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AGAINST AIDS, TUBERCULOSIS AND MALARIA



A CRITICAL PARTNERSHIP

The Lifesaving Collaboration Between
The Global Fund and Faith-Based Organizations

Table of Contents

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The Lifesaving Collaboration Between
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- 3** A Letter from Mark Dybul
- 5** Introduction
- 7** An Overview: The Current State of Faith-Based Engagement with the Global Fund
- 11** Entry Points for Faith-Based Organizations
- 19** The Roles a Faith-Based Organization Can Play
- 22** Glossary
- 23** Methodology
- 24** Resources
- 25** Acknowledgements





A Letter from Mark Dybul

Faith communities play a fundamental role in addressing health challenges around the world. For decades — even before many bilateral and multilateral institutions were established — these organizations have been providing lifesaving prevention, care and treatment in a holistic way to serve the needs of a person. In fact, many hospitals and clinics around the world can trace their roots back to missionaries and churches. Faith leaders and institutions have been critical, as well, in addressing stigma and educating communities about health.

With a commitment to serving the poorest and hardest-to-reach populations, and with years of trust built up among the people they serve, members of the faith community are integral to the sustainability of global health programs.

Importantly, the faith community has played a critical role in addressing the HIV/AIDS, tuberculosis and malaria epidemics in areas with the greatest need and fewest resources. To ensure the investments of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the world's largest public health financier, have long-term impact, we are committed to continuing strong partnership with this important group of stakeholders. No matter the religious affiliation, members of the faith community are critical to almost every stage of Global Fund operations; even more so within the framework of the new funding model.

This guide was developed to highlight opportunities for engagement with the Global Fund for members of the faith community, particularly faith-based organizations (FBOs) on the ground. This includes, for example, identifying unmet needs in addressing HIV/AIDS, tuberculosis and malaria and helping to shape the development and implementation of grants. The guide identifies ways individual organizations can engage with the Global Fund and makes a strong case for building faith community caucuses, and participating in wider civil society caucuses, for more cohesive interactions.

The Global Fund was created as a unique 21st Century global health institution based on partnerships. Today, a little over a decade since its founding, we have a historic opportunity to seize new advances in science and apply the practical, on-the-ground experience we have gained to defeat HIV/AIDS, tuberculosis and malaria. If we galvanize ourselves around this unique opportunity — faith-based institutions working hand-in-hand with the Global Fund— future generations will not need to worry about these three diseases as threats to public health. But it is only through partnership, and with the active involvement of the faith community, that this lofty goal will be achieved.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Dybul', with a stylized flourish at the end.

Mark Dybul

Executive Director, The Global Fund to Fight AIDS, Tuberculosis and Malaria



Introduction

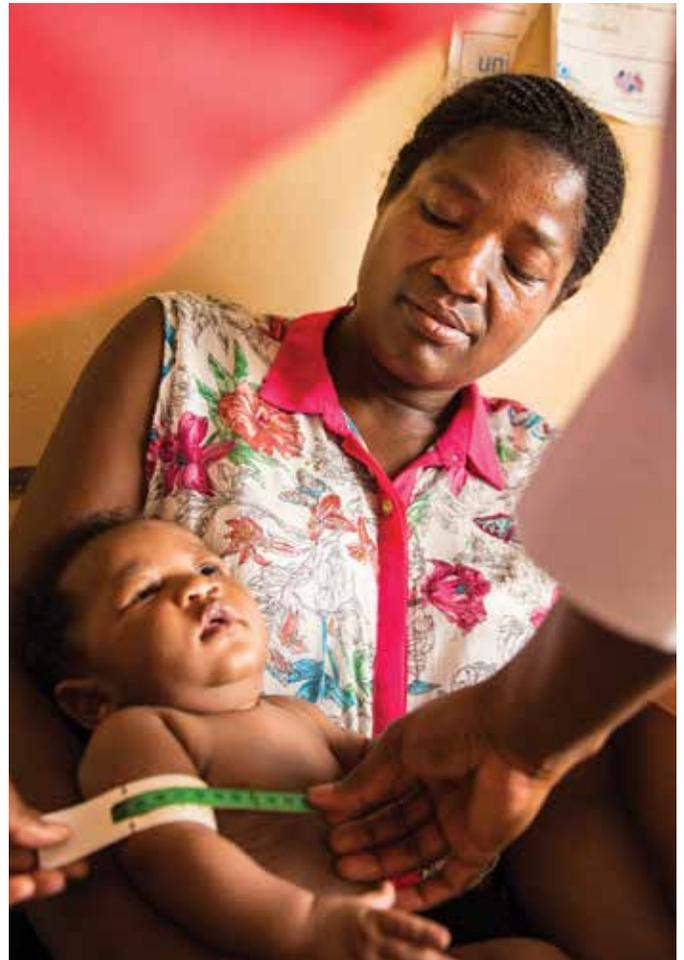
The Global Fund to Fight AIDS, Tuberculosis and Malaria was created in 2002 to help provide resources to win the battle against the three diseases, which were collectively killing 6 million people annually. The Global Fund now provides:

- More than 20 percent of international financing for HIV/AIDS;
- More than 50 percent of international financing for malaria; and
- About 82 percent of international financing for tuberculosis.

As of October 2014, the Global Fund has approved over \$30 billion worth of grants to programs serving women, men and children in more than 140 low- and middle-income countries. These financial resources are provided to in-country partners to support programs that provide lifesaving prevention, treatment and care for people living with HIV/AIDS, tuberculosis and malaria.

Today, scientific advances in global health, better epidemiological data and implementation experience enable us to not only contain, but truly turn the tide, on these diseases. Through its strategic partnerships, the Global Fund is poised to leverage these advances to save even more lives.

DESIGNED AS A PARTNERSHIP The Global Fund works exclusively through partners on the ground to fight HIV/AIDS, tuberculosis and malaria. It provides funding to entities that have already established an on-the-ground presence for the implementation of high-impact programs. Partners from government, civil society, the private sector and communities affected by the diseases assist Global Fund grant recipients with the management and technical expertise needed to achieve results in the most effective and efficient ways. The faith community has always been a very important part of pursuing this mission.





An Overview

The Current State of FBO Engagement with The Global Fund

In 2008, the Global Fund released a *Report on the Involvement of Faith-Based Organizations in the Global Fund*. This report drew from quantitative analysis of the Global Fund's Country Coordinating Mechanism (CCM) database and results from a 2006 survey sent to Principal Recipients (PRs) to highlight the engagement of FBOs. An update of the report was subsequently produced in 2011.

Since the 2011 report was released, additional funds have been disbursed and more FBOs have been chosen by their countries' CCMs as PRs across the globe. Therefore, this document contains an updated review of data that captures the total disbursements to FBOs as PRs and sub-recipients (SRs) and describes the participation of the faith community on CCMs.

The data shows that, through May 2014, 61 grants had been signed by FBOs as PRs in 28 countries, accounting for more than \$900 million in cumulative disbursements since the Global Fund's inception in 2002. This represents an increase of 17 new faith-based PRs and an additional \$520 million in disbursements since 2010.

Globally, FBO SRs have received over \$500 million in Global Fund grants since the Global Fund's inception, funding projects in at least 73 countries. The exact number of FBO SRs engaged since the Global Fund's inception is difficult to quantify, as, historically, some countries have grouped together expenditures to faith organizations with other civil society partners in their reporting.

"...[R]eligion is an extremely vital and potent force in Africa and there is no doubt that faith groups and organizations have made a massive contribution to development in [that region]... it is often the faith groups that remain on the ground in times of trouble, in times of conflict ... I think it's these strengths, the strength of their community networks and attachments, the networks they bring, along with shared values of forgiving, compassion and equality, and also the constructive role that faith groups play in social and national cohesion that makes faith groups and faith organizations so important in driving development."

— Richard May, Deputy Director of the Royal African Society.
"Faith and Development in Africa: A New Perspective on Diaspora Engagement," December 2012.

Proportion of Amount Signed to Country Disbursed to Faith-Based Principal Recipients & Sub Recipients

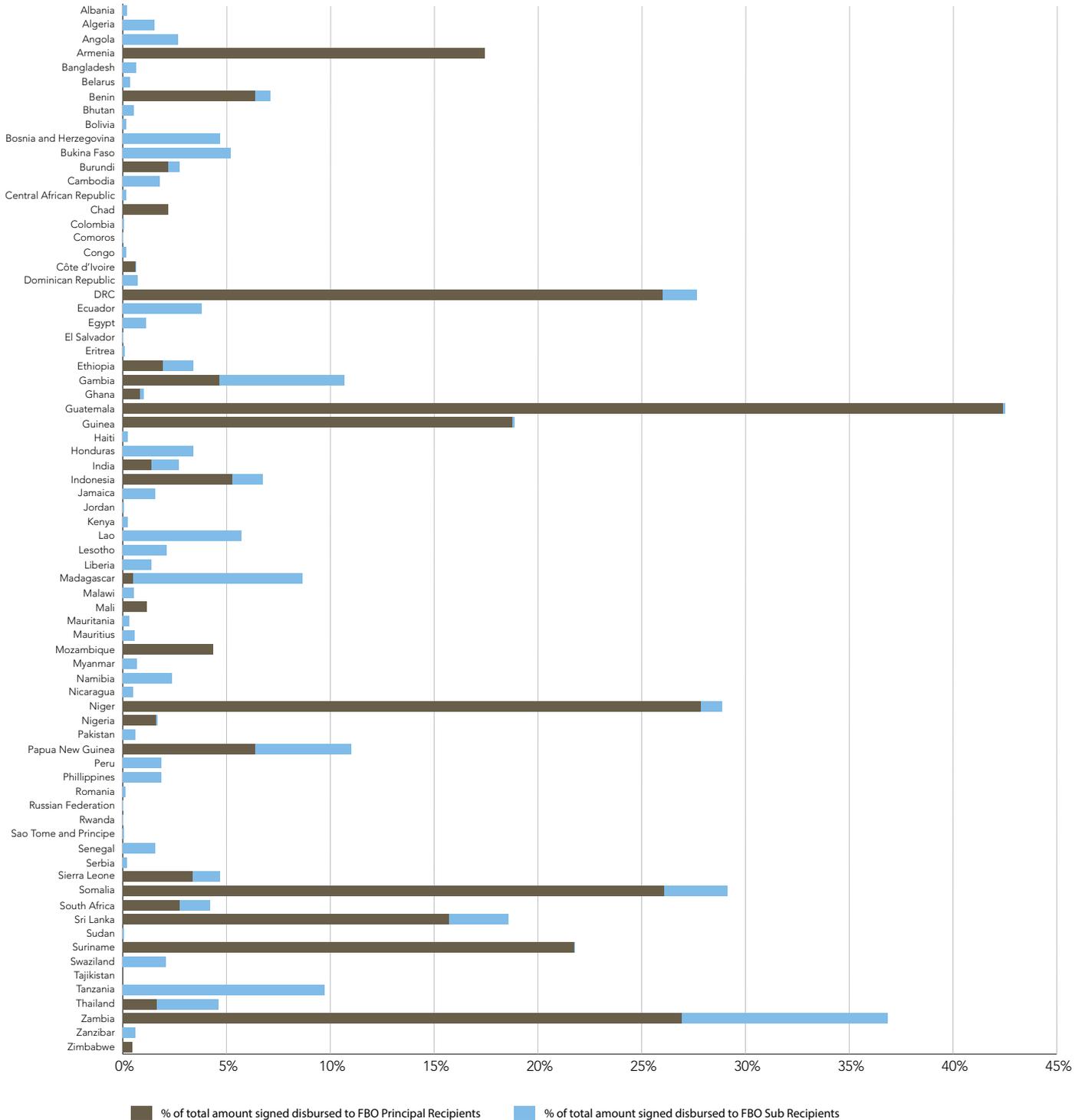


FIGURE 1 | Disbursements to FBOs as PRs and SRs by country as of May 2014.

The most recent data also reveal that 95 out of 120 CCMs (79.2 percent) with active Global Fund grants have at least one FBO representative, which represents an increase from 77.3 percent in 2010. In addition, 13 faith-based representatives currently hold either the position of Chair or Vice Chair on their CCM.

As of October 2014, the Global Fund had signed about 54 percent of funds to HIV and AIDS, 27 percent to malaria, 16 percent to tuberculosis, 2 percent to health systems strengthening and 1 percent to HIV/TB collaborative activities. As with Global Fund grants in general, FBO PRs and SRs received the most money for HIV/AIDS initiatives, followed by disbursements for malaria and tuberculosis.

In the implementation of grants, the services FBOs most frequently deliver pertain to prevention, followed closely by efforts to create a supportive environment.

Disbursements by Disease Component, Global Fund as a whole vs. FBO Principal and Sub-Recipients

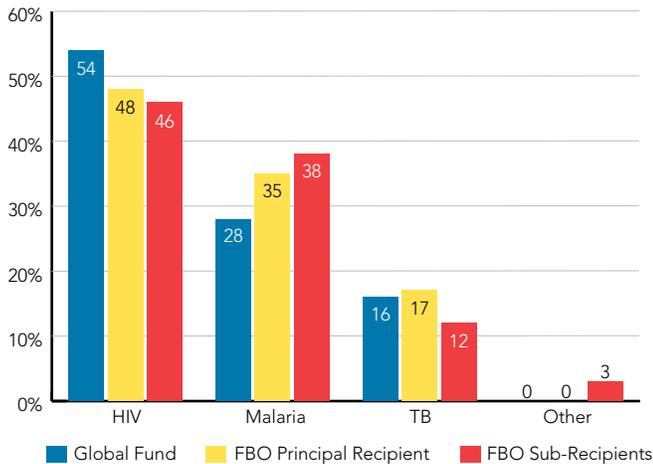


FIGURE 2 | Disbursements to FBOs by disease component as of May 2014.

Percentage of FBO Grants Addressing Service Delivery Areas

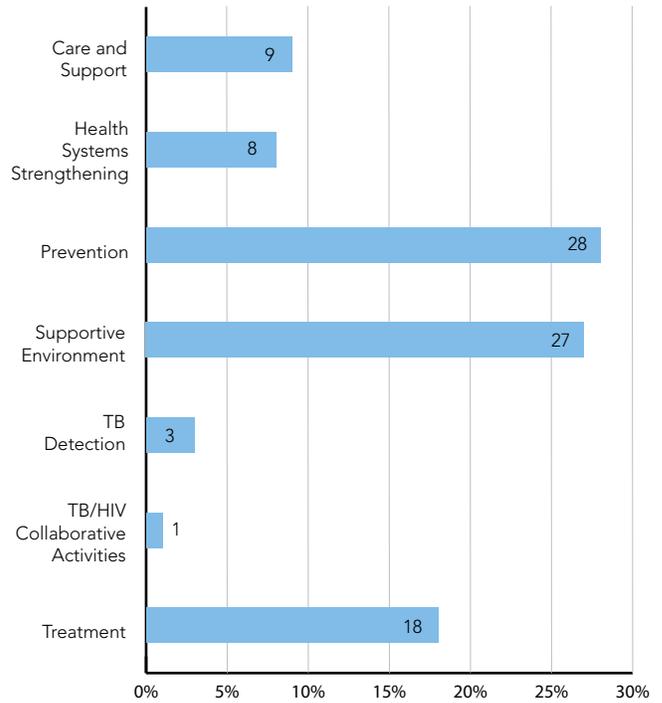


FIGURE 3 | Service delivery areas used by faith-based PRs, rounds 1 – 9. Data compiled in May 2014.



Entry Points for FBOs

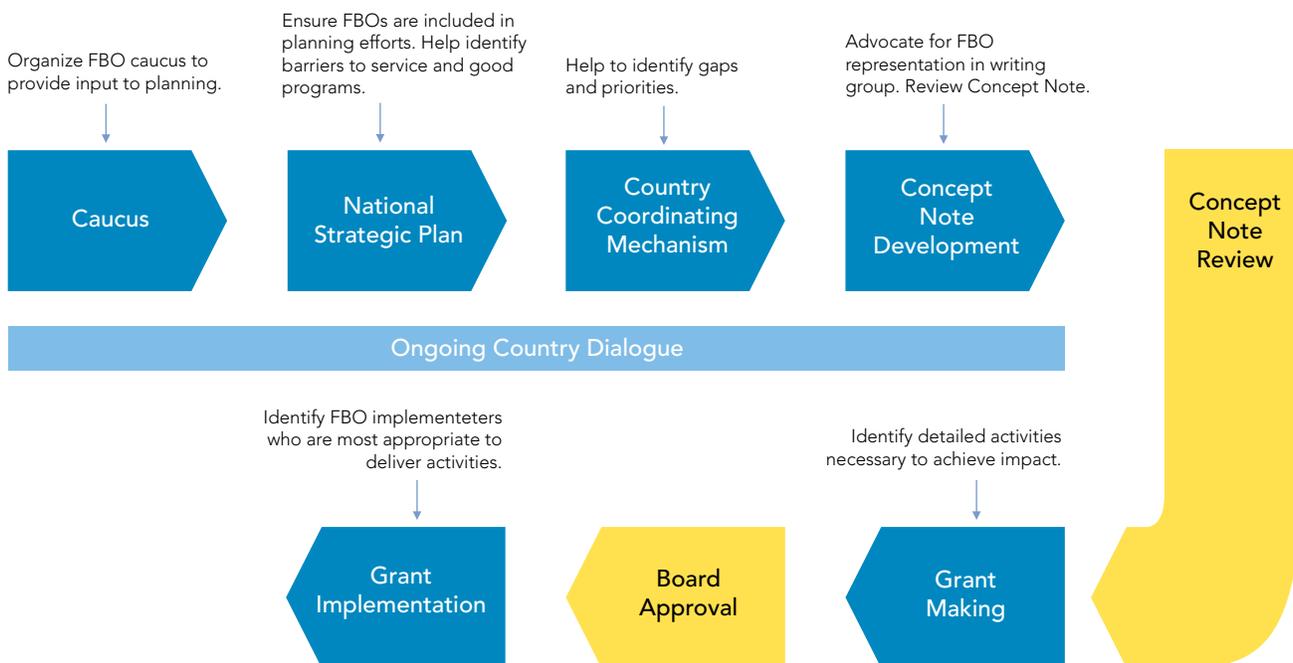
In 2013, the Global Fund rolled out a new funding model designed to invest more strategically and for greater impact. This updated approach offers many benefits to partners, including greater flexibility, deeper engagement and more predictability with respect to the level of funding available.

One key feature of the new funding model is expanded opportunity for the meaningful involvement of civil society organizations — including FBOs — as well as communities and key affected populations in designing, monitoring and implementing programs. The Global Fund has many diverse stakeholders; therefore, it is important for all groups to educate themselves and be proactive in their approach to the opportunities provided by the new funding model.

Under the new funding model, various points of entry exist for engagement with the Global Fund. Certainly, members of the faith community may work individually, but it may be more effective to organize as a caucus in order to maximize those opportunities. Figure #4 provides a visual representation of potential engagement, and the following pages provide additional details.

CAUCUS Even before concept note development or grant-making begins, FBOs can work to engage in, inform and shape the country dialogue. By organizing an inclusive caucusing process, FBOs can develop a cohesive strategy and identify unmet needs, priorities and principles not only for country funding applications to the Global Fund, but also as part of the overall national strategic health plan development process.

Entry Points for FBOs



*Blue boxes indicate opportunities for FBO engagement throughout the Global Fund grant-making lifecycle.

FIGURE 4 | Entry points for FBOs within the Global Fund’s new funding model.



Civil Society Priorities Charters

Contributing to Civil Society Priorities Charters is an added benefit of participating in civil society caucusing. These charters are succinct, country-specific documents that outline civil society's top priorities for inclusion in the country concept note. The goal of a charter, which is ultimately presented to the CCM, is to promote collaboration, helping organizations speak with a more unified voice based on a set of previously agreed-upon concerns.

Civil society caucuses exist in many Global Fund partner countries and they are already working to engage more deeply with country coordinating mechanisms (CCMs). FBOs are encouraged to participate in those caucuses; it may be beneficial for them to create their own caucus as well.

A faith community caucus can provide a platform for information sharing about the Global Fund, and facilitate FBOs speaking with one voice. A collective understanding of what grants are currently being financed by the Global Fund and what the criteria are for future funding opportunities, combined with the close relationships these groups often have with beneficiaries in-country, could enable FBOs to make a compelling case for their involvement in the wider civil society caucus and the grant-making process.

Caucusing may also help FBOs clearly map out the assets they have to offer — leadership capabilities, strong rural health and orphan programs, health infrastructure, etc. — allowing for robust advocacy and dialogue about the important role they play in meeting global health goals. This may, in turn, further increase participation in setting funding priorities, representation on the CCM and possible roles as PRs and SRs.

Representatives of FBOs who are officially part of the CCM should be engaged in caucusing to ensure they accurately represent their constituents. Ideally, these individuals will lead the effort. But even in instances where there is no FBO representation on a CCM, recommendations can and should be made formally to the CCM, ensuring that the faith-based voice is heard in the country dialogue. Contact information for the CCM of each country is available on the Global Fund's website in the Grant Portfolio section.¹

The caucusing phase is also an excellent time to identify and put forth recommendations to the CCM on FBOs that might be appropriate for roles as PRs or SRs. Again, presenting this information with a united voice, either from civil society or the faith community, will help ensure that a strong case is made.



NATIONAL STRATEGIC PLANNING The new funding model strongly encourages countries to base concept notes on quality national strategic plans that have been reviewed and approved through national systems. These plans are expected to be developed or reviewed by an inclusive set of stakeholders. To that end, the dialogue surrounding this planning represents another ideal opportunity for FBO involvement.

In countries where a national strategic plan exists, FBOs should seek to understand the current health priorities and identify the unmet needs in the prevention, treatment and care of one or more of the diseases. This will help clarify where members of the faith community can have the greatest impact and allow for a fully informed exchange of ideas.

COUNTRY DIALOGUE Country dialogue — a country-owned and led process involving CCMs, implementers, partners, donors, governments, civil society and key affected populations — is a key feature of the new funding model. These country dialogues facilitate a continuous exchange of information that allows for well-informed decision-making at the country level, including all aspects of Global Fund grants; from a discussion of national priorities and the development and negotiation of prioritized funding requests, to grant implementation and oversight.

CCMs are required to draw on the country dialogue process throughout the funding cycle. Although the CCM is the main body involved in the development and oversight of grants at the country level, the new funding model recognizes that meaningful involvement entails engaging with a broader set of actors through an ongoing dialogue. This helps provide groups that are excluded from — or that have weak representation on — the CCM, with an opportunity to put forth their points of view. It also allows for a well-rounded discussion of barriers to accessing health services.

Alternatives to National Strategic Plans

There are alternatives for countries that do not have a strong national strategic plan for the three diseases. Applicants may conduct a review process at the country level to strengthen their national strategic plan. Technical support is available from various donor agencies to strengthen plans or to conduct the analysis needed for developing a strong concept note.

Where a plan does not exist at all, technical partners such as UNAIDS can help to develop investment cases² to support a Global Fund application.

Whether strengthening an existing plan or working to develop an investment case, the Global Fund will allow countries to reprogram up to \$150,000 of funds from existing grants to support this work, if it is requested by the CCM.



Reporting Concerns or Challenges

Should challenges arise through the process—for instance, if a CCM does not have adequate civil society representation or if the concept note development process is not as inclusive as it could be—there are steps that parties can take to have them addressed.

The first action should be to reach out to the civil society representative on the CCM. In most cases, this individual is the primary point of contact for FBOs and should help to address any issues.

Only if that is not effective should the next step, contacting the Fund Portfolio Manager (FPM), be taken. CCM and FPM contact information can be found in the “Grant Portfolio” section³ of the Global Fund’s website by selecting the country in the “location” drop down menu. Finally, if the first two steps do not lead to a satisfactory outcome, stakeholders can contact the appropriate regional or department head of the Global Fund.

It is important to note that registering a complaint should be done on a real-time basis, while it is happening, as it is very difficult for steps to be taken after the fact. To that end, it is important for FBOs to be proactive and timely in addressing challenges and raising them through the appropriate channels.

CONCEPT NOTE DEVELOPMENT Concept notes are a country’s “expression of interest” and, once approved, serve as the basis for a grant agreement. One of the key benefits of the new funding model is that concept notes are developed through an inclusive, multi-stakeholder process in advance of a submission to the Secretariat. In addition, the Global Fund provides ongoing support and feedback to applicants to help them increase the likelihood of programs having high impact. As such, grants are far less likely to require additional work post-submission, reducing the time between application, approval and disbursement of grants. The concept note template and further detailed guidance can be found on the Global Fund website on the application material page.⁴

Whereas in the past the Global Fund launched requests for proposals with submission deadlines generally 12 months apart, there are now several funding application review “windows” throughout the year. Eligible countries may apply whenever desired during the three-year allocation period, better aligning funding with national budgeting cycles and country-specific needs. Interested stakeholders, including FBOs, can determine when a concept note for a particular country is being developed by looking on the new funding model section of the Global Fund’s website, under “Current Registrations.”⁵

Just as in the country dialogue process, the Global Fund expects country funding applications to be based on a broad, open, transparent and inclusive process. To that end, the first stated requirement for CCM eligibility is the “coordinated development of all funding applications through a transparent and documented process that engages a broad range of stakeholders - including CCM members and non-members – in the solicitation and the review of activities to be included in the application.” Supporting documentation must be provided at the time of concept note submission to ensure this criterion has been met.

A complete list of the CCM eligibility requirements can be found on the Global Fund website.

GRANT MAKING & IMPLEMENTATION

Once a concept note is submitted, it is first reviewed by the Technical Review Panel (TRP), an independent panel of international experts that supports the Global Fund in ensuring that programs are technically sound to maximize the effective use of funds. These review cycles happen with far greater frequency under the new funding model, enabling necessary resources to get to those in need more quickly.

If the TRP recommends moving a concept note forward, the document proceeds to the Global Fund Grant Approvals Committee (GAC), which determines the upper ceiling for the grant’s budget.

Through the new funding model, each country receives an upfront indication of the amount of funding it is eligible to receive (“country allocation amount”). Countries subsequently determine how this funding will be divided among the three diseases and health systems strengthening to achieve the greatest impact.

In addition to allocated funding, the GAC may approve additional “incentive” funding — a reserve, available on a competitive basis, designed to encourage ambitious requests for programs with potential for increased, quantifiable impact, based on national strategic plans.

Once the grant budget ceiling is determined, the Secretariat works with the PR selected by the CCM to transform the concept note into a grant.

Broader country dialogue plays an important role in the grant-making process. FBOs and all civil society stakeholders should continue to engage with the Global Fund Secretariat and the PR on the detailed development of the grant work plan and budget since this is the point at which specific program goals and details are determined. The recommendations developed during the civil society dialogue will also be relevant to this process.

2015 submission dates overview

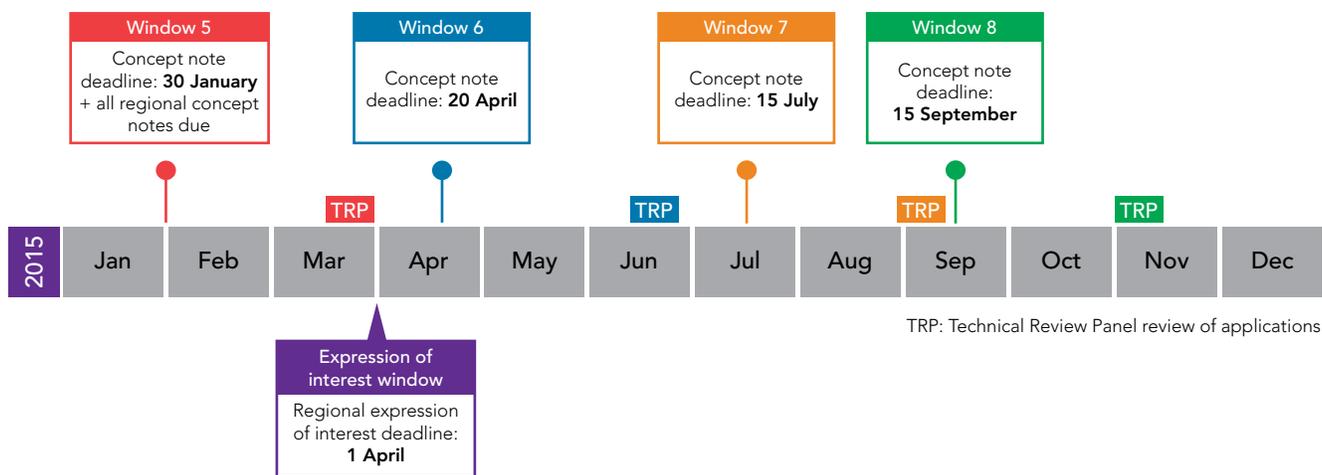
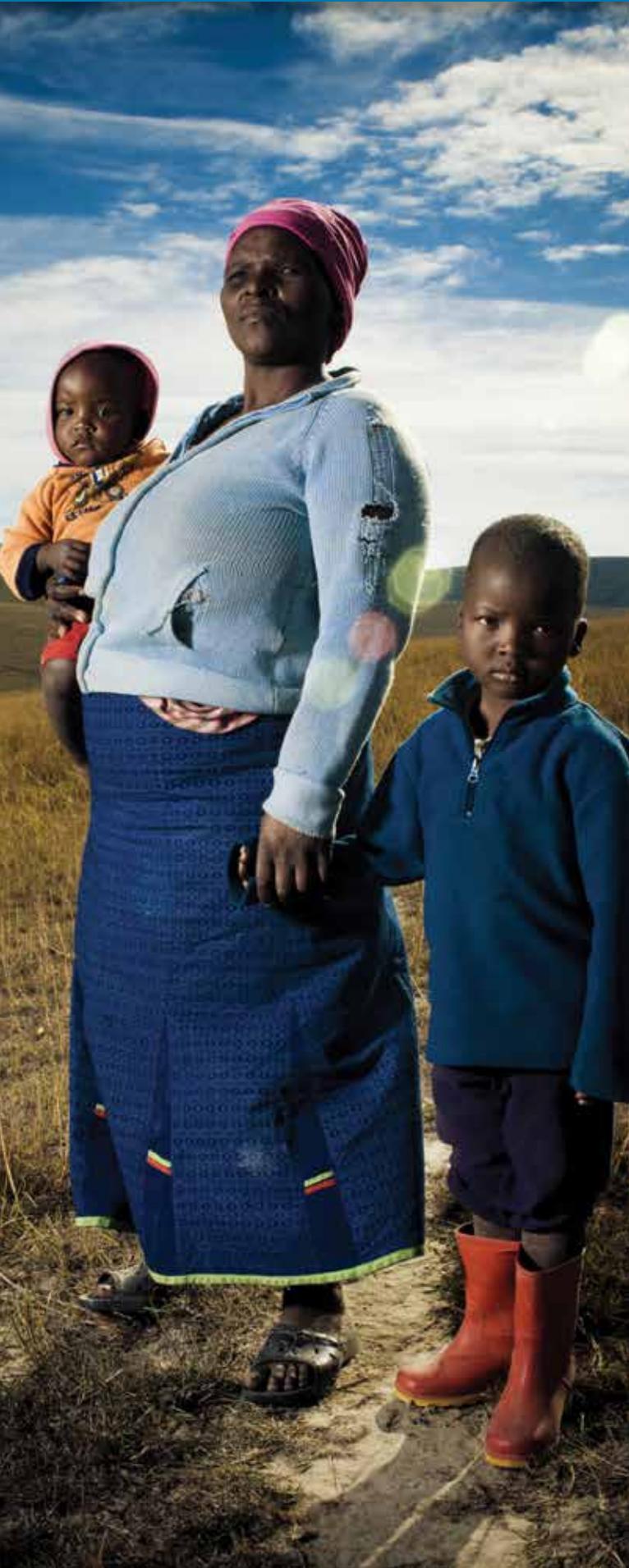


FIGURE 5 | Global Fund Concept Note submission dates, as of December 2014.

A more detailed list of concept note submission dates is available on the Global Fund website: <http://www.theglobalfund.org/en/fundingmodel/single/dates/>



CCM ELIGIBILITY The Global Fund has rolled out a new process to assess CCM eligibility.⁶ CCMs must meet minimum requirements in order to successfully submit funding requests.

CMM Eligibility Requirements

Eligibility Requirement 1:

Transparent and inclusive concept note development process

Eligibility Requirement 2:

Open and transparent PR selection process

Eligibility Requirement 3:

Oversight planning and implementation

Eligibility Requirement 4:

CCM membership of affected communities including people living with the diseases, Key Affected Populations, and/or their representatives

Eligibility Requirement 5:

Processes for electing non-government CCM member

Eligibility Requirement 6:

Management of conflict of interest on CCMs

Assessed at the time of concept note submission.

Assessed on an annual basis.

There are two stages of CCM eligibility assessment:

- CCMs must show compliance with eligibility requirements 1 and 2 at the time a concept note is submitted. If there are concerns as to the compliance with these requirements, they can be submitted to accesstofunding@theglobalfund.org.
- On an annual basis, CCMs will be required to carry out an Eligibility and Performance Assessment to evaluate compliance with respect to requirements 3, 4, 5 and 6. Any feedback at this time should be submitted to ccm@theglobalfund.org.

The annual eligibility assessment process includes stakeholder interviews as well as a review of relevant documentation. The interviews include both CCM members and non-members, which allows for greater inclusiveness and represents an opportunity for FBOs, among others, to provide feedback. Based on the findings from these interviews, as well as the comprehensive document review, CCMs will develop an actionable, measurable improvement plan in order to maintain eligibility.

It is worth noting that the CCM eligibility evaluation process will also be helpful to identify gaps, such as lack of FBO representation.

CCM eligibility and performance assessment

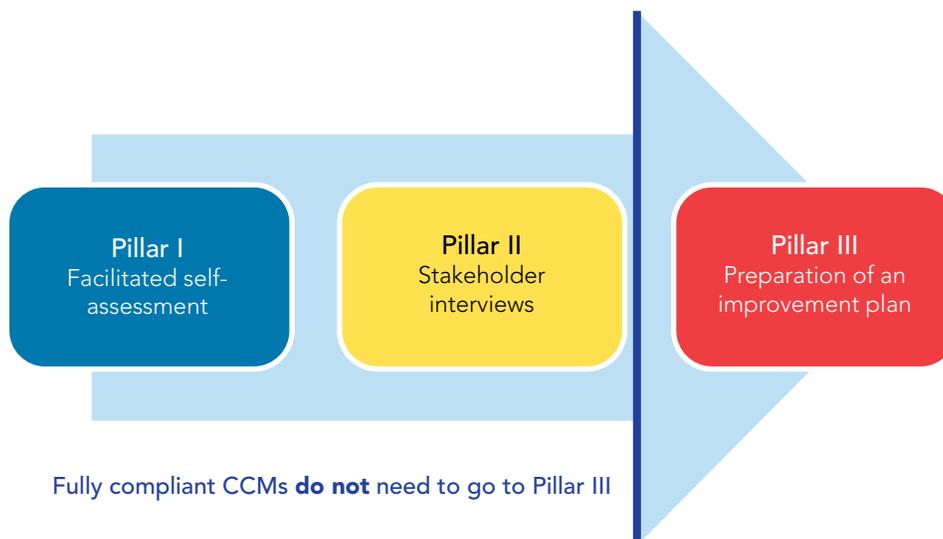


FIGURE 6 | CCM Eligibility and Performance Assessment pillars.



The Roles FBOs Can Play

There are many ways for FBOs to play a role in the work of the Global Fund — as members of the CCM, PRs and SRs, technical advisors and, of course, in advocacy efforts. The launch of the new funding model creates even greater opportunities for partnership.

MEMBER OF THE CCM CCMs must meet minimum eligibility requirements in order to successfully submit funding requests to the Global Fund. The Global Fund recommends that non-governmental organizations comprise at least 40 percent of the CCM membership, helping to ensure that civil society has a well-represented seat at the table.

Serving on a CCM offers the opportunity for FBOs to help shape the Global Fund financing process in-country. The Global Fund does not prescribe specific CCM compositions; however, there is an expectation of inclusiveness and representation from various sectors. In its Guidelines and Requirements for Country Coordinating Mechanisms, the Global Fund says of FBOs: “these organizations provide crucial services and are often instrumental in convincing political leaders at the national, regional and local levels to prioritize the needs of affected populations.”⁷

As previously noted, of the 120 CCMs with active Global Fund grants, 95 have at least one representative from an FBO and 13 have a faith-based representative who serves as Chair or Vice Chair.

Faith-based representation is highest in African countries and lowest in Eastern Europe. Countries where there are no faith-based representatives on the CCM are predominantly those which, historically, have not had a significant portion of health care services provided by the faith community.

FBO Participation on Country Coordination Mechanisms

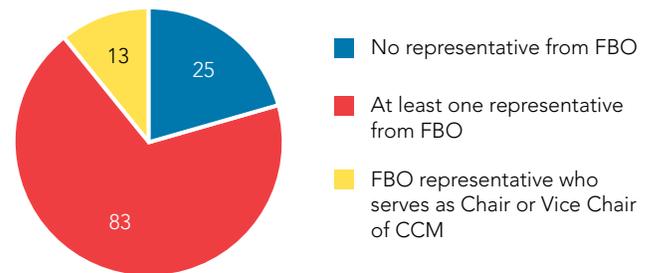


FIGURE 7 | Participation of FBOs on CCM as of May 2014.

The decision to participate in a CCM should be made carefully; the role brings with it significant responsibilities and time commitments. It is important to keep in mind that a seat on the CCM is not a precondition for receiving funding for a designated recipient. Another effective way to ensure that an organization’s or group’s voice is heard is by establishing a good relationship with the CCM’s FBO or civil society representative. This is where organizing as a caucus can be effective.

PRINCIPAL RECIPIENTS Because of their unique position and vast reach, FBOs are an integral part of Global Fund grant implementation. Nongovernmental organizations have served as PRs for Global Fund grants since its inception. Through May 2014, 61 Global Fund grants have been signed by FBOs as PRs in 28 countries, accounting for \$900 million in disbursements. FBOs serve as PRs in every region where the Global Fund operates and in every disease component.

As a PR, an FBO is the organization with which the grant agreement is signed and that is legally responsible for local implementation, including oversight of SRs and funds as well as communication on progress. Over the course of the grant agreement, the PR requests additional disbursements based on demonstrated progress. This performance-based system is key to the Global Fund's commitment to achieving concrete and measurable results.

PRs are nominated by the CCM at the time the concept note is submitted. A transparent, documented process — based on clearly defined and objective criteria — is required for this selection. A transparent process is, in fact, the second stated criterion for CCM eligibility and proof of such must be documented at the time of concept note submission.

In the interest of supporting country ownership, the Global Fund leaves the task of selecting both PRs and SRs to the CCMs. To that end, the process varies on a country-by-country basis. It is often based on either the direct nomination of the CCM or through a call for expressions of interest.

The selection of the PR represents a critical juncture for FBOs. If the faith community is represented on the CCM, it is incumbent upon those individuals to make an effective argument for a capable faith-based PR, if appropriate. In cases where the faith community may not have a seat on the CCM, proactive outreach can and still should be conducted to put forth prospective PRs from the constituency. This is where having an existing, strong relationship with the FBO or civil society representatives on the CCM can be very helpful and where organizing as a caucus can increase effectiveness.

SUB-RECIPIENTS The PR often selects multiple SRs throughout a country to implement different parts of a program. Being an SR is the entry point for the majority of FBOs receiving Global Fund financing. Recipients are often local organizations implementing projects and programs on the ground.

In this capacity, FBOs are logical choices to serve as Global Fund SRs because of their broad networks, long-standing community presence, relationships and knowledge of the local context. This makes them ideal channels to reach rural and remote areas. To date, \$500 million has been disbursed to FBOs as SRs, funding projects in at least 73 countries.

To be successful as an SR, an FBO should have substantial experience in addressing at least one aspect of the disease being targeted, though it is not necessary to have experience using the whole range of interventions related to one disease. For example, many FBOs that run hospitals and clinics exhibit strength in providing treatment and care while others are particularly well-suited to prevention efforts and therefore engage in education and outreach.

Like PRs, SRs can be chosen through different channels: calls for expression of interest or sub-proposals prior to the submission of a concept note, or restricted calls for sub-proposals following approval of the concept note.

SRs have fewer responsibilities than PRs, but, at a minimum, they must:

- Have staff in place to manage the grant and its implementation, a sound financial tracking and reporting system, and a plan to monitor and evaluate progress.
- Be in regular contact with the PR, the CCM and other SRs. They, therefore, should have reliable means of communication, including internet, phone and fax capabilities.

The Global Fund will expect grant implementers to meet 9 minimum standards

- 1 PR demonstrates effective management structures and planning
- 2 PR has the capacity and systems for effective management and oversight of SRs
- 3 Internal control system of PR is effective to prevent and detect misuse or fraud
- 4 The financial management system of the PR is effective and accurate
- 5 Central and regional warehousing have capacity, and are aligned with good storage practices
- 6 Distribution systems and transportation arrangements are efficient to ensure secure and continued supply
- 7 Data-collection capacity and tools are in place to monitor program performance
- 8 Functional routine reporting system with reasonable coverage to report program performance
- 9 Implementers have capacity to comply with quality requirements and monitor product quality throughout the in-country supply chain

FIGURE 8 | Nine capabilities assessed for Global Fund PRs.

TECHNICAL ASSISTANCE AND CAPACITY BUILDING

Because the Global Fund is a financing institution and does not provide direct technical assistance to its grant recipients, it has cultivated partnerships — with entities such as the President’s Emergency Plan for AIDS Relief (PEPFAR), the President’s Malaria Initiative (PMI) and various civil society groups — to engage in every stage of program development and implementation, and to offer assistance when grants run into difficulties or delays. The Global Fund takes a proactive role to improve access for its recipients to high quality technical assistance from partners, including FBOs.

RESOURCE MOBILIZATION While the contributions of traditional donor countries will continue to be critical in fighting the three diseases, implementing countries, the private sector and emerging economies also play integral roles. The faith community represents a potent source of contributions. In addition, FBOs are key partners in resource mobilization, actively supporting the process through their ongoing advocacy at both the global and national levels.

Glossary

Civil Society Organizations: Civil Society organizations advocate for the interests of their members and groups they represent. They are an essential part of the Global Fund, and play an integral role in resource mobilization, advocacy and policy dialogue.

Civil Society Priority Charters: Succinct, country-specific documents that outline civil society's top priorities suggested for inclusion in country concept notes.

Concept Notes: The mechanism for requesting financing from the Global Fund for one of the three diseases or health systems strengthening. These are generally based on the national strategic plans of a given country, and include four important sections: the country context, the funding landscape, the funding request, and implementation arrangements and risk assessment.

Country Coordinating Mechanism (CCM): Country-level, multi-stakeholder partnerships that develop and submit concept notes and grant proposals, and then oversee grant implementation. They are comprised of representatives from both the public and private sectors as well as governments, multilateral and bilateral agencies, persons living with the diseases, civil society and faith-based organizations, among other relevant stakeholders.

Country Allocation Amount: The level of designated funding, derived from an allocation formula and based on qualitative criteria, provided to support eligible countries' interventions and activities to fight HIV/AIDS, tuberculosis and malaria.

Country Dialogue: A country-owned and led process that involves CCMs, governments, implementers and key affected populations, among others. It is an ongoing discussion used to develop strategies and country priorities, and to review implementation plans.

Enhanced Financing Report (EFR): The Global Fund's enhanced financial reports are a means of annually collecting high-level financial information on all recipients. These reports place a heavy emphasis on transparency and financial accountability and are used to support funding decisions.

Faith-Based Organizations (FBOs): Faith-based organizations are charitable groups affiliated or identified with one or more religious organizations. They are often responsible for bringing health care and outreach to some of the most rural areas of the developing world. They often serve as principle recipients or sub-recipients.

Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund): The world's largest public health financier; an international financing institution that fights AIDS, tuberculosis and malaria. The Global Fund works through partnerships on the ground with governments, NGOs, bilateral aid organizations, civil society groups and FBOs.

Global Fund Grant Approvals Committee (GAC): Reviews the recommendations from the Technical Review Panel to determine an upper ceiling for the grant's budget. The GAC also determines whether grant funding will come from the country allocation or from incentive funding.

Global Fund Secretariat: Responsible for the day-to-day functioning of the Global Fund. This group of 600-plus staff members works in Geneva, Switzerland, and manages every facet of Global Fund activities, including: managing funding applications, grant portfolios, disbursing funds, monitoring and evaluating program results, and maintaining relationships with partners and donors.

Incentive Funding: A reserve source of funding that the Global Fund provides to encourage ambitious requests for programs with clear potential for an increased quantifiable impact.

National Strategic Plans (NSPs): Developed by individual countries outlining their future efforts, plans and goals in fighting disease epidemic. These are detailed documents that include background information, current statistics and outline funding from both domestic and external aid sources. The development of a NSP is considered a strong show of political will, and provides the foundation for Global Fund concept notes (funding requests).

New Funding Model: A framework for allocating funding for the three diseases rolled out by the Global Fund in 2013. It was designed to increase the effectiveness of its strategic investments and engage implementers and partners more effectively, thereby maximizing global impact.

President's Emergency Plan for AIDS Relief (PEPFAR): An initiative of the U.S. government that is invested in saving the lives of those suffering from HIV around the world. PEPFAR partners with countries and other organizations to support and fund treatment and prevention measures as well as provide on-the-ground technical support for HIV/AIDS.

President's Malaria Initiative (PMI): A U.S. government initiative that aims to provide relief for high burdens of malaria and to alleviate poverty on the African continent. PMI seeks to expand coverage of malaria prevention, treatment measures and the availability of mosquito nets, among other efforts.

Principal Recipient (PR): Responsible for directly receiving Global Fund financing and using it to implement prevention, care and treatment programs, or for passing funds on to sub-recipients who will provide those services.

Sub-Recipient (SR): Through funding provided by the PR, these groups implement prevention, care or treatment programs. Though SRs do not receive direct financing from the Global Fund, they are indirectly funded through a PR.

Technical Review Panel (TRP): This is an independent panel of international experts that supports the Global Fund. These experts' primary function is to review the technical and strategic merit of funding requests and make recommendations. They review the concept notes developed by countries, using these documents as the basis for their recommendations to the GAC.

UNAIDS: The Joint United Nations Programme on AIDS (UNAIDS) is a partnership that looks to lead, strengthen and expand the international response to AIDS. The organization's work covers all facets of the fight, from resource mobilization to monitoring and supporting efforts throughout the world.

For purposes of this research, the following definition of faith-based organization was used:

- Religious and religion-based organizations and networks;
- Communities belonging to places of worship;
- Specialized religious institution and religious social services agencies; and/or
- Registered and unregistered non-profit institutions that have a religious character or mission.

The Global Fund's Enhanced Financial Reporting (EFR) database was extensively reviewed to classify specific PRs and SRs as FBOs and to obtain exact disbursements and expenditures. In addition, the most up-to-date Global Fund CCM database was reviewed extensively.

GLOBAL FUND RESOURCES:

The Global Fund to Fight AIDS, Tuberculosis and Malaria. *CCM Eligibility Requirements, Minimum Standards & Updated Guidelines*. <http://www.theglobalfund.org/en/ccm/guidelines/>.

The Global Fund to Fight AIDS, Tuberculosis and Malaria. *E-Learning Courses*. <http://www.theglobalfund.org/en/fundingmodel/support/elearning/>.

The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Engage! Practical tips to ensure the new funding model delivers the impact communities need*. April 24, 2014. http://www.theglobalfund.org/en/publications/2014-04-24_Engage_Civil_Society/.

The Global Fund to Fight AIDS, Tuberculosis and Malaria. *External Resources*. <http://theglobalfund.org/en/fundingmodel/support/other/>.

The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Learning resources, videos and modules*. March 21, 2014. http://theglobalfund.org/en/fundingmodel/updates/2013-03-21_Learning_resources_videos_and_modules/.

The Global Fund to Fight AIDS, Tuberculosis and Malaria. *New Funding Model*. <http://www.theglobalfund.org/en/fundingmodel/>.

The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Thematic Reports and Case Studies*. <http://theglobalfund.org/en/ccm/casestudies/>.

OTHER RESOURCES:

Code of Good Practice for NGOs Responding to HIV/AIDS. <http://hivcode.org/>.

International Council of AIDS Service Organizations (ICASO), African Council of AIDS Service Organizations (AfriCASO) and International HIV/AIDS Alliance (the Alliance). *Coordinating with Communities*. December 18, 2013. <http://www.icaso.org/?file=23939>.

AIDS Accountability International and Ford Foundation. *Malawi Civil Society Priorities Charter*. February 2014. <http://www.aidsportal.org/web/guest/resource?id=73e8af92-5745-434a-b68a-147666525af9>.

UNAIDS. *Supporting community-based responses to AIDS, tuberculosis and malaria: A guidance tool for including community systems strengthening in proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria*. 2011. http://www.unaids.org/en/media/unaids/contentassets/documents/programmes/programmeffectivenessandcountrysupportdepartment/gfresourcekit/20110920_JC2170_community_systems_strengthening_en.pdf.

Endnotes

¹ <http://portfolio.theglobalfund.org/en/Home/Index>

² <http://www.theglobalfund.org/en/fundingmodel/support/infonotes>

³ <http://portfolio.theglobalfund.org/en/Home/Index>

⁴ <http://www.theglobalfund.org/en/fundingmodel/single/applicationmaterial/>

⁵ <http://www.theglobalfund.org/en/fundingmodel/single/registration/list/>

⁶ <http://www.theglobalfund.org/en/ccm/guidelines/>

⁷ <http://www.theglobalfund.org/en/ccm/guidelines/#ccmguidelinesrequirement>

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