

GUIDELINES FOR PROPOSALS ROUND 7

On 1 March 2007, the Global Fund to Fight AIDS, Tuberculosis and Malaria issued its Round 7 Call for Proposals for grant funding. These Guidelines for Proposals are specifically for Round 7.

Summary of Key Information for Round 7

Address for submission of proposals:

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

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

Deadline for submission of proposals:

(i) **The electronic version must be received by the Global Fund by no later than 23:59 hours on Wednesday 4 July 2007**, local time Geneva, Switzerland.

And

(ii) **The identical fully signed paper version must have been dispatched to the Global Fund by no later than 23:59 hours on Wednesday 4 July 2007**, local time Geneva, Switzerland, as evidenced by a stamp of the postal, courier or other independent service provider together with the identical signed paper version.

Board consideration of recommended proposals: 14 - 16 November 2007

Resources available: On 1 March 2007, the funding available for Round 7 is forecast to be approximately US\$ 500 million, depending mainly on the amount and timing of new pledges to the Global Fund. The amount forecast to be available will be updated on the Global Fund website.

Obtaining more information: More information, including how to contact technical and other partners of the Global Fund during proposal preparation, is provided on page ii of these Guidelines for Proposals.

Geneva, 1 March 2007

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Obtaining Further Information

These Round 7 guidelines for proposals ('Guidelines') are prepared, as fully as possible, to assist eligible applicants ('Applicants') to complete the Proposal Form. Each question in the Proposal Form has a corresponding section in these Guidelines.

In addition, the Global Fund and various technical and advisory partners are able to provide additional information during proposal preparation.

Further information from the Global Fund may be obtained from:

- (i) **Our website for access to detailed:**
 - (a) **'Frequently Asked Questions'** on Round 7 at the following link: <http://www.theglobalfund.org/en/apply/call7/documents/documentsfaqs/>; and
 - (b) **Information on current performance of existing grants** on a country by country basis by selecting the country of interest in the drop down box entitled "Search Center" on the Global Fund's main website page: www.theglobalfund.org; and
- (ii) **By email to proposals@theglobalfund.org.** *All enquiries will be answered within one working day of receipt of the question. Answers will be copied to all members of the CCM of the country in question, or the Regional Country Coordinating Mechanism where relevant.*

Applicants are also encouraged to contact the many technical partners who are actively involved in the field of HIV/AIDS, tuberculosis and/or malaria at an early time for technical assistance in proposal planning and preparation. Early contact with these technical assistance partners is beneficial to both the Applicant and the technical assistance partner(s) from a resource planning perspective. *Applicants uncertain as to which organizations provide technical assistance may contact the Global Fund (via proposals@theglobalfund.org) for helpful links to technical assistance partners.*

Part A - General information to applicant

PART 1: GENERAL INFORMATION TO APPLICANT

Part 1 of these Round 7 Guidelines gives an overview of the Global Fund and the grant application process. It contains **general information** which will be useful for the Applicant in deciding whether to apply, and if so, how. **Immediately below, we identify the key changes from Round 6.** Further explanation of these changes is provided in the sections noted.

WHAT IS DIFFERENT COMPARED TO ROUND 6?

Amendments aimed at improving the ease of completing the Proposal Form include:

1. all **CCM, Sub-CCM and RCM information needs** (including the **eligibility requirements**) are now with other 'Applicant Type' information in **section 3A**;
2. **Section 4** has been **re-ordered** to better enable Applicants to describe the overall strategy/country context, how the funding request harmonizes with other in-country actions, and then what will be achieved under this proposal;
3. **Section 4** also requests detailed information **on three key lessons learned arising from the Technical Review Panel's review of Round 6 proposals**. These are:
 - (a) addressing the **comments of the TRP** from proposals not approved in prior Rounds (section 4.6.1) and **attaching the relevant TRP review form(s)**;
 - (b) explaining a Round 7 request for additional funding for the same key services covered by earlier Global Fund grants, where there are **large undisbursed amounts of money** under those earlier grants, including unsigned Round 6 grants (section 4.6.4(a)); and
 - (c) describing how bottlenecks in performance experienced by Principal Recipients ('PR') who are again nominated as PR for Round 7 have been addressed in the proposal;
4. **Section 5 requests less complex budget details**, responding to the comments of Applicants and the Technical Review Panel in Round 6;
5. **Attachment A (Targets and Indicators Table)** has been prepared by disease. Applicants may use the pre-filled list of potential indicators where relevant to their proposal, or overwrite the table;
6. **Attachment B (Preliminary List of Pharmaceutical and other Health Products)** has been prepared in **Microsoft Excel** to assist Applicants to identify key information about products, their pricing and intended suppliers. Again, it has been prepared by disease; and
7. **Contact details and proposal endorsement signatures for CCM, Sub-CCM and RCM Applicants are now located in a new Attachment C**. This is to facilitate an automatic upload of this material into our data base to ensure that we have current contact details accurately displayed on the Global Fund website.

Part A - General information to applicant

A.1 Overview – Round 7 Call for Proposals

The Global Fund to Fight AIDS, Tuberculosis and Malaria is dedicated to raising and investing large amounts of *additional finance* to support the *rapid scale up of measures to prevent and treat the three diseases*.

In line with the Global Fund's core principles, resources that we raise are dedicated to supporting programs that reflect country ownership, and which plan to achieve outputs and outcomes based on broad and consultative country-led issue identification and planning processes.

We encourage partnerships amongst all stakeholders within a country and across all sectors of society, including the academic/educational sector; government; non-governmental and community-based organizations; people living with and/or affected by HIV/AIDS, tuberculosis and/or malaria; religious/faith-based organizations; multi-/bilateral development partners; and the private sector. → *For a definition of 'Private Sector' please refer to page 33 of these Guidelines.*

To support the principles of country ownership and broad stakeholder participation in both proposal development and implementation during the proposal term, Round 7 proposals should:

- Be prepared by a broad representation of public and private sector stakeholders at the country, sub-national or regional level coming together through a Coordinating Mechanism (*see page vi of these Guidelines*).
- As far as possible, build upon existing transparent and effective systems for program implementation, financial reporting, procurement and supply management, and monitoring and evaluation.
- As far as possible, be developed in the context of the national control program for the disease(s), and refer to national priorities and recent country-specific analysis of the strengths, weaknesses, opportunities and threats relevant to that program.
- Clearly state how the proposed work is linked to existing or planned support funded either by a previous Global Fund grant or through other sources.
- Only request funding that is additional to existing efforts to combat the three diseases, rather than replacing them.

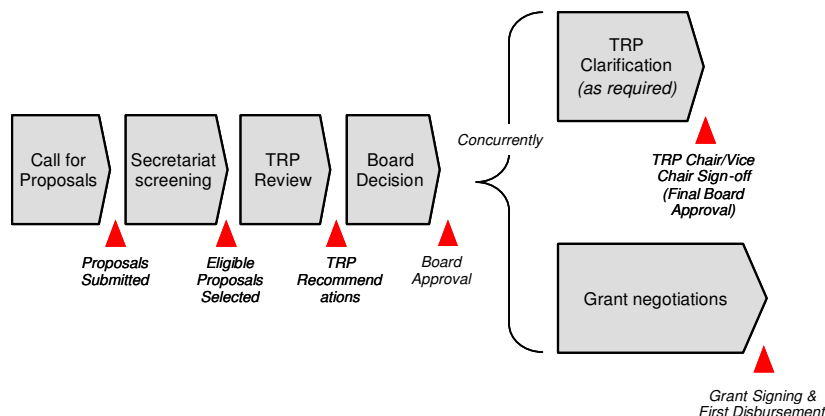
Clearly marked sections of these Guidelines provide further information on the scope of work which may be included in proposals in Round 7.

Further details of the Global Fund's basic principles can be found in “*The Framework Document of the Global Fund to Fight AIDS, Tuberculosis and Malaria*” on our website at: http://www.theglobalfund.org/en/files/about/governance/Framework_document.pdf.

Part A - General information to applicant

A.2 Proposal application and review process

This diagram summarizes the application and review process described below.



How to obtain a Proposal Form:

The Round 7 Proposal Form can be downloaded in MS-Word (only) from the Global Fund's website at: <http://www.theglobalfund.org/en/apply/call6/documents/>.

Alternatively, please contact local UNAIDS and/or WHO offices in your country. If you have any problems obtaining the Proposal Form, please contact the Global Fund at proposals@theglobalfund.org or at the address on the front page of these Guidelines.

Submitting a complete application for funding:

These Guidelines explain which documents must be submitted to ensure that a complete application for funding is submitted by the deadline (4 July 2007).

- **Each Applicant may only submit one composite proposal** (which may have one, two or all three diseases included in the one Proposal Form, and which may also have different nominated Principal Recipients for each disease). 'Applicant' is clearly described in section 3A of these Guidelines.
- **Submissions must include both an electronic and an identical original signed paper version of the application** (including Proposal Form, mandatory attachments to the Proposal Form, and other documents to be annexed to further support your application).
- **Applications must be sent to BOTH the email address, and the postal address on the front page of these Guidelines.**

Language of applications for funding:

- Proposals in any of the six United Nations official languages (Arabic, Chinese, English, French, Russian and Spanish) will be accepted and will be treated equally.
- As the review will be conducted in English, the Secretariat will have all proposals submitted in any of these five other United Nations languages translated into English. Applicants are welcome to submit their own English translations.

Part A - General information to applicant

Proposal invitation and development process

In accordance with its guiding principles, the Global Fund expects proposal development and submission to be coordinated through **Coordinating Mechanisms**. Coordinating Mechanisms can be constituted either:

- (a) nationally, termed a '**CCM**' or 'Country Coordinating Mechanism' (*refer to section 3A.1 of these Guidelines*);
- (b) sub-nationally, termed a '**Sub-CCM**' (*refer to section 3A.2 of these Guidelines for more information on the circumstances in which Sub-CCMs may arise*); or
- (c) regionally, termed a '**RCM**' or 'Regional Coordinating Mechanism' (*refer to section 3A.3 of these Guidelines for more information on the circumstances in which RCMs may arise*).

These 'Coordinating Mechanisms' are expected to include members who are broadly representative of all constituencies involved in controlling the spread and responding to the impact of the three diseases.

Regional Organizations are also eligible to apply for funding from the Global Fund for cross-border/multi-country initiatives. They are equally expected to develop proposals which give effect to principles of inclusiveness and multi-sector consultation and partnership. For this reason, Regional Organizations are expected to consult extensively with the CCMs or RCMs of the countries which are targeted in their proposal. (*Refer to section 3A.5 of these Guidelines for more information on the circumstances in which applications may arise from an organization seeking to achieve cross-border or multi-country outcomes through a proposal*).

Only in exceptional circumstances can applications be made other than through a Coordinating Mechanism or by a Regional Organization. These Applicants are termed 'Non-CCM' Applicants. The eligibility of these Applicants is further described in section 3A.6 of these Guidelines.

Collectively, CCM, Sub-CCM, RCM, Regional Organization and Non-CCM applicants are all termed '**Applicants**' for the purposes of this Part A.

Principle of broad dissemination of information relevant to proposal development

To seek as broad input as possible into any proposal submitted to the Global Fund, **Applicants** are required to disseminate widely all information related to the proposal process to **all** stakeholders actively involved in the diseases, including the broad range of non-government stakeholders and constituencies at the community level.

Information that is expected to be publicly shared before the proposal is developed includes: the timing relevant to the Global Fund's Round 7 call for proposals; **how** interested stakeholders may apply to the CCM/Sub-CCM or RCM for a smaller proposal to be included in the CCM/Sub-CCM or RCM's consolidated proposal to the Global Fund; **the criteria** upon which individual proposals will be evaluated by the CCM/Sub-CCM or RCM for possible inclusion in the consolidated proposal; **and other guidance** believed relevant (e.g., information on items such as national priorities for each of the three diseases, updated disease burden statistics, and perceived gaps in existing services being provided to most at risk groups).

The proposal development process should also allow all sectors and constituencies (both CCM/Sub-CCM and RCM members and non-members) enough time to provide input into the drafting of the proposal to be submitted to the Global Fund. CCMs, Sub-CCMs and RCM must have in place a fair, transparent, documented process for reviewing all qualitatively sound submissions they receive for integration into the proposal prior to final submission.

Part A - General information to applicant

Important additional information on each Applicant Type is contained in:

- Sections 3A and 3B of these Guidelines; and
- In the Global Fund's:
 - (i) *'Revised Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms and Requirements for Grant Eligibility' (CCM Guidelines)*; and
 - (ii) *'Clarifications on CCM Minimum Requirements – Round 7'.*

Details on Grant Recipients' Accountability and Audits are contained in:

- *'Fiduciary Arrangements for Grant Recipients'. This document describes the roles and responsibilities of different entities within the Global Fund's accountability arrangements and performance-based funding system.*
- *'Guidelines for Performance Based Funding'; and*
- *'Guidelines for Annual Audits of Program Financial Statements'.*

Applicants should familiarize themselves with these documents before preparing their proposals. All documents related to the Round 7 call for proposals can be found on the following link: <http://www.theglobalfund.org/en/apply/call7/documents/>

Proposal screening and review process

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

Importantly - Submissions must be made through a CCM, Sub-CCM, RCM or Regional Organization unless the criteria for submitting a Non-CCM application are satisfied. Non adherence to this requirement is the most common reason for proposals being rejected as ineligible.

→ See section 3A of these Guidelines.

Only eligible proposals will be forwarded to the Technical Review Panel ('TRP') for evaluation.

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

If an Applicant submits a proposal for more than one disease, each disease component will be reviewed separately by the TRP. Each disease component will be reviewed and approved or rejected as a whole. That is, the TRP will not seek to separately evaluate elements within a component and approve some and not others.

More information on the TRP can be found at the Global Fund's website, <http://www.theglobalfund.org/en/about/technical/>.

Applicants are strongly encouraged to read the document entitled 'Report of the Technical Review Panel and the Secretariat on Round 6 Proposals' for lessons learned before completing the Proposal Form. This report is available at: <http://www.theglobalfund.org/en/about/technical/report/>

Part A - General information to applicant

Board decision on funding and other processes

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

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

Board approval is conditional upon the satisfactory reply to questions the TRP may raise about a proposal. While this clarification process is underway, the Secretariat will simultaneously initiate assessments of nominated Principal Recipient(s) through the Local Fund Agent, and commence grant negotiations. A grant must normally be signed not later than 12 months after the Board approval.

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

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

Appeal Mechanism for Round 7

If an Applicant's request for funding for the same disease component is not approved by the Board in both Round 6 and Round 7, and that Applicant believes the TRP made a material error in its review of the Round 7 disease component, the Applicant may be eligible to file an appeal of the Round 7 Board decision on funding. More information on the criteria and process for internal appeals can be found at: <http://www.theglobalfund.org/en/about/technical/appeals/>.

Disclosure of information

All information in all proposals submitted to the Global Fund may be publicly disclosed on the Global Fund website and/or otherwise made public.

Importantly, at the forthcoming April 2007 Global Fund Board Meeting, the Board of the Global Fund may decide that all of the TRP Review Forms in all categories (including those proposals not approved) for all disease components will be publicly disclosed on the Global Fund website. The Board will consider this decision having regard to the Global Fund's commitment to transparency, and to better support in-country stakeholder and client knowledge of the Global Fund's processes.

In addition, if a proposal is approved and a grant agreement signed, all progress reports provided to the Global Fund, including all financial and programmatic information, will be made public (this includes the prices of drugs and other health products financed by the Global Fund, which must be reported on a regular basis by the Principal Recipient and published on the Global Fund website).

Part A - General information to applicant

A.3 Criteria for proposal review by the Technical Review Panel

The TRP looks for proposals that demonstrate the following characteristics:

Soundness of approach:

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

Feasibility:

- Provide strong evidence of the technical and programmatic feasibility of implementation arrangements relevant in the specific country context, including a detailed Work Plan and Budget;
- Build on, complement, and coordinate with existing programs (including those supported by existing Global Fund grants) in support of national policies, plans, priorities and partnerships, including National Health Sector Development Plans, Poverty Reduction Strategies and sector-wide approaches (where appropriate);
- Demonstrate successful implementation of programs previously funded by international donors (including the Global Fund), and, where relevant, efficient disbursement and use of funds. (For this purpose, the TRP will make use of Grant Score Cards, Grant Performance Reports and other documents related to previous grant(s) in respect of Global Fund supported programs);
- Utilize innovative approaches to scaling up programs, such as through the involvement of the private sector and/or affected communities as caregivers;
- Identify in respect of previous proposals for the same component submitted to the Global Fund but not approved, how this proposal addresses any weaknesses or matters for clarification that were raised by the TRP;
- Focus on performance by linking resources (inputs) to the achievement of **outputs** (people reached with key services) and **outcomes** (longer term changes in the disease), as measured by qualitative and quantitative indicators;

Part A - General information to applicant

Feasibility continued:

- Demonstrate how the proposed interventions are appropriate to the stage of the epidemic and to the specific epidemiological situation in the country (including issues such as drug resistance); and
- Demonstrate how the procurement of planned technical and management assistance during the proposal term will support the attainment of greater programmatic coverage (whether scaling up effective existing interventions across the country or population groups, or introducing new or innovative interventions).

Potential for sustainability:

- Strengthen and reflect high-level, sustained political involvement and commitment, including through an inclusive and well-governed CCM, Sub-CCM or RCM;
- Demonstrate that Global Fund financing will be additional to existing efforts to combat HIV/AIDS, tuberculosis, and malaria, rather than replacing them;
- Demonstrate the potential for the sustainability of the approach outlined, including addressing the capacity to absorb increased resources and the ability to absorb recurrent expenditures; and
- Coordinate with multilateral and bilateral initiatives and partnerships (such as the WHO/UNAIDS “Universal Access” initiative, the Stop TB Partnership, the Roll Back Malaria Partnership, the “Three Ones” principles¹ and UNICEF’s “Unite for Children. Unite against AIDS” campaign) towards the achievement of outcomes targeted by National Health Sector Development Plans (where they exist).

¹ One agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners, one national AIDS coordinating authority with a broad-based multi-sectoral mandate, and one agreed country-level monitoring and evaluation system. See www.unaids.org for more information. Proposals addressing HIV/AIDS should indicate how these principles are put into practice.

Part B - Specific to Proposal Form

PART 2: INFORMATION SPECIFIC TO PROPOSAL FORM SECTIONS

This part of the Guidelines contains information relevant to each section of the Proposal Form.

Please read these Guidelines in detail before starting work on the proposal development process, and refer to these Guidelines while completing each section of the Proposal Form. For ease of reference, the section numbers of Part B of these Guidelines follow those of the Proposal Form.

The Proposal Form is divided into the following sections:

- Section 1: Proposal Overview
- Section 2: Country Eligibility
- Section 3
 - 3A: Applicant Type and Eligibility for Funding
 - 3B: Proposal Endorsement
- Section 4: Component Section
- Section 5: Component Budget

Sections 1-3 are common to all components targeted in the proposal.

Sections 4 and 5 are disease-specific, and must be completed for each component included in the proposal. For ease of identification, the section headings are named HIV/AIDS, Tuberculosis and Malaria in that order.

Several sections in the Proposal Form ask for additional documents to be attached as annexes. These are summarized in the checklists at the end of section 3B (listing annexes relevant to sections 1-3B) and section 5 (listing annexes relevant to sections 4-5) of the Form. Before you submit a proposal to the Global Fund, please go through these lists of annexes to make sure that all required information has been included in the Proposal Form or as an annex.

Importantly - Proposals that do not have detailed Budgets and Work Plans in support of the proposed interventions are very difficult to review and recommend for funding. Missing, incomplete or inconsistent Budgets and Work Plans for the initial two years of a proposal term is a common reason why otherwise technically sound proposals are not recommended for funding.

1 Proposal Overview

1.1 General information on proposal

In this section applicants should identify the country (or countries, if a regional proposal), the component(s) targeted, the title(s) for each component, and the type of applicant.

Applicant type

Proposals can be submitted by a:

- National Country Coordinating Mechanism (CCM);
- Sub-national Country Coordinating Mechanism (Sub-CCM);
- Regional Coordinating Mechanism (RCM);
- Regional Organization (RO); or
- Only in exceptional circumstances, a Non-CCM Applicant.

→ For information on Applicant types and the eligibility criteria applicable to each Applicant type, refer to section 3A of these Guidelines. For information on how the proposal is to be endorsed/signed by CCM, Sub-CCM, RCM and Regional Organizations, refer to section 3B.

Proposal component(s) and title(s)

The Proposal Summary should specify the components targeted giving each a title.

Proposals can address one or more of the following disease components:

- HIV/AIDS
- Tuberculosis
- Malaria.

As in Round 6, there is no separate health systems strengthening component. Applicants seeking funds **for health systems strengthening** ('HSS') in Round 7 should include such support within the relevant disease component section(s). In Round 7 Applicants are requested to identify the HSS actions essential to successful programmatic outcomes (termed '**HSS Strategic Actions**') together with gaps in those actions immediately following the programmatic gap analysis required under section 4.4.

→ For more information on funding to support HSS Strategic Actions, refer to section 4.4 of these Guidelines.

Currency

Financial amounts in the Proposal Form should be denominated in either United States Dollars or Euros, but not both. The selected currency must be used consistently throughout the whole proposal.

Summary of Technical Assistance provided during Proposal Preparation

Applicants are requested to identify, for relevant sections of their proposal (by disease component) whether they received technical assistance during proposal preparation. This section is **newly introduced** to better inform the Global Fund and its technical partners as to the nature and relative duration (number of weeks/days) of such assistance, and thus support stronger planning in future Rounds.

1 Proposal Overview

1.2 Proposal funding summary per component

In table 1.2, the amounts requested for each component and each year of the proposal should be entered. The totals entered in this table for each component must be consistent with the component budget summary table 5.3.

1.3 Contact persons for questions regarding the component

All Applicants should provide the complete contact details of two persons (one primary and one secondary contact) for their proposal. It is very important that these people are readily accessible for technical or administrative clarification purposes, for a time period of approximately three months after the submission of the proposal.

1.4 Overview Summary of Applicant's Proposal

Applicants are requested to provide, in not more than one page, an overview of the main themes of the Applicant's whole proposal. In section 4.2, Applicants will be asked to provide a longer, disease specific executive summary. Section 1.4 is **newly introduced** to help those reading the entire proposal (especially if more than one disease is applied for) to, at an early time, understand the main focus (but not the specific details) of the proposal overall.

1.5 Overview of Rationale for a multi-country proposal approach

Only applicable for proposals that target more than one country (that is, for RCM or Regional Organization Applicants).

Based on lessons learned from Round 6, section 1.5 is **newly introduced**. It is intended to support RCM and Regional Organization Applicants to more clearly explain the overall rationale for why the planned interventions will be more effective than if a country by country approach was undertaken at the national CCM level. This is an overview only, and the specific interventions, together with more detailed information on the countries targeted in the proposal, must still be described in section 4 of their proposal (on a disease specific basis).

→ Refer to the TRP Report on Round 6 Proposals (at section 5.3, page 29) for more information on lessons learned for multi-country and/or regional proposals. This report is available at: <http://www.theglobalfund.org/en/about/technical/report/>

1.6 Previous Global Fund grants

In table 1.6, Applicants should provide the requested information in respect of existing and prior Global Fund grants (including Round 6 proposals approved but not yet signed) by disease component (table 1.6 is reproduced four times in Round 7 to help Applicants provide the relevant details). This information will be provided to the TRP as part of the information about current in-country absorptive capacity. **Applicants will be asked to specifically comment on bottlenecks and plans to alleviate current implementation challenges in section 4.6.4(b).**

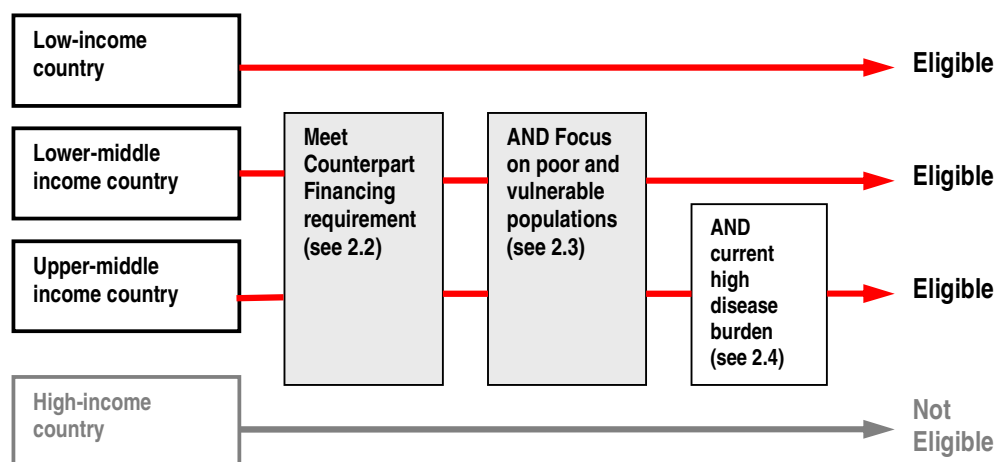
Based on lessons learned from Round 6, Applicants are only requested to identify:

- (a) the total cumulative amount **actually disbursed by the Global Fund** under the grant(s) for each Round to all Principal Recipients;
- (b) the total cumulative amount **already expended** at the Principal Recipient level (determined on a cash basis) at 31 March 2007; and
- (c) **only for Applicants whose proposal targets more than one country, which countries were targeted in the earlier multi-country proposals.**

2 Country Eligibility

Only those proposals that meet the Global Fund's eligibility criteria will be reviewed by the Technical Review Panel.

Determining eligibility is a multi-step process. The diagram below shows how the criteria is applied based on the World Bank income classification of the applicant.



2.1 Income Level

The eligibility criteria that a country must meet depend on the World Bank classification of income level. In this section of the Proposal Form, Applicants should check the appropriate box to indicate income classification, and respond to the specific sub-sections within section 2.2 as indicated in the right hand column of table 2.1.

→ See Annex 1 to these Guidelines for a list of the World Bank classifications of income level of countries/economies.

Applicants from countries classified as “High income” by the World Bank are not eligible to apply for support from the Global Fund. However, multi-country proposals from eligible RCM or Regional Organization Applicants which target a majority of countries/economies that are classified as 'low income' or 'lower-middle income' can still be submitted to the Global Fund.

Applicants from Low income countries or multi-country proposals targeting only low – income countries should go straight to section 3A.

Applicants from countries/economies classified as (or multi-country proposals which also target countries/economies with these income levels):

- **Lower-middle income countries** should go to sections 2.2 and 2.3.
- **Upper-middle income countries** should go to sections 2.2, 2.3 and 2.4.

2 Country Eligibility

2.2 Counterpart financing and greater reliance on domestic resources

Proposals from Applicants who target Lower-middle income ('LMI') and/or Upper-middle income ('UMI') countries must demonstrate an increasing reliance on domestic resources by meeting defined counterpart financing requirements. That is, if even one of the countries targeted in the proposal is a LMI or a UMI country, section 2.2 must be completed by the Applicant.

Note → Non-CCM applicants do not have to fulfill the counterpart financing requirement.

Based on lessons learned from Round 6, RCM or Regional Organizations are provided with the **option of either:**

- (a) **Completing section 2.2.2.** This option requires the RCM or Regional Organization Applicant to obtain all of the material required in section 2.2.1 from the national CCM of each country targeted in the proposal (*or another national coordinating body if a small island developing state without a CCM*). This option has been provided in recognition of the challenges presented to RCM and Regional Organization Applicants compiling this information. *If option 2.2.2 is selected, Applicants must then also annex the national CCMs' confirmation of that country's counterpart funding level in accordance with section 2.2.1.; or*
- (b) **Completing section 2.2.1** on a country by country basis (*the relevant disease specific component table(s) should be copied for each country targeted in the proposal*).

What is counterpart financing?

'Counterpart financing' is defined as all domestic resources dedicated to the disease control program. This includes: contributions from governments; loans from external sources or private creditors; proceeds from debt relief; and private contributions, including those from non-governmental organizations, faith-based organizations, other domestic partners, and user fees.

How is the counterpart financing requirement calculated?

The counterpart financing requirement in tables 2.2.1(a) for HIV/AIDS components, 2.2.1(b) for tuberculosis components and 2.2.1(c) for malaria components should be calculated as a percentage as follows:

$$\frac{B}{(A+B)} \times 100$$

Where A = Annual funds requested from the Global Fund for a component in this proposal

Where B = Annual counterpart financing from all domestic sources for this component

Note that line A of each disease specific table should be the same amount as the annual total of the summary component budget by cost category in table 5.3. Line B of each disease specific table should be based on the same information used in Line B 'Total current and planned domestic resources' of table 4.5 ('Financial Gap Analysis').

Applicants targeting Lower-middle income countries must demonstrate counterpart financing with a progressive increase from 10% in year 1 to 20% over the duration of the proposal.

Applicants targeting Upper-middle income countries must demonstrate counterpart financing with a progressive increase from 20% in year 1 to 40% over the duration of the proposal

2 Country Eligibility

2.3 Focus on poor or vulnerable populations

Applicants targeting Lower-middle income and Upper-middle income countries must clearly demonstrate a predominant focus on poor or vulnerable populations most in need, in particular describing:

- Which poor and/or vulnerable populations are targeted by the proposal;
- Why and how these population groups have been identified; and
- How they will be involved in planning and implementing the proposal.

2.4 Upper-middle income high disease burden minimum thresholds

CCM, Sub-CCM and Non-CCM Applicants

In Round 7, the Global Fund has determined that the only Upper-middle income countries eligible to apply for funding in a single country proposal are those listed in **part C.1 of Annex 1 of these Guidelines**. This determination has been based on an analysis of countries that face a 'current high national disease burden' (as defined by WHO and UNAIDS according to criteria set out in the table below), and a decision of the Global Fund Board on 23 February 2007 in regard to Upper-middle income country eligibility for Round 7 for HIV/AIDS components only.

Table identifying basis for calculation of current high national disease burden

Disease	Current high national disease burden
HIV/AIDS	Ratio of adult HIV seroprevalence (as reported by UNAIDS, multiplied by 1000) to Gross National Income per capita (Atlas method, as reported by the World Bank) exceeds 5.
Tuberculosis	Country is on the WHO list of 22 high burden countries, or on the WHO list of the 41 countries that account for 97% of estimated burden of new tuberculosis cases attributable to HIV/AIDS.
Malaria	Country which has more than 1 death per 1000 people per year due to malaria.

If you have difficulty in accessing this information, please contact your local WHO or UNAIDS office.

In addition, Applicants from the Upper-middle income countries listed in **part C.2 of Annex 1 to these Guidelines** (the 'small island economy' exemption**) are eligible to apply for funding regardless of the current national disease burden, provided that they meet the counterpart financing requirements for Upper-middle income countries (section 2.2) and that they focus on poor or vulnerable populations (section 2.3).

***This exemption was granted by the Global Fund Board at the Thirteenth Board Meeting, and Applicants may refer to the following documents for more information:*

- GF/B14/2, Agenda Item 15, and the decision point entitled 'Revised Eligibility Criteria for Round 6', available by clicking on the following link: [Report of the Thirteenth Board Meeting](#); and
- GF/B13/8, Annex 6, entitled 'Portfolio Committee Sub-Working Group on Eligibility Criteria': available by clicking on the following link: [Portfolio Committee Sub-Working Group Report](#).

RCM and Regional Organization ('RO') Applicants

RCM and RO Applicants may target any of the Upper-middle income countries listed in part C of Annex 1 to these Guidelines. *RCM and RO proposals may only be submitted to the Global Fund if a majority of the countries included in the proposal are listed in Annex 1 as eligible Round 7 countries.*

Applicants targeting a country listed in part C,1 must complete section 2.4(b) or (c), as relevant, to further explain the level of disease burden.

3A Applicant Type and Eligibility for Funding

This section requests more information on the Applicant, and is intended to clarify whether the various criteria (minimum requirements for eligibility) connected to the specific Applicant type have been fulfilled.

Based on lessons learned from Round 6:

- (a) 'Coordinating Mechanism' Applicants (CCM, Sub-CCM and RCM) must first describe their overall operations and then explain how they meet the various criteria for eligibility; and
- (b) these Guidelines contain more detailed definitions within the sub-sections on RCM Applicants (section 3A.3) and Regional Organization Applicants (section 3A.5).

3A. Confirmation of Applicant Type

Applicants are requested to check the relevant box to indicate their 'Applicant Type', and then complete those sections relevant to their particular type.

3A.1 National Country Coordinating Mechanism

The Global Fund expects that, typically, proposals for funding be consistent with national frameworks or plans, and that they be coordinated among a broad range of stakeholders through a single national Country Coordinating Mechanism (CCM).

3A.1.1 Mode of operation

Applicants should describe how the national CCM operates. It is particularly important that the applicant indicates the extent to which the CCM acts as a partnership between government and other civil society stakeholders and sectors. The Applicant should also explain how the CCM coordinates its work with other national structures.

The Proposal Form lists information that is required to be provided by the CCM to demonstrate its compliance with important minimum requirements, such as decision-making processes, constituency consultation processes, non-government representatives being selected by their own sectors, and conflict of interest plans. Applicants are also requested to attach as an annex statutes, by-laws or other governance documentation, as well as an organizational diagram. This information may be some or all of the information which the Applicant will also refer to as part of their response to section 3A.4 (*minimum requirements for CCM eligibility*). If so, please make an appropriate cross reference to this same material in section 3A.4.

Proposals must receive endorsement by CCM members as required by section 3B of the Proposal Form and must be accompanied by **Attachment C to the Proposal Form** (list of all members, which must also be signed by those members) **and** the CCM meeting minutes that record the decision of the CCM membership to endorse the CCM proposal.

→ *Go to section 3A.4 (minimum requirements for CCM eligibility) before completing the endorsements requirements in section 3B.*

3A Applicant Type and Eligibility for Funding

3A.2 Sub-CCM (sub-national Country Coordinating Mechanism)

In certain circumstances, such as in very large countries, a sub-national Country Coordinating Mechanism (Sub-CCM) may be formed to submit a proposal and fulfill the other roles and responsibilities of a national CCM for the sub-national region to which the proposal relates. As appropriate, a sub-national CCM can be formed by a state, province and/or administrative division, or by a grouping of several states, provinces and/or administrative divisions.

3A.2.1 Mode of operation

Sub-CCMs must conform to the same guiding principles and meet the same requirements as national CCMs. Thus, they are also requested to describe how they operate.

→ *Refer to section 3A.1.1 above.*

3A.2.2 Rationale

Sub-CCMs must specify why this type of approach has been chosen for preparation of a proposal, and subsequent implementation. They must also explain the rationale for submitting the proposal through a Sub-CCM rather than through a national CCM. Proposals from Sub-CCMs should also show that they are consistent with national-level policies and strategies, and any applicable sub-national policies.

Sub-CCM proposals must be endorsed by the Sub-CCM in the same way as a national CCM would endorse a CCM proposal.

In addition **Sub-CCM proposals must be accompanied either by the endorsement of the national CCM (as explained in section 3B) or by evidence documenting the independent authority of the Sub-CCM.**

→ *Go to section 3A.4 (minimum requirements for CCM eligibility) before completing the endorsements requirements in section 3B.*

3A Applicant Type and Eligibility for Funding

3A.3 Regional Coordinating Mechanism (including Small Island Developing States)

Countries with existing functional national CCMs may also form a Regional Coordinating Mechanism (RCM) to submit a coordinated regional proposal which targets multiple-countries. Such regional proposals could, for example, be submitted to address common issues amongst countries, such as cross-border interventions. **In such cases, it is anticipated that membership of the RCM will be drawn from a broad range of sources, including (but not exclusively) the national CCM membership of each of the countries and other stakeholders.**

Importantly, partnerships between countries classified by the United Nations as 'Small Island Developing States' are not required to form their own national CCMs before they form a RCM to prepare and submit a proposal. In such cases, it is preferable that the RCM include at least one senior government representative and one member of civil society (e.g., a representative of the non-governmental sector, from the community of people living with and/or affected by the diseases, or from the private sector) from each State covered.

3A.3.1 Mode of operation

RCMs must conform to the same guiding principles and meet the same requirements as national CCMs. RCMs should describe their governance structure and processes and address how the implementation strategy and timelines have taken into account the regional context, including the need to coordinate between multiple entities. They are also requested to describe how they operate, including how key stakeholders from all countries targeted in the proposal are involved in the proposal development, and in implementation and on-going evaluation. → [Refer to section 3A.1 above.](#)

3A.3.2 Rationale

In section 1.5 above, RCM Applicants are asked to provide an overview of the rationale for a multi-country approach to their proposal. That additional section was included to better assist RCM Applicants to explain the connections between the countries targeted in the proposal from a disease prevention and control approach. **Sections 1.5, and 3A.3** both anticipate that RCM Applicants will have worked closely with the CCMs of countries targeted in the RCM proposal to ensure that the RCM application is providing **added value beyond that which would be achieved on a country by country basis.**

In this section, RCMs are asked to **very clearly** explain:

- How planned work complements the national disease control and prevention plans of each country targeted;
- How the work has been coordinated with the current/planned work of the respective national CCMs, including how joint planning has ensured that the planned work under the RCM proposal avoids duplication or parallel structures or systems;
- How cross-border or multi-country outcomes will be achieved that would not be possible with only national approaches; and
- The measures that will be taken to maximize operational efficiencies in administrative processes and functions of the RCM and the work under the proposal (e.g., strategies may include focusing on efficient communication methods and rationale use of administrative resources).

RCM proposals must be endorsed by the RCM in the same way as a national CCM. **In addition**, these proposals must be accompanied by the endorsement of the national CCM of each country included in the RCM proposal (except where a country included in the proposal is a Small Island Developing State). → [Go to section 3A.4 \(minimum requirements for RCMs\) before completing the endorsements requirements in section 3B.](#)

3A Applicant Type and Eligibility for Funding

3.4 Functioning of Coordinating Mechanisms

In accordance with its guiding principles, a Coordinating Mechanism (CCM, Sub-CCM or RCM as applicable) is a representative body for all interested stakeholders whether they are members of the Coordinating Mechanism or otherwise.

For the Global Fund, the Coordinating Mechanism is instrumental in developing proposals and overseeing the utilization of resources. Its role therefore is to:

- Coordinate the transparent and inclusive development and submission of a consolidated proposal for funding which responds to the disease(s) in an appropriate manner within the country context;
- Transparently select one or more Principal Recipients to be lead implementer(s) after evaluating proposals received for inclusion in the CCM proposal;
- Monitor the implementation of work under Global Fund approved grants;
- Evaluate the performance of the work undertaken on a regular basis, including during the Phase 2 evaluation and decision making process; and
- Ensure linkages and consistency between Global Fund support, other development and health assistance support and the national disease control programs, within the framework of the national health development plan

→ For more information see the CCM Guidelines.

3A.4.1 Round 6 Application History

There are certain minimum requirements that Coordinating Mechanisms must continue to meet for a CCM, Sub-CCM or RCM's proposal to be eligible for funding. The six minimum requirements are explained sections 3A.4.3 to 3A.4.6 below.

Importantly, a determination in Round 6 that a Coordinating Mechanism applicant (CCM, Sub-CCM or RCM) was eligible for funding does not assure that Applicant that they will automatically be eligible for funding in Round 7. Section 3A.4 therefore requests initial information on Round 6 (where relevant) before moving forward to answer additional questions in this section.

In this section, Applicants must check the box most relevant to their Round 6 status, and then complete the sections indicated in the right hand column.

3A.4.2 Changes in CCM, Sub-CCM and RCM functioning from Round 6

Complete this section if you submitted a proposal in Round 6.

Applicants must describe the changes, if any, to the membership or operations of the CCM, Sub-CCM or RCM since the Round 6 application, including the rationale for these changes, and an outline of supporting documentation. Relevant documents must be attached.

Applicants determined eligible in Round 6 are only required to provide evidence of compliance with Requirements 3(a), 3(b) and 4(a) in the following sections, as these three requirements are Round specific and fundamental to a transparent and inclusive proposal development process. *If the Round 7 proposal is a re-submission of a Round 6 proposal not approved for funding, relevant Applicants should explain this in their response to these three requirements. Such Applicants must also include specific details on how the proposal was updated through transparent and inclusive processes in line with requirements 3(a), 3(b) and 4(a).*

All other Applicants must fully explain how the CCM, Sub-CCM or RCM meets each of the six minimum requirements, and attach the documentation requested.

→ Go to sections 3A.4.3 to 3.4.6 based on your selection in table 3A.4.1.

3A Applicant Type and Eligibility for Funding

3A.4.3 Principle of broad and inclusive membership (Requirement 1)

It is recommended that the membership of a Coordinating Mechanism comprise a minimum of 40% representation from non-governmental sectors. These sectors include:

- Academia/Education;
- NGOs and Community-based organizations;
- Private sector;
- Religious and Faith-based organizations; and
- Multi-lateral and Bi-lateral Development Partners in country.

→ *For a definition of 'Private Sector' please refer to page 33 of these Guidelines.*

The selection processes that were used for non-governmental sector members to choose their own sector representative in a transparent way should be summarized in the Proposal Form. Additional documentation for each sector should be attached in an annex, as evidence that the sectors themselves selected their own representative. This could include minutes of sector meetings and other documentation recording the selection of the current representatives.

3A.4.4 Principle of involvement of persons living with and/or affected by the disease(s) (Requirement 2)

The spirit of this requirement is to ensure that individuals and communities affected by and/or living with the three diseases are adequately represented, and bring to bear their experiences and expertise in program decisions that affect their lives.

The Coordinating Mechanism must demonstrate that its membership includes representation of people living with and/or affected by the diseases. Applicants can choose whether they want to enter information to this effect by referring to the relevant member(s) in section 3B.1.2, under “Membership information”.

3A.4.5 Principle of transparent and documented proposal development processes (Requirements 3, 4 and 5)

As stated in Part A.2 of these Guidelines (see 'Proposal invitation and development process'), a Coordinating Mechanism is expected to publicly share a broad range of information about the Global Fund proposals and grant processes, and involve a broad range of stakeholders (including non-Coordinating Mechanism members) in the processes of seeking submissions for inclusion into a proposal, the review and submission of the proposal to the Global Fund, and its oversight of implementation of the program.

In this section of the Proposal Form, all Coordinating Mechanisms (CCMs, Sub-CCMs and RCMs) are requested to explain the fair, transparent, documented process that the Coordinating Mechanism has transparently adopted to:

- Broadly solicit submissions for possible integration into one consolidated proposal;
- Review all qualitatively sound submissions received for integration into the proposal prior to final submission;
- Nominate technically capable Principal Recipient(s);
- Oversee program implementation; and
- Ensure the involvement of a broad range of stakeholders, including Coordinating Mechanism members and non-members, in the proposal development and grant-oversight process.

3A Applicant Type and Eligibility for Funding

Summary information as to how the Coordinating Mechanism's processes satisfy each of these **eligibility requirements** should be given in the Proposal Form, and detailed documentation should be provided as an annex.

The types of documentation that may be most useful to be annexed is further explained in the 'Clarifications on CCM Minimum Requirements – Round 7' available on the Round 7 call for proposals webpage.

3A.4.6 Principle of effective management of actual and potential conflicts of interest (Requirement 6)

To avoid conflicts of interest as part of good governance practices adopted by a Coordinating Mechanism, Chairs and/or Vice Chairs of the Coordinating Mechanism should not be representatives of the same entity that is nominated by the Coordinating Mechanism as the Principal Recipient(s). If however the Chair and/or Vice Chair of a Coordinating Mechanism are from the same entity as the nominated Principal Recipient(s), the Coordinating Mechanism must have a written plan in place to mitigate this inherent conflict of interest. This plan must be made public to ensure the highest levels of transparency and integrity. Applicants are also required to provide a copy of the conflict of interest plan as an annex to the Proposal Form.

3A.4.7 Financial Support for Coordinating Mechanism operations

The Global Fund may, in certain circumstances, provide resources from grant funds for the support of 'Coordinating Mechanisms' (whether a CCM, Sub-CCM or RCM).

Importantly, under Global Fund Board determined policies, this funding is only available for a total of two years for each CCM, Sub-CCM or RCM and not on a proposal by proposal basis. **Therefore, if a CCM, Sub-CCM or RCM has already received such funding for two years from the budget of any other Global Fund grant, it is no longer eligible for funding and such costs must be excluded from the budget.**

If the CCM, Sub-CCM or RCM has not received such support in the past, the eligible cost categories available are those listed below:

- Salary of staff: the number of staff to be supported will be determined by size of grant and number of components;
- Office administrative costs: phone, fax, postage, stationary, photocopy;
- Coordinating Mechanism meeting costs, including travel costs for CCM meetings for non-governmental members: up to 6 meetings per year;
- Communication and information dissemination costs for sharing key information (e.g., call for proposals, periodic reports of implementation status, minutes of meetings) which may include the costs of establishing and updating of website or newsletter;
- Facilitation costs associated with constituency consultation and processes to promote stakeholder participation; and
- Translation costs of key information to promote participation by all stakeholders.

In addition, the CCM, Sub-CCM and RCM **must complete** an '*Application for Use of Grant funds for CCM Funding*', which will be available from the Global Fund during grant negotiations (subject to proposal approval).

3A Applicant Type and Eligibility for Funding

3A.5 Regional Organizations

Regional Organizations (*including intergovernmental organizations, international non-governmental organizations and international faith-based organizations who work across countries on a regional basis*) may submit a coordinated proposal to address cross-border or regional issues.

3A.5.1 Mode of operation

Regional Organization Applicants should indicate which sector they represent (see *section 3A.6.1 of the Proposal Form for guidance on sectors typically having a substantial involvement in the diseases*), and describe how the organization operates.

It is particularly important that Regional Organizations explain how in their existing operations, they give effect to the principles of inclusiveness and multi-sector consultation and partnership in the development and implementation of regional cross-border proposals. Such explanations may include how stakeholders (including representatives of national CCM members) from countries included in the proposal were engaged in proposal development and will be informed of performance during implementation.

Prior experience of the Regional Organization should also be described in regard to the component(s) included in the proposal, identifying key recent performance achievements in efficiently and effectively responding to reduce the impact and spread of the disease(s). In support of this section, Regional Organizations should provide additional documentation, such as statutes, by-laws of organization, official registration papers, and a summary of the main sources and current amounts of funding.

3A.5.2 Rationale

In section 1.5 above, Regional Organization Applicants are asked to provide an overview of the rationale for a multi-country approach to their proposal. That additional section was included to better assist Regional Organization Applicants to explain the connections between the countries targeted in the proposal from a disease prevention and control approach. **Sections 1.5 and 3A.3** both anticipate that Regional Organization Applicants will have worked closely with the CCMs of countries targeted in the Regional Organization proposal to ensure that the application is providing **added value beyond that which would be achieved on a country by country basis**.

→ *Refer to section 3A.3.2 above for more information on the areas which should be covered when answering this question.*

Proposals from Regional Organizations should also demonstrate how the implementation strategy will include measures to maximize operational efficiencies in administrative processes and functions of the RO (e.g., strategies may include focusing on efficient communication methods and rationale use of administrative resources) in order to maximize the funds available to the implementing entities in the countries included in the proposal.

Proposals from Regional Organizations are expected to be supported by the governing body of the Regional Organization in the usual manner relevant to an application for external funds for program implementation.

Importantly, to be eligible for funding these proposals must be accompanied by the same level endorsement of the national CCM of each country included in the proposal as applies to RCMs. → *Go to section 3B.2 for information on how to complete the proposal endorsement sections.*

3A Applicant Type and Eligibility for Funding

3A.6 Non-CCM Applicants

Importantly – In **very exceptional circumstances** the Global Fund approves proposals submitted by applicants other than CCMs, Sub-CCMs, RCMs and Regional Organizations.

Non-CCM applicants are strongly encouraged to contact the national CCM in the country before completing the Proposal Form and apply to have their proposal included in the CCM's proposal for Round 7.

The Global Fund's website for the Round 7 Call for Proposals lists the key contacts for national CCMs with whom we presently work. Please see this information at the following link: <http://www.theglobalfund.org/en/apply/mechanisms>. Applicants who remain uncertain as to whether a country has a national CCM should contact their WHO, UNAIDS, Stop TB or Roll-Back Malaria representatives in country for further guidance before completing the Proposal Form.

3A.6.1 Non-CCM Applicants

Non-CCM applicants should carefully read the sections below and make sure that they fulfill ALL criteria listed before going further in their application.

Non-CCM Applicants must indicate the sector or sectors which they represent by checking the relevant box in this section. If you check the 'Other' box, then this sector must be specified.

In addition to ensuring that all information requested in section 3A.6 has been completed (and all annexes prepared and attached), Non-CCM Applicants must also provide documentation which describes the organization and its existing capacity to ensure strong performance and have a positive impact on the disease(s).

This information includes:

- Governance documents (such as statutes, by-laws of organization, official registration papers, and material summarizing key fiduciary processes and audit arrangements);
- A summary of the organization (including background history and organizational structure);
- A summary of the applicant's scope of work and prior and current activities; and
- A summary of the main sources and amounts of current funding and that covering the past three years.

3A.6.1 Rationale for Applying outside of a CCM, Sub-CCM or RCM

Proposals from individuals or individual organizations (such as independent health centers, or non-government organizations operating at a national, state or local level) are not eligible unless they originate from countries that satisfy **one of the following criteria**:

1. Countries without legitimate governments;
2. Countries in conflict, facing natural disasters, or in complex emergency situations (identified by the Global Fund through reference to international declarations such as those of the United Nations Office for the Coordination of Humanitarian Affairs [OCHA]); or

3A Applicant Type and Eligibility for Funding

3. Countries that suppress or have not established partnerships with civil society and non-governmental organizations. These circumstances include a national CCM's failure or refusal to consider a NGO/civil society proposal for inclusion into the national composite CCM proposal.

All Non-CCM applicants **must clearly demonstrate** why the proposal could not be considered under the national CCM process. In this section, the Non-CCM applicant must therefore indicate **which of the above criteria** the applicant is relying on to establish eligibility and a brief explanation why. The applicant must also attach, as an annex, documentation supporting the criterion relied on by the applicant.

3A.6.2 Attempts to have Non-CCM proposal included in the CCM, Sub-CCM or RCM proposal

If a proposal was provided to a CCM, Sub-CCM or RCM (together 'Coordinating Mechanism') for its consideration, but the Coordinating Mechanism either did not review it, did not review it in a timely fashion, or refused to endorse and include part or all of it in the CCM's own composite proposal to the Global Fund, the applicant must also document the steps taken to obtain CCM approval, and attach as an annex, the material which the applicant provided to the CCM to obtain endorsement of the proposal. The applicant must also provide a copy of any communications received from the CCM in response to the applicant's submission of the proposal for the CCM's consideration.

3A.6.3 Consistency with national policies

Non-CCM applicants must also describe how the proposal is consistent with, and complements the national development policy and any disease specific strategic plans at the national/country level. If appropriate due to exceptional circumstances (that should be described) Non-CCM applicants should explain why the proposal is not consistent with the policy and/or plans.

→ *Go to section 4 (Non-CCM applicants do not complete section 3B of the Proposal Form).*

3B Proposal Endorsement

3B.1 Coordinating Mechanism membership and endorsement

In this section national **CCM**, **Sub-CCM** and **RCM** applicants:

- (a) provide details for the Chair and the Vice Chair of their Coordinating Mechanism;
- (b) **fully complete** 'Attachment C' to the Proposal Form to list all members of the Coordinating Mechanism;
- (c) provide documentation showing that the proposal is endorsed as required.

3B.1.1 Leadership Information

Applicants (CCM, Sub-CCM and RCM) should complete the table with the information requested.

3B1.2 - Membership information of the Coordinating Mechanism

In a newly introduced 'Attachment C' to the Proposal Form, Applicants must provide contact details of all members, together with information on the sector that they have been selected to represent. Attachment C is in Microsoft Excel to facilitate ease of uploading into the Global Fund's website database to better ensure that accurate contact details for CCM, Sub-CCM and RCM members are available. *(Attachment C also has a number of "drop down" boxes that have been pre-filled to help Applicants complete the document quickly).*

→ For more information on minimum requirements of Coordinating Mechanisms see section 3A.4 (Functioning of Coordinating Mechanism).

3B.1.3 National/Sub-national/Regional (C)CM endorsement of proposal

Level 1 Endorsement

Attachment C must also be signed by each member (of the CCM, Sub-CCM or RCM as applicable) **as confirmation of the endorsement of the proposal**. The original signed Attachment C must be sent with the proposal to the Global Fund. Photocopied, scanned or faxed signatures are not accepted.

In addition, the Coordinating Mechanism's minutes from the meeting at which the completed proposal was tabled, discussed and endorsed must be attached as an annex to the proposal.

It is expected that all CCM, Sub-CCM and RCM members will sign the proposal that they intend to submit as an Applicant **unless**:

- The Coordinating Mechanism's existing documented rules of procedure for proposal endorsement provide a transparent functioning mechanism for decision making that is less than the full membership. In this case, those rules, and the minutes from the meeting in which these rules were accepted by the whole CCM, Sub-CCM or RCM as relevant, must be provided with the proposal; **or**
- A member wishes to abstain from endorsing the proposal. In this case **that** representative must inform the Global Fund in writing of the reasons for non-endorsement. This communication must be sent to the address for notices on the front page of these Guidelines.

3B Proposal Endorsement

Level 2 Endorsement

In addition to the requirements for endorsement of their own proposal (as required above in the 'Level 1 Endorsement' section):

- **Sub-CCM proposals** must also be accompanied either by the **written original** endorsement of the national CCM, or by documented evidence demonstrating the independent authority of the sub-national CCM.
- **RCM proposals** must also be accompanied by the **written original** endorsement of the national CCM of each country included in the RCM proposal (except where a country is a Small Island Developing State).

In such cases, evidence of the national CCM's endorsement must be in the form of documentation from the Chair or Vice-Chair of each national CCM confirming that the sub-national or regional proposal is endorsed by the national CCM. This documentation is also expected to include the approved minutes from the national CCM meeting where the Sub-CCM or RCM proposal was tabled, discussed and approved. Applicants should list in table 3B.1.3 each of the national CCMs that have endorsed the proposal.

3B.2 Regional Organization proposal endorsement

3B.2.1 National CCM endorsement of Regional Organization proposals

Proposals from Regional Organizations are expected to be supported by the governing body of that organization according to its usual practices for applications for funding to implement cross-border activities.

In addition Regional Organization proposals **must be accompanied at the time of proposal submission** by the written endorsement of the national CCM of each country/economy targeted in the Regional Organization's proposal.

This is requested to ensure that Regional Organization proposals are developed according to the principles set out in section 3A.5.1 above.

This **written original** endorsement must come from the Chair or Vice-Chair of each national CCM and include the approved minutes from the national CCM meeting where the proposal was tabled, discussed and approved. The endorsement and minutes should be provided as an annex to the proposal. Applicants should list in table 3B.2.1 each of the national CCMs that have endorsed the proposal.

NOW GO TO THE CHECKLIST FOR SECTIONS 1 TO 3B

When completing the 'Checklist for Sections 1 to 3B' in the Proposal Form, Applicants are requested to ensure that the documents that they annex to the proposal are named, with the exact title of the document, in the Checklist to facilitate the review of the annexed information.

4 Component Section

Section 4 of the Proposal Form is already separated into three sections – one for each of HIV/AIDS, tuberculosis malaria components.

However, due to the similarity of information requested in each section these Guidelines only reproduce the information once below. Importantly, there are disease specific examples within the Proposal Form on a per-disease specific basis.

For malaria components, it is particularly important for Applicants to provide a clear diagram/map of detailing the geographical distribution of the malaria disease burden and corresponding control measures already approved and in use, **and also** where the interventions targeted in this proposal will take place.

The **Component Section** is where Applicants describe the proposed interventions for which funding is being sought. Applicants should also explain the national context for the disease and the assessment of the programmatic and financial gap in the fight against the disease.

Where HIV/AIDS is driving the tuberculosis epidemic, HIV/AIDS and/or tuberculosis components should include collaborative activities. Different tuberculosis and HIV/AIDS activities are recommended for different epidemic states.

For further information see the '*WHO Interim policy on collaborative TB/HIV activities*' at: http://www.who.int/tb/publications/tbhiv_interim_policy/en/

4.1 Requested proposal term for the disease component

Applicants should indicate the expected start date of the component proposal and the expected end date. The target is to sign grants and commence disbursement of funds within six months of Board approval. Approved proposals must in any event be signed not later than 12 months after Board approval unless a Board extension is granted. The maximum duration of a proposal is five years.

When referring to component years (year 1, year 2 etc.) in section 4 (and section 5), applicants will be referring to 12 month periods commencing from the estimated start date.

→ For information on the timing of proposal approval by the Board of the Global Fund, see the cover page of the Round 7 Proposal Form.

4.2 Disease specific component executive summary

4.2.1 Executive summary

The overall strategy of the component should be described by referring to challenges, existing/new needs, and planned outcomes and outputs to be achieved through the additional funding requested in the proposal. The main beneficiaries should be specified as well as any institution/facilities which it is intended should benefit from the interventions.

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4.3 National program context for the component

The national context in which proposed interventions will be implemented provides the basis for reviewing a proposal against the criteria for TRP review set out in section A.4 of these Guidelines.

4.3.1 National Health Sector Development Plan, Disease Plan/Strategic Plan, Monitoring and Evaluation Plan and Budget

To understand the context of the national program for the disease, Applicants are requested to identify *(through checking each relevant box)* existing key documents. All key documents identified which are directly relevant to the proposal should be attached as an annex *(and identified in the checklist at the end of section 5)*.

It is anticipated that the interventions targeted in this proposal are in line and consistent with the national strategic plans outlined in the above key documents (where they are in existence).

4.3.2 Epidemiological and disease specific background

In the table provided **(on a per-disease component basis in each relevant section 4)**, Applicants should provide information on the current disease burden in their country. Wherever possible, Applicants are requested to fully complete this table on a disease specific basis to facilitate identification of potentially relevant population groups.

In sub-section (b), Applicants are requested to also provide information on changes in the stage of the epidemic over recent years and any information on drug resistance where relevant. Information included in this answer should refer to and draw from the documents identified in the Applicant's response section 4.3.1. **If one is available, Applicants should provide a copy of the most recent epidemiological report.**

4.3.3 Disease prevention and control initiatives and broader development frameworks

Proposals to the Global Fund should be developed based on a review of, disease-specific national strategies and plans, and broader development frameworks. Applicants should identify:

- (a) Current prevention and control strategies and programs aimed at the target disease, including all relevant goals, objectives and planned outcomes: This should encompass both existing Global Fund-financed work and other current and planned work supported by other stakeholders, including by the academic/education sector; government; non-governmental and community-based organizations; people living with and/or affected by the diseases (HIV/AIDS, tuberculosis and/or malaria); the private sector; religious or faith-based organizations; and multi-/bilateral development partners.
- (b) How the disease prevention and control strategies fit within the broader developmental framework: The role of HIV/AIDS, tuberculosis and/or malaria prevention and control in key developmental frameworks, such as Poverty Reduction Strategy Papers, the Highly-Indebted Poor Country (HIPC) Initiative, the Millennium Development Goals, and sector-wide approaches should be described. Applicants should specifically describe how Global Fund financing is

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incorporated in these development frameworks and any relevant constraints (e.g., budget or public sectors spending ceilings).

Existing and planned commitments to major international initiatives and partnerships, such as the WHO/UNAIDS “Universal Access” initiative, the “Global Plan to Stop Tuberculosis 2006-2015”, the Roll Back Malaria Global Strategic Plan, and the “Three Ones” principles should also be described (*as relevant to the disease specific component being completed*).

→ For information on these initiatives, please refer to the Round 7 ‘Frequently Asked Questions’ on the Global Fund’s Round 7 documents webpage.

- (c) How current or planned prevention and control strategies and programs at the national level put into practice key elements of the *Paris Declaration on Aid Effectiveness*.

4.3.4 National Health System

In sub-section (a): Applicants should ensure that they describe:

- The ability of the current health system to achieve and sustain scaled up interventions to appropriately respond to the threat of the disease(s);
- Actions/initiatives in the public, non-government and private sectors and the ways in which the national health system facilitates or hinders effective and efficient quality service delivery by each sector; and
- How identified health system constraints are being/will be addressed in the country.

Specifically, Applicants should describe whether the creation of increased demand for prevention and/or control interventions from existing program support (e.g., through the provision of current or planned significant additional resources from other donors, the government, the private sector or earlier Global Fund Rounds) **has highlighted areas of increased need for health systems strengthening.** → In section 4.4, Applicants are requested to describe the interventions targeted in this proposal. In that section, Applicants should clearly identify whether this proposal is, most substantively, seeking to provide health systems strengthening support to ensure that earlier planned interventions will be successful.

In sub-section (b): Applicants should describe the country/countries priorities in strengthening the health system to ensure equitable, efficient, sustainable, transparent and accountable health systems.

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

Sub-section (c): Coordination and Synergies

Briefly describe how disease specific programs are coordinated within the framework of the National Health Development Plan (where one exists, or other relevant document(s)). For instance, how the proposed component for tuberculosis or malaria relates to the national communicable disease strategy and to the priorities in the National Plan.

Where other major funding is mobilized from other donors, please describe (by reference to any Medium Term Expenditure Framework (MTEF), where one exists, or other relevant document(s)) which actions are being supported by each funding source, and how the work will be coordinated.

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Where the proposal covers more than one component (for example HIV/AIDS and/or tuberculosis and/or malaria), briefly describe how activities under one component might also benefit the other component. Similarly, where relevant, briefly describe any synergies in health systems strengthening strategic actions.

4.3.5 Common funding mechanisms

Part or all of the funding for this component may be planned to be contributed through a common funding mechanism. If this is the case the Proposal Form asks the applicant to provide certain additional information.

A common funding mechanism for the purposes of these Guidelines is any arrangement between multiple partners (domestic sources and external donors) in which they contribute funding through a unified approach using joint planning, budgeting and monitoring and evaluation, as well as common rules and common reporting and accountability mechanisms.

Common funding mechanisms can vary from country to country and even across programs and sectors within a country.

In deciding whether such a mechanism is appropriate to use for the channeling of Global Fund resources, the Applicant should consider the following:

- Is the common funding mechanism functional with established rules and procedures (e.g. a signed Memorandum of Understanding between all domestic and external donor stakeholders)?
- What is the capacity of the common funding mechanism to absorb, manage and account for additional funds?
- Will the mechanism allow for timely grant signing, recognizing that a grant agreement must be signed no later than 12 months after Board approval?
- Will the mechanism help streamline reporting requirements?
- Are the financial and payment systems utilized by the common funding mechanism able to ensure timely disbursement to sub-recipients throughout the proposal term?
- Will the data collection and reporting systems utilized by the common funding mechanism to monitor performance enable regular performance monitoring of the effective functioning of the common funding mechanism, recognizing that Global Fund grant disbursements are linked to performance?

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

It is particularly important that applicants note that common funding mechanisms must still allow for reporting to the Global Fund on the specific indicators in the approved proposal, including at the time when the proposal nears the two year implementation mark and an assessment of performance is undertaken by the Global Fund to determine whether funding will be continued for the balance of the proposal term.

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4.4 Overall needs assessment

Proposals should include interventions that have been identified through an analysis of unmet needs, both programmatic and financial.

Sections 4.4 and 4.5 assist Applicants to identify:

- **Section 4.4.1 – Main programmatic needs.** Applicants are requested to identify gaps in the main programmatic areas targeted by this proposal, and the **level of additional coverage that is requested through this proposal**. This is a summary of the main gaps only. Applicants must still describe the specific interventions/activities planned under this proposal (in section 4.6) and the targets and indicators that are proposed to evaluate performance during the proposal term (in the 'Targets and Indicators Table', Attachment A). *(Instructions on how to complete table 4.4.1 are provided immediately above the table as set out in the Proposal Form.);*
- **Section 4.4.2 – Additional support required for main health systems strengthening strategic actions ('HSS Strategic Actions').** Applicants are requested to first describe the main HSS Strategic Actions that are essential to ensure that the planned outputs and outcomes of their Round 7 proposal will be achieved, and to then identify how much additional support for these main actions is requested in this proposal. Section 4.4.2 also requests information on other current and planned levels of support for these same actions to ensure that funding requested from the Global Fund is both additional to other support, and is harmonized to the fullest extent possible with all other financial support. As for table 4.4.1, table 4.4.2 requests information on the main HSS Strategic Actions targeted in this proposal. Applicants must still ensure that detailed information on all HSS interventions is described in section 4.6 more fully, and clearly identified in the Work Plan (required under section 4.6) and costed in the detailed component budget (section 5); and
- **Section 4.5 – The overall financial gap.** Applicants are requested to calculate the overall disease specific financial need for the country/countries targeted in their proposal. However, the information requested is a summary only of detailed workings. Applicants must therefore provide a detailed budget request by disease component (within section 5) to identify the amount requested in Round 7.

It is anticipated that proposals will vary considerably in their relative focus on program and HSS Strategic Action needs to respond to in-country situations.

The analysis provided by Applicants in sections 4.4 and 4.5 should be component-specific, and the results should be summarized in the two tables (table 4.4.1 for program needs and table 4.5 for HSS Strategic Actions) included in the Round 7 Proposal Form. *(In Round 6, table 4.4.1 was included as Attachment 3 to the Round 6 Guidelines for Proposal.)*

Information is requested for the historic years of 2005 and 2006, for the current 2007 year, and for the years 2008 – 2012 (based on, current information, forward looking plans, national budgeting processes and estimates).

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4.4.1 Overall programmatic needs assessment

Section 4.4.1, and the accompanying table 4.4.1 are provided to guide Applicants in the identification of key service area gaps relevant to this proposal. Information on how to complete this table is provided at the top of that table in the Proposal Form in each component section.

Part D of the table provides Applicants with the option to request support in this proposal for the total programmatic needs, or a proportion of these needs, having regard to factors such as country priorities and absorptive capacity assessments.

4.4.2 Strategic actions to strengthen health systems

The Global Fund recognizes that improved performance in country-led HIV/AIDS, tuberculosis and malaria programs depends on the quality, equity and efficiency of health systems. **We also recognize that non-government organizations, the private sector and communities affected by the disease(s) are each an integral component of the health system, as is the public sector.** In this section, Applicants are encouraged to consider measures which strengthen public, non-governmental, communities, and private sector systems to ensure greater impact of prevention and control strategies.

Our major objectives in providing funding for health systems strengthening are to improve grant performance and impact on the three diseases, by supporting the development of equitable, efficient, sustainable, transparent and accountable health systems.

Based on lessons learned from Round 6, Applicants are strongly encouraged to include a request for funding in respect of HSS Strategic Actions integrated within their specific disease component(s), provided that these actions are essential to reducing the impact and spread of the disease(s) targeted in the proposal. Therefore, proposals should explain the clear and essential link between the HSS Strategic Actions and the goals and indicators described in section 4.6.1 of each component targeted in the Applicant's proposal.

→ Importantly, where the proposal is, predominantly, a request for funding for HSS Strategic Actions to support a national program which already has significant existing or planned resources to reach program needs (e.g., there is significant funding for ARVs, or anti-tuberculosis or anti-malarial medicines, but insufficient health staff to ensure distribution and treatment adherence), Applicants should ensure that the overall program goal(s) and objectives are expressed in a manner which demonstrate the clear and essential link between the funding requested for the HSS Strategic Actions and the disease specific national plan for scale up of services.

To further guide Applicants in their proposal development processes, '**Chapter X of the January 2006 second edition of the M&E Toolkit**' is dedicated to health systems strengthening. Within this chapter, Table 15 (on page 56) includes selected indicators on HSS Strategic Actions. Applicants are encouraged to review Chapter X whilst reviewing this section of the Guidelines. Applicants are also strongly encouraged to work with technical partners with specific experience on health systems strengthening during proposal development.

HSS Strategic Actions supported in Round 7 proposals

HSS Strategic Actions proposed for funding in an Applicant's Round 7 proposal will depend on the country specific context.

A proposal may focus on a comprehensive approach to health systems strengthening to address one or more of the HSS Strategic Actions listed below to help ensure a functioning comprehensive system (e.g., comprehensive approach to health workforce

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strengthening). Alternatively, it may propose just one intervention within any HSS Strategic Action area (e.g., incentives for health workers to serve in hard-to-reach places). In the case of the latter, it must be explained why it is just one element for a particular area(s) and how it falls within an existing framework or system so that it adds to, and will not function in isolation of, a functioning system or comprehensive approach/framework.

HSS Strategic Actions may belong to the following broad areas

- Governance;
- Strategic planning and policy development;
- Monitoring and evaluation;
- Coordination/partnerships;
- Community and client involvement;
- Policy research;
- Information systems;
- Health management;
- Health financing;
- Human resources;
- Essential medicines and other pharmaceutical products management;
- Procurement systems;
- Logistics, including transport and communications;
- Infrastructure (*but does not include large scale investments, such as building hospitals and clinics*); and/or
- Technology management and maintenance.

HSS Strategic Actions are not limited to health sector-related activities and may also target other sectors including education, the workplace, and social services, provided that these actions are directly related to reducing the spread and impact of HIV/AIDS, tuberculosis and/or malaria.

Proposals should also, when relevant and appropriate, seek to establish mechanisms for civil society and other stakeholders in the health system to have a voice in developing policies to strengthen health and community organization systems, and to take part in interventions to this effect (including, activities/interventions focused on ensuring strengthened delivery of services to clients).

To ensure a comprehensive justification of the funding request for these HSS Strategic Actions, Applicants are encouraged to include in their proposal:

- Consideration of the strengths, weaknesses, opportunities and threats to the health system;
- Reference to how any proposed strategic actions are consistent with, where one exists, the national Health Sector Development Plan and its time frame;
- A description of why the additional support is essential and how it will contribute to system wide strengthening;
- The intended outputs and outcomes of current health system strengthening support provided by other partners including the private sector;
- Ways to remove system barriers/bottlenecks in the health sector that impact on the three diseases and clients; and
- Approaches that clearly build on existing systems, structures and processes, and not parallel ones.

When completing section 4.4.2, Applicants may also wish to have reference to WHO's Strategy on Health Systems, at: <http://www.who.int/healthsystems/strategy/en/>

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4.4.2(a) Completing table 4.4.2A and 4.4.2

Applicants are requested to complete table 4.4.2 for up to five HSS Strategic Actions which are essential to ensure achievement of the outputs and outcomes targeted in the proposal.

As a summary of the overall financial request for HSS Strategic Actions in Round 7, Applicants are requested to then complete table 4.4.2A (which table **precedes** table 4.4.2 in the Proposal Form). → *This table is a summary of the up to five versions of table 4.4.2 that Applicants complete to describe the main HSS Strategic Actions targeted on a per-disease component basis.*

For each 'action', Applicants should provide:

- (i) up to one half of a page summary of the relevant action, and how the action is essential to the intended disease-specific performance outcomes under the proposal;
- (ii) a very short description of the planned outputs and outcomes that will be achieved in respect of each HSS Strategic Action if the Round 7 funding request is approved;
- (iii) a summary (**in figures**) of the total annual budget request for the work planned under the Round 7 proposal to support the HSS Strategic Action; and
- (iv) in the bottom half of the table, information (**as requested in the heading for each relevant column**) on the support that is available for this same HSS Strategic Action from other sources (domestic or international), including the timeframe over which the support will be provided from those other sources.

Thereafter, Applicants are requested to:

- 4.4.2(b) Identify whether the support requested in the Round 7 proposal for the listed HSS Strategic Actions may potentially have an adverse impact on the functioning and performance of the health system that these actions are intended to support. If so, what risk mitigation strategies have been incorporated into the planning of the proposal? *(For example, will the proposed support of some but not all salaries in a particular health district give rise to unintended personnel shortages in another location? If yes, what is being planned to mitigate this potential risk?);*
- 4.4.2(c) Provide a description of any cross cutting benefits of the HSS Strategic Actions included in the specific disease component that may impact one or both of the other two diseases; and
- 4.4.2(d) If relevant *(refer also to the information on budgeting for cross-cutting HSS Strategic Actions below)*, provide a **detailed justification** of why (if it is deemed appropriate and reasonable during the proposal review process) cross-cutting HSS Strategic Actions included in the disease specific component and which benefit other component(s), should be recommended for funding under the disease specific component even if the other components are not also recommended for funding. *(This potential is included in Round 7 in recognition that some HSS Strategic Actions may be challenging to separate out as between HIV/AIDS, tuberculosis and malaria. However, Applicants must ensure that they fully detail the HSS Strategic Actions in the detailed budget requested under section 5.1 to enable an assessment of the reasonableness of the funding requested. Additional information on the funding request should also be provided in responding to this section 4.4.2(d)).*

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4.4.2(d) and (e) Budgeting for cross-cutting HSS Strategic Actions

Applicants should **not** duplicate requests for funding by including the same HSS Strategic Actions in more than one disease component of their composite proposal.

Where the HSS Strategic Actions included in one disease specific component are common to two or all three disease components, it will be necessary to separately identify the budget for these actions for the lifetime of the proposal, state which disease components are covered and then **only include these costs** in the budget of **one disease component**.

For example, a HIV/AIDS proposal may have two HSS Strategic Actions as follows:

- (i) an information technology system is to be developed to assist the recording of treatment of HIV/AIDS, malaria and tuberculosis at the district health level; and
- (ii) the rehabilitation/refurbishment of testing clinics for HIV/AIDS and tuberculosis.

In the proposal for the HIV/AIDS component, it should be clear what costs are included in the HIV/AIDS detailed component budget for HSS Strategic Actions but apply to two or more components by including a summary table. The table may look like the example below *(or be based on the Applicant's own budgeting tools and templates – as the example below is not a required format)*:

HSS Strategic Action	Y1 USD	Y2 USD	Y3 USD	Y4 USD	Y5 USD	HIV/ AIDS	Malaria	TB
3.2.1 Develop IT system to record treatment	141,000	11,000	11,000	11,000	11,000	Yes	Yes	Yes
4.5.2 Rehabilitate testing clinics	150,000	90,000	70,000	20,000	20,000	Yes	No	Yes

In the example above, the **Work Plan** for the corresponding malaria and (in this case) tuberculosis components should include these activities **but the corresponding budgets** should have zero costs for these particular HSS Strategic Actions. The proposal section for the malaria and tuberculosis components should state (in response to section 4.4.2(d) in the respective sections) that the costs of these activities have been included in the HIV/AIDS component budget.

4.4.2(f) Cross-cutting HSS Strategic Actions in another component

Applicants are requested to check this box based on the instructions in this question. Where Applicants have included cross-cutting HSS Strategic Actions in another component, the budget material in that component should also be detailed.

4.4.2(g) CCM capacity in regard to HSS Strategic Actions

Based on lessons learned from Round 6, all proposals should identify, for each country targeted in the proposal, **the extent to which the relevant CCM(s) or RCM(s) are ensuring that they have, or are developing and/or strengthening, their capacity and experience in the identification of strengths, weaknesses, threats and opportunities in the health system relevant to national plans to prevent and control the three diseases**. Where a Round 7 Applicant also submitted a proposal in Round 6 for any of the three diseases, they should also describe any positive changes in the capacity of the relevant CCM(s) or RCM(s) to identify, plan for, and respond to health

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systems strengthening issues arising in their country as a result of national plans to prevent and control the disease.

4.5 Financial Needs Summary

4.5.1 Overall Financial Needs Assessment

Subsequent to the identification of programmatic needs (section 4.4.1), and essential HSS Strategic Actions to ensure achievement of planned outputs and outcomes under the Applicant's proposal (section 4.4.2), Applicants should identify the financial resources currently or planned to be available, and the overall funding need.

Applicants are recommended to complete table 4.5 (as requested in sections 4.5.2 and section 4.5.3) **prior to providing the overall summary in text format in section 4.5.1.** → *Determining the overall financial gap assists Applicants to prepare a detailed budget, as required in section 5, subject to confirmation of implementation and absorptive capacity, as is required to be detailed in sections 4.7 and 4.8.* **To complete table 4.5, Applicants are requested to:**

Line A → Provide, based on national plans and costing (where they exist), an overall disease specific (as far as possible) financial costing; and

Lines B/C → Provide details of current and planned financial contributions. This should be a comprehensive assessment of funding from all relevant sources, whether domestic (including debt relief) or external.

Funding that has already been provided to Applicants, or is expected to be received over years 2008 to 2012-13, under grant agreements with the Global Fund (including Round 6 grants recently or currently being negotiated) should also be included in the analysis (and in table 4.5. as "External Source 1"). If the Applicant is from a Lower-middle income or Upper-middle income country, it is very important that the amount indicated as domestic sources of funding in this section and table 4.5. is consistent with the information provided earlier within table 2.2 (Counterpart financing).

→ *For a definition of 'Private Sector' please refer to page 33 of these Guidelines.*

The estimated costs of meeting overall national goals and objectives should be included to enable the Applicant to calculate the current gaps in financing. The Applicant should provide information on how this costing has been developed (e.g. costed national strategies). **Specifically, the Applicant's assessment of overall financial needs should also consider any required investment in the HSS Strategic Actions described in table 4.4.2.**

4.5.2 and 4.5.3 Description of current/planned funding and gap

To ensure clarity of the overall funding situation, and identified gaps, Applicants should provide a written description of the information which has been summarized in table 4.5.

4.5.4 Additionality

Global Fund financing must be additional to existing efforts, rather than replacing them, and efforts to ensure this additionality should be described. This should be supported by references to the information in table 4.5 (as appropriate).

4.5.5 Strategy for achieving sustainability

The Applicant should describe how sustainability of the planned activities and interventions targeted in this proposal will be achieved by establishing and building equitable, efficient, transparent and accountable systems. These systems may include: management and financial systems; human resource capacity, policies and systems; technical competence; and other foundations to support the continuity of planned interventions beyond the program term, as appropriate.

The proposal should also identify the extent to which the Coordinating Mechanism (CCM, Sub-CCM or RCM) of countries targeted in the proposal and other national structures are presently, and will continue to be involved in the process of ensuring sustainability.

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4.6 Component strategy

This section describes the **specific interventions** for which the Applicant is seeking funding.

In addition to completing each question in this section, Applicants **must** complete the **'Targets and Indicators Table'** (Attachment A to the Proposal Form) on a per-disease component basis as this table will identify the **performance based funding framework** for the proposal term (subject to proposal approval).

The 'Targets and Indicators Table' has been designed to help Applicants clearly summarize the strategy and rationale behind their proposal. Within this table, Applicants describe which interventions are planned ('the indicator'); the current situation in regard to an intervention ('the baseline'); what performance measures will apply during implementation ('the performance targets'); and what will be the overall impact of the interventions with strong performance ('the outcome or impact').

Performance based funding principles and a compendium of indicators can be found in the Multi-Agency *"Monitoring and Evaluation Toolkit"*, Second Edition, January 2006 (**M&E Toolkit**).

This document is available at <http://www.theglobalfund.org/en/apply/call7/documents/me/>

Applicants **must also provide** a per-disease component **Work Plan** covering the first two years of the proposal term. This Work Plan should be structured along the same lines as the proposed performance based funding framework (as reflected by the 'Targets and Indicators Table' at the time of proposal preparation). Thus, the Work Plan should reflect the same goals, objectives, service delivery areas and main activities.

The Work Plan must be detailed for the first year (containing information broken down by quarters) and may be indicative or detailed for the second year, with information provided at least half yearly. It should be consistent with both the Targets and Indicators Table mentioned above, and the detailed Budget requested in section 5.2.

In completing sections 4.6.1 to 4.6.5, Applicants should refer to their 'Targets and Indicators Table' as appropriate, but the information provided in your proposal should not consist merely of a repetition of the information set out in the table.

Importantly → the Global Fund recognizes that a number of Applicants in Round 7 may have also submitted proposals in Round 5 or Round 6 which were not approved for funding.

In its Round 5 and Round 6 reports on proposal review, the TRP identified that there remained a group of Applicants who failed to address the weaknesses raised by the TRP in those earlier proposals (*where the later proposal was a re-submission of a proposal from an earlier Round*) or in the planning for the new proposal (*where the later proposal was not a re-submission, but focused on similar interventions*).

Applicants in Round 7 must therefore complete a new section 4.6.1 before proceeding to explain the interventions on a disease specific basis.

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4.6.1 Re-Submission of an unapproved Round 5 or Round 6 proposal

Applicants are requested to attach the TRP Review Form from the relevant prior Round(s) and provide a detailed explanation of what has been adjusted in the planning for this proposal to take into account the challenges identified during the TRP's review of the earlier proposal(s).

4.6.2 Goals, objectives and service delivery areas

Proposals should describe interventions in the form of a coherent overall strategy based on goals and impact indicators. These are implemented through specific objectives, service delivery areas, indicators and main activities. Programmatic approaches included in the proposal should be consistent with international norms, standards, and best practices.

Key indicators and key implementing partners involved in the activities should be summarized.

→ When preparing the proposal, including the 'Targets and Indicators Table' (Attachment A) on a per-disease component basis, Applicants should refer to the M&E Toolkit for guidance.

Each of these terms is more specifically described below:

a) Goals: These should be broad and overarching, corresponding to the national disease program goals. Achievements will usually be the result of collective action undertaken by a range of actors.

b) Impact/Outcome indicators: These describe the changes over program term in disease control, death, disease prevalence (burden), and behavioral change in the target populations that indicate that the fundamental goals of the interventions are being achieved. Impact indicators should be linked to goals. For each goal at least one impact indicator at the national level should be provided.

c) Objectives: These describe the intention of the programs for which funding is sought and provide a framework under which services are delivered. Examples linked to the sample goals listed above include 'To improve survival rates in people with advanced HIV infection', 'To reduce tuberculosis morbidity among prisoners in the ten largest prisons' or 'To reduce malaria-related morbidity among pregnant women'.

d) Service delivery areas (SDAs): These describe the work to be done to achieve each objective. Examples include: 'Antiretroviral treatment and monitoring for HIV/AIDS', 'Timely detection and quality treatment of cases for Tuberculosis', or 'Insecticide-treated nets for malaria'. **They may also include strategic actions of broader sector relevance that are essential for the effective delivery of disease-specific components.** For instance 'development and implementation of a national drug and pharmaceuticals policy' or 'development of a national information system to monitor treatment adherence'. For a listing of SDAs agreed and supported by international partners, please refer to the M&E Toolkit. *Attachment A to the Proposal Form also contains, on a disease specific basis, a 'drop down' menu box which Applicants may use to complete Attachment A. Refer also to section 4.4.2 for details on health systems strengthening strategic actions.*

e) Indicators: These measure performance within SDAs, showing how, over the proposal term, there will be increased coverage in prevention, treatment, care and support, and the supportive environment. Main activities (e.g., 'Developing an adherence support program for people taking antiretroviral therapy') to be undertaken during the proposal term can be further detailed in the Work Plan, but do not form part of the performance based funding framework which will be measured (subject to proposal approval) over the proposal term.

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Importantly, indicators included should be:

- **Harmonized with national plans and drawn from national lists of indicators wherever possible/existing.** Where existing monitoring and evaluation plans and systems do not already include appropriate indicators, the Global Fund suggests applicants make use of indicators recommended by international monitoring and evaluation partners. Where the proposed SDAs and indicators do not adequately reflect the proposed strategy, proposals may include additional service delivery areas and indicators.
- **Selected for their usefulness to measure performance.** Baseline figures should be included for all impact and outcome indicators. If those baselines are not available, the first year of the proposal development should include activities to determine them.

In all cases, a limited and simplified set of indicators are used for reporting on performance during the proposal term, termed the '**performance based funding framework**' for grants which are signed (subject to proposal approval). At the proposal preparation stage, it is therefore recommended that each disease component have between 8 and 18 indicators in total, and that these be focused at the output and outcome level, with more process focused activities being included in the Work Plan as preliminary activities to be completed to support implementation.

Targets set for each indicator should be specific, measurable, achievable, relevant and time-bound (that is, defined for each quarter/half year/year as appropriate).

4.6.3 Specific Interventions, Target Groups and Equity

When responding to the questions in sub-sections (a) to (e), Applicants should explain why it is that interventions are proposed to target certain population and/or most at risk groups, with a particular focus on explaining any linkages between socially stratified groups, as appropriate. **Further guidance on sub-sections (a) to (e) is set out below.**

(a) Specific Interventions/Activities supported by this proposal

Applicants are requested to provide a clear and detailed description of the main activities that will be implemented within each service delivery area for each objective. It is important to clearly indicate which main activities are proposed, how they will be implemented and by whom.

Balance of interventions targeted in the proposal

The Global Fund promotes the importance of ensuring that there is equal and universal access to all services required to prevent and control the three diseases. However, we do not require that each proposal include the range of all possible interventions. Instead, Applicants are requested to undertake an analysis of gaps in services having regard to the national strategic plan(s) of the country/countries targeted in the proposal (section 4.4 and section 4.5), and then develop their proposal based on these needs. Accordingly, in their description of the activities/interventions targeted in the proposal, Applicants should demonstrate that balance overall is achieved through the combined efforts of all partners and other stakeholders (including the providers of other financial support) working together.

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Activities supported

Resources from the Global Fund may be used to support activities for the prevention, treatment, care and support of people and communities living with and/or affected by the three diseases based on international best practices^{**}. Activities to be funded may scale up proven and effective interventions to attain greater coverage in a country or region and/or may be new and innovative activities, including activities that impact the supportive environment.

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

Activities may include, **but are not limited to**, the following:

- Behavior change interventions, such as peer education and community outreach;
- Provision of prevention services and tools and/or interventions targeting populations at high risk;
- Blood safety and safe injection interventions to prevent medical transmission;
- Community-based programs aimed at alleviating the impact of the diseases, including programs directed at orphans, vulnerable children and adolescents;
- Home and palliative care support;
- Interventions related to interactions between the three diseases;
- Providing access to prevention services through integrated health services;
- Provision of critical health products and health equipment to prevent, diagnose, and treat the three diseases, including the introduction of previously unavailable treatments;
- Workplace programs for prevention, and to care for and/or treat employees, including policy development in regard to such programs;
- Co-investment schemes to expand private sector programs to surrounding communities;
- The establishment and ongoing support of interventions managed by people living with and/or affected by HIV/AIDS, tuberculosis and/or malaria, such as support groups, treatment literacy programs, and risk-reduction programs; and
- Operational/implementation research.

However, the Global Fund does not provide funding for:

- Basic science research and clinical research aimed at demonstrating the safety and efficacy of new drugs and vaccines.²; or
- Large scale capital investments such as building hospitals or clinics.

(b) Target groups

Applicants should describe the rationale for identification of the groups targeted by the proposal, referring back to Programmatic Gap Analysis table (section 4.4.1), and taking into account the behavioral practices that fuel the spread of the disease(s).

(c) Equitable access to services

Applicants are requested to describe how the proposal adheres to principles of equity and fairness in the selection of clients to access services. Applicants should describe whether particular clients may receive prioritized access to services and the rationale for this approach.

² Providing support, care, and treatment for people who become HIV-positive in the course of an HIV-related clinical trial would be an allowable activity, within the context of national policies for the provision of antiretroviral therapy.

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(d) Social inequalities targeted in this proposal

Applicants are requested to describe how support for the interventions targeted in the proposal will decrease social inequalities by reaching the demographic and social groups most in need of the interventions. Issues that may be appropriate to address in this section include, depending on the country context, differences in the equality of access to services between: rural vs urban; adult vs children; men vs women; and poor vs affluent.

(e) Stigma and discrimination

The Global Fund recognizes that stigma and discrimination can be significant barriers to providing universal access to the range of prevention and disease control interventions promoted as international best practice by technical partners. Applicants are requested to describe the strategies that will be pursued during the proposal term to directly address, where relevant, stigma and discrimination as a barrier to ensuring that all those people in need of services receive relevant support, treatment and/or prevention services.

4.6.4 Performance of and linkages to current Global Fund grants

A primary focus of this section is to obtain information regarding overall capacity to absorb additional Global Fund financing for key services which may also be supported by other Global Fund grants.

Applicants are required to describe:

- (a) Whether the Round 7 proposal is requesting additional support for the same areas covered by other Global Fund approved proposals, and if so, why.

Where there are linkages between the Round 7 proposal and existing grants, it is important to explain this fully. Such linkages may, for example, include scaling up (increasing the number of people receiving services), expanding (geographically) or continuing programs funded under prior grants. A comparison (geographically and by sector area) of the Round 7 proposal and prior Global Fund grants for the same disease component, including Round 6 grants still under negotiation at the time of submission of the proposal, should be provided to show any overlap.

- (b) How any implementation bottlenecks in those earlier grants (**including bottlenecks to signing a Round 6 grant, where relevant**) have been considered and lessons learned included in the proposal for Round 7.

Based on lessons learned from Round 6 Applicants are very strongly encouraged to review the level of Global Fund financing currently or planned to be available to the country/countries targeted in the Round 7 proposal (including funding that is potentially available after a Phase 2 review of existing grants). If there remain large amounts either undisbursed by the Global Fund **or** disbursed but not utilized, Applicants should comment on this situation.

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4.6.5 Linkages to other donor-funded programs

The current proposal may be linked to interventions, or inputs for those interventions, financed by other donors. Where linkages exist (for example, if this proposal plans to provide treatment for opportunistic infections to support the rapid scale-up ARV treatment already being funded by another donor), it is important to list the other interventions and explain how and to what extent this proposal complements the other existing activities.

Applicants should also describe:

- Whether significant implementation challenges or bottlenecks have arisen during implementation of the interventions (or, where relevant, provision of essential inputs) supported by the other donors; and
- How these implementation challenges have been, or will be, overcome to ensure that interventions/inputs supported by other donors and essential to the goals of this proposal are effectively implemented/delivered.

4.6.6 Private Sector contributions

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

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

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

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

However other models can be developed according to the local context as long as they meet the following criteria:

- In all cases, the beneficiaries of a co-investment partnership are a broader population than just the employees of the companies and their dependents.
- The co-investment partner must provide an additional contribution to the funding requested from the Global Fund, whether this contribution is in terms of facilities or staff or is a cash contribution.

Definition of the Private Sector

For the purposes of these Guidelines, the term '**private sector**' refers to: for profit organizations, their representative bodies and the foundations they established.

This includes a wide range of actors including:

- Large companies (local or transnational)
- Small & Medium Enterprises
- Business coalitions
- Employer organizations

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- Informal sector
- Charitable foundations established by companies to provide donations and grants
- Private practitioners
- Private for profit clinics

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

Completing sections 4.6.6(a) and (b)

Applicants are requested to identify main contributions (financial and non-financial) anticipated from the Private Sector, and how these are important to the planned outcomes and outputs. **These outcomes may be for the whole of the population targeted by the disease component or for a specific group within the overall targeted population and Applicants should clearly specify which.**

When completing the table under section 4.6.6(b), Applicants are encouraged to provide details of the anticipated contribution(s). Some examples of private sector/stakeholder types of contribution include:

- (i) Opening an in-house medical structure to the surrounding communities
- (ii) Providing financial advice on management and budgeting and other assistance
- (iii) Contributing to the funding of a joint project
- (iv) Training of public sector health workers in counseling or ARV management
- (v) Provision of products.

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

For further examples, please refer to the document entitled '*Making Co-investment a Reality*' available at: <http://www.theglobalfund.org/en/apply/call7/documents/technical/>

4.7 Principal Recipient Information

→ For more details on the roles and responsibilities of Principal Recipients, see the Global Fund document "*Fiduciary Arrangements for Grant Recipients*", available at: <http://www.theglobalfund.org/en/apply/call7/documents/grantdocuments/>

In the proposal, the Applicant should identify a suitable Principal Recipient (PR) to be responsible for proposal implementation and accountable for grant funds.

As described in section 3A.4.5 above (*Requirement 4(a)*) CCM, Sub-CCM and RCM Applicants must have a documented, transparent process to nominate Principal Recipients under the minimum requirements for eligibility of CCM, Sub-CCM and RCM Applicants.

Regional Organization and Non-CCM Applicants are anticipated to nominate themselves in this section. However, if a subsidiary or related entity is proposed as Principal Recipient, this information must be clearly described, including the underlying reasons.

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One or Several Principal Recipients

Depending on the proposal and the capacities of different local stakeholders, Applicants may choose to nominate more than one Principal Recipient ('PR') to be responsible for distinct parts of the proposal (either for different disease components or within a single component), such as having one PR for public sector activities and a different non-government sector PR for civil society and the private sector.

Where two or more PRs are nominated to lead implementation of the planned interventions, the Applicant should explain **how coordination will be achieved** between the multiple PRs to ensure performance of the program. How the Applicant will perform the role of overall implementation oversight during the program term in such circumstances should also be described.

Which type of organization may be selected as a PR

A PR should be a legally-constituted entity that can enter into a grant agreement with the Global Fund. This could be a government ministry, a non-governmental or faith-based organization, a private sector firm or foundation, an incorporated network of people living with and/or affected by the disease(s), or other incorporated body.

To ensure local ownership and accountability, PRs are expected to be **local stakeholders** rather than United Nations agencies or other multilateral or bilateral development partners. In exceptional circumstances (e.g., civil war or post-conflict reconstruction) when no local stakeholders are able to act as PR, other entities may be nominated. International non-governmental organizations with an established local presence are considered local stakeholders.

→ For more information on the requirements regarding a documented and transparent process to nominate PR(s), see section 3A.4.5 of these Guidelines, the CCM Guidelines and the 'Clarifications on CCM Minimum Requirements – Round 7' document available at: <http://www.theglobalfund.org/en/apply/call7/documents/guidelines/>

4.8 Program and financial management

In this section applicants are requested to describe implementation arrangements that will ensure achievement of the planned outputs and outcomes over the proposal term.

4.8.1 Management approach

The management arrangements will have a strong influence on the successful implementation of the program.

Applicants should describe the proposed management arrangements and the specific roles of the different actors: PRs; Coordinating Mechanisms; partners; sub-recipients ('SR's) and other key stakeholders important to ensuring strong performance over the program term. This should address the planning stage, implementation of the program and the monitoring and evaluation of results.

4.8.2 Principal Recipient Capacities

PR(s) assume programmatic management responsibility and financial accountability for the Global Fund financing that is contributed to the program. Under the guidance of, as relevant, a CCM, Sub-CCM, RCM (or, Regional Organization if not the PR), the responsibilities of the PR(s) include:

- Receiving and managing funds from the Global Fund;
- Implementing and overseeing implementation of interventions;

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- Making efficient arrangements for disbursement of funds to SRs, including overseeing the financial arrangements of SRs, and preparing a plan for the annual audit of SR activities under the grant; and
- Reporting on programmatic performance according to the performance based funding framework ('Targets and Indicators Table' – Attachment A), accounting for funding, and requesting additional disbursement of funds.

→ See the roles and responsibilities of CCMs, Sub-CCMs and RCMs during grant implementation in the CCM Guidelines.

Each PR needs to possess, or be able to very rapidly develop (including through outsourcing or obtaining very early expert technical assistance) certain minimum capacities in: its financial management systems; management and programmatic capacity; monitoring and evaluation; and procurement and supply management structures. If a proposal is approved, an independent Local Fund Agent ('LFA') appointed by the Global Fund typically assesses every nominated PR to ensure that it has these minimum capacities. In the event that a PR outsources fundamental roles (e.g., the PR is a Ministry of Finance which entrusts programmatic responsibility to a Ministry of Health), the LFA will also assess the entity that is handling the outsourced functions (e.g., the Ministry of Health in this example) as well as the nominated PR.

→ The required minimum capacities and the assessment tools used by the LFA are available at: <http://www.theglobalfund.org/en/apply/call7/documents/grantdocuments/>.

The Applicant **must** describe the relevant technical, managerial and financial capabilities for each nominated PR. If the nominated PR has previously managed a Global Fund grant, details of this experience should be given. The nomination of the PR(s) included in the proposal is subject to final approval by the Global Fund as part of the grant negotiations process. In the event that capacity building is necessary for a PR to meet these minimum capacities, funds for this should be included in the proposal and specifically identified as technical assistance needs in section 4.11, and also included in the detailed budget as an identifiable line item.

→ If there are multiple PRs, section 4.8.2 must be completed separately for each PR.

4.8.3 Sub-recipient information

PRs are typically not the only implementing entity in a proposal. Sub-recipients (SRs) that receive Global Fund financing through a PR often carry out much of the implementation work. SRs can be any form of entity.³

The proposal should describe the process that has been used to identify the SRs as implementers under a lead PR, which process should be open and transparent. Section 4.8.3(d) requires the Applicant to describe this process in detail. Applicants are also requested to describe, for any SRs who may already be involved in the implementation of significant activities, the performance record of those SRs, including whether the SRs have experienced any implementation bottlenecks, and how these have been taken into consideration in the planning for the Round 7 implementation arrangements.

Importantly, information on SRs is a key input into the review of a proposal for implementation feasibility during the proposal term. For this reason, it is expected

³ These can include: academic/educational sector; government (including ministries of health as well as other ministries involved in a multi-sectoral response, such as education, agriculture, youth, information, etc.); non-governmental and community-based organizations; people living with HIV, tuberculosis, and/or malaria; the private sector; religious/faith-based organizations; and where no national recipient is available, upon justification multi-/bilateral development partners.

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that, at Round 7, proposals will identify most if not all sub-recipients, and particularly those that have a leading role in implementation of interventions. However, if an Applicant is unable to identify some or all SRs prior to proposal submission, it should explain why it was unable to do so and include a **detailed description** of the transparent documented process that will be undertaken to identify these SRs, including the criteria that will be used by the PR(s) to select SRs. In limited circumstances, the Applicant's proposed implementation arrangements may suggest that a PR will be asked to manage a pool of funding to be later disbursed to SRs not identified at the time of proposal submission. In such circumstances, it is necessary to provide a **very detailed** description of the management and financial arrangements that will be applied by the PR to those SR relationships to ensure program performance and financial accountability.

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4.9 Monitoring and evaluation

The Global Fund encourages the development of a single national monitoring and evaluation (M&E) plan and system, and the use of these to report on performance and impact of programs supported by all donors, including the Global Fund.

The Global Fund therefore prefers that PRs use existing in-country national data-collection systems whenever appropriate. It is recognized that scaling up existing interventions, or beginning new and innovative responses to the diseases creates a further burden on the national reporting framework. Thus, when preparing its budgets for this application, the applicant should set aside sufficient funding (recommended at between 5 to 10% of a component budget) to ensure that existing M&E systems are supported or can be appropriately supplemented/further developed.

4.9.1 Monitoring and evaluation plan

Applicants should describe how data relevant to the performance based funding framework ('Targets and Indicators Table') will be accurately collected and reported up to the national system, and the Global Fund, during the proposal term.

4.9.2 M&E Systems Capacity Assessment

Where there is no national M&E plan or system, Applicants are requested to describe (preferably by reference to a diagnosis undertaken by reference to the 'M&E Systems Strengthening Tool') gaps in the national M&E system, and identify how the proposal incorporates a plan to overcome gaps relevant to the interventions targeted in the proposal.

4.10 Procurement and supply management of health products

In this section Health Products includes pharmaceutical products and other health products (including consumables), health equipment (including the 'total cost of ownership'⁴) and health services. Applicants are asked to consider these categories when completing section 4.10, and identify, when requested, specific information in regard to each of them.

→ *Section 5.3 of these Guidelines (budget section) provides more information on which items fall within these broader names, and Applicants are encouraged to review those categories before completing section 4.10 and the budget section.*

General Overview of policies

The procurement and supply management of health products can be particularly complex and may impact program performance.

The Global Fund expects grant recipients to procure products of assured quality at the lowest price possible and in accordance with national laws and applicable international obligations. Specific topics which are relevant to this section include the existence of well-functioning transparent procurement systems, quality assurance and quality control, national laws and applicable international obligations, distribution and inventory management, and appropriate use. These and other topics are further described below.

⁴ 'Total cost of ownership' includes the cost of reagents and other consumables, and annual maintenance to ensure that the equipment operates effectively.

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The Global Fund has prepared a guide to our policies on the procurement and supply management of health products, including pharmaceutical products and prepared quality assurance policy information. Applicants should refer to this information, at: <http://www.theglobalfund.org/en/about/procurement/guides/>.

Once a proposal has been approved by the Board of the Global Fund, PRs are responsible for submitting a 'Procurement and Supply Management Plan', which describes in greater detail the arrangements for procurement and supply management of health products including pharmaceutical products. Prior to the disbursement of funds for the procurement of such health products, the LFA will assess this plan and the systems that it describes.

Information below assists Applicants to complete section 4.10.

4.10.1 Roles and responsibilities for procurement and supply management

In table format, Applicants identify the organizations and/or departments within government that will be responsible for procurement and supply management of health products including pharmaceutical products, and the role (*refer to the third column of the table for examples*) of that organization and/or department. If there are several PRs, ensure that this table includes the role of each of them (as relevant).

In sub-section (b), Applicants are requested to briefly outline the organizational structure of the unit with overall responsibility under the proposal for procurement and supply management of health products, including pharmaceutical products. **Applicants are encouraged to attach** as an annex, a diagram of the location of this unit within the organization or government if the unit has complex interactions with other entities.

4.10.2 Procurement capacity

In many cases, a range of implementing partners, including sub-recipients, participate in procurement and supply management activities. However, PRs retain the overall responsibility for ensuring compliance with Global Fund procurement and supply management policies.

Relevant procurement and supply management functions may be sub-contracted to specialized service providers. Applicants are requested to specify whether the PR(s) will exclusively carry out procurement and supply management of drugs and health products, or whether sub-recipients will be involved, either exclusively or in conjunction with the PR(s). Latest available annual data of procurement of pharmaceutical products and related health products should be provided for each agency or organization involved.

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

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4.10.3 Coordination

For all organizations listed to be involved in procurement of health products, applicants should also specify the various sources of funding (e.g. national programs, multilateral and bilateral donors, etc.). This information should be given as a percentage relative to total value. The current or future participation in any donation program relevant to this proposal should also be specified in this section.

4.10.4 Supply management (storage and distribution)

Applicants are required to specify whether an organization has already been nominated to provide the supply management function for medicines and other health products procured under the program, and if so, this organization's current storage and distribution capacity. If more than one type of organization is involved in storage and distribution, the relationship between them (including how activities will be coordinated, as relevant) should be described.

4.10.5 Pharmaceutical products selection

The Global Fund anticipates that programs will procure pharmaceutical products that are in line with the World Health Organization's standard treatment guidelines ('STGs'). Typically, it is anticipated that these STGs will be adopted as the national STG for the country/countries targeted in the proposal. However, there may be limited situations where other treatment guidelines are adopted, including where no STGs exist for certain medicines. If this situation applies, Applicants are requested to explain which STGs will be utilized during the proposal term, and why.

All Applicants must also complete section 5.4.1 and the related '**Attachment B**' to the Proposal Form on a per-disease component basis, to provide further information on the STGs that will be utilized.

4.10.6 Multi-drug-resistant tuberculosis

This section should be completed for tuberculosis components and HIV/AIDS components where HIV/TB collaborative interventions are included in the proposal.

To help limit resistance to second-line anti-tuberculosis medicines, all procurement of medicines to treat multi-drug resistant tuberculosis (along with essential MDR-TB treatment management services) financed under the grant must be conducted through the Green Light Committee ('GLC') of the Stop TB Working Group on drug resistant tuberculosis.

Applicants should identify whether the proposal requests funding for multi-drug-resistant tuberculosis, and if so:

- (a) over which years; and
- (b) whether a successful application to the GLC has been made or is in progress.

As the GLC provides essential services to Global Fund grants targeting MDR-TB, all such Applicants should budget US\$50,000 for each year of the proposal term.

These costs are to be utilized to contribute to the costs of services that will be provided to the Applicant by the GLC during program implementation. These costs must be transparently identified in the detailed component budget (section 5.1).

Applicants should note that this money must be reserved for payment to the GLC by the PR during the proposal term on an as appropriate basis. They cannot be transferred for other implementation activities.

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4.11 Technical and management assistance and capacity building

4.11.1 Capacity building and Training

Applicants are also requested to describe capacity constraints that will be faced in implementing the proposal, and the measures that are planned to address these constraints. It is important that all activities included in this section are also reflected in the detailed budget (section 5.1).

4.11.2 Technical and management assistance

Applicants are reminded that the identification of appropriate technical and management assistance needs form part of the criteria considered by the Technical Review Panel when considering the overall feasibility of the proposal.

- (a) Proposals should clearly identify technical and management assistance and capacity building needs throughout the entire program cycle (from the time of Board approval through the clarification and proposal refinement phase, to the implementation stage). Requests for technical and management assistance should be quantified and reflected in both the detailed budget (section 5.1) and in summary format in table 5.3 (budget breakdown by cost category).
- (b) Applicants must also describe how this assistance will be transparently procured over the proposal term in a manner that will deliver effective and efficient technical and management assistance, to ensure that the PR(s) and other implementing partners have the necessary capacities to achieve the intended outputs and outcomes of the proposal. *Applicants are encouraged to refer to the performance based funding framework that PR performance during the program term will be measured against (reflected in the 'Targets and Indicators Table' of the proposal) when describing the timeframe over which this assistance will be procured.*

5 Component Budget

The Component Budget section is where Applicants quantify their funding request and provide detailed budgetary information specific to each component.

Overview and general guidance

All Applicants must:

- **Attach a detailed component budget** (section 5.1) – *there is no standard format and Applicants are encouraged to use the nominated PR(s)' existing **detailed** budget planning frameworks rather than introduce new formats unfamiliar to the implementing partners;*
- Provide a **budget breakdown by service delivery area** (section 5.2 and table 5.2);
- Provide a **budget breakdown by cost category** (section 5.3 and table 5.3); and
- Indicate **key budget assumptions** (section 5.4)

The **Detailed Component Budget** is likely to be the source from which the information requested in sections 5.2 and 5.3 will be derived. It should clearly link to the **Work Plan** described at section 4.6. These are key documents which the TRP will use to assess the feasibility of the planned outputs and outcomes over the proposal term.

The following are some general principles that will guide the budget preparation process.

Budget justification

Detailed per-disease Component Budgets should be based on a proper analysis of expected costs and outcomes and should be supported by sufficient detail, with appropriate justifications in order to enable a meaningful evaluation. This should include key assumptions, unit costs and unit quantities (avoid using lump-sum amounts). Budgets should reflect that Global Fund financing is additional to existing resources, and complements, rather than replaces, existing domestic or external resources.

The Global Fund strongly encourages the relevant national authorities in recipient countries to exempt from duties and taxes all products financed by Global Fund grants.

Budget preparation

Where possible, the Detailed Component Budget format should be derived from the proposed PR's usual budget formats and should facilitate the use of its normal accounting and reporting systems during program implementation. Where the proposal activities are part of an existing program or will be implemented in partnership with other financiers, the budget format already agreed to and in use should be used in the proposal.

However, the budget summaries in sections 5.2 and 5.3, which are derived from the Detailed Component Budget, should follow the format and guidance in these proposal sections and the accompanying guidelines.

5 Component Budget

Importantly, if the proposal involves sub-recipients (and sub-sub-recipients) implementing activities, **the Detailed Component Budget should present a consolidated view of all the activities**. That is, it is not appropriate for the budget to detail the costs of the PR(s) activities and then contain single budget line items such as 'Allocation/Disbursement/Grant to Sub-Recipients'. Rather, the activities that the sub-recipients are to implement must also be presented in detail as part of the Detailed Component Budget (to be attached as requested in section 5.1) and in a summary format in the budget breakdowns by service delivery area (table 5.2) and by cost category (table 5.3).

Funding for health systems strengthening strategic actions

As indicated at section 4.4.2 of these Guidelines, certain actions to strengthen health systems may be necessary in order for the component proposal to be successful. Funding for such activities should be included within the specific disease component budgets as indicated in the guidance provided in section 4.4.2 above.

Funding to be contributed through a common funding mechanism

Part or all of the funding for this component may be planned to be contributed through a common funding mechanism (such as a Sector-Wide Approach, pooled funding etc). If this is the case (see section 4.3.5), Applicants should:

- Compile the Budget information in sections 5.1 – 5.3 on the basis of the anticipated use, attribution or allocation of the requested funds within the common funding mechanism; and
- Provide, as an annex, the available annual operational plans/projections for the common funding mechanism and explain the link between that plan and this funding request.

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

Size of the funding request

There are no fixed upper limits on the size of a proposal, and the size of proposals may vary considerably based on country context and type of proposal. **Applicants are reminded that demonstrated evidence of sufficient absorptive capacity is an important criterion for additional financial support from the Global Fund.** The TRP may view negatively proposals that request large amounts where the ability to absorb such funding has not been demonstrated (for example, annual requests that are disproportionate relative to existing yearly health sector expenditure).

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

5 Component Budget

Budget currency

Applicants must choose between using United States (US) Dollars or Euros only, and consistently for all financial information throughout the proposal. In preparing the budget all local currency expenditure should be translated into the selected currency (whether US Dollars or Euros). Exchange rates used to translate local currency amounts should be disclosed in the Detailed Component Budget. Exchange rate assumptions should also be disclosed and where forward rates have been used these should be explained and justified.

5.1 Detailed Component Budget

Applicants are required to attach as an annex to the proposal a Detailed Component Budget covering the proposal term. This budget should be presented as a financial spreadsheet (in both the electronic and the printed copy of the proposal) with any necessary explanatory narrative. The detailed budget should also be integrated with the Work Plan referred to in Section 4.6. It is anticipated that the Detailed Component Budget can be derived from the proposed PR's usual budget formats and should facilitate the use of its normal accounting and reporting systems during program implementation.

The **Detailed Component Budget** should meet the following criteria:

- a. It should be **structured along the same lines as the Component Strategy (section 4.6)** - i.e., reflect the same goals, objectives, service delivery areas and activities.
- b. It should cover the lifetime of the proposal and should:
 - i. be **detailed for year 1 and year 2**, with information broken down by **quarters for the first year**;
 - ii. provide summarized information and assumptions for the balance of the lifetime of the proposal period (**year 3 and beyond**).
- c. It should state all key assumptions, including those relating to **unit quantities and unit costs (avoid using lump-sum amounts)**, and should be consistent with the assumptions and explanations included in section 5.4 of the Proposal Form.
- d. It should be integrated with the detailed **Work Plan** for year 1 and indicative Work Plan for year 2 (refer to section 4.6).
- e. Details on HSS Strategic Actions should be clearly identified.
- f. It should be **consistent** with other budget analyses provided elsewhere in the proposal, including those in this section 5. In particular, each item in the detailed budget should be allocated to one of the cost categories.

Examples of well prepared budgets from previous proposal rounds can be found at the Global Fund's Round 7 documents webpage.

5 Component Budget

5.2 Summary of component budget by objective and service delivery area

In this table, provide a summary of the annual budget for each service delivery area (SDA) in respect of each year of the proposal. The objectives and SDA listed should correspond to those in the 'Targets and Indicators Table' (Attachment A to the Proposal Form). It is anticipated that this breakdown of the budget by SDAs should be derived from the Detailed Component Budget (see section 5.1).

For a listing of SDAs agreed and supported by international partners, please refer to the M&E toolkit.

→ *Whilst the SDAs from the M&E Toolkit have been pre-filled, on a per-disease basis, into Attachment A to the Proposal Form (i.e., all HIV/AIDS SDAs are in the 'HIV/AIDS Attachment A' etc), Applicants may overwrite this information (following the instructions with Attachment A) if there are national indicators more appropriate for the proposal interventions. If so, these will be further discussed between the PR(s) and the Global Fund during grant negotiations (subject to proposal approval).*

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

This is because, whilst the Global Fund and Stop TB have agreed that the performance based funding framework (reflected in the 'Targets and Indicators Table' in the Proposal Form) during program implantation should be based only on Stop TB's 13 programmatic focused SDAs, **for planning and budgeting purposes relevant to this proposal, Applicants may also wish to present information in table 5.2 for some or all of the additional five Stop TB Strategy SDAs** (to give a total of 18 SDAs, including the 13 programmatic focused SDAs).

Budget Totals

It is important that all Applicants ensure that totals requested for each year, and for the proposal term as a whole, are consistent across each of section 1.2 (Proposal funding summary per component), **section 5.2** (component budget summary by objective and service delivery area) **and section 5.3** (Component budget summary by cost category).

5.3 Summary of component budget by cost category

This is a summary annual budget by cost category in respect of each year of the proposal term.

Based on lessons learned, the following table has an increased number of cost categories than in Round 6. This has been done to assist Applicants explain the breakdown of the budget. *To be as helpful as possible for Applicants, we have also indicated what not to include in certain categories, and referred to the category which should be used. For example, all consultant costs should be included in technical and management assistance and not human resources (employee costs only).*

5 Component Budget

It is important that all Applicants ensure that totals requested for each year, and for the proposal term as a whole, are consistent across each of section 1.2 (Proposal funding summary per component), **section 5.2** (component budget summary by objective and service delivery area) and **section 5.3** (Component budget summary by cost category).

Category	Expenditure examples
Human Resources	Salaries, wages and related costs (pensions, incentives and other employee benefits, etc.) relating to all employees (including field personnel), and employee recruitment costs.
Technical and Management Assistance	Costs of all consultants (short or long term) providing technical or management assistance, including consulting fees, travel and per-diems, field visits and other costs relating to program planning, supervision and administration (including in respect of managing sub-recipient relationships, monitoring and evaluation, and procurement and supply management).
Training	Workshops, meetings, training publications, training-related travel, including training per-diems. <i>Do not include employee training-related human resources costs which should be included under the Human Resources category).</i>
Health Products & Health Equipment	Health products such as bed nets, condoms, lubricants, diagnostics, reagents, test kits, syringes, spraying materials and other consumables. Health equipment such as microscopes, x-ray machines and testing machines (including the 'Total Cost of Ownership' ⁵ of this equipment such as reagents, and maintenance costs). <i>Do not include other types of non-health equipment, as these costs should be included under the Infrastructure and Other Equipment category below.</i>
Medicines and pharmaceutical products	Cost of antiretroviral therapy, medicines for opportunistic infections, anti-tuberculosis medicines, anti-malarial medicines, and other medicines. <i>Do not include insurance, transportation, storage, distribution or other like costs, as such costs should be included in Procurement and Supply Management costs below.</i>
Procurement & Supply Management costs	Transportation costs for all purchases (equipment, commodities, products, medicines) including packaging, shipping and handling. Warehouse, PSM office facilities, and other logistics requirements. Procurement agent fees. Costs for quality assurance (including laboratory testing of samples), and any other costs associated with the purchase, storage and delivery of items. <i>Do not include staff, TA, PSM IT systems, health products or health equipment costs, as these costs should be included in the categories above.</i>
Infrastructure and Other Equipment	This includes health infrastructure rehabilitation and renovation and enhancement costs, non-health equipment such as generators and beds, information technology (IT) systems and software, website creation and development. Office equipment, furniture, audiovisual equipment. Vehicles, motorcycles, bicycles. Related maintenance, spare parts and repair costs.
Communication materials	Printed material and communication costs associated with program-related campaigns, TV spots, radio programs, advertising, media events, education, dissemination, promotion, promotional items.

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

5 Component Budget

Category	Expenditure examples
Monitoring & Evaluation	Data collection, surveys, research, analysis, travel, field supervision visits, and any other costs associated with monitoring and evaluation. <i>Do not include personnel, TA or M&E IT systems costs, as these costs should be included in the categories above.</i>
Living support to clients/target populations	Monetary or in-kind support given to clients and patients E.g.: school fees for orphans, assistance to foster families, transport allowances, patient incentives, grants for revenue-generating activities, food and care packages, costs associated with supporting patients' charters for care.
Planning and Administration	Office supplies, travel, field visits and other costs relating to program planning and administration (including in respect of managing sub-recipient relationships). Legal, translation, accounting and auditing costs, bank charges etc. Green Light Committee contributions. CCM support costs (<i>see guidance on restrictions to these costs in section 3A.4.7</i>). <i>Do not include human resources costs, as these costs should be included under the Human Resources category above.</i>
Overheads	Overhead costs such as office rent, utilities, internal communication costs (mail, telephone, internet), insurance, fuel, security, cleaning. Management or overhead fees.
Other	Significant costs which do not fall under the above-defined categories. Specify clearly the type of cost. Applicants are able to add additional rows to this table should there be other national budget cost categories that are not covered by the above categories.

Income

Anticipated income from revenue-generating activities (e.g., social marketing of condoms or bednets) should be either:

- (i) accounted for as a separate line in the budget, reducing the overall costs; or
- (ii) re-invested into the program to increase programmatic coverage.

Taxes

Normally the implementing agency should apply for a tax-exempt status on Global Fund financing. Otherwise, non-recoverable taxes should be allocated to the appropriate category (e.g., non-recoverable value added taxes on the purchase of non-health equipment would be allocated to Infrastructure and Equipment)

Composite activities

It is not appropriate to define cost categories within the summary budget which are really activities that can be broken down into their constituent parts. For example, the costs of the activity 'home-based care' should be broken down into the following categories:

Description	Cost Category for table 5.3
Community-based agents	Human Resources
Travel to communities	Planning and Administration
Testing kits	Health Products and health equipment
Provision of medicines for treatment	Medicines and pharmaceutical products
Vehicle for agent	Infrastructure and Other Equipment

5 Component Budget

5.4 Key budget assumptions

The detailed component budget (section 5.1) should contain all key budget assumptions. In this section the applicant is required to highlight and summarize all key assumptions underlying the preparation of the Detailed Component Budget.

5.4.1 Pharmaceuticals and other health products and equipment

Medicines and other health products often represent a significant proportion of any budget request. Applicants should therefore justify funding being sought for these items.

Please use Attachment B to the Proposal Form (Preliminary Procurement List of Pharmaceutical and other Health Products) in order to compile the budget request for years 1 and 2 in respect of pharmaceuticals and other health products, health equipment and services tied to procurement and supply management of health products. **Based on lessons learned from Round 6**, Attachment B is now separated by disease component, and contains more detail on which items should be included in which lines. To aid completion of Attachment B (including ease of calculation of totals based on unit costs), Attachment B has been prepared in Microsoft Excel in Round 7.

Please note that unit costs and volumes must be fully consistent with the information reflected in the detailed budget by disease component. If prices from sources other than recognized sources are used, please provide a detailed rationale for this in section 5.4.1 of the Proposal Form on a per-disease component basis.

For the balance of the proposal term after the first two years, summarized assumptions to support the budgeted cost of medicines and other health products should be provided.

5.4.2 Human resources costs

Human resource costs may represent an important share of the budget. Explain how these amounts have been budgeted in respect of the first two years. More summarized assumptions should also be presented for the balance of the proposal period. Also explain to what extent human resources spending will strengthen health systems' capacity, and how these salaries will be sustained after the proposal period is over.

5.4.3 Other key expenditure items

Explain the rationale for how other expenditure categories which form an important share of the budget (e.g., infrastructure and other equipment, communication materials, planning and administration etc.), have been budgeted for the first two years.

NOW GO TO THE CHECKLIST FOR SECTIONS 4 AND 5

When completing the 'Checklist for Sections 4 and 5' in the Proposal Form **on a per-disease component basis**, Applicants are requested to ensure that the documents that they annex to the proposal are named, with the exact title of the document, in the Checklist to facilitate the review of the annexed information.

Annex 1: Income Level Classifications

A. Economies classified as low income by the World Bank at July 2006

Proposals from these countries/economies do not have to meet any of the 'Technical Eligibility' requirements (see sections 2.2 to 2.4 of these Guidelines) **to apply for funding from the Global Fund in Round 7.**

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

Annex 1: Income Level Classifications

B. Economies classified as lower-middle income by the World Bank at July 2006

Proposals from these countries/economies must meet certain minimum 'Technical Eligibility' requirements (see sections 2.2 and 2.3 of these Guidelines) to apply for funding from the Global Fund in Round 7.

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

Annex 1: Income Level Classifications

- C. Economies classified as Upper-middle income by the World Bank at July 2006 that are eligible by virtue of very high current disease burden

Part C.1

Proposals from these countries/economies must meet certain minimum 'Country Eligibility' requirements (see all of sections 2.2, 2.3 and 2.4 of these Guidelines) **to apply for funding from the Global Fund in Round 7.**

Proposals from these countries are eligible to apply in this round of applications only for the components listed below:

Botswana:.....HIV/AIDS, Tuberculosis

Equatorial Guinea:.....HIV/AIDS, Malaria

Gabon:.....Malaria

Russian Federation:.....Tuberculosis

South Africa:.....HIV/AIDS, Tuberculosis

Part C.2 **Small Island Economies**

Proposals from the countries listed below (*falling under the "small island economy" lending eligibility exception to the International Development Association's requirements*) **are eligible to apply regardless of the disease burden, provided that they meet the counterpart financing requirements for Upper-middle income countries** (section 2.2) **and that they focus on poor or vulnerable populations** (section 2.3):

St. Lucia

Grenada

Dominica

St Vincent and the Grenadines

Annex 2: List of acronyms

Acronym	Meaning
ACT	Artemisinin-based combination therapy
AIDS	Acquired immune deficiency syndrome
ANC	Antenatal Clinic
ART	Antiretroviral therapy
ARV	Antiretroviral
BCC	Behavioral change communication
BSS	Behavior Surveillance Survey
CBO	Community-based organization
CCM	Country Coordinating Mechanism
CRIS	Country response information system
CSW	Commercial sex worker
CT	Counseling and testing
DDT	Dichlorodiphenyltrichloroethane
DHS	Demographic and Health Surveys
DOTS	Directly Observed treatment Short Term
DRS	Drug resistance surveillance
DST	Drug susceptibility testing
FBO	Faith-based organization
GLC	Green Light Committee
HAART	Highly active antiretroviral therapy
HCW	Health care worker
HIS	Health Information System
HIV	Human immunodeficiency virus
IDU	Injecting drug user
IEC	Information education and communication
IPT	Intermittent preventive treatment
IRS	Indoor residual spraying
ITN	Insecticide-treated net
KAP	Knowledge, Attitudes and Practices survey
LFA	Local Fund Agent
LLITN	Long-lasting insecticide treated net
MDG	United Nations Millennium Development Goals
MDR	Multi-drug resistant
M&E	Monitoring and Evaluation
MERG	Monitoring and Evaluation Reference Group
MICS	Multi indicator cluster surveys
MoH	Ministry of Health
MSM	Men who have sex with men

Annex 2: List of acronyms

MTEF	Medium Term Expenditure Framework
NAC	National AIDS Committee
NAP	National AIDS Programme
NGO	Non-governmental organization
NMCP	National malaria control program
NTP	National tuberculosis control program
OI	Opportunistic infection
OVC	Orphans and children made vulnerable by AIDS
PAHO	Pan American Health Organization
PHC	Primary Health Care
PEP	Post-Exposure Prophylaxis
PMTCT	Prevention of Mother to Child Transmission
PLWHA	Persons living with HIV/AIDS
PPTCT	Prevention of Parent to Child Transmission
PR	Principal Recipient
RBM	Roll Back Malaria
RCM	Regional Coordinating Mechanism
RDT	Rapid diagnostic test
RO	Regional Organization
SR	Sub-recipient
STD	Sexually transmitted disease
STI	Sexually transmitted infection
SWOT	Strengths, weaknesses, opportunities and threats analysis
TB	Tuberculosis
TRP	Technical Review Panel
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session (on HIV/AIDS)
UNICEF	United Nations Children's Fund
VCT	Voluntary counseling and testing
WHO	World Health Organization
WHOPES	WHO Pesticide Evaluation Scheme

