
2020-2022 Funding Cycle

ACCESS TO FUNDING

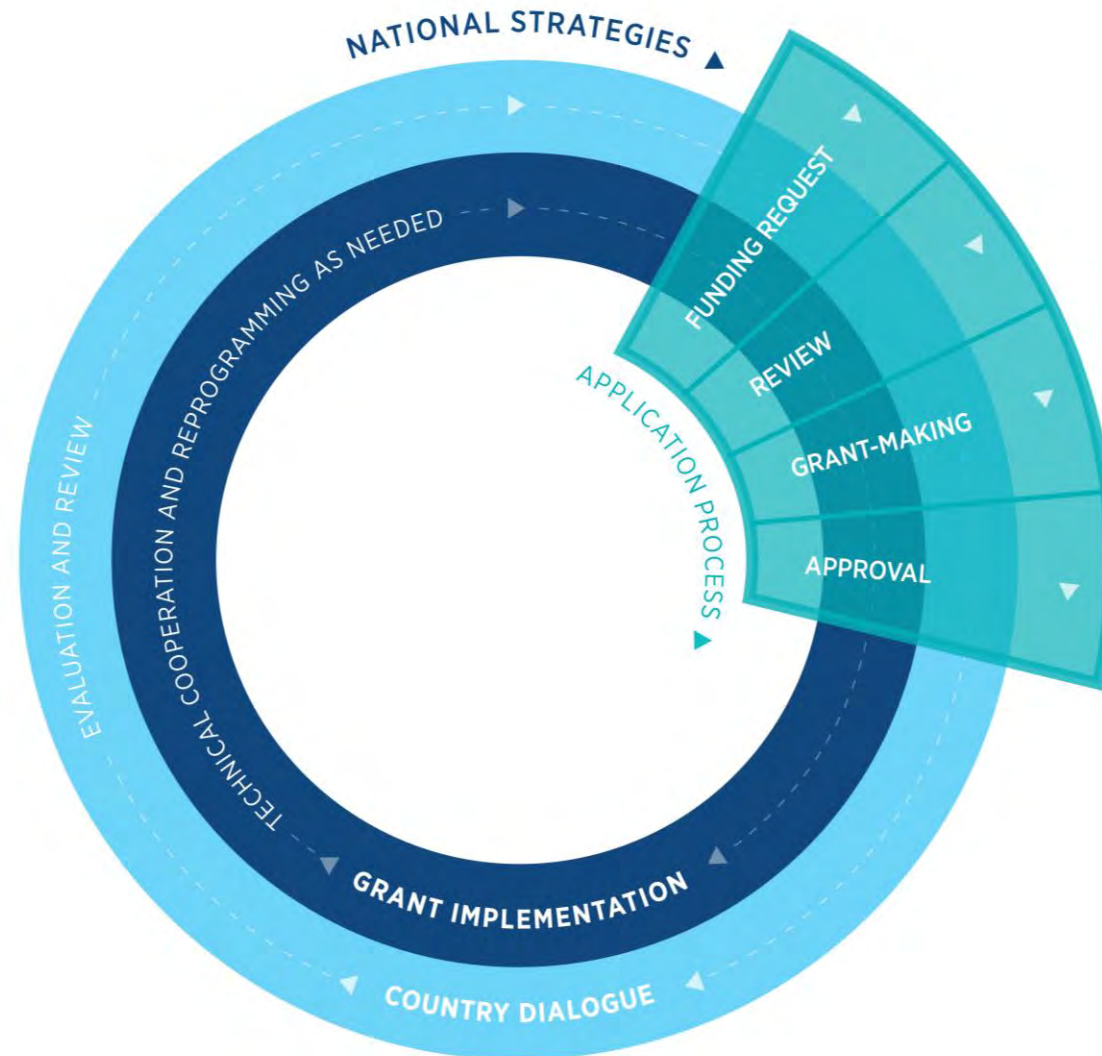
JANUARY 2020

Agenda

1. Background
2. Applying for funding
3. How to prepare for the funding cycle
4. Additional resources
5. Question and Answer

Background

The Funding Cycle

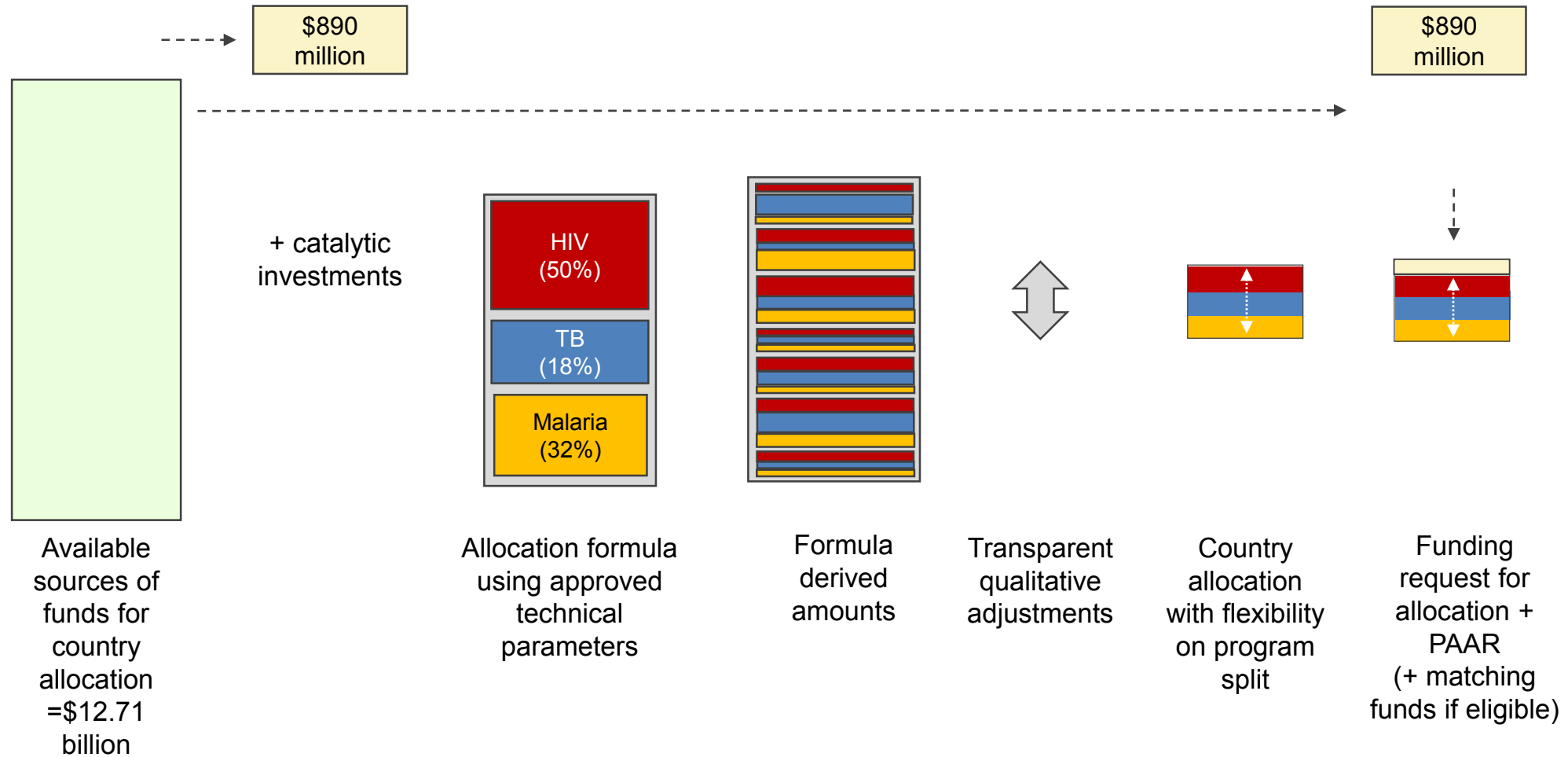


 APPLICATION PROCESS :
6-9 MONTHS

 GRANT IMPLEMENTATION
3 YEARS

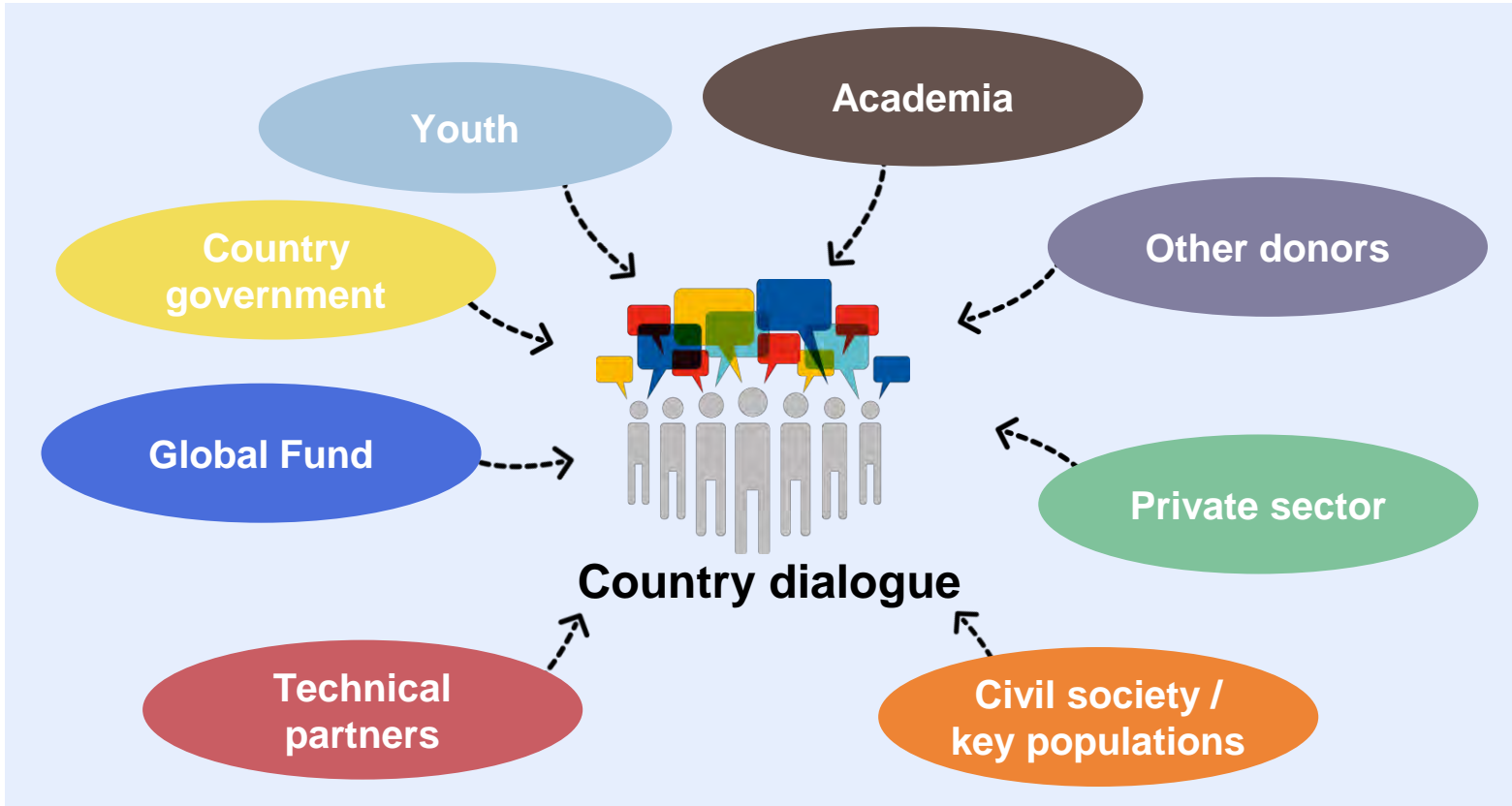
Background

Allocation process



Applying for funding

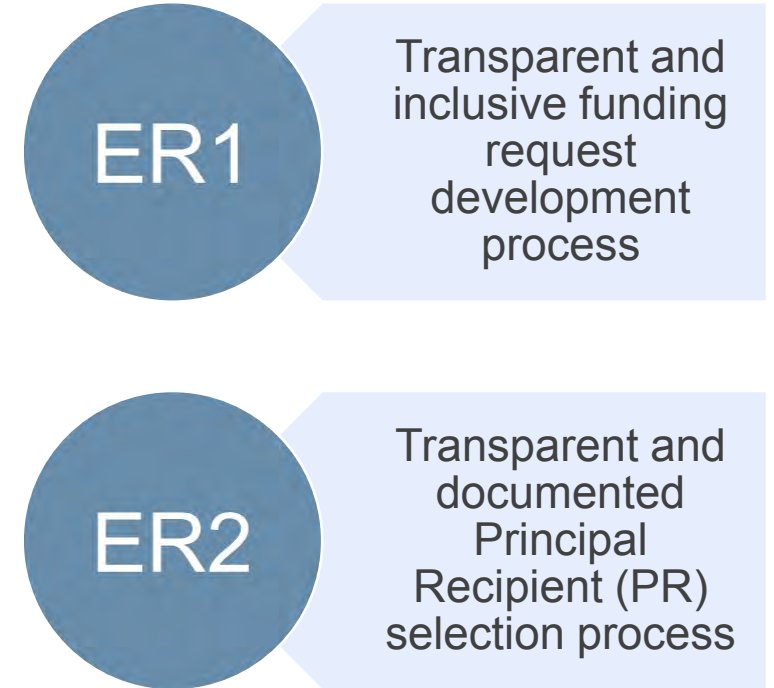
Country Dialogue and CCM Eligibility Requirements



Expected Outcomes:

- 1 Documented evidence of the inclusive dialogue to comply with ER 1 and ER 2
- 2 Endorsement of the funding request by CCM members

CCM Eligibility Requirements*



*screened at the time of submitting a funding request

Applying for funding

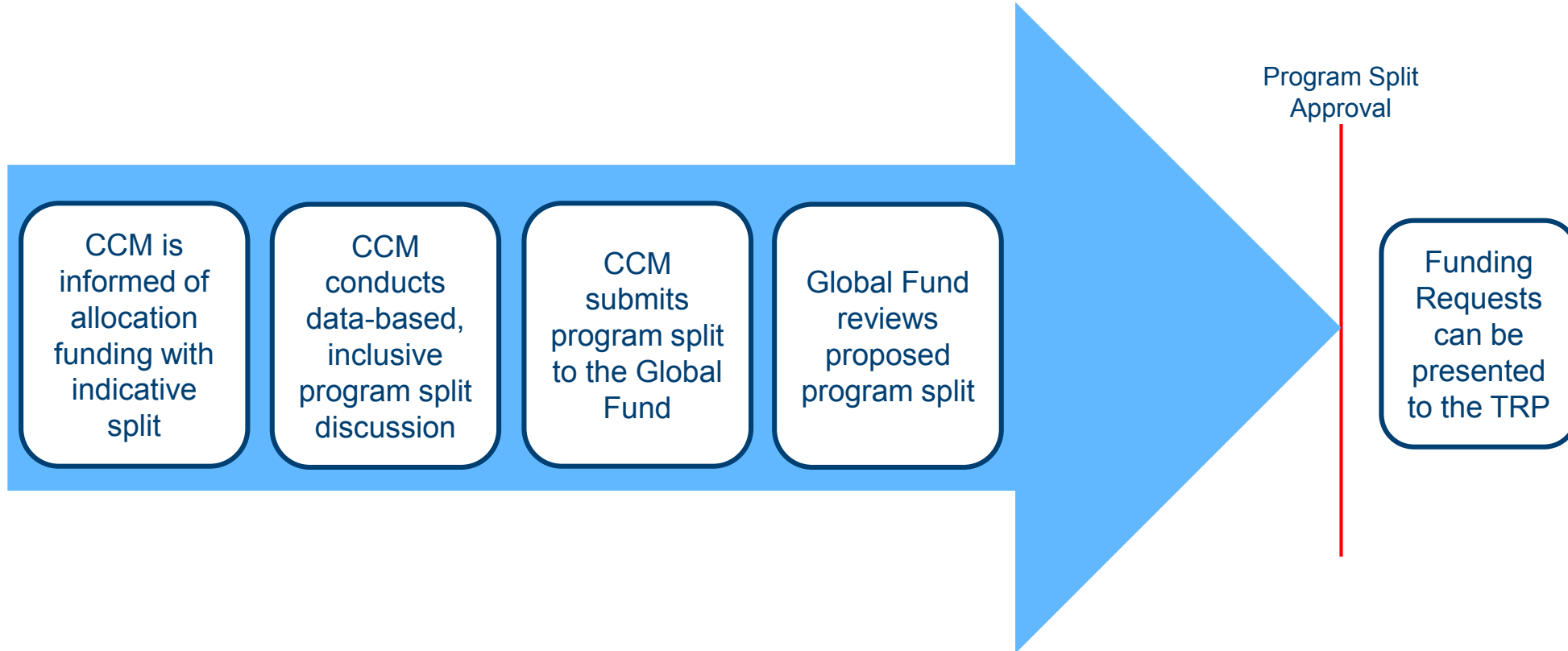
Country Dialogue and Role of Civil Society

- Get connected
 - With your community
 - With the CCM
 - Request technical assistance if needed
- Prepare ideas
 - How does malaria affect your community? Which health services are available and being used? How to improve them? What investments would maximize impact and value for money?
- Join the dialogue
 - Ensure your community is represented during country dialogue



Applying for funding

Program Split process

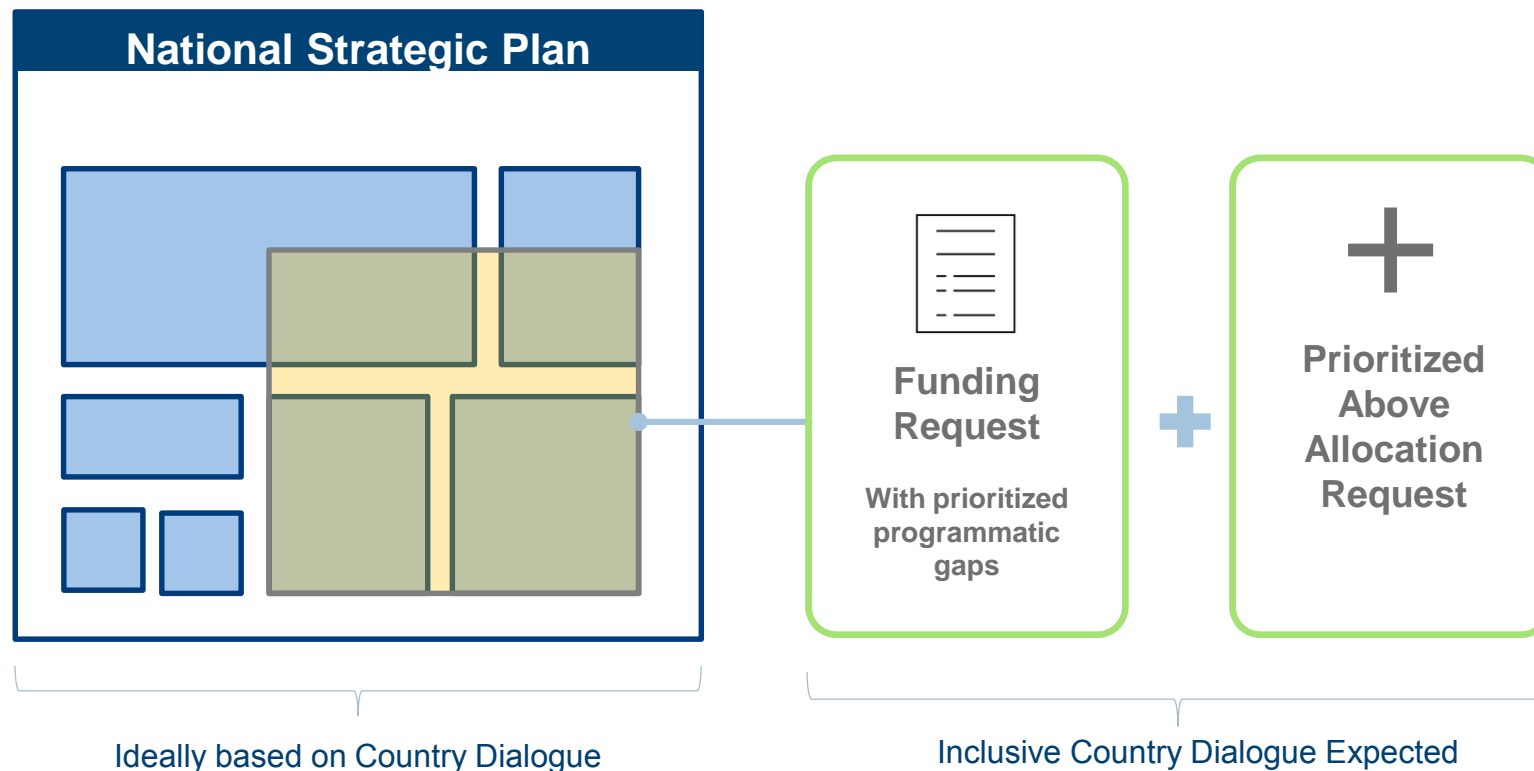


The Secretariat will transparently communicate in the allocation letter where allocation-related decisions or outcomes have intended implications around use of funds and closely monitor any changes to the program split for those components.

Applying for funding

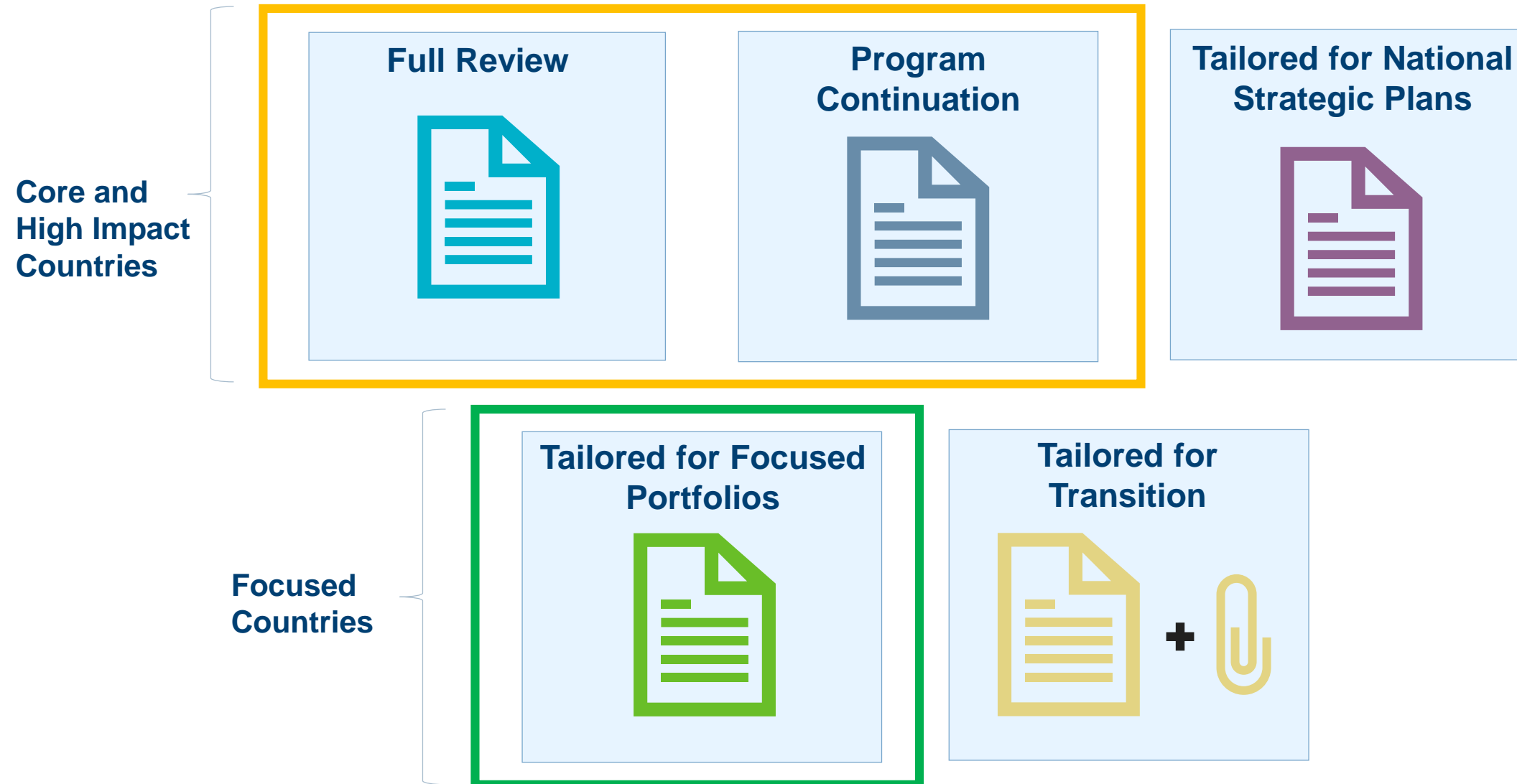
Alignment with National Strategic Plans

The allocation-based funding model emphasizes **alignment to country processes**, and it aims to incentivize the development of **robust, costed and prioritized National Strategic Plans** as well as the overall national health strategy



Applying for funding

Application approaches



Applying for funding

Thematic sections common to all Funding Requests

Context

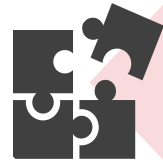
Request

Implementation

Sustainability



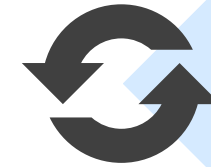
Country
Context



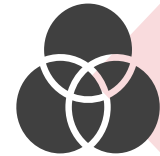
Funding
Request
Prioritization



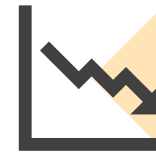
Implementation
Arrangements



Co-financing,
Sustainability
& Transition



Opportunities
for Integration



Risk



Value for
Money

Applying for funding

Key Annexes: for all applications



Applying for funding

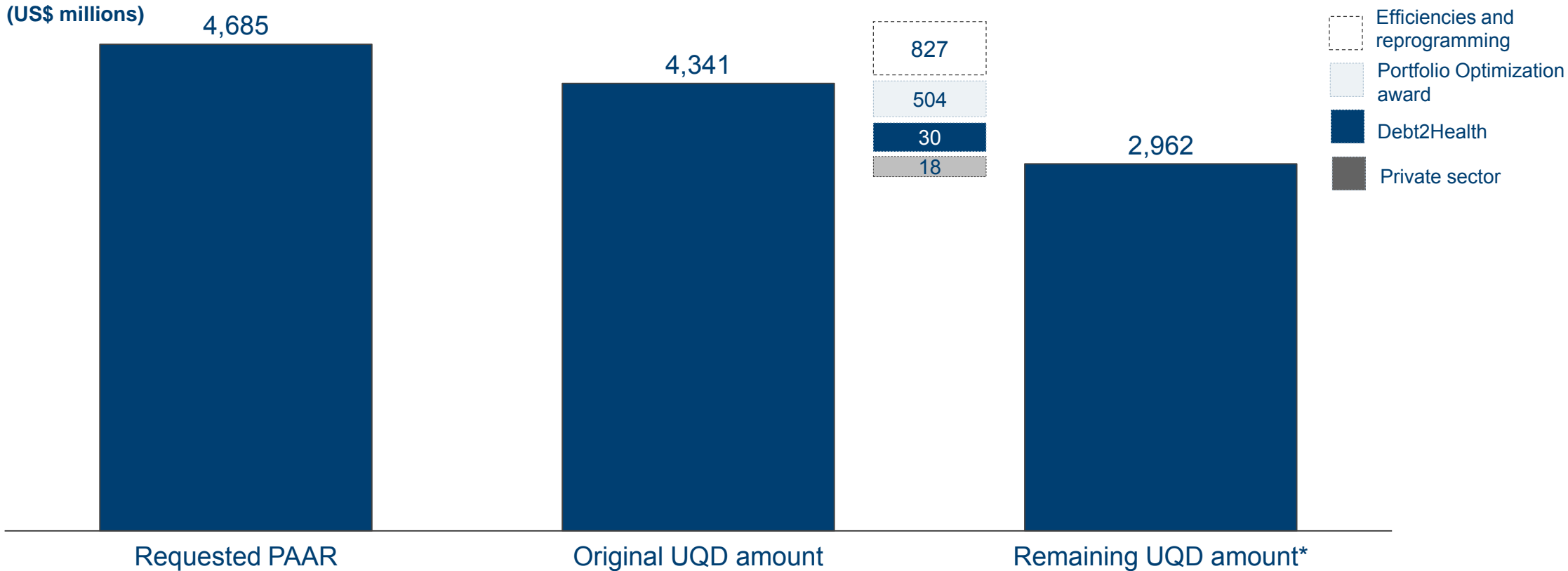
Prioritized Above Allocation Request

PRIORITIZED ABOVE ALLOCATION REQUEST (PAAR)					
Applicant Priority Rating	Module	Intervention	Requested amount (grant currency)	Requested amount (USD)	Brief Rationale, including expected outcomes and impact including service delivery targets in line with performance framework indicators (applicant language)
Drop-down menu with options 'Low', 'Medium', 'High.'	Drop-down menu with list of modules in performance framework, based on component selected	Drop-down menu with list of interventions in performance framework, based on selected module and component	Numeric field	Calculated field that converts incremental request to USD.	Free text, no char limit

The PAAR is a list of prioritized and costed requests that cannot be funded by the allocation. Approved requests are placed on the Register of Unfunded Quality Demand

Applying for funding

Prioritized Above Allocation Request to Unfunded Quality Demand (UQD)



Source: Access to Funding database
As of 27 Sep 2019

*Expected UQD amount remaining in anticipation of full Portfolio Optimization award amounts (waves 1-3) being incorporated into grants.

Applying for funding

The Technical Review Panel

The Technical Review Panel is an independent, impartial team of experts appointed to ensure Global Fund investments will achieve highest impact through a rigorous technical assessment.

Inputs

Reviews: Funding request + key annexes

Considers:

- Allocation letter and other communication from the Secretariat
- Secretariat Briefing Note
- Previous TRP forms

TRP review criteria

Maximizing impact against HIV, TB, and malaria

Building resilient and sustainable systems for health

Promotes and protects human rights and gender equality

Increasing effectiveness and efficiency: program implementation

Sustainability and co-financing

TRP outcome: Review and Recommendation Form

Grant-making: with or without adjustments
OR
Iteration: revise and resubmit, addressing TRP comments

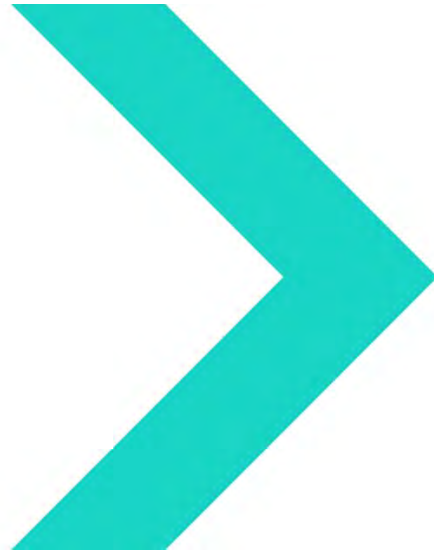
Recommendation for Unfunded Quality Demand from the PAAR

May recommend re-prioritization of interventions within the funding request or PAAR, as applicable

Applying for funding

TRP observations report 2017-2019 highlight 5 areas for increased attention

**STEP UP
THE FIGHT**



Improve priority setting

Increase focus on prevention and reducing incidence

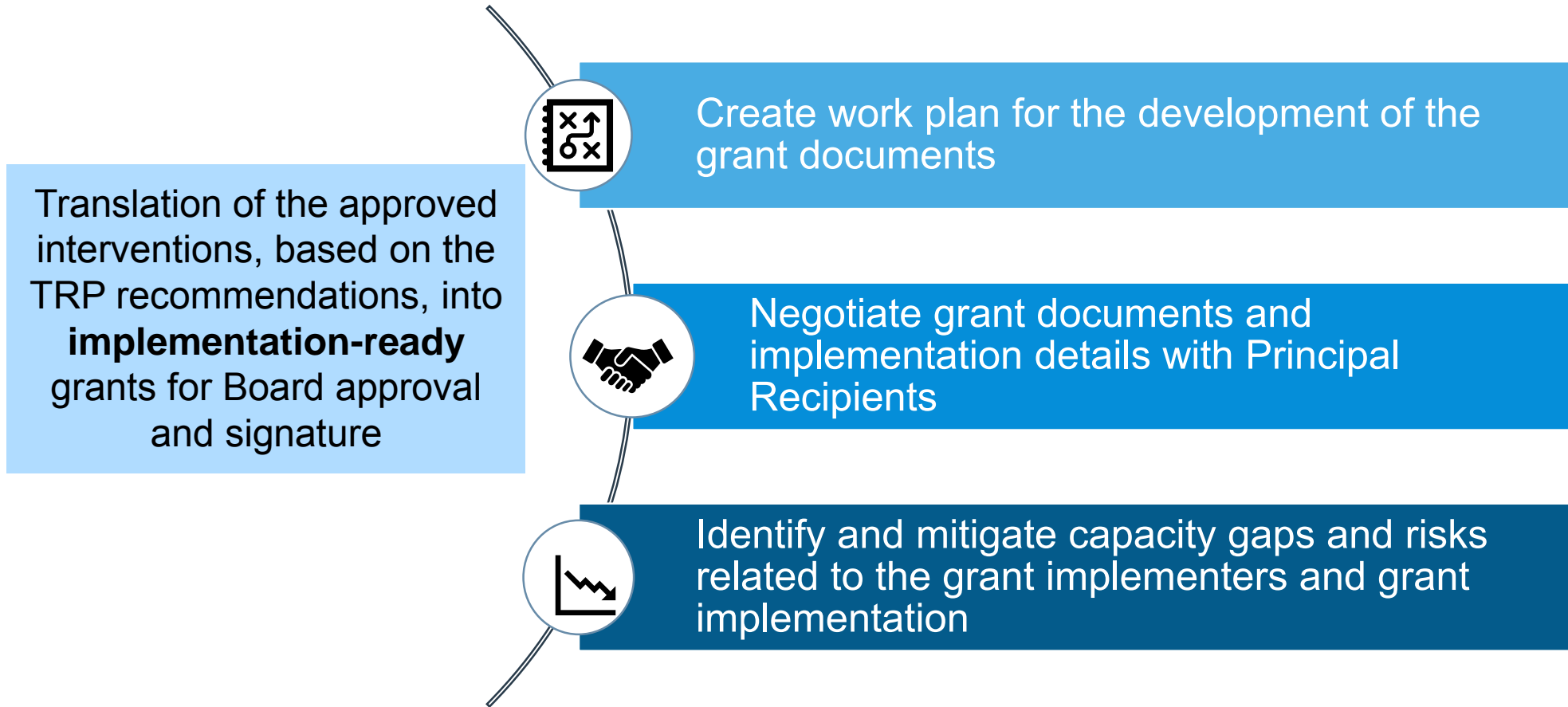
Strengthen cross-cutting RSSH programming

Strengthen community systems

Increase attention to sustainability

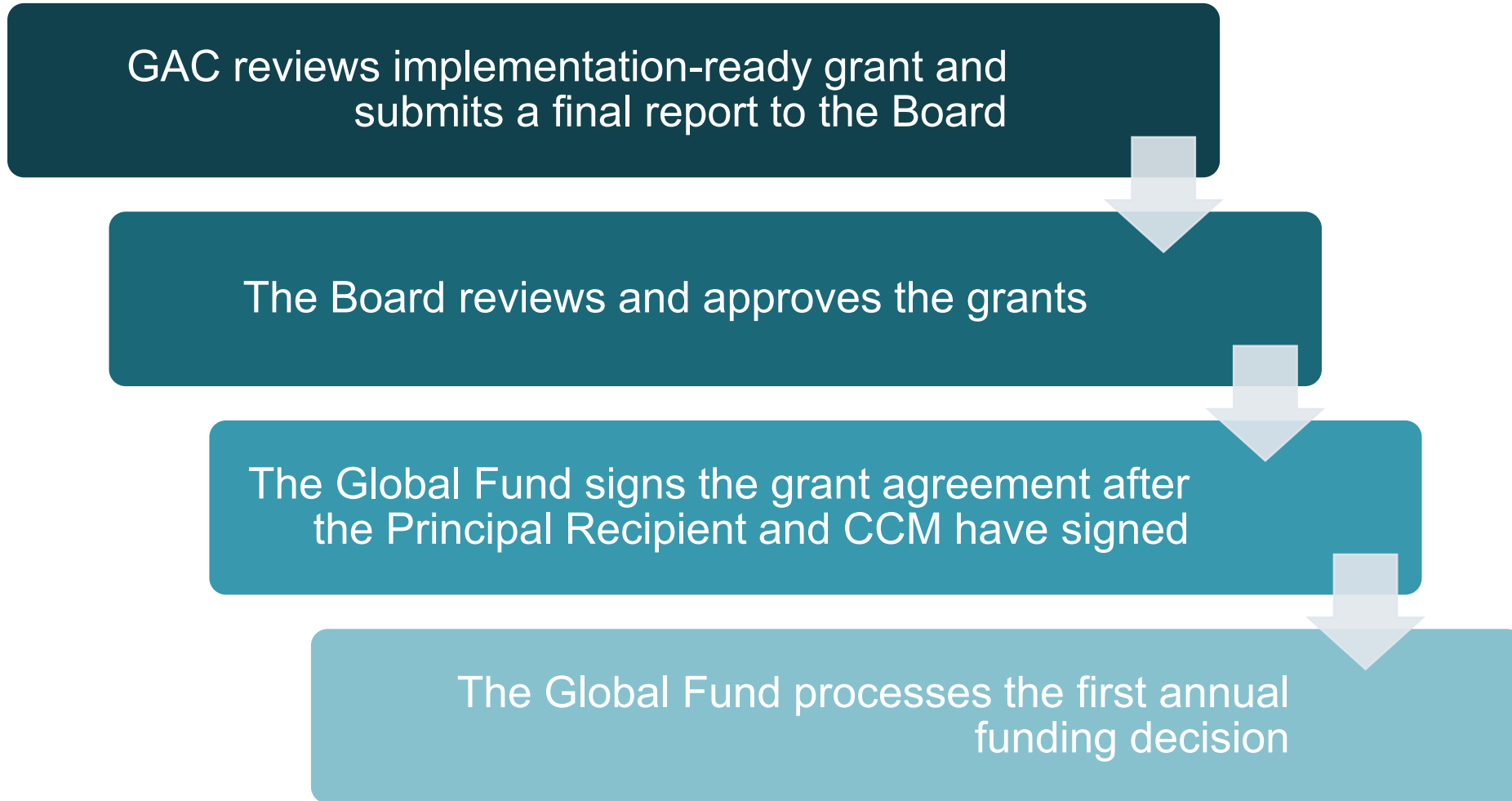
Applying for funding

Grant Making



Applying for funding

The Grant Approvals Committee & Board approval

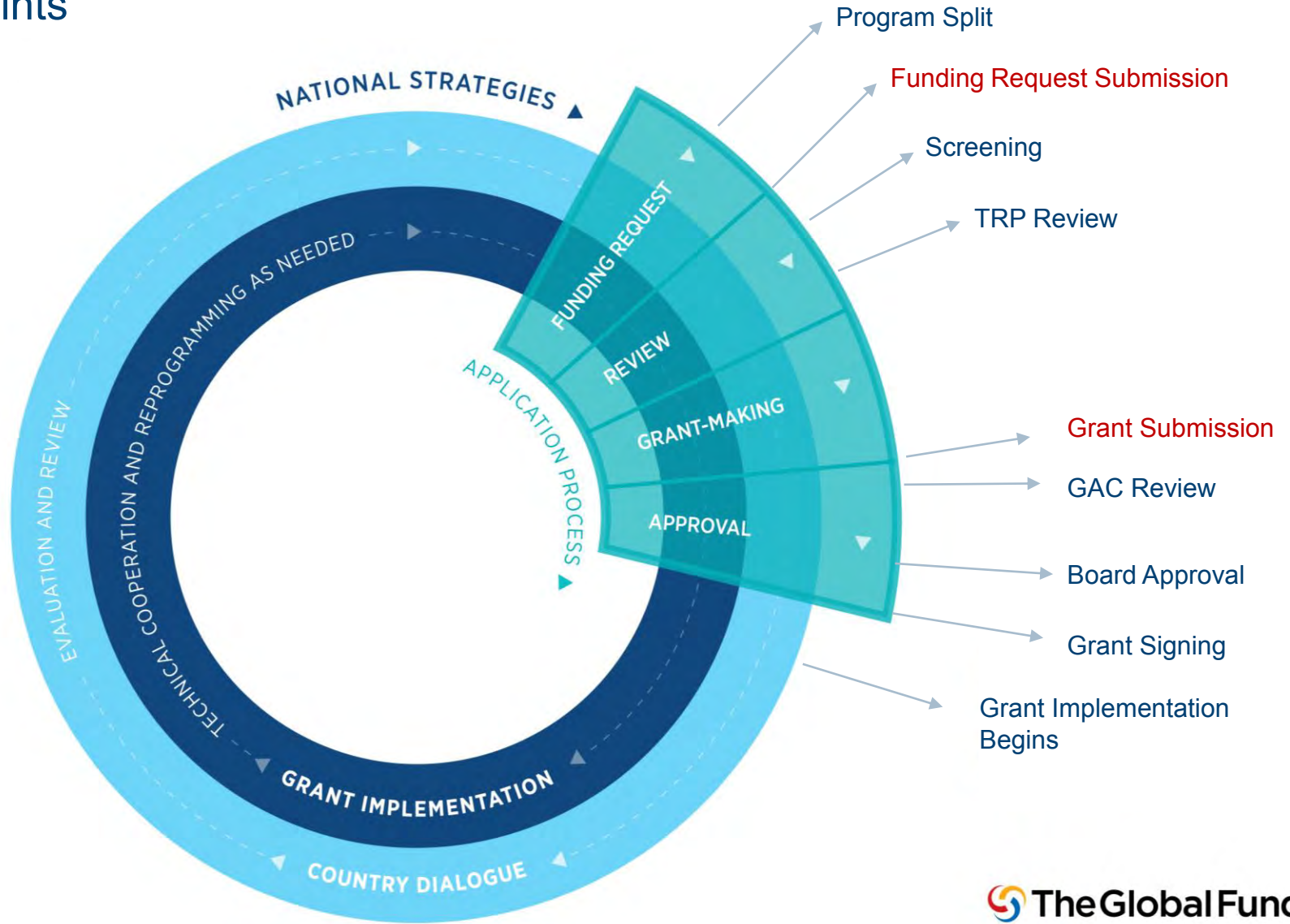


Applying for funding

No change to key process points

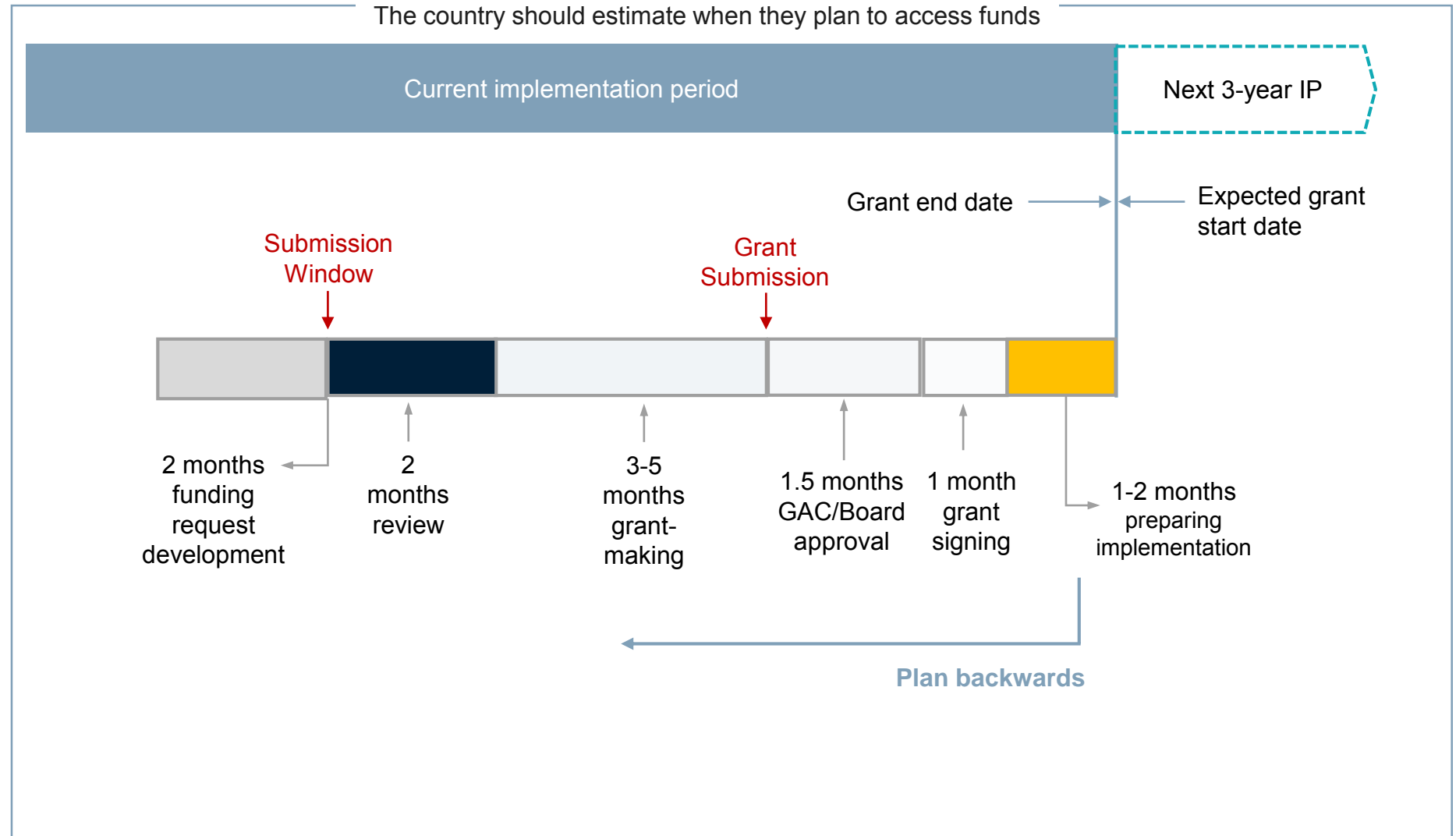
 APPLICATION PROCESS :
6-9 MONTHS

 GRANT IMPLEMENTATION
3 YEARS



How to prepare

Planning backwards



How to prepare

TRP Windows

TRP Window	Submission	Review Dates
Window 1	23 March	27 April – 2 May
Window 2	25 May	29 June – 5 July
Window 3	31 August	5 – 11 October

How to prepare

Best practices: Funding Request Submission

1

Complete key annexes (e.g. Funding Landscape Table and Programmatic Gap Table) before starting to fill out the funding request narrative.

2

Data should be **consistent** across funding request narratives and attachments (e.g. financial data across the funding request narrative, Funding Landscape Table and commitment letter).

3

If the data / information is complete and **analysis is comprehensive** at the funding request submission stage, applicants should have a **smoother grant-making process**.

How to prepare

Partners, CCMs, CTs

Plan

- Discuss the right submission date for the funding request

Engage

- Prepare data and analysis to support program split discussions
- Reflect on areas for step-change in current grants (e.g. review TRP report and assess if areas such as strengthening cross-cutting RSSH programming, or increasing focus on prevention should be addressed?)
- Plan and execute inclusivity and transparency of funding request preparation
- Ensure continuity of knowledge between funding request content and development of grants

Focus

- Keep the attention on implementation; the funding request process should not divert focus

Additional resources

For External Stakeholders



Publications



eLearnings



Webinars



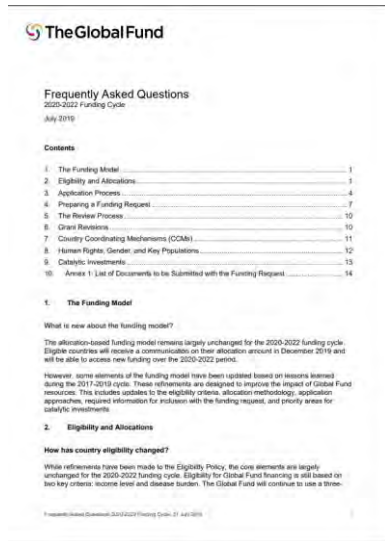
Presentations
for External
Meetings



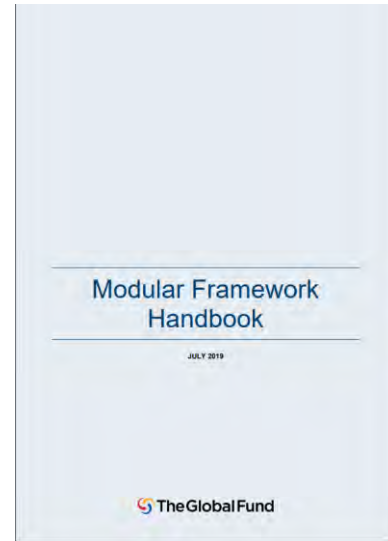
Video:
Participating in
Country Dialogue

Additional resources

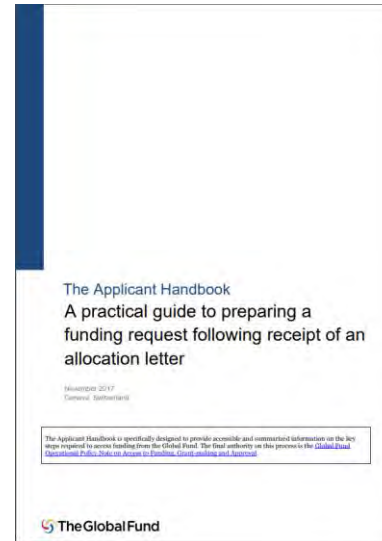
Publications



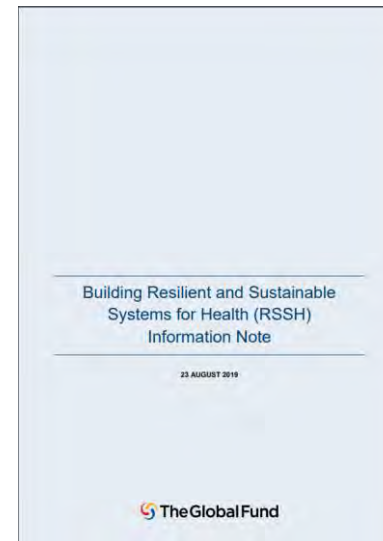
Frequently Asked Questions for the 2020-2022 Funding Cycle



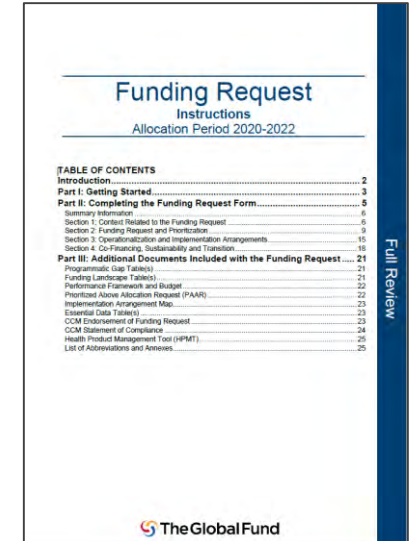
Modular Framework Handbook



The Applicant Handbook



Information Notes And Technical Briefs



Funding Request Instructions

Additional resources

E-learnings for applicants



E-LEARNING TITLE	DATE AVAILABLE
An Overview of The Funding Process	Nov
What is New or Different for 2020-2022	Nov
Achieving Inclusive Country Dialogue for CCMs	Dec
How to Apply Using the Tailored for National Strategic Plan Application Approach	Dec
How to Apply Using the Full Review Application Approach	Dec
How to Apply Using the Program Continuation Application Approach	Dec
How to Apply Using the Tailored for Focused Portfolios Application Approach	Dec
How to Apply Using the Tailored for Transition Application Approach	Dec
Understanding the Performance Framework and Budget	Jan
Understanding the Programmatic Gap and Funding Landscape Tables	Jan
Understanding Co-financing and Sustainability	Jan

Questions?

Background Eligibility

Eligibility is determined by a country's income level and disease burden.

Income level	Disease Burden	Eligibility
Low Income Countries (LICs)	No restriction	✓
Lower-Middle Income Countries (LMICs)	No restriction	✓
Upper-Middle Income Countries* (UMICs)	High	✓
	Not High	✗
High Income Countries	n/a	✗

The Global Fund Eligibility List identifies country components eligible to receive an allocation **BUT eligibility does not guarantee an allocation**

* Upper-middle income countries not on the OECD Development and Assistance Committee's list of recipients of Official Development Assistance are not eligible unless they have demonstrated barriers to providing funding for interventions for key populations, as supported by the country's epidemiology. Upper-middle income countries classified by the International Development Association (IDA) as 'Small Island Economy Exceptions' are eligible regardless of disease burden

From Submission to Signatures

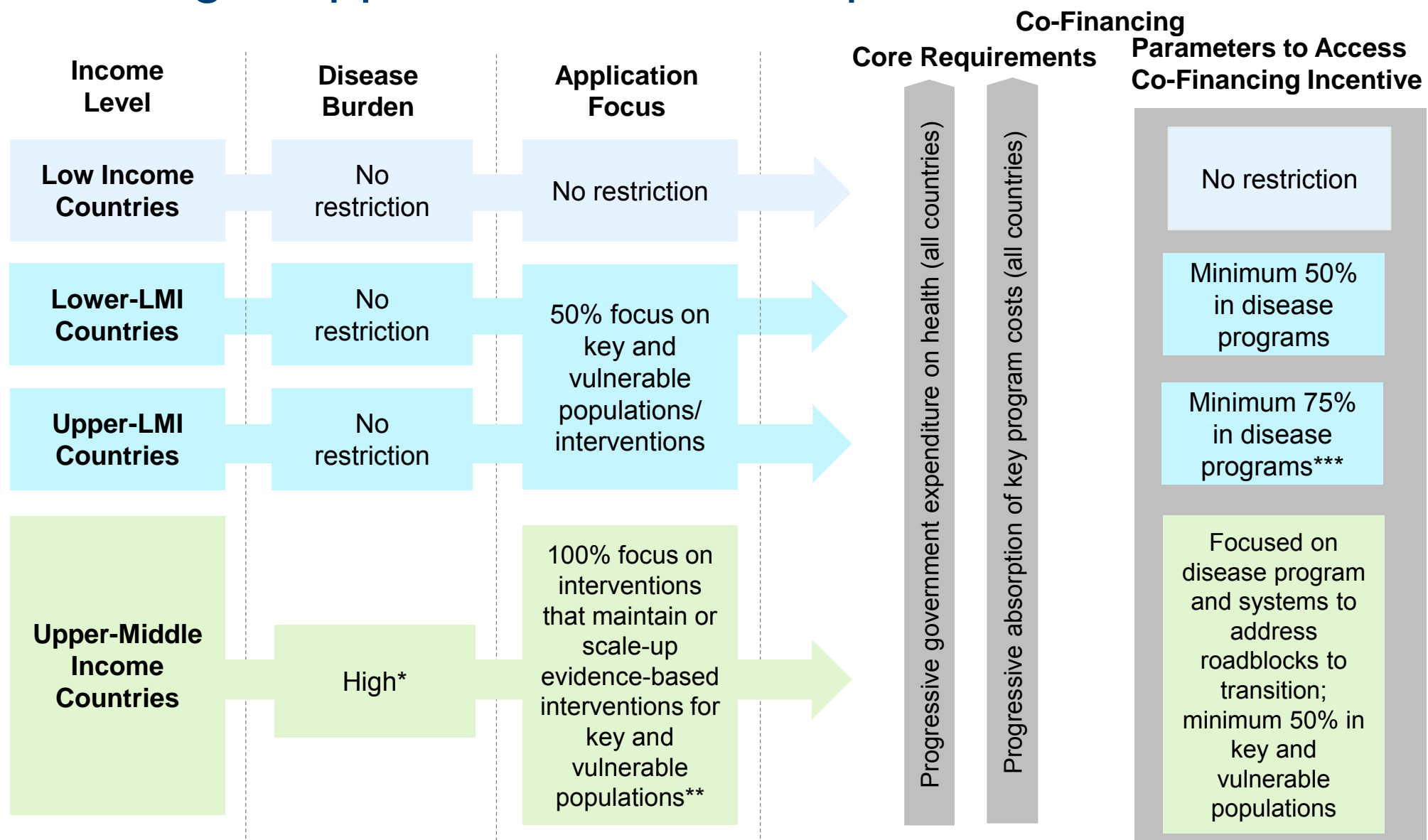
Screening for CCM Eligibility 1&2

- 1 Transparent and inclusive funding request development process
- 2 Open and transparent PR selection process
- 3 Overseeing program implementation and having an oversight plan
- 4 Document the representation of affected communities
- 5 Ensure representation of non-governmental members through transparent and documented processes
- 6 Develop, publish and follow a policy to manage conflict of interest that applies to all CCM members, across all CCM functions

1 and 2
assessed at
FR
submission

3 to 6
monitored
on going
basis

Co-financing & Application Focus Requirements

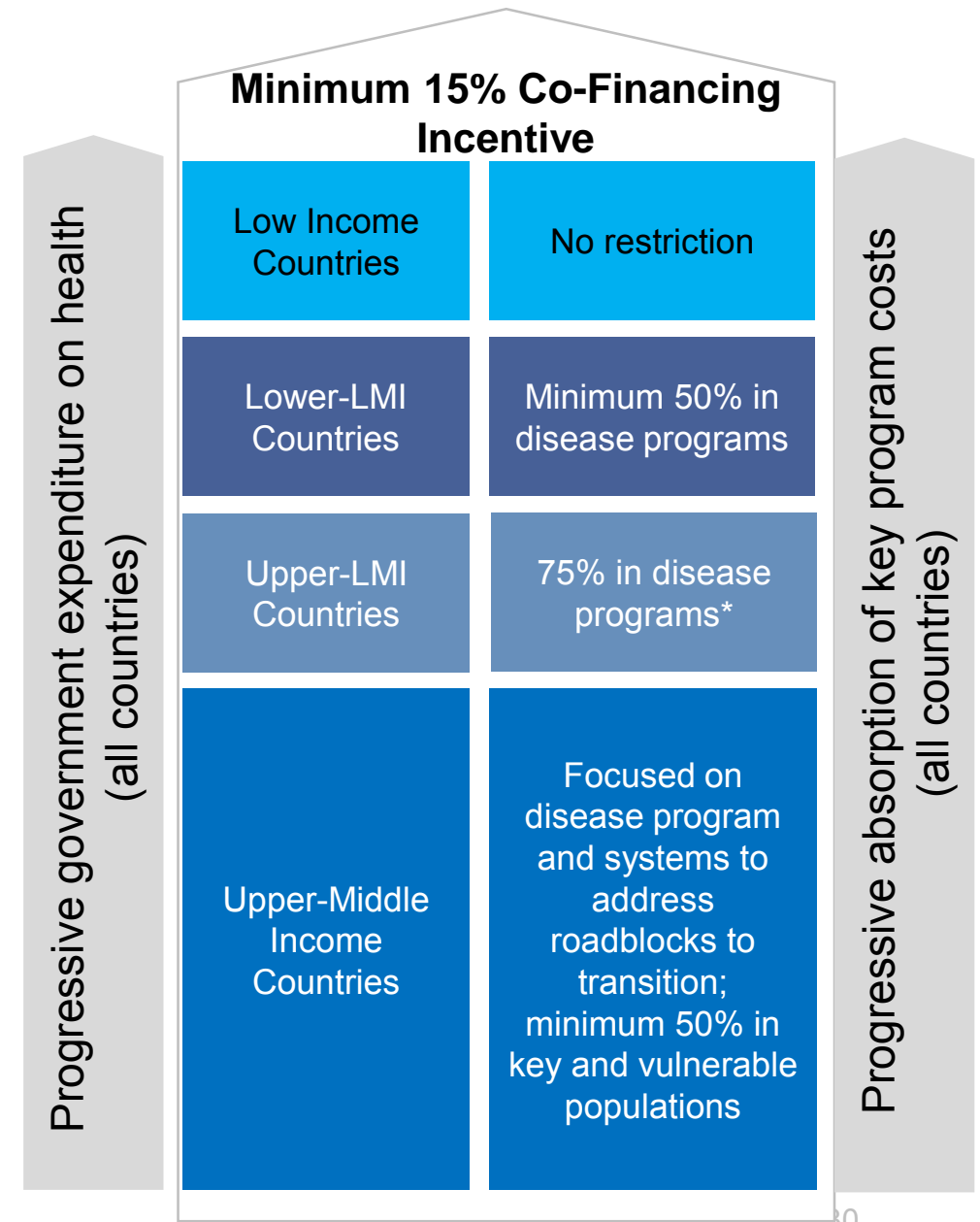


*Small island economies are eligible regardless of disease burden; **UMICs may also include interventions to ensure transition readiness which include critical RSSH needs to ensure sustainability, as appropriate, as well as improve equitable coverage and uptake of services and, as appropriate, introduce new technologies that represent global best practice and are critical for sustaining gains and moving towards control and/or elimination; ***Upper LMI components with low burden are encouraged to show a greater share of domestic contributions that address systemic bottlenecks for sustainability and transition;

Applying for funding

Co-Financing Requirements to Access Allocations

- Two **core requirements** to access an allocation:
 - 1) Progressive government expenditure on health
 - 2) Progressive absorption of key program costs
- In addition, a co-financing incentive of **at least 15%** of the allocation available to countries if they make and realize *additional commitments* with the following focus:
 - More flexibility to focus on health systems in LICs and LMICs
 - More targeted focus on disease programs, key and vulnerable populations, and transition and sustainability priorities as countries move along the development continuum
- Processes for *negotiating, tracking, reviewing, and confirming commitments* are embedded into Global Fund access to funding processes (country dialogue, Funding Request and Technical Review Panel review, grant-making, Grant Approval Committee Review, Board approval)



* 'low' burden country components are encouraged to show a greater share of domestic contributions that will address systemic bottlenecks for transition and sustainability.

Background

Catalytic Investments



Matching funds

A matching pool available to select countries at the time of allocation to incentivize funding requests that include key strategic priorities.

Multi-country (regionals)

Funds are for a number of select multicountry initiatives, which are critical for the global response against HIV, TB and malaria.

Strategic initiatives

Strategic areas not able to be addressed through country allocations, e.g. Emergency Fund, funding to strengthen community & civil society engagement, etc.

Applying for funding

Application approaches decision process

1: Is the applicant pre-identified for the NSP Application Approach?	If YES → NSP
	If NO → go to 2
2: Is the applicant required to submit a transition application approach?	IF YES → Transition
	If NO → go to 3
3: Is the applicant a focused country?	If YES → FOCUSED
	If NO → go to 4
4: Does the grant end by 30 June 2021?	If YES → go to 5
	If NO → postpone decision until grant performance is known
5: Does the applicant meet the Program Continuation (PC) criteria?	If YES → PROGRAM CONTINUATION
	If NO → FULL REVIEW

Approval on all country / component application approaches at end Nov GAC

Program Continuation: for Core or High Impact portfolios with a component that:

Criteria

1. Did not use Program Continuation during the 2017-2019 funding cycle

2. Demonstrated good grant **and program performance** during the 2017-2019 funding cycle

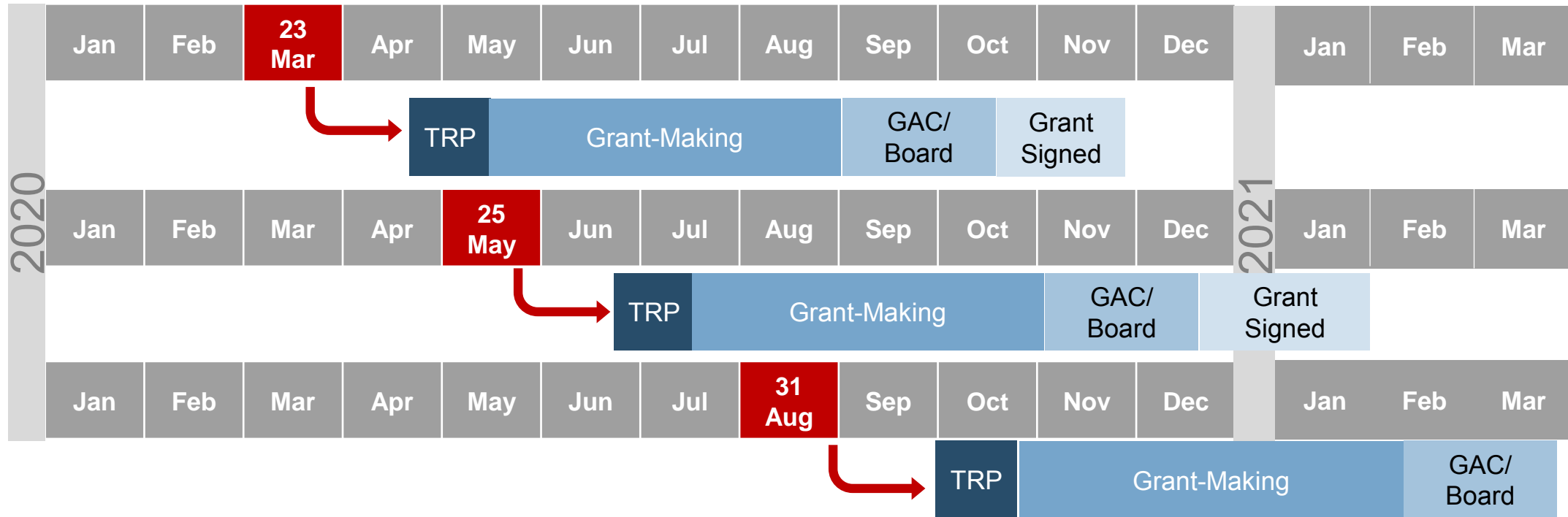
3. Have an allocation change of less than 30 percent compared to the 2017-2019 funding cycle

4. If the above criteria are met, the Secretariat assesses whether or not material change* is envisaged/needed

Note: exclude NSP recommended + single components when joint submission for TB/HIV required

How to prepare

Planning submission window



Prioritized Above Allocation Request (PAAR)



SUMMARY:

- Lists prioritized and costed modules and interventions not included in the allocation amount
- Should be **at least 30%** of the allocation amount
- Must be submitted at the same time as the funding request. Can be updated later in the cycle only under certain conditions.
- Approved interventions are transferred to the Register of Unfunded Quality Demand (UQD) and can be incorporated into grants if additional resources become available

HOW WE USE IT:

- TRP reviews the PAAR alongside the main funding request, applying the same review criteria
- TRP deems if interventions in the PAAR are technically sound, strategically focused and positioned to achieve the highest impact

LINKING TO THE APPLICATION FORM:

- Section 2: Funding Request and Prioritization
- Programmatic Gap Table

PRIORITIZED ABOVE ALLOCATION REQUEST (PAAR)

Applicant Priority Rating	Module	Intervention	Requested amount (grant currency)	Requested amount (USD)	Brief Rationale, including expected outcomes and impact including service delivery targets in line with performance framework indicators (applicant language)
Drop-down menu with options 'Low', 'Medium', 'High.'	Drop-down menu with list of modules in performance framework, based on component selected	Drop-down menu with list of interventions in performance framework, based on selected module and component	Numeric field	Calculated field that converts incremental request to USD.	Free text, no char limit

Essential Data Tables



Essential Data Table

SUMMARY:

- Pre-filled tables of indicators for HIV, TB, malaria and RSSH
- Uses publicly available datasets
- Applicants are encouraged to use the data as reference while developing the funding request
- Applicants are encouraged to review the data and update or correct it if more recent or different data is being used for analysis
- The TRP welcomes the submission of additional datasets that may not be included in the Essential Data Table and would support the funding request analysis/prioritization.



WHY WE HAVE IT:

- Help applicants to develop a data-based funding request
- To trigger cross-cutting approaches and to help identify opportunities for integration across the broader health sector
- Help TRP review funding requests using a consistent data source

LINKING TO THE APPLICATION FORM:

- Section 1: Context Related to the Funding Request

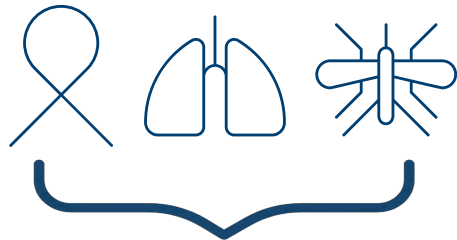
Funding Landscape Table



Funding
Landscape Table

SUMMARY:

- Illustrates the total funding need for the health program and how the country plans to come up with that money: domestic resources, other external donors, and the GF investment
- Enables applicants to have a good handle on developing their NSP to meet disease outcomes and how much money will be needed to finance their health programs
- Used to track co-financing compliance



Gap Overview

Gap Detail

Government Health Spending

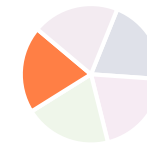
WHY WE HAVE IT:

- Enables the GF to manage partnerships and understand what other donors are paying (external resources) → Better engage in the conversation to see what other players are doing

LINKING TO THE APPLICATION FORM:

- Section 2: Funding Request and Prioritization
- Section 3: Operationalization and Implementation Arrangements
- Section 4: Co-Financing, Sustainability and Transition

Programmatic Gap Table



SUMMARY:

- Summarizes national goals and targets, including key programmatic needs and gaps on Excel tables
- Details the change achievable by domestic and external contributions, along with Global Fund support
- Displays needs and gaps in selected modules that are key to achieving impact
- Includes coverage targets for the allocation remaining gap that can be used to prepare PAAR

HIV/AIDS				
HIV/AIDS Programmatic Gap Table 1 (Per Priority Intervention)				
Priority Module	Please select...			
Selected coverage indicator	Malaria Diagnosis Programmatic Gap Table			
Target Population	Priority Module	Case Management		
Current national coverage	Selected indicator	Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities		
Tuberculosis				
TB Programmatic Gap Table 1 (Per Priority Intervention)				
Priority Module	Please select...			
Selected coverage indicator				
Current national coverage				
Insert latest results	Year		Data source	
Comments				
Current national coverage				
Insert latest results	Year 1	Year 2	Year 3	Comments / Assumptions
Comments	Insert year	Insert year	Insert year	

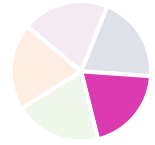
WHY WE HAVE IT:

- Holistic view of expected outcomes/results to guide strategic investments
- Strategic directions of the funding aligned to NSPs / investment plan targets
- Contribution of all stakeholders in achieving national targets
- Prioritization of funding request

LINKING TO THE APPLICATION FORM:

- Section 2: Funding Request and Prioritization
- Section 4: Co-Financing, Sustainability and Transition
- PAAR
- Also informs the PF and Budget

Performance Framework



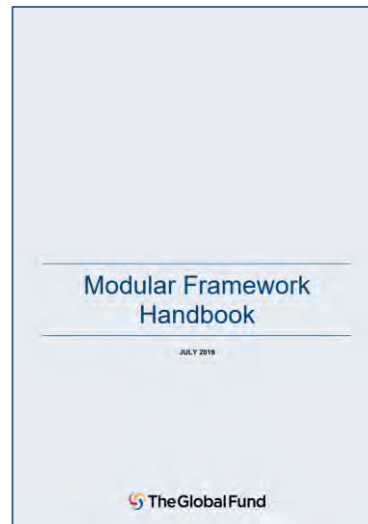
SUMMARY:

- Links program goals and objectives to program areas (modules), interventions, related indicators
- Focuses on impact, outcome and coverage indicators
- Includes indicators and targets to be reported by the country in an excel template
- Includes work-plan tracking measures in cases where no coverage indicators are possible- e.g. some RSSH modules, Human Rights interventions, etc
- Developed during funding request submission and further refined during grant-making
- Results against targets in the PF used to make routine disbursements to the Principal Recipient during grant implementation

Program goals
& objectives



Modules,
interventions
& indicators



WHY WE HAVE IT:

- Statement of expected performance over the funding request period
- Reflects the ambition towards achieving program result and impact

LINKING TO THE APPLICATION FORM:

- Section 2: Funding Request and Prioritization
- Section 3: Operationalization and Implementation Arrangements

Budget



Budget

SUMMARY:

- The budget expected at the funding request stage is the initial “best estimate” by intervention and cost grouping.
- The minimum information that should be included with funding request submission includes:
 - **modules** – selected from a prescribed list per disease component;
 - **interventions** – related to the module selected from the prescribed list;
 - **proposed implementer(s)**;
 - **cost grouping** – selected from a prescribed list;
 - **amount per year and per intervention** in grant currency; and
 - **breakdown by key populations** (for programs with an HIV component).
- Applicants have the option to submit a detailed budget at the funding request stage.

Funding Request Stage

Modular dimension	Modules	✓
	Interventions	✓
Costing dimension	Cost Grouping	✓
	Cost Inputs	

WHY WE HAVE IT:

- Provides the strategic investment and intervention choices made by the applicant.
- The TRP reviews and recommends adjustments to the initial budget submitted.

LINKING TO THE APPLICATION FORM:

- Section 2: Funding Request and Prioritization
- Section 3: Operationalization and Implementation Arrangements
- Section 4: Co-Financing, Sustainability and Transition