# Request for Proposal
## Multicountry Grant(s)
## Invitation Notice

| | |
|---|---|
| Issue Date | 20 August 2024 |
| RFP number | GF-MC-2024-02 |
| RFP Multicountry strategic priority | HIV incidence reduction |
| RFP Submission Date | 17 February 2025 |
| RFP Closing Time | 24h00 (Geneva time, CEST) |
| Proposal related questions electronic addresses | accesstofunding@theglobalfund.org <br> florence.penard@theglobalfund.org |

The Global Fund to Fight AIDS, Tuberculosis and Malaria (the "Global Fund") is seeking proposals from regional stakeholders to implement a multicountry ("MC") program under the Catalytic Investments for the 2023 – 2025 funding cycle.

In this Request for Proposal ("RFP") the "Applicant" refers to an entity responding to this RFP, while "Implementer" refers to the implementing entity of the grant proposed by the Applicant. Requirements for the Applicants and the Implementers are set forth in Attachment C (*Proposal Requirements and General Information*) of this RFP.

Applicants will be notified of the outcomes of the review by the Global Fund Secretariat and Technical Review Panel ("TRP"), as specified below. The successful Applicant or Applicants will then, with the proposed implementing entity and the support of the Global Fund Secretariat, proceed to grant-making.

This RFP contains the following attachments and annexes:

| | |
|---|---|
| Attachment A | Statement of Work |
| Attachment B | Evaluation Criteria |
| Attachment C | Proposal Requirements and General Information |
| Attachment D | General Instructions |

Submitting a proposal in response to this RFP constitutes an acceptance of the terms indicated herein, including the Global Fund Grant Regulations (as amended from time to time) , and the Global

Fund reserves the right to reject the proposal of any entity or individual, as the case may be, that fails or refuses to comply with, or accept, such terms.

This RFP shall not be construed as a contract or a commitment of any kind. This RFP in no way obligates the Global Fund to award a grant, nor does it commit the Global Fund to pay any costs or expenses incurred in the preparation or submission of proposals.

1. For audit and efficiency purposes, this RFP process is being managed electronically, and Applicants are required to submit their proposals through the CCM file sharing platform.

2. Proposals must be submitted in the Global Fund provided format and received by the Global Fund at the RFP Submission Date and by the RFP Closing Time, all as indicated in the RFP Information Table on page 1. All templates and a link to the CCM file sharing platform will be shared with all interested Applicants upon request sent by email to Access to Funding Department at accesstofunding@theglobalfund.org copying the multicountry Focal Point, Gosia Matysek at malgorzata.matysek@theglobalfund.org.

3. Unless otherwise indicated, proposals shall be submitted in the officially provided template in the appropriate MS Office file format, and ***should be divided in three separate folders*** containing:
   a. The funding request narrative and the core supporting documents.
   b. Relevant Regional Coordinating Mechanism ("RCM")/ Regional Organization ("RO") Eligibility documentation.
   c. Supporting documents referenced in the funding request.

   The submitted documents must be labelled as follows:
   - Funding request narrative: GF-MC-2024-02-FP- [Your organization name]
   - Performance Framework: GF-MC-2024-02-PF- [Your organization name]
   - Budget: GF-MC-2024-02-Budget- [Your organization name]
   - Implementation Arrangement Map: GF-MC-2024-02-ImpMap- [Your organization name]
   - RCM Eligibility documentation: GF-MC-2024-02-RCM- [Your organization name]
   - RO Eligibility documentation: GF-MC-2024-02-ROE- [Your organization name]
   - Annexes: GF-MC-2024-02- [name of annex] - [Your organization name]
   (Note: avoid accents and shorten the name of the annex as much as possible as if it is too long it might not be possible to open the file).

4. All communications with regard to this RFP shall be in writing, electronically via email to the Access to Funding Department copying the MC priority Focal Point, Gosia Matysek at malgorzata.matysek@theglobalfund.org. The final deadline for sending clarification questions associated to the RFP is 13 December 2024 24h00 (Geneva time).

5. Any communication between an Applicant and the Global Fund regarding this RFP, which is not through the designated channel, as set forth in Section V of Attachment C (*Proposal Requirements and General Information*) of this RFP, shall invalidate such Applicant's proposal to this RFP.

# ATTACHMENT A
## STATEMENT OF WORK

## 1. The Global Fund

The Global Fund was established in January 2002 as an innovative financing institution for the purpose of attracting and managing financial resources globally as well as providing such resources to countries to support national and regional programs that prevent, treat and care for people with the diseases of HIV/AIDS, tuberculosis and/or malaria.

The Global Fund is calling for proposals from interested organizations to provide programming for the strategic priority area "*HIV incidence reduction in the Western and Central African ("WCA") region*" under the MC catalytic funding modality for the 2023–2025 funding cycle with the available upper ceiling of investment amounting to US$ 6,000,000.

## 2.1. MC approach

Based on the Global Fund Board's decision GF/B48/03A in November 2022 on the Catalytic Investments available for the 2023 – 2025 allocation cycle, up to US$30,000,000 has been made available for the "*Key populations sustainability and impact - HIV incidence reduction*" under the MC approach.

MC applications are only eligible for funding if a majority (at least 51 percent) of countries included in the funding request are eligible to receive the Global Fund's financing for the related-disease component through a single-country application. The eligibility of a country for the purpose of an application for MC funding is assessed as per the 2023 Eligibility List. Countries that, as per the 2023 Eligibility List, are eligible only for Transition funding are considered as "eligible" for the purpose of a MC application.

### 2.1.1. Problem statement

Programs to reduce HIV incidence and mortality amongst key populations ("KPs") —including but not limited to sex workers, men who have sex with men ("MSM"), transgender people, and people who inject drugs — are challenged by persistent factors that hinder their impact and sustainability. The countries selected for the MC grant are characterized by structural and/or contextual challenges, including:

- **Financing constraints**: Limited funding continues to impede the design and delivery of HIV prevention services, as well as the ability of national programs and implementing partners to reach KPs in the required scale and scope. This includes inadequate funds for operations and difficulties in securing long-term financial support. The Global Fund remains the main donor for HIV prevention in most countries covered by the Global Fund's WCA region, with PEPFAR present in 6 of the 18 countries (Cameroon as well as 5 countries are part of the WCA Regional Operational Plan, that includes Benin, Liberia, Senegal, Sierra Leone and Togo), and domestic funding remains scarce.
- **Epidemiological concerns**: Despite a smaller contribution to the global burden, in many WCA countries, key and vulnerable populations bear the brunt of the HIV epidemic with prevalence rates many folds higher than the general population's. For instance, in Guinea HIV prevalence in MSM and FSW is respectively 59.7% and 41.9% while it is 1.4% in the general population. Similar situations are noted in most countries. Additionally, some countries in the region are disproportionately affected by the epidemic and are among the 10 countries with the highest incidence rates in the world, including

Equatorial Guinea (4.7% incidence in adults aged 15-49), Republic of the Congo (4.76%), and Central African Republic (2.65%)[1].

- **Barriers to access to care**: Discrimination, stigma, safety and security threats, and legal and policy barriers restrict access to HIV prevention and care services for KPs. In many countries, the operating environment for the provision of health services to KPs is deteriorating, thus hampering access and undermining the overall response to HIV. Discriminatory attitudes among health care workers are a significant obstacle to HIV prevention and treatment.
- **Insufficient coverage/access**: The limited funding of prevention of HIV prevention for KPs restricts the scale of operations and leads to variations in the quality and outcomes of HIV prevention programs. This also affects the availability of local capacity to introduce and roll-out new HIV prevention and testing options at scale. Both civil society organizations ("CSOs") and ministries of health ("MOHs") have capacity gaps to implement quality HIV programs for KPs at scale.

**Opportunities to improve access to HIV prevention/testing**

A range of new HIV prevention, testing and broader sexual health options such as long-acting pre-exposure prophylaxis ("PrEP") and long-acting opioid substitution treatment, self-tests and multi-purpose prevention options (combined PrEP and contraceptive pill) are either available and approved, or likely to be so during Grant Cycle 7 ("GC7"). These newer prevention options, along with existing options such as condoms and lubricants, oral PrEP, clean needles and syringes and opiate substitution treatment, offer an expanded range of HIV prevention and testing choices for KPs. There is also increasing integration of sexually transmitted infections ("STI"), sexual and reproductive health and rights ("SRHR") services with HIV services, which provides KPs with greater opportunities to access the range of services they need. Further, virtual service delivery and digital modalities offer possibilities to reach greater numbers of KPs with HIV prevention, HIV testing and related sexual health services at lower cost, including demand creation for the abovementioned HIV prevention/testing/sexual health options.

MC regional grants are proposed to address the problems and opportunities described above.

### 2.1.2. Epidemiological context

UNAIDS estimates that in 2022, in the 18 countries that make up the WCA region, as defined by the Global Fund[2], 1.5 million people live with HIV ("PLHIV") (4% of the global burden). Approximately 67,000 new HIV infections occurred in 2022 (5% of the 1.3 million new infections estimated globally).

The significant efforts made over the last decade have led to positive epidemiological changes in WCA. Except for a few countries (Republic of the Congo, Equatorial Guinea, Mauritania and Niger), the number of new HIV infections in WCA has decreased since 2010 by 44% on average. Similarly, AIDS-related deaths decreased by 43% over the same period. The treatment cascade indicates that on average 71% of the estimated 1.5 million PLHIV in the region are aware of their status and 66% of PLHIV are on antiretroviral therapy (71% of PLHIV who are aware of their status). Data on viral load suppression (*VLS*) remain unreliable due to the limited coverage.

The increased access to services and the subsequent reduction of incidence and mortality among the general population is not reflected in the KPs despite HIV prevalence being significantly higher. The available data show that on average HIV prevalence in the general population is around 1.8% (lowest in

---

[1] 2022 data available at https://www.unaids.org/en/regionscountries/westandcentralafrica
[2] Benin, Cabo Verde, Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Gambia, Guinea, Guinea-Bissau, Liberia, Mauritania, Niger, Sao Tome and Principe, Senegal, Sierra Leone, Togo

Niger with 0.2% and highest in Equatorial Guinea with 6.7%), while among MSM HIV prevalence is on average 30.8% (lowest at 3% in Guinea Bissau and highest at 53.6% in Mauritania) and among Female Sex Workers, the prevalence is 30 times higher than the in general population (on average 1.8% vs 22.7%).

### 2.1.3. Scope of work

### 2.1.3.1. Geographic Scope
The MC grant will support 5 countries in WCA (**Gabon, Guinea, Guinea Bissau, Niger and Chad**), which were selected based on several inclusion criteria: steady degradation of operating context, limited GC7 investment in HIV prevention, no support from PEPFAR, existence of STI clinics.

### 2.1.3.2. Objective
The MC grant will be aimed at addressing the aforementioned challenges, by providing technical assistance ("TA") to help strengthen GC7-supported HIV prevention programs, ensure adapted service models, and mitigate safety and security threats limiting KPs' access to services. This TA will leverage GC7 investments to ensure stronger and more effective HIV interventions.

- **Strengthen the package of HIV prevention/testing services and improve the provision of quality services through innovative service delivery models for KPs.**
  a. **Strengthen the package of HIV prevention/testing services**
     - Regional TA to assess the package of HIV services for KPs and identify potential gaps that will hamper the effectiveness of the planned services in reducing HIV incidence in KPs.
     - Regional assistance to adapt the package of HIV services for KPs to comprehensively address KPs' HIV preventions needs.
     - Provide TA for the field implementation support of comprehensive HIV prevention services.
  b. **Improve the provision of quality services through innovative service delivery models for KPs through a pilot project**
     - TA to support the relevant MOHs and CSOs in the identification of STI clinics for an extension or adaptation of HIV service delivery models.
     - Based on the assessment, provision of technical assistance to design a country-specific, STI clinic-based, non-discriminatory package of HIV services. This will include development of Standard Operating Procedures ("SOPs"), training materials, design of demand creation interventions, development/adaptation of data collection and reporting tools, and supportive supervision.
     - Pilot innovative service delivery models to increase access to non-discriminatory care by delivering HIV services in SRHR/STI clinics, emphasizing task shifting and low threshold models of care.
     - Develop and provide training for health workers on stigma and discrimination, human rights, and specific health needs of KPs.
- **Strengthen the capacity of CSOs to respond to safety and security threats.**
  a. TA to CSOs (including community-based organizations ("CBOs") and community-led organizations ("CLOs")), in eligible countries, to: (i) conduct comprehensive assessments of safety and security threats, and (ii) develop and implement safety and security plans for KP-targeted HIV programs.
  b. Mainstream safety and security considerations into HIV programs for KP.

2.1.4. **Expected outcomes and anticipated results**

The expected outcomes of this MC grant will include:

- Stronger and more comprehensive packages of HIV prevention services delivery by CSOs.
- Expanded range of service delivery platforms for HIV prevention and testing programs for KPs.
- Greater access to non-discriminatory HIV prevention and care for members of KP groups.
- CSOs and other service providers serving KPs have greater capacity to ensure the safety and security of their communities and staff.
- Safety and security risks to KP and community organizations are pre-empted and mitigated.

2.1.5. **Key deliverables and timeline**

- The proposal is due for submission on 17 February 2025.
- The grant-making process is expected to last approximately 5 months including the grant agreement signature.
- The implementer of this grant will report twice a year against the set targets of several indicators and/or key milestones/work plan tracking measures and hold annual review meetings with the Global Fund, Principal Recipients, relevant implementing and technical partners.
- This grant is not expected to be renewed and, as such, its catalytic effect must be fully realized within the three years of its implementation. The Applicant should plan its proposal accordingly.

2.1.6. **Experience/Skills**

Bidders must have proven expertise in the following **areas** below:

- At least ten years of experience implementing HIV prevention programs for KPs.
- At least five years providing TA or capacity development to CSOs and MOHs in HIV.
- Experience working in insecure environments and supporting implementers to assess and plan for security.
- Expertise in KPs programs in WCA.
- Extensive experience with Global Fund's processes.
- Strong project management skills.
- Excellent communication skills.
- Excellent consensus building skills and inter-cultural sensitivity.
- Experience managing and providing remote support.

2.1.7. **People-centered participatory model of engagement**

Under the Global Fund's funding model, regional dialogue is an ongoing process that continues through funding request development, grant making and grant implementation to ensure the continued engagement of key stakeholders in strategic decision-making to prioritize resources and activities and resolve bottlenecks to implementation.

The Applicant must ensure that affected communities are at the center of the regional-level strategies it develops – both in terms of the process of developing strategies and approaches to implementation. This will ensure that funding requests deploy a people-centered approach that strengthens the engagement

of KPs in the design, implementation and monitoring of future grant activities and their long-term sustainability.

## 2.2. Implementation arrangements

An Applicant is an entity that meets the requirements set for a Regional Coordinating Mechanism (RCM) or Regional Organization (RO) and that submits a funding request. An Applicant must ensure an inclusive regional dialogue process is conducted to inform the funding request during the application period, submit such funding request, and, if selected, oversee the performance of the Implementer. Please refer to the Guidance Note Catalytic Multicountry Funds[3] for more details. The Global Fund may support the implementation of a regional dialogue process for this RFP, in which case the report will be made available online for all Applicants to integrate as appropriate in their funding requests.

1. The Applicant shall propose modules and interventions with clear indicators and targets, the costing of each proposed modules and interventions, and a monitoring and evaluation plan.
2. The Applicant shall present implementation arrangements and explain how the oversight mechanism is envisioned, assuring multicountry coordination. Please refer to the Implementation Arrangements Mapping instructions[4].
3. The Applicant shall propose an Implementer that satisfies the requirements of this RFP, in addition to the proposed programming and implementation arrangements outlined in the funding request submission.

The Applicant will provide strategic oversight to ensure effective and strategic implementation of programs. The Applicant will oversee the performance of the Implementer to ensure that it achieves the agreed targets of the programs being implemented. In case the Applicant is also the Implementer, it should also be responsible for the oversight on the implementation of program activities. This is further described in Eligibility Requirement 3 in the Catalytic Multicountry Funds Guidelines[5].

The Implementer will enter into a grant agreement with the Global Fund and manage the grant. Implementation of the activities under the grant will be conducted by the Implementer and the selected SRs in close coordination and consultation with the Global Fund and relevant regional and national authorities. The Implementer for the grant must have the capacity to control the grant activities and expenditure and manage SRs in compliance with Global Fund policies.

## 2.3. Applicable Global Fund Policies

All relevant policies, rules and guidelines of the Global Fund (as enacted or amended from time to time) shall apply to this Applicant selection process, the ensuing grant making process as well as implementation of the contemplated grant.

---

[3] https://www.theglobalfund.org/en/applying-for-funding/sources-of-funding/catalytic-multicountry-funds/
[4] https://www.theglobalfund.org/media/5678/fundingmodel_implementationmapping_guidelines_en.pdf
[5] https://www.theglobalfund.org/media/12734/core_multicountry_guidance_en.pdf

## 2.4. Framework Agreement and the Global Fund Grant Regulations

The Applicant will select an appropriate Implementer, which will enter into a Grant Agreement with the Global Fund. The Grant Agreement is governed by the standard Framework Agreement terms and the Global Fund Grant Regulations (as amended from time to time).

In particular, the successful Applicant along with the proposed Implementer shall confirm acceptance of the standard Framework Agreement terms and/or amendments thereto, the Global Fund Grant Regulations (as amended from time to time) and policies relating to maintenance of, and access to, books and records, and to full cooperation with the authorized representatives of the Global Fund, including the Office of the Inspector General, in audits, investigations, financial reviews, forensic audits, evaluations or other activities that the Global Fund deems necessary to ensure that Global Fund resources are used in accordance with the terms and conditions of the Grant Agreement for the purposes approved by the Global Fund. Cooperation includes in particular access to all relevant records, documents, personnel, sites, electronic materials and computerized records generated, or in the possession of, the Implementer, or the Implementer's agents, consultants, representatives or SRs, that pertain to activities and expenditures supported by Global Fund resources.

The Applicant and Implementer shall confirm acceptance of the standard Framework Agreement terms and/or amendments thereto, and the Global Fund Grant Regulations (as amended from time to time) in full with the technical proposal or, as the case may be, identify any proposed significant deviations from these terms in writing within the funding request.

The Global Fund shall be entitled to accept or refuse in its entire discretion any proposed deviations from its standard Framework Agreement terms and/or amendments thereto, and the Global Fund Grant Regulations (as amended from time to time) submitted in writing within the funding request.

Applicants shall not be allowed to propose any significant deviations from the standard Framework Agreement terms and/or amendments thereto, and the Global Fund Grant Regulations (as amended from time to time) after submission of their funding request under this RFP.

# ATTACHMENT B
## EVALUATION CRITERIA

The Global Fund Secretariat will conduct a screening process to assess the extent to which proposals meet the evaluation criteria below and in accordance with **Attachment C** (*Proposal Requirements and General Information*). All proposals considered of sufficient quality and technical rigor will be submitted to the TRP for independent expert review. The TRP will evaluate the proposals to ensure they are (i) technically sound, (ii) strategically focused and demonstrate (iii) potential for achieving the highest catalytic impact, (iv) MC collaboration, and are (v) poised for sustainability in response to the targeted strategic priority. The selected proposals will be recommended to the Grant Approvals Committee of the Global Fund for final review and Board approval before proceeding into grant signing.

During the Global Fund Secretariat screening procedure, applications are evaluated to ensure they fulfil the requirements outlined in **Attachment C** (*Proposal Requirements and General Information*) and demonstrate sufficient attention to the project described in **Attachment A** (*Statement of Work*).

Only those proposals that fulfil all requirements will be considered for technical review by the TRP.

### The Global Fund Secretariat evaluation

Each proposal submitted in response to this RFP will undergo a screening process by the Global Fund Secretariat to evaluate whether it fulfils the criteria outlined in **Attachment C** (*Proposal Requirements and General Information*) and complies with relevant Global Fund policies and procedures, including the RCM/RO Eligibility Criteria and the Global Fund Grant Regulations (as amended from time to time). Applicants must demonstrate technical and programmatic capacity, sufficient regional knowledge and experience, and a commitment to open and inclusive drafting and decision-making.

Any proposal meeting the basic criteria outlined in **Attachment C** (*Proposal Requirements and General Information*), demonstrating alignment with the Statement of Work, and in line with the relevant policies and procedures cited in the RFP, will be eligible for technical consideration by the TRP. The Global Fund Secretariat reserves a right to initially evaluate each proposal to determine a short list of candidates for further consideration by the TRP.

In addition, the Global Fund Secretariat will provide the TRP with available complementary analysis that inform the TRP, including any relevant regional and country-level context, which may have bearing on the TRP review as well as available organization's track record/relevant experience.

### TRP review process and criteria

The following technical criteria will be used in the TRP's review processes to ensure that Global Fund investments are positioned to achieve the highest impact, value for money and contribute to the goal and objectives set out in the Global Fund Strategy[6]. Further detail on these criteria is outlined in the Global

---

[6] For more information, see the Global Fund Strategy.

Fund's Core Information Notes and Technical Briefs[7] and the Core Guiding Principles for differentiation[8]. These criteria apply to programs funded through the country allocations as well as to the multi-country grants. Application and operationalization of the TRP Review criteria will be further contextualized for different multicountry portfolio types, country contexts and specific priorities as detailed in the internal TRP Operating Procedures.

All proposals deemed eligible by the Global Fund Secretariat will be evaluated by the TRP against the framework put forth in **Attachment A** (*Statement of Work*), and to ensure investments are positioned for impact, the Global Fund-supported programs should be guided by the following overarching approaches:

- **Catalytic use of resources:** Global Fund resources should be programmed in consideration of how domestic, donor and other resources in country are being used and how Global Fund resources can catalyze the greatest impact within a specific country context. Global Fund investments should be well balanced and allocated to interventions that will contribute to impact in line with national plans and the objectives of the Global Fund Strategy.

- **Communities at the center of programs**: Program design reflects the meaningful engagement, leadership and contributions of communities living with and affected by HIV, TB and malaria on how programs can best be focused and structured to meet their holistic health needs. This includes programs for key and vulnerable populations, and ways in which the engagement and leadership of communities can be used to improve access to and retention in quality programs for all populations affected by the three diseases.

- **Leveraging partnerships:** This includes pursuing multi-sector partnerships to address common structural determinants of outcomes of HIV, TB and malaria in an efficient and effective way; leveraging local expertise for tailored technical support; strengthening partnerships across national health, social, community and private sector stakeholders to strengthen integrated people-centered quality services; and working across countries to address challenges for the three diseases including barriers to gender equality, equity, human rights and structural barriers to health equity.

In addition to the criteria laid out above, each proposal will be evaluated by the TRP for technical soundness, strategic focus, and catalytic impact, program quality, prioritization and evidence-based programs for key and vulnerable populations and the following mutually reinforcing contributing objectives, as applicable:

---

[7] See the HIV, TB, malaria and RSSH Information Notes, as well as the Technical Briefs which provide more information, for instance on specific disease control issues, community rights and gender issues, as well as RSSH issues.
[8] For more information, see GF/SC01/DP03, the access to funding principles of differentiation, COE, STC and other relevant access to funding policies.

| 1. Maximize People-centered Integrated Systems for Health[9] | |
|---|---|
| **Scope of investments** | Resilient and sustainable systems for health (RSSH) investments should support achieving better health outcomes for HIV, TB and malaria and related coinfections and co-morbidities of the three diseases. They should also support building the resilience and the capacity of systems for health, including community systems for health, to prepare for, detect and respond to novel outbreaks. |
| **Integrated, people-centered quality services and systems** | Wherever possible investments should promote the integration of services for health to address people's health needs in a holistic manner and lead to the equitable, efficient, rights-based and integrated delivery of health services across national health, community and private sector providers. Systems should be designed and strengthened to increase equitable access, use and outcomes, with a focus on improving quality of care in health facilities, in the community and private sector. Investments should be programmed in a way that is equitable, people-centered, meets individuals' holistic health needs, maximizes cross-program efficiencies and promotes the integration of HIV-, TB, and malaria-related services with related services including for coinfections and comorbidities of the three diseases. Communities should be engaged in the design of these services to ensure they are well-positioned to meet their needs efficiently and effectively. |
| **Sexual and reproductive health and rights programs and their integration with HIV services for women in all their diversity and their partners** | Stronger sexual and reproductive health and rights programs are a key component of people-centered, integrated service delivery for improved HIV, TB, malaria and other essential health outcomes. Comprehensive SRHR programs expand the range of available holistic services, which are tailored to the needs of individuals across the whole spectrum of sexual and reproductive health needs, including, but not limited to, prevention of HIV infection and sexual and gender-based violence prevention and response interventions and services. |
| **Community systems and community-led programming** | Programs should integrate the development and strengthening of community health systems and strategies with national disease responses and grant implementation to expand and improve holistic, equitable, people-centered service delivery for HIV, TB and malaria. Investments should focus on policy and systems strengthening to scale up and strengthen the capacity of community-based and community-led organizations in service delivery as well as for formalized community health worker cadres, programs and services, and the development of long-term sustainable financing mechanisms and financing mixes optimized for each context (e.g., domestic, blended finance). Community systems strengthening should include a focus on the underlying capabilities and capacities to scale-up of effective community-led monitoring programs and models, community-led advocacy (e.g., legal and policy reform on decriminalization; domestic budget advocacy, community engagement in decision making), community leadership and engagement, institutional development, community mobilization, as well as innovative sustainability mechanisms for community-based and community-led groups. |

---

[9] For more information, see the technical brief and relevant Information notes here: https://www.theglobalfund.org/en/funding-model/applying/resources/

| | |
|---|---|
| **Data generation and use** | Programs should strengthen data governance, leadership, and management to promote adherence to national health data strategies, standards, and policies. Investments should strengthen the generation and use of quality, timely, transparent, and disaggregated digital (to the extent possible) and secure data across all service providers (national health, community and private sector), aligned with human rights principles to support decision-making, and improve program management and quality at the point of care. Programs should build and strengthen sustainable data systems for availability, quality and use of these data to drive timely, data-based decision making to improve the quality, efficiency, equity, equality and impact of HIV, TB and malaria programs, as well as to strengthen surveillance for effective pandemic preparedness and response. Ideally, through countries integrated financial management information systems, investments should systemically capture timely and granular health financing data to support well-costed and prioritized NSPs and their implementation, to improve the visibility of domestic investment and cash flows (especially those directed to human resources for health and commodities) to enable co-financing compliance assessment, enhance sustainability, and guide strategic investment prompting value for money. |
| **Supply chain system strengthening** | Programs should strengthen the ecosystem of efficient, agile, people-centric and sustainable quality supply chains to improve the end-to-end management of national health products and laboratory services and deliver equitable access to quality-assured and affordable health products. Investments should promote innovation through partnerships by connecting industry, in-country procurement decision-makers, communities, academia, development and other partners to improve product-user fit, adoption, use, and cost-effectiveness. |
| **Private sector engagement** | Engage and harness the private sector, and leverage partnerships to improve the oversight scale, quality and affordability of services wherever communities, including key and vulnerable populations, are seeking care and ensure the provision of services is in compliance with national standards. As relevant to the country context, investments should (i) build domestic capacity to enhance the effectiveness and resilience of direct private sector engagement and contracting for service provision and health system services, and (ii) enhance the efficiency and effectiveness of health systems through better models of public-private engagement. |

| **2. Maximize health equity, gender equality and human rights** | |
|---|---|
| **Invests in equitable health outcomes** | Uses qualitative and disaggregated quantitative data (such as by gender, age, geography, socioeconomic and education status, racial, ethnic and indigenous disparities and as appropriate to respond to key and vulnerable populations' needs) to identify health inequities, human rights- and gender-related barriers. Programs should respond to these inequities and barriers using approaches that address structural barriers and improve equitable service access and other programmatic considerations to improve equitable health outcomes. |

| | |
|---|---|
| **Removal of human rights- and gender-related barriers** | Invests in evidence-based programs that address and remove human rights- and gender-related barriers in access to and retention in the three diseases, pandemic preparedness, and integrated services. These may include programs that support advocacy, reduction of stigma and discrimination, access to justice, respond to sexual and gender-based violence and harmful gender norms, legal literacy, policy and legislative reform in areas such as, but not limited to, decriminalization and protection from discrimination, as well as interventions that monitor reforms to harmful laws, policies and practices. |
| **Youth-responsive programming, including for adolescent girls and young women (and young key and vulnerable populations and their partners)** | Invests in tailored, age-appropriate HIV, TB and malaria program approaches for adolescent girls and young women and young KPs, including the use of combination HIV prevention options for adolescent girls and young women and their partners, and foster stronger linkages, especially with prevention programs that recognize their interdependencies and address the fact that many adolescent girls and young women also belong to one or more key or vulnerable populations. |

| | |
|---|---|
| **3. Strengthen resource mobilization, sustainability, health financing, and value for money** | |
| **Co-financing** | In line with Global Fund policies and co-financing requirements, Funding Requests should demonstrate progressive overall increases in domestic expenditure on national disease and health sector strategies to meet national universal health coverage goals; ensure progressive domestic uptake of key costs of national responses supported by the Global Fund; and make sufficient domestic financing commitments for achieving program targets and strengthening financial sustainability of key interventions |
| **Application Focus** | Funding Requests demonstrate compliance with the application focus requirements for the corresponding country income level as defined in the Global Fund's Sustainability, Transition and Co-financing Policy. |
| **Sustainability** | Investments should strengthen the sustainability of national responses, address key financial, programmatic, and/or other sustainability challenges in the design of national programs, funding requests, co-financing commitments and/or national planning, particularly considering the sustainability of services for key and vulnerable populations. |
| **Health finance** | Investments should strengthen country health financing systems based on country context-specific challenges, such as (but not limited to) reducing financial barriers to access, strengthening resource tracking and the generation and use of health finance data to enhance impact and efficiency, supporting the integration of national responses into UHC financing mechanisms, strengthening purchasing efficiency, enhancing public financing of services provided by civil society and communities (e.g., social contracting) to enhance sustainability/ transition readiness, etc. |

| | |
|---|---|
| **Strengthen focus on value for money** | Maximizes and sustains equitable health impact, addressing the five dimensions of VfM: economy, effectiveness, efficiency, equity and sustainability. This includes efficient distribution and utilization of investments in disease programs and health systems so as to maximize impact in a resource-constrained environment. This also means addressing inequities as a programmatic priority, even when the cost of these interventions is higher in certain settings, such as to "reach the last mile". That is, the program is expected to secure the lowest sustainable costs for quality inputs required to provide services, as well as achieve allocative and technical efficiencies at both program and system levels to maximize the long-term return of the investment in an equitable manner, balancing trade-offs where necessary and considering specific country context. |
| **Leverages innovative financing approaches** | Leverages innovative financing approaches to attract additional resources for health and channel debt and borrowing into achievement of tangible health outcomes. Funding requests should demonstrate, where relevant, efforts to proactively (a) assess the viability of debt-for-health conversion schemes (b) engage Multilateral Development Banks to identify opportunities for joint investments in shared programmatic priorities. Tools for such collaboration can include Debt2Health, targeted loan buy-downs and joint investments underpinned by use of effective performance-based disbursement mechanisms. |

## 4. Strengthening countries' pandemic preparedness capabilities by building integrated and resilient systems for health and HIV, TB, and malaria programs

Global Fund investments will contribute to strengthening countries' pandemic preparedness capabilities by building integrated and resilient systems for health and HIV, TB and malaria programs better able to prevent, detect and respond to new infectious disease outbreaks. This includes promoting community engagement in pandemic preparedness planning, decision making and oversight, and ensuring that program approaches are equitable, gender-responsive and rights-based. In assessing funding requests. TRP will assess:

| Basis of investments | Investments to strengthen essential preparedness capacities should be derived from the International Health Regulations (IHR) and as described in country-specific National Action Plans for Health Security (or similar), recent findings from Joint External Evaluations and State Parties Self-Assessment Annual Reports. They should be informed by learnings from national COVID-19 responses through intra-action and after-action reviews of recent outbreak responses, including COVID-19, as well as simulation exercises involving readiness-testing of specific preparedness and response functions. Investments may also be drawn from disease-specific preparedness plans (e.g., respiratory pathogens/influenza) or cross-cutting systems-focused strategies (e.g. laboratory strengthening, disease surveillance, workforce capacity development). Imminent risk-based operational readiness gaps and needs, based on the WHO Benchmarks for IHR capacities, as well as longer-term pandemic preparedness planning, where available, should be included. |
|---|---|
| Focus of investments | Multi-pathogen investments that contribute to HIV, TB and malaria outcomes and broader preparedness aims, including building the resilience and sustainability of systems for health, the resilience of communities and the prevention, preparedness and resilience to novel outbreaks. These include investments to directly build the resilience of HIV, TB and malaria programs; strengthen front-line health workforce capacity for detection and rapid response at facility and community levels; scale up and integrate community systems capacity for outbreak detection and response, and to address human rights challenges and equity; to strengthen disease surveillance systems (including event- and community-based surveillance); and strengthen laboratory systems, supply chains and diagnostic capacity to meet HIV, TB and malaria program demand and respond to outbreaks. These investments must ensure equitable, gender-responsive and human rights-based approaches as central features of pandemic preparedness and response. They should also promote community and civil society leadership and meaningful engagement in preparedness and response planning, decision-making and oversight. Program design should account for measures needed to prepare for, prevent and respond to a range of threats, including relevant antimicrobial resistance (such as drug and insecticide resistance), as well as measures to mitigate, respond and adapt to climate change. Where relevant, this should be undertaken through One Health[10] approaches, to account for interactions between people, animals and the environment that have an impact on infectious disease transmission and outcomes. |

---

[10] One Health is a collaborative, multisectoral, and transdisciplinary approach—working at the local, regional, national, and global levels – with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment. https://www.cdc.gov/onehealth/index.html

# ATTACHMENT C
## PROPOSAL REQUIREMENTS AND GENERAL INFORMATION

## I. Background

The objective of MC grants is to target a limited number of key strategic MC priorities deemed critical to meet the aims of the Global Fund Strategy and not able to be addressed through country allocations alone. Funding request for MC catalytic funding should focus on regional and cross-border collaboration, as well as complementarity with national disease programs, to achieve maximum catalytic impact in the strategic priority area.[11] Proposals will be considered from Applicants that demonstrate sufficient technical capacity and strategic initiative to fulfill the terms outlined in **Attachment A (***Statement of Work***).**

As part of the principle of country ownership, **Attachment A (***Statement of Work***)** has been shaped through a documented inclusive consultation process with partners and key stakeholders in the affected areas. Applicants are required to continue this inclusive approach to ensure the final grant reflects the interests and needs of different constituents and is sufficiently integrated with national and regional programming to achieve truly catalytic impact.

## II. Requirements for Applicants

An Applicant must be an RCM or RO[12] that demonstrates technical and programmatic capacity in the MC strategic priority, sufficient regional knowledge and experience in broad stakeholder engagement, and a commitment to open and inclusive dialog and decision-making.

Applicants must develop and demonstrate an inclusive and evidence-informed regional dialogue. It must be based on relevant national disease plans and regional strategies. A regional dialogue should actively engage representatives from all stakeholder groups involved in the response to the diseases, including those involved in building resilient and sustainable systems for health, and must include key and vulnerable populations disproportionately impacted by the diseases. The Global Fund may support the implementation of a regional dialogue process for this RFP, in which case the report will be made available online for all Applicants to integrate as appropriate in their proposals.

In order to demonstrate an inclusive proposal development and to be eligible for Global Fund funding, Applicants must comply, as relevant, with the applicable Global Fund CCM/RCM Eligibility Requirements[13] or the equivalent Global Fund principles applicable to RO proposal submissions. At the time of the submission of the proposal, the Global Fund Secretariat evaluates compliance with

---

[11] For more information on Global Fund Catalytic Investments, see the Guidance note on Catalytic Multicountry Funds.

[12] In order for a Regional Organization to be considered an eligible Applicant it must comply with the following requirements:

    1. Demonstrate broad regional stakeholder consultation and involvement by:
- Having a broad experience in working in the region on the issues targeted by the MC priority;
- Having experience in working with other regionally / MC focused initiatives, programs;
- Having a broad experience and confirmed track of working with people living with and/or affected by the diseases targeted by the MC priority.

    2. Not be a United Nations, multilateral or bilateral agency.

    3. Demonstrate elements for sustainability for the regional strategic priority.

[13] Please refer to the CCM Eligibility Requirements as outlined in the Guidance note Catalytic Multicountry Funds.

CCM/RCM Eligibility Requirement 1 and 2 or the equivalent Global Fund principles applicable to RO proposal submissions, these being:

*Requirement 1:*

All MC applications must demonstrate how the request is complementary to national efforts and other existing regional grants.

A MC request must be endorsed by all RCM members/their designated alternates or legal representative of the RO, as applicable. In addition, endorsement(s) must also be provided for each country represented in the program by: (i) CCM Chair and (ii) civil society representative if the CCM Chair[14] is the representative of the Government, or the representative of the Government if the CCM Chair is the representative of the civil society. For those countries with no CCM, endorsement is required from the legal representative of the relevant Ministry of Health or other national coordinating body. [15]

*Requirement 2:*

 (i)  Nominate one or more PR(s) at the time of submission of the proposal(s);

 (ii)  Document a transparent process for the nomination of all new and continuing PR(s) based on clearly defined and objective criteria; and

 (iii)  Document the management of any conflicts of interest that may affect the PR(s) nomination process.

RCM Applicants may not act as Implementers and shall nominate an Implementer(s) in accordance with procedures and requirements listed below. RO Applicants may nominate as Implementer(s) both themselves and any suitable third party.

Compliance to CCM/RCM Eligibility Requirement 3 to 6 are also evaluated at the time of submission of the proposal as well as monitored on ongoing basis by the Global Fund Secretariat. More information on Eligibility Requirements, see online and in the CCM Policy.

Additionally, a representative of the "Implementer" must sign off on the bottom of the endorsement sheet confirming that they endorse the funding request and are ready to begin grant making and implementation.

## III. Requirements for Implementers

The Implementer will be the entity implementing the grant proposed by the Applicant[16]. At the minimum, a successful Implementer shall be a legally registered entity and needs to demonstrate the following:

---

[14] In the absence of the CCM Chair, endorsement by the Vice Chair is acceptable if in line with the CCM's governing documents.
[15] The CCMs endorsements should be submitted together with the Funding Request. However, in special and well documented cases where circumstances do not allow to provide the CCM endorsements at the time of the submission, exception can be granted by the Secretariat to submit the documents during the grant making phase on case-by-case basis.
[16] Eligible Global Fund Implementers are: Local and legal entities from the public or private sector or civil society. Locally incorporated international non-governmental organizations are considered local stakeholders and are acceptable as PRs. The same requirements apply to SRs. For the purpose of this RFP, local means being registered as legal entity in in at least one of the countries of West or Central Africa as defined by the Global Fund (Benin, Cabo Verde, Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Gambia, Guinea, Guinea-Bissau, Liberia, Mauritania, Niger, Sao Tome and Principe, Senegal, Sierra Leone, Togo).

1. The Implementer demonstrates technical expertise in the MC strategic priority at MC and country levels.
2. The Implementer demonstrates effective management structures and planning at MC and country levels.
3. The Implementer has the capacity and systems for effective programmatic management and oversight of consultants (and SRs, if relevant) at MC and country levels.
4. The internal control system of the Implementer is effective to prevent and detect misuse or fraud.
5. The financial management system of the Implementer is effective and accurate.
6. Data-collection capacity and tools are in place to monitor programmatic and financial performance.
7. A functional routine reporting system with reasonable coverage is in place to report MC financial and programmatic performance timely and accurately.

An Applicant should ensure that the Implementer(s) comply with the Global Fund Grant Regulations (as amended from time to time).

## IV. Proposal Requirements

The proposal should be concisely presented and structured, and should explain in detail the organization's strategic approach, technical capacity and resources to provide the proposed services. Applicants can include a prioritized and costed proposal for funds above the allocation amount (the "Prioritized above Allocation Proposal", or "PAAR") in case any available funds become available during the 2023 – 2025 funding cycle, including savings identified in grant-making. Applicants are expected to use the official Funding request Template for MC RFPs and include all required documentation.[17] Proposals deemed incomplete or not responsive to these criteria may not be considered in the review process. All proposals should be submitted as MS-Word documents or in the correct template, though annexes may be submitted as PDF. The Global Fund accepts application documents in English, French, and Spanish, though the working language of the Global Fund Secretariat and the TRP is English.[18]

Appropriate application materials, instructions, and supporting documentation are only available through the relevant Secretariat Focal Point. After completing the funding request (including the narrative and mandatory attachments) all application documents should be uploaded through the CCM/RCM file sharing portal.

---

- In exceptional cases, should the RCM/RO conclude that there is no local entity qualified to be PR, the local office of an multilateral organization can be approved to take on the responsibilities of being PR. In this case, firm evidence must be presented by the RCM/RO that there are no local entities with the requisite capacity, and Country Teams must confirm their agreement.
- The Global Fund expects that engaging multilateral organizations or international NGOs to be PR as temporary, and that one or several local entities may be phased-in as PR(s) once their capacities had been strengthened. The Grant Agreement with a non-local entity PR may include plans for developing the capacity of one or several local entities and a timeline for passing PR responsibility to them.
- In rare cases where no other options are considered as acceptable, bilateral organizations (including the consulting arm of bilateral organizations, even if these are private entities) can be considered as PRs. This would be the case where the country context proves to be challenging and where the RCM/RO and the Global Fund Country Team conclude that no other international organizations can be appointed as PR to undertake grant implementation. The use of a bilateral organization as a PR would require approval from Global Fund Senior Management.

[17] Please refer to the attached Funding request Instructions
[18] Please refer to the Funding Request Multicountry Instructions for more information on language requirements and translations. The instructions will be included in the application materials package.

a.  **Technical Proposal**

Each funding request should be supported by regional and in-country data and technical guidance. It should be guided by regional disease strategies and national disease strategic plans, as appropriate, and draw on an inclusive multi-stakeholder regional dialogue process. The proposal must emphasize the strategic priority area within the specific regional and cross-national context, and describe how implementation of the resulting grant can maximize the impact of the investment by catalyzing national and regional programming to increase the impact and effectiveness of both national and international investments in line with Global Fund Strategic Objectives.

In addition to the funding request document, the following attachments and documentation are required:

- Performance Framework (following the Global Fund Modular Framework)
- Budget (in alignment with the Performance Framework and the Guidelines for Grant Budgeting)
- Implementation Arrangement Map
- Endorsement of the funding request from the RCM or RO
- Endorsement letters from CCM of each country that forms a part of the regional application (or equivalent)
- List of abbreviations and annexes
- Documents describing the Applicant status such as organization's status, by-laws etc.
- Documents describing the Implementers status such as organization's status, by-laws etc. (Not applicable if the RO – Applicant acts also as an Implementer).

Applicants are requested to include all relevant and necessary contextual documentation with the proposal as labelled annexes, including national and regional strategic plans for the relevant diseases.

For detailed instructions on the information and documentation required, refer to the Funding request Instructions for MC Approaches, which are available on request from the Secretariat Focal Point.

b.  **Guidelines for Grant Budgeting**

All proposals submitted in response to this RFP are expected to use the Global Fund Modular Framework to describe the intended programming and budget. The Global Fund Modular Framework Handbook is a list of standard modules, related interventions, and associated impact, outcome, and coverage indicators through which Applicants describe their intended grant programming. The Global Fund uses the modular approach to organize the programmatic and financial information about each grant throughout its lifecycle, from the funding request through grant-making and implementation.

Further information on the Global Fund Modular Framework may be found in the Modular Framework Handbook. Instructions on completing the Performance Framework and Budget may be found in the Instructions completing a MC Funding request.

All proposals should additionally follow the Global Fund Guidelines for Grant Budgeting, which sets forth the financial requirements for all stakeholders involved in the development, review, and implementation of the Global Fund program budgets and specific grant budgets funded by the Global Fund.

## V. Proposal submission and communications

The amount of available funding and intended program outline relevant to this RFP has been outlined in **Attachment A (***Statement of Work***)**.

Applicants will receive the appropriate application materials from the designated Secretariat Focal Point. After completing the funding request (including the narrative and mandatory attachments), Applicants should submit all documentation through the CCM/RCM file sharing portal and send a confirmation email to the Secretariat Focal Point (accesstofunding@theglobalfund.org) The full proposal must be submitted no later than the date and time designated in the summary table and following the submission guidelines noted in the invitation notice (page 1).

# ATTACHMENT D
## GENERAL INSTRUCTIONS

By submitting a response for this RFP, the Applicant agrees to the following:

1. The Global Fund shall not be considered as making any offer of a contract, nor a grant, by posting this RFP or evaluating any response submitted in response to it, and there shall be no legal agreement or relationship, whether in contract (express, implied, or collateral) or tort, created by this RFP process between the Global Fund and any Applicant. For the avoidance of doubt, any grant agreement remains subject to Global Fund Board approval.

2. The Global Fund expressly reserves the right to change the closing date and timing of, amend, withdraw, or cancel this RFP process and/or its grant strategy, and to reject any or all responses at any time and for any reason, without liability or penalty to any party. Applicants will be informed of all amendments or other modifications to this RFP.

3. The Global Fund may (a) reject any or all proposals; (b) accept for award a proposal other than the lowest cost proposal; (c) accept more than one proposal; (d) accept alternate proposals, (e) accept part of a proposal; and (f) waive informalities and minor irregularities in proposals received.

4. The Global Fund will be under no obligation to reveal, or discuss with any Applicant, how a proposal was assessed, or to provide any other information relative to the selection process. Applicants whose proposals are not selected will be notified in writing of this fact and shall have no claim whatsoever for any kind of compensation.

5. All Applicants shall be responsible for and bear their own costs, expenses, and liabilities arising in connection with the preparation and submission of a response to this RFP, as updated, amended, or modified from time to time, and their involvement in the RFP process. In no circumstances whatsoever will the Global Fund be liable for any such costs incurred by any Applicant, whether direct or indirect, irrespective of the outcome of the selection process, nor if the selection process is cancelled, altered, or postponed for any reason.

6. Any dispute, controversy, claim, or issue arising out of this RFP, shall be finally settled by arbitration conducted in accordance with the United Nations Commission on International Trade Law (UNCITRAL). The number of arbitrators shall be three, the place of arbitration shall be Geneva, Switzerland, and the language used at the arbitration shall be English.

7. The Code of Conduct for Recipients of Global Fund Resources and the investigative, decision-making, and sanctions policies and processes of the Global Fund, including those of its Office of the Inspector General that shall apply to this RFP can be accessed here.

8. The Global Fund has full discretion to investigate any potential fraud or abuse, whether occurring in the past, present, or future, associated with the procurement with Global Fund resources, and the Global Fund at its full discretion may publish the findings of such investigations; through participation in this process, the Applicant acknowledges these processes and will not challenge in any setting the investigation by the Global Fund of potential fraud or abuse associated with procurement with Global Fund resources, the dissemination of investigation findings, and the responses undertaken by the Global Fund to findings of fraud or abuse, in all cases whether occurring in the past, present, or future.

9. Nothing contained in this RFP may be construed as a waiver, express or implied, of the privileges and immunities accorded to the Global Fund.

10. Nothing in this RFP shall be taken to mean or read as compelling or requiring the Global Fund to respond to any questions or to provide any clarification to a query of an Applicant. The Global Fund reserves the right not to respond to questions raised by an Applicant that it perceives as irrelevant, or not to provide clarifications if in its sole and absolute discretion it considers that no reply is necessary.

11. The Global Fund reserves the right to seek any additional information or document from the Applicant in the manner it deems fit at its sole and absolute discretion.