Overview of the Allocation Cycle 2020-22
Catalytic Investments

Women for Global Fund Webinar
28 October 2019
Overview of the 2020-2022 Allocation Methodology

Split between catalytic investments and country allocations

Allocation Formula

Qualitative Adjustments

Available sources of funds for allocation

Catalytic investments

Global disease split

Technical parameters approved by the SC

Movement to ensure scale-up for impact, paced reductions

Transparent and accountable process for qualitative adjustments

Final allocations

- HIV (50%)
- TB (18%)
- Malaria (32%)
- Disease Burden x Economic Capacity
- External Financing Max./Min. Shares
- $800m

Movement to ensure scale-up for impact, paced reductions

Transparent and accountable process for qualitative adjustments

Final allocations
Timelines

1. Early November - Board and Committee decision on “sources of funds”
2. Early November Qualitative adjustment process run
3. Allocation letters sent 17 December
4. Funding request submission windows for 2020:

<table>
<thead>
<tr>
<th>Window</th>
<th>Submission date</th>
<th>Estimated Technical Review Panel</th>
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<tbody>
<tr>
<td>1</td>
<td>23 March 2020</td>
<td>27 April - 2 May 2020</td>
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<td>25 May 2020</td>
<td>29 June - 5 July 2020</td>
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<td>3</td>
<td>31 August 2020</td>
<td>5-11 October 2020</td>
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Recommended Catalytic investments for 2020-2022 to help achieve Strategic Objectives

**Aim of catalytic investments**: Support priorities necessary to maximize impact and use of available funds, that are unable to be addressed through country allocations alone yet are critical to deliver the Global Fund strategy.

<table>
<thead>
<tr>
<th>Strategic Objective 1</th>
<th>Strategic Objective 2</th>
<th>Strategic Objective 3</th>
<th>Strategic Objective 4</th>
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<tbody>
<tr>
<td>Maximise impact against HIV, TB, malaria</td>
<td>Build Resilient and Sustainable Systems for Health</td>
<td>Promote and protect Human Rights &amp; Gender Equality</td>
<td>Mobilise increased resources</td>
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</table>

- HIV Key populations
- Finding Missing People with TB
- TB Multi-Country Approaches
- Malaria Elimination
- Malaria Drug Resistance
- Accelerated Introduction of New Nets
- Differentiated HIV Service Delivery
- TB Preventive Treatment
- Condom Programming

- Data
- Procurement and Supply Chain Transformation
- Service Delivery Innovations

- Human Rights
- AGYW
- Community Rights and Gender

- Sustainability, Transition, and Efficiency
- RTS,S Vaccine
- Innovative Finance

**Cross-cutting**: TERG Independent Evaluations, Emergency Fund, CCM Evolution

Priorities recommended by the Secretariat in consultation with partners, under the oversight of the Strategy Committee

Note: Catalytic investments may contribute to multiple Strategic Objectives
<table>
<thead>
<tr>
<th>SC-recommended Catalytic Funding Scenarios (US$m)</th>
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<tbody>
<tr>
<td><strong>Catalytic Investment</strong></td>
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<td>TB</td>
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<td>RSSH and Cross-Cutting</td>
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*Human Rights catalytic investment is evolving to cross-cutting in 2020-2022 but majority of funds will continue to support HIV implementation*
Update on Implementation of Strategic Objective 3

Women for Global Fund Webinar
28 October 2019
Innovative approaches to meet diverse country needs are essential to accelerate the end of the epidemics. Scale-up evidence-based interventions with a focus on the highest burden countries with the lowest economic capacity and on key and vulnerable populations disproportionately affected by the three diseases. Evolve the allocation model and processes for greater impact, including innovative approaches differentiated to country needs. Support grant implementation success based on impact, effectiveness, risk analysis and value-for-money. Improve effectiveness in challenging operating environments through innovation, increased flexibility and partnerships. Support sustainable responses for epidemic control and successful transitions.

MAXIMIZE IMPACT AGAINST HIV, TB AND MALARIA

BUILD RESILIENT & SUSTAINABLE SYSTEMS FOR HEALTH

PROMOTE & PROTECT HUMAN RIGHTS AND GENDER EQUALITY

MOBILIZE INCREASED RESOURCES

Strengthening systems for health is critical to attain universal health coverage and to accelerate the end of the epidemics:

- Strengthen community responses and systems
- Support reproductive, women’s, children’s, and adolescent health, and platforms for integrated service delivery
- Strengthen global and in-country procurement and supply chain systems
- Leverage critical investments in human resources for health
- Strengthen data systems for health and countries’ capacities for analysis and use
- Strength and align to robust national health strategies and national disease-specific strategic plans
- Strengthen financial management and oversight

Increased programmatic and financial resources from diverse sources are needed to accelerate the end of the epidemics:

- Attract additional financial and programmatic resources for health from current and new public and private sources
- Support countries to use existing resources more efficiently and to increase domestic resource mobilization
- Implement and partner on market shaping efforts that increase access to affordable, quality-assured key medicines and technologies
- Support efforts to stimulate innovation and facilitate the rapid introduction and scale-up of cost-effective health technologies and implementation models

Promoting and protecting human rights and gender equality is required to accelerate the end of the epidemics:

- Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights
- Invest to reduce health inequities including gender- and age-related disparities
- Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services
- Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes
- Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes
Global Fund putting more focus on gender **equity rather than equality**, driven by sex and age disaggregated data and stronger analysis of the risks and barriers driving the disparities

**Gender responsive programming** is critical to achieving program quality and must be mainstreamed into Global Fund investment portfolios. Programs need to address the specific needs of population groups in their diversity across diseases

**AGYW needs will remain an organizational priority as part of addressing age and gender-related disparities** through protecting investments in the allocation in countries contributing to the KPI and ensuring there is a process towards countries sustaining programs

Overall TRP notes a **continued and persistent lack of the Global Fund funding requests to adequately and competently address gender disparities revealed in the data across portfolios**

More than 60 countries, and all regional proposals, had gender-related actions to address in grant making or in grant iteration.
Addressing equity throughout the investment portfolio – what can the Global Fund do to promote equity across its investments and countries?

<table>
<thead>
<tr>
<th>Some ideas</th>
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<tbody>
<tr>
<td><strong>National Plans and Targets</strong></td>
<td>Promote better investment models, planning tools and multi-sectoral plans for prevention and treatment</td>
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</table>
| **Country Dialogue** | Improve the ability of the Global Fund Secretariat to more systematically monitor grant and trend data to inform investments, including sex and age disaggregated data, as part of program quality. Analysis should factor sexual orientation and gender identity across population groups  
  • Thematic review on inequality in accessing services  
  • WHO’s Health Equity Assessment Tool  
  Develop country and regional strategies with partners that inform Global Fund investments prior to initiating country dialogue                                                                 |
| **Grant Making and Monitoring** | Consistent use of available tools and processes to inform gender responsive programs (i.e. Stop TB CRG assessments; HIV Gender Assessment tools, Malaria Matchbox)  
  Continued support to civil society engagement through CRG SI throughout the Global Fund cycle and through the NSP development processes                                                                 |
What is new / innovative in its human rights objective?

A new approach
- A pragmatic, programmatic and practical approach to human rights, focusing on where the Global Fund can make the biggest difference.

Moving from ad hoc, small scale investments to comprehensive programs
- All countries supported to include programs to remove human rights-related barriers in their grants
- Target in KPI 9b - 2.85% of HIV allocation and 2% of TB allocation in MICs to programs to remove human rights-related barriers to services
- Intensive support effort and matching funds made available to 20 countries
- Investment in programs to support women and girls, including SRHR

Moving towards sustainability
- KPI 9c on investments in human rights and KP programs in UMICs
## Focus on the 20-country* Breaking Down Barriers initiative

<table>
<thead>
<tr>
<th>Region</th>
<th>HIV focus (all)</th>
<th>TB focus</th>
<th>Malaria focus</th>
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<tbody>
<tr>
<td>HI Africa 1</td>
<td>Cote d’Ivoire, Ghana DRC (Province)</td>
<td>Cote d’Ivoire DRC (Province)</td>
<td>Cote d’Ivoire</td>
</tr>
<tr>
<td>HI Africa 2</td>
<td>South Africa, Uganda, Mozambique, Kenya</td>
<td>South Africa, Uganda, Mozambique, Kenya</td>
<td>Uganda, Kenya</td>
</tr>
<tr>
<td>HI Asia</td>
<td>Indonesia (3 cities), Philippines</td>
<td>Indonesia (3 cities), Philippines</td>
<td></td>
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<tr>
<td>Central Africa</td>
<td>Cameroon, Benin</td>
<td>Cameroon</td>
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<tr>
<td>MENA</td>
<td>Tunisia</td>
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<tr>
<td>S&amp;E Africa</td>
<td>Botswana</td>
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<tr>
<td>W. Africa</td>
<td>Sierra Leone, Senegal</td>
<td>Sierra Leone</td>
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<td>EECA</td>
<td>Ukraine, Kyrgyzstan</td>
<td>Ukraine, Kyrgyzstan</td>
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<tr>
<td>LAC</td>
<td>Jamaica, Honduras</td>
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<tr>
<td>S&amp;E Asia</td>
<td>Nepal</td>
<td>Nepal</td>
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*see Annex A for selection criteria

### KPI 9a

**Vision:** Human rights barriers to services reduced, resulting in improved uptake of & adherence to treatment and & programs.

**Measure:** # of priority countries with comprehensive programs aimed at reducing human rights barriers to services in operation

**Target:** 4 for HIV; 4 for TB
Human Rights Strategic Initiative

- In response to capacity gaps in effective implementation of programs to address human rights-related barriers in 20 “breaking down barriers initiative” focus countries (Cote d’Ivoire, Ghana, DRC, South Africa, Uganda, Kenya, Indonesia, Philippines, Cameroon, Benin, Tunisia, Botswana, Sierra Leone, Senegal, Ukraine, Kyrgyzstan, Jamaica, Honduras, Nepal)

- The Global Fund has set aside dedicated resources that includes short, medium and long-term technical support to civil society, community networks and organizations, health systems, state actors and other implementers of human rights programs to remove barriers to health services on:
  - program design,
  - planning,
  - budgeting for program interventions,
  - as well as implementation and monitoring of the programs to address human rights related barriers

- Support to other countries towards strengthening capacity for addressing barriers is also available through CRG SI
Key Populations- Overarching ideas

- Programs must be designed for scale
- **Entire care cascade**: prevention, diagnosis, treatment and care, as well as other health needs, including mental and sexual and reproductive health needs
- Focus on scale, quality, comprehensiveness and access, addressing gender- and human rights barriers including criminalisation, religious laws, cultural norms, stigma and violence
- Identify, strengthen and support civil society, community-based and KP-led orgs and networks to provide large scale programming

Broad principles

- Key principles: meet GF human rights standards, address inequity (age- and gender-), do no harm, strengthen community systems, community leadership and participation, accessibility and affordability and differentiation (geography, health systems, demographics, service package, individual characteristics and needs, eg. of YKPs, women who inject drugs, male, transgender sex workers, gay men and other MSM among others)
Priorities for Community System Strengthening (CSS)

- Ongoing advocacy for acknowledgement and inclusion of CSS in grants - only third of Board approved grants included investments in CSS module, though important to note that investments also made through disease modules
- CSS investments need to be more strategically aligned to both grants and community needs and based on a systematic assessment of needs
- Need to include community related activities in Resilient and Sustainable Systems for Health (RSSH) sub-objectives beyond SO2a as well as in relevant disease modules
- Global Fund Change Initiative to promote uptake of community-based monitoring in grants
- Increased prioritization of CSS for community-led organizations and networks and secondary prioritization of CSS for community-based organizations
- Community Health Workers (CHW) to be included under Human Resources for Health or relevant disease modules (if single diseases CHW) and not under CSS
- CSS is not a ‘one size fits all’ strategy and needs to be adapted to country needs, including its epidemiology, the political and legal context and should, where possible, build on national health and disease plans
Priorities for Malaria

• Increase awareness of inequity issues, human rights and gender related barriers to access and use of services, and their relationship with malaria program outcomes.

• Increase countries’ appetite to conduct equity / gender and human rights related assessments, such as the Malaria Matchbox, to identify higher-risk and underserved populations, where they are, and the barriers that they face to access primary health care, including malaria services and how malaria interventions can be tailored to ensure that no one is left behind.

• Publish the Malaria Matchbox and integrate its methodology into countries’ processes, such as Malaria Program Reviews and funding request development, as well as in alignment with the High Burden High Impact initiative.

• Increase the meaningful participation of community actors, including groups of high-risk and underserved populations in the design of funding requests to the Global Fund, as well as through grant making.

• Strengthen community systems, including to be able to monitor access to malaria services, especially for high-risk and underserved populations.
Priorities for TB

Increasing awareness on human rights and gender-related barriers

- Human Rights Baseline Assessment
- Stop TB CRG Assessments
  - Working with NTP to support the participation of a human rights expert in the national TB program review

Increasing investment on human rights programs

- Revised Human Rights, Gender and TB technical brief
- Inclusion of a standalone Human Rights module in the TB modular Framework
- Inclusion of three new indicators on stigma in the Global Fund Core Indicators list

Supporting community voices, community-led, and based responses

- Proactively promoting CRG TA
- Supporting implementation of community-based monitoring in the context of TB, including One Impact Tool

Breaking Down Barriers in TB – Mobilization of Human Rights SI
Improving the measurement of CSS

• No source indicators
• Two new performance framework indicators
  • Community-based monitoring
  • Strengthening organizational and institutional capacity
• New Work Plan Tracking Measures:
  • Strengthening national platforms that support community planning and coordination
  • Developing advocacy strategies/community briefs driven by Key and Vulnerable Populations (KVPs)
  • Engagement and representation of communities in national decision-making bodies
  • National strategies articulating roles of communities available (including differentiated service delivery, health governance, monitoring and advocacy)
  • Strengthening the capacity of community-based organizations
  • Development of business case for community-led/based service delivery for KVPs
Community Rights and Gender Strategic Initiative

- US$15 million approved by the Board and allocated for a 3-year period (2017-2019) across three mutually reinforcing components aimed at meaningful engagement of community and civil society actors in Global Fund and related processes.
- Will be evaluated in March 2020 and closed out in December 2020
- CRG SI next phase under preparation, start date to be announced

1. Short-term technical assistance
   - Provision of TA across diseases and health systems strengthening by civil society organizations selected through open tender

2. Long-term capacity development
   - Long term TA support for key and vulnerable populations

3. Regional Coordination and Communication (CSO-led) Platforms
   - Civil society and community coordination across the 3 diseases and community systems strengthening in Asia Pacific, Anglophone Africa, Eastern Europe & Central Asia, Francophone Africa, Latin America & the Caribbean, Middle East & North Africa
More information on the CRG technical assistance can be accessed through the Community, Rights & Gender Technical Assistance Program webpage [click here].

The CRG technical assistance contains, along with some general information about the program, a set of documents that can be very helpful for any civil society organizations aiming at engaging in Global Fund related processes:

- CRG Technical Assistance Program Providers List [click here]
- CRG Technical Assistance Program Frequently Asked Questions, available in six different languages: [Arabic], [English], [Spanish], [French], [Portuguese] and [Russian].
- CRG Technical Assistance Program Request Form, available in six different languages: [Arabic],[English],[Spanish],[French],[Portuguese] and [Russian].

Requests should be submitted using the form and should be sent via email to: crgta@theglobalfund.org