information on possible disease program interventions (s.4.5.1.) and interventions to strengthen health systems (as part of a disease program in s.4.5.1. or, separately, in s.4B. as HSS cross-cutting interventions).

Importantly, the material below is not a exhaustive list of all activities/interventions that may be funded. It represents a guide only for possible programming to support existing in-country knowledge of the disease(s).

Disease focused activities may include, but are not limited to, the following:

- Behavior change interventions, such as peer education;
- Activities to reduce girls’ and women’s vulnerability to the three diseases, such as equitable access to youth and social safety net programs, prevention and mitigation of sexual violence, and advocacy for legal change and enforcement;
- Community outreach, including preventive measures focusing on key affected populations;
- Blood safety and safe injection interventions to prevent medical transmission;
- Male circumcision, with the assurance of a comprehensive package of prevention messages and activities and access to counseling and testing services;
- Community-based programs aimed at alleviating the impact of the diseases, including programs directed at women, orphans, vulnerable children and adolescents; and alleviating the burden of care and support on, especially, women;
- Community systems strengthening to improve implementation and service delivery, including strengthening core institutional capacity through physical infrastructure development, and organizational and systems strengthening;
- Partnership building at the community level, focusing on the building of systematized relationships among and between community based organizations at the local level to improve coordination, build upon one another’s skills and abilities, and enhance service delivery outcomes in respect of the disease(s);
- Operational research to improve program performance, including determining effective ways to increase demand for, and improve access to, quality services;
- Home and palliative care support;
- Interventions related to interactions between the three diseases, including providing access to prevention services through integrated health services, especially for women and adolescents through reproductive health care;
- Provision and/or scale up of critical health products and health equipment to prevent, diagnose, and treat the three diseases, including the introduction of previously unavailable treatments;
- Workplace programs for prevention, and to care for and/or treat employees, including policy development in regard to such programs;
- Co-investment schemes to expand private sector programs to surrounding communities; and
- The establishment and ongoing support of interventions managed by people living with and/or affected by HIV, tuberculosis and/or malaria, such as support groups, treatment literacy programs, and risk-reduction programs.

But not:

- Basic science research and clinical research aimed at demonstrating the safety and efficacy of new drugs and vaccines; or
- Large scale capital investments such as building hospitals or clinics.

30 Providing support, care, and treatment for people who become HIV-positive in the course of an HIV-related clinical trial would be an allowable activity, within the context of national policies for the provision of antiretroviral therapy.
Annex 3 – What the Global Fund will support

Provided that there is a clear and demonstrated link to improved HIV, tuberculosis and/or malaria outcomes, health systems strengthening areas of focus that may be relevant to be included in proposals (in s.4.5.1 as a disease specific response, or once only in s.4B as a cross-disease response) include:

- **Information** - Strengthening the monitoring of performance of health systems with special reference to the three diseases, through data collection and analysis on health system metrics - for example data on public and private sector service delivery using facility assessments; better workforce data using multiple data sources; or, building district data management capacity.

  ➔ To draw linkages between the Round 7 Call for Proposals and Round 8, applicants are advised that the following items from the Round 7 Guidelines for Proposals (page 24), are included in this area:
  - Monitoring and evaluation
  - Information systems

- **Service delivery** - For effective, good quality personal and non-personal care for those living with or affected by HIV, tuberculosis and/or malaria, actions may be needed that strengthen public demand for services. These include actions that: strengthen supervision and management of resources and facilities; increase the involvement of community systems, and civil society and the private sector in the delivery of public health programs; and, strengthen diagnostic services and laboratories.

  ➔ To draw linkages between the Round 7 Call for Proposals and Round 8, applicants are advised that the following items from the Round 7 Guidelines for Proposals (page 24), are included in this area:
  - Infrastructure (but not large-scale investments such as building new hospitals or new large clinics)

- **Medical products and technologies** - To achieve more equitable access to essential medicines and technologies for the three diseases, actions may be needed to strengthen: policies, standards and guidelines; capacity to set and negotiate prices; quality assessment of priority products; procurement, supply and distribution systems; and, support for rational use of medicines, health products, and health equipment.

  ➔ To draw linkages between the Round 7 Call for Proposals and Round 8, applicants are advised that the following items from the Round 7 Guidelines for Proposals (page 24), are included in this area:
  - Essential medicines and health products management;
  - Procurement systems;
  - Logistics, including storage, transport and communications; and
  - Technology management and maintenance.

- **Financing** - To improve financial risk protection and coverage for those living with and/or affected by HIV, tuberculosis and/or malaria, and transparent and effective use of resources, actions that may be appropriate include: strengthening financial resource tracking systems for the three diseases; actions to improve financial access to services, such as improving or expanding sustainable social insurance schemes to ensure access by key affected populations to essential services.

  ➔ To draw linkages between the Round 7 Call for Proposals and Round 8, applicants are advised that the following items from the Round 7 Guidelines for Proposals (page 24), are included in this area:
  - Health management; and
  - Health financing.

- **Health workforce** - For the workforce (government and non-government sectors) to be better able to deliver services to achieve improved outcomes in respect of the three diseases, actions that may be appropriate include: strengthening the production of health workers; their recruitment, distribution, retention or productivity. Actions may include, for example, new approaches to: pre- and in-service training;
Annex 3 – What the Global Fund will support

strengthening workforce management; appropriate incentives for distribution and retention; and task shifting.

To draw linkages between the Round 7 Call for Proposals and Round 8, applicants are advised that the following items from the Round 7 Guidelines for Proposals (page 24), are included in this area:
  - Health management;
  - Human resources.

• **Leadership and governance** - To improve governance of health systems with special reference to HIV, tuberculosis and/malaria outcomes, actions that may be appropriate include: strengthening capacity to be effective advocates in respect of the three diseases; building coalitions with other sectors and with actors outside government including civil society; improving oversight and regulation of services; and supporting policy and systems research related to the three diseases.

To draw linkages between the Round 7 Call for Proposals and Round 8, applicants are advised that the following items from the Round 7 Guidelines for Proposals (page 24), are included in this area:
  - Governance;
  - Community and client involvement;
  - Strategic planning and policy development;
  - Policy research.

HSS cross-cutting interventions included in s.4B need not be limited to only health sector-related activities or only to the three diseases. Rather, they may also target other sectors including education, the workplace, and social services. However, under Global Fund policy, support for health systems strengthening is available where there is a demonstrated link to reducing the spread and impact of HIV, tuberculosis and/or malaria.
Annex 4 – After proposal submission

Proposal application and review process

This diagram summarizes the application and review process described below.

Proposal screening and review process

Each proposal received by the Global Fund is screened by the Secretariat for completeness and eligibility. The Secretariat may contact Applicants for clarifications.

The TRP is an independent body of international experts in HIV, tuberculosis, and malaria, as well as cross-cutting experts. It reviews proposals based on the criteria set out in part 3 of these Guidelines.

If an Applicant submits a proposal for more than one disease, each disease component will be reviewed separately by the TRP.

**Commencing in Round 8, the TRP will have the authority to review disease proposals that include 'HSS cross-cutting interventions' within that disease proposal as two sections. That is, the TRP may recommend either the disease section, or the HSS section, or both depending on technical merit (refer to the criteria for TRP review at Annex 2 of these Guidelines).**


Board decision on funding and other processes

Board decisions on funding of proposals are made by reference to TRP recommendations, and are subject to the availability of funds.

The Board approves a proposal for the whole of the proposal term **(maximum of five years)**. Funds are however only initially committed for the first two years, with the possibility of renewal for the balance of the proposal term and up to the maximum requested budget, depending on performance in the first two years and the availability of funds.
Annex 4 – After proposal submission

Board approval is conditional upon the satisfactory reply to questions the TRP may raise about a proposal. While this clarification process is underway, the Secretariat will simultaneously initiate assessments of nominated Principal Recipient(s) through the Local Fund Agent, and commence grant negotiations. Normally, a grant must be signed within 12 months of Board approval.

In the event that resources are constrained, the Board will apply a prioritization method to determine which components amongst those recommended by the TRP are to be approved. In addition to technical merit, the two prioritization criteria are:

- Income classification (with proposals from poorer countries or regions receiving higher priority); and
- Disease burden (with proposals from countries or regions currently facing high national disease burdens receiving priority).

Appeal Mechanism for Round 8

If an Applicant's request for funding for the same disease component is not approved by the Board in both Round 7 and Round 8, and that Applicant believes the TRP made a material error in its review of the Round 8 disease component, the Applicant may be eligible to file an appeal of the Round 8 Board decision on funding.

More information on the criteria and process for internal appeals can be found at: http://www.theglobalfund.org/en/about/technical/appeals/.
## Annex 5 – List of acronyms and abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Artemisinin-based combination therapy</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal Clinic</td>
</tr>
<tr>
<td>ARV</td>
<td>Antiretroviral</td>
</tr>
<tr>
<td>BCC</td>
<td>Behavioral change communication</td>
</tr>
<tr>
<td>BSS</td>
<td>Behavior Surveillance Survey</td>
</tr>
<tr>
<td>CBO</td>
<td>Community-based organization</td>
</tr>
<tr>
<td>CCM</td>
<td>Country Coordinating Mechanism</td>
</tr>
<tr>
<td>CRIS</td>
<td>Country response information system</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Health Surveys</td>
</tr>
<tr>
<td>DOTS</td>
<td>Directly observed treatment Short Term</td>
</tr>
<tr>
<td>DRS</td>
<td>Drug resistance surveillance</td>
</tr>
<tr>
<td>DST</td>
<td>Drug susceptibility testing</td>
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<tr>
<td>FBO</td>
<td>Faith-based organization</td>
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<tr>
<td>GLC</td>
<td>Green Light Committee</td>
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<tr>
<td>GOV</td>
<td>Government</td>
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<tr>
<td>HAART</td>
<td>Highly active antiretroviral therapy</td>
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<tr>
<td>HCW</td>
<td>Health care worker</td>
</tr>
<tr>
<td>HIS</td>
<td>Health Information System</td>
</tr>
<tr>
<td>HIMS</td>
<td>Health Information Measurement Systems</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td>IMS</td>
<td>Impact Measurement Systems</td>
</tr>
<tr>
<td>IPT</td>
<td>Intermittent preventive treatment</td>
</tr>
<tr>
<td>IRS</td>
<td>Indoor residual spraying</td>
</tr>
<tr>
<td>ITN</td>
<td>Insecticide-treated net</td>
</tr>
<tr>
<td>KAP</td>
<td>Knowledge, Attitudes and Practices survey</td>
</tr>
<tr>
<td>LFA</td>
<td>Local Fund Agent</td>
</tr>
<tr>
<td>LLITN</td>
<td>Long-lasting insecticide treated net</td>
</tr>
<tr>
<td>MDG</td>
<td>United Nations Millennium Development Goals</td>
</tr>
<tr>
<td>MDR</td>
<td>Multi-drug resistant</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MERG</td>
<td>Monitoring and Evaluation Reference Group</td>
</tr>
<tr>
<td>MICS</td>
<td>Multi indicator cluster surveys</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MTEF</td>
<td>Medium Term Expenditure Framework</td>
</tr>
<tr>
<td>NAC</td>
<td>National AIDS Committee</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
</tr>
<tr>
<td>NMCP</td>
<td>National malaria control program</td>
</tr>
<tr>
<td>NTP</td>
<td>National tuberculosis control program</td>
</tr>
<tr>
<td>OI</td>
<td>Opportunistic infection</td>
</tr>
<tr>
<td>PHC</td>
<td>Primary Health Care</td>
</tr>
<tr>
<td>PEP</td>
<td>Post-Exposure Prophylaxis</td>
</tr>
<tr>
<td>PICT</td>
<td>Provider Initiated Counseling &amp; Testing</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
</tr>
<tr>
<td>PPTCT</td>
<td>Prevention of Parent to Child Transmission</td>
</tr>
<tr>
<td>PR</td>
<td>Principal Recipient</td>
</tr>
<tr>
<td>RBM</td>
<td>Roll Back Malaria</td>
</tr>
<tr>
<td>RDT</td>
<td>Rapid diagnostic test</td>
</tr>
<tr>
<td>SR</td>
<td>Sub-recipient</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
</tr>
<tr>
<td>TRP</td>
<td>Technical Review Panel</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session (on HIV/AIDS)</td>
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