Photo: Eric Bond/EGPAF, 2018

Elizabeth Glaser Pediatric AIDS Foundation
Fighting for an AIDS-free generation

Global Fund Allocation Process Overview

The Global Fund to Fight AIDS, Tuberculosis, and Malaria is a multilateral financing organization created to combat HIV/AIDS, tuberculosis and malaria. Since its creation in 2002, the Global Fund has pledged more than US$49 billion in funding to over 120 countries, helping to save 27 million lives. The Global Fund recently completed its sixth replenishment, raising $14 billion for its next three-year implementation cycle (2020-2022).[i]

At the national level, the key Global Fund body is the country coordinating mechanism (CCM). The CCM is composed of representatives from the public and private sector, including the government, businesses, NGOs, multilateral/bilateral agencies, academic institutions, faith-based organizations, and people living with the disease. The CCM performs several roles during the Global Fund funding allocation process, such as:

- Coordinating the development of a country's funding request
- Nominating a grant's principal recipient (PR)
- Overseeing grant implementation
- Ensuring Global Fund grants are aligned with a country's national health programs[ii]

Allocation Letter

Allocation letters are the first step in the formal funding request process. The Global Fund Secretariat sent these allocation letters to national country coordinating mechanisms (CCMs) in December 2019. The allocation amount for each EGPAF country is included in Table 2.

Allocation letters inform the CCM of the total amount of funding a country is eligible for during the next three-year cycle, as well as the proposed amount of funding for each disease. The CCM can choose to alter the proposed funding split by disease before submitting their application, but this decision must be justified and evidence-based.[iii, iv]

Country Dialogue

After receiving allocation letters, countries begin to develop their funding requests through a country dialogue. The country dialogue is an ongoing consultative process amongst groups of people who are affected by or respond to HIV, tuberculosis, and malaria. The Country Dialogue is overseen by the CCM, who is responsible for ensuring that the dialogue is transparent (text box 1) and includes a diverse range of stakeholders. This process provides an opportunity for stakeholders to share how the diseases have impacted a community and how prevention, care, and treatment services can be improved.[v]

While the exact format of the dialogue varies across countries, it typically consists of a series of in-person consultations and opportunities for participants to submit written feedback for CCM consideration. However, the dialogue is not just a part of the funding application process, rather, it should continue throughout grant implementation.

This is the stage of the allocation process where advocates can most meaningfully engage to ensure that their priorities are included in the final funding request. There are various tactics for engagement, including attending CCM meetings, requesting a

meeting with a Fund Portfolio Manager, and submitting a formal recommendation document to the CCM.[vi, vii, viii]

Funding Request

The funding request, often referred to as a concept note, is a plan for how each country would use its allocated funds for each disease. Additionally, the funding request identifies the organization that will serve as a grant's PR by disease, chosen by the CCM. This request is developed by the CCM and is informed by a country's national strategic plan (NSP) and the country dialogue process.

In addition to AIDS, tuberculosis, and malaria, the Global Fund invests in building resilient and sustainable systems for health (RSSH). Countries either can include crosscutting health system investments in their concept notes for the three diseases or can specifically allocate resources for RSSH. Furthermore, the Global Fund is currently allowing countries to use up to 5% of their grant funding to respond to COVID-19.[ix]

For the 2020-2022 funding cycle, the Global Fund will also provide US$890 million in **catalytic investments**. These investments fall into three categories: (1) matching funds, (2) multi-country approaches, and (3) strategic initiatives.[x]

Countries submit one funding request for each disease unless there is a high rate of HIV/TB coinfection, in which case a joint funding request can be submitted. To provide additional flexibility at this time, funding requests can be submitted during several scheduled funding windows.

Countries are asked by the Global Fund to submit one of the following five types of funding requests:

- **Program continuation:** allows well-performing programs to continue the current implementation with minimal changes or disruption
- **Tailored for focused portfolios:** uses a streamlined application for countries with lower disease burdens receiving smaller funding amounts
- **Tailored for NSPs:** relies primarily on a country's national strategic plan in place of a funding request narrative
- **Tailored for transition:** builds sustainable programs for countries approaching transition from Global Fund financing
- **Full Review:** requires a complete review of priorities and programming in countries with high burdens of disease

CCM Eligibility

In order to receive funding from the Global Fund, each Country Coordinating Mechanism must fulfill six eligibility requirements:

1. Concept note development process must be transparent and inclusive
2. Principal recipient selection must occur through a transparent process
3. CCM must oversee program implementation
4. Representation of affected communities must be documented
5. Representation of nongovernmental members must be documented
6. A conduct and conflict of interest policy must be adopted and enforced.

Table 1 - Scheduled Global Fund Submission Windows

Window	Submission date	Technical Review Panel review
1	23 March 2020	May 2020
2a	30 April 2020	June 2020
2b	31 May 2020	July 2020
2c	30 June 2020	August 2020
3a	31 July 2020	September 2020
3b	31 August 2020	October 2020

In addition to a standard funding request, each CCM must also submit a **Prioritized above Allocation Request (PAAR)**. This is a list of costed programming requests for which there are not sufficient funds in a country's allocation amount. The PAARs are used to determine unfunded opportunities that could potentially be funded using Global Fund reserves, savings, or additional funds. It is important these requests be precise and evidence-based.[xi, xii]

The Global Fund provides several resources to assist countries with the development of their concept note, including the following[xiii] :

- Applicant Handbook
- Information Notes
  - HIV Information Note
  - Tuberculosis Information Note
  - Malaria Information Note
  - Building Resilient and Sustainable Systems for Health (RSSH) Information Note
- Essential Data Tables

The concept note writing process is organized by each country and varies widely.

Funding Request Review Process

Once a funding request is submitted, it is reviewed by two main bodies – the **Technical Review Panel (TRP)** and the **Grant Approvals Committee (GAC)**. The TRP is an independent panel composed of technical experts. It reviews each funding request to determine its quality and potential impact, as well as considering if the request reflects the country's NSP. The TRP may recommend changes and request that a country resubmits its proposal.

Once approved by the TRP, the request moves to the GAC. This body, composed of Global Fund Secretariat members and other technical partners, reviews the request, ensuring the grant can be implemented within the proposed budget.

The CCM and Global Fund then work with a grant's PR to create detailed work plans and budgets. After this is completed, the grant is submitted one last time to the GAC for a final review. Finally, the Global Fund Board approves the grant and implementation begins.[xiv]

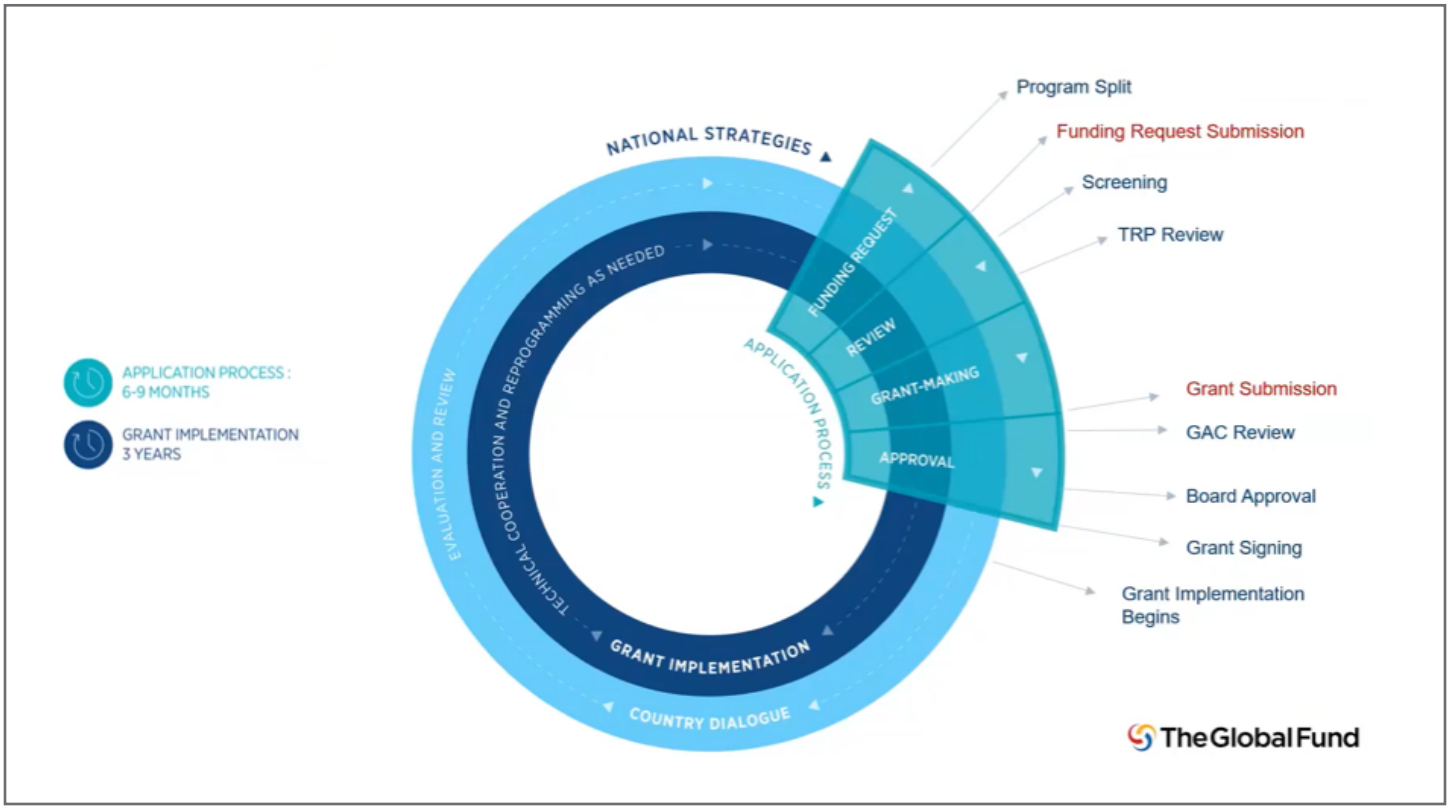

Table 2- Country-Specific Allocation Information

Country	Disease	Allocation (USD)	Country Total (USD)	Anticipated Funding Window
Cameroon	HIV/AIDS	149,772,367	275,735,837	Window 2b
	Tuberculosis	14,293,267		
	Malaria	111,670,203		
DRC	HIV/AIDS	174,093,362	644,935,787	Window 1
	Tuberculosis	76,950,962		
	Malaria	393,891,463		
Côte d'Ivoire	HIV/AIDS	90,998,410	255,317,349	Window 2b
	Tuberculosis	18,726,409		Window 1
	Malaria	145,592,530		Window 2b
Eswatini	HIV/AIDS	39,348,102	53,908,893	Window 3b
	Tuberculosis	11,925,000		Window 3b
	Malaria	2,635,791		Window 2b
India	HIV/AIDS	155,000,000	500,000,000	Window 2b
	Tuberculosis	280,000,000		
	Malaria	65,000,000		
Kenya	HIV/AIDS	271,649,197	415,310,170	Window 3
	Tuberculosis	56,694,297		
	Malaria	86,966,676		
Malawi	HIV/AIDS	393,004,813	512,939,077	Window 1
	Tuberculosis	19,950,195		
	Malaria	99,984,069		
Mozambique	HIV/AIDS	496,359,122	751,513,182	Window 2b
	Tuberculosis	55,152,849		
	Malaria	200,001,211		
Tanzania (United Republic)	HIV/AIDS	364,840,423	587,270,528	Window 2b
	Tuberculosis	43,068,093		
	Malaria	179,362,012		
Uganda	HIV/AIDS	289,203,023	579,001,931	Window 1
	Tuberculosis	29,773,958		
	Malaria	260,024,950		
Zimbabwe	HIV/AIDS	425,034,567	500,490,755	Window 1
	Tuberculosis	23,771,855		
	Malaria	51,684,333		

Note: Anticipated submission windows may change due to the COVID-19 pandemic. Consult globalfund.org for the most up-to-date information

Photo: Eric Bond/EGPAF, 2018

Ensuring Children, Adolescents, & Youth are Prioritized in Global Fund Proposal: Checklist & Messages

Since its creation in 2002, the Global Fund has pledged more than US$49 billion in funding to over 120 countries, helping to save 27 million lives. The Global Fund recently completed its sixth replenishment, raising $14 billion for its next three-year implementation cycle (2020-2022). This document is intended to provide guidance to ensure children, adolescents and youth are prioritized in the Global Fund Allocation process. There are three key steps to help make sure these populations are not overlooked:

1. Know your country's epidemiological context,
2. Identify priority interventions, and
3. Operationalize your ask.

This document outlines the interventions EGPAF is prioritizing for the current Global Fund funding cycle and key messages describing the importance of these suggested interventions. This is not intended to be a prescriptive or comprehensive document, but rather a guide that should be adapted to fit each country's specific needs. Additional priorities should be determined based on a country's particular context.

Please reach out to Rhoda Igweta (rigweta@pedaids.org) or David Ruiz (druiz@pedaids.org) of the EGPAF Public Policy and Advocacy team with further questions, or if additional support is needed.

Module: Prevention of Mother to Child Transmission

Step 1: Know your country's epidemiological context

- Examine key epidemiological statistics, such as HIV prevalence among pregnant women, mother-to-child transmission (MTCT) rate, number of new infections in infants, maternal mortality rate, unmet need for family planning, antenatal care coverage, and skilled birth attendance. Examine sub-national data as well for optimal planning.
- Understand how the prevention of mother-to-child transmission (PMTCT) is included in the National Strategic Plan and any current gaps.
- Use the stacked bar analysis to determine the main causes of new infections in infants.
- Describe how the PMTCT program is organized within the country's wider health system. Make sure to include how services are decentralized, types of service providers, and if task sharing is occurring.
- Conduct a policy landscape assessment for the provision of services and program documentation. Include policies such as nurse-led ART, decentralization, family planning integration, and plans for dual and triple elimination (if applicable).
- Explain the integration of PMTCT into the reproductive, maternal, newborn, child and adolescent health (RMNCAH) platform.
- Explain the role of the private sector.
- Be familiar with The U.S. President's Emergency Plan For AIDS Relief (PEPFAR) and other donors' PMTCT priorities.

Step 2: Identify priority interventions

- Based on the information collected in Step 1, prioritize strategies related to the main causes of new infections. Additionally, Global Fund tools such as the Programmatic Gap Table and Funding Landscape Table can help identify programmatic gaps.
- ***Priority interventions for EGPAF include:***
    - **Expand the collection of final PMTCT outcomes data to better track PMTCT outcomes.** Expanded data collection is crucial to understanding the rates of MTCT at a national and sub-national level. This data will help determine when exactly transmission is occurring, allowing countries to target their interventions.
    - **Integrate PrEP into ANC/PMTCT services.** The best way to prevent MTCT is to prevent mothers from being infected. Pregnancy provides an opportunity to reach women with prevention services, such as PrEP, as they interact with health facilities. A recent study demonstrated PrEP use in pregnancy averted a significant number of new infections, leading to a reduction in mother to child transmission.
    - **Ensure the re-testing of pregnant and breastfeeding women, especially in high prevalence settings.** Women are at substantial risk for HIV acquisition during the periods of pregnancy and breastfeeding. Retesting identifies new infections and allows for rapid HIV treatment for mothers and infant prophylaxis. Furthermore, it creates additional opportunities to provide prevention services and identifies infants needing early infant diagnosis.
    - **Expand the use of point-of-care viral load testing for pregnant and breastfeeding women.** POC viral load testing is a tool that can help mothers protect their health, as well as their infants. With an almost instantaneous turnaround time, this intervention can help identify pregnant women who are not virally suppressed, triggering a medical response to quickly get the mother to an undetectable viral load. This protects the mother's health and reduces the risk of HIV transmission to her infant.
    - **Use differentiated service delivery models to improve access to treatment and retention in care.**

Step 3: Operationalize your asks

- Consider human resource issues.
- Consider procurement and supply management issues.
- Consider costing of interventions.

Module: Prevention

Step 1: Know your country's epidemiological context

- Examine key epidemiological statistics, such as percentage of people living with HIV, HIV incidence rate, PrEP initiation rates, pregnancy rates in adolescent girls and young women (AGYW), school attendance rates in AGYW, percentage of youth reached by comprehensive sexuality education, percentage of AGYW reached with HIV prevention programs, sub-national data, as well as age and gender disaggregated for optimal planning.
- Understand how prevention is included in the National Strategic Plan and any current gaps.
- Describe how prevention services are organized within the country's wider health system. Make sure to include how services are decentralized, types of service providers and if task sharing is occurring.
- Conduct a policy landscape assessment for the provision of prevention services and program documentation. Include national PrEP guidance, family planning integration, education policies for AGYW, and decentralization.
- Explain the integration of prevention services into the RMNCAH platform and youth-friendly services.
- Explain the role of the private sector.
- Be familiar with PEPFAR and other donors' prevention priorities.

Step 2: Identify priority interventions

- Based on the information collected in Step 1, prioritize prevention strategies tailored to your country context. Additionally, Global Fund tools such as the Programmatic Gap Table and Funding Landscape Table can help identify programmatic gaps.
- ***Priority interventions for EGPAF include:***
    - **Integrate PrEP into maternal and child health service delivery points, including ANC and PMTCT programming.** Pregnancy provides an opportunity to reach women with prevention services, such as PrEP, as they interact with health facilities. A recent study demonstrated PrEP use in pregnancy averted a significant number of new infections, making it an effective prevention strategy. Special consideration should be given to young mothers who are particularly vulnerable to HIV acquisition due to both their age and the increased risk of infection during the pregnancy and breastfeeding period.
    - **Integrate PrEP into family planning and youth-friendly services settings for at-risk adolescent girls and young women.** Nearly 6,000 AGYW are newly infected with HIV every week. It is vital that prevention services, such as PrEP, be integrated into the health services commonly accessed by this population. Sufficient provider training is needed to confront stigmatizing provider behavior towards sexually active young women and to ensure nonjudgmental, unbiased PrEP counseling and service delivery. Building opportunities for clients to provide feedback into prevention programs can help improve program effectiveness.
    - **Ready health systems to support access to new PrEP delivery methods as they come to market.** We can lay the foundation now to prepare for the availability of innovative PrEP delivery methods and dual-action PrEP/contraceptive methods in the future.
    - **Include a comprehensive HIV prevention package for adolescent girls and young women.** Countries should maximize available matching funds available for AGYW by prioritizing a prevention package containing a diverse range of clinical and social interventions. This is an opportunity to invest in innovative pilot programs to target particular sub-populations, such as pregnant and breastfeeding young women, married young women, and urban young women. This comprehensive program could complement PEPFAR priority districts to ensure widespread geographic coverage of prevention efforts.

Step 3: Operationalize your asks

- Consider human resource issues.
- Consider procurement and supply management issues.
- Consider costing of interventions.

Module: Treatment, Care and Support

Step 1: Know your country's epidemiological context

- Examine key epidemiological statistics, such as pediatric testing and treatment coverage, pediatric morbidity and mortality, and pediatric viral suppression rates. When possible, these data should be disaggregated by age and describe the gap between the pediatric data and the equivalent measure in adults. Examine sub-national data as well for optimal planning.
- Understand how the treatment, care, and support are included in National Strategic Plans and current gaps.
- Describe how the treatment, care, and support services are organized within the country's wider health system. Make sure to include how services are decentralized, the types of service providers, and if task sharing is occurring.
- Describe the country's lab system and the role of point-of-care early infant diagnosis and CD4 networks.
- Conduct a policy landscape assessment for the provision of treatment, care, and support services.
- Explain the role of the private sector.
- Be familiar with PEPFAR and other donors' treatment, care, and support priorities.

Step 2: Identify priority interventions

- Based on the information collected in Step 1, prioritize treatment, care, and support strategies tailored to your country context. These strategies should emphasize pediatric case finding, treatment optimization, and pediatric and adolescent retention in care via youth-friendly services. Additionally, Global Fund tools such as the Programmatic Gap Table and Funding Landscape Table can help identify programmatic gaps.
- ***Priority interventions for EGPAF include:***
    - **Expand point-of-care early infant diagnosis.** Point-of-care early infant diagnosis (POC EID) is an innovative technology that dramatically decreases wait times, allowing caregivers to receive same-day results. Results from rapid HIV tests are available to patients within an hour, whereas results for a laboratory-based test often exceed 50 days. Due to this slow turnaround time, nearly half of infants tested never receive their results. With peak mortality for babies with HIV occurring 8-12 weeks after birth, this is the difference between life and death. POC results ensure HIV-positive infants start on treatment immediately and helps caregivers to keep HIV-negative babies negative.
    - **Improve AHD management via optimized CD4 networks.** Approximately one in three people living with HIV present to care with AHD. We cannot rely on clinical staging alone to diagnose AHD, as many people living with AHD are asymptomatic. Scaling up CD4 testing for staging purposes at entry or re-entry to care will allow us to identify more cases of AHD and avoid preventable deaths.
    - **Provide community-based differentiated ART service delivery models**. For patients considered clinically stable, community ART delivery models have shown to achieve equal or higher levels of retention in care and viral load suppression at lower costs for the health care system and therefore are critical to the sustainability of HIV care and treatment programs.
    - **Sustain newly introduced, child-friendly pediatric ARV formulations.** In 2018, only 54% of the 1.7 million children living with HIV were accessing treatment, and viral suppression rates lag behind adults. As ARV options for adults have been streamlined and optimized, children have been left with sub-optimal and unpalatable regimens that lead to poorer health outcomes and high rates of resistance. More effective new antiretroviral therapy options are finally becoming available and adequate funding is needed to ensure their continued procurement.
    - **Introduce optimal pediatric ARV formulations,** such as dispersible DTG pediatric formulations. Dolutegravir (DTG) has been approved for children down to 20 kilograms and is expected to be approved for younger children later in 2020. This medicine has shown much higher acceptability in children, as well as lower rates of resistance. Scientists and public health professionals are cautiously optimistic that DTG roll out amongst younger age groups could dramatically improve viral suppression rates in children. Additionally, it is necessary to ensure that the proper pharmacovigilance is in place to monitor new products.

Step 3: Operationalize your asks

- Consider human resource issues.
- Consider procurement and supply management issues.
- Consider costing of interventions.

Module: Community Systems Strengthening

Step 1: Know your country's epidemiological context

- Describe how community-based services are organized within the country's wider health system. Make sure to include current community-based services, existing cadres of community health workers, and if task sharing is occurring.
- Understand how community systems strengthening is included in the National Strategic Plan and any current gaps.
- Conduct a policy landscape assessment for community-based services. Include policies such as community service delivery policies, such as community ART groups and community-based testing, and recognition and remuneration of community health workers.
- Be familiar with PEPFAR and other donors' systems strengthening priorities.

Step 2: Identify priority interventions

- Based on the information collected in Step 1, prioritize community systems strengthening strategies tailored to your country context.
- ***Priority interventions for EGPAF include:***
    - **Provide sufficient resources for community cadres to scale up coverage to adequately support services in the community.** Community health workers play an invaluable role in the fight against HIV/AIDS, and are necessary for providing differentiated service delivery models –such as home-based HIV testing and community ART groups - to improve access and retention in care. These community cadres must be adequately funded to sustain and expand services within their community.

Step 3: Operationalize your asks

- Consider human resource issues
- Consider procurement and supply management issues
- Consider costing of interventions

Module: Tuberculosis Care and Prevention

Step 1: Know your country's epidemiological context

- Examine key epidemiological statistics, such as the TB incidence rate and mortality rate. Examine sub-national data as well for optimal planning.
- Understand how TB is included in the National Strategic Plan and any current gaps.
- Describe how the TB program is organized within the country's wider health system. Make sure to include how services are decentralized, types of service providers and if task sharing is occurring.
- Conduct a policy landscape assessment for the provision of services and program documentation. Include policies such as decentralization, integration, and testing and treatment protocols.
- Explain the role of the private sector.
- Be familiar with PEPFAR and other donors' priorities.

Step 2: Identify priority interventions

- Based on the information collected in Step 1, prioritize TB interventions tailored to your country context. Additionally, Global Fund tools such as the Programmatic Gap Table and Funding Landscape Table can help identify programmatic gaps.
- ***Priority interventions for EGPAF include:***
    - **Implement household contact investigations.** Children who live in the same household or are close contacts of adults affected by TB are at high risk of being infected and developing active TB disease. The implementation of household contact investigations is a key intervention that provides access to this high-risk population and assists with early detection of children with active TB disease. Additionally, it identifies those children who are eligible for TB preventive therapy (TPT) and links them to treatment to considerably decrease their risk of developing active TB disease.
    - **TB Preventive treatment. Delivery of TPT is one of the key pillars for TB disease control.** The World Health Organization recently updated guidance on the use of shorter treatment regimens for TPT. This includes specific regimens for the pediatric population, including the use of the 3RH regimen.
    - **Sample collection for children.** Most children under the age of eight years are not able to spontaneously expectorate sputum, the sample that is required for the laboratory diagnosis of TB. Therefore, to improve access to laboratory-based diagnostics for children, procedures for the collection of alternative sample types such as induced sputum, nasopharyngeal aspiration, gastric aspiration, fine needle aspiration, and stool must be implemented.
    - **Develop a nationwide programmatic training on pediatric TB.** Building capacity of front-line health care workers to diagnose and manage pediatric TB is essential to improve TB services for children and close the diagnostic gap. Since diagnosing pediatric TB remains very challenging and largely based on clinical grounds, this can only be achieved through the implementation of a strong program for training health care workers with site support and supervision.

Step 3: Operationalize your asks

- Consider human resource issues.
- Consider procurement and supply management issues.
- Consider costing of interventions.

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