COVID-19 Response Mechanism Extension

RBM CRSPC GC7 Orientation Meeting

December 2022

C19RM Key Updates

- **The Global Fund Board has approved the extension of C19RM with the possibility to award funds until 30 June 2023 and use and implement the funds until 31 December 2025**
- Maintains urgency and ability to rapidly deploy funds whilst investing in longer term activities. A longer implementation period for these refocused investments allows time to deliver measurable results, maximize impact and optimize use of funds.
- **Presents an opportunity to:**
  - To refocus investments in strengthening systems and build capacity for health and pandemic preparedness.
  - Ensure alignment and complementarity between C19RM investments and core 2023-2025 grants during the funding request development, grant-making and implementation stages.
- **Two main activities:**
  1. Reinvestment of existing C19RM funds required to support alignment of investments with strategic priorities.
  2. Additional C19RM portfolio optimization awards to complement reinvestment efforts to finance unfunded demand post-reinvestment

C19RM Portfolio Optimization: Wave 1

Wave 1
Dec 2022-
Jan 2023

- **CCMs submitted unfunded demand requests:** in Sept 2022
- **Review of Requests:** Secretariat & GAC/CTAG reviewed submissions identifying high, medium, low priority and non-recommended interventions.
- **Focus on strategic priority areas:** urgent HTM PSM needs for pending orders, Oxygen & respiratory care, Surveillance and TB mitigation; with additional possibilities within Lab systems, Community Health Workers, Test & Treat and IPC (beyond PPE).
- **Awards approved in December - Jan 2023:** by investment committee on a rolling basis, starting with the highest quality/most urgent
- **Expectations:** demonstrate effective utilization (absorption) and visibility on reinvestment of existing funds (reprogramming) in portfolio optimization Waves 2/3.

C19RM Portfolio Optimization: Wave 2

Wave 2 2023

- **Shift towards longer-term RSSH/PP investments**: community health workers/community systems and responses, including link to broader HRH and infection and prevention control; lab systems including waste management; end-to-end surveillance; oxygen and respiratory care systems; supply chain (limited countries (WCA), emergency logistics, waste mgt.)
- **C19RM CCM Letters**: will invite applicants to submit portfolio optimization requests aligned with HTM Windows (proposed submission dates Mar 24, Apr 28, Jun 2).
- **Awards:** contingent on countries demonstrating effective utilisation and reinvestment of existing funds. Complement and maximise synergies between GC7 and C19RM, particularly around RSSH.
- **Guidance for countries and funding request form:** will be updated and circulated in January. Can use / update previous requests, if any.
- **Awarded through 30 June 2023**, with opportunity for subsequent C19RM portfolio optimization (implemented by 31 December 2025)
- **Channeled through existing Principal Recipients:** If new implementers proposed, recommended to consider them as sub-recipients first. Requests for new implementers reviewed and approved by the C19RM Investment Committee on an exception-basis.

C19RM Portfolio Optimization

Wave 2 to complement and maximize HTM and C19RM synergies

30 Jun 2023 Deadline for C19RM funds awards with opportunity for subsequent C19RM portfolio optimization awards

C19RM

C19RM portfolio optimization Wave 1

Dec 2022 - Jan 2023

Based on CCM UD submission from Sep 2022

C19RM portfolio optimization Wave 2 (2023)

Q1 | Q2

Feb 2023 | **Mar 2023** | **Apr 2023** | **May 2023** | **Jun 2023**

- **Based on updated country requests and aligned with HTM TRP Windows**
- **Wave 2 awards will be contingent on countries demonstrating effective utilisation and reinvestment of existing funds**

24 March**

28 April**

2 June**

Submission C19RM Wave 2 Indicative IC Approval 20 business day*

Submission C19RM Wave 2 Indicative IC Approval 20 business day*

HTM

Window 1

- **20 Mar: Submission Deadline**
- 24 Apr – 5 May: TRP meetings

Window 2

- **29 May: Submission Deadline**
- 3-17 Jul: TRP meetings

C19RM PO Wave 2 to **completement** and **maximise the synergies between HTM investments** for GC7 and C19RM, with focus on RSSH

**Indicative submission dates for Wave 2

* Approval Process currently under review. Additional guidelines on approval timelines (IC and Board approval) will be shared in 2023.

Thank you!

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The Global Fund to Fight
AIDS, Tuberculosis and Malaria

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The Global Fund in COE and Emergency Settings

The objectives of this session are to:

1. Explain the Global Fund's approach
2. Highlight the main policies and tools the Global Fund uses
3. Provide some specific examples of the Global Fund's work
4. Allow time for questions and discussion

We will focus on:

- Flexibilities and differentiated approaches provided by the Challenging Operating Environment (COE) Policy (Board Decision GF/B35/DP09)
- Financing emergency response: reprogramming of existing funding and the Emergency Fund Strategic Initiative
- Potential engagement with Non-eligible Countries in Crisis (Approved by the Board in 2018 GF/B39/DP04)
- The Global Fund partnership model adapted to ensure complementarity and integration of Global Fund-supported interventions with existing humanitarian responses

COE Policy

3 Pillars – **Flexibility, Innovation and Partnership**

COEs are countries or unstable parts of countries, or regions, characterized by **weak governance, poor access to health services, limited capacity and fragility due to man-made or natural crisis**.

COE countries need **tailored approaches** to respond to often quickly evolving country contexts in a timely manner and improve grant implementation.

In order to provide an effective approach for COE countries through **grant operational flexibilities, innovation in applying new mechanisms** and **optimized partnership**, the COE policy was approved by the Board in 2016 to respond to these needs.

Application Examples of COE Policy

COEs are a wide range of countries, ranging from **chronically unstable countries to emergencies with fragile and rapidly changing contexts.**

Innovation

Apply new approaches and mechanisms

[*Example*]
Tailored contracting arrangement with local humanitarian organizations for the last mile delivery in a fragile part of Mali.

Flexibility

Apply **policy exceptions**

[*Example*]
Process-based flexibilities: tailored application materials, extended deadlines for PU/PUDR.
Operational flexibilities: Simplified contracting arrangements to deliver services in poorly accessible and unsafe areas.

Partnership

Optimizing partnerships and coordination.
Promoting the **Humanitarian-Development-Peace Nexus Approach**

[*Example*]
Mainstreaming **Nexus Approach** through CCM Evolution
Facilitating synergistic collaboration with **Health Clusters** as well as other clusters.

Mali Best Practice

Partnership with humanitarian NGOs and adapting implementation to the COE context

Mali is a low-income country with a population of around 20 million. Since 2012, there have been numerous strikes, coups, regional conflicts and full-scale civil wars. Around 39% of the population (7.9 million) is affected by these crises in the northern and central regions. Most activities that were planned in hard to reach / conflict affected areas were not implemented due to limited access and low risk appetite.

- To address these challenges, the Global Fund leveraged the expertise and networks of humanitarian INGOs in areas with access constraints to provide health services with limited access or no on-field verification.
- The Partnership is through annual contracts as service providers with an agreed package of interventions to be integrated in the package of interventions they are already providing.
- The humanitarian INGOs will provide to the PR and the MoH alternative programmatic and financial reports according to their own reporting on a six-monthly basis.
- In addition, a higher risk trade-off has been agreed, and on-field third level assurance by the LFA and other Global Fund assurance providers is waived due to high insecurity in those regions.
- Through this differentiated implementation modality, the TB and HIV programs have increased the coverage of prevention and testing services in the poorly accessible and unsafe regions.

Financing emergency response

- The dynamics of conflicts are more **complex, transnational and protracted**, with **increased global instability and fragility**.
- **Climate change** is resulting in an increase of **natural disasters** impacting health services and infrastructures and is impacting both **internal and external displacement of people**.
- **Increased forced displacement** and the destabilization of essential healthcare services are having a devastating effect on key and vulnerable populations and impacting gains made in the fight against HIV, tuberculosis and malaria.
- **How the Global Fund responds:**

Reprogramming of existing grant funds is undertaken as a first option. As immediate response to COVID-19, the Global Fund reprogrammed a total amount of US$ 232 million from existing grants. If reprogramming cannot cover prioritized needs, additional funding through the Emergency Fund Strategic Initiative may be provided (subject to available funding).

Emergency Fund

1. Approved by the Board in 2014*, the EF provides quick access to funds to enable the Global Fund to fight the three diseases in emergency situations.

2. Provide and continue prevention and treatment and other essential services on three diseases during emergencies

- **For activities that cannot be funded through reprogramming**
- **Emergencies recognized by the UN OCHA System-wide Scale-up Responses****
- **WHO*** classified Grade 2 and 3 emergencies**
- **Other emergency situations based on strong justifications**

However, not for general humanitarian purposes that go beyond the Global Fund mandate (HIV, TB and malaria)

Short-term and time-bound (up to 1 year) funding for:

- ✓ **provision/ distribution of drugs/ commodities (primary use)**
- ✓ **supporting risk and situation assessments specific to the three diseases**
- ✓ **Limited incremental operational costs of service delivery and staffing**

Intersection with the Global Fund Eligibility Policy

Emergencies often involve cross-border movement. The Emergency Fund allows ineligible countries affected by refugee flows to receive funding if critical

(e.g. Syrian refugees in 'ineligible' neighboring countries like Jordan could still be covered by the Emergency Fund)

** The Board decision GF/B31/DP06 established the EF while the Emergency Fund Guidelines were developed and approved by EGMC in August 2015 and revised in November 2015. An additional revision is expected in 2022.*
*** Based on the UN Inter-Agency Standing Committee (IASC) emergency classifications.*
**** This grading relates to the health impact of the emergency situation.*

Emergency Fund

Emergency Fund allocations

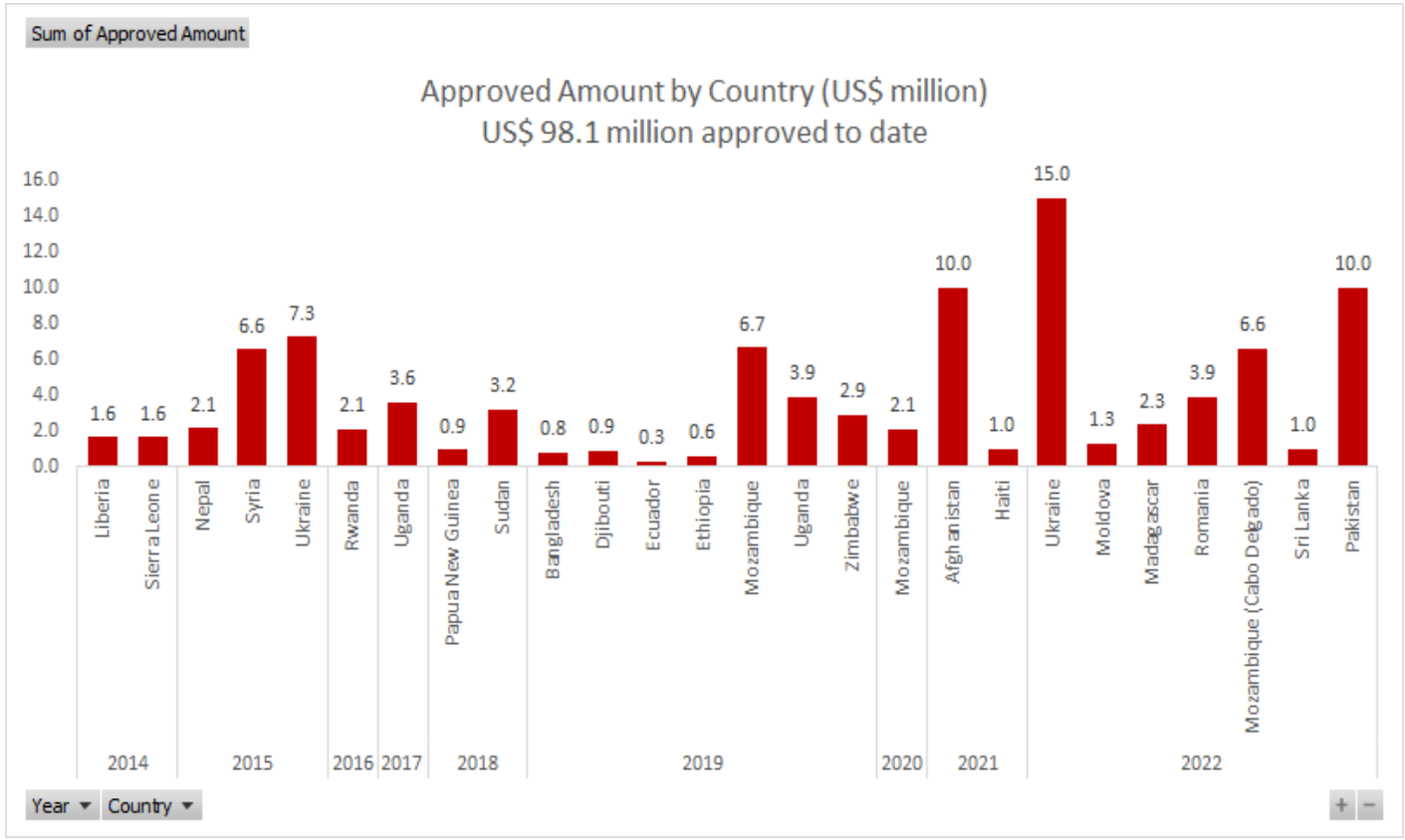
2014-2016: US$ 30 M
2017-2020: US$ 26 M
2021-2023: US$ 51.9 M

US$98.1 million from the Emergency Fund has been approved to date, including the most recent US$15 M approved for Ukraine, and US$1.3 M and US$ 3.9 M for Moldova and Romania for Ukrainian refugees, as well as US$ 6.6 M for IDPs in Madagascar, US$ 1 M for Sri Lanka and US$ 30 M for Pakistan.

The populations supported include:

- **Refugees, IDPs and migrants**
- Earthquake affected populations
- **Displaced populations** due to natural disasters or violent insurgencies

Approved amount by County (US$ million)



Emergency Fund: malaria response to climate-related disasters

Mozambique

Emergency Fund:
US$15M
In response to Climate-related disaster in Cabo Delgado

- In **2019, 2020 and 2022, northern Mozambique was hit by cyclones, and subsequent heavy rains and flooding**
- The areas affected by the cyclone **already had high levels of malaria,** leaving the cyclone-affected populations, especially **pregnant women and children under 5, at very high risk of malaria**.
- **Violent insurgency in Cabo Delgado in northern Mozambique**, which started in 2018, has caused **substantial population displacement and disruption to malaria prevention and treatment** services.
- **To address these challenges: 3 grants of Emergency Fund awards were approved in 2019, 2020 and 2022:**
  - **Millions of additional rapid diagnostic tests and antimalarial treatment courses were procured for the most affected districts,** based on a joint quantification with in-country partners.
  - **The universal LLIN campaign planned for 2020 was brought forward (grant reprogramming).**
  - In 2022 **three rounds of mass drug administration in Ibo, Mecufi and Ancuabe districts were implemented,** covering 387,296 people, and to conduct **an emergency universal LLIN campaign in August 2022.** The malaria program **collaborated with humanitarian organizations** to ensure all vulnerable populations were reached by the campaigns.

Emergency Fund: malaria response to climate-related disasters

Madagascar

Emergency Fund:
US$2,3 M
In response to Climate-related disaster Madagascar

- Between January and March 2022, Madagascar was hit by three tropical storms and two cyclones.
- **Hundreds were killed, thousands were displaced** and approximately 100,000 households, warehouses and other critical buildings were destroyed, including 148 health facilities.
- The extreme weather events led to **the loss of bed nets, distributed in a mass campaign just a few months previously, as well as lack of access to health services due to population displacement**, damage to health infrastructure, and loss of essential health commodities.
- **The Emergency Fund helped procure additional malaria diagnostics, treatments and bed nets, both to replenish the stock lost during the storms and to prepare for the expected increased malaria incidence as a direct result of the weather emergencies.**

Emergency Fund: malaria response to climate-related disasters

Pakistan

Emergency Fund:
US$30 M
In response to floods in Pakistan

- **Flooding and landslides in large parts of Pakistan in June 2022,** caused by heavier than usual monsoon rains and melting glaciers following a severe heat wave, caused over 1,700 deaths, **displaced 30 million people, and damaged homes and vital infrastructure.**

- **The Global Fund approved US$ 30 million in Emergency Funding to support uninterrupted availability of lifesaving health products and to ensure continued access to free malaria and TB diagnostic and treatment services for communities through mobile units and health camps in flood-affected districts.**

- **The funds will also be used to support indoor residual spraying (IRS),** repair and renovate 20 antiretroviral treatment centres in flooded areas, and sustain epidemiological and entomological surveillance, monitoring and supervision of programmes in flood-affected districts.

- **An additional US$18 million provided by the Global Fund just before the floods will be used to support immediate distribution of an additional 6.2 million LLINs to affected populations in camps and other settings.**

Approach to Non-eligible Countries Crisis

- The approach (approved in May 2018 allows the Global Fund to consider funding a non-eligible country/component (not high income) that is having a health crisis that could have an adverse impact on the global response to HTM and whose magnitude warrants Global Fund support.
- The policy was articulated in response to the situation in Venezuela, which is due to a political and economic crisis, which resulted in the government's cessation of funding for essential HIV, TB and malaria services thereby creating a health crisis in the country and in the region.
- It does not articulate a formula but articulates a recommended approach that is sufficiently flexible to allow consideration of different contexts.
- Decision making rests with the Board, the Board is required to considered the merits of each request, including the proposed implementation arrangements and source of funds.
- Funding under this approach is time limited and focused on life saving essential and preventive interventions. No maximum length of funding for a specific country is set under this approach, but the approach recommends that funding not exceed US$ 20 million over three years in line with the funds available for the Emergency Fund. The approach has only been used to fund one country to date, Venezuela.

The Global Fund partnership model adapted to ensure complementarity and integration of Global Fund-supported interventions with existing humanitarian responses

The Global Fund joined the **Global Health Cluster** in 2014 as an observer to ensure more complementarity with humanitarian partners in delivering quality programs and services to the affected populations in complex emergencies. Health cluster coordination mechanisms are activated as part of an international emergency response, after consulting with national partners (including the government) and based on the existing coordination capacity on the ground being insufficient to coordinate an effective humanitarian response.

In 2019, the Global Fund made a pledge at the **Global Refugee Forum** to fully align with the principles of the recently adopted Global Action Plan 2019–2023 (GAP) (72nd WHA) on Refugee and Migrant Health. This includes ensuring appropriate access to comprehensive HIV, tuberculosis and malaria prevention and treatment services; supporting the continuity of services across borders; integrating services for refugees into national systems; and ensuring that national strategic plans and proposals cover refugees needs.

In 2021, the Global Fund expressed formal support to the Recommendation of the Development Assistance Committee (DAC) of the **Humanitarian-Development-Peace Nexus (Nexus)** adopted in February 2019. A 'Nexus approach' aims to strengthen collaboration, coherence and complementarity between humanitarian development and peace actors to tackle the root causes of crises and to end need over time. The Global Fund increasingly engaged with humanitarian partners and coordination mechanisms to deliver HIV, tuberculosis and malaria prevention and treatment services in complex emergencies and in refugee settings (e.g. in Ukraine).

Conclusion

The Global Fund approach to emergencies has evolved over time and is threefold:

1. Under the COE policy, provide necessary flexibilities to adapt program implementation to emerging and prolonged needs and changing environments to ensure continuity of services.
2. Quickly reprogram existing funding, when possible, and/or mobilize Emergency Funding to support national responses to emergencies.
3. Potential engagement with Non-eligible Countries in Crisis with focus on life-saving essential and preventive interventions.
4. Engage and coordinate with humanitarian partners and platforms to ensure complementarity and integration of Global Fund-supported interventions.

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Country Dialogue Expectations

External Webinar

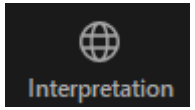
5 October 2022

THE GLOBAL FUND

Click the “Interpretation” button and select English to listen to this webinar in English.

Haga clic en el botón "Interpretación" para escuchar este seminario web en español.

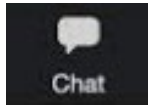
Cliquez sur le bouton "Interprétation" pour écouter ce webinaire en français.



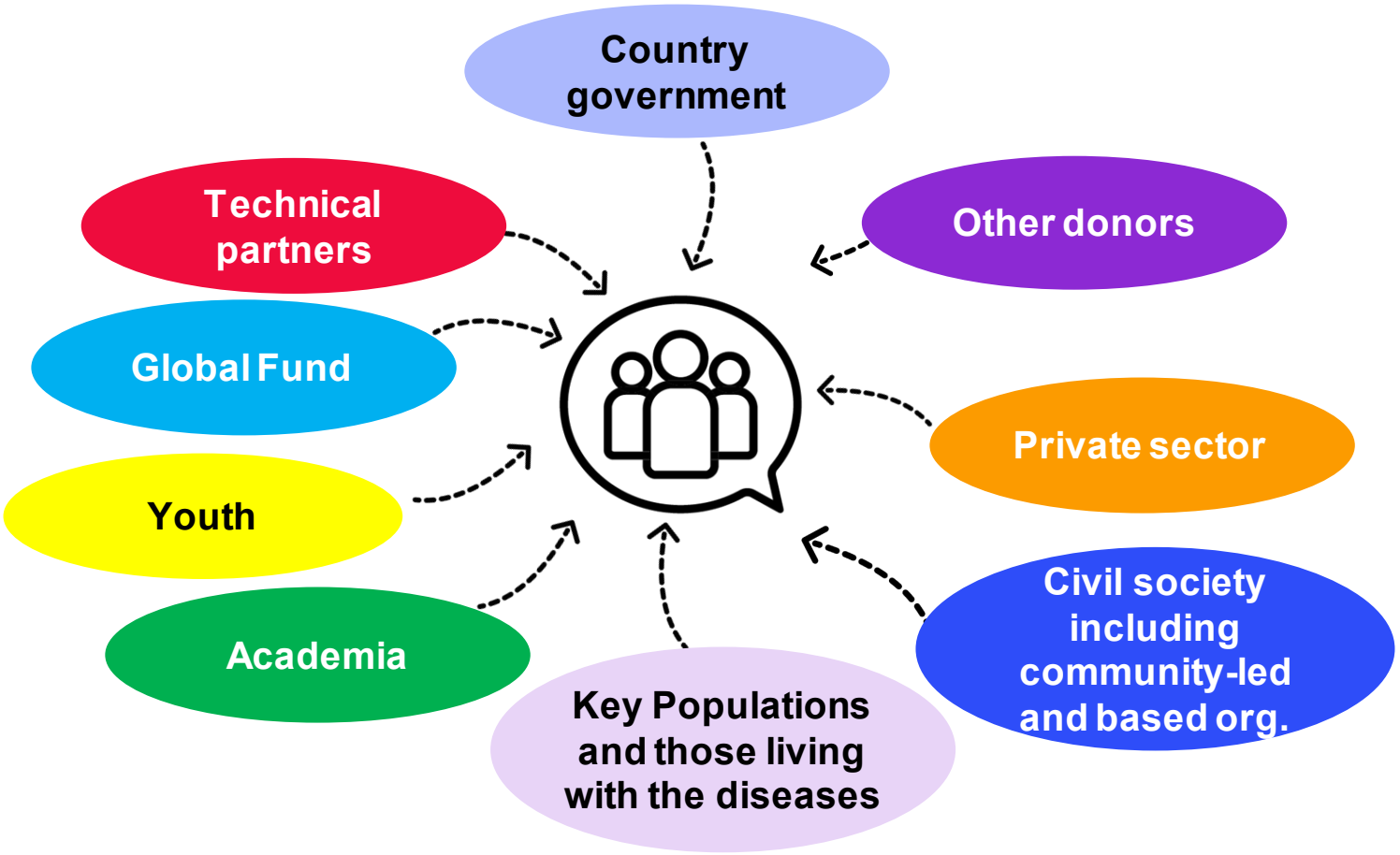
Please ask questions in the chat.
(Please do not use acronyms or abbreviations)

Por favor, haga preguntas en el chat.
(Sin acrónimos ni abreviaturas, por favor.)

Veuillez poser des questions dans le chat.
(Pas d'acronymes ou d'abréviations, s'il vous plaît.)



What is Country Dialogue?



Country dialogue

- All stakeholders involved in the response or impacted by the three diseases
- Review progress, challenges and opportunities to improve how we tackle these going forwards
- Inclusive, open, multi-stakeholder process: led by the CCM and country-owned and driven
- Gives all stakeholders a voice in the development and agreement of key priorities

Who should be involved depends on context

Key Populations and those living with the diseases

- PLHIV/WLHIV
- TB Survivors
- Sex workers
- Pregnant women and children under 5 (malaria)
- Other KVPs as defined by Technical Partners and country specific

Other donors

- Humanitarian actors

Academia

- Professional Accreditation Bodies
- Gender experts
- Experts in HTM

Global Fund

- Country Team
- TAP
- CRG
- HFD
- Supply Operations

Private sector

Youth

Technical partners

Principal Recipient (if known)

Civil society and community-led and based org.

- Women's Groups
- Refugee Groups
- Associations of community health providers

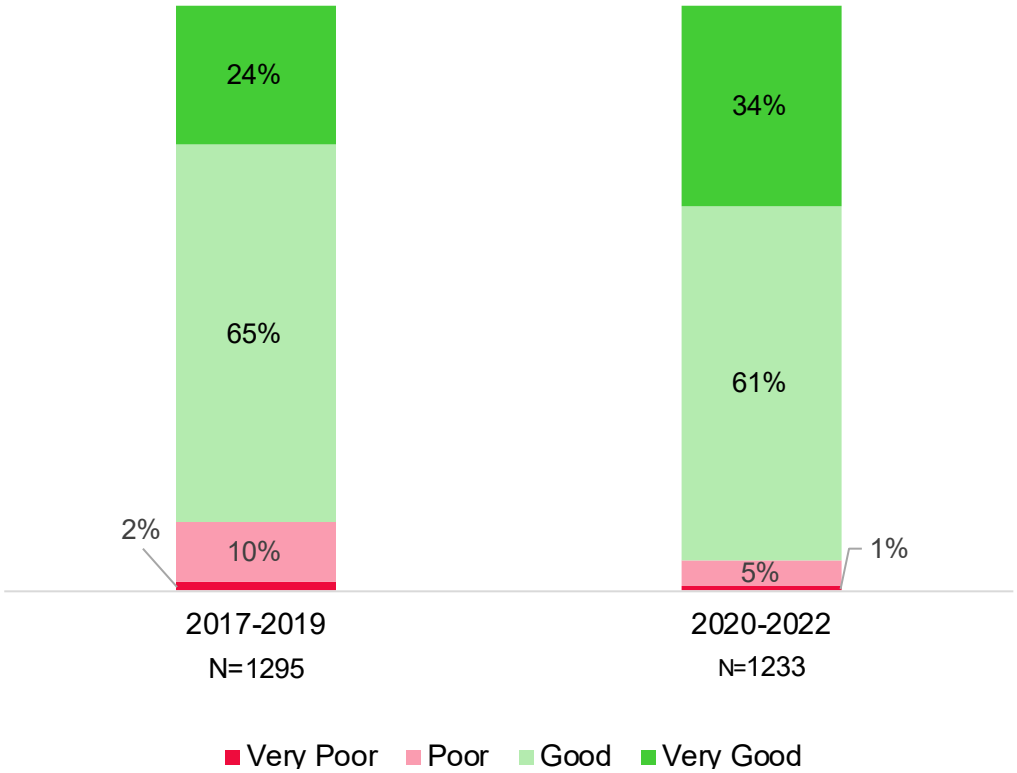
Country government

- MoH Depts (PHC, HRH, RMNCAH, Emergency, Health Information, Planning, Labs, etc.)
- Finance Depts
- Ministries of Gender
- State Depts (Prisons, Refugees, etc.)
- Subnational/Local Governments

This is an illustrative list. Necessary participants will always depend on country context.

Country Dialogue Already Successful During Funding Request Development

How would you rate your overall experience in applying for funding from the Global Fund?



Source: 2017-2019 and 2020-2022 Applicant Surveys

93% "Good" or "Very Good" experience in Country Dialogue in 2020-2022

Key Populations felt more included this cycle:

- 92% (+6%) on feeling free to express views
- 93% (+5%) on feeling prepared to participate
- 85% (+6%) on feeling there was active outreach to them to participate

Inclusivity from virtual dialogue a positive trend

Innovations in Country Dialogue

Kenya:

- Purchased data bundles to support constituencies to participate in online meetings

Ecuador:

- "Snow-balling" invitation to country dialogues, with each participant encourage to invite others from their networks

Indonesia:

- Used existing Twitter account to inform on FR development (bilingually!)
- Innovative video on how to get involved in country dialogue

Eurasian Coalition on Male Health (Regional FR)

- Online surveys and consultations with invites shared via Facebook and other online communities

Tajikistan:

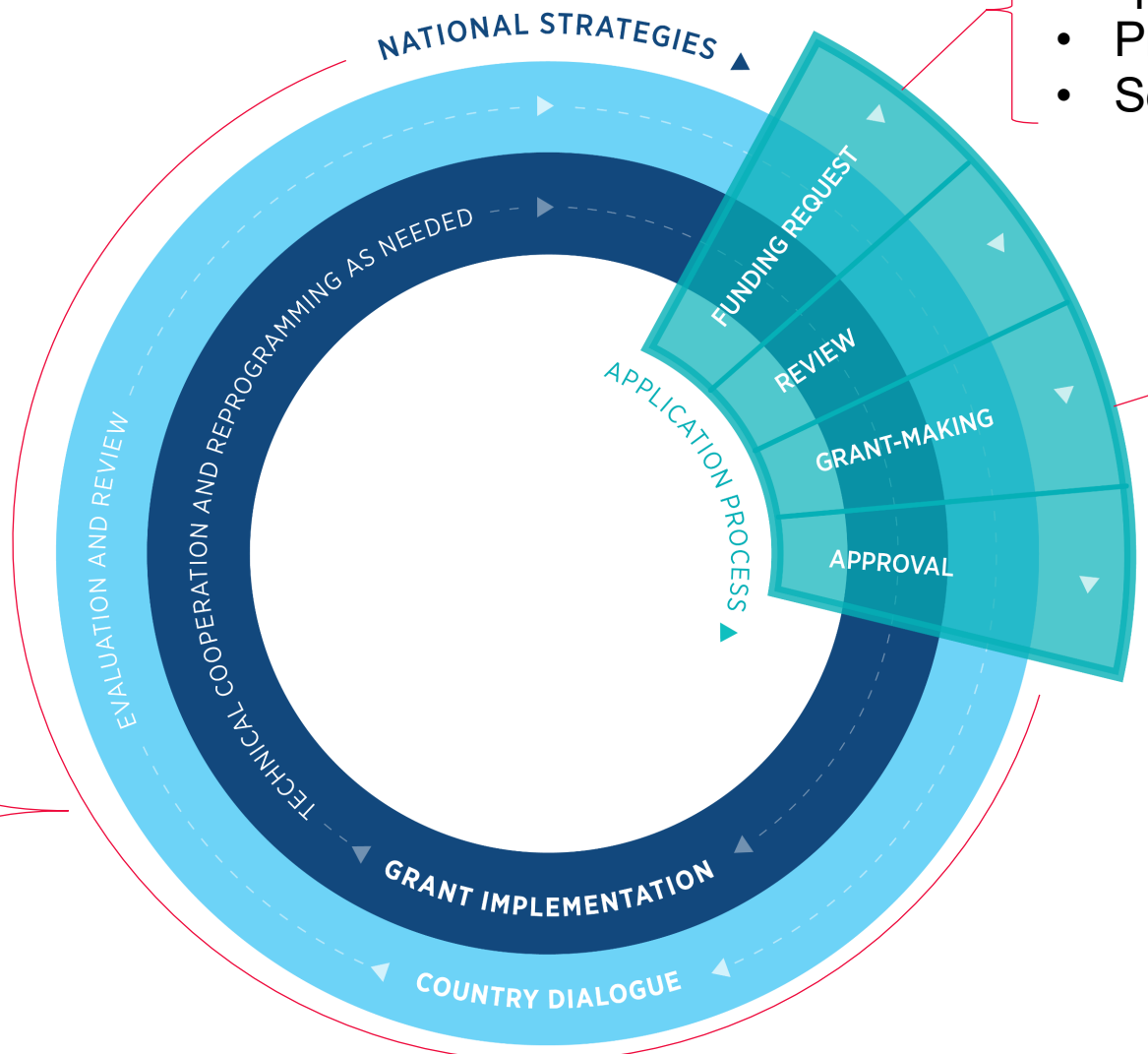
- Diverse working groups communicating via email and virtual meetings

Malawi:

- Partnering with recognized CBO with experience in LGBT advocacy to reach out to established networks

Country Dialogue Across Funding Cycle

CCMs expected to lead/coordinate country dialogue across the funding cycle.
But successful country dialogue requires **active engagement from key stakeholders**: gov'ts, communities, partners, country teams, PRs etc.



CCM Development of Funding Request
- Prioritization of Request
- Selection of Principal Recipient

CCM Oversight of grant-making

CCM Oversight of program implementation
- Mid-term Reviews
- Addressing Bottlenecks
- Reprogramming Exercises

APPLICATION PROCESS : 6-9 MONTHS

GRANT IMPLEMENTATION 3 YEARS

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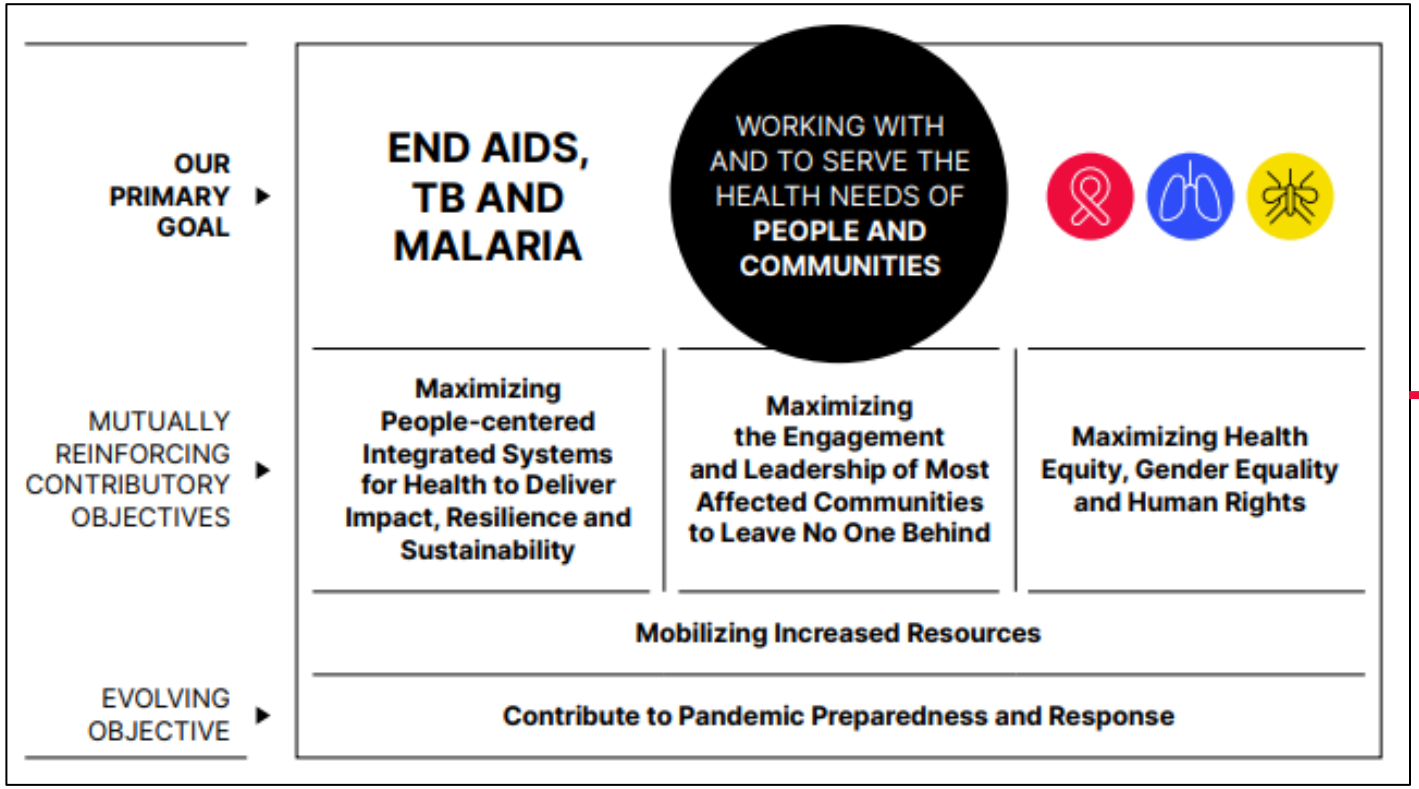
Global Fund Strategy 2023-2028

Fighting Pandemics and Building a Healthier and More Equitable World



Updated Forms
New Annexes
Evolved Expectations

Supporting country-owned programs to achieve national and global goals

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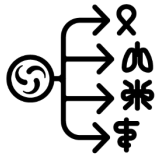
What is different about this new Strategy?

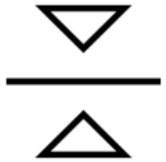
1	Across all three diseases, **an intensified focus on prevention.**
2	Greater **emphasis on integrated, people-centered services**.
3	A more systematic approach to **supporting the development and integration of community systems for health.**
4	**A stronger role and voice for communities** living with and affected by the diseases.
5	Intensified action to **address inequities, human rights and gender-related barriers**.
6	**Greater emphasis on programmatic and financial sustainability.**
7	Greater focus on **accelerating the equitable deployment of and access to innovations**.
8	Much greater **emphasis on data-driven decision-making**.
9	Explicit recognition of the role **the Global Fund partnership** can and should play in **pandemic preparedness and response**.
10	**Clarity on the roles and accountabilities** of Global Fund partners across every aspect of the Strategy.

Country Dialogue is expected to be a critical lever to cascade the Key Changes of the new strategy into country-level discussions

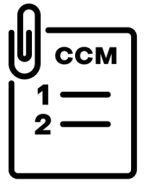
Country Dialogue During FR Development

Expected Output

1.  Analyze Gaps and Discuss Program Split, with indicative amount for RSSH

2.  Align on programmatic gaps and prioritization for funding request

Iterative

3. 

Document evidence to comply with ER 1 and ER 2

4.  Complete funding request forms and annexes

Country Dialogue During FR Development

1 Program Split

Evolved Expectations for Program Split

Secretariat will continue to recommend program split for eligible components

Countries will discuss program split during country dialogue

Countries will provide their program split + indicative spending amount for RSSH

Helpful Inputs to the Discussion

Programmatic Gap Tables

Funding Landscape Table

RSSH Gaps and Priorities Annex

Essential Data Tables (updated epi data and program essentials) + Report on COVID-19 Disruptions

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Example: table for program split confirmation and change request

Program split <u>confirmation</u>: No movement of allocation funds between disease components. Does not require justification.

	Global Fund Proposed Program Split	*Applicant Intended RSSH Investment*
HIV/AIDS		
TB		
Malaria		
Total		

Program split <u>change request</u>: Used for any movement of allocation funds between disease components and/or RSSP. Applicant is required to submit justification for the change.

	Global Fund Proposed Program Split	Applicant Proposed Program Split	*Applicant Intended RSSH Investment*
HIV/AIDS			
TB			
Malaria			
RSSH			
Total			

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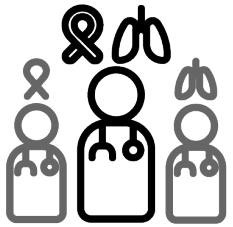
Country Dialogue During FR Development

2 Aligning on Programmatic Gaps and Prioritization

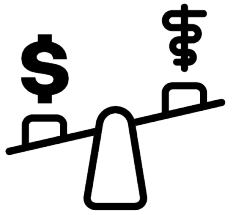
Considerations to inform prioritization of FR

HTM and RSSH Programmatic Gaps (Including CSS)

Key Risks to HTM programs



Opportunities for Integration



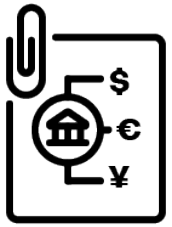
Value for Money

Funding sources

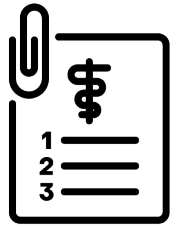
Lessons Learned and M&E

Helpful inputs to the discussion

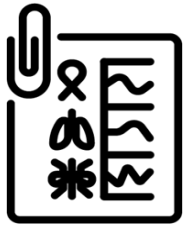
Programmatic Gap Tables



Funding Landscape Table



RSSH Gaps and Priorities Annex

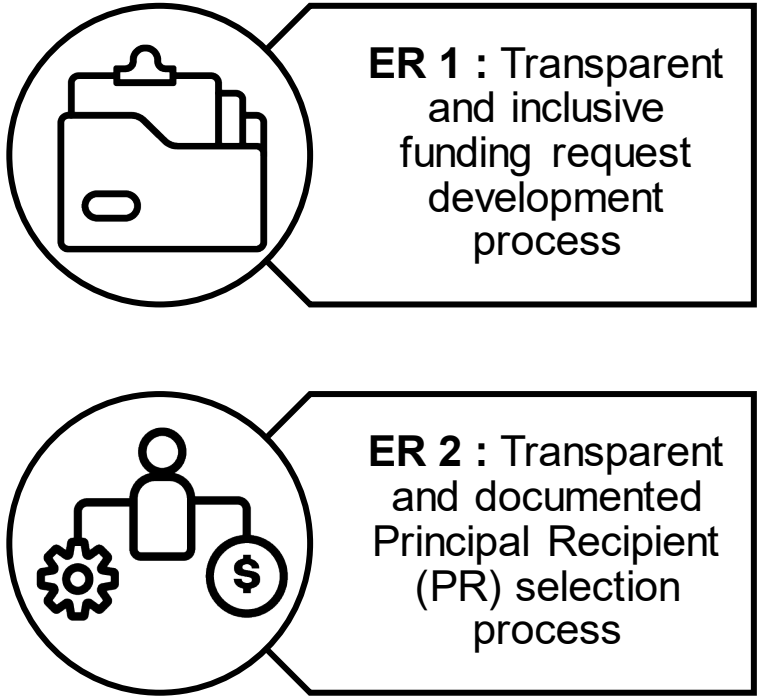


Essential Data Tables (updated epi data and program essentials) + Report on COVID-19 Disruptions

Country Dialogue During FR Development

3 Document Evidence to Comply with Eligibility Requirements

CCM Eligibility Requirements*



*screened at the time of submitting a funding request

Country Dialogue During FR Development

* : If available
□ : If applicable
★ :New

4 Complete Funding Request forms and annexes

Programmatic Gap Tables

Funding Landscape Tables

RSSH Gaps & Priorities Annex ★ □

Performance Framework

Detailed Budget

Prioritized Above Allocation Request

Funding Request Narrative

Essential Data Tables

Co-financing Documentation

Sustainability & Transition Supporting Documentation □

Innovative Financing Documentation □

Implementation Arrangements Map □

Funding Priorities from Civil Society & Communities ★

Health Product Management Template □

Human Rights Assessment* ★

Sexual Exploitation, Abuse and Harassment Risk Assessment* ★

Gender Assessment* ★

National Strategic Plans

Country Dialogue Narrative ★

CCM Endorsement of Funding Request

CCM Statement of Compliance

+ List of Abbreviations & Annexes

Best Practices during FR Development

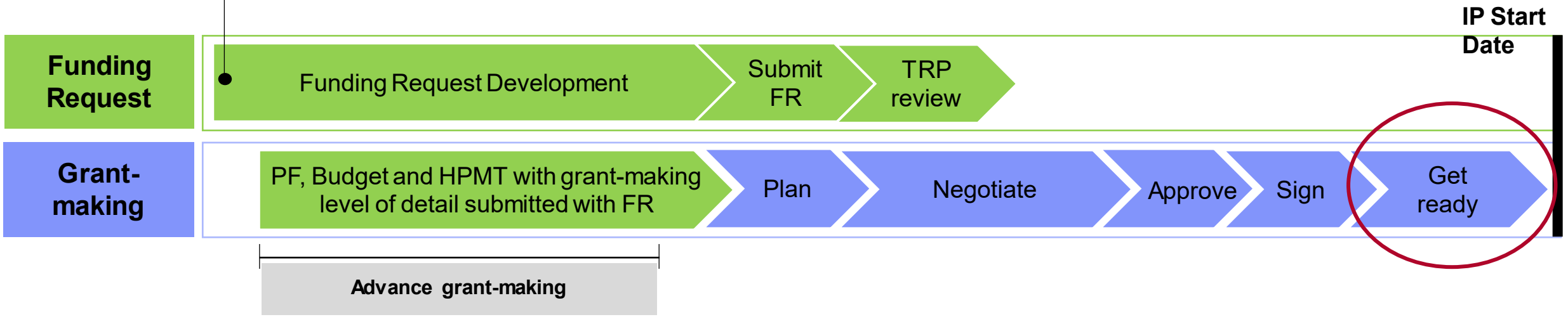
- CCM to develop and share an **engagement roadmap** for the country dialogue
- Use **data & evidence** as basis for discussions on prioritization
- Consider how areas highlighted in **Global Fund strategy** can drive bigger impact towards national and global goals.
- **Mobilize in-country partners**, including for RSSH, to strengthen quality of country dialogue
- Actively **seek input from Community and Civil Society groups**: e.g., by using the new priorities annex when discussing Funding Request prioritization
- Ensure **writing teams are representative** of all CCM constituencies, including communities, and also include relevant expertise (for example for RSSH). Best practice: relevant RSSH stakeholders in the disease-specific FR writing teams (and vice versa)
- Give CCM members enough **time to meaningfully review** FR drafts for informed endorsement

Advance grant-making during funding request development

Best practice to ensure implementation readiness is to **select and engage PRs early and advance grant-making**. This also increases the opportunities for **meaningful community and civil society engagement on grant design**.

CCMs select and engage PR(s) early on

Strongly recommended for the Program Continuation application approach and where CCM continues with an existing PR*



* Not recommended for new PRs or grants where the PR might change

Cliquez sur "Interprétation" pour le français - Haga clic en "Interpretación" para español

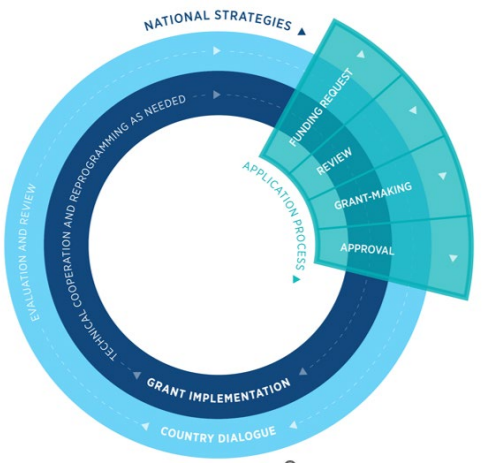
Community and Civil Society engagement throughout funding cycle

Community Engagement

Definitions in the Global Fund context

Communities	Within the Global Fund context, communities are people living with and/or most affected by HIV, TB and malaria. This includes key and vulnerable populations.
Meaningful community engagement	Meaningful community engagement is where the role of communities is consistently and continuously acknowledged in decision making and processes, and where communities' unique expertise, perspectives and lived experiences are sought and valued.
Key populations in the context of HIV and TB	Key populations in the context of HIV and TB are people who experience increased exposure or risk to and high epidemiological impact from one of the diseases, combined with decreased access to services. They may also include criminalized or otherwise marginalized populations.
Malaria at-risk and underserved populations	People that are at considerably higher risk of contracting malaria and developing severe disease as well as people with low immunity moving to areas with intense malaria transmission.
Vulnerable populations	Groups who do not meet the criteria of the definitions above, but still face heightened risk and reduced access to HIV, TB and/or malaria services.

Community and civil society engagement insufficiently leveraged throughout the funding cycle



New: Minimum Expectations across funding cycle

1. **Funding Request:** A transparent and inclusive consultation process with populations most impacted by HTM (across gender and age) during funding request development resulting in an "Annex of Funding Priorities of Civil Society and Communities Most Affected by HTM" as an output

Expectations for 2023-2025 cycle:

- Ongoing peer support to engage in GF processes
- Support to CS/Communities to develop key priorities (through the Community Engagement Strategic Initiative)
- CCM Secretariat develops and shares engagement roadmap
- In country Technical Partners provide communities with accessible data, guidance and practical tools
- PRs engage early in funding request stage
- CCM members given 3 working days to review and endorse final FR
- Funding Request documents published on Global Fund website following TRP recommendation

Community Engagement

New: Minimum Expectations across funding cycle

Community engagement leads to better GF grants

2. Grant-making: Community and civil society representatives on the CCM improve their involvement in oversight through timely access to information on status of grant negotiations and changes to the grant

Expectations for 2023-2025 cycle - under discussion:

- Two CCM meetings with a PR presenting key elements of the grant, community priorities, and plans for CBO / CLO implementation. Best practice: Additional meeting with CT conducting grant-making briefing with community and civil society representatives
- Best practice: Direct community and civil society engagement in grant-making via CCM
- CS/Community priorities annex is an input into grant-making
- CCM members receive automated milestone notifications from Global Fund system

3. Grant Implementation: Community and civil society representatives on the CCM improve their involvement in oversight through timely access to information on program implementation.

Types of CRG Technical Assistance available for 2023-2025 allocation period:

TA Track A: Situational analysis and needs assessment

- A.1 **CRG-related assessment** (desk review and/or KIIs/FGDs) to generate strategic information for decision-making to inform the 2023-2025 allocation period funding request development
- A.2 **2020-2022 allocation period program review** to ensure community perspectives inform service delivery improvements under the 2023-2025 allocation period

TA Track B: Engagement in 2023-2025 allocation period country dialogue processes

- B.1 Virtual or face-to-face **community consultation(s)** to inform priorities for 2023-2025 allocation period funding requests
- B.2 **Coordinating input** into 2023-2025 allocation period funding requests and grant-making (e.g., review of draft funding requests or grant-making documents)

TA Track C: Other

- C.1 **Costing support** (e.g., virtual mentoring or in-country costing support)

Q&A

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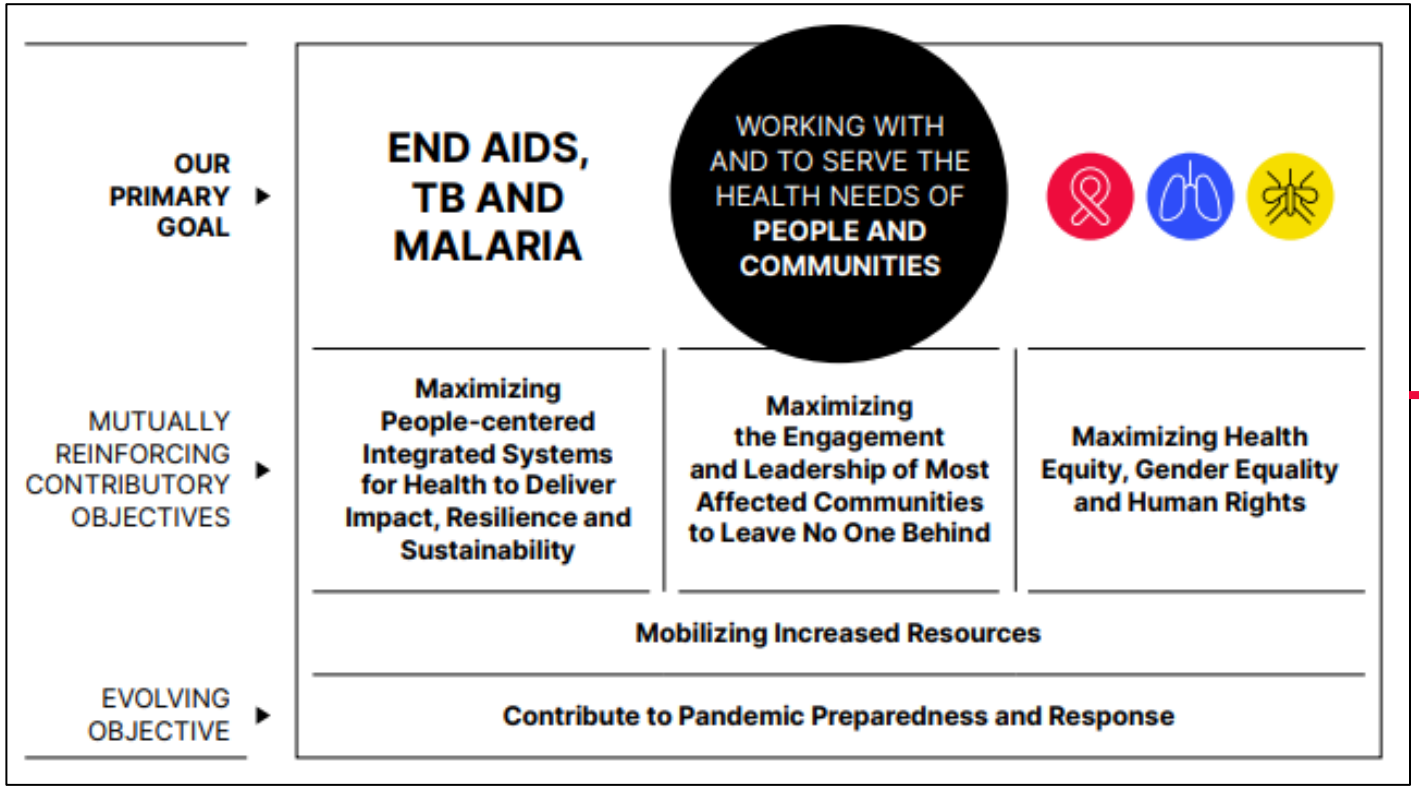
Applying for Funding in the 2023-2025 Allocation Period

Detailed Overview

RBM Orientation meeting – December 2022

Global Fund Strategy 2023-2028

Fighting Pandemics and Building a Healthier and More Equitable World



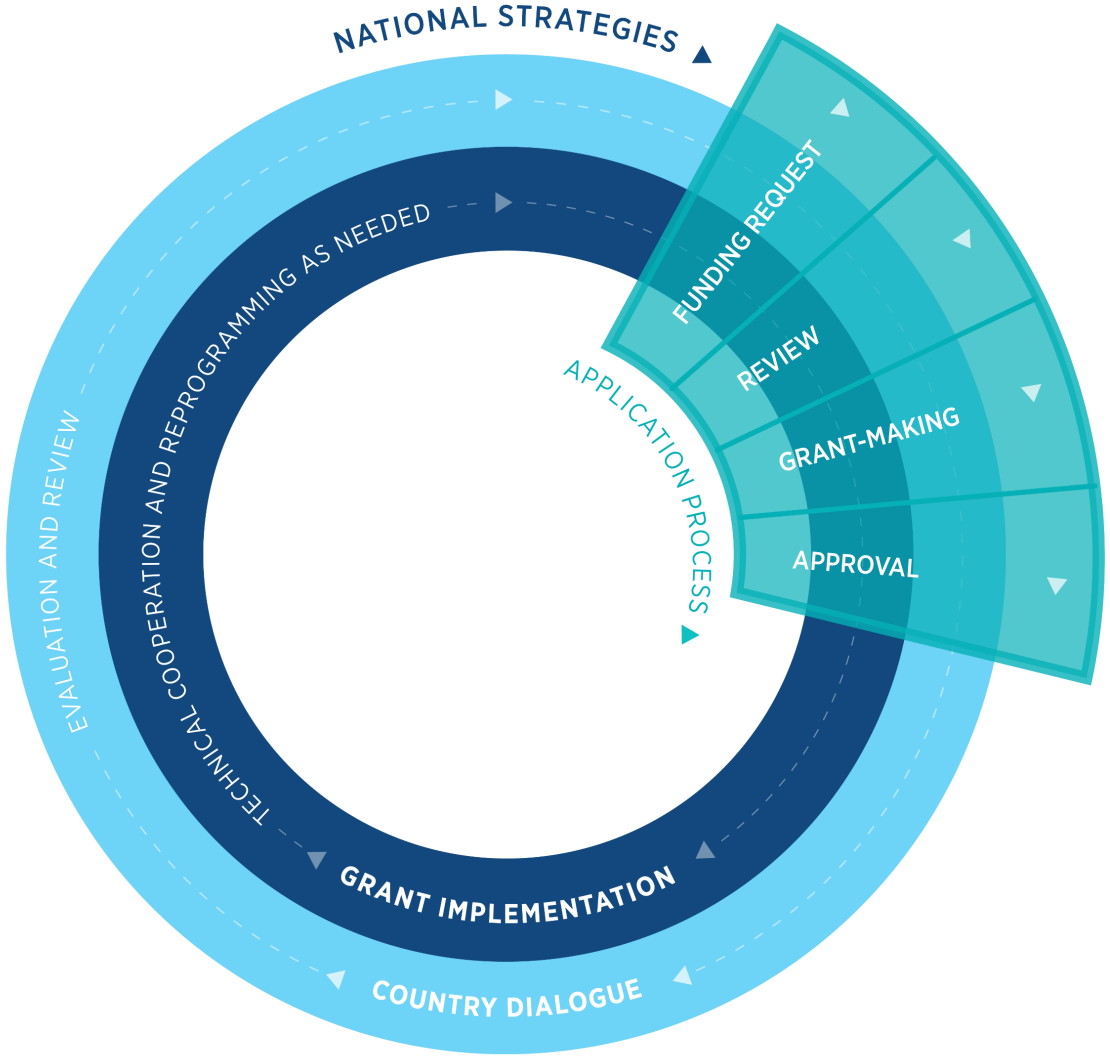
Updated Forms
New Annexes
Evolved Expectations

Supporting country-owned programs to achieve national and global goals

Applying for Funding

APPLICATION PROCESS :
6-9 MONTHS

GRANT IMPLEMENTATION
3 YEARS



Eligibility for Allocation

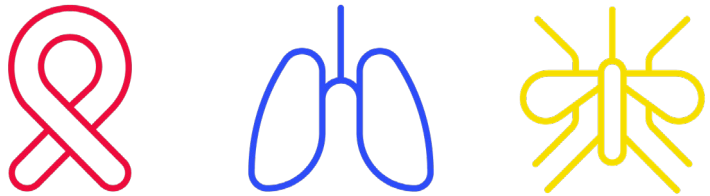
The Global Fund Eligibility List identifies country components eligible to receive an allocation **BUT eligibility does not guarantee an allocation**

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	✗

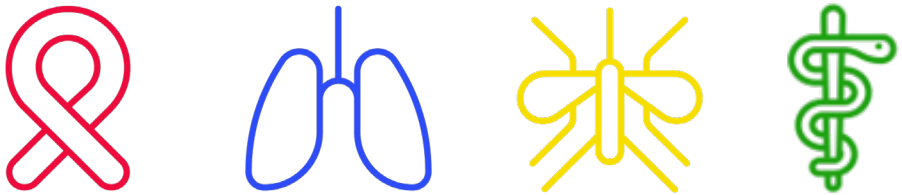
* Upper-middle income countries not on the OECD Development and Assistance Committee's list of recipients of Official Development Assistance are not eligible unless they have demonstrated barriers to providing funding for interventions for key populations, as supported by the country's epidemiology.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

Eligibility for Allocation

Countries can be eligible for an allocation for each of the three diseases =



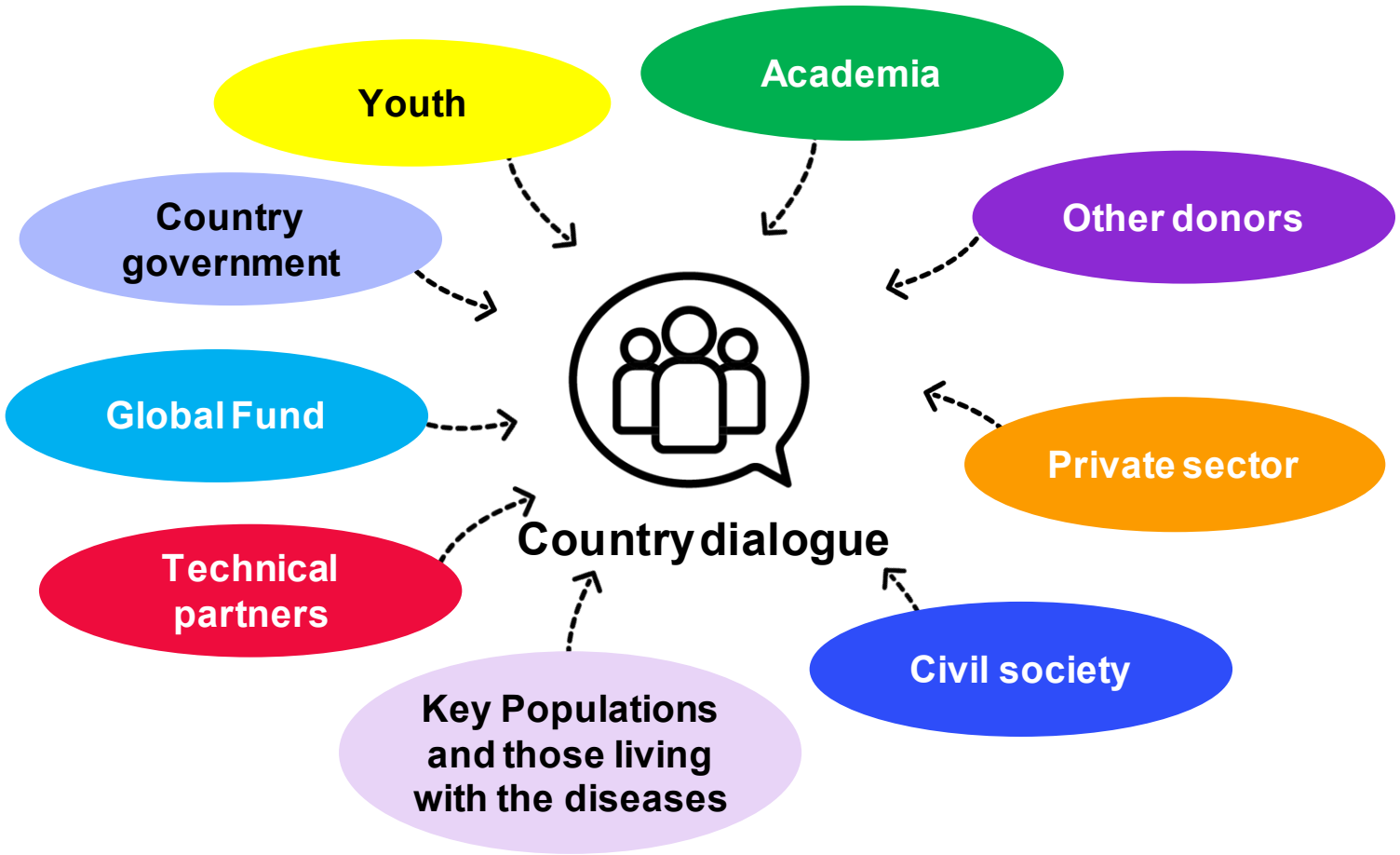
Investing in a “component” includes investments in the three diseases and in RSSH



Catalytic Investments: No change to three modalities

Matching funds	Catalytic Multicountry	Strategic initiatives
Designed to incentivize the use of country allocations for strategic priorities in line with the Global Fund and partner disease strategies.	Designed to target key, strategic multi-country (regional) priorities deemed as critical to meet the aims of the Global Fund Strategy and in line with global disease priorities.	Designed to provide limited funding for centrally managed approaches that cannot be addressed through country allocations alone due to their cross-cutting or off-cycle nature but are critical to ensure that country allocations deliver against the Global Fund Strategy

Country Dialogue



Expectations for Program Split

- Secretariat will communicate allocation for HIV, TB, Malaria components
- Countries will discuss program split during country dialogue
- Countries will confirm their program split + indicative spending amount for RSSH

Expected Outputs of Country Dialogue at the Funding Request stage

Submit Program Split, with indicative amount for RSSH

Align on programmatic gaps and prioritization for funding request

Document evidence to comply with ER 1 and ER 2

Complete funding request forms and annexes

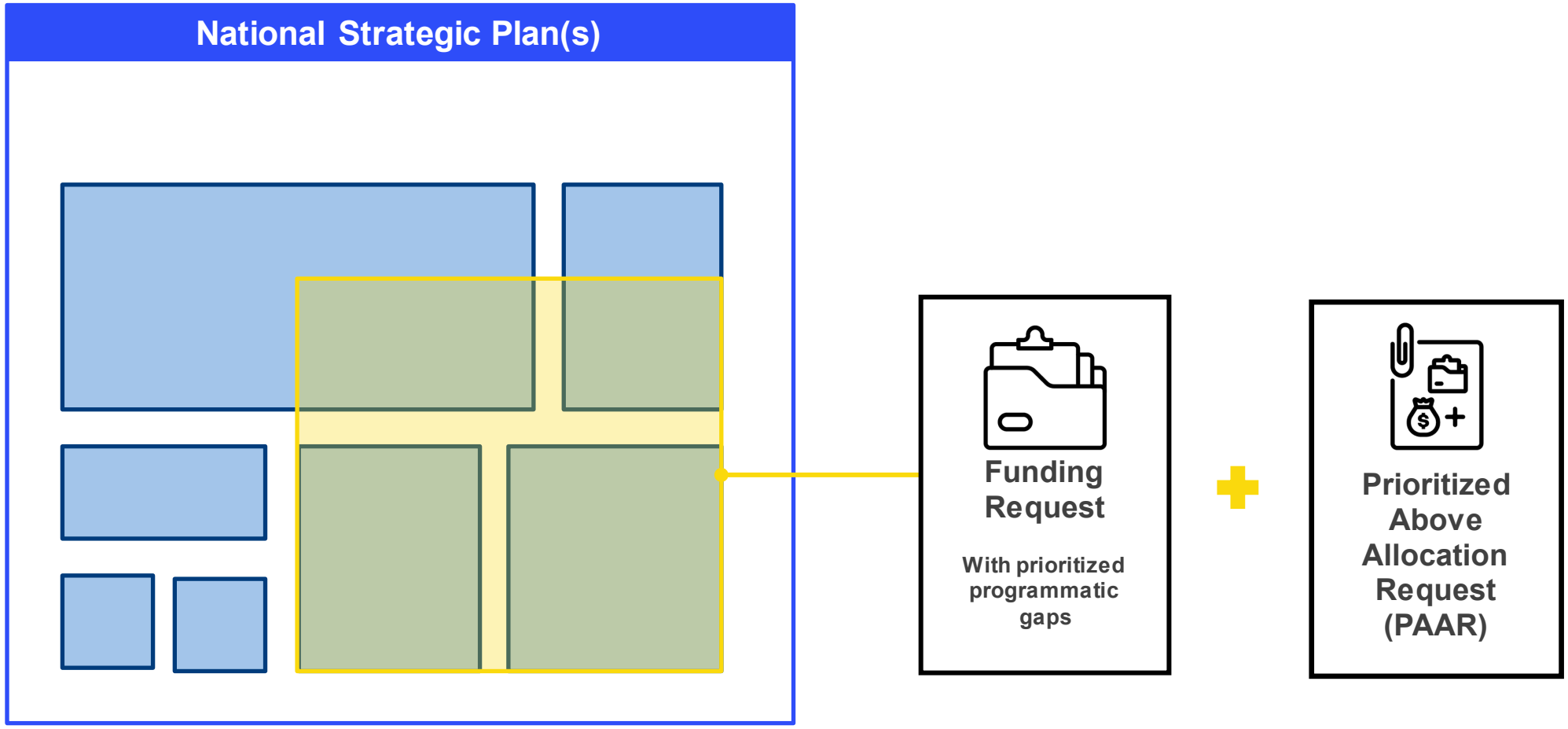
CCM Eligibility Requirements*

ER 1 : Transparent and inclusive funding request development process

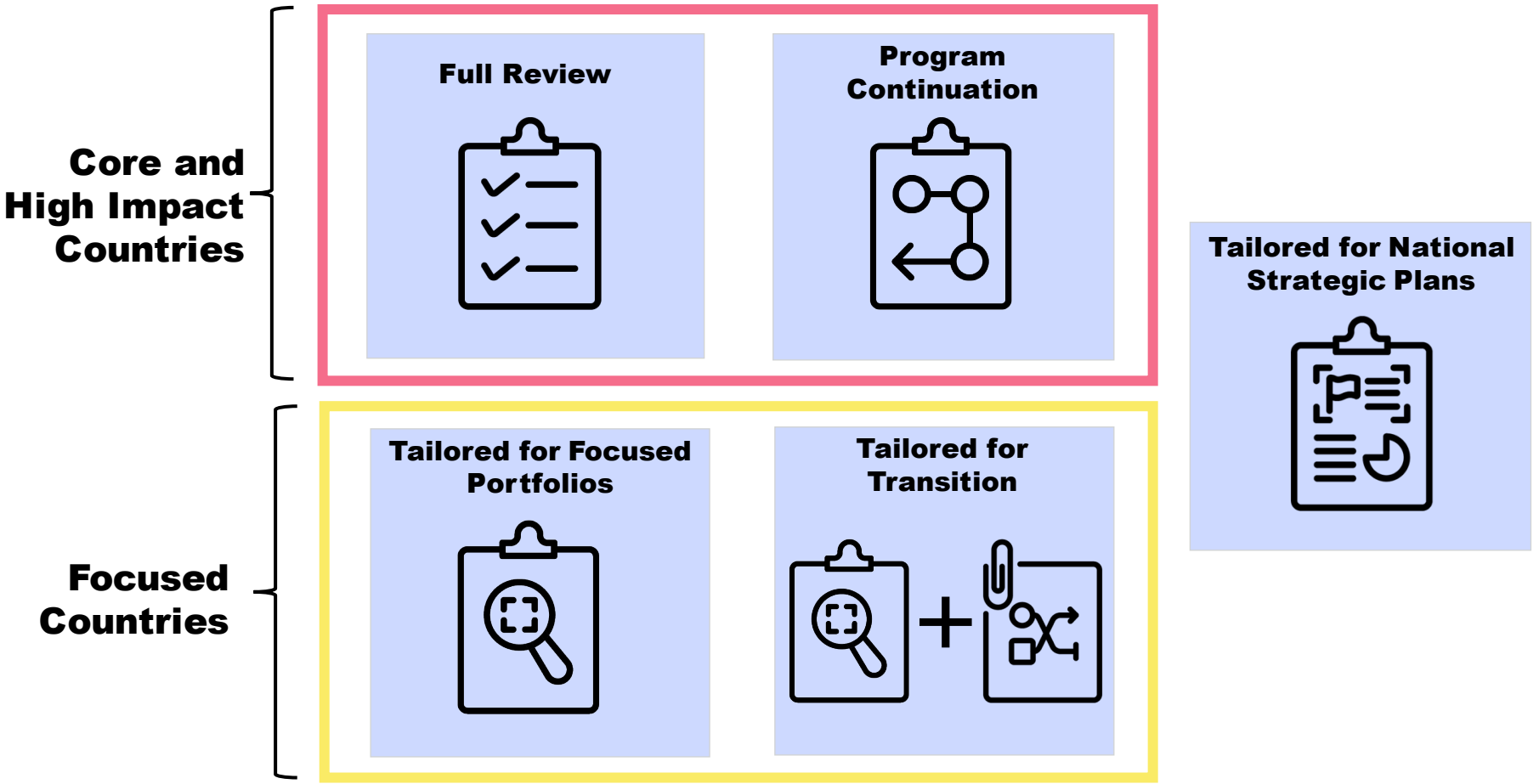
ER 2 : Transparent and documented Principal Recipient (PR) selection process

*screened at the time of submitting a funding request

Funding Request and PAAR: Continue to use NSP as foundation



2023-2025 Application Approaches



Content areas in Funding Request Narratives

Rationale

- Funding Request Prioritization
- Country Context

Maximizing Impact

- Strategic alignment
- Co-financing, Sustainability & Transition

Implementation

- Implementation Arrangements
- Risk

Across the Funding Request

- Equity, Human Rights, Gender
- Value for Money
- Opportunities for Integration

2023-2025 Application Package

* : If available
□ : If applicable

Funding Request Narrative

Performance Framework

Detailed Budget

Programmatic Gap Tables

Funding Landscape Tables

Prioritized Above Allocation Request

Health Product Management Template □

RSSH Gaps & Priorities Annex □

Gender Assessment*

Assessment of Human Rights-related Barriers to Service*

Essential Data Tables

National Strategic Plans

Innovative Financing Documentation □

Sustainability & Transition Supporting Documentation □

Implementation Arrangements Map □

+ List of Abbreviations & Annexes

Funding Priorities from Civil Society & Communities

Country Dialogue Narrative

CCM Endorsement of Funding Request

CCM Statement of Compliance

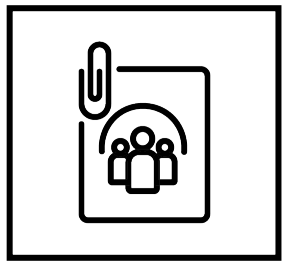
Co-financing Documentation

Sexual Exploitation, Abuse and Harassment Risk Assessment*

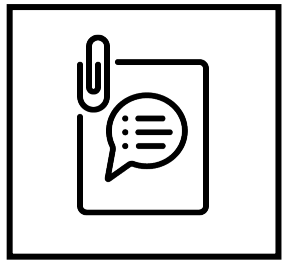
Documents Not Reviewed by the Technical Review Panel

What's New? : Annexes

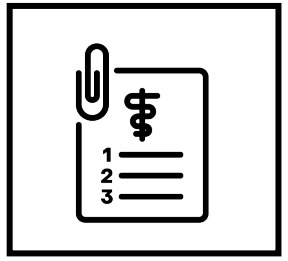
Mandatory



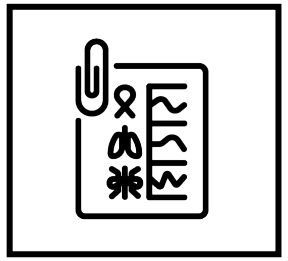
Funding Priorities from Civil Society and Communities Annex



Country Dialogue Narrative Annex



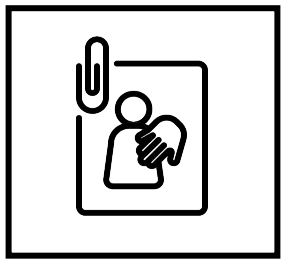
RSSH Gaps & Priorities Annex



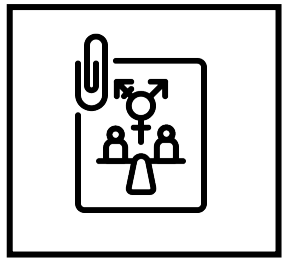
Updated: Essential Data Tables

- **TB and HIV program essentials** are included here.

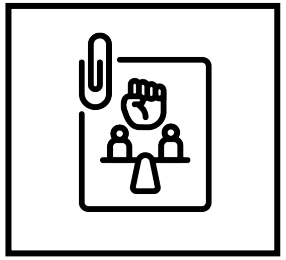
Requested if available



Sexual Exploitation Abuse and Harassment (SEAH) Risk Assessment



Gender Assessment



Human Rights Assessment

The Technical Review Panel

The Technical Review Panel is an independent, impartial team of experts recruited to review funding requests, to ensure Global Fund investments are strategically focused, technically sound, poised for sustainability and have potential for impact.

Inputs

Reviews:

- Funding request + key annexes

Considers:

- Secretariat Briefing Note, other background information
- Previous TRP forms

TRP review criteria for 2023-2025 allocation period

- Ending AIDS, TB and malaria
- Maximizing People-centered Integrated Systems for Health
- Maximizing health equity, gender equality and human rights
- Strengthening resource mobilization, sustainability, health financing, and value for money
- Strengthening countries' pandemic preparedness capabilities by building integrated and resilient systems for health

TRP outcome:

Review & Recommendation Form:

- Recommend for **Grant-making** or request **Iteration**
- Recommend **Unfunded Quality Demand** from the PAAR
- May recommend **re-prioritization** of interventions

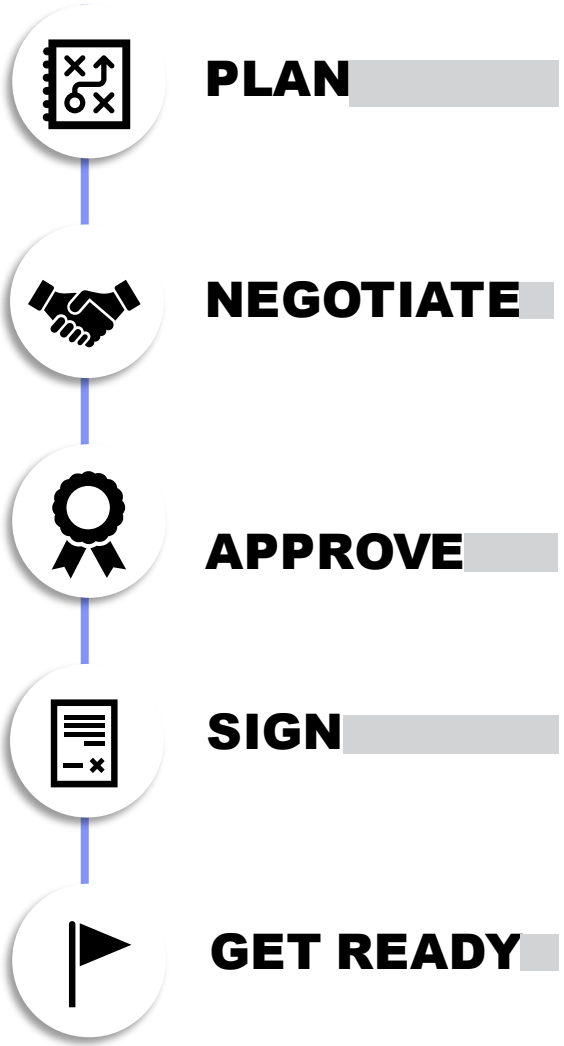
Reports and Lessons Learned

2023 Submission Dates

Window	2023 Submission Dates	2023 TRP Meetings	Notes
Window 1	20 March	24 April – 5 May	Strongly recommended for countries with grants ending Dec 2023
Window 2	29 May	3 July – 17 July	
Window 3	21 August	25 September – 6 October	Recommended for countries with grants ending in 2024

Grant-making*

Translation of the funding request into quality grants, based on TRP recommendations, that are **disbursement-ready** for Board approval and signature and **implementation-ready** at the IP start date



Best practices:

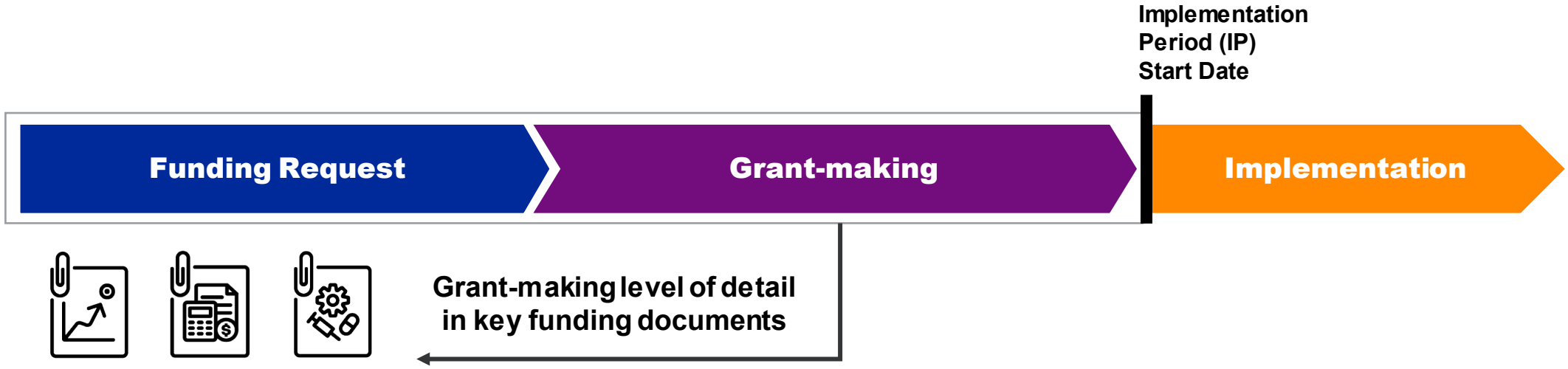
- CCMs can confirm PR selection earlier in country dialogue to engage PRs in development of funding request documents, to accelerate grant-making (e.g., budget by PR)**
- Strengthen civil society and community engagement in the grant-making process

Changes to grant-making:

- Publication of Funding Request following TRP recommendation for grant-making
- Improvements to policy, process and system to embed GF strategy and gain efficiencies (details to come)

* Documented in the OPN and Operational Procedures on Make, Approve and Sign Grants to be published in December 2022.
** Recommended for FRs following the Program Continuation approach and continuing PRs.

Applicants can advance grant-making to ensure implementation readiness



Advanced grant-making

Applicants engage selected PRs early* and develop the key funding request documents with grant-making level of detail.

Implementation-ready grants

PRs that sign early can implement grant activities immediately at the IP start date.

Grants signed early

There is a correlation between grants signed early and higher absorption in Year 1 of implementation.

Advanced grant-making is strongly recommended for the Program Continuation application approach or where the applicant will continue with the existing PR.

* CCMs must still follow an open and transparent process to select the PR (Eligibility Requirement 2). The CCM compliance statement has been updated to accommodate early PR selection.

Develop key funding request documents with a level of detail required during grant-making stage of the process

Performance Framework

- Include PR-specific* coverage indicators and targets, including disaggregation where applicable, with a six-month reporting frequency (for High Impact and Core portfolios).

Detailed Budget

Include:

- PR-specific* budget lines at the cost input level (for High Impact and Core portfolios).
- Detailed assumptions to support accurate unit costs.
- Ringfenced sub-recipient budgets**.

Health Product Management Template

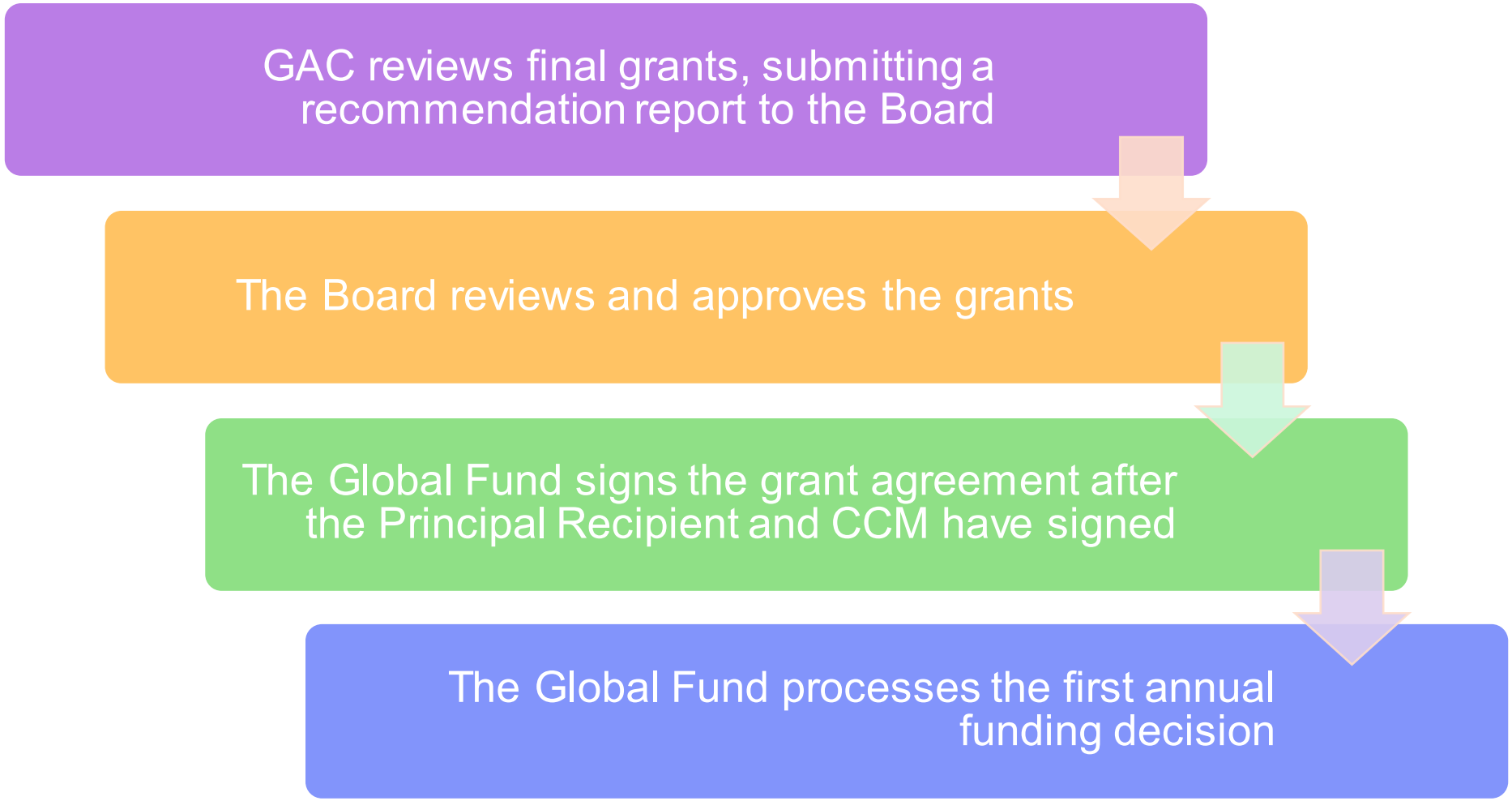
- Include detailed assumptions to support accurate quantifications and unit costs.

Applicants that advance grant-making are expected to gain approximately 30 extra days to ensure implementation readiness.

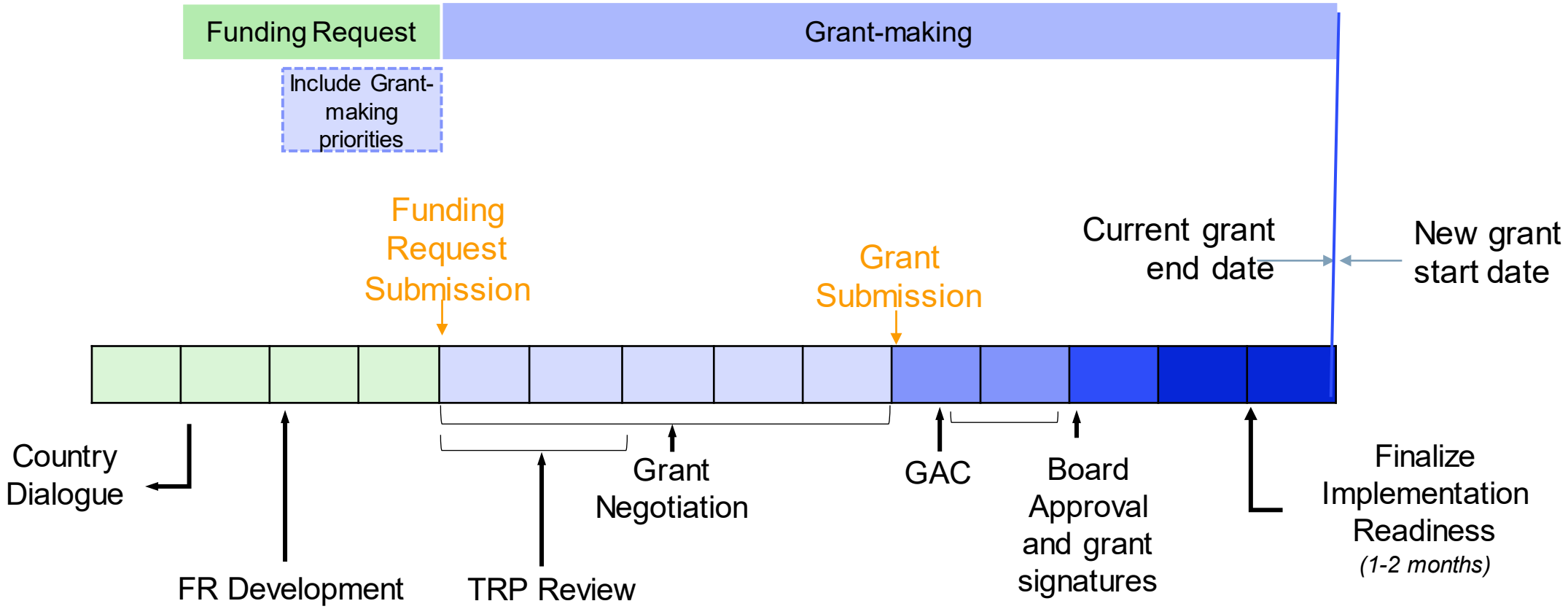
* While documents are prepared with PR-specific information, these are consolidated within a single file. For integrated funding requests, applicants must discuss specific considerations with the Country Team.

** Budget lines are assigned to sub-recipients to the extent possible, even if these implementers have not yet been identified or confirmed.

GAC Review & Board Approval



Best practice: consider grant-making priorities at funding request stage to improve implementation-readiness



Published Resources

Available on the Global Fund website

Already Available	October – December 2022	Early 2023

• Funding Request Forms, Annexes, Instructions
• Modular Framework Handbook
• Guidance on CCM Eligibility Requirements 1 & 2
• Frequently Asked Questions
• Core Information Notes (HIV, TB, Malaria, RSSH)
• Technical Briefs & Guidance Notes
  • Guidance for Sustainability & Transition Planning for TB/HIV
  • Procurement & Supply Chain Management
• 2020-2022 TRP Observations Report
	• Applicant Handbook
	• Model Full Review TB/HIV FR
	• Model Malaria Prioritization Table
	• Frequently Asked Questions (Updated)
	• Updated Co-Financing Commitment Letter
	• 15 additional Technical Briefs & Guidance Notes covering Community, Human Rights, Gender, Sustainability, Transition, Co-Financing, and more
	• Revised OPN on Design and Review of Funding Requests
		• Funding Request Tracker
		• Matching Funds Tracker
		• Country Information Tool (pulling key info on allocations, grants, and funding request development into one accessible place)

Upcoming Webinars

Session	Date
Country Dialogue Expectations Including Program Split	5 October
High-Impact & Core Portfolios: Applying with the Full Review and Program Continuation Application Approaches*	25 October
Focused Portfolios: Applying with the Tailored for Focused and Transition Application Approaches*	2 November
Applying with the Tailored for National Strategic Plans Application Approach*	9 November
Program Essentials and Updates to Information Notes	24 November
Sustainability, Transition and Co-financing and Innovative Financing	30 November
Allocations: Overall Outcome	7 December
Matching Funds	13 December

* Includes overview of the Forms, Instructions and Annexes

Interpretation of the webinars and translated slides will be offered in Spanish and French (and later available on iLearn).

Upcoming e-learnings

Available on iLearn

Title	Available
What's New & Different for the 23-25 Allocation Period	October 2022
Best Practices for NSP Development	October 2022
Inclusive Country Dialogue	October 2022
Overview of the Funding Cycle	November 2022
How to Apply Using the Tailored for NSPs Application Approach	November 2022
How to Apply Using the Full Review Application Approach	December 2022
How to Apply Using the Program Continuation Application Approach	December 2022
How to Apply Using the Tailored for Focused and Transition Application Approaches	December 2022
Using the Budget Template	January 2023
Using the Performance Framework	January 2023
Using the Funding Landscape Table	January 2023
Using the Programmatic Gap Table	January 2023
Using the Prioritized Above Allocation Request Template	January 2023

eLearnings will be available in English and French.

Questions:

AccessToFunding@theglobalfund.org

Note: the Design and Review Funding Requests Operational Policy Note is being updated for the 2023-2025 allocation period; CCMs and PRs will be notified in writing once the revised version has been approved and published

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Equity, Human Rights and Gender Equality (EHRGE)

Nairobi, 2022

Photo: © UNDP Bolivia /Miguel Samper

Equity, Human Rights and Gender Equality

A rights-based design and delivery approach

Intensified action to address inequities, human rights- and gender-related barriers

A stronger role and voice for communities affected by malaria

Greater emphasis on integrated, people-centered services

- Strengthen health outcomes through improved service quality and health services that **maximize the engagement of most affected communities, and maximize equity, human rights and gender equality.**
- **Strengthen data systems and effective use of data**, including from community-led monitoring, for decision making at all levels.
- Ensure **meaningful engagement of communities** and other relevant **experts in the design, delivery and monitoring of services**, and working with all partners to integrate services and related data to deliver people-centered quality care.
- **Promote collaboration** across sectors to **revise policies and practices** to tackle structural determinants of health outcomes, including human rights barriers, gender-related barriers and inequities.
- **Increase financial / non-financial contributions** to community-based and community-led services.

Equity, Human Rights and Gender Equality

2023-2025 Allocation Period – What is Expected?

- In the 2023-2028 Strategy the Global Fund committed to supporting countries in scaling up comprehensive programs and approaches to remove equity-human rights- and gender-related barriers.
- For Malaria Funding Requests, applicants must ensure that **sub-nationally tailored** planning considers factors beyond malaria epidemiology such as **equity- human rights-, gender-related barriers,** and the important **sociocultural, economic and political factors** influencing individual and population-level risk, and access and engagement with health services**.**
- Applicants will be required to describe how Global Fund-supported programs will **maximize health equity, human rights and gender equality (EHRGE),** and the **engagement and leadership of the most affected communities**.
- Responding to these questions will require an understanding of populations or individuals most affected by malaria and underserved by malaria interventions, as well as the key equity- human rights- and gender-related barriers disproportionately affecting malaria outcomes in those populations.

Availability
- Health facilities must be regularly functioning, and goods and services in sufficient quantity.

Accessibility
- Health facilities, goods and services accessible to everyone, guaranteeing non-discrimination and removal of human rights-related barriers, physical accessibility, affordability, and information accessibility.

Acceptability
- Health facilities, goods and services must be respectful of medical ethics and patient rights, culturally appropriate, as well as sensitive to gender and life-cycle requirements.

Quality
- Health facilities, goods and services must be people-centered, scientifically and medically appropriate and of good quality

Programs to Reduce Barriers to Malaria Services

Human Rights and Gender Assessments

- Funding Requests should be informed by an assessment of equity-, human rights-and gender-related barriers, interventions that already exist to address them, and future programs for inclusion in the funding request to comprehensively address barriers for the most affected and underserved populations.
  - Applicants are requested to attach country-specific **human rights and gender assessments as annexes** to the Funding Request, if available, and describe within the funding request how findings have supported with the development of evidence-based actions that maximize health equity, human rights and gender equality, and maximize the engagement and leadership of most affected communities.
  - If recent relevant assessments are not already available, applicants should undertake an assessment using the Malaria Matchbox or similar tools now, or as a foundational activity in the next allocation period.

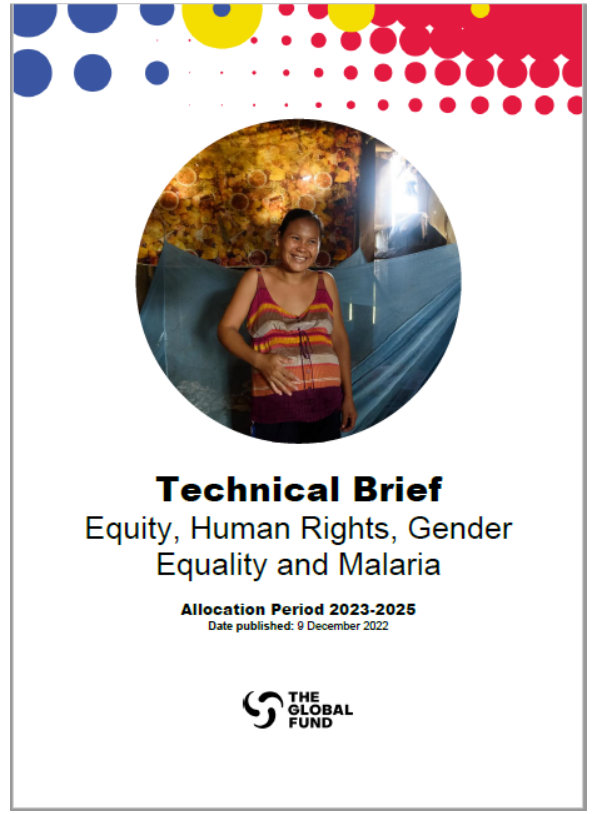
English
Português
Français

Equity, Human Rights and Gender Equality

Technical Brief

In order to reach the global malaria targets and end the epidemic, countries will need to scale-up sub-nationally tailored programming, reduce inequities in access to services and health outcomes, and significantly expand coverage of comprehensive programs to remove equity-, human rights- and gender-related barriers. Programs to address barriers include:

1. **Reducing gender-related discrimination and harmful gender norms**
2. **Promoting meaningful participation of affected populations**
3. **Strengthening community systems for participation**
4. **Monitoring and reforming laws, policies and practices**
5. **Improving access to quality services for underserved populations**



English
Français – coming soon

Equity, Human Rights and Gender Equality

Reducing gender-related discrimination and harmful gender norms

Gender and disease outcomes

- Evidence shows that strategies that incorporate a gender perspective are **more effective and sustainable** than those that do not
- Increasing evidence that addressing gender-related inequalities in endemic malaria settings may **reduce burden of disease and hasten elimination efforts**
- Strong evidence that strengthening women's agency over resources and household-level decision-making authority can **significantly decrease malaria incidence and prevalence**
- The 2023 – 2028 Global Fund strategy commits us to initiating a Partnership-wide focus on **gender transformative programming** to advance gender equality and reduce gender-related barriers to services

Incorporating gender into Funding Requests:

1. Use a comprehensive gender assessment to inform program design
2. Ensure programs do not inadvertently perpetuate gender inequalities or inequities through design or implementation
3. Ensure full participation of women, girls and gender-diverse communities in design, implementation and monitoring
4. Actively monitor who is being reached to ensure women, men and gender-diverse communities benefit equitably
5. Tailor programs to meet gender-specific needs and remove gender-related barriers and where possible, advance gender equality by tackling the underlying causes of gender inequality in health
6. Use gender-specific and/or sex-disaggregated indicators to monitor and evaluate progress and results, or take steps to fill data gaps where data is not available

Equity, Human Rights and Gender Equality

Reducing gender-related discrimination and harmful gender norms

Examples of gender-responsive interventions

- Community-based case management to reduce costs related to treatment and increase accessibility for women
- Education on drug safety for pregnant women and their partners
- Strengthening linkages between malaria and maternal and child health interventions and integrating malaria prophylaxis and net distribution into antenatal care and immunization programs
- Gender-responsive communications and messaging for prevention and treatment
- Engaging women in vector control activities such as IRS and net distribution to increase acceptability in women-led households/when men are not present

Examples of gender-transformative interventions

- Interventions to increase gender equality within the malaria workforce, including as IRS sprayers, SMC distributors and community health workers, by ensuring equal opportunities for participation, training, and leadership for women and gender-diverse people, closing gender pay gaps, increasing employment security, and eliminating workplace sexual harassment and violence
- Interventions to increase women's economic independence and decision-making power within households, such as conditional cash transfers
- Health education interventions at the community level that reinforce women's authority to make decisions about whether/when to seek care for themselves and family members

Gender Equality Marker

Score	Global Fund Minimum Criteria
Not targeted (score 0): Any funding request not meeting *Significant* or *Principal* criteria	It is strongly recommended that all funding requests are informed by gender analysis so at a minimum the Global Fund investment does no harm and does not reinforce gender inequalities
Significant (score 1): Gender equality is not the principal reason for undertaking the project/programme but is an important and deliberate part of the intervention	A gender assessment relevant to each disease component in the funding request has been conducted
	The findings of the gender assessment have informed the funding request
	The funding request includes at least one intervention explicitly contributing to advancing gender equality
	Data and indicators are disaggregated by sex and/or gender where applicable
	A commitment to routinely collect and analyze sex and/or gender disaggregated data to inform program design, adaptation and understanding of performance
Principal (score 2): Gender equality is a contributory objective of the project/programme and is fundamental in its design and expected results	A gender assessment relevant to each disease component in the funding request has been conducted
	The findings of the gender assessment have informed the funding request
	The funding request includes at least three interventions that explicitly contribute to the advancement of gender equality; at least one is specific to transgender populations
	One of the main ambitions of the Global Fund investment is to advance gender equality
	Performance for the majority of interventions is being measured with sex and/or gender disaggregated indicators
	A commitment to routinely collect and analyze gender disaggregated data to inform program design, adaptation and understanding of performance

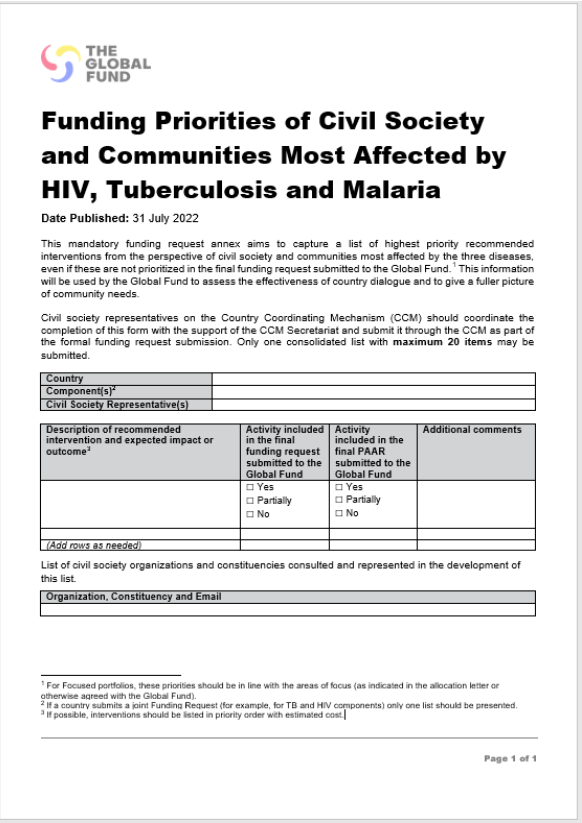
Equity, Human Rights and Gender Equality

Promoting meaningful participation of affected populations

- A key feature of rights-based approaches is meaningful participation of communities and civil society across the whole grant life cycle. Communities are often best positioned to not only identify barriers to services, but to also guide and implement programs and interventions that are responsive to their diverse and changing needs.

- Three new **minimum expectations for community engagement** are:
  - **Allocation Letter and Funding Request**: A transparent and inclusive consultation process with populations most impacted by malaria (across gender and age) during Funding Request development, resulting in an Annex of Funding Priorities of Civil Society and Communities Most Affected by Malaria;
  - **Grant Making**: Community and civil society representatives on the CCM have timely access to information on the status of grant negotiations and changes to the grant to support their involvement in oversight; and
  - **Grant Implementation:** Community and civil society representatives on the CCM have timely access to information on program implementation

Communities and civil society will be asked to develop their top priorities and detail them in the new mandatory Funding Priorities annex. The annex is intended to capture the highest priority interventions identified by communities and civil society which they believe will deliver highest impact in reducing barriers or increasing the acceptability, accessibility, affordability, availability, or quality of services.



THE GLOBAL FUND

Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis and Malaria

Date Published: 31 July 2022

This mandatory funding request annex aims to capture a list of highest priority recommended interventions from the perspective of civil society and communities most affected by the three diseases, even if these are not prioritized in the final funding request submitted to the Global Fund.[1] This information will be used by the Global Fund to assess the effectiveness of country dialogue and to give a fuller picture of community needs.

Civil society representatives on the Country Coordinating Mechanism (CCM) should coordinate the completion of this form with the support of the CCM Secretariat and submit it through the CCM as part of the formal funding request submission. Only one consolidated list with **maximum 20 items** may be submitted.

Country	
Component(s)[2]	
Civil Society Representative(s)	

Description of recommended intervention and expected impact or outcome[3]	Activity included in the final funding request submitted to the Global Fund	Activity included in the final PAAR submitted to the Global Fund	Additional comments
	☐ Yes ☐ Partially ☐ No	☐ Yes ☐ Partially ☐ No	
(Add rows as needed)			

List of civil society organizations and constituencies consulted and represented in the development of this list.

Organization, Constituency and Email

[1] For Focused portfolios, these priorities should be in line with the areas of focus (as indicated in the allocation letter or otherwise agreed with the Global Fund).
[2] If a country submits a joint Funding Request (for example, for TB and HIV components) only one list should be presented.
[3] If possible, interventions should be listed in priority order with estimated cost.

Page 1 of 1

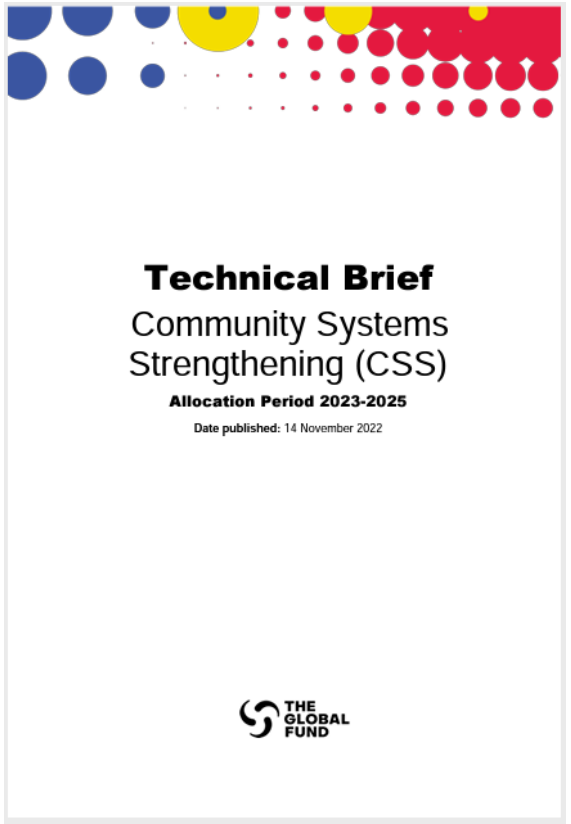
English
Español
Français

Equity, Human Rights and Gender Equality

Strengthening community systems for participation

In the 2023-2025 funding cycle, the Global Fund prioritizes funding for four interventions of community systems strengthening:

- **Community-led monitoring**: independent accountability mechanisms designed, led, and implemented by local community organizations that work closely with affected populations to improve availability, accessibility, responsiveness and quality of services.
- **Community-led research and advocacy**: activities to inform and support advocacy designed and led by community organizations, networks, and civil society actors, especially advocacy led by populations most affected by malaria and underserved by malaria services.
- **Capacity building and leadership development**: activities that support the establishment, strengthening, and sustainability of community-led organizations to provide and improve health services and other programming to address malaria.
- **Community engagement, linkages and coordination**: Activities to create an interlinked and coordinated system of community-based and community-led programs and services that engage, inform, and deliver services to all affected populations.



English
Español – Coming soon
Français – Coming soon

Equity, Human Rights and Gender Equality

- **Community-led Monitoring (CLM)**

Community-**based** monitoring

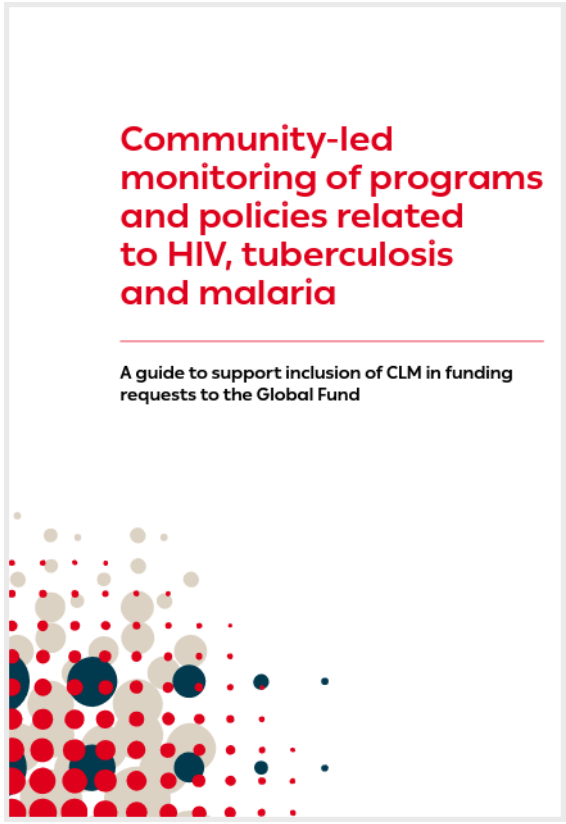
Community-based mechanisms by which service users and/or local communities gather, analyze and use information on an ongoing basis to improve access to, quality and impact of services, and to hold service providers and decision makers accountable. For example:

- Development, support and strengthening of community-based mechanisms that monitor availability, accessibility, acceptability and quality of services
- Community-based monitoring of barriers to accessing services for purposes of emergency response, redress, research and/or advocacy to improve programs and policies
- Tools and equipment for community-based monitoring (including appropriate technologies)
- Technical support and training on community-based monitoring: collection, collation, cleaning and analysis of data; and using community data to inform programmatic decision making and advocacy for social accountability and policy development.

Community-**led** Monitoring

Activities related to accountability mechanisms led and implemented by local community-led organizations to improve accessibility, acceptability, affordability, quality (AAAQ) and impact of health services. For example:

- Development of national community-led monitoring frameworks and strategies for public health facilities, private facilities and in community-based settings
- Implementation of community-led monitoring of barriers to accessing services.
- Piloting of new community-led monitoring mechanisms and programs for learning and refinement.
- Tools and equipment including appropriate technologies for data management and storage.
- Technical support and training: e.g., indicator selection, data collection, collation, cleaning and analysis, development or adaptation of data collection tools, using community data to inform programmatic decision-making and advocacy, informed consent, ethics approval, etc.
- Presentation and discussion of community-led monitoring data and recommendations in various governance structures and other decision-making spaces



English
Français

Equity, Human Rights and Gender Equality

Monitoring and reforming laws, policies and practices

In the context of health care, poorly designed or harmful laws, policies and practices impede effective responses, as does a lack of enforcement of effective laws and policies.

Countries should identify, remove or amend laws, policies and practices that may prevent or delay access to malaria services as well as develop laws, policies and practices that advocate for non-discrimination and for improving access to quality services.

Applicants should evaluate and document whether a policy environment exists that guarantees inclusivity of all, including people of all genders, undocumented migrants, refugees, the poor, socially disadvantaged, persons with disabilities, prisoners and other legally and geographically marginalized persons, and whether the laws governing availability and use of data enables timely and responsive subnational tailoring of malaria programs.

Examples of areas to strengthen, amend or enforce include:

- Policies and practices on informed consent and confidentiality
- Policies preventing bribes, and unexpected or prohibitively higher user fees
- Policies that currently prohibit the use of RDT by non-medical personnel, or limiting use to government staff only.
- Underfunded health systems and high out-of-pocket costs deterring people from accessing healthcare, or causing catastrophic costs to service users.
- Policies allowing for discriminatory treatment including exclusion from the health system, particularly for migrants, mobile and other undocumented populations.
- Laws requiring health care providers to report certain groups to law enforcement.
- Laws and policies limiting access to sexual and reproductive health services for adolescents and young women, and other spousal consent laws

Equity, Human Rights and Gender Equality

Improving access to quality services for underserved populations

- Although malaria prevention and treatment interventions have been scaled up, coverage gaps and inequities in access to services remain.
- If a population is at risk of malaria, it is essential for programs to understand how equity-, human rights- and gender-related barriers affect their ability to access and utilize prevention, diagnosis and treatment of malaria, and how interventions will address their specific needs.
- Programs should design concrete, evidence-based programmatic changes or new interventions to address the identified barriers and inequalities with full participation of the disadvantaged groups.

Why

- Fairness and justice
- Strong link to disease outcomes
- In many places health inequities are getting worse

Who and Where

- Highly context specific
- Use equity analysis and disaggregated data: dimensions may include age, sex, gender, place of residence, displacement status, economic status, nationality, ethnicity, disability, occupation and religion

How

- Deliberate efforts to reach most marginalized first. Equality of opportunity (same access to the same services) is not, on its own, enough to achieve equitable results
- Community engagement, data and analysis, partnerships

Populations	Potential equity-, human rights- or gender- barriers
Potential high-risk populations • Pregnant women • Infants • Children <5 years of age • People living in remote areas • People living with HIV/AIDS • Non-immune groups	• Cultural and gender norms or age of consent related barriers that may limit access to services • Literacy and language barriers • Negative attitudes and perceptions to ITNs • Limited access to ITNs, including access to distribution channels such as ANC • Limited use of ITNs • Limited access to accessible information • Limited knowledge on ITN benefits and subsequent use • Gender norms dictate who sleeps under ITNs
Potential underserved populations • Migrant, mobile or displaced populations • Travelers • People impacted by conflict • People living in remote areas • Women and children from poor settings • Undocumented workers • Indigenous and ethnic minority populations • Prisoners • Populations in complex emergencies • Persons with disabilities	• Legal barriers • Physical, financial and security (real and perceived) barriers • Equity, human rights and gender-related barriers • Social and cultural barriers • Literacy and language barriers • Limited acceptance of male CHW, IRS sprayers, ITN or SMC distributor or SBCC information providers • Unavailability of household occupants thus households unavailable for interventions such as IRS. • Limited acceptance due occupation of sprayers e.g., government vs military v. community health worker. • Policies limiting access to prisons

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Updates for the 2023-2025 Allocation Period

Malaria Guidance for Funding Requests

Date published: 20 October 2022

Date updated: 14 November 2022

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1 Overview of Malaria Resources

2 Malaria Information Note

3 Malaria Program Essentials

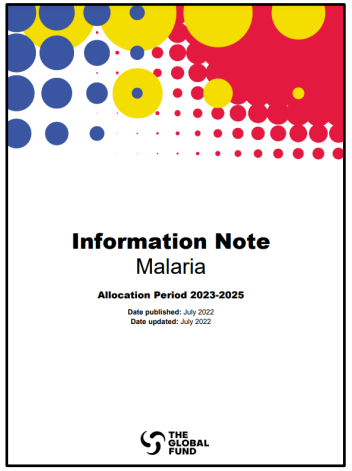
4 Key Messages on Investment Areas

5 Modular Framework: Malaria

1 Overview of Malaria Resources

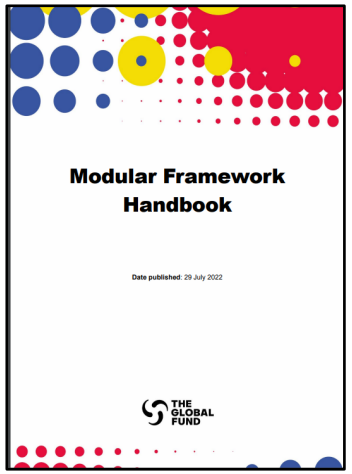
Key Malaria Resources for Funding Requests

Updates for the 2023-2025 Allocation Period



Malaria Information Note

The RSSH, HIV and TB Information Notes are also available here.



Modular Framework

This resource includes details on Global Fund-supported **interventions** and **indicators**.

Additional Resources

1. Technical Briefs

Technical Briefs will be published here as they are finalized in Q4 2022.

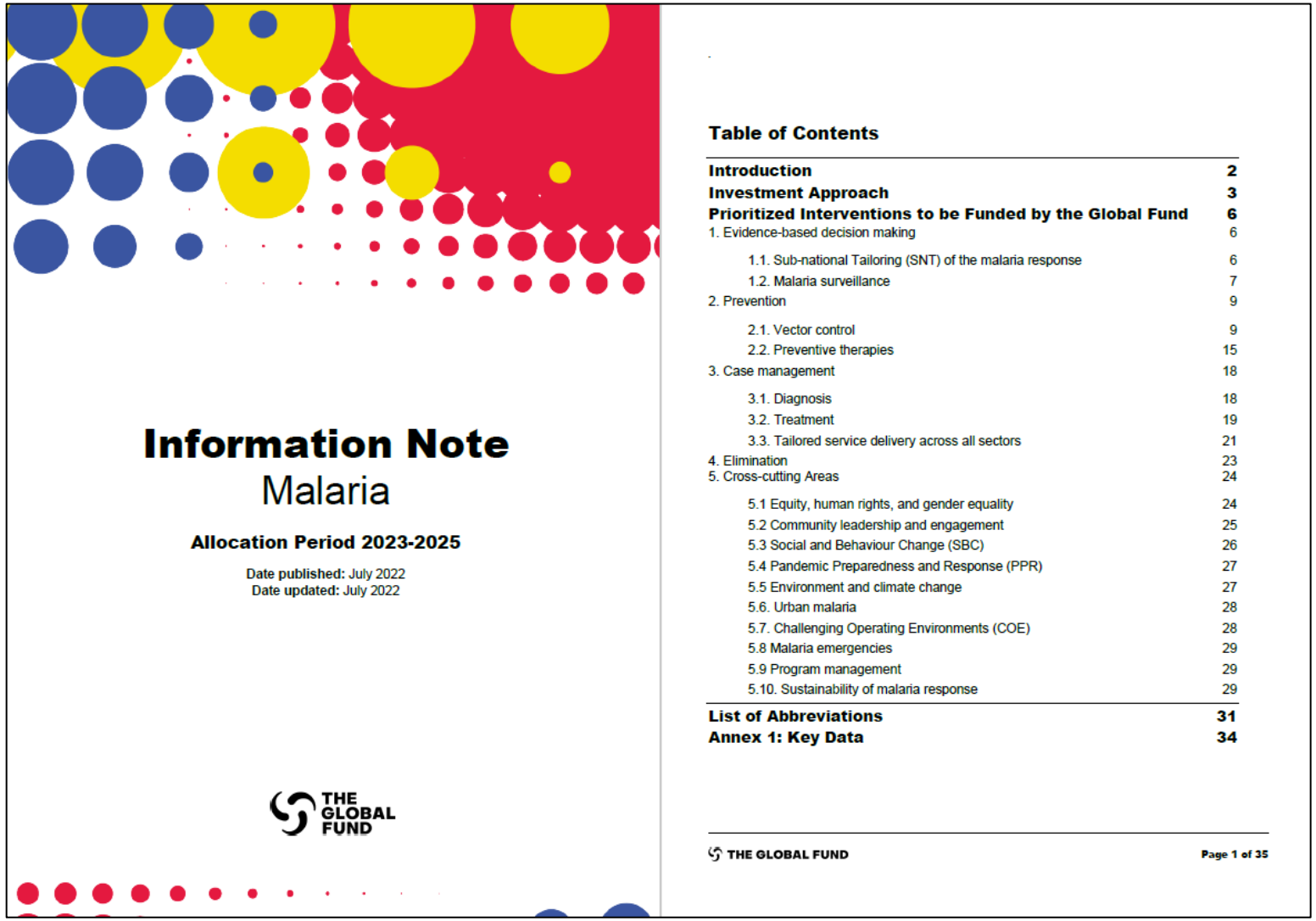
2. Global Guidelines

Links to all key technical guidance documents are in footnotes of the Malaria Information Note.

Translations are in process for all Global Fund materials.

2 Malaria Information Note

Malaria Information Note
Allocation Period 2023-2025



Information Note
Malaria

Allocation Period 2023-2025

Date published: July 2022
Date updated: July 2022

THE GLOBAL FUND

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The Malaria Information Note is available here.

Purpose:

- Complements normative guidance to assist with preparation of the funding requests.
- Provides recommendations on priority interventions and strategic investments aligned to NSPs to achieve impact.
- Includes Global Fund considerations around program essentials, procurement and supply chain management and other requirements

Malaria Investment Areas

1. Evidence-based Decision-making
2. Vector Control
3. Preventative Therapies
4. Case Management
5. Malaria Elimination

Cross-cutting Considerations:

- Equity, Gender Equality and Human Rights
- Community Leadership and Engagement
- Social and Behavior Change (SBC)
- Pandemic Preparedness and Response (PPR)
- Environment and Climate Change
- Urban Malaria
- Challenging Operating Environments (COE)
- Malaria Emergencies
- Program Management
- Sustainability of Malaria Response

Investment Approach
Malaria

Key Messages

- Malaria funding requests should be strategically focused on delivering optimal intervention mixes that are cost-effective and tailored to country context
- **New** - Protection from Sexual Exploitation, Abuse and Harassment (PSEAH) should be considered throughout grant life cycle.
- Grant implementation arrangements of utmost importance to achieve impact.

- ❑ Applicants are expected to **consider Program Essentials** throughout the grant life cycle. Program Essentials should be applied consistently for all interventions funded by the Global Fund.
- ❑ **Sub-national Tailoring (SNT)** of malaria interventions is one of the key program essentials.
- ❑ **Investments in Resilient and Sustainable Systems for Health (RSSH) to ensure achievement of malaria outcomes:** *while thinking through each malaria intervention, consider the health systems elements crucial for success*
- ❑ Consider investments/approaches/adaptations of malaria service delivery to address equity, human rights and gender equality (EHRGE) issues to ensure impactful malaria services

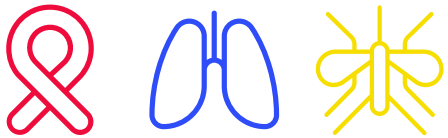
Introduction to Program Essentials

What are they?	How were they selected?
Program Essentials are **key evidence-based interventions and approaches** to address the ambitious goals set out in **the HIV, TB, and Malaria global strategies.** When part of national programs, **Program Essentials will support countries to achieve their national targets.** They can be funded by either The Global Fund or other sources.	Elements **recommended by technical partners** (WHO, UNAIDS, Stop TB, RBM) and further described in their respective technical guidelines **Critical interventions needed to achieve outcomes and impact** set out in global strategies (WHO, UNAIDS, Stop TB, RBM and the Global Fund) **Crucial to ensure equity in access** to highly impactful interventions

How Will Program Essentials Be Used in the 2023 – 2025 Allocation Period?

Overall objective

To achieve global goals for HIV, TB and malaria using the Global Fund strategy and its **Program Essentials as enablers**, whether through Global Fund grants or other means



How will Program Essentials be used to meet this objective in the new funding period?

1. Countries will be asked to **outline their "level of advancement"** toward achieving the Program Essentials and identify any gaps.
2. Countries will **determine which interventions to address, unmet Program Essentials** should be included in their funding request, guided by country and disease context.
3. Where countries have **prioritized the introduction and acceleration of Program Essentials in funding requests**, the Global Fund – subject to TRP / GAC review – will support countries in achieving and sustaining them.
4. The Global Fund **will track and review progress against the Program Essentials** through established indicators and monitoring processes.

Malaria Program Essentials (1/2)

Objective	Program Essentials
(a) Implement malaria interventions, tailored to sub-national level using granular data and capacitating decision-making and action.	• Support in-country capacity for sub-national tailoring and evidence-based prioritization of tailored malaria interventions. • Build capacity for quality data generation, analysis & use at national and sub-national levels. • Ensure sub-nationally tailored planning considers factors beyond malaria epidemiology such as health systems, access to services, equity, human rights, gender equality (EHRGE), cultural, geographic, climatic, etc. • Ensure quality of all commodities and monitor effectiveness. • Deliver all interventions in a timely, people-centered manner.
(b) Ensure optimal vector control coverage.	• Promote evidence-based prioritization for product selection, implementation modality and timing, and frequency of delivery with a focus on ensuring sustained high coverage among the highest risk populations. • Expand entomological surveillance. • Address barriers hampering the rapid scale-up of new products. • Evolve indicators to improve the tracking of effective vector control coverage.

Malaria Program Essentials (2/2)

Objective	Program Essentials
(c) Expand equitable access to quality, early diagnosis, and treatment of malaria through health facilities, at the public sector and community level, and in the private sector.	• Understand and address key barriers to access. • Engage private sector providers to drive parasitological testing before treatment. • Expand community platforms where access is low. • Improve and evolve surveillance and data collection tools and processes to enable continuous quality improvement (CQI) and accurate surveillance. • Use of quality of care (QoC) stratification to tailor support to case management across sectors. • Strengthening coordination and linkages between public, private and community systems for service provision.
(d) Optimize chemoprevention.	• Support data driven intervention selection and implementation modality. • Support flexibility on implementation strategies including integration within primary healthcare (PHC) as relevant.
(e) Drive toward elimination and facilitate prevention of re-establishment.	• Enhance and optimize vector control and case management. • Increase the sensitivity and specificity of surveillance. • Accelerate transmission reduction.

4 Key Messages on Investment Areas

Evidence-based Decision-making

- Support in-country capacity for sub-national tailoring and evidence-based prioritization of malaria interventions.
- Build capacity for quality data generation, analysis and use at national and sub-national levels.
- Ensure sub-nationally tailored planning considers factors beyond malaria epidemiology.
- Deliver all interventions in a people-centered manner.
- Ensure quality of all commodities and monitor effectiveness.

Eligible activities include:

Sub-national Tailoring

- ❑ Creation, maintenance, and use of malaria data repositories, interoperable with existing information and able to draw from routine surveillance.
- ❑ Short- and long-term capacity building of national and district malaria programs.
- ❑ Digital health infrastructure including inventory of digital systems/assets, system standards and interoperability

Malaria surveillance and Burden assessment

- ❑ Health Management Information System (HMIS)-*routine systems strengthening, digital data systems (public/private), readiness/maturity assessment & costed workplans, national strategies and governance mechanisms*
- ❑ Consideration for program evaluation/OR to inform delivery, coverage and effectiveness of interventions*
- ❑ Small scale surveys on intervention coverage/disease burden (ex. ANC- or school-based, sub-national, LQAS)
- ❑ Household surveys, such as DHS, MICS and MIS
- ❑ Establishment and operationalization of malaria sentinel surveillance

RSSH Investment

*https://www.insightsmalaria.org/research-prioritization

Vector Control

- Promote evidence-based prioritization for product selection, implementation modality, and timing and frequency of delivery.
- Expand entomological surveillance.
- Address barriers hampering the rapid scale-up of new products.
- Evolve indicators to improve the tracking of effective vector control coverage.

- ❑ Funding requests for vector control should be based on a **national vector control strategy**, using up-to-date entomologic and epidemiologic data and in line with the WHO Guidelines for Malaria.
- ❑ Applicants should have **a national ITN strategy**, and the funding request should indicate both i) full need to achieve and maintain optimal effective coverage, with rationale and ii) the actual ask, with rationale, if more limited than the full need.
- ❑ **Indoor Residual Spraying (IRS) is eligible for funding** if the applicant demonstrates sustainable financing to continue IRS, a sound insecticide-resistance management strategy and health and environmental compliance safeguards.
- ❑ Surveillance and control of ***Anopheles stephensi*** should be included where appropriate.
- ❑ **Entomological surveillance** should be prioritized, and requested if not available from other sources, which may include insecticide resistance, and associated IR management planning. Support for DHIS2 vector module integration can be included and is encouraged. ITN durability monitoring should be included.
- ❑ Vector control needs assessments, and vector control and surveillance **capacity building activities** can be included.
- ❑ **Supplementary interventions**: i.e., larval source management and house screening. Applicants should demonstrate (with data) that this intervention is appropriate to the setting and will not impact ability to fund ITNs/IRS at appropriate scale.
- ❑ Interventions currently not recommended by WHO are **not eligible for funding**, which includes topical repellents, space spraying, insecticide treated clothing, insecticide treated plastic sheeting.

Preventive Therapies (1/2)

- Data driven intervention selection and implementation modality.
- Flexibility on implementation strategies including integration within primary healthcare as relevant.

Applicants are strongly encouraged to:

- ❑ **Prioritize interventions** based on available evidence, local epidemiology, transmission intensity, seasonality, and access to services.
- ❑ **Strengthen interactions** between different types of chemoprevention should be assessed prior to implementation.
- ❑ **New –** support WHO recommendations on **seasonal malaria chemoprevention** (SMC) age/location/rounds. Applicants should provide relevant data and monitoring and evaluation activities (pharmacovigilance and drug resistance); and strategies to improve service delivery.
- ❑ Support **intermittent preventive treatment of malaria in pregnancy** through integrated systems approach in which the continuum of care for pregnant women is reinforced.
- ❑ Integrate **Perennial Malaria Chemoprevention,** previously Intermittent Preventive Treatment for infants (IPTi), with other strategies targeting the same age group populations and closely monitored for coverage and impact.
- ❑ **New - Support intermittent preventive treatment for school children** (IPTsc) and **post discharge malaria chemoprevention** (PDMC), if sufficient evidence has been provided.

Preventive Therapies (2/2)

- Data driven intervention selection and implementation modality.
- Flexibility on implementation strategies including integration within primary healthcare as relevant.

- **Mass Drug Administration:**
  - Can be used for: **(a)** emergency burden reduction (including malaria outbreaks and malaria control in emergency settings); or **(b)** transmission reduction in the context of intensified elimination efforts.
  - Mass Drug Administration for elimination effect wanes in 1-3 months; it is recommended when combined with components of a robust malaria elimination program.
  - New – Mass Relapse Prevention of *Pv*. with 8-aminoquinolines is currently **not** recommended by WHO.

- New – **Malaria Vaccines:**
  - WHO recommended the use of RTS,S/AS01 malaria vaccine should be used for the prevention of *P. falciparum* malaria in children living in regions with moderate to high transmission as defined by WHO.
  - Malaria vaccine *RTS,S/AS*01 (RTSS) introduction requires a strong coordination between the national immunization program and the malaria control program and has to consider several factors such as: levels of malaria transmission at sub-national level, pattern of severe malaria, structure and function of the health system, use and coverage of existing malaria control interventions, and the context where the vaccine could best complement other tools as part of a package of interventions.
  - The Global Fund does not support RTS,S/AS01 procurement and introduction, but the funding request can include technical support for subnational tailoring or National Strategic Plans (NSP) update and Malaria Program Reviews (MPR).

RSSH investments to support successful malaria prevention

Health Products Management Systems

- ❑Planning, quantification and procurement capacity
- ❑Storage and distribution capacity, design & operations
- ❑Regulatory/quality assurance
- ❑Waste management

Human Resources for Health:

- ❑Community Health Workers program with referral linkages to PHC
- ❑Human Resources for Health planning, management & governance – for integrated platforms (ANC, EPI & community)
- ❑Supportive supervision for integrated services – public, private, community level

Data/Information systems:

- ❑Digital platforms (campaign, community, facility, financial, supply chain)
- ❑Geospatial mapping
- ❑Coverage surveys, etc.

Community system strengthening community led monitoring for campaign and facility prevention services; CBO/CLO engagement for service delivery, SBCC

Health Financing Systems: strengthening of budgeting, financial management and accounting for campaigns, etc.

Case Management

- Understand and address key barriers to access.
- Expand community platforms where access is low.
- Improve and evolve surveillance and data collection tools and processes to enable continuous quality improvement (CQI) and accurate surveillance.
- Strengthen coordination and linkages between public, private and community systems for service provision.

Diagnosis	Treatment	Tailored service delivery across all sectors
Applicants are encouraged to: ○ **Support early diagnosis of malaria**, including testing suspected cases with microscopy or RDTs. ○ Info note includes considerations for RDTs selection, procurement and quality assurance process ○ **Address *Pfhrp2/3* gene deletions** by supporting baseline and periodic surveys and the procurement of alternative RDTS in the setting of confirmed deletions. **The Global Fund does not fund more sensitive diagnostic tools for routine case management.**	**Applicants are encouraged to:** ○ **Enhance efforts to mitigate antimalarial drug resistance** via strengthening drug efficacy surveillance, and consideration of approaches to diversify ACT availability and use in country. ○ **Strengthen management of severe malaria** at the facility and community level, including attention to referral systems and adherence to guidelines ○ **Strengthen management of *P.vivax*** by using primaquine for radical cure recommended with systems for detecting G6PD deficiency and/or for monitoring hemolysis.	○ **Stratify key indicators for case management** by district on a routine basis to assess performance, to guide quality of care interventions ○ **New – Strengthen private sector engagement** and develop pathways to develop criteria on diagnostics to access funding ACT co-payment mechanisms. ○ **New** - Integrate **community case management interventions**, including non-malaria iCCM commodities.

Case Management: Addressing Drug Resistance

In the context emerging artemisinin partial resistance in Africa, and in complement to the WHO Strategy in Addressing Antimalarial Drug Resistance, GF strongly supports countries to include interventions to mitigate the risks and respond to the emergence and spread of antimalarial drug resistance within the funding request.

Drug Efficacy Surveillance	Response	Market Shaping Interventions
Applicants are encouraged to: ○ Invest to improve the scope, timeliness, and quality of data on drug efficacy and resistance surveillance ○ Prioritize building capacity and implementation of TESs and contribute data to regional networks for coordination and mapping of drug resistance ○ We expect to see TES support within malaria grants in complement to partner initiatives **Conduct country assessments as outlined in the WHO DR strategy and invest accordingly along the four pillars including surveillance**	**To preserve the therapeutic lifespan of current ACTs, Global Fund will support:** ○ In countries with evidence of artemisinin partial resistance or decreased partner drug efficacy, support introduction of alternative ACTs to reduce pressure on and protect efficacy partner drugs. ○ If no documented DR, consider proactive planning for diversification of ACTs to delay the emergence of resistance ○ Diversification approaches need to be underpinned by clearly articulated country-specific assessments, strategies and implementation frameworks for introducing, managing, and documenting implementation and impact of multiple first lines in countries.	○ Global Fund and partners are actively working on market shaping interventions to increase the supplier base for all ACTs and their affordability and hence expand access to currently approved ACTs **Applicants are encouraged to:** ○ Commence planning for country readiness for use of alternative ACTs, including registration, inclusion in treatment guidelines, coordination with PSM systems, etc. ○ Programmatic gaps analysis (GF and RBM) revised to assist with optimal approach to ACT diversification, and prioritization and justification in the context of other interventions should be clearly outlined in the funding request

RSSH investments to support successful case management

Health Products Management Systems:

- Planning, quantification and procurement capacity
- Storage and distribution capacity, design & operations
- Regulatory/quality assurance
- Waste management

Human Resources for Health:

- HRH planning, management & governance – for improved distribution and retention of PHC workforce at subnational level
- Quality improvement, supportive supervision combined with training for integrated platforms.
- Competency based pre-service training

Data/Information systems: (see slides 9&10)

- Digital platforms (private, community, facility, financial, supply chain)
- HMIS strengthening
- Geospatial mapping
- M&E, surveillance, coverage surveys, etc.

Community system strengthening community led monitoring for PHC services; CBO/CLO engagement for service delivery, SBCC, assisted referrals

Laboratory strengthening as related to diagnosis and drug resistance surveillance

Health Financing Systems: strengthening of budgeting, financial management and accounting, etc.

Integrated community case management (iCCM): *(New)*

If government (as part of co-financing) or partners cannot fund the non-malaria medications (NMMs), GF can now support the following NMMs:

Antibiotics for pneumonia (first line treatment in U5s only)

ORS and zinc for diarrhea for U5s only

To be eligible for NMM funding, the following criteria need to be met:

1) GF investments only for NMMs for children U5 and only for community platforms
2) GF/other partner investments in place for appropriate diagnostic equipment (e.g., RDTs, respiratory timers) and training to ensure timely quality diagnosis of malaria, pneumonia and diarrhea per national iCCM protocols.
3) GF/other partner investments in antimicrobial resistance (AMR) monitoring and stewardship
4) GF/other partner investments covering the systems components needed for quality CHW service delivery, including adherence to the iCCM protocol, rational drug use and referral and counter referral systems

Malaria Elimination

- Enhance and optimize vector control and case management.
- Increase the sensitivity and specificity of surveillance.
- Accelerate transmission reduction and prevent reestablishment.

❑ The following **interventions are eligible for funding**:

1. Supporting local stratification by malaria transmission intensity and other key characteristics.
2. Enhancing and optimizing vector control.
3. Enhancing and optimizing case detection and case management including support for quality assurance and reference laboratories.
4. Strengthening surveillance systems to detect symptomatic and asymptomatic cases; notify, report, and investigate all malaria infections.
5. Accelerating malaria elimination and preventing reestablishment.
6. Generating evidence and lessons learned.

❑ Investments in the RSSH pillars outlined under data, prevention and case management are all still extremely relevant

❑ Intensified focus on: Governance, Health financing and financial management systems, and Sustainability planning

Cross-cutting Areas (1/3)

Equity, Gender Equality and Human Rights

- Equity, human rights, and gender equality considerations should be included in the sub-national tailoring analysis.
- Disaggregation of data (e.g., gender, age, other equity-related variables) as needed to guide decision-making.
- Include in the funding request background information on malaria-specific vulnerability and focus interventions accordingly.
- Funding request should include an analysis of the data available to demonstrate any known barriers to access and uptake of malaria services.
- Funding for implementation of the Malaria Matchbox or other similar tools can be included where EHRGE analyses have not been undertaken and/or information gaps exist.

Community Leadership and Engagement

- Community Systems improve and monitor access to malaria services
- Activities that empower and support communities' participation in national and local structures, platforms, and processes, as well as activities that ensure communities and civil society play a meaningful role in Global Fund grant application, decision-making, and implementation, are eligible for funding.
- Community-led monitoring activities are eligible for funding.

Social and Behavior Change (SBC)

- Investments in SBC need to be evidence-based, results-oriented, theory-informed and part of the national malaria SBC strategy.
- SBC plans and activities should build on existing best-practice and SBC efforts in other health sectors

Cross-cutting Areas (2/3)

Pandemic Preparedness and Response (PPR)

- Health system components which respond to malaria are key in early identification and response to pandemics.
- Investments in PPR can build on already existing systems, including malaria control and surveillance systems for acute febrile illness. Malaria early warning systems and laboratory system strengthening are eligible for funding.
- When integrating applicants should assess the scope and readiness of the existing structures and ensure sufficient resources (e.g., training, support supervision, etc.) are available for successful service delivery.

Environment and Climate Change

- Environmental factors including climate events and climate change disproportionally affect malaria.
- Climate data is expected to be routinely incorporated in malaria data repositories and used as one of the factors to guide program planning, adaptations, and coverage. Integration of malaria into emergency response plans (epidemic, climate/natural disasters) should be considered, where relevant.
- Waste management activities can be included for the relevant malaria interventions (e.g., vector control) and broader waste management and green technology for facilities should be budgeted under RSSH.

Urban Malaria

- Built urban environment, such as urban agriculture, settlement construction, roads and water drainage systems, and exposed water channels, can have a significant impact on urban malaria risk and burden. Large-scale rural-to-urban migration frequently leads to the expansion of unplanned settlements and an increased socioeconomic inequity and increased risk to malaria.
- Malaria transmission in urban areas is usually focal therefore a response targeting focal areas of transmission is likely more effective than an urban-wide approach. Geospatial and epidemiological surveillance and analysis, technical assistance to tailor malaria interventions to urban settings, community engagement, and support to initiatives to improve quality and reporting are eligible for funding.
- Applicants are encouraged to document current practices and lessons learned

Cross-cutting Areas (3/3)

Challenging Operating Environments (COE)

- COEs host less than 14% of the world's population and account for approximately one-third of the global disease burden for HIV, TB and malaria. In conflict and following natural disasters, infectious diseases, lack of treatment and food insecurity can sometimes kill more people than the violence or crisis itself.
- Activities to support adapted strategies (e.g., increasing the frequency of distributions to refugees, individual ITN distribution to displaced persons, selecting CHWs amongst mobile or migrant populations) are eligible for funding.
- Flexibilities may be applicable to and are detailed in the Global Fund operational manual.

Malaria Emergencies

- There is a mechanism to provide urgent funding for emergencies, including but not limited to, malaria outbreaks, natural disasters, and population displacement. This includes procurement of commodities to respond to urgent needs - see the guidelines on the Emergency Fund for details. Malaria emergencies can also be funded through reprogramming of funds within the malaria grants.

Program Management

- Funding request can include activities related to leadership, coordination, and management of the malaria program at national and subnational levels.
- Special attention to capacity building for data generation, use and analysis at sub-national level.

Sustainability of Malaria Response

- Strengthening sustainability is critical. Financial sustainability is a critical priority, and sustainability considerations cut across many thematic areas, including epidemiological, programmatic, systems-related, governance, and human rights and vary according to the specific country context.

5 Modular Framework: Malaria

Malaria Modular Framework
Overarching Approach and Adjustments

Process	• Aligned with the 2023-2028 Global Fund Strategy. • Reviewed and addressed identified gaps in clarity, reporting needs and data availability issues related to the 2020-2022 Modular Framework and Detailed Budget template. • Consulted partner and internal departments.
Key changes	• No structural changes to existing malaria modules, when compared to the 2020-2022 Modular Framework. • Includes new interventions within modules aligned with latest WHO recommendations (examples in SPI). • Revised activity level descriptions to align with latest WHO normative guidance and with Malaria Information Note. • Indicators were revised to reflect changes in WHO guidance (examples in SMC) and were also modified to reflect an emphasis on sub-national data gathering and analysis that aligns with the subnational tailoring approach from WHO.
Cross-modules highlights	• Updated wording to include quality of care and other RSSH-lead criteria on training, monitoring and reporting, and appropriate inclusion in RSSH module of malaria grants, where relevant. • Change in name of activities: from Information Education Communication to Social and Behavioral Change Communications • More explicit inclusion of integration components • Types of commodities such as ACTs, nets and new VC tools will be extracted from HPMT tool

Key Changes Within Modules (1/2)

Vector Control in 2020-2022 Allocation Period	Change in 2023-2025 Allocation Period	Justification
Adjustment of terminology for LLINs	LLIN to ITN	To align with WHO language (PBO nets not considered LLIN, rather ITN).
Other Vector Control measures	Added specific language on new vector control tools	If new vector control tools become available.

Case Management in 2020-2022 Allocation Period	Change in 2023-2025 Allocation Period	Justification
Active case detection and investigation (elimination phase)	Intervention name change: Intensified activities for elimination	Expanded scope to include all elimination-related activities.
ICCM	Added language on expanded iCCM commodities	To include non-malaria commodities.
New Intervention	Hrp2/3 deletion surveys	To address biologic threats in CM Note: can also be included in TES

Key Changes Within Modules (1/2)

Specific Prevention Interventions in 2020-2022 Allocation Period	Change in 2023-2025 Allocation Period	Justification
Intermittent preventive treatment (IPT) - In infancy	Perennial Malaria Chemoprevention (PMC)	To align with changes in WHO nomenclature and to increase the scope of intervention.
Mass drug administration	Updated language to include burden reduction only, transmission reduction included in the module on case management for “Intensified activities for elimination”.	To align with new WHO guidance.
New Intervention	Intermittent Preventive Treatment for School children (IPTsc)	To align with new WHO recommendation and upcoming guidance.
New Intervention	Post-discharge malaria chemoprevention (PTMC)	To align with new WHO recommendation and upcoming guidance.

Key Messages
Rationale for New Indicators

Vector Control

- To improve assessments in:
  - Vector control coverage of at-risk populations; and
  - District level performance of coverage of targeted populations.

Case Management

- To enable assessments of:
  - What proportion of estimated malaria cases have been treated and reported, and what proportion is been "missing".
  - access to testing and treatment services
- To include sub-national indicators on treatment access and coverage
- To improve measurement of trends in severe malaria burden in the population.

Specific Prevention Interventions (SPI)	• To better reflect new interventions in SPI.
Elimination	• To better track changes in local transmission of malaria. • To assess progress towards zero case fatality and ensures urgent investigation and action.

Useful Resource Links

Global Fund applicant guidance materials (including Information Notes and Technical Briefs)

https://www.theglobalfund.org/en/applying-for-funding/design-and-submit-funding-requests/applicant-guidance-materials/

Commodity pricing and lead times

https://www.theglobalfund.org/en/sourcing-management/health-products/

iLearn Online Learning for specific GF-related subjects

https://www.theglobalfund.org/en/ilearn/

Thank you!

THE GLOBAL FUND

The Global Fund to Fight
AIDS, Tuberculosis and Malaria

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theglobalfund.org

Données et mesures essentielles sur le paludisme Données subnationales pour la prise de décision 2023-2028

Efforts visant à faire évoluer les processus et les approches de mesure

Tableaux de données essentiels

Tableaux de données pour la demande de financement

	2016	2017	2018	2019	2020	2021	2022	Source	GF Comments
Population at risk of malaria								WHO Global Malaria Programme	
Malaria cases, estimate (number)								WHO Global Malaria Programme, World Malaria Report, 2020	
Malaria cases, estimate (rate per 1000 population at risk)								WHO Global Malaria Programme	
Malaria deaths, estimate (number)								WHO Global Malaria Programme, World Malaria Report, 2020	
children U5 yrs									
Malaria deaths, estimate (rate per 100,000 population at risk)								WHO Global Malaria Programme	
Malaria plasmodium falciparum cases, estimate (number)								WHO Global Malaria Programme	
Malaria plasmodium vivax cases, estimate (number)								WHO Global Malaria Programme	
Suspected reported malaria cases (number)								WHO Global Malaria Programme, World Malaria Report, 2020	This will have to be calculated for the stratification
Reported malaria cases with microscopy slides (number)								WHO Global Malaria Programme, World Malaria Report, 2020	
Reported malaria cases with RDT performed (number)								WHO Global Malaria Programme, World Malaria Report, 2020	
Malaria plasmodium falciparum cases (percent)								WHO Global Malaria Programme	
Malaria plasmodium vivax cases (percent)								WHO Global Malaria Programme	
Suspected malaria cases that received a parasitological test (percent) (public sector)								WHO Global Malaria Programme, World Malaria Report, 2020	stratified at province or district level (choose the lowest level available)
Suspected malaria cases that received a parasitological test (percent) (private)									
Reported confirmed malaria cases (public sector)*								WHO Global Malaria Programme, World Malaria Report, 2020	
Reported confirmed malaria cases (private)									
Reported presumed and confirmed malaria cases (public sector)*								WHO Global Malaria Programme, World Malaria Report, 2020	stratified at province or district level (choose the lowest level available)
Reported presumed and confirmed malaria cases (private)									
Malaria RDT positivity rate (percent)									
Malaria microscopy test positivity rate (percent)									
Malaria Incidence: Confirmed malaria cases (microscopy or RDT) per 1000 persons per year									stratified at province or district level (choose the lowest level available)
Reported malaria deaths								WHO Global Malaria Programme, World Malaria Report, 2020	
Reported malaria deaths per 100,000 persons per year									stratified at province or district level (choose the lowest level available)
Proportion of confirmed malaria cases that received first-line antimalarial treatment according to national policy									stratified at province or district level (choose the lowest level available)
Number of severe malaria cases (public sector)								WHO Global Malaria Programme	stratified at province or district level (choose the lowest level available)
ACTs for first line therapy for uncomplicated malaria - **list ACTs in comments section**									
First line antimalarials for treatment of severe malaria - **list in comments section**									
First-line treatments for uncomplicated and severe malaria - **List in comments section**									
Percentage of antenatal clients with 1st visit before 12 weeks - ANC 1								DHS Program Statcompiler	stratified at the province or district level. disaggregation available are urban/rural; education level; woman' age group; wealth quintile
Antenatal care coverage - at least four visits (%) - ANC 4								DHS Program Statcompiler	stratified at the province or district level. disaggregation available are urban/rural; education level; woman' age group; wealth quintile
Percentage of health facilities with tracer medicines available on the day of the visit (standard HFA indicator definition)									
Completeness of facility reporting: Percentage of expected facility monthly reports that were actually received for the most recently completed reporting period								WHO Global Malaria Programme	
Reported confirmed malaria cases (community)								WHO Global Malaria Programme, World Malaria Report, 2020	
Reported presumed and confirmed malaria cases (community)								WHO Global Malaria Programme, World Malaria Report, 2020	
Suspected malaria cases that received a parasitological test (percent) (community)									
Proportion of households with at least 1 ITN								WHO Global Malaria Programme	
Proportion of the household population with access to an ITN								WHO Global Malaria Programme	disaggregated at province or district level (choose the lowest level available)
Proportion of population that slept under an ITN the previous night								WHO Global Malaria Programme	
Proportion of population using an ITN among those with access to an ITN								WHO Global Malaria Programme	disaggregated at province or district level (choose the lowest level available)
Proportion of children U5 that slept under an insecticide-treated net (modelled) estimate								WHO Global Malaria Programme	
Proportion of pregnant women that slept under an insecticide-treated net (modelled) estimate								WHO Global Malaria Programme	
Percent of pregnant women who received at least 2 doses of IPTp in ANC								WHO Global Malaria Programme	
Percent of pregnant women who received at least 3 doses of IPTp in ANC								WHO Global Malaria Programme	disaggregated at province or district level (choose the lowest level available)
Malaria Parasite prevalence: Proportion of children aged 6-59 months with malaria infection, RDT (percent)								DHS Program Statcompiler	stratified at the province or district level. urban/rural, sex, age-group (<12 months; 12-59 months), mother's education, wealth quintile okay for U/R, sex, would leave out mothers ed and wealth (too much), but need to also disaggby

Composants

Indicateur et type d’indicateur (pourcentage, proportion, nombre...)

Années de 2016 à 2022

Source de l’indicateur (OMS GMP, DHS...)

Commentaires du GF, y compris les stratifications nécessaires (subnational, sexe, urbain/rural...)

Major Sections

Morbidity and Mortality Burden by Sector (public, private and community)

Case Management Cascade by Sector (public, private, community, ANC)

Commodities by type and brand (antimalarials, RDTs, ITNs…)

Intervention channel, reach and quality (access, use, adherence)

Drug efficacy and HRP2/3 gene deletion monitoring

Resistance monitoring

Elimination settings: Annual Blood Examination Rate, Case and Foci investigation and classification

KPI Specifics

Grant Performance Measurement

Current KPI and changes

No	KPI		Modular Framework Indicator
1	# of LLINs distributed to at-risk-populations	VC-1	Number of insecticide-treated nets distributed to- at-risk populations through mass campaigns
		VC-3	Number of insecticide-treated nets distributed to- targeted risk groups through continuous distribution
2	Proportion of suspected malaria cases that receive a parasitological test.	M-40	Proportion of suspected malaria cases that receive a parasitological test (public, private, community)
3	Proportion of confirmed malaria cases that received first-line antimalarial treatment	M-23	Proportion of confirmed malaria cases that received first-line antimalarial treatment (public, private, community)
4	Proportion of pregnant women receiving ANC services who received three or more doses of intermittent preventive treatment for malaria	SPI-1	Proportion of pregnant women receiving ANC services who received three or more doses of intermittent preventive treatment for malaria
5	Percentage of children who received the full number of courses of SMC per transmission season in the targeted areas	SP-2	Percentage of children who received the full number of courses of SMC per transmission season in the targeted areas

Impact Indicators - Keep

Code	Indicator	Remarks
KPI 1	Estimated number of lives saved	Modelled estimates for global reporting
KPI 1	Reduction in new infections/cases	
Malaria I-1	Reported malaria cases (presumed and confirmed)	Reporting numbers only here
Malaria I-2.1	Confirmed malaria cases (microscopy or RDT): rate per 1000 persons per year	Reporting number and rate
Malaria I-3.1	In-patient malaria deaths: rate per 100,000 persons per year	Reporting number and rate
Malaria I-4	Malaria test positivity rate (number tested positive/total number tested)	
Malaria I-6	All-cause under-5 mortality rate per 1000 live births	
Malaria I-10	Annual parasite incidence: Confirmed malaria cases (microscopy or RDT): rate per 1000 persons per year	In elimination settings

Impact Indicators - Change

Existing indicator	Replace with (indicator)	Remarks
Malaria I-5: Malaria Parasite prevalence: Proportion of children aged 6-59 months with malaria infection	Malaria Parasite prevalence: Proportion of population** with malaria infection	Disaggregated by age groups (<5 & =>5yrs), and gender
Malaria I-9: Number of active foci of malaria	Proportion of districts*** reporting locally transmitted cases of malaria	The new indicator enables better tracking of changes in local transmission of malaria

*For all impact indicators, availability of sub-nationally disaggregated analysis at national level will be essential. This will be emphasized in the indicator guidance and will also be tracked trough M&E profiles.
**This will require a shift in how surveys are powered
***Shift to districts as foci was difficult to define

Impact Indicators - New

Code	Indicator	Remarks
New	Malaria mortality: number and rate per 100 000 people per year	National – WHO estimate Subnational – if functional CRVS systems in place
New	Malaria Case Fatality Rate – number of deaths among confirmed malaria cases/total confirmed malaria cases (for elimination settings)	Enables assessing progress towards zero case fatality and ensures urgent investigation and action.
New	Malaria admissions per 100,00 population	Enables assessing trends in severe malaria burden in the population.
New	Proportion of admissions for malaria (out of the total number of inpatient admissions).	Helps to assess trends in malaria admissions against all-cause admissions, and its burden on the health care system (esp. on hospital bed occupancy.)
New	Number of locally-acquired malaria cases (disaggregated by species)	In elimination settings
New	Number of malaria free districts – number of districts reporting zero malaria cases for the reporting period	In elimination settings
New	Secondary case: index case ratio: Number of secondary cases detected (either as a result of case investigation or focus investigation) per index cases investigated.	In elimination settings

VC Outcome & Coverage Indicators - Keep

Code	Indicator	Remarks
Malaria O-1a	Proportion of population that slept under an insecticide-treated net the previous night	• Generated through HH surveys (mainly MIS) • Countries can choose amongst the indicators • Not able generally to stratify by district (usually powered to the Province level)
Malaria O-1b	Proportion of children under five years old who slept under an insecticide-treated net the previous night	
Malaria O-1c	Proportion of pregnant women who slept under an insecticide-treated net the previous night	
Malaria O-2	Proportion of population with access to an ITN within their household	
Malaria O-3	Proportion of population using an insecticide-treated net among those with access to an insecticide-treated net	
VC-1 (M)/KPI 2	Number of insecticide-treated nets distributed to- at-risk populations through mass campaigns	• Reported through routine programmatic reporting • Will change from "long-lasting insecticidal" nets to "insecticide-treated nets" • Can be disaggregated and stratified by district
VC-3 (M)/KPI 2	Number of insecticide-treated nets distributed to- targeted risk groups through continuous distribution	
VC-5/KPI 2	Proportion of households in targeted areas that received Indoor Residual Spraying during the reporting period	
VC-6.1/KPI 2	Proportion of population at risk protected by IRS within the last 12 months in areas targeted for IRS	

VC Outcome & Coverage Indicators - Change

Existing indicator	Replace with (indicator)	Remarks
Malaria O-4: Proportion of households with at least one insecticide-treated net for every two people **and/or sprayed by IRS within the last 12 months**	Proportion of households with at least one insecticide-treated net for every two people	• Removing the existing survey indicator, as IRS coverage will no longer be generated through surveys. • The first part of this indicator, could still serve as a good indicator of HH ITN ownership • Still can only be stratified at the provincial level

VC Outcome & Coverage Indicators - Remove

Existing indicator	Remarks
Malaria O-8: Proportion of households sprayed by IRS within the last 12 months	• Removing the existing survey indicator, as IRS coverage will no longer be generated through surveys. • HH and population coverage will be monitored using the two indicators reported through routine programmatic reporting (VC-5 & VC-6)

CM Outcome & Coverage Indicators - Change

Existing indicator	Replace with (indicator)	Remarks
CM-5: Percentage of confirmed cases fully investigated and classified	Percentage of confirmed cases fully investigated within 3 days or as per national guidance (elimination settings)	Disaggregation of cases by classification type: indigenous, introduced, imported, relapse, recrudescence or induced.
CM-6: Percentage of malaria foci fully investigated and classified	Percentage of foci fully investigated and registered within time period specified by national guidance).	Disaggregation of foci by classification type: Endemic, Residual active, New active, New potential, Residual non-active or Cleared-up

CM Outcome & coverage Indicators - New

Code	Indicator	Remarks
New	% of malaria cases detected by the HMIS system- (national indicator) Total number of cases detected by the HMIS system (confirmed and presumptive)/Total number of estimated cases in the population	Enables assessing what proportion of estimated malaria cases have actually been treated and reported (and what proportion has been "missing").
New	Proportion of estimated malaria cases that were confirmed by parasitological testing Total number of cases confirmed by a parasitological test/Total number of estimated cases in the population	Enables assessing actual testing coverage and estimating the proportion that is missing an opportunity to be tested
New	Proportion of estimated malaria cases that received first-line antimalarial treatment Total number of patients receiving first-line antimalarial treatment/Total number of estimated cases in the population	Enables assessing what proportion of the total estimated cases had access to nationally recommended first line treatment. Proxy estimate of effective treatment coverage.
New	Proportion of children aged < 5 years with fever in previous 2 weeks who had a finger or heel stick	Enables assessing promptness of case detection and treatment in elimination settings. Based on HH survey
New	Proportion of detected cases that contacted health care provider within 48h of onset of symptoms	Enables assessing promptness of case detection and treatment in elimination settings
New	Proportion of cases reported at national reporting system within 24 hour of treatment	Enables assessing promptness of reporting to the national system

CM Outcome & coverage Indicators – New (subnational indicators)

Related Code	Indicator	Remarks

CM-1a/KPI 2	% districts achieving national target for the proportion of suspected malaria cases that receive a parasitological test at **public** sector health facilities	• For immediate but gradual roll out, based on the maturity of roll out of Digital HMIS.
		
		• For NFM4, it may be sufficient to focus on public sector and community indicators for:
		  • Parasitological testing
		  • First- line treatment of confirmed malaria cases
		  • Should align with RBM CMWG and GMP recommendations on definitions of "suspected"

CM-1b/KPI 2	% districts achieving national target for the proportion of suspected malaria cases that receive a parasitological test in the **community**	
CM-1c/KPI 2	% districts achieving national target for the proportion of suspected malaria cases that receive a parasitological test at **private** sector sites	
CM-2a	Proportion of confirmed malaria cases that received first-line antimalarial treatment at **public** sector health facilities	
CM-2b	% districts achieving national target for the proportion of confirmed malaria cases that received first-line antimalarial treatment in the **community**	
CM-2c	% districts achieving national target for the proportion of confirmed malaria cases that received first-line antimalarial treatment at **private** sector sites	

Chemoprevention indicators- Keep & New

Code	Indicator	Remarks
SPI-1/KPI 2	Proportion of pregnant women attending antenatal clinics who received three or more doses of intermittent preventive treatment for malaria	
SPI-2	Percentage of children aged 3–59 months who received the full number of courses of SMC (3,4,5) per transmission season in the targeted areas	
New (PMC)	Proportion of infants who received three doses of intermittent preventive treatment for malaria	• nomenclature will change according to GMP recommendations
New: SPI-1 (subnational)	Percentage of districts achieving national target for the proportion of pregnant women attending antenatal clinics who received three or more doses of intermittent preventive treatment for malaria	• Through HMIS able to be stratified by district
New: SPI-2 (subnational)	% of targeted districts achieving national targets for proportion of children who received the full number of courses of SMC per transmission season	• Through programmatic data • Able to be stratified by district
New: PMC (subnational)	% of districts achieving national target for proportion of infants who received three doses of intermittent preventive treatment for malaria.	• Through programmatic or HMIS data • Able to be stratified by district

Malaria Surveillance Monitoring & Evaluation

RBM CRSPC Orientation Meeting for the 2023-2025 Allocation Period

December 2022

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3 **Essential M&E Investments**
Cross-cutting

4 **Essential M&E Investments**
Malaria Specific

Information Note: RSSH

Monitoring and Evaluation Systems

Evidence-based programmatic decisions require

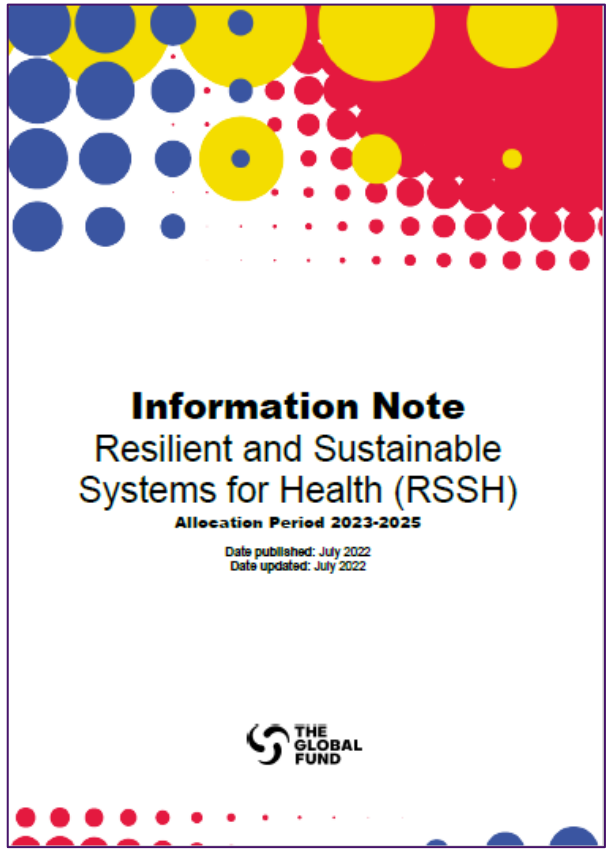
→ **the right data,**

→ **of the right quality,**

→ **at the right level of disaggregation,**

→ **at the right time…**

→ **to track and improve program and patient outcomes, and impact.**



RSSH: Monitoring and Evaluation (M&E) Systems

Key areas of support

1. Data governance, leadership and management:

- Investments to develop & strengthen Data governance structures, regulation & policies,
- Strategies, work plans and standards to institutionalize the foundations and governance of integrated data systems.
- Investments to maintain an updated and costed national HMIS/ RHIS Strategy.

2. Data generation, availability and quality

- Investments in the national & sub-national data sources, systems & capacities (HMIS, surveys, CRVS, admin data, etc)
- Integration of private health sector and community data, including CLM data.
- As appropriate, digitalization, geo-enabling, integration, and interoperability across data sources.

3. Analysis, evaluations, reviews & data use

- National and sub-national capacity development for data analysis and use;
- Periodic program performance reviews at national sub-national and service delivery levels, epidemiological analysis
- Thematic reviews, program evaluations
- Platforms for dissemination, communication, and use of analytical outputs

4. Monitoring of health inequalities & inequities

- Activities to strengthen availability, analysis, & use of granular data to identify & address inequalities & inequities
- Broader gender responsive monitoring, human rights assessments, capacity building for programs to analyze and translate inequality related data to programmatic action.
- Reviews of health inequities including gender and human rights related barriers to malaria services for KVPs.

Information Note: RSSH

Surveillance

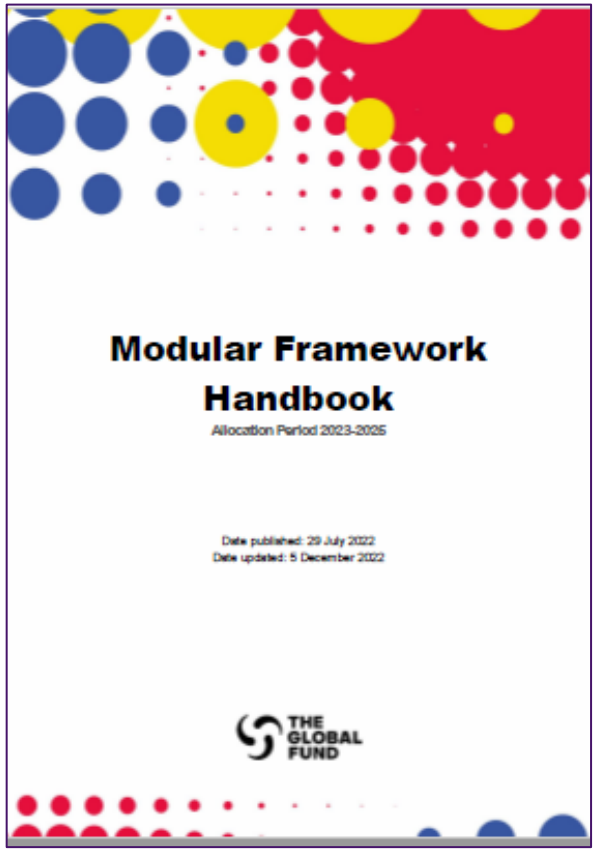
- **Investments in disease-specific surveillance for HTM**

- **Investments aimed at strengthening early warning surveillance systems to detect, analyze and respond to emerging events and outbreaks.**

- **Investments in training of surveillance actors in event triage, verification and risk assessment, as well as in tools for continuous and systematic collection, analysis, interpretation and use of disease-specific or behavioral data for public health response.**

Modular Framework: RSSH

Monitoring and Evaluation Systems: What's new?



1. Routine Reporting

- Activities related to establishment, expansion, maintenance, strengthening of national programmatic data systems, such as HMIS.
- Includes aggregate and/or patient level reporting, any level (national, sub-national) and providers (public, private, community).
- For either paper based or digital reporting systems (such as DHIS2 or other software).

For malaria, this includes:

- Test, Treat and Track data from all care providers (public, private, community).
- Chemoprevention activities: IPTp, SMC, PMC, from service delivery sites.
- Stock-status of diagnostic tests and first line treatment.
- Continuous ITN distribution ANC clinics, EPI services, schools.
- iCCM reporting from community service delivery sites.
- Sentinel surveillance data in burden reduction settings, & case-based reporting in elimination settings.
- Integration of entomological surveillance data in the national HMIS.
- Inclusion of relevant climate metrics in malaria data repositories.
- Digitalization of data systems for malaria-specific campaigns (e.g., ITN & SMC).

Modular Framework: RSSH

Monitoring and Evaluation Systems : What's new?

2. HTM Surveillance

❖ Activities related to setting up and operationalization of systems for continuous and systematic collection, analysis, interpretation and the use of disease-specific or behavioral data for public health response for HIV, TB and malaria.

For malaria, this includes:

- Surveillance practice and system assessments & strengthening
- Epidemic monitoring thresholds and charts, data collection mechanisms and tools.
- Activities to determine changes in receptivity and vulnerability of populations.
- Malaria burden mapping (epidemiological and entomological profiles).
- Sub-national stratification to inform tailoring of intervention packages.
- Establishment and operationalization of malaria sentinel surveillance.
- Procedures and tools for proactive and reactive case surveillance.
- Guidelines and standard procedures for epidemiological investigation of case, contacts and focus of origin.
- Within and between country cross-border malaria surveillance activities.
- Malaria surveillance among targeted risk groups and highly vulnerable populations.

Insecticide resistance surveillance & TES to be prioritized under respective malaria modules

Modular Framework: RSSH

Monitoring and Evaluation Systems: What's new?

3. Surveys

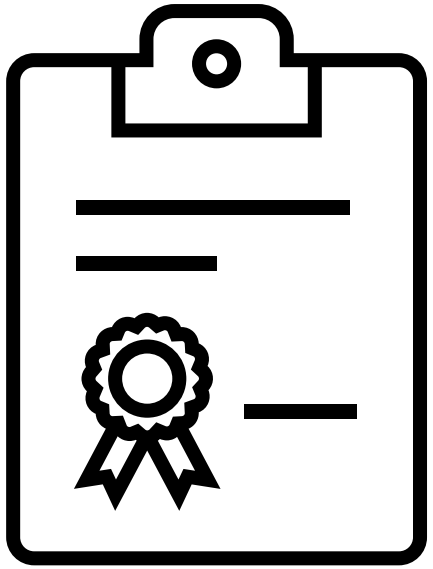
❖Activities related to setting up and operationalization of systems for continuous and systematic collection, analysis, interpretation and the use of disease-specific or behavioral data for public health response for HIV, TB and malaria.

For malaria, this includes:

- Household surveys, such as DHS, MICS and MIS to monitor anemia/parasitemia prevalence, under-five mortality and ITN/IRS/IPT/treatment coverage.
- ANC-based surveys of intervention coverage and malaria disease burden.
- School-based anemia/ parasite prevalence and intervention coverage surveys.
- Sub-national surveys designed to generate malaria burden and intervention coverage estimates at smaller areas (e.g., districts), such as lot quality assurance sampling (LQAS).

Modular Framework: RSSH

Monitoring and Evaluation Systems: What's new?



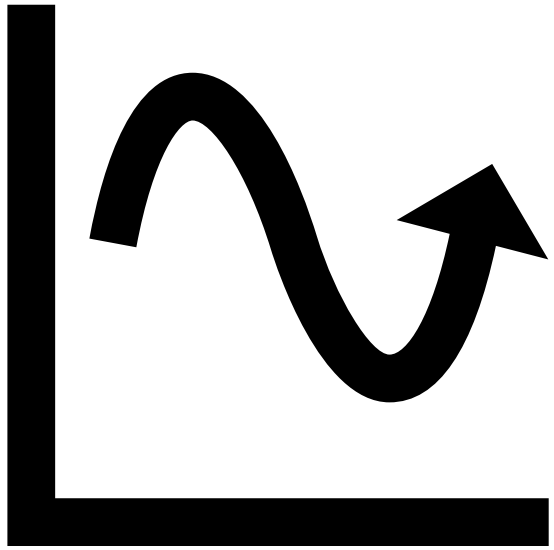
4. Data Quality

❖Activities related to monitoring and improving data quality.

- Methods to monitor or assess routine data quality and improvement activities including databases, data management tools and standards.
- Methods and tools to monitor quality of data generated through community-led monitoring mechanisms.
- Disease-specific and/or cross-cutting data quality assurance activities such as disease specific data quality audits.
- Routine data quality audits/reviews, assessments and validations.
- Developing and implementing data quality improvement plans.
- Training and supportive supervision specific to data collection, data quality assurance, reporting and implementation of data quality improvement plans.

Modular Framework: RSSH

Monitoring and Evaluation Systems: What's new?



5. Analyses, evaluations, reviews and data use

❖ Activities related to analysis, visualization, interpretation and use of available data at national and sub-national level, collected through various sources, such as routine reporting, surveys, special studies, evaluations, reviews and others.

- National health sector and/or disease-specific program evaluations, program review, MTR, Epi & impact analyses.
- In-depth assessment of the entire Global Fund grant portfolio or specific areas of a national disease program.
- **Annual, biannual and quarterly performance reviews at national and sub-national levels.**
- **Periodic national & subnational analysis of program data**
- Publication & dissemination of periodic reports and analytical bulletins/websites/publications.
- Development of analytical guidelines and tools.
- Training and mentoring of national and subnational staff on data analysis and use.
- Thematic reviews of programmatic & operational issues, such as community service delivery, IPTP, iCCM.
- Modelling of interventions ands resource scenarios, model-based estimations.
- Quantitative and qualitative analyses of barriers to accessing malaria services.

Modular Framework: RSSH

Monitoring and Evaluation Systems: What's new?

6. Administrative data sources

❖ Activities related to establishment, expansion, maintenance of national administrative and service availability data sources, systems and registries, whether disease specific and/or cross-cutting.

- Implementation and maintenance of geo-referenced health facility list and digital registry (including community and private sector sites, lab, pharmacies etc.).
- Implementation of unique national/health sector ID and patient registries.
- Health care terminology data standards and registries.
- Adoption and implementation of other administrative or cross-cutting data standards.
- Systems and processes for digital and/or hardware assets management and monitoring.

7. Civil registration and vital statistics

❖ Activities related to establishing/strengthening and scale-up of vital registration information system.

- Reporting of international classification of diseases (ICD)-coded hospital morbidity and mortality statistics, cause of death.
- Assessment and consistent use of WHO international form of medical certificate of cause of death for reliable cause of death reporting.
- Digital-ready ICD-11 morbidity and mortality coding system and capacity building.
- Community system for death reporting.
- Sample vital registration systems, verbal autopsy and rapid mortality surveillance.
- Integration/interoperability of CRVS in the national HMIS.
- Mortality and cause of death analysis using various data sources

Modular Framework: RSSH

Monitoring and Evaluation Systems: What's new?

8. Operational research

- Proposal development, data collection.
- Analysis, report writing and dissemination of findings.
- Training/capacity building on OR.
- Engagement/collaboration related activities between the national programs, implementers and researchers.

9. Surveillance for priority epidemic-prone diseases and events

❖Activities related to supporting the development and implementation of a national public health disease surveillance systems based on IHR requirements with emphasis on:

- Early warning surveillance;
- Event verification and investigation;
- Analysis and information sharing.
- Activities related to early warning surveillance functions.

Essential M&E Investments

Cross-cutting & malaria-specific

We have identified key areas for essential M&E investments (Annex 4 of the RSSH Info Note):

Cross-cutting

- HMIS - all 3 diseases, community, and private sector
- Data Quality
- Analyses, evaluations, reviews and data use
- CRVS & mortality analysis

Malaria specific

- Surveillance system assessment & strengthening
- Malaria specific analysis: access, coverage and epi trends; stratification
- Malaria indicator survey (as needed)
- Insecticide resistance monitoring
- Therapeutic efficacy surveillance (TES)
- HRP2/3 deletion studies

Thank you!

Question?

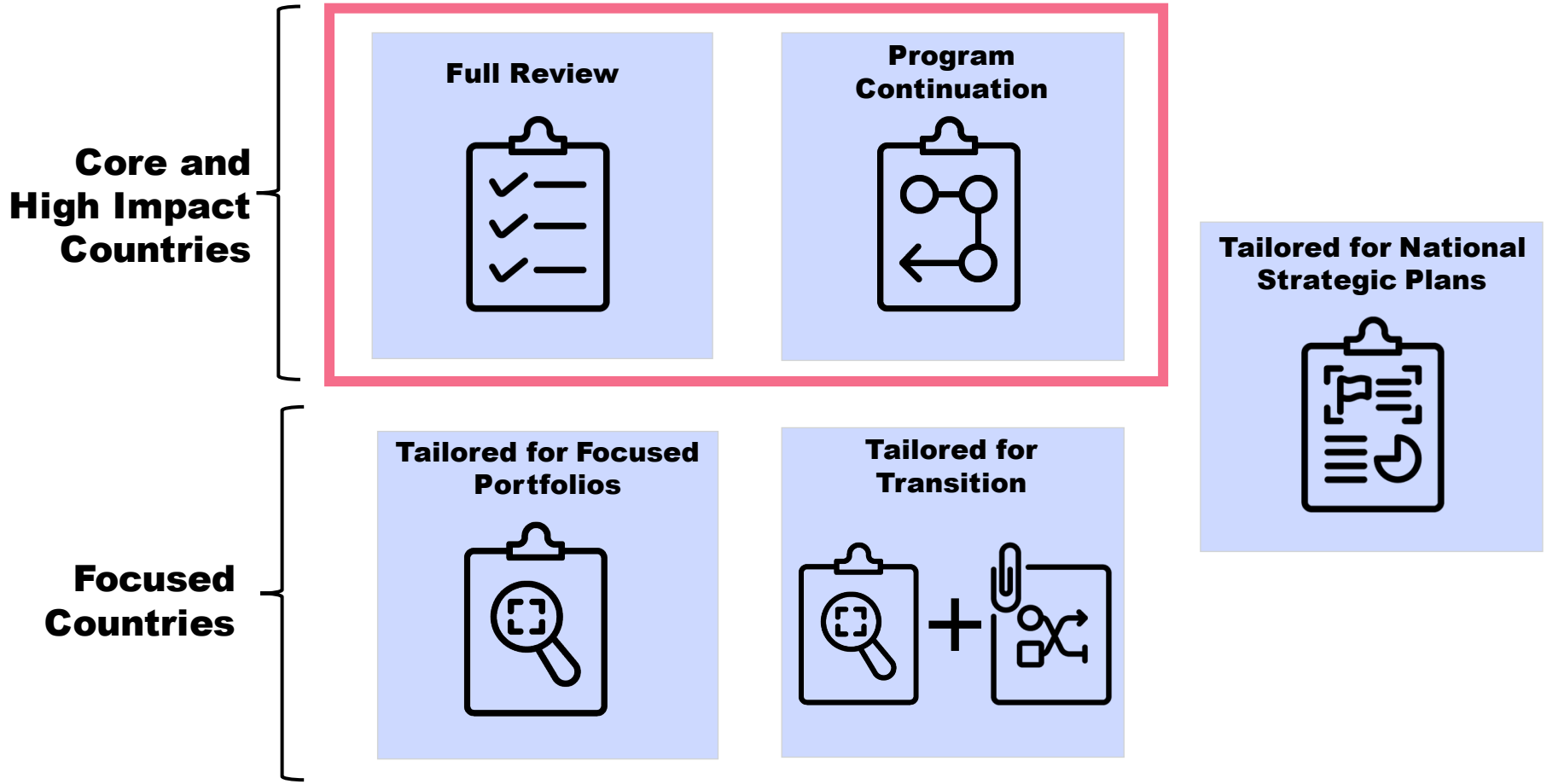
Review of application templates

RBM Orientation workshop – December 2022

Agenda

- Applying for Funding in 2023-2025
- Annexes: an overview
- Walkthrough of Full Review
- Walkthrough of Program Continuation
- Walkthrough of NSP
- Walkthrough of Focused/Transition
- Q&A

2023-2025 Application Approaches



2020-2022 Portfolio Categorization

2020-2022 Allocation Cycle: Portfolio Categorization - Country and Multi-country

FOCUSED

1. Armenia
2. Azerbaijan
3. Belarus
4. Belize
5. Bhutan
6. Bolivia
7. Botswana
8. Cabo Verde
9. Colombia
10. Comoros
11. Costa Rica
12. Cuba
13. Djibouti
14. Dominican Republic
15. Ecuador
16. Egypt
17. El Salvador
18. Gabon
19. Georgia
20. Guyana
21. Honduras
22. Iran (Islamic Republic)
23. Jamaica
24. Kazakhstan
25. Kosovo
26. Kyrgyzstan
27. Lao PDR
28. Malaysia
29. Mauritania
30. Mauritius
31. Moldova
32. Mongolia
33. Montenegro
34. Morocco
35. Nicaragua
36. Paraguay
37. Peru
38. Russian Federation
39. Sao Tome and Principe
40. Serbia
41. Solomon Islands
42. Sri Lanka
43. Suriname
44. Tajikistan
45. Timor-Leste
46. Tunisia
47. Turkmenistan
48. Uzbekistan
49. Venezuela

- Multi-country Western Pacific
- Multi-country Caribbean

CORE

1. Afghanistan
2. Angola
3. Benin
4. Burundi
5. Central African Republic
6. Chad
7. Congo (Brazzaville)
8. Eritrea
9. Eswatini
10. Gambia
11. Guatemala
12. Guinea
13. Guinea Bissau
14. Haiti
15. Korea (DPR)
16. Lesotho
17. Liberia
18. Madagascar
19. Namibia
20. Nepal
21. Niger
22. Papua New Guinea
23. Rwanda
24. Senegal
25. Sierra Leone
26. Somalia
27. South Sudan
28. Sudan
29. Togo
30. Ukraine

- Middle East Response

HIGH IMPACT

1. Bangladesh
2. Burkina Faso
3. Cambodia
4. Cameroon
5. Congo DR
6. Côte d'Ivoire
7. Ethiopia
8. Ghana
9. India
10. Indonesia
11. Kenya
12. Malawi
13. Mali
14. Mozambique
15. Myanmar
16. Nigeria
17. Pakistan
18. Philippines
19. South Africa
20. Tanzania (including Zanzibar)
21. Thailand
22. Uganda
23. Viet Nam
24. Zambia
25. Zimbabwe

Regional Artemisinin-resistance Initiative

Updated version will be shared in the Operational Policy Manual.

What we heard about the 2020-2022 Application Approaches

98% Of Applicants thought the Application Forms were Good or Very Good

94% Of Applicants rated their experience in applying for funding as Good or Very Good

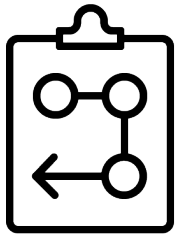
(Source: Applicant Survey, N=1,233)

Full Review

"Further streamlining and simplification will be welcome."

"The Full review remains the easiest approach to understand what is actually being requested."

Program Continuation



"Program Continuation so confusing about where to ask for the money."

"There needs to be room to talk about the modules and talk about what's different. What's different in the epi situation. What's different in the country context. What's different in the modules"

(Source: Funding Cycle Survey, N=239)

Global Fund Strategy 2023-2028

Our Primary Goal

END AIDS, TB AND MALARIA

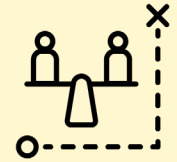
WORKING WITH AND TO SERVE THE HEALTH NEEDS OF PEOPLE AND COMMUNITIES

Mutually Reinforcing Contributory Objectives

MAXIMIZING PEOPLE-CENTERED INTEGRATED SYSTEMS FOR HEALTH TO DELIVER IMPACT, RESILIENCE AND SUSTAINABILITY

MAXIMIZING THE ENGAGEMENT AND LEADERSHIP OF MOST AFFECTED COMMUNITY TO LEAVE NO ONE BEHIND

MAXIMIZING HEALTH EQUITY, GENDER EQUALITY AND HUMAN RIGHTS



MOBILIZING INCREASED RESOURCES

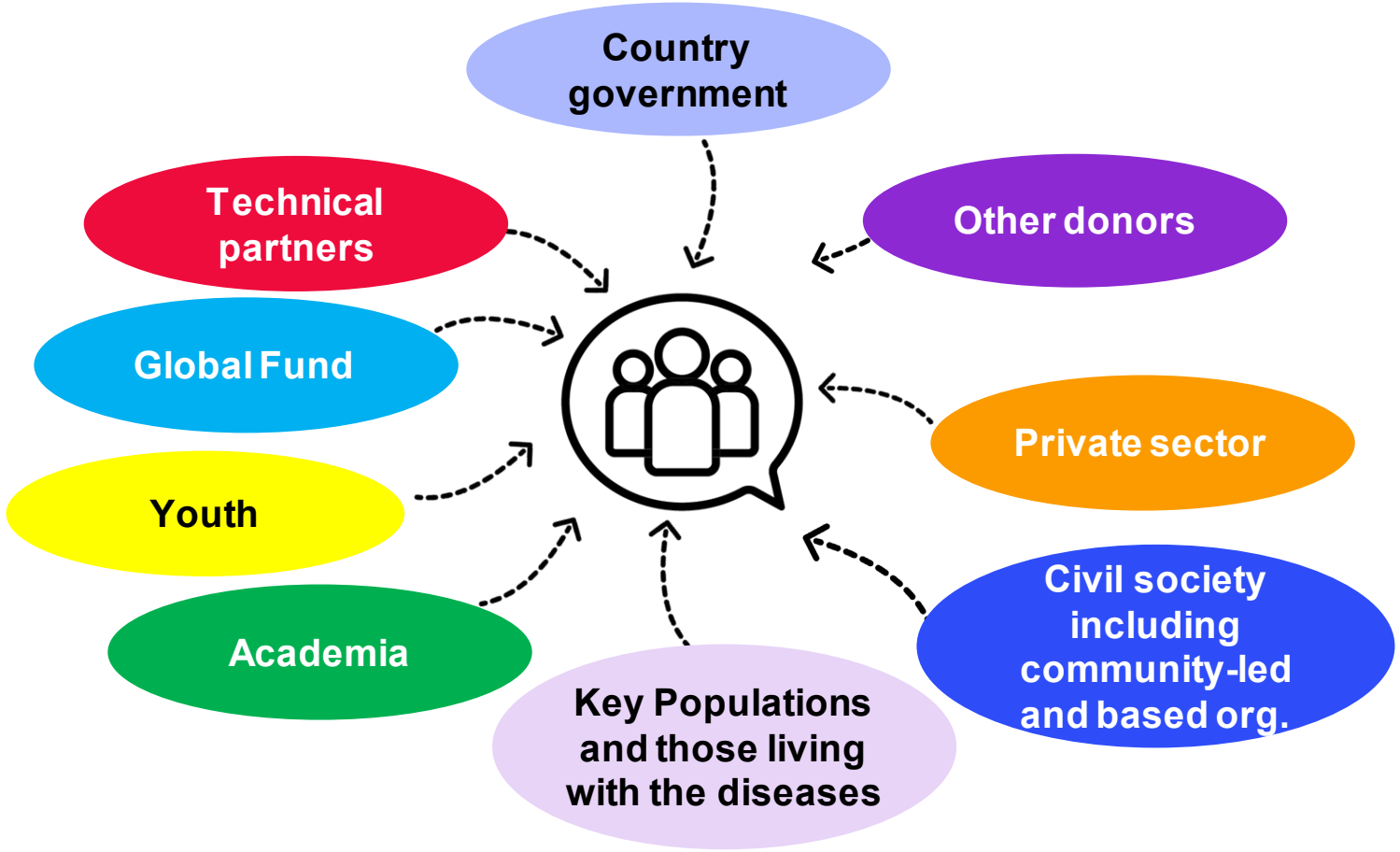
Evolving Objective

CONTRIBUTE TO PANDEMIC PREPAREDNESS AND RESPONSE

LEARN MORE IN THE ACHIEVING GLOBAL GOALS TOGETHER ROUNDTABLE

Country Dialogue

At FR stage: primary objective is robust discussion around prioritization for funding request



Discussed in the Country Dialogue Expectations session - Recording on iLearn

Expected Outputs from FR Stage

- Analyze Gaps and Discuss Program Split, with indicative amount for RSSH
- Align on programmatic gaps and prioritization for funding request
- Document evidence to comply with Eligibility Requirements 1-2
- Complete funding request forms and annexes

Required Annexes:

:Optional for Focused :New

- Performance Framework
- Detailed Budget
- Prioritized Above Allocation Request
- Programmatic Gap Tables
- Funding Landscape Tables
- Health Product Management Template
- RSSH Gaps & Priorities Annex
- Essential Data Tables
- Funding Priorities from Civil Society & Communities
- Country Dialogue Narrative
- National Strategic Plans
- Additional Co-financing Documentation
- CCM Endorsement of Funding Request
- CCM Statement of Compliance

Performance Framework

Indicators for impact, outcome, and coverage.

Workplan tracking measures when coverage indicators aren't possible.

New: population names added to the modules and interventions.

Performance Framework - Overview - Section A	
Version 4.0.0	

Country/Geography	South Africa
Grant Name/Funding Request Name	FR1398-ZAF-T
Implementation Period Start Date	1-Apr-22
Implementation Period End Date	31-Mar-25
Reporting Frequency	12
Allocation Utilization Period Start Date	1-Apr-22
Allocation Utilization Period End Date	31-Mar-25

Page Navigation	Principal Recipients	Reporting Periods	Goals
	Objectives	Modules	Interventions

Detailed Budget

Shows the cost of the interventions prioritized for Allocation funding.

Budgets are country-specific and provided to applicants by the Country Team

New: Budget by year instead of by quarter.

Language:	English

Component Name	Tuberculosis
Country / Applicant:	Afghanistan
Principal Recipients	
Application/Grant Name	FR1454-AFG-T
IP Start Date	1-Sep-23
IP End Date	31-Dec-25
Grant Currency	USD

Budget Summary (in grant currency)

	1-Sep-23 31-Dec-23	1-Jan-24 31-Dec-24	1-Jan-25 31-Dec-25			
By Module	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Total**	**%**
	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	

... | Setup | Detailed Budget - Non-HP | Detailed Budget - HP | **Budget Summary** | Summary by Intervention | Summary by Cost Input | Summary by Sour

Prioritized Above Allocation Request

Includes key additional, evidence-based modules and interventions for investments that are not included within the allocation.

PAAR of at least one item required with each FR.

PAAR can be updated during implementation, upon agreement with Secretariat.

PRIORITIZED ABOVE ALLOCATION REQUEST (PAAR)

English: Select the language below (line B10)
Français: Veuillez choisir la langue ci-dessous (rangée B10)
Español: Seleccione el idioma abajo (fila B10)

Language	English

SUMMARY INFORMATION		
Country or Group of Countries	Peru	
Component(s)	HIV/AIDS	
Funding request this request relates to	FR1397-PER-H	
Currency	USD	USD Equivalent
Total Above Allocation Request	0	0
TRP recommended amount	0	0

Programmatic Gap Table

Summarizes country needs, national targets and the gaps in programs that need to be funded to meet those targets.

New: Cross-cutting Community Health Workers table

CHW Programmatic Gap Table 1 - Coverage of remuneration costs					
Selected coverage indicator	Percentage of CHVs who are to be remunerated				
Current national coverage					
Insert latest results		Year		Data source	
Comments					
		Year 1	Year 2	Year 3	Comment
		Insert year	Insert year	Insert year	
Current estimated country need					

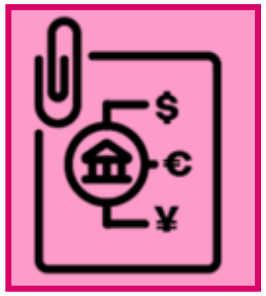
Malaria Diagnosis Programmatic Gap Table	
Priority Module	Case Management
Selected indicator	CM-1a(M): Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities (microscopy and/or RDTs)

TB Programmatic Gap Table 1	
Priority Module	Please select...
Selected coverage indicator	Please select_
Current national coverage	

TB/HIV Programmatic Gap Table 1	
Priority Module	Please select_
Selected coverage indicator	Please select_
Current national coverage	

HIV Testing Programmatic Gap Table 1	
Priority Module	Differentiated HIV Testing Services
Selected coverage indicator	Please select...
Current national coverage	

Funding Landscape Table



Illustrates the total funding need for the national responses, past and future expenditures, sources of financing, and funding gaps.

Detailed gap tables also provide trends in domestic financing of specific interventions.

New: health product page and additional years of expenditures

THE GLOBAL FUND

Funding Landscape Table

Please read the Instructions sheet carefully before completing this form

Country	Select country
Fiscal Cycle	Select fiscal cycle
Currency	Select currency

Component	HIV/AIDS	TB	Malaria
Fiscal Year in which implementation period starts	Select year	Select year	Select year
Fiscal Year in which implementation period ends	Select year	Select year	Select year
Current funding request pertains to a program:	Select	Select	Select
Detailed Financial Gap based on:	Select category	Select category	Select category

Health Product Management Template

Shows all health products and health technologies that will be funded by the Global Fund.

Required for applicants who are requesting funding to cover health products and/or associated management costs.

RSSH Gaps and Priorities Annex

Analyze RSSH gaps (including community systems) and plan how they'll be addressed.
Required for Core/HI.

THE GLOBAL FUND

RSSH Gaps and Priorities Annex – Template

Date Published: 31 July 2022

Instructions and illustrative examples to support applicants complete this template are available below.

Section 1 – Analysis of RSSH priorities, including those related to community systems strengthening, based on programmatic gaps

Identify the top three priorities for RSSH (by module) for each disease program and briefly explain how investing in these areas will help to address specific programmatic gaps for HIV, TB and malaria, while contributing to RSSH and pandemic preparedness.

Disease component (based on allocation letter)	*Top three RSSH priorities (by module), including those related to community systems*	*Link with specific programmatic challenges and/or priorities to ensure quality*
HIV		
TB		
Malaria		

How it is Used

- Encourages a joint, data-driven discussion on RSSH priorities and gaps
- Three sections: 1) analysis of RSSH priorities, 2) prioritization process and 3) funding gap analysis
- Recommended to identify the gaps and priorities early in country dialogue, to support program split discussions
- Required to submit the same annex with each FR (to be updated if separate FRs are submitted in different windows).

Essential Data Tables

Partially pre-filled tables of indicators for HIV, TB, malaria and RSSH. Completed and reviewed by the Applicant.

HIV program essentials key area	Are all policies and guidelines in place to fully operationalize the program essential? *(choose an option from drop-down list)*	Implementation Status *(choose an option from drop-down list)*
HIV primary prevention		
1. Condoms and lubricants are available for all people at increased risk of HIV infection.		
2. Pre-exposure prophylaxis (PrEP) is available to all people at increased risk of HIV infection, and post-exposure prophylaxis (PEP) is available for those eligible.		
3. Harm reduction services are available for people who use drugs.		
4. Voluntary medical male circumcision (VMMC) is available for adolescent boys (15+ years) and men in high HIV incidence settings.		
HIV testing and diagnosis of people with HIV		
5. HIV testing services include HIV self-testing, safe ethical partner (index) and social network-based testing.		
6. A three-test algorithm is followed for rapid diagnostic test-based diagnosis of HIV.		
7. Rapid diagnostic tests are conducted by trained and supervised lay providers in addition to health professionals.		
Elimination of vertical transmission		
8. Antiretroviral therapy (ART) is available for pregnant and breastfeeding women living with HIV to ensure viral suppression.		
9. HIV testing, including early infant diagnosis (EID) is available for all HIV-exposed infants.		

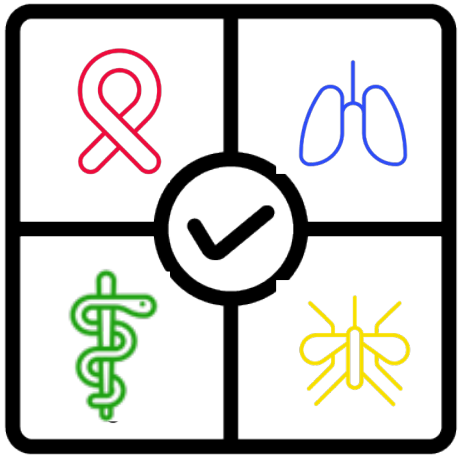
What's Different

- Includes datasets pre-filled by Secretariat which applicants are asked to validate.
- Includes additional fields and tabs which applicants are asked to complete.
- TB and HIV program essentials are included, as new tabs for applicant to complete.

Deep Dive on HTM Program Essentials and RSSH Critical Approaches

Program Essentials are key, evidence-based interventions and approaches to address the ambitious goals set out in global plans.

Critical Approaches are specifications for RSSH interventions funded by the Global Fund.



How Program Essentials and Critical Approaches will be used

HIV & TB: Data requested in EDTs, unmet essentials described in Narrative

Malaria: Unmet essentials described in Narrative

RSSH: Helps applicants respond to RSSH strategy questions

Funding Request Priorities from Civil Society and Communities

Applicants are asked to list the top 20 priorities identified by communities during country dialogue and funding request development.

Required for all Funding Requests.

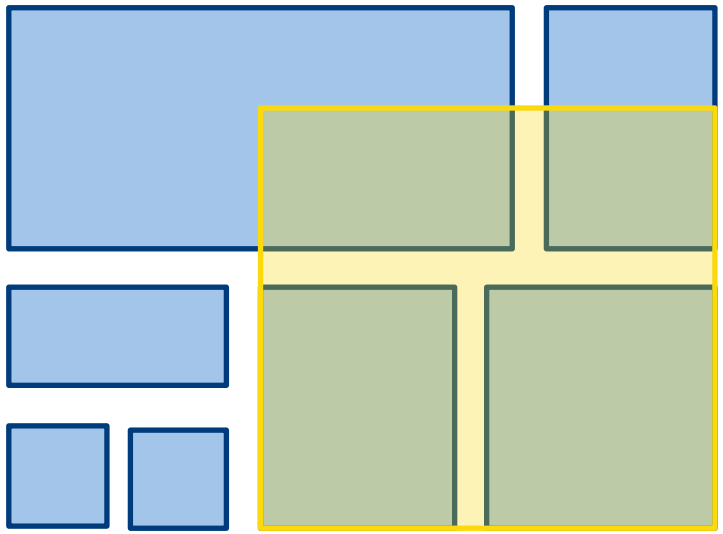
Country Dialogue Narrative

Describe process undertaken to engage a broad range of stakeholders in the country dialogue process.
Only a page or two of narrative needed.

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.

National Strategic Plan



Other National Documents

- Health Sector Plans
- Health Financing Strategies
- SDG Action Plans
- Digital Health Strategies

Additional Co-financing Documentation

Funding Request template includes a narrative on co-financing, complemented by the Funding Landscape Table and commitment letters.

Commitment letters are ideally submitted before FR submission, or at the latest by grant approval.

Additional documentation may be included in application package but will not be reviewed by the TRP.

CCM Endorsement of Funding Request

As part of the application, applicants must demonstrate that each member of the CCM endorses the final funding request.

CCM Statement of Compliance

Applicants must confirm that they are in compliance with the six CCM Eligibility requirements and the Focus of Application requirement.

Compliance needed with all six requirements when Funding Request submitted, but only first two are screened before TRP review.

Additional Annexes

:If available for Focused, Required for Transition

If applicable

Sustainability & Transition Supporting Documentation

Innovative Financing Documentation

Implementation Arrangements Map

If available

Assessment of Human Rights-related Barriers to Services

Gender Assessment

Optional/If requested

Sexual Exploitation, Abuse and Harassment Risk Assessment

Sustainability & Transition Supporting Documentation (If Applicable)

Information related to strengthening sustainability and/or preparations for transition from Global Fund financing.

Can include Transition Workplan and Readiness Assessments, sustainability assessments and plans, or other evidence of work to strengthen sustainability and/or prepare for transition.

Innovative Financing Documentation (If Applicable)

Only required for applicants who are using certain Innovative Financing mechanisms.

Implementation Arrangements Map (If Applicable)

The map provides a visual depiction of the relationships between funds, organizations and programs that are a part of a grant or set of grants.

Required at FR stage if same PR, can be submitted during grantmaking if new PR.

Assessment of Human Rights-related Barriers to Services (If Available)

Assess current programming to address human rights-related barriers.

If available, assessments for HIV, TB, and HIV/TB components requested.

For malaria, applicants should use qualitative assessments (e.g., Malaria Matchbox).

Gender Assessment (If Available)

- Separate assessment, if available, for each component. No standard template or form required.
- Other assessments or plans related to gender, human rights, or health equity should also be used to inform the Country Dialogue, be referenced and be attached.

Deep Dive on the Gender Assessment

Analysis which helps inform the request and is used to measure progress towards gender-equality goals.

Score
Not targeted (score 0): Any funding request not meeting *Significant* or *Principal* criteria
Significant (score 1): Gender equality is not the principal reason for undertaking the project/programme but is an important and deliberate part of the intervention
Principal (score 2): Gender equality is a contributory objective of the project/programme and is fundamental in its design and expected results

How it is Used

- Gender Assessment a critical component of the new Gender Equality Marker (GEM) score
- TRP will assign GEM score
- Aggregated GEM scores used to report on Global Fund contributions to advancing gender equality

Sexual Exploitation Abuse and Harassment Assessment (Optional/If requested)

Identify and mitigate Sexual Exploitation Abuse and Harassment (SEAH) related risks in Global Fund-financed programs.

If available, one SEAH Risk Assessment is requested with each FR submitted. Required for 10 pilot countries (pilot countries TBC).

Funding Request Narrative (a.k.a. Application Form)

The application form is used to propose and justify requested funding.

New forms cannot be completed without the instructions.

To answer this question in the Form….

1.3 Context

Describe the main changes to the country context since previous funding request submission to the Global Fund.

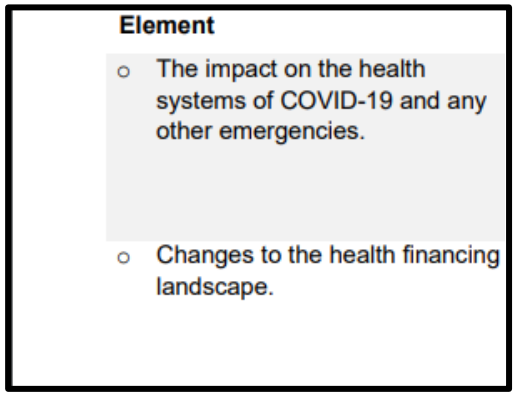
…you need to respond to these elements in the Instructions:

Question 1.3: Describe the main changes to the country context since the previous funding request submission to the Global Fund.

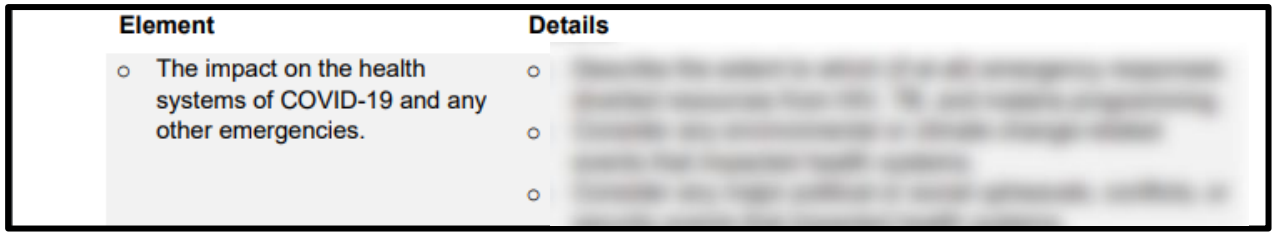
To respond to this question, summarize:

Element	Details
○ The impact on the health systems of COVID-19 and any other emergencies.	○ [redacted]
○ Changes to the health financing landscape.	○ [redacted]

Tips for Interpreting the Instructions



All relevant question elements need to be addressed for the question to be completely answered.



Pay attention to the details column which provides further information or guidance on specific elements.

Pay attention to what is requested:

- “Describe” or “Indicate” = requests.
- “Consider” = reminder

Section 1: Funding Request & Rationale

Rationale

Funding Request Prioritization

Country Context

Focus of this section is on what is being requested from the Global Fund and why.

1.1.A. Prioritized Request

1.1 Prioritized Request

A. For each intervention, provide information on the funding being requested from the Global Fund, and what is expected to be achieved as a result of the Global Fund's investment.

#:	Module	Intervention	Population, geographies and/or barriers addressed	List of activities	Amount requested	Expected outcome	Change in programming from current grant
							☐ New ☐ Scale-up ☐ Continuation ☐ Scale-down

- Table is at the level of the Intervention, so only one List of Activities per Intervention.
- Refer to the Example of a Full Review Funding Request for example of how to complete the table.
- Rows and Columns will be swapped in updated version.

Key References

Detailed Budget

Performance Framework

1.1.B. Payment for Results

B. If you are using a Payment for Results modality, provide information on the performance indicators / milestones, targets and amounts that are proposed.

Performance indicator or milestone	Target				Rationale for selection of the indicator/milestone	Amount requested	Expected outcome	Specify how the accuracy and reliability of the reported results will be ensured
	Baseline	Y1	Y2	Y3				
Add rows as relevant								

Countries should discuss with their country teams if they are considering the use of a Payment for Results modality as the basis of the funding request.

This should only cover Payment for Results <u>at the level of the program.</u>

Proposed use of incentive payments should instead be discussed in the Implementation Arrangements.

Discuss with Country Team if interested.

Key Resources

- Guidelines for Grant Budgeting (Forthcoming)
- Guidance on Payment for Results (Forthcoming)

1.2.A. Rationale for Allocation

1.2 Rationale

A. Describe the overall approach to how you selected and prioritized the requested interventions (or indicator/milestone if using a Payments for Results modality).

Evidence-informed discussion of **how** prioritization for the Allocation amount was approached.

Key question for considering **Value for Money.**

Please reference and attach analyses used to inform prioritization.

Key References

- RSSH Gaps & Priorities Annex
- Programmatic Gap Tables
- National Strategic Plans

Key Resources

- Value for Money Technical Brief

1.2.B. Rationale for PAAR

1.2 Rationale

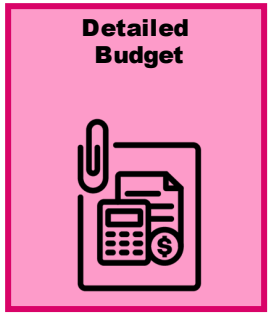
B. Describe the decision process for interventions selected for allocation funding versus those included in the unfunded Prioritized Above Allocation Request.

As a result of the prioritization in 1.2.A, **this is what** is included for Allocation vs PAAR.
(Not a repeat or list of what is in PAAR)

Please reference and attach analyses used to inform prioritization.

Key section for Innovative Finance utilization.

Key References



Key Resources

- Applicant Handbook

1.3. Context

1.3 Context

Describe the main changes to the country context since previous funding request submission to the Global Fund.

Only include **changes** in the country context from previous cycle.

Both negative and positive changes should be considered.

Key Resources

- Previous Funding Requests

1.4. Lessons Learned

1.4 Lessons Learned

Describe the main lessons learned from current programs.

Includes adaptations and mitigations to respond to country context (so should speak to 1.3).

Consider lessons from all current grants, including those funded from the 20-22 allocation, matching funds, and C19RM.

Key Resources

- Lessons learned from previous Funding Cycle

1.5. Focus of Application

1.5 Focus of Application Requirements

Describe how the funding request complies with the focus of application requirements specified in the Allocation Letter.

Specific requirements are found in the Allocation Letter

Key Resources

- Sustainability, Transition and Co-Financing Guidance Note

1.6. Matching Funds

1.6 Matching Funds (if applicable)

If Matching Funds were designated for the 2023-2025 allocation period:

A. Describe how integrating the Matching Funds will increase the impact and improve the outcome of the allocation for the Matching Funds area.

B. Describe how programmatic and access conditions have been met.

Only applicants receiving Matching Funds need to answer.

Questions should be repeated if more than one Matching Funds priority area is received.

Guidance on Matching Funds is forthcoming.

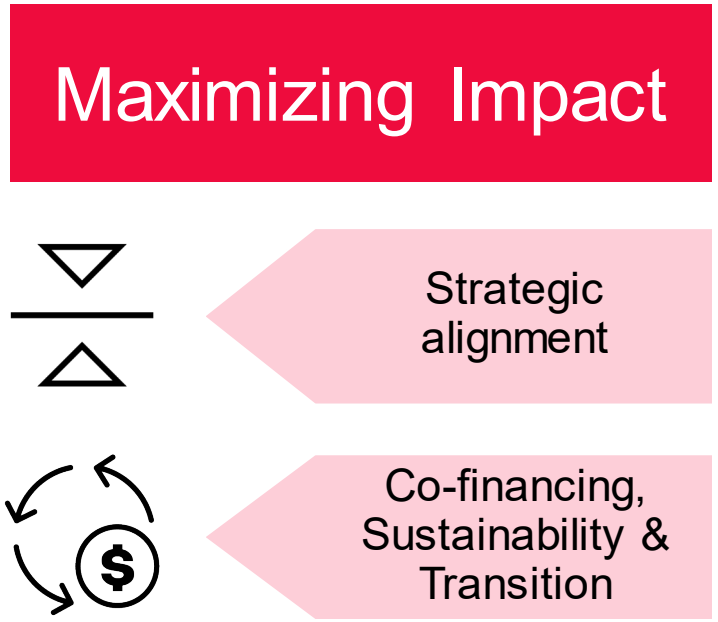
Key References

Allocation Letter

Key Resources

- Matching Funds Guidance Note (forthcoming)

Section 2: Maximizing Impact



Focus of this section is on the **Program** being supported by the Global Fund.

Investments will not be able to go to every part of the strategy, but the Programs need to be aligned to reach Global Goals.

2.1. Ending AIDS, TB and Malaria

2.1 Ending AIDS, TB and Malaria

A. Describe how the Global Fund-supported program(s) advance the primary goal of ending AIDS, TB and malaria.

B. Indicate if any of the Program Essentials are currently not fulfilled, explain why, and describe the proposed pathway to reach them in coming years.

Entire program needs to be structured to achieve greatest outcome.

If disease control has stalled or regressed, root causes need to be understood and addressed.

HIV/TB refer to EDTs and Info Notes.
Malaria just refer to Info Notes.
No need to discuss Critical Approaches.

Key References

Essential Data Tables

Key Resources

- 2023-2028 Global Fund Strategy
- Value for Money Technical Brief
- Information Notes

2.2. RSSH

2.2 Resilient and Sustainable Systems for Health

Describe how the Global Fund-supported program will maximize integrated, people-centered health services systems for health to deliver impact, resilience and sustainability.

Key strategic priority areas related to environmental impact, service quality, and private sector engagement are under this question.

Many Question Elements and Details to answer this Question. Consider carefully what is being asked.

Some Question Elements are only asked if certain kinds of support are being requested. Ask Country Team if unsure whether a response is needed.

Key References

RSSH Gaps & Priorities Annex

Key Resources

- Information notes
- Human Rights and Gender Equality Technical Briefs
- Technical Briefs on:
  - Private sector engagement
  - Sustainable Health Waste Management
  - Community systems strengthening
  - Procurement & supply chain management

2.3. Engagement & Leadership of Communities

2.3 Engagement and Leadership of Most Affected Communities

Describe how the design for the Global Fund-supported program(s) will maximize the engagement and leadership of most affected communities.

Focus on community in design and continuous improvement of services.

Question complements other efforts on this Strategic Area, such as the Annexes.

Key References

Funding Priorities from Civil Society & Communities

Country Dialogue Narrative

Key Resources

- Applicant Handbook

2.4. Health Equity, Gender Equality and Human Rights

2.4 Health Equity, Gender Equality and Human Rights

Describe how the Global Fund-supported program(s) will maximize:

A. Health Equity.

B. Gender Equality.

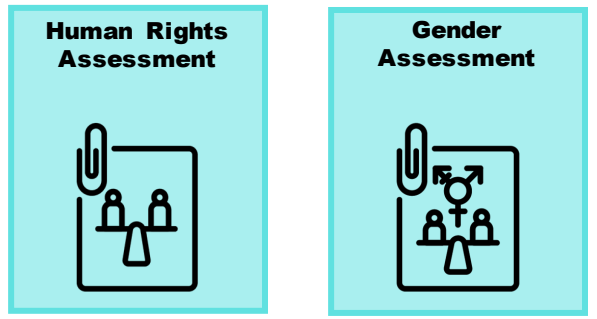
C. Human Rights.

Gender and Human Rights Assessments should inform the response to this question and be submitted as an attachment.

Not every population or inequity can always be addressed by program, but the rationale for prioritization should be clear.

Question focused on **program level** but one of the elements refers specifically to populations supported by the investments outlined in 1.1.A - Prioritized Request.

Key References



Key Resources

- WHO Innov8 tool
- Gender assessment tools
- Rapid human rights assessment tool (forthcoming)
- Technical briefs on human rights and gender related barriers

2.5.A. Sustainability

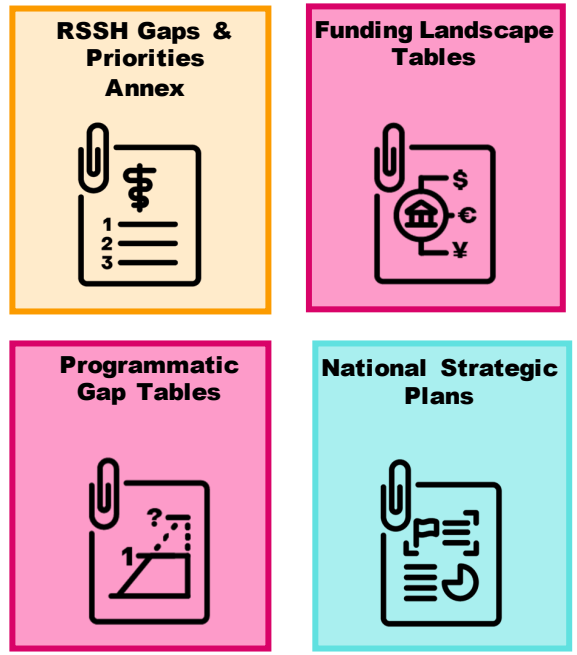
2.5 Sustainability, Domestic Financing and Resource Mobilization

A. Describe the major challenges to the sustainability of the national response and efforts to address these challenges.

No expectation that applicants describe every sustainability challenge.

If information is available in other documentation submitted, it can be cited rather than repeated.

Key References



Key Resources

- Sustainability, Transition and Co-financing Guidance Note, including disease specific annexes
- Sustainability, Transition and Co-Financing Policy
- Value for Money Technical Brief

2.5.B,C. Co-financing

2.5 Sustainability, Domestic Financing and Resource Mobilization

B. Describe how co-financing commitments for the 2020-2022 allocation period have been realized.

C. Describe how co-financing will increase over the 2023-2025 allocation period, how these co-financing commitments will be tracked and reported, and planned actions to address remaining funding gaps.

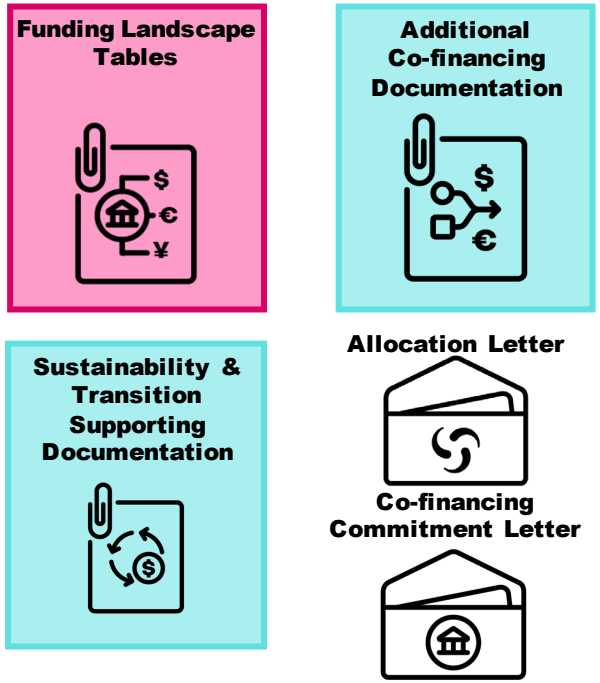
Important to reference and attach the sources of information related to co-financing commitments as a part of the complete application package.

Check that figures / trends listed here match those from the Funding Landscape Table and programmatic gap tables.

Ideal to already have and submit the official Commitment Letter when submitting the request.

Review co-financing commitments early with your Country Team.

Key References



Key Resources

- Sustainability, Transition, and Co-Financing Guidance Note and Policy

2.5.D. Innovative Financing

2.5 Sustainability, Domestic Financing and Resource Mobilization

D. If applicable, describe specific arrangements and modalities related to innovative financing approaches linked to this funding request and/or the national response.

Response here only required if the country is considering innovative financing approaches.

Discuss early with Country Team on which Innovative Finance modalities might be available / relevant for your national response / health system.

Key References

Innovative Financing Documentation

Key Resources

- Sustainability, Transition and Co-financing Guidance Note
- OPN on Blended Finance (forthcoming)

2.6 Pandemic Preparedness

2.6 Pandemic Preparedness

Describe how the Global Fund-supported program(s) build capacities that are most critical to prevent, detect and respond to infectious disease outbreaks.

Pandemic Preparedness reflected as part of RSSH in the relevant modules and interventions.

Expectation that country dialogue includes stakeholders involved in Pandemic Preparedness.

Focus here is on building Pandemic Preparedness capabilities, not the response aspect.

Key References

- International Health Regulations-related plans, evaluations, frameworks and assessments
- National Action Plans for Health Security and other related strategies

Key Resources

- Resilient and Sustainable Systems for Health Information Note
- Resources on health strategies and plans

Section 3: Implementation

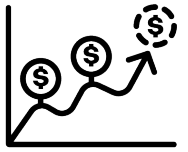
Implementation

Implementation Arrangements

Risk

Focus of this section is how programs will be **effectively implemented**, will be **centered in communities**, and will mitigate **risks to programs and people**.

Payment for Results using incentive payments should be discussed where applicable in this section.



3.1.A Implementation Arrangements

3.1 Implementation Arrangements

A. Describe changes to implementation arrangements which will maximize implementation effectiveness and optimize efficiency.

Emphasis area for considering Value for Money.

Recommend reviewing TRP Findings from previous cycle to anticipate concerns (e.g. program management costs or sub-national arrangements).

Key References

Implementation Arrangements Map

Key Resources

- Private Sector Engagement Technical Brief
- Value for Money Technical Brief

3.1.B Community Organizations

3.1 Implementation Arrangements

B. Describe the role that community-based and community-led organizations will have in implementing programs supported by the Global Fund.

With Communities at the Center, community-based and community-led organizations have focus here.

Applicants are asked to explicitly consider the value/opportunity costs.

Applicants asked to analyze and address gaps and barriers to inclusion in implementation.

Key References

Implementation Arrangements Map

Key Resources

- Community Systems Strengthening Technical Brief

3.2. Risks & Mitigation

3.2 Key Risks and Mitigation Measures

Describe up to three risks and mitigating measures for each of the following risk areas:

A. Procurement of health products, management of health products and laboratory related activities.

B. Flow of data from service delivery points.

C. Financial and fiduciary concerns.

Different approach to Risk at the Funding Request stage than in the past.

Only top three risks (total of 9) and mitigation measures to be included here and only related to the specific risk areas.

Other risk areas should be documents and discussed during Grantmaking.

Key References

Health Product Management Template

Implementation Arrangements Map

Criteria for Program Continuation

Program Continuation Funding Request is designed for Core and High Impact portfolios, to enable **continued implementation of well-performing Global Fund-supported grants** expected to use a similar strategic approach and programmatic interventions as in current grants.

Criteria

- Did not use Program Continuation in the 2020-22 funding cycle
- Demonstrated good grant and national program performance during the 2020-22 funding cycle
- Have an immaterial allocation change compared to the 2020-22 funding cycle
- If the above criteria are met, the Secretariat assesses whether material change is likely to be envisaged or needed

Program Continuation – Six Sections

1. Prioritized Request.
2. Matching Funds
3. Epi Context and National Strategies
4. Relevance and Impact
5. Strategic Adaptations
6. Implementation Arrangements

1. Prioritized Request

Section 1. Prioritized Request

For each intervention, provide information on the funding requested from the Global Fund and expected outcomes as a result of the Global Fund's investment.

#:	Module	List of activities	Amount requested	Expected outcome	Change in programming from current grant
					☐ New ☐ Scale-up ☐ Continuation ☐ Scale-down

Big request from everyone to make it easier to see what was being requested.

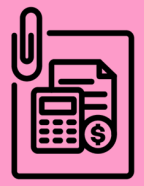
List of Activities should be at level of module and <u>should not be differentiated.</u>

Table can be complemented or replaced with the same Payment for Results table used in Full Review.

Key References

Performance Framework

Detailed Budget



2. Matching Funds

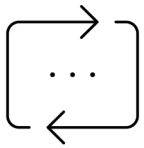
Section 2. Matching Funds (if applicable)

If Matching Funds were designated for the 2023-2025 allocation period:

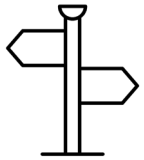
A. Describe how integrating Matching Funds will increase the impact and improve the outcome of the allocation for the Matching Funds area.

B. Describe how programmatic and access conditions have been met.

Only applicants receiving Matching Funds need to answer.



Questions should be repeated if more than one Matching Funds priority area is received.



Guidance on Matching Funds is forthcoming.

Key Resources

- Matching Funds Guidance Note

3. Specific Changes in Context

Section 3. What has changed: updates in epidemiology context and National Policies and Strategies

Have there been any significant changes to the following:

A. Country's epidemiological context since the last funding request

☐ Yes ☐ No

B. Normative guidance or technical approaches adopted within the national policy or strategy for the program since the last funding request

☐ Yes ☐ No

If **Yes to either**, explain how these changes will impact the existing program.

Very narrow question related to context. Larger discussion of country context not needed.

Responses only needed in certain circumstances.

Key References

Essential Data Tables

National Strategic Plans

Question 3 – In Depth

Consider all of the Elements and Details.

Respond to Q3.A. only if you identified a change while considering (if Yes).

If no changes were identified while considering, mark "No" and move to the next question.

Question 3.A: Have there been any significant changes to the country's epidemiological context since the last funding request? Yes or no.

To answer this question, consider the following as "significant changes" to the country's epidemiological context. If the response is "**Yes**", explain to what extent these changes will impact the existing program.

Element	Details
○ The impact on health systems of COVID-19 and any other emergencies.	○ Describe the extent to which (if at all) emergency responses diverted resources from HIV, TB, and malaria programming. ○ Consider any environmental or climate change related events that impacted health systems. ○ Consider any major political or social upheavals, conflicts, or security events that impacted health systems.
○ **If "Yes":** how these changes affect the overall strategic approach and the key programmatic interventions that are requested to be continued.	

4. What Has Not Changed

Section 4. What has not changed: continued relevance and impact

Explain how the current program continues to be relevant and is on track to achieve results and impact.

Confirming that the current programs are still the best suited for tackling the three diseases.

Focus on health equity, human rights, gender and people and communities at the center.

Consider inputs from technical partners and key stakeholders when answering question.

Key References

- Available evidence
- Lessons Learned
- Inputs from technical partners and key stakeholders.

Key Resources

- Technical Briefs on Human Rights and Gender
- OPN on COEs

5. Strategic Focus Areas

Strategy objectives	Already addressed within the current grant(s)?	If further effort/adaptation is needed in the 2023-2025 allocation period: summarize here
[illegible]	☐ Yes ☐ No ☐ Partially	

Table asks whether the **Program** already addresses the specific strategy area.

Response generally only needed if the answer is “No” or “Partially”.

5.A,B,C. Maximizing the Strategy

Strategy objectives	Already addressed within the current grant(s)?	If further effort/adaptation is needed in the 2023-2025 allocation period: summarize here
A. Maximize people-centered integrated systems for health	☐ Yes ☐ No ☐ Partially	
B. Maximize the engagement and leadership of most affected communities	☐ Yes ☐ No ☐ Partially	
C. Maximize health equity, gender equality and human rights	☐ Yes ☐ No ☐ Partially	

Simple Yes, No, or Partially.

Question A has follow-up details related to Environmental Impacts.

Key Resources

- Technical Brief on Sustainable Healthcare Waste Managment

5.D. Pandemic Preparedness

Strategy objectives	Already addressed within the current grant(s)?	If further effort/adaptation is needed in the 2023-2025 allocation period: summarize here
D. Pandemic Preparedness	☐ Yes ☐ No ☐ Partially	

Same questions on Pandemic Preparedness as Full Review.

Response only necessary if “No” or “Partially” indicated.

Key References

- International Health Regulations-related plans, evaluations, frameworks and assessments
- National Action Plans for Health Security and other related strategies

Key Resources

- Resilient and Sustainable Systems for Health Information Note
- Resources on health strategies and plans

5.E. Sustainability

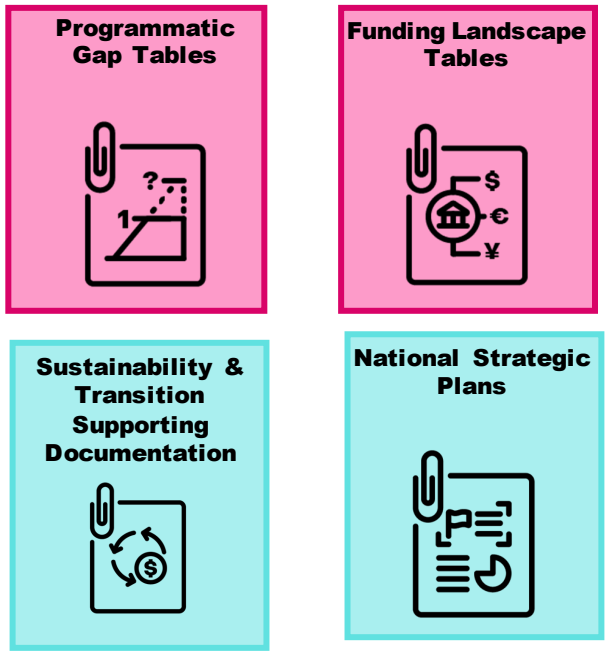
Question 5 E: Sustainability: Are there major challenges to the sustainability of the national response? Yes, No or Partially

Question is **inverted** from the others in the table: Yes if there are challenges, No if no challenges.

Consider the Elements and Details carefully when discerning whether responding Yes or No.

Additional Question Elements if "Yes" related to Co-financing.

Key References



Key Resources

- Sustainability, Transition, and Co-Financing Guidance Note
- Value for Money Technical Brief

5.F. Co-financing

F. Domestic Financing and Resource Mobilization

i. Describe how co-financing commitments for the 2020-2022 allocation period have been realized.

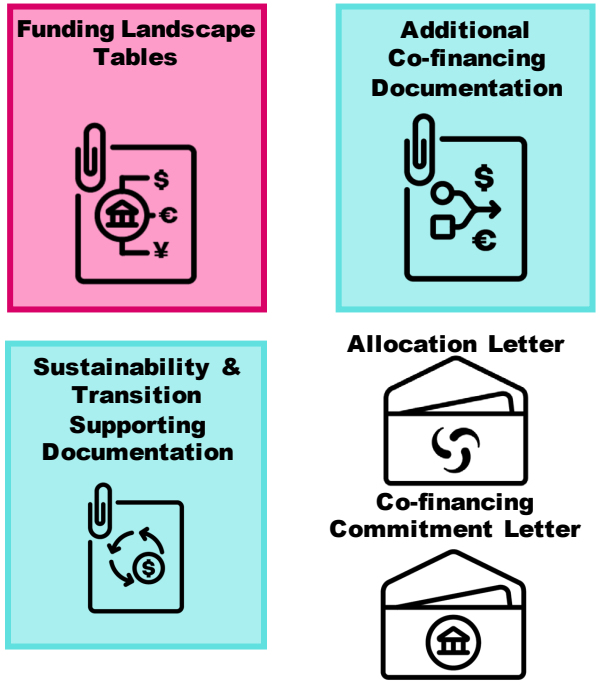
ii. Describe how co-financing will increase over the 2023-2025 allocation period, and how these commitments will be tracked and reported, and planned actions to address remaining funding gaps.

Questions asked of all applicants.

Ideal to already have and submit the official Commitment Letter when submitting the request.

Check that figures indicated here match those from the Funding Landscape Table and the Commitment Letter.

Key References



Key Resources

- Sustainability, Transition, and Co-Financing Guidance Note
- Co-Financing Operational Policy Note

5.G. Program Essentials

G. Program essentials

Indicate if any of the program essentials are currently not fulfilled, explain why, and describe the proposed pathway to reach them in coming years.

Same question and structure as Full Review.

Key References

Essential Data Tables

Key Resources

- Information Notes

6. Implementation

Section 6. Implementation

Are changes needed to implementation arrangements?

☐ Yes ☐ No

If Yes: explain what these changes are, risks being addressed and expected improvements for the program.

Only pre-identified changes should be detailed here (i.e. no list of things to consider when discerning whether changes are needed).

Key considerations for Value for Money detailed here.

Key References

Implementation Arrangements Map

Key Resources

- Value for Money technical brief

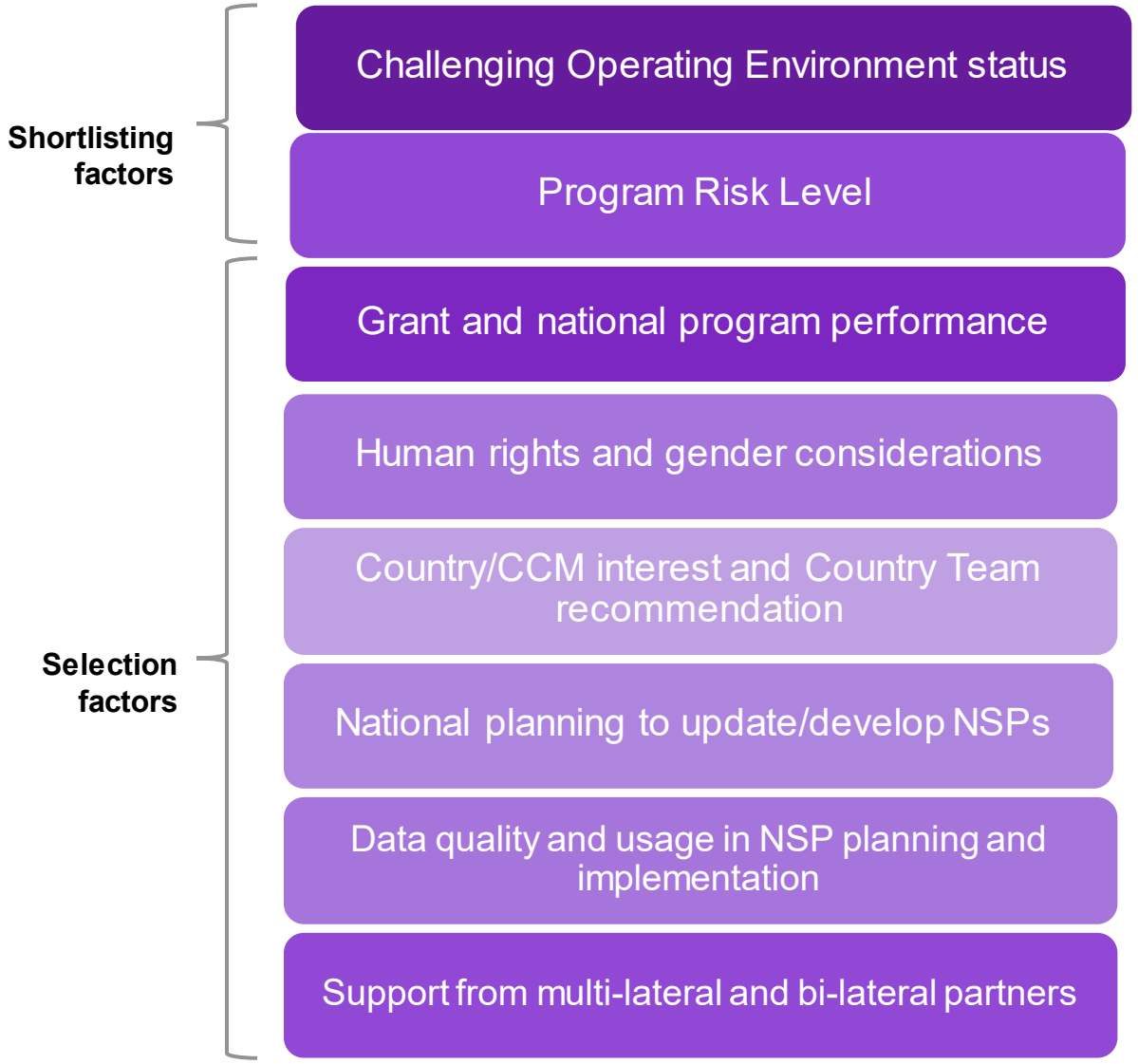
Tailored National Strategic Plans

Tailored NSP Approach Funding Request is designed to shorten and streamline the funding requests for countries by allowing them to reference national documents in place of drafting new funding request narrative.

Expected benefits of tailored NSP approach

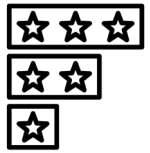
- Closer adherence to the principles of Alignment and Harmonization
- Simplified preparation and presentation of the information requested in the Funding Request narrative
- Extensive use of NSP references in Funding Request
- Closer anticipated coordination and dialogue between country and technical partners

Tailored for National Strategic Plans: proposed criteria



Content areas in the Tailored for NSP approach

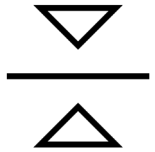
Funding Request & Rationale



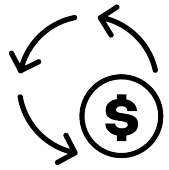
Funding Request Prioritization

Country Context

Maximizing Impact

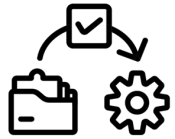


Strategic alignment



Co-financing, Sustainability & Transition

Implementation

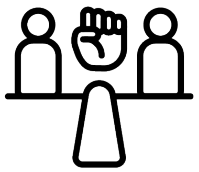


Implementation Arrangements

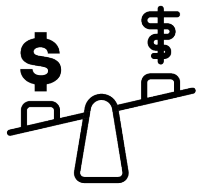
Risk

Refer to NSP instead of writing narrative responses

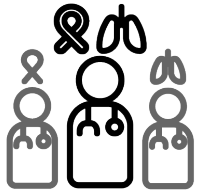
Across the Funding Request



Equity, Human Rights, Gender



Value for Money



Opportunities for Integration

1.1 Prioritized Request (if applicable)

1.1 Prioritized Request (if applicable)

Provide information about interventions included in the National Strategic Plan(s) that are included in this funding request. Specify rationale for prioritization and the amount requested.

Component:			
NSP Strategic Area/Module:			
Intervention	Rationale for prioritization	Amount requested (US$/€)	Change in programming from current grant
			☐ New ☐ Scale-up ☐ Continuation ☐ Scale-down

Table is at the level of the Intervention

Ensure alignment of numbers across Budget and Performance Framework.

Key References

Detailed Budget

Performance Framework

Allocation Letter

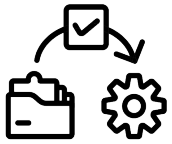
1.2 Payment for Results (if applicable)

1.2 Payment for Results (if applicable)

If the Funding Request is using a Payment for Results modality to fund the NSP, provide information on the performance indicators / milestones, targets and amounts that are proposed.

Performance indicator or milestone	Target				Rationale for selection of the indicator/milestone	Amount requested	Expected outcome	Specify how the accuracy and reliability of the reported results will be ensured.
	Base-line	Y1	Y2	Y3				

This should only cover Payment for Results <u>at the level of the program.</u>



Proposed use of incentive payments should instead be discussed in the Implementation Arrangements.

CTs should discuss with their health financing specialist if interested.

Key Resources

- Guidelines for Grant Budgeting (forthcoming)
- Guidance on Payment for Results (forthcoming)

1.3.A Rationale

1.3 Rationale

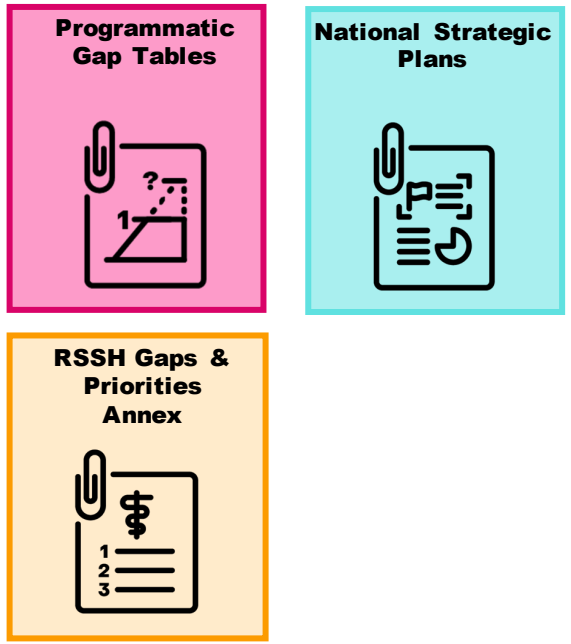
A. Describe the overall approach to how you selected and prioritized the requested interventions (or indicator/milestone if using a Payments for Results modality). Please refer to the NSP if the prioritization approach is described there.

Evidence-informed discussion of **how** prioritization for the Allocation amount was approached.

Please reference and attach analyses used to inform prioritization, if not possible to reference the NSP.

Prioritization not limited to what is in NSP, evidence-based interventions raised in country dialogue also be considered.

Key References



Key Resources

- Value for Money Technical Brief
- Additional documentation (analyses, prioritization exercises)

1.3.B Decision process for interventions

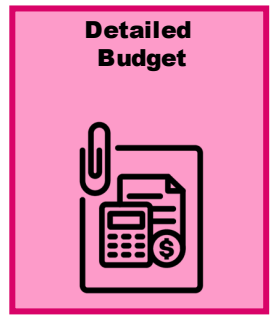
B. Describe the decision process for interventions selected for allocation funding versus those included in the unfunded Prioritized Above Allocation Request.

As a result of the prioritization in 1.3.A, **this is what** is included for Allocation vs PAAR.
(Not a repeat or list of what is in PAAR)

Please reference and attach analyses used to inform prioritization.

Key section for Innovative Finance utilization.

Key References



Key Resources

- Value for Money Technical Brief
- Additional documentation (analyses, prioritization exercises)

1.4.A,B. Context

1.4 Context

A. Indicate where information about the following key areas can be found in the NSP or other relevant documents.

Key area	Check the box if in NSP	Relevant section(s) and/or page(s) in NSP	If not in NSP, refer to another document (specifying page number) or refer to question 1.4.B

B. Provide information on key areas listed in Section 1.4.A that are not covered within NSPs or other national documents.

Refers to existing areas in NSPs where key areas have been covered.

Only fill in 1.4.B if areas in 1.4.A are not covered by the NSPs or if additional/more recent contextual information is available since NSP finalization.

Key References

National Strategic Plans

Key Resources

- Document list in instructions

1.5. Program Essentials

1.5 Program Essentials

Indicate if any of the Program Essentials are currently not fulfilled, explain why, and describe the proposed pathway to reach them in coming years.[1]

Same question and structure as Full Review.

HIV/TB refer to baseline data in EDTs and Info Notes.
Malaria just refer to Info Notes.
No need to discuss Critical Approaches.

Key References

Essential Data Tables

Key Resources

- Disease-specific Information Notes

1.6. Focus of Application Requirements

1.6 Focus of Application Requirements

Describe how the funding request complies with the focus of application requirements specified in the Allocation Letter.

Specific country requirements are found in the Allocation Letter. Comes from STC Policy.

Key Resources

- Sustainability, Transition and Co-Financing Guidance Note

1.7. Matching Funds

1.7 Matching Funds (if applicable)

If Matching Funds were designated for the 2023-2025 allocation period:

A. Describe how integrating the Matching Funds will increase the impact and improve the outcome of the allocation for the Matching Funds area.

B. Describe how programmatic and access conditions have been met.

Only applicants receiving Matching Funds need to answer.

Questions should be repeated if more than one Matching Funds priority area is received.

Guidance on Matching Funds is forthcoming

Key References

Allocation Letter

Key Resources

- Matching Funds Guidance Note (forthcoming)

1.8.A. Sustainability

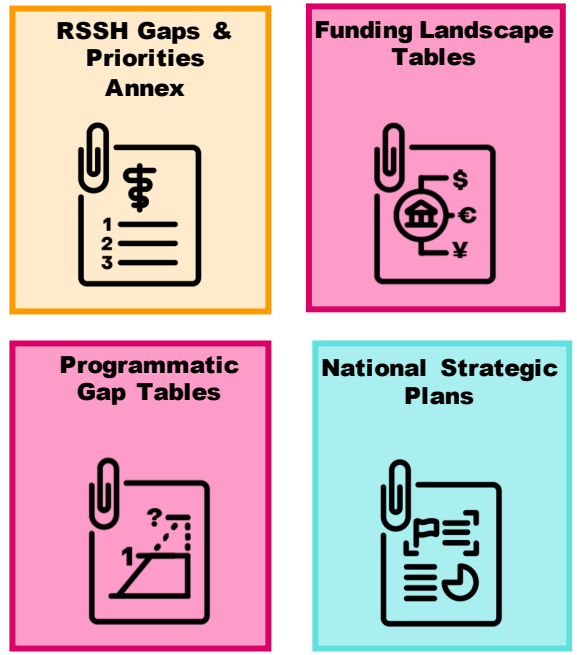
1.8 Sustainability, Domestic Financing and Resource Mobilization

A. Describe the major challenges to the sustainability of the national response and efforts to address these challenges.

No expectation that applicants describe every sustainability challenge.

If information is available in other documentation submitted, it can be cited rather than repeated.

Key References



Key Resources

- Sustainability, Transition and Co-Financing Guidance Note

1.8.B,C. Co-financing

B. Describe how co-financing commitments for the 2020-2022 allocation period have been realized.

C. Describe how co-financing will increase over the 2023-2025 allocation period, and how these commitments will be tracked and reported, and planned actions to address remaining funding gaps.

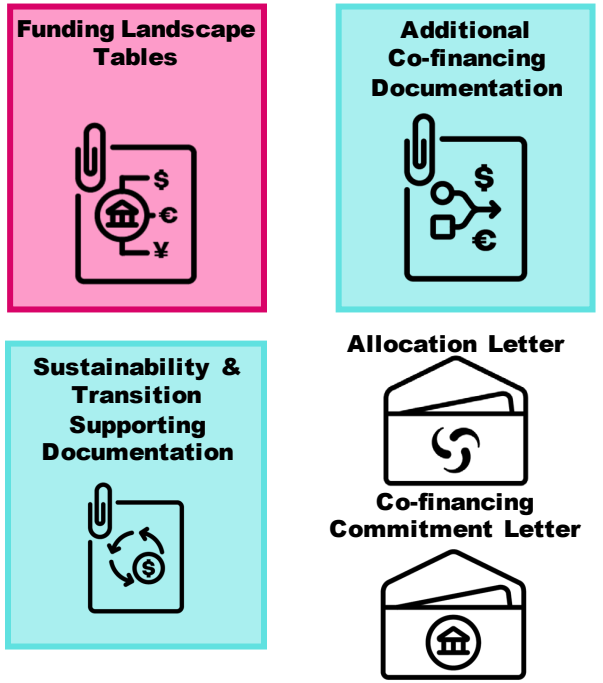
Important to reference and attach the sources of information related to co-financing commitments as a part of the complete application package.

Check that figures / trends listed here match those from the Funding Landscape Table and programmatic gap tables.

Ideal to already have and submit the official Commitment Letter when submitting the request.

Engage your Health Finance Specialist early, to support review of information on co-financing.

Key References



Key Resources

- Sustainability, Transition and Co-Financing Guidance Note and Policy

1.8.D. Innovative Financing

D. If applicable, describe specific arrangements and modalities related to innovative financing approaches linked to this funding request and/or the national response.

Response here only required if the country is considering innovative financing approaches.

Discuss early with HFD on which Innovative Finance modalities might be available / relevant for the national response / health system.

Key References

Key Resources

- Sustainability, Transition and Co-Financing Guidance Note
- Applicant Handbook
- 2023-2028 Global Fund Strategy

2.1.A,B,C Key Risks and Mitigation Measures

2.1 Key Risks and Mitigation Measures

Describe up to three risks and mitigating measures for the following risk areas:

A. Procurement of health products, management of health products and laboratory related activities.

B. Flow of data from service delivery points.

C. Financial and fiduciary concerns.

Different approach to Risk at the Funding Request stage than in the past.

Only top three risks (total of 9) and mitigation measures to be included here and only related to the specific risk areas.

Other risk areas should be documents and discussed during grant-making.

Key References

Health Product Management Template

Implementation Arrangements Map

Key Resources

- Value for Money Technical Brief
- Sustainable Health Care Waste Management Technical Brief

Tailored for Focused Portfolios

Tailored for Focused Portfolios Funding Request is a streamlined application designed to meet the needs of countries with smaller funding amounts and disease burden, and to ensure targeted investments have the greatest impact.

Who will use it?

Countries categorized as Focused as per the Global Fund portfolio categorization framework, that are **not invited to use the Tailored for NSP or requested to use the Tailored for Transition approaches.**

Tailored for Transition

Tailored for Transition Funding Request is designed for countries closest to approaching transition from Global Fund financing, who are requested to increase efforts to strengthen their own sustainability

Who is requested to use it?

Country components that:

i) are receiving **transition funding**; or

ii) are **projected to move to high income**; or

iii) previously received transition funding and have become **re-eligible and received an allocation**; or

iv) are **using a transition workplan as the basis of their funding request**; or

v) are **requested by the Global Fund** to use this approach because of contextual considerations.

Section 1: Funding Request & Rationale

Funding Request & Rationale

- Prioritized Request
- Rationale

Focus of this section is on what is being requested from the Global Fund and why.

1.1.A. Prioritized Request

1.1. **Prioritized request**:

A. As applicable, provide information on the funding being requested from the Global Fund for each intervention, limited to the areas of focus as indicated in the allocation letter or otherwise agreed with the Global Fund.

#:	Module	Intervention	Population, geographies and/or barriers addressed	Amount requested	Expected outcome

Table is at the level of the Intervention as described in the Performance Framework linked to each Module

Investments should be aligned with the areas of focus as indicated in the allocation letter or other official communication.

Key References

Detailed Budget

Performance Framework

Allocation Letter

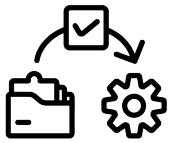
1.1.B. Payment for Results

B. If you are using a Payment for Results modality to receive funding from the Global Fund, provide information on the performance indicators / milestones, targets and amounts that are proposed. Specify how the accuracy and reliability of the reported results will be ensured.

Performance indicator or milestone	Target				Rationale for selection of the indicator/milestone	Amount requested	Expected outcome
	Baseline	Y1	Y2	Y3			
Add rows as relevant							

Countries should discuss with their country teams if they are considering the use of a Payment for Results modality as the basis of the funding request.

This should only cover Payment for Results <u>at the level of the program.</u>



Proposed use of incentive payments should instead be discussed in the Implementation Arrangements.

CTs should discuss with their health financing specialist if interested.

Key Resources

- Guidelines for Grant Budgeting (forthcoming)
- Guidance on Payment for Results (forthcoming)

1.2. Contextual Rationale

1.2.	**Rationale:** Provide a short summary of the relevant epidemiological context and trends, health systems, and community needs that justifies the above request.

Focus on the **changes** to the country context.

Refer directly to the Prioritization Table by Number.

Please reference and attach analyses used to inform prioritization.

Key References

Programmatic Gap Tables

National Strategic Plans

RSSH Gaps & Priorities Annex

Key Resources

- Additional documentation (analyses, prioritization exercises)

1.3. Focus of Application Requirement

1.3. **Focus of Application Requirement:** Describe how the funding request complies with the focus of application requirements specified in the Allocation Letter.

Specific requirements are documented in the STC Policy and referenced in the Allocation Letter

Key Resources

- Sustainability, Transition and Co-Financing Guidance Note

1.4. Matching Funds

1.4. **Matching Funds**: If Matching Funds were designated for the 2023-2025 allocation period:

A. Describe how integrating the Matching Funds will increase the impact and improve the outcome of the allocation for the Matching Funds area.

B. Describe how programmatic and access conditions have been met.

Only applicants receiving Matching Funds need to answer.

Questions should be repeated if more than one Matching Funds priority area is received.

Guidance on Matching Funds is forthcoming

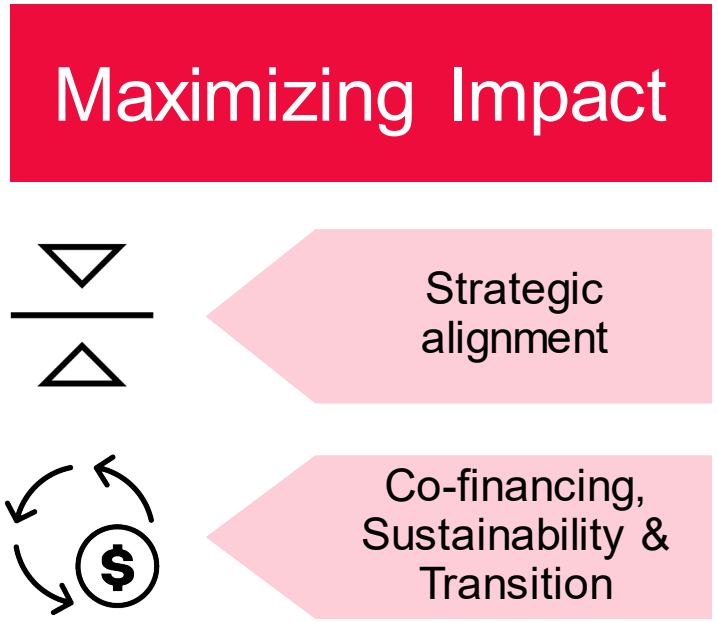
Key References

Allocation Letter

Key Resources

- Matching Funds Guidance Note (forthcoming)

Section 2: Maximizing Impact



Focus of this section is on the **Program** being supported by the Global Fund.

GF investments will not be able to cover every part of the strategy, but the Programs should be positioned to reach Global Goals.

2.1. National and Global Goals and Objectives

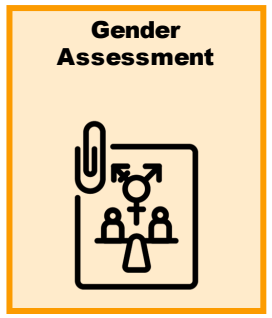
> 2.1. **To meet national and global goals and objectives**: Describe how the prioritized funding request contributes to the following areas: (1) ending AIDS, TB and malaria; and (2) strengthening the integration of health and/or community systems; and/or (3) advancing health equity, gender equality, and human rights; and/or (4) pandemic preparedness. Limit this response to the focus areas indicated in the Allocation Letter or otherwise agreed upon with the Global Fund.

Link to national and global goals and objectives for each disease.

Consider the existing alignment of the program with the TRP Review Criteria.

Limit response to focus areas indicated in the Allocation Letter.

Key References



Key Resources

- TRP review criteria
- 2023-2028 Global Fund Strategy
- Technical briefs on gender and Human Rights barriers
- Technical brief on Sustainable Healthcare Waste Management

2.2.A. Sustainability

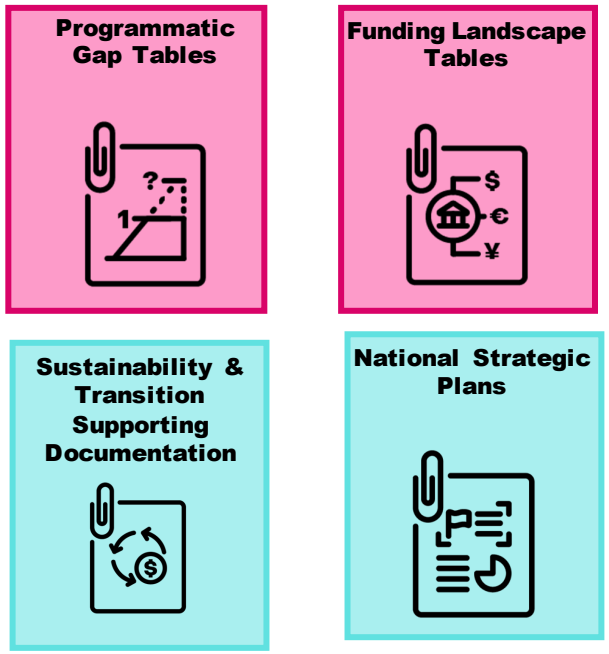
2.2. **Sustainability, Domestic Financing, and Resource Mobilization**:

A. Briefly highlight major achievements and challenges to the sustainability of the national response. Describe efforts to address the challenges through this funding request, efforts to strengthen health financing, or other initiatives planned by the country.

No expectation that applicants describe every sustainability challenge.

If information is available in other documentation submitted, it can be cited rather than repeated.

Key References



Key Resources

- Sustainability, Transition, and Co-Financing Policy

2.2.B,C. Co-financing

B. Describe how co-financing commitments for the 2020-2022 allocation period have been realized. Highlight additional domestic investments in the national responses and specific programmatic areas supported by domestic co-financing. If co-financing commitments have not been fully met, provide a justification as to why.

C. Describe how co-financing will increase over the 2023-2025 allocation period. Indicate the focus of additional domestic investments in specific programmatic areas. Describe the planned actions to address the remaining funding gaps from domestic or other resources. Describe how co-financing commitments will be tracked and reported.

Important to reference and attach the sources of information related to co-financing commitments as a part of the complete application package.

Check that figures / trends listed here match those from the Funding Landscape Table and Programmatic Gap Tables.

Ideal to already have and submit the official Commitment Letter when submitting the request.

Engage your Health Finance Specialist early, to support review of information on co-financing.

Key References

- Funding Landscape Tables
- Additional Co-financing Documentation
- Sustainability & Transition Supporting Documentation
- Allocation Letter
- Co-financing Commitment Letter

Key Resources

- Sustainability, Transition and Co-Financing Guidance Note and Policy

2.2.D. Innovative Financing

D. If applicable, describe specific arrangements and modalities related to innovative financing approaches linked to this funding request and/or the national responses, with a specific focus on blended finance, joint investments, and Debt2Health.

Response here only required if the country is considering innovative financing approaches.

Discuss early with HFD on which Innovative Finance modalities might be available / relevant for the national response / health system.

Key References

Innovative Financing Documentation

Key Resources

- Sustainability, Transition and Co-Financing Guidance Note

Section 3: Implementation

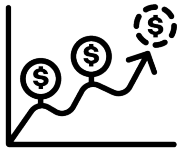
Implementation

Implementation Arrangements

Risk

Focus of this section is how programs will be **effectively implemented**, will be **centered in communities**, and will mitigate **risks to programs and people**.

Payment for Results using incentive payments should be discussed where applicable in this section.



3.1. Implementation Arrangements

> 3.1. **Implementation Arrangements**: Describe changes to implementation arrangements which will maximize implementation effectiveness and optimize efficiency.

Emphasis area for considering Value for Money.

Recommend reviewing TRP Findings from previous cycle to anticipate concerns

Key References

Implementation Arrangements Map

Key Resources

- Private Sector Engagement Technical Brief
- Value for Money Technical Brief

3.2. Community Organizations

3.2.	Describe the role that community-based and community-led organizations will have in implementing programs supported by the Global Fund.

With Communities at the Center, community-based and community-led organizations have focus here.

Applicants are asked to explicitly consider the value/opportunity costs.

Applicants asked to analyze and address gaps and barriers to inclusion in implementation.

Key References

Implementation Arrangements Map

Key Resources

- Community Systems Strengthening Technical Brief

Annex 1: Transition

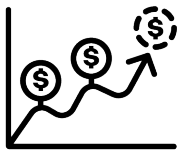
Transition

Transition Workplan

Links to sustainability and domestic financing

Focus of this section is how service coverage will be **maintained** and gains achieved against the diseases will be **sustained**.

Some questions not asked if Payment for Results is used for the request.



Transition Annex:
A. Transition Progress in 2020-2022
B. Progress expected in 2023-2025

A. If applicable, provide a status update of what has been achieved under the transition workplan in the 2020-2022 allocation period.

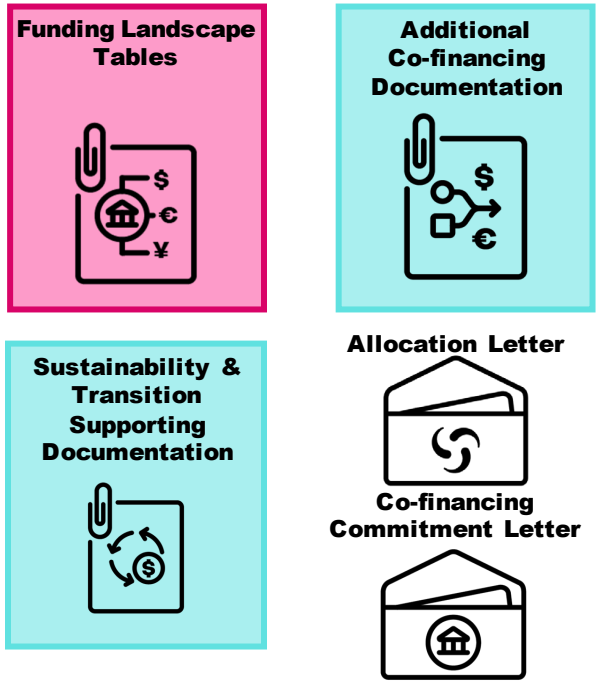
B. Explain how the funding request helps to achieve the full transition to domestic financing.

Refer to the Transition Plan (or equivalent document) to reference past and proposed activities.

Describe how these activities move toward full transition to domestic financing.

Engage your Health Finance Specialist early, to support review of transition workplan activities.

Key References



Key Resources

- Sustainability, Transition, and Co-Financing Guidance Note and Policy

Transition Annex: C, D + E

The following questions do not need to be answered if a Payment for Results modality is being used:

C. Describe the specific activities in the transition workplan (or equivalent) that will be financed by this funding request, and how those activities will help support a full transition to domestic financing and management of the national response.

D. If this funding request includes service provision activities or other recurrent costs, explain how these activities will be fully financed with domestic resources and/or absorbed/integrated by national authorities during the grant implementation period. If these activities or recurrent costs are no longer needed, explain why.

E. If applicable, explain how the main program functions remaining at the level of the Principal Recipient or Program Management Unit will be managed by national entities at the end of the implementation period and how they will be funded. Main program functions may include program coordination, procurement, monitoring and evaluation, management of contracting for non-state actors, etc.

Consider challenges that will affect the smooth transition from Global Fund financing.

Service provision activities and program management functions, in particular, need to be absorbed by national entities before the end of the grant.

Key References

Funding Landscape Tables

Additional Co-financing Documentation

Sustainability & Transition Supporting Documentation

Allocation Letter

Co-financing Commitment Letter

Key Resources

- Sustainability, Transition, and Co-Financing Guidance Note and Policy

2023 Funding Request Submission Dates

Window	2023 Submission Dates	2023 TRP Meetings
Window 1	20 March	24 April – 5 May
Window 2	29 May	3 July – 17 July
Window 3	21 August	25 September – 6 October

Questions:

AccessToFunding@theglobalfund.org

Note: the Design and Review Funding Requests OPN is being updated for the 2023-2025 allocation period; GMD, PRs and CCMs will be notified in writing once the revised version has been approved and published

THE GLOBAL FUND

The Global Fund to Fight
AIDS, Tuberculosis and Malaria

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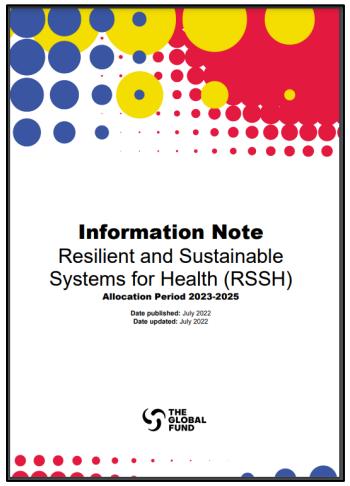
Updates for the 2023-2025 Allocation Period

RSSH: Updated Guidance

Dec 12, 2022

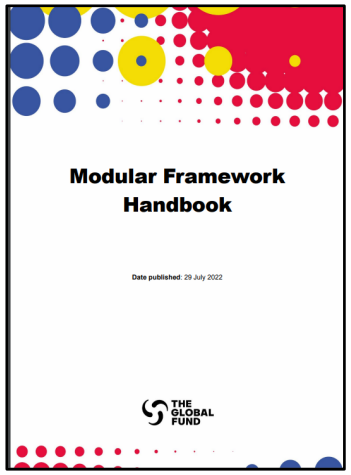
Key RSSH Resources for Funding Requests

Updates for the 2023-2025 Allocation Period



RSSH Information Note

Provides guidance to applicants preparing funding requests for RSSH. Information Notes for HIV, TB and malaria are available here.



Modular Framework

The Modular Framework is aligned with the revised Global Fund RSSH Information Note and Critical Approaches.

Additional Resources

1. Global Fund Strategy (2023-2028) (link)

With an emphasis on priorities for integrated people centered care.

2. Technical Briefs (link)

3. Global Guidelines

- Current international guidance/guidelines including WHO recommendations

Translations are in process for all Global Fund materials.

RSSH: Investment Approach

Main Strategic Messages

New

1. **Strengthen integrated, people-centered quality health services (IPCQS)** to improve HIV, TB and malaria outcomes
2. **Ensure alignment with 'critical approaches'** for health product management, lab and human resources for health (HRH) systems
3. **Contribute to pandemic preparedness (PP)** through strengthening lab, surveillance, HRH, health product management and medical oxygen systems
4. **Improve RSSH measurement using revised modular framework** (indicators and workplan tracking measures; health facility assessments)
5. **Consider Protection from Sexual Exploitation, Abuse and Harassment** (PSEAH) and child protection (**see** Guidance Note)

Continued

1. **Strengthen RSSH country dialogue and representation on CCM**
2. **Shift from short-term health systems support to long-term strengthening**
3. **Enhancing value for money** (economy, effectiveness, efficiency, equity and sustainability) **and sustainability** (STC policy, VFM Technical Brief)

An integrated people-centered approach is needed for:

- **Equity in Access**
- **Quality of care**
- **Responsiveness and participation**
- **Efficiency**
- **Resilience**

Technical Review Panel (TRP) Recommendations on RSSH/People-centered Integrated Systems for Health

2020-2022 TRP Observations Report

1. **Many interventions remain vertical, disease specific and do not integrate across health systems** and do not address stigma and discrimination in public health systems.

2. **Service quality is often mentioned, but rarely monitored**. TRP encourages investment in community-led monitoring as part of this approach.

3. **Community systems and responses need to address community infrastructure and services** in addition to CHWs investments, which also require optimization, in particular to increase investments in peer-led CHWs from key and vulnerable populations and align with WHO guidance.

4. **Government leadership, domestic health financing, and public financial management systems** require strengthening. Governments of implementing countries should increase financing for comprehensive community systems.

5. People-centered services should be **included in primary care essential packages**, including for the private sector.

6. Applicants should **prioritize strengthening of core functions of systems for health**, including procurement and supply chain management and essential health services.

IPCQS: Integration needed at governance, systems and service delivery levels

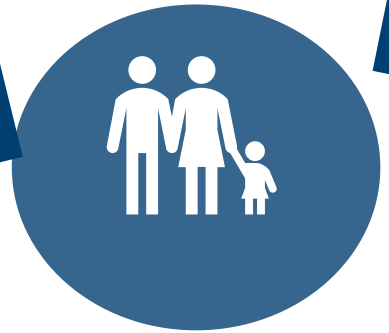
Governance and health financing:
Coordinated strategic and operational planning, and health financing across various health programs (e.g. coordinated disease NSPs and health sector strategies, budgets and financial flows)

Health systems functions:

- National health product management systems
- National monitoring and evaluation systems (surveillance & surveys)
- National laboratory systems (e.g. integrated sample transport systems; multi-pathogen diagnostics)
- National health workforce (e.g. multi-use community health workers)

Service delivery level:

Organize services at facility level around package of essential health services, plus functional referral system. (e.g. maternal and child health platforms (iCCM, ANC/PNC)



Case Studies

Supporting IPCQS and Primary Care

Mali
UHC Health System Reforms

Global Fund support focused on institutionalizing CHWs

- Optimized the scale-up and targeted deployment of additional community health workers (CHWs) through geospatial modelling and updating of national strategic plans.
- Provided investments across health policy and systems to support optimizing CHWs in alignment with WHO guidance.
- Supported the development of a long-term sustainable financing pathway for CHWs following a historic decree by the Government of Mali, officially recognizing CHW as health workers and the first level of the Malian health system.

Results: Shift towards comprehensive planning, sustainable financing, institutionalization of CHWs within the health system and an optimized CHW program linked to primary care.

IPCQS thru integrated community case management (iCCM) programs:

Optimizing community health worker programming

During 2023-2025, ambition is to progress in three key areas re CHWs:

1. A shift toward larger-scale investments
2. A shift away from piece-meal approaches to comprehensive and well-designed investments across systems components
3. A shift away from short-term toward more medium/long-term planning with support spanning funding cycles and aligned to sustainable financing pathways for CHWs and broader health sector planning

IPCQS through iCCM programs:
Non-malaria iCCM medicines

GF can now support non-malaria medications for iCCM where:

- CHWs provide malaria case management
- iCCM is part of the package of services CHWs are allowed to provide
- Eligibility criteria are met (see Annex 3 of **RSSH Information Note**)
  - ✓ only for non-malaria medications for children under 5 years of age
  - ✓ only for the community platform
  - ✓ appropriate diagnostic equipment (e.g., rapid diagnostic tests, respiratory timers) and training to ensure timely quality diagnosis of malaria, pneumonia and diarrhea per national iCCM protocols
  - ✓ Antimicrobial resistance (AMR) monitoring and stewardship to ensure rational drug use (drug selection guided by routine efficacy monitoring)
  - ✓ Quality CHW service delivery, including adherence to iCCM protocol, referral and counter referral systems. See the **CHW Programmatic Gap Table** and the systems components in Table 1 (next slide)

Support can include:

- Antibiotics for pneumonia (restricted to first line treatment for pneumonia in children under 5 years of age as per national protocol for iCCM)
- Oral rehydration salts (ORS) and zinc for diarrhea for children under 5 years of age as per national protocol for iCCM

Summary of CHW investments across systems components: Table 1 in RSSH Information Note

Table 1: Investments in health policy and systems support to optimize CHWs

Investments in health policy and systems support to optimize CHWs	Global Fund Eligibility
HRH: Governance, leadership capacity, coordination, policy & planning for CHWs (including as part of broader HRH), HRH analysis, development & maintenance of CHWML hosted in a registry, mobile/digital CHW payroll systems.	Yes*
HRH: Selection, competency-based pre-service training & certification & maintenance of certification for CHWs, competency-based in-service training for CHW supervisors, and other district, regional, or national/program staff with roles requiring training to support CHWs, strengthening institutions/systems that provide training for CHWs	Yes*
HRH: Remuneration (e.g., salary, allowances see the Global Fund Budgeting Guidance) costs for CHWs and CHW supervisors based on contracting agreement (written agreement specifying role & responsibilities, working conditions, remuneration, workers' rights)	Yes*
HRH: Supportive supervision, including salaries for CHW supervisors and costs for implementation of supportive supervision of CHWs, as well as for supportive supervision of CHW supervisors	Yes*
Community engagement: Support to community engagement in CHW planning, selection, CLM, problem-solving	Yes*
Equipment: Transportation (e.g., bicycle or motorcycle inc. maintenance and fuel or transportation allowance), backpack, uniform, rain gear and boots, flashlight, thermometer, shakir tape, respiratory timers for respiratory illness	Yes*
Commodities: RDTs for malaria diagnosis, ACTs for malaria treatment and rectal artesunate for pre-referral treatment of severe malaria	Yes, iCCM intervention in the case management module for malaria
Commodities: Firstline antibiotics for pneumonia treatment and ORS and zinc for diarrhea treatment for children under 5 years of age as per national protocol for iCCM; see **Annex 3** for eligibility criteria	Yes, iCCM intervention in the case management module for malaria
Commodities: Condoms, lubricant, PrEP, PEP, POC EID, RDTs, and others for HIV services relevant to the CHW role	Yes, relevant modules for HIV
Referral and counter-referral system: Allowances for transportation and meals for patients, caregivers and CHW	Yes, relevant disease module if system for single-disease or RSSH module if for multiple diseases
Supply chain system: Last mile distribution to health facility or CHW (can be done as part of CHW supervision),	Yes*
Health management information system, surveillance and M&E: Registers, paper-based job aides, routine reporting forms, mobile digital health tools (e.g., phones/tablets, sim cards, communications allowance) for CHWs and CHW supervisors	Yes*
Health finance: Development of and support for sustainable financing pathways for CHWs	Yes*
Yes*, if HIV, TB, or malaria services are in the package of services CHWs deliver (preferably all relevant to population needs are integrated in the package of services)	

RSSH Information Note: Investment Areas

1	Health Sector Planning and Governance
2	Health Financing and Financial Management Systems
3	Community Systems and Responses
4	Monitoring and Evaluation Systems
5	Human Resources for Health and Quality of Care
6	Health Product Management Systems
7	Laboratory Systems Strengthening
8	Medical Oxygen and Respiratory Care

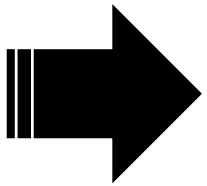
Cross-cutting Considerations:	
Private Sector Engagement	Digital Health

RSSH Modules

Changes between allocation periods

Modules 2020-2022 allocation period

1. Health sector planning and governance
2. Integrated service delivery & quality improvement
3. Financial management systems
4. Community systems strengthening
5. Health Products Management Systems
6. Human resources for health and quality of care
7. Laboratory systems
8. Health management information systems & M&E



Modules 2023-2025 allocation period

1. Health sector planning and governance for integrated people-centered services
2. Community systems strengthening
3. Health Financing Systems (new)
4. Health Product Management Systems*
5. Human resources for health and quality of care*
6. Laboratory systems*
7. Medical Oxygen and Respiratory Care Systems (new)*
8. Monitoring and Evaluation Systems (pandemic surveillance intervention*)

*RSSH/PP module

RSSH and Funding Requests

Inclusive country dialogue and robust prioritization are key

Main Messages

(1) Ensure Inclusive Country Dialogue

- **Key stakeholders include:** Ministry of Health departments (e.g., National Lab, Human resources for health, Community Health, Health Information Directorates), local government, Ministry of Finance, professional accreditation bodies (e.g., Nursing Councils), private sector, pandemic preparedness partners.

(2) Consider more consolidated RSSH Funding Requests

- Countries are encouraged to consolidate the RSSH request and include in first submitted funding request (within a disease-specific request or as a standalone RSSH request). Single integrated funding request are also encouraged across HIV, TB, malaria and RSSH.

(3) New - Revised Program Split Process

- Countries to indicate the amount for RSSH from allocations for HIV, TB and malaria in program split form
- Use the **new** 'RSSH priorities and gap analysis' annex to inform program split discussions.

RSSH Priorities and Gap Analysis Annex

Encourage an evidence-based discussion

- **Section 1 – Analysis of RSSH priorities**. Identify the top three RSSH priorities for each disease program and explain how investment will address programmatic gaps.
- **Section 2 – Prioritization process**. Explain the approach used for prioritization, detailing why some areas were prioritized and how they align with national plans.
- **Section 3 – Funding gap analysis.** Submit for RSSH modules that are the main cost drivers. Countries may use their own format, if preferred.

RSSH: Guiding questions to consider during the design of the funding request

1	What are the RSSH prioritizes and gaps stemming from the national health sector strategy, national strategic plan for the three diseases and other sub-sectoral strategies?
2	What are the RSSH priorities for community-based and community-led service delivery and support systems?
3	What are the key RSSH risks to HIV, TB and malaria program delivery, including their quality and sustainability? How will the identified RSSH priorities address them?
4	What are the missed opportunities for integration, including at service delivery level, that may delivery gains in equity, efficiency and impact for HIV, TB and malaria programs? What are the potential barriers to and risks of integration?
5	What interventions for the identified RSSH priorities are covered by other sources and what gaps need to be covered by Global Fund funding?
6	Are the investments in the RSSH priorities more focused on health systems support (i.e., mostly short-term funding of inputs) or on health systems strengthening (i.e., activities that last beyond the funding cycle)?
7	What are the lessons learned from TRP recommendations and/or implementation challenges from the previous RSSH investments?
8	How well have the results of previous RSSH investments been monitored and evaluated? What positive results have been achieved and how can these be consolidated?

RSSH and Funding Requests
Additional Tips

(4) Seek TA support early: CCM, WHO, UNICEF, USAID, L'Initiative/Expertise France, GIZ Backup, etc.

(5) Familiarize yourself with the Core Information Notes for RSSH and Malaria

- RSSH 'Critical Approaches' and Malaria 'Program Essentials'.
- RSSH Info Note annexes on iCCM, quality of care, referrals, M&E.
- RSSH technical briefs – community systems strengthening, private sector engagement, procurement and supply chain, waste management

(6) Participate in trainings and webinars (Global Fund Access to Funding webinars here)

(7) Participate in mock TRPs:

Window 1 - Feb 13-15, 2023 (SEARO), Feb 21-23 (Africa)
Window 2 – May 2-4 (tbc)

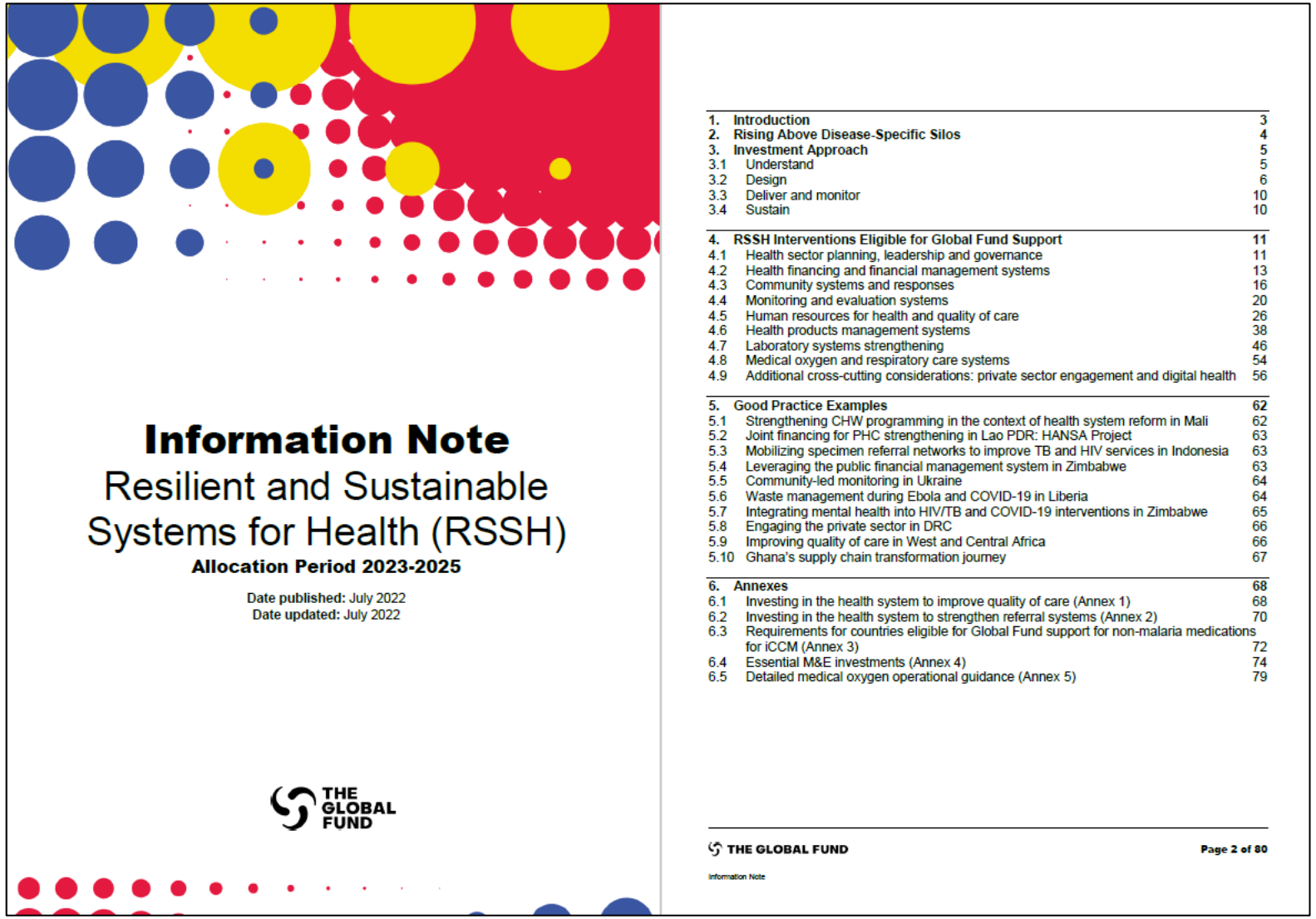
Thank you

Questions?

1 Annex: Key Messages on Investment Areas

RSSH Information Note

Allocation Period 2023-2025



Information Note

Resilient and Sustainable Systems for Health (RSSH)

Allocation Period 2023-2025

Date published: July 2022
Date updated: July 2022

THE GLOBAL FUND

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The RSSH Information Note is available here.

Global Fund Strategy (2023 – 2028)
Opportunities for integrated service delivery

"Integrated, people-centered quality services (IPCQS) … requires supporting and incentivizing HIV, TB and malaria service integration, as relevant, together with services to address coinfections and comorbidities of the three diseases, other adjacent health areas, such as sexual and reproductive health and rights, and reproductive, maternal, newborn, child and adolescent health services, relevant COVID-19 services, and integrated into primary health care services."

HIV

Integrate services to prevent, identify, and treat advanced HIV disease, comorbidities, and coinfections. This includes HIV service integration with other diseases, and as part of services for ante- and post-natal care, sexual and reproductive health and harm reduction, with care pathways adapted for aging populations.

TB

Increase efforts to prevent TB transmission, including by addressing structural determinants, a renewed focus on finding and treating all people with drug-susceptible and drug-resistant TB, service integration, differentiated and tailored service delivery models, as well as greater partnership across all sectors.

Malaria

Integrate service delivery, extending and optimizing the reach and quality of public sector and community services, as well as **improving access to quality malaria diagnosis and care** in settings where large numbers of people seek services in the private sector.

RSSH: Health Sector Planning and Governance

Key messages

Countries are encouraged to:

- **Support effective planning, leadership and governance** of the national health sector, including the private sector
- **Support better prioritization and budgeting** for RSSH, including health product management, labs, HRH, community health strategies, M&E systems
- **Strengthen primary health care and universal health coverage strategies** and multi-sectoral policies and ensure inclusion of HIV, TB and malaria considerations
- **Facilitate planning for more integrated people centered quality health services**, including for HIV, TB and malaria,

Main areas supported:

- ✓ Strengthen **national and sub-national health sector strategies**, policies, planning and regulations. Includes capacity building and mechanisms for developing, implementing, supervising and reporting on strategies
- ✓ Focus on **integration, cross-programmatic efficiency and equity,** including intersectoral planning to address social determinants and involvement of key populations and vulnerable groups in resource allocation and design of policies
- ✓ **Strengthen national policy and regulatory frameworks to effectively engage the private sector** in service provision. Includes technical assistance and capacity building and application of market-based approaches and innovations.

RSSH: Health Financing Systems

Key messages

Countries are encouraged to:

- **Strengthen health financing systems** to support increased resource mobilization, pooling and purchasing, and their effective use for universal health coverage and progress toward HIV, TB and malaria outcomes.
- **Leverage allocations to improve investments in health financing systems:** health financing strategies/planning, advocacy and monitoring of domestic resource mobilization, health financing data and analytics, public financial management, enhancing mechanisms for public financing of civil society organizations.

Main areas supported:

- ✓ Mobilizing domestic resource and improving the efficiency of domestic investments;
- ✓ Strengthening public financing management systems and routine financial management systems;
- ✓ Enhancing the generation/development and use of health financing data and improving resource tracking;
- ✓ Reducing financial barriers to access;
- ✓ Enhancing sustainable government public financing of services provided by communities and civil society;
- ✓ Supporting the integration of national disease responses into pooled financing mechanisms; and
- ✓ Strengthening value for money of investments in individual technologies and delivery modalities.

RSSH: Community Systems and Responses (CS&R)

Key messages

Countries are encouraged to:

- Place communities at the center of the response
- Design, cost and implement CS&R interventions, linked to health response objectives and community health strategies, to improve access to, and quality of services
- Remove siloed approaches to funding request development and grant implementation.

Three new tools for optimal design, prioritization and costing

1. Community systems strengthening (CSS) Decision Making Guide
2. CLM Design and Costing Guide
3. Technical resources on effective advocacy using CLM data, indicators and best practices

Main areas supported:

- ✓ Community-led monitoring (CLM) approaches, focusing on effective CLM data use for advocacy
- ✓ Community-led research and advocacy for policy reform
- ✓ Social mobilization, community linkages and coordination
- ✓ Capacity building and leadership development, focusing on key and vulnerable population-led organizations to deliver peer-led responses.

Reference: CSS technical brief.

RSSH: Monitoring and Evaluation (M&E) Systems

Key Messages

Countries are encouraged to support M&E Systems, aligned to evolving strategic direction:

- **Strengthen National HMIS strategies and M&E plans** as the foundation for investments
- **Integrated and/or interoperable data systems** to provide quality data for program monitoring, assessing impact of disease control efforts and early warning of pandemics. Ensure shared functionality with other health information systems, such as lab, logistics, human resources, and finance information systems
- **Build capacity for data analysis and use** at all levels of health system, and enhance data quality and availability to identify inequalities and inequities
- **Assessment of M&E systems** to identify system strengthening needs and priorities

Main areas supported:

- ✓ Data governance, leadership and management
- ✓ Data generation, availability and quality including: routine reporting, surveys, operational research, surveillance (HTM plus PP), administrative data sources, civil registration and vital statistics, data quality
- ✓ Analysis, evaluations, reviews, and data use
- ✓ Monitoring of health inequalities and inequities

RSSH: M&E Systems Considerations

1	**National HMIS strategies and M&E plans** that emphasize strengthening the national data systems and data analysis and use. These should be developed based on an interdisciplinary approach between national community health, disease programs, M&E and HMIS teams.
2	**Integrated and/or interoperable systems** that support the priority data needs of the three diseases, RSSH and pandemic preparedness and can be scaled-up nationally. Integrated and/or interoperable systems include community data and data arising from community-led monitoring mechanisms, as well as private health sector data.
3	**Investments that reflect an enterprise architecture approach** which considers the linkages and shared functionality with other health information systems, such as lab, logistics, human resources, and finance information systems.
4	**Enhanced quality of all data sources**, as well as data analysis and use activities including **analytical capacity building** at local, subnational and national levels and partnership with local and regional technical and academic institutions. The use of innovative digital approaches, as well as analytical outputs and data from community-led monitoring systems, is strongly encouraged.
5	**Platforms, approaches and adaptations of monitoring tools** to collect qualitative and quantitative data to generate, analyze and use disaggregated data. An important example is the funding of **gender analysis assessments** to identify gender-related barriers to services with findings informing specific interventions.

RSSH: Human Resources for Health (HRH) and Quality of Care

Key messages

Countries are encouraged to support HRH and quality of care, aligned to new strategic direction:

- Catalyze HRH development in an **evidence-based and sustainable manner**
- Update approach to HRH and quality of care by gradually moving away from:
  - short-term salary support → remuneration based on **HRH strategic planning;** scale up workforce development, especially primary care teams, including CHWs (all types)
  - one-off in-service training → quality **supportive supervision** using data for **improvement** + training
- Focus on HRH planning, management and governance; HRH analysis and policy reform to optimize deployment and skills mix; prioritize evidence-based interventions.
- Apply these updates to entire workforce, including CHWs

⊕ **Critical approaches** guide this strategic shift.

Main areas supported:

- ✓ HRH planning, management and governance, including for CHWs.
- ✓ Education and production of new health workers, including CHWs
- ✓ Recruitment, remuneration and deployment of new and existing HRH, including CHWs
- ✓ Interventions to improve health workers' performance, including for CHWs i.e:
  - ✓ In-service training
  - ✓ Integrated supportive supervision (NEW)
  - ✓ Quality improvement and capacity building for quality of care (NEW)

RSSH: Critical Approaches for HRH and Quality of Care

(1) A package of more effective interventions to improve HRH performance (see Annex 1)	• Quality of care data to inform HRH performance improvement interventions • More and better supervision and quality improvement: integrated technical content, as feasible and relevant; reviews quality of care data; uses problem-solving; includes CHWs • Better training: skills- and competence focused; delivered on site; integrated where feasible and relevant; innovative and more efficient approaches e.g., blended learning; complemented by mentoring/supervision • Support to institutionalization: e.g., strengthen quality of pre-service training and continuous professional development programs, with focus on integrating disease-specific content; strengthening leadership and management, supervision of supervisors.
(2) Catalyze support for integrated HRH strategic planning supporting country workforce development (including CHWs)	• HRH analysis used for HRH strategic planning (inc. sustainable financing) • Scale up production of HRH with a focus on strengthening multi-disciplinary PHC teams, based on HRH analysis • Optimization of HRH distribution e.g., workload-based assessments, geospatial analysis • Integration of CHWs within broader HRH strategic planning and shift from short-term to medium- and long-term support, spanning funding cycles, within sustainable financing plans
(3) Enhance system readiness to scale CHWs aligned with WHO guidance	• **New** - CHW Programmatic Gap Tables: systematic identification of investment gaps to ensure CHWs are fully supported across systems components before scaling further. • **New** - provision of non-malaria medications for iCCM (antibiotics, zinc, ORS) for U5 children where eligibility requirements are met (Annex 3).

RSSH: Health Product Management (HPM) Systems

Key Messages

Countries are encouraged to support HPM systems, aligned to evolving strategic direction:

- Emphasize **effective, integrated and sustainable HPM systems** to deliver uninterrupted availability of health products.
- Focus on **equitable access to quality-assured existing and new health products** (HPs)
- Promote **ethical, environmentally sustainable and transparent procurement practices** that comply with public procurement standards and Global Fund's **value for money** framework, including waste management considerations.
- Strengthen country capacity to accelerate the **equitable deployment of and access to innovations**.

⊕ **Critical approaches** guide this strategic shift.

Main areas supported:

- ✓ Policy, strategy and governance and coordination of national HPM systems
- ✓ Planning, storage and distribution capacity, design, and operations (incl. outsourcing)
- ✓ Health product information system implementation and use
- ✓ Planning and procurement capacity for health products
- ✓ National regulatory and quality assurance systems
- ✓ Avoidance, reduction and management of healthcare waste
- ✓ Integrated national laboratory system strengthening (*elaborated further in Lab slides and requested using lab modules)

RSSH: Critical Approaches for HPM Systems

Planning & Procurement	• **Quantification and forecasting exercises should be planned regularly** (i.e., bi/annually) in a structured way to include important product categories of HIV, TB, and malaria health products. • Once financing is confirmed, procurement planning and execution should be effective considering all value-for-money (VfM)procurement channels e.g., (non/pooled, national/international) considering key criteria of quality, price and lead time to ensure timely delivery to countries.
Storage & Distribution	• Findings from recent **Health Products Management (HPM) system design and operational assessments** and national strategies should inform investments to enable the most effective use of existing capacity, determine if additional capacity is needed and, if so, how much and where in the system. • Objective, systematic assessment to determine what activities should be outsourced or insourced, and if **sufficient processes and people are in place to manage all aspects of the HPM systems**, including for required governance/coordination, monitoring and supportive supervision.
Regulatory & Quality Assurance (QA)	• **Strengthen national regulatory systems to benefit the three disease programs & beyond with an integrated approach** to cover Essential Medicines List/Essential Diagnostics List development/updates, timely registration to facilitate new health products introduction, quality testing and post-market surveillance, effective pharmacovigilance & other QA system strengthening activities (for pharma & lab products).
Health Product Information Systems	• **Management information system** (e.g., Logistics Management Information Systems, Warehouse Management Systems, Laboratory Information Systems) **design, governance, management and use should be prioritized** to ensure data is used regularly for evidence-based decision-making and to improve HPM system performance. • End-to-end visibility of the supply chain should be addressed through **use of master data across systems and interoperability of critical systems to exchange data.** • A Supply Chain Digitalization Roadmap should be used in conjunction with standardized approaches to health product information systems. • **Inventory management practices should be data-informed** to ensure minimum/maximum stock levels of core health products are maintained
Waste Management	• Conduct **comprehensive national assessments of waste management systems** to inform the design of waste management systems interventions to minimize carbon footprint of segregation/ removal/ decontamination/ recycling/ and disposal systems using innovative technologies.
Integrated National Lab Systems	• Strengthen disease-specific diagnostic services, with as much national integration as possible. Necessary network mapping, equipment optimization, lab products quantification/procurement/inventory management, robust referral and sample transfer network etc. with a strong quality management system should be prioritized. (elaborated further in the critical approaches for laboratory systems)

RSSH: Laboratory Systems Strengthening

Key messages

Countries are encouraged to request support, aligned to new strategic direction:

- Aim is **integrated national laboratory systems** that can meet needs of all diseases. Requires **strong national laboratory leadership and governance structures** to provide coordination and drive integration
- **Encourage proactive participation** of national laboratory directorates in country dialogue and funding request preparations
- Focus on **updating workforce policies and implementation** to institutionalize training programs for the next generation of skilled medical laboratory staff
- Include **investments supporting pandemic preparedness** (for example, support for detection of pathogens which are not HIV, TB or malaria).

⊕ **Critical approaches** guide this strategic shift.

Main areas supported:

- ✓ Governance and leadership
- ✓ HRH for laboratory systems
- ✓ Infrastructure, equipment management systems, supply chains
- ✓ Laboratory information systems
- ✓ Quality management systems for tiered testing networks
- ✓ Specimen transport systems and diagnostic network optimization
- ✓ Laboratory-based surveillance: genomics, next generation sequencing, environmental surveillance, integrated human and animal disease surveillance for zoonoses, One AMR surveillance, innovation and implementation research

RSSH: Critical Approaches for Laboratory Systems

1	**Funding requests should be based on updated National Laboratory Strategic Plans** and adopt a transparent and reliable tracking system to monitor implementation progress, including metrics on timeliness, coverage, and access of diagnostic testing services.
2	Successful participation in **External Quality Assurance Schemes** (i.e., Proficiency testing (PT) panels, inter lab comparisons, site supervision and mentoring, virtual/online PT panels etc) for all diagnostics.
3	Establish **all-inclusive pricing modalities** that include service and maintenance and training for laboratory equipment and point of care instruments.
4	Implement **ISO 15189 standards** towards attainment of accreditation in all clinical public and private laboratories.
5	Routinely conduct **integrated diagnostic network optimization exercises** to improve access, coverage, and cost-efficiency of investments in diagnostics
6	Design and implement **integrated specimen referral networks** for priority disease surveillance and outbreak response. Outsourcing of transport services to private sector is encouraged.

RSSH: Medical Oxygen and Respiratory Care

Key messages

Countries are encouraged:

- **Support new areas which complement and extend C19RM investments**
- Includes **focus on oxygen and respiratory care systems as part of pandemic preparedness**:
  - Promote access to and coverage of sustainable O2 services; and
  - Linked to case management capacity within International Health Regulations/ Joint external evaluation framework.
- Also consider the following:
  - Bulk oxygen supply;
  - Oxygen distribution and storage;
  - Oxygen delivery and respiratory care; and
  - Oxygen support systems.

Main areas supported:

- ✓ Integration of oxygen delivery across national and subnational policies, plans and guidelines
- ✓ Clinical recommendations for the management of hypoxia with oxygen therapy,
- ✓ Selection, installation and maintenance of oxygen technologies and supplies with clear regulations and standards
- ✓ Monitoring and evaluation integrated into routine tools for surveillance

RSSH cross-cutting consideration:
Private Sector Engagement (PSE)

Countries encouraged to:

- Support PSE to **improve access to and quality of care and enhance financial protection** for patients in private sector, and improve HIV, TB and malaria outcomes.
- **Understand role of private sector** in service delivery, then design PSE mechanisms appropriately
- **Options for engagement**: policy dialogue, financing, information exchange and regulation

Definition of private sector: individuals and organizations that are neither owned nor directly controlled by governments and are involved in health services, which includes for-profit and not-for-profit, formal and informal, domestic and international service providers.

Main areas supported:

- ✓ Financial mechanisms and structures for contracting, outsourcing, public/private partnership, strategic purchasing and market shaping.
- ✓ Development of PSE strategies, policies and guidelines and regulations, including certification, licensing, accreditation, establishment of networks, franchising and social marketing.
- ✓ Interoperable data systems and inclusion in surveillance systems.

Activities can be included under the Private Sector intervention in the Governance Module, or under relevant disease modules.

For more information, please refer to the upcoming Technical Brief on Private Sector Engagement.

RSSH cross cutting consideration:
Digital Health

Countries encouraged to:

- **Increase use of digital technologies to improve countries' information systems**, including use of data to improve IPCHS, national disease programs and health system functions (HMIS, labs, HRH, etc).
- Focus on data aggregation and use at local, regional and national level, and support for governance, innovation and infrastructure

Activities can be included under relevant interventions under RSSH and disease modules.

Main areas supported:

- ✓ **Data aggregation and visualization** (e.g., a 'one-stop' dashboard for monitoring and evaluation purposes; lab test results at point of care)
- ✓ **Innovative digital health advancements** (e.g., patient tracking apps on mobile phones)
- ✓ **Digital health leadership and governance** (e.g., National digital health strategy and policies; governance bodies)
- ✓ **Digital health capabilities at points of care and national, regional and district levels** (e.g., case surveillance, workforce tracking, financing planning, lab information systems, telemedicine, etc.)
- ✓ **Digital health infrastructure** (e.g., local access to IT equipment and facilities, communication infrastructure)
- ✓ **Digital health accelerators** (e.g., data governance, including cyber security and data privacy, private sector collaborations, coordinated country strategies; precision health innovations bringing together advanced/predictive analytics to inform strategic planning)

Programmatic Gap Table

Please read the Instructions sheet carefully before completing the programmatic gap tables.

To complete this cover sheet, select from the drop-down lists the Geography, Component and Applicant Type.

Applicant	*Please select your geography…*
Component	*Please select…*
Applicant Type	*Please select…*

Latest version updated 29 July 2022

English: Choose the language in the Instructions tab (líne B6) **Français:** Veuillez choisir la langue sur l'onglet Instructions (rangée B6) **Español:** Seleccione el idioma en la hoja Instructions (fila B6)	**Latest version updated 29 July 2022**

Language	**English**

Instructions - RSSH CHW Gap Tables

Instructions for filling RSSH CHW programmatic gap table:

Completion of the CHW programmatic gap tables is mandatory for all funding requests requesting funds for CHWs (all types, including K&VP peers) or CHW supervisors. This applies to all funding requests (disease funding requests and RSSH funding requests). Complete the programmatic gap tables for remuneration, training, supervision, equipment, referral and counter-referral, and HMIS and M&E costs. If funding for more than one type of CHW is being requested, please indicate the types of CHWs in row 6 of the "CHW" tab and provide the requested data combined for all of the relevant CHWs (it is not necessary to provide separate tabs for each type of CHW).

For guidance when completing these programmatic gap tables, please refer to the Modular Framework handbook and the Global Fund RSSH Information Note, which includes reference to relevant technical guidance documents.

If your country is eligible for non-malaria iCCM commodities (indicated in your allocation letter) please complete the tab "non-malaria iCCM commodities".

Blank cells highlighted in white require input. Cells highlighted in purple and gray will be filled automatically. See below instructions for each table.

The Modular Framework - https://www.theglobalfund.org/media/4309/fundingmodel_modularframework_handbook_en.pdf

Global Fund RSSH Information Note - https://www.theglobalfund.org/media/4759/core_resilientsustainablesystemsforhealth_infonote_en.pdf

"RSSH - CHW Tables" tab

CHW Programmatic Gap Table 1 - Coverage of remuneration costs

Indicator:
Percentage of CHWs remunerated.

Current estimated country need:
1) "A" refers to the total estimated number of CHWs needed by year (may be higher than the NSP target).
2) "B" refers to country targets for number of CHWs needed per NSP or agreed number

Country target already covered:
1) "C1" refers to the number of CHWs who are to receive competency-based pre-service training and certification through domestic resources.
2) "C2" refers to the number of CHWs who are to receive competency-based pre-service training and certification through non-Global Fund external resources.
3) "C" refers to the number of CHWs who are to receive competency-based pre-service training and certification through domestic + non-Global Fund external resources.

Programmatic gap:
Refers to the expected annual gap in meeting the target.

Country target covered with the allocation amounts:
1) "E" refers to the number of CHWs who are to receive competency-based pre-service training and certification through the allocation amount.
2) "F" refers to the number of CHWs who are to receive competency-based pre-service training and certification through all sources.
3) "G" refers to the remaining gap to country target.

Comments/Assumptions:
For C2, specify the number of CHWs to be supported by source of non-GF external funding

CHW Programmatic Gap Table 2 - Coverage of competency-based pre-service training and certification costs
Indicator: Percentage of CHWs who received competency-based pre-service training and certification.
Current estimated country need: 1) "A" refers to the total estimated number of CHWs needed by year (may be higher than the NSP target). 2) "B" refers to country targets for number of CHWs needed per NSP or agreed number.
Country target already covered: 1) "C1" refers to the number of CHWs who are to receive competency-based pre-service training and certification through domestic resources. 2) "C2" refers to the number of CHWs who are to receive competency-based pre-service training and certification through non-Global Fund external resources. 3) "C" refers to the number of CHWs who are to receive competency-based pre-service training and certification through domestic + non-Global fund external resources.
Programmatic gap: Refers to the expected annual gap in meeting the target.
Country target to be covered with the allocation amount 1) "E" refers to the number of CHWs who are to receive competency-based pre-service training and certification through the allocation amount. 2) "F" refers to the number of CHWs who are to receive competency-based pre-service training and certification through all sources. 3) "G" refers to the remaining gap to country target.
Comments/Assumptions: For C2, specify the number of CHWs to be supported by source of non-Global Fund external funding.
CHW Programmatic Gap Table 3 - Coverage of competency-based in-service training costs
Indicator: Percentage of CHWs who received competency-based in-service training.
Current estimated country need: 1) "A" refers to the total estimated number of CHWs needed by year (may be higher than the NSP target). 2) "B" refers to country targets for number of CHWs needed per NSP or agreed number.
Country target already covered: 1) "C1" refers to the number of CHWs who are to receive competency-based in-service training through domestic resource. 2) "C2" refers to the number of CHWs who are to receive competency-based in-service training through non-Global Fund external resources. 3) "C" refers to the number of CHWs who are to receive competency-based in-service training through domestic + non-Global Fund external resources.
Programmatic gap: Refers to the expected annual gap in meeting the target.
Country target to be covered with the allocation amount: 1) "E" refers to the number of CHWs who are to receive competency-based in-service training through the allocation amount. 2) "F" refers to the number of CHWs who are to receive competency-based in-service training through all sources. 3) "G" refers to the remaining gap to country target.
Comments/Assumptions: For C2, the number of CHWs to be supported by source of non-Global Fund external funding.

CHW Programmatic Gap Table 4 - Coverage of integrated supportive supervision costs
Indicator: Percentage of CHWs who received integrated supportive supervision.
Current estimated country need: 1) "A" refers to the total estimated number of CHWs needed by year (may be higher than the NSP target). 2) "B" refers to country targets for number of CHWs needed per NSP or agreed number.
Country target already covered: 1) "C1" refers to the number of CHWs who are to receive integrated supportive supervision through domestic resources. 2) "C2" refers to the number of CHWs who are to receive integrated supportive supervision through non-Global Fund external resources. 3) "C" refers to the number of CHWs who are to receive integrated supportive supervision through domestic + non-Global Fund external resources.
Programmatic gap: Refers to the expected annual gap in meeting the target.
Country target to be covered with the allocation amount: 1) "E" refers to the number of CHWs who are to receive integrated supportive supervision through the allocation amount. 2) "F" refers to the number of CHWs who are to receive integrated supportive supervision through all sources. 3) "G" refers to the remaining gap to country target
Comments/Assumptions: 1) Integrated supportive supervision costs include all costs needed to ensure quality, integrated supportive supervision of CHWs, including but not limited to: costs for recruitment, remuneration, training, equipment, and supervision of CHW supervisors, as well as implementation costs (e.g., travel costs, per diems) for supervision of CHWs. 2) For C2, specify the number of CHWs to be supported by source of non-Global Fund external funding.
CHW Programmatic Gap Table 5 - Coverage of equipment costs
Indicator: Percentage of equipped CHWs.

Current estimated country need: 1) "A" refers to the total estimated number of CHWs needed by year (may be higher than the NSP target). 2) "B" refers to country targets for number of CHWs needed per NSP or agreed number.
Country target already covered: 1) "C1" refers to the number of CHWs who are to be equipped through domestic resources. 2) "C2" refers to the number of CHWs who are to be equipped through non-GF external resources. 3) "C" refers to the number of CHWs who are to be equipped through domestic + non-Global Fund external resources.
Programmatic gap: Refers to the expected annual gap in meeting the target.
Country target to be covered with the allocation amount: 1) "E" refers to the number of CHWs who are to be equipped through the allocation amount. 2) "F" refers to the number of CHWs who are to be equipped through all sources. 3) "G" refers to the remaining gap to country target
Comments/Assumptions: 1) Equipment depends on the role of the CHW and geography (rural versus urban). In rural contexts, the following should be considered: Transportation (e.g., bicycle inc. maintenance or motorcycle inc. maintenance and fuel or transportation allowance, depending on context/terrain (note if transport costs for referral / counter-referral are included here Table 8 is not needed) backpack, uniform, rain gear and boots, flashlight, thermometer, shakir tape, respiratory timers for respiratory illness. 2) For C2, specify the number of CHWs to be supported by source of non-Global Fund external funding.
CHW Programmatic Gap Table 6 - Coverage of PPE costs
Indicator: Percentage of CHWs protected with PPE.
Current estimated country need: 1) "A" refers to the total estimated number of CHWs needed by year (may be higher than the NSP target). 2) "B" refers to country targets for number of CHWs needed per NSP or agreed number.
Country target already covered: 1) "C1" refers to the number of CHWs to be protected with PPE through domestic resources. 2) "C2" refers to the number of CHWs to be protected with PPE through non-GF external resources. 3) "C" refers to the number of CHWs to be protected with PPE through domestic + non-Global Fund external resources.
Programmatic gap: Refers to the expected annual gap in meeting the target.
Country target to be covered with the allocation amount: 1) "E" refers to the number of CHWs to be protected with PPE through the allocation amount. 2) "F" refers to the number of CHWs to be protected with PPE through all sources. 3) "G" refers to the remaining gap to country target.
Comments/Assumptions: 1) Types of PPE depend on the role of the CHW and national protocols for PPE. 2) For C2, specify the number of CHWs to be supported by source of non-Global Fund external funding.
CHW Programmatic Gap Table 7 - Coverage of commodity costs
Percentage of CHWs to be provided commodities per the CHW package of services (e.g., condoms and lubricant for HIV prevention if CHW provide HIV prevention services). Note that non-malaria iCCM commodities (antibiotics for pneumonia and ORS and zinc for diarrhea) should be included in Tables 10 and 11. Note that malaria commodities (RDTs and ACTs) should be included in the Malaria Gap Table
Current estimated country need: 1) "A" refers to the total estimated number of CHWs needed by year (may be higher than the NSP target). 2) "B" refers to country targets for number of CHWs needed per NSP or agreed number.
Country target already covered: 1) "C1" refers to the number of CHWs to be provided commodities through domestic resources. 2) "C2" refers to the number of CHWs to be provided commodities through non-Global Fund external resources. 3) "C" refers to the number of CHWs to be provided commodities through domestic + non-Global Fund external resources.
Programmatic gap: Refers to the expected annual gap in meeting the target.
Country target to be covered with the allocation amount: 1) "E" refers to the number of CHWs to be provided commodities through the allocation amount. 2) "F" refers to the number of CHWs to be provided commodities through all sources. 3) "G" refers to the remaining gap to country target.
Comments/Assumptions: 1) Commodities depend on the type of CHW and should include all commodities (e.g., iCCM commodities including RDTs, ACTs, ORS, zinc, antibiotics, and other commodities such as condoms, lubricant etc.) required per the package of services to be delivered by the CHWs. Quantification of ACTs and RDTs for malaria needed for community is estimated in the Malaria Programmatic Gap Table and quantification of condoms and lubricant needed for HIV prevention done in HIV Programmatic Gap Table. Table 7 of the CHW Programmatic Gap Table should reflect whether CHWs commodity needs are met based on the package of services they provide. 2) For C2, specify number of CHWs to be supported by source of non-GF external funding.
CHW Programmatic Gap Table 8 - Coverage of referral / counter-referral costs
Indicator: Percentage of CHWs supported for referral / counter-referral.

Current estimated country need: 1) "A" refers to the total estimated number of CHWs needed by year (may be higher than the NSP target). 2) "B" refers to country targets for number of CHWs needed per NSP or agreed number.
Country target already covered: 1) "C1" refers to the number of CHWs to be supported by a referral / counter-referral system through domestic resources 2) "C2" refers to the number of CHWs to be supported by a referral / counter-referral system through non-Global Fund external resources. 3) "C" refers to the Number of CHWs to be supported by a referral / counter-referral system through domestic + non-Global Fund external resources.
Programmatic gap: Refers to the expected annual gap in meeting the target.
Country target to be covered with the allocation amount: 1) "E" refers to the number of CHWs to be supported by a referral / counter-referral through the allocation amount. 2) "F" refers to the number of CHWs to be supported by a referral / counter-referral system through all sources. 3) "G" refers to the remaining gap to country target.
Comments/Assumptions: 1) If costs for referral / counter-referral (e.g. transportation costs for patient, caregiver and CHW are included already in Table 4 on Equipment then just indicate that referral/counter-referral costs are included in Table 4. 2) For C2, specify the number of CHWs to be supported by source of non-GF external funding.
CHW Programmatic Gap Table 9 - Coverage of Health management information system, surveillance and M&E costs
Indicator: Percentage of CHWs supported with Health management information system, surveillance and M&E activities
Current estimated country need: 1) "A" refers to the total estimated number of CHWs needed by year (may be higher than the NSP target). 2) "B" refers to country targets for number of CHWs needed per NSP or agreed number
Country target already covered: 1) "C1" refers to the number of CHWs to be supported with Health management information system, surveillance and M&E through domestic resources. 2) "C2" refers to the number of CHWs to be supported with Health management information system, surveillance and M&E through non-Global Fund external resources. 3) "C" refers to the number of CHWs to be supported with Health management information system, surveillance and M&E through domestic + non-Global Fund external resources.
Programmatic gap: Refers to the expected annual gap in meeting the target.
Country target to be covered with the allocation amount: 1) "E" refers to the number of CHWs whose cost of HMIS related activities is planned to be covered by the allocation amount. 2) "F" refers to the number of CHWs to be supported with Health management information system, surveillance and M&E through all sources. 3) "G" refers to the remaining gap to country target.
Comments/Assumptions: 1) Health management information system, surveillance and M&E costs include: Registers, paper-based job aides, routine reporting forms, CHW master list development (including data collection as needed) and maintenance in a registry, mobile digital health tools (phones/tablets, sim cards, communications allowance) for CHWs and CHW supervisors. 2) In the comments/assumptions cell add here the number of CHWs to be supported by source of non-Global Fund external funding.
"Non-Malaria iCCM commodities" tab
CHW Programmatic Gap Table 10 - non-malaria iCCM commodities (first line antibiotics for simple pneumonia among children 2-59 months of age as part of iCCM)
Indicator: Proportion of children 2-59 months with suspected pneumonia (fast breathing) that received first line antibiotic treatment in the community.
Current estimated country need: 1) "A" refers to the total estimated number of suspected pneumonia cases in the areas with CHWs (may be higher than the NSP target). Comments/Assumptions: Specify the assumptions (e.g., incidence of suspected pneumonia among children 2-59 months x population 2-59 months in the communities served by CHWs; for example 270 suspected pneumonia cases per 1,000 children 2-59 months in a population of 1,000,000 children 2-59 months in communities served by CHWs = (270*1,000,000)/1,000 = 270,000 estimated suspected pneumonia cases). 2) "B" refers to country targets for number of suspected pneumonia cases to be treated with first line antibiotics by CHWs per NSP or agreed number (must be equal to or lower than “A”).
Country target already covered: 1) "C1" refers to the part of the country target planned to be covered by domestic resources. 2) "C2" refers to the part of the country target planned to be covered by non-Global Fund external resources. 3) "C" refers to the part of the country target planned to be covered by domestic + non-Global Fund external resources.
Programmatic gap: Refers to the expected annual gap in meeting the country target.
Country target to be covered with the allocation amount: 1) "E" refers to the part of the country target planned to be covered by the allocation amount. 2) "F" refers to the part of the country target planned to be covered by all sources. 3) "G" refers to the remaining gap to country target.
Comments/Assumptions: 1) For the current estimated country need: Specify the assumptions (e.g., incidence of suspected pneumonia among children 2-59 months x population 2-59 months in the communities served by CHWs; for example 270 suspected pneumonia cases per 1,000 children 2-59 months in a population of 1,000,000 children 2-59 months in communities served by CHWs = (270*1,000,000)/1,000 = 270,000 estimated suspected pneumonia cases). 2) Specify the number of CHWs that are planned to be providing iCCM services (including case management for suspected pneumonia).
CHW Programmatic Gap Table 11 - non-malaria iCCM commodities (oral rehydration salts and zinc for treatment of diarrhea among children 2-59 months of age as part of iCCM)
Indicator: Proportion of children 2-59 months with diarrhea that received oral rehydration salts and zinc treatment in the community.

Current estimated country need: 1) "A" refers to the total estimated number of diarrhea cases in the areas with CHWs (may be higher than the NSP target). Comments/Assumptions: Specify the assumptions (e.g., incidence of diarrhea among children 2-59 months x population 2-59 months in the communities served by CHWs; for example 3300 diarrhea cases per 1,000 children 2-59 months in a population of 1,000,000 children 2-59 months in communities served by CHWs = (3300*1,000,000)/1,000 = 3,330,000 estimated diarrhea cases). 2) "B" refers to country targets for number of suspected diarrhea cases by CHWs per NSP or agreed number (must be equal to or lower than “A”).
Country target already covered: 1) "C1" refers to the part of the country target planned to be covered by domestic resources. 2) "C2" refers to the part of the country target planned to be covered by non-Global Fund external resources. 3) "C" refers to the part of the country target planned to be covered by domestic + non-Global Fund external resources.
Programmatic gap: Refers to the expected annual gap in meeting the country target.
Country target to be covered with the allocation amount: 1) "E" refers to the part of the country target planned to be covered by the allocation amount. 2) "F" refers to the part of the country target planned to be covered by all sources. 3) "G" refers to the remaining gap to country target.
Comments/Assumptions: 1) For the current estimated country need: Specify the assumptions (e.g., incidence of diarrhea among children 2-59 months x population 2-59 months in the communities served by CHWs; for example 3300 diarrhea cases per 1,000 children 2-59 months in a population of 1,000,000 children 2-59 months in communities served by CHWs = (3300*1,000,000)/1,000 = 3,330,000 estimated diarrhea cases). 2) Specify the number of CHWs that are planned to be providing iCCM services (including case management for suspected diarrhea).

English: Choose the language in the Instructions tab (líne B6) **Français**: Veuillez choisir la langue sur l'onglet Instructions (rangée B6) **Español:** Seleccione el idioma en la hoja Instructions (fila B6)	**Latest version updated 29 July 2022**

Carefully read the instructions in the "Instructions" tab before completing the programmatic gap analysis table.
The instructions have been tailored to each specific module/intervention.

CHW Programmatic Gap Table 1 - Coverage of remuneration costs

Selected coverage indicator	**Percentage of CHWs who are to be remunerated**				
Current national coverage					
Insert latest results		**Year**		**Data source**	
Comments					
		Year 1	**Year 2**	**Year 3**	**Comments / Assumptions**
		Insert year	Insert year	Insert year	
Current estimated country need					
A. Total estimated number of CHWs needed by year	**#**				
B. Country targets for number of CHWs needed per NSP or agreed number	**#**				
	%				
Country target already covered					
C1. Number of CHWs to be remunerated through domestic resources	**#**				
	%				
C2. Number of CHWs to be remunerated through non-Global Fund external resources	**#**				
	%				
C. Number of CHWs to be remunerated through domestic + non-Global Fund external resources	**#**	0	0	0	
	%				
Programmatic gap					
D. Expected annual gap in meeting the target: B - C	**#**	0	0	0	
	%				
Country target covered with the allocation amount					
E. Number of CHWs to be remunerated through the allocation amount	**#**				
	%				
F. Number of CHWs to be remunerated through all sources: C+E	**#**	0	0	0	
	%				
G. Remaining gap to country target: B - F	**#**	0	0	0	
	%				

CHW Programmatic Gap Table 2 - Coverage of competency-based pre-service training and certification costs

Selected coverage indicator	**Percentage of CHWs who are to receive competency-based pre-service training and certification**				
Current national coverage					
Insert latest results		**Year**		**Data source**	
Comments					

		Year 1	**Year 2**	**Year 3**	**Comments / Assumptions**
		Insert year	Insert year	Insert year	
Current estimated country need					
A. Total estimated number of CHWs needed by year	**#**				
B. Country targets for number of CHWs needed per NSP or agreed number	**#**				
	%				
Country target already covered					
C1. Number of CHWs who are to receive competency-based, pre-service training and certification through domestic resources	**#**				
	%				
C2. Number of CHWs who are to receive competency-based, pre-service training and certification through non-Global Fund external resources	**#**				
	%				
C. Number of CHWs who are to receive competency-based pre-service training and certification through domestic + non-Global Fund external resources	**#**	0	0	0	
	%				
Programmatic gap					
D. Expected annual gap in meeting the target: B - C	**#**	0	0	0	
	%				
Country target covered with the allocation amount					
E. Number of CHWs who are to receive competency-based, pre-service training and certification through the allocation amount	**#**				
	%				
F. Number of CHWs who are to receive competency-based, pre-service training and certification through all sources: C+E	**#**	0	0	0	
	%				
G. Remaining gap to country target: B - F	**#**	0	0	0	
	%				

CHW Programmatic Gap Table 3 - Coverage of competency-based in-service training costs

Selected coverage indicator	**Percentage of CHWs who are to receive competency-based in-service training**				
Current national coverage					
Insert latest results		**Year**		**Data source**	
Comments					
		Year 1	**Year 2**	**Year 3**	**Comments / Assumptions**
		Insert year	Insert year	Insert year	
Current estimated country need					
A. Total estimated number of CHWs needed by year	**#**				
B. Country targets for number of CHWs needed per NSP or agreed number	**#**				
	%				
Country target already covered					
C1. Number of CHWs who are to receive competency-based, in-service training through domestic resources	**#**				
	%				
C2. Number of CHWs who are to receive competency-based, in-service training through non-Global Fund external resources	**#**				
	%				
C. Number of CHWs who are to receive competency-based, in-service training through domestic + non-Global Fund external resources	**#**	0	0	0	
	%				
Programmatic gap					
D. Expected annual gap in meeting the target: B - C	**#**	0	0	0	
	%				
Country target covered with the allocation amount					
E. Number of CHWs who are to receive competency-based, in-service training through the allocation amount	**#**				
	%				
F. Number of CHWs who are to receive competency-based, in-service training through all sources: C+E	**#**	0	0	0	
	%				
G. Remaining gap to country target: B - F	**#**	0	0	0	
	%				

CHW Programmatic Gap Table 4 - Coverage of supervision costs

Selected coverage indicator	**Percentage of CHWs who are to receive integrated supportive supervision**				
Current national coverage					
Insert latest results		**Year**		**Data source**	
Comments					
		Year 1	**Year 2**	**Year 3**	**Comments / Assumptions**
		Insert year	Insert year	Insert year	
Current estimated country need					
A. Total estimated number of CHWs needed by year	**#**				
B. Country targets for number of CHWs needed per NSP or agreed number	**#**				
	%				
Country target already covered					
C1. Number of CHWs who are to receive integrated supportive supervision through domestic resources	**#**				
	%				
C2. Number of CHWs who are to receive integrated supportive supervision through non-Global Fund external resources	**#**				
	%				
C. Number of CHWs who are to receive integrated supportive supervision through domestic + non-Global Fund external resources	**#**	0	0	0	
	%				
Programmatic gap					
D. Expected annual gap in meeting the target: B - C	**#**	0	0	0	
	%				
Country target covered with the allocation amount					
E. Number of CHWs who are to receive integrated supportive supervision through the allocation amount	**#**				
	%				
F. Number of CHWs who are to receive integrated supportive supervision through all sources: C+E	**#**	0	0	0	
	%				
G. Remaining gap to country target: B - F	**#**	0	0	0	
	%				

CHW Programmatic Gap Table 5 - Coverage of equipment costs

Selected coverage indicator	**Percentage of CHWs who are to be equipped**				
Current national coverage					
Insert latest results		**Year**		**Data source**	
Comments					
		Year 1	**Year 2**	**Year 3**	**Comments / Assumptions**
		Insert year	Insert year	Insert year	
Current estimated country need					
A. Total estimated number of CHWs needed by year	**#**				
B. Country targets for number of CHWs needed per NSP or agreed number	**#**				
	%				
Country target already covered					
C1. Number of CHWs who are to be equipped through domestic resources	**#**				
	%				
C2. Number of CHWs who are to be equipped through non-Global Fund external resources	**#**				
	%				
C. Number of CHWs who are to be equipped through domestic + non-Global Fund external resources	**#**	0	0	0	
	%				
Programmatic gap					
D. Expected annual gap in meeting the target: B - C	**#**	0	0	0	
	%				
Country target covered with the allocation amount					
E. Number of CHWs who are to be equipped through the allocation amount	**#**				
	%				
F. Number of CHWs who are to be equipped through all sources: C+E	**#**	0	0	0	
	%				
G. Remaining gap to country target: B - F	**#**	0	0	0	
	%				

CHW Programmatic Gap Table 6 - Coverage of PPE costs

Selected coverage indicator	**Percentage of CHWs to be protected with PPE**				
Current national coverage					
Insert latest results		**Year**		**Data source**	
Comments					
		Year 1	**Year 2**	**Year 3**	**Comments / Assumptions**
		Insert year	Insert year	Insert year	
Current estimated country need					
A. Total estimated number of CHWs needed by year	**#**				
B. Country targets for number of CHWs needed per NSP or agreed number	**#**				
	%				
Country target already covered					
C1. Number of CHWs to be protected with PPE through domestic resources	**#**				
	%				
C2. Number of CHWs to be protected with PPE through non-Global Fund external resources	**#**				
	%				
C. Number of CHWs whose cost PPE is planned to be covered by domestic + non-Global Fund external resources	**#**	0	0	0	
	%				
Programmatic gap					
D. Expected annual gap in meeting the target: B - C	**#**	0	0	0	
	%				
Country target covered with the allocation amount					
E. Number of CHWs to be protected with PPE through the allocation amount	**#**				
	%				
F. Number of CHWs to be protected with PPE through all sources: C+E	**#**	0	0	0	
	%				
G. Remaining gap to country target: B - F	**#**	0	0	0	
	%				

CHW Programmatic Gap Table 7 - Coverage of commodity costs

Selected coverage indicator	**Percentageof CHWs to be provided commodities (e.g., condoms, lubricant per the CHW package of services)**				
Current national coverage					
Insert latest results		**Year**		**Data source**	
Comments					
		Year 1	**Year 2**	**Year 3**	**Comments / Assumptions**
		Insert year	Insert year	Insert year	
Current estimated country need					
A. Total estimated number of CHWs needed by year	**#**				
B. Country targets for number of CHWs needed per NSP or agreed number	**#**				
	%				
Country target already covered					
C1. Number of CHWs to be provided commodities through domestic resources	**#**				
	%				
C2. Number of CHWs to be provided commodities through non-Global Fund external resources	**#**				
	%				

C. Number of CHWs to be provided commodities through domestic + non-Global Fund external resources	#	0	0	0	
	%				
Programmatic gap					
D. Expected annual gap in meeting the target: B - C	#	0	0	0	
	%				
Country target covered with the allocation amount					
E. Number of CHWs to be provided commodities through the allocation amount	#				
	%				
F. Number of CHWs to be provided commodities all sources: C+E	#	0	0	0	
	%				
G. Remaining gap to country target: B - F	#	0	0	0	
	%				

CHW Programmatic Gap Table 8 - Coverage of referral / counter-referral costs

Selected coverage indicator	Percentage of CHWs to be supported for referral / counter-referral				
Current national coverage					
Insert latest results		Year		Data source	
Comments					
		Year 1	Year 2	Year 3	Comments / Assumptions
		Insert year	Insert year	Insert year	
Current estimated country need					
A. Total estimated number of CHWs needed by year	#				
B. Country targets for number of CHWs needed per NSP or agreed number	#				
	%				
Country target already covered					
C1. Number of CHWs to be supported for referral / counter-referral through domestic resources	#				
	%				
C2. Number of CHWs to be supported for referral / counter-referral through non-Global Fund external resources	#				
	%				
C. Number of CHWs to be supported for referral / counter-referral through domestic + non-Global Fund external resources	#	0	0	0	
	%				
Programmatic gap					
D. Expected annual gap in meeting the target: B - C	#	0	0	0	
	%				
Country target covered with the allocation amount					
E. Number of CHWs to be supported for referral / counter-referral through the allocation amount	#				
	%				
F. Number of CHWs to be supported for referral / counter-referral through all sources: C+E	#	0	0	0	
	%				
G. Remaining gap to country target: B - F	#	0	0	0	
	%				

CHW Programmatic Gap Table 9 - Coverage of Health management information system, surveillance and M&E costs

Selected coverage indicator	Percentage of CHWs to be supported with Health management information system, surveillance and M&E				
Current national coverage					
Insert latest results		Year		Data source	

Comments					
		Year 1	Year 2	Year 3	Comments / Assumptions
		Insert year	Insert year	Insert year	
Current estimated country need					
A. Total estimated number of CHWs needed by year	#				
B. Country targets for number of CHWs needed per NSP or agreed number	#				
	%				
Country target already covered					
C1. Number of CHWs to be supported with Health management information system, surveillance and M&E through domestic resources	#				
	%				
C2. Number of CHWs to be supported with Health management information system, surveillance and M&E through non-Global Fund external resources	#				
	%				
C. Number of CHWs to be supported with Health management information system, surveillance and M&E through domestic + non-Global Fund external resources	#	0	0	0	
	%				
Programmatic gap					
D. Expected annual gap in meeting the target: B - C	#	0	0	0	
	%				
Country target covered with the allocation amount					
E. Number of CHWs to be supported with Health management information system, surveillance and M&E through the allocation amount	#				
	%				
F. Number of CHWs to be supported with Health management information system, surveillance and M&E through all sources: C+E	#	0	0	0	
	%				
G. Remaining gap to country target: B - F	#	0	0	0	
	%				

Any additional comments:

English: Choose the language in the Instructions tab (líne B6) **Français**: Veuillez choisir la langue sur l'onglet Instructions (rangée B6) **Español:** Seleccione el idioma en la hoja Instructions (fila B6)	**Latest version updated 29 July 2022**

Carefully read the instructions in the "Instructions" tab before completing the programmatic gap analysis table.
The instructions have been tailored to each specific module/intervention.

CHW Programmatic Gap Table 10 - non-malaria iCCM commodities (first line antibiotics for simple pneumonia among children 2-59 months of age as part of iCCM)

Priority Module	**Malaria - Case management**				
Selected coverage indicator	**Proportion of children 2-59 months with suspected pneumonia (fast breathing) that received first line antibiotic treatment in the community**				
Current national coverage					
Insert latest results		**Year**		**Data source**	
Comments					

		Year 1	**Year 2**	**Year 3**	**Comments / Assumptions**
		Insert year	*Insert year*	*Insert year*	
Current estimated country need					
A. Total estimated suspected pneumonia cases (community)	**#**				
B. Country targets (from National Strategic Plan)	**#**				
	%				
Country target already covered					
C1. Country target planned to be covered by domestic resources	**#**				
	%				
C2. Country target planned to be covered by non-Global Fund external resources	**#**				
	%				
C. Total country target already covered	**#**	0	0	0	
	%				
Programmatic gap					
D. Expected annual gap in meeting the target: B - C	**#**	0	0	0	
	%				
Country target covered with the allocation amount					
E. Targets to be financed by the allocation amount	**#**				
	%				
F. Coverage from allocation amount and other sources: C+E	**#**	0	0	0	
	%				
G. Remaining gap to country target: B - F	**#**	0	0	0	
	%				

CHW Programmatic Gap Table 11 - non-malaria iCCM commodities (oral rehydration salts and zinc for treatment of diarrhea among children 2-59 months of age as part of iCCM)

Priority Module	**Malaria - Case management**				
Selected coverage indicator	**Proportion of children 2-59 months with diarrhea that received oral rehydration salts and zinc treatment in the community**				
Current national coverage					
Insert latest results		**Year**		**Data source**	
Comments					

		Year 1	**Year 2**	**Year 3**	**Comments / Assumptions**
		Insert year	*Insert year*	*Insert year*	
Current estimated country need					
A. Total estimated diarrhea cases (community)	**#**				
B. Country targets (from National Strategic Plan)	**#**				
	%				
Country target already covered					
C1. Country target planned to be covered by domestic resources	**#**				
	%				
C2. Country target planned to be covered by non-Global Fund external resources	**#**				
	%				
C. Total country target already covered	**#**	0	0	0	
	%				
Programmatic gap					
D. Expected annual gap in meeting the target: B - C	**#**	0	0	0	
	%				
Country target covered with the allocation amount					
E. Targets to be financed by the allocation amount	**#**				
	%				
F. Coverage from allocation amount and other sources: C+E	**#**	0	0	0	
	%				
G. Remaining gap to country target: B - F	**#**	0	0	0	
	%				

Any additional comments: