



Independent observer
of the Global Fund

APPLICATION APPROACHES FOR 25 COUNTRIES

When countries received their allocation letters on 15 December 2016, a lot of critical information was shared about the next funding cycle (2017-2019). Along with vital information about eligibility for matching funds (see [GFO article](#)), the allocation letters also reveal the application type that a country is invited to submit (Table 1).

With the 2017-2019 grant cycle, there is a differentiated application approach which involves three different kinds of funding requests: program continuation, tailored applications and full applications (see [GFO article](#)). For tailored applications, there are four different variations: tailored to material change, tailored to transition, tailored to challenging operating environments and tailored to national strategy-based pilots.

Aidspace has accessed the allocation letters from the 25 countries presented in Table 1 through CCMs and other partners in country. We are unable to report on all countries, because the allocation letters are not public on the Global Fund's website. Aidspace has already made a call for these letters to be made public (see [GFO article](#)). There is nothing secret or sensitive in the letters and by not making them public, the Global Fund is failing to live up to its commitment to transparency.

Table 1: Application approach, by disease component, for select countries over the 2017-2019 grant cycle

Country	Disease Component	Application Approach
Belize	TB	Tailored – Transition
Botswana	TB/HIV	Program continuation
	Malaria	Tailored – Transition
Burkina Faso	HIV	Program continuation
	TB	Program continuation

Malaria	Program continuation	
Central African Republic	TB/HIV	Tailored
	Malaria	Program continuation
Colombia	HIV	Program continuation
Congo (Democratic Republic)	TB/HIV	Tailored – Material change in defined areas
	Malaria	Program continuation
Ghana	TB/HIV	Program continuation
	Malaria	Tailored – Material change in defined areas
Guinea	HIV	Program continuation
	TB	Tailored
	Malaria	Program continuation
Jamaica	HIV	Program continuation
Kenya	TB/HIV and malaria	Full
Lesotho	TB/HIV	Program continuation
Malawi	TB/HIV	Tailored – Material change in defined areas
	Malaria	Full
Morocco	TB and HIV	Tailored – National Strategic Plan (NSP) Pilot
Mozambique	TB/HIV	Full
	Malaria	Program continuation
Namibia	TB/HIV	Tailored
	Malaria	Tailored
Niger	HIV	Program continuation
	TB	Tailored – Challenging operating environment
	Malaria	Program continuation
Nigeria	TB/HIV	Full
	Malaria	Full
Rwanda	HIV, TB and Malaria	Tailored – National Strategy Pilots
Senegal	HIV and malaria	Program continuation
	TB	Full
South Africa	TB/HIV	Full
Swaziland	TB/HIV	Tailored – Material change in defined areas
Tanzania	TB/HIV	Full
	Malaria	Full
Uganda	TB/HIV	Full
	Malaria	Full
Zambia	HIV	Full
	TB	Full
	Malaria	Full
Zimbabwe	TB/HIV	Full
	Malaria	Full

*Source: allocation letters

Among the 65 disease components presented in Table 1, 24 will require a full review, 21 will take a tailored approach and 20 will request program continuation.

Program continuation is by far the least onerous of the three options (Table 2). The other two application types require longer narratives as well as a series of core tables and annexes. For tailored applications, the narrative component will shorter than for full applications.

In the instructions for filling in the funding request templates, all application approaches express strict word and page limits in an effort to keep them as concise as possible. For example, in the previous concept notes from the 2014-2016 grant cycle, guidance was given in the application templates that the funding request section could be “4-5 pages suggested” in length. In many cases, countries submitted concept notes that were far longer than the suggested length. Now, with the new templates, the guidance is firm that each section has a maximum length. All application materials and instructions can be found on the [Global Fund’s website](#).

Table 2: Description of contents of the three kinds of application approaches

Contents of Program Continuation Funding Request	Contents of a Tailored Funding Request	Contents of a Full Funding Request
<p>Letter: requesting program continuation</p> <p>Self-Assessment:</p> <ul style="list-style-type: none"> • Completion of a short template (approximately 4 pages and 3500 words) requesting for an additional three years under substantially the same goals, strategic objectives and similar programmatic interventions of the current grant(s). 	<p>Narrative: Funding Request Tailored to transition, material change, challenging operating environments or learning opportunities (ie. NSP pilot) (approximately 15 pages)</p> <p>Core documents:</p> <ul style="list-style-type: none"> • Programmatic gap tables • Funding landscape table • Performance framework • Summary budget by intervention • List of health products when relevant <p>Key annexes</p>	<p>Narrative: Funding Request – Full Review (approximately 30 pages)</p> <p>Core documents:</p> <ul style="list-style-type: none"> • Programmatic gap tables • Funding landscape table • Performance framework • Summary budget by intervention • List of health products when relevant <p>Key annexes</p>

The Global Fund has grouped countries according to the type of portfolio, which has some bearing on the kind of application approach the country must take. The three kinds of portfolios are: Focused, Core and High Impact. Focused portfolios are smaller portfolios (country allocations of <\$75 million) with lower disease burdens (7.4% of global disease burden). Core portfolios are larger portfolios (country allocations of between \$75 and \$400 million) with slightly higher disease burdens (16.7% of global disease burden). High Impact portfolios are very large portfolios (>\$400 million) with very high disease burdens (75.9% of global disease burden).

Table 3: Classification of portfolio type for the 25 countries in Table 1

Focused Portfolio	Core Portfolio	High Impact Portfolio
		Congo (Democratic Republic)
	Burkina Faso	Ghana
	Central African Republic	Kenya
Belize	Guinea	Malawi
Botswana	Lesotho	Mozambique
Colombia	Namibia	Nigeria
Jamaica	Niger	South Africa
Morocco	Rwanda	Tanzania
	Senegal	Uganda
	Swaziland	Zambia
		Zimbabwe

Most High Impact countries will be doing full applications, with case-by-case exceptions made for certain countries and disease components. Countries which are Focused or Core portfolios are more likely to be doing program continuation or tailored applications.

Among the countries in Table 1, Kenya, Malawi, Mozambique, Nigeria, Senegal, South Arica, Tanzania, Uganda, Zambia and Zimbabwe must all do full applications for their funding requests. All of these countries are considered High Impact portfolios by the Global Fund, except for Senegal which is a Core portfolio. Congo (Democratic Republic), Ghana and Mozambique are High Impact countries which have been given case exceptions not to submit full applications for all their funding requests.

Niger is the only country among our sample to be submitting a funding request tailored to challenging operating environments. This is only for the country’s TB component, as program continuation has been suggested for its HIV and malaria components. “In 2017, the National TB program will undergo a program review and changes in priorities and interventions may occur,” says Francesco Moschetta, Fund Portfolio Manager for Niger at the Global Fund Secretariat. “For this reason the country may opt for full country dialogue to ensure that Niger can achieve the greatest impact with the resources available.” The tailored request for challenging operating environments is a flexibility afforded to Niger due to the fragility of the country and the current security situation in the southern region, Moschetta told Aidspan.

Kenya and Nigeria are also classified as challenging operating environments by the Global Fund, but as High Impact portfolios they will be submitting full applications.

While all applicants are encouraged to develop joint applications for HIV and TB, there are some countries where joint applications are mandatory, due to high co-infection rates and the need for greater integrated and joint programming for the two diseases. Among the countries sampled in this article, Botswana, Central African Republic, Congo (Democratic Republic), Ghana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe are required to submit joint TB/HIV funding requests.

Guinea, Morocco, Niger, Rwanda and Senegal are not required to submit joint TB/HIV funding requests, though they have allocations for both diseases. The reason for this is the kind of applications these countries will be submitting. Morocco and Rwanda will be submitting funding requests based on their national strategic plans (NSPs) in a pilot version of the tailored review approach. Guinea, Niger and Senegal will be submitting different kinds of applications for their HIV and TB programs, so these cannot be combined in an integrated funding request.

The allocation letters do not contain the window when countries will submit their funding request. Aidspace has learned when some African countries are planning to submit their funding requests through discussions with country partners (Table 4).

Table 4: Estimated submission dates for TB/HIV funding requests

Window 1 20 March 2017	Window 2 23 May 2017	Window 3 28 August 2017	2018
Mozambique Uganda Malawi Lesotho Rwanda Zimbabwe	Kenya Tanzania Zambia	Swaziland	Botswana South Africa

It is expected that the Global Fund will soon publish a complete list of registrations and submissions for the three windows in 2017.

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