



# Application Form

Tailored for Transition (High Impact & Core Portfolios)

## Grant Cycle 8

### Summary Information

Country(s)	<i>Country or countries submitting the Funding Request.</i>
Component(s) and Transition Timelines	<i>Component(s) included in this Funding Request. For each, indicate transition timelines (GC8 or GC9).</i>
Planned grant(s) start date(s)	<i>Projected start date for the grant(s).</i>
Planned grant(s) end date(s)	<i>Projected end date for the grant(s).</i>
Principal Recipient(s)	<i>The entity or entities nominated by the Applicant to implement the program(s).</i>
Currency	<i>Indicate the currency of the Funding Request as per the Allocation Letter.</i>
Allocation Funding Request Amount	<i>Amount requested from the Allocation, in line with the program split submitted by the applicant and confirmed by the Global Fund. This amount should be consistent across all application documents.</i>
Prioritized Above Allocation Request (PAAR) Amount	<i>Amount requested in the PAAR. This amount should be consistent across all application documents.</i>
Matching Funds Request Amount (if applicable)	<i>Amount requested in Matching Funds (if eligible), as outlined in the Allocation Letter. This amount should be consistent across all application documents.</i>

See [Technical Guidance](#)<sup>1</sup> for guidance on prioritizing and developing the Funding Request.

<sup>1</sup><https://resources.theglobalfund.org/en/technical-guidance/>

# Section 1. Country Context & Priorities

## 1.1 Updates to the country context

A. Complete Table 1 below indicating where in national documents (section, page), there is up-to-date information about the contextual areas listed. For each area, only reference information that informed the strategic focus of this request.

Table 1

Key areas	Section(s) and/or page(s) of the relevant national document	
<b>Cross-cutting</b>		
I. Health system strategies, priorities, gaps and reforms		
II. Transition planning		
III. Financing of the health system and/or the national responses		
IV. Political or social upheavals, conflicts, or security events		
<b>Disease-specific</b>		
V. Epidemiological context	HIV	
	TB	
	Malaria	
VI. Access to health services	HIV	
	TB	
	Malaria	
<b>Additional details or supporting information, <u>if needed</u></b>		

### Instructions:

**Recommended Page Length:** Up to 3 pages.

Respond to this question only by directing reviewers to relevant sections and/or pages of national documents or recent program reviews that contain current information about the key areas relevant to country context. Both positive and negative changes should be considered.

All the documents referenced should be included in [Appendix 2: List of Supporting Annexes](#).

Only provide additional information in writing if it is not covered in the documents referenced. For example, new survey data, emerging evidence, or input from country dialogue.

Key area	Details
<p><b>I. Health system strategies, priorities, gaps and reforms</b></p>	<ul style="list-style-type: none"> <li>○ Direct reviewers to relevant sections or pages of national documents that describe: <ul style="list-style-type: none"> <li>▪ The country's current <b>health system strategies and priorities</b> that can be found in: <ul style="list-style-type: none"> <li>• National Health Policies, Strategic Plans<sup>2</sup> and Primary Health Care Plans.</li> <li>• Plans for the introduction of new normative guidance or technical approaches adopted within the national policy or strategy for the program.</li> </ul> </li> <li>▪ <b>Key cross-cutting RSSH gaps</b> that hinder progress towards i) ending AIDS, TB and malaria and ii) delivering integrated, people-centered quality services.</li> <li>▪ <b>Health system reforms</b> since the previous Funding Request submission to the Global Fund: <ul style="list-style-type: none"> <li>• As relevant, new normative guidance or technical approaches adopted within the HIV, TB and malaria programs.</li> <li>• Ongoing reforms aimed at integrating disease programs into routine health financing systems and structures.</li> </ul> </li> </ul> </li> </ul>
<p><b>II. Transition planning</b></p>	<ul style="list-style-type: none"> <li>○ Direct reviewers to sections or pages of a Transition Workplan (or equivalent national sustainability and transition document) that <b>describe transition planning</b>.</li> </ul>
<p><b>III. Financing of the health system and/or the national responses</b></p>	<ul style="list-style-type: none"> <li>○ Direct reviewers to sections or pages of national documents that describe: <ul style="list-style-type: none"> <li>▪ <b>Macro-fiscal economic shocks</b> or other significant <b>changes in the financing of the health system</b> (domestic or external) that hinder or support the financial sustainability of the national responses.</li> <li>▪ <b>Funding analyses of key cross-cutting RSSH gaps</b>, indicating changes in available financing since the previous Funding Request submission to the Global Fund. Include any coordination of investments to meet these RSSH gaps across domestic financing and global partners (such as GAVI the Vaccine Alliance; the Global Financing Facility; and Multilateral Development Banks).</li> </ul> </li> </ul>
<p><b>IV. Political or social upheavals, conflicts, or security events</b></p>	<ul style="list-style-type: none"> <li>○ This section supports the Global Fund in understanding the context in which the country operates and the existence of any political or social upheavals, conflicts, or security events that might affect investments for HIV, TB, and malaria. Direct reviewers to sections or pages of national documents that describe, as relevant: <ul style="list-style-type: none"> <li>▪ The extent to which (if at all) <b>emergency responses diverted resources</b> from HIV, TB, and malaria programming.</li> <li>▪ <b>Major political or social upheavals, conflicts, security events, humanitarian crises</b> or other circumstances creating barriers to delivery of HIV, TB and malaria services.</li> <li>▪ <b>Key changes in the physical environment</b>, including extreme weather events with a direct and adverse impact on health, on the delivery of HIV, TB, and malaria services and to essential commodities</li> </ul> </li> </ul>
<p><b>V. Epidemiological context</b></p>	<ul style="list-style-type: none"> <li>○ Direct reviewers to sections or pages of global or national documents that provide the most up-to-date information about the country's <b>HIV, TB and malaria epidemiological profile, with disaggregated data</b>.</li> </ul>
<p><b>VI. Access to health services</b></p>	<ul style="list-style-type: none"> <li>○ Direct reviewers to sections or pages of the Assessment of Barriers to HIV, TB and Malaria Health Services (if available), or other national documents describing the following: <ul style="list-style-type: none"> <li>▪ <b>Key drivers of health inequities</b> that hinder progress towards ending AIDS, TB and malaria; towards delivering integrated, people-centered quality services; and towards the programmatic sustainability of the national disease programs, including inequities linked to human rights- and gender-related barriers.</li> </ul> </li> </ul>

<sup>2</sup> For example: National Monitoring & Evaluation Plans; National Digital Health Strategies; Community Health Strategic Plans; Human Resources for Health Strategic Plans; National Laboratory Strategic Plans; Health Product Management or Supply Chain Master Plans; or National Quality of Care Policies and Strategies.

	<ul style="list-style-type: none"> <li>▪ <b>Social, political, human rights, or legal contexts</b> that disproportionately impact key and vulnerable populations or specific age groups, such as children or adolescent girls and young women. For example: safety and security challenges for key and vulnerable populations; health systems improvements or challenges relevant to the communities most affected by the three diseases; and civil society organizations' ability to register, access funding or operate.</li> <li>▪ <b>Expansions of access through public, private (profit and non-profit) or community health platforms</b>, including through online service delivery and training.</li> </ul>
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## 1.2 Integration Priorities

A. Highlight top strategic priorities for strengthening integration of HIV, TB and malaria services into primary health care services and health systems.

### Instructions:

**Recommended Page Length:** Up to 2 pages.

To respond to this question, summarize:

Question elements	Details
<b>Strategic priorities for integration of HIV, TB, and malaria services</b>	<ul style="list-style-type: none"> <li>○ Summarize ongoing efforts to integrate HIV, TB and malaria services and activities into primary health care services or essential packages of health services and health systems.</li> <li>○ Indicate which HIV, TB and malaria services will be delivered through primary health care services or essential packages of health services in your country, with the associated timeframe.</li> </ul>
<b>Strategic priorities for more integrated systems</b>	<ul style="list-style-type: none"> <li>○ Indicate health systems priorities for the delivery of HIV, TB, and malaria integration. For example: workforce, financing, community systems, supply chain, data systems, laboratory systems, and/or surveillance.</li> </ul>

## Section 2. Funding Request and Rationale

### 2.1 Prioritized Request and Rationale

A. Highlight up to three strategic priorities for each component (RSSH, HIV, TB, malaria) of funding requested from the Global Fund, explaining why each priority was selected.

### Instructions:

**Recommended Page Length:** Up to 1.5 pages per component.

Describe priorities only. A detailed description of proposed modules and interventions is requested in Question 2.1.B.

To respond to this question, summarize:

Question elements	Details
<b>Strategic priorities of the Funding Request</b>	<ul style="list-style-type: none"> <li>○ Highlight <b>up to three priorities</b> for the funding requested for each relevant disease component and RSSH. Provide a rationale for each priority, linking to programmatic and financing gaps. Reference country dialogue outcomes where relevant.</li> </ul>

B. Describe the proposed programming by module, explaining the expected impact and sustainability planning. Provide the information requested in Table 2 for each module included in this Funding Request.

If the Funding Request is fully based on the Payment for Results (PfR) modality, complete Table 3 instead of Table 2.

Table 2

<b>Module Name and Number</b>
<b>Intervention(s) and Activities</b>
<b>Expected Impact and Sustainability Planning</b>

**Instructions:**

**Recommended Page Length:** Up to 3 pages per module.

**This question should be answered at the module level, repeating Table 2 for each module requested (not for each intervention).** Group modules by component, starting with RSSH.

Responses should reference, where relevant, key documents such as the NSP(s), Programmatic Gap Table(s), Funding Landscape Table(s), Detailed Budget, Performance Framework and Transition Workplan (or equivalent national sustainability and transition planning process document).

To respond to this question, complete the table as follows:

<b>Question elements</b>	<b>Details</b>
<b>Module Name and Number</b>	<ul style="list-style-type: none"> <li>○ Indicate the name of the module that has been prioritized for Global Fund financing, as it appears in the Performance Framework. Number each module.</li> </ul>
<b>Intervention(s) and Activities</b>	<ul style="list-style-type: none"> <li>○ <b>For each of the interventions included in this module, briefly describe <u>in 1-2 sentences</u> each of the activities that have been prioritized for Global Fund financing.</b></li> <li>○ In your response, indicate the following:           <ul style="list-style-type: none"> <li>▪ <b>Relevant priority populations</b> (including key and vulnerable populations or general populations if applicable) and/or relevant geographies or locations which may have a higher disease burden, intensity of transmission, risk of transmission, or hard-to-reach populations. Seasonality should be specified, if applicable.</li> <li>▪ If applicable, briefly highlight the <b>most important programming changes</b> compared to the current GC7 grant planned for the interventions in this module, including significant scale up or down and changes to geographic scope.</li> </ul> </li> </ul>
<b>Expected Impact and Sustainability Planning</b>	<ul style="list-style-type: none"> <li>○ <b>Demonstrate how the proposed investments from this module are best placed to maximize impact, improve integration, support sustainability of disease programs and health systems and address critical gaps.</b></li> <li>○ Consider how the interventions/activities do the following, <u>as relevant</u>:           <ul style="list-style-type: none"> <li>▪ Contribute to national goals/objectives for disease control.</li> <li>▪ Catch up on any delays related to the delivery of HIV, TB and malaria services to improve the effectiveness and reach of programs.</li> <li>▪ Promote ambitious and sustainable scale-up of cost-effective interventions and acceleration of program implementation.</li> <li>▪ Build-upon and leverage resources, processes, and systems to i) promote integrated responses between the disease programs, health systems, and other existing programs, and ii) improve cost-effectiveness and sustainability of the programs. This may include, for example: integrated staffing, training and supervision, shared infrastructure, workforce, supply chains, digital transformation of health systems, or service delivery models.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ Address structural barriers to HIV, TB and malaria services, such as those related to human rights and gender, showing how the proposed interventions maximize access to services.</li> <li>▪ Support the engagement and leadership of key and vulnerable populations in program design and service delivery.</li> <li>▪ Complement domestic financing, as identified in the Programmatic Gap Table(s), Funding Landscape Table(s), or the key cross-cutting RSSH gaps referenced in Question 1.1.A.</li> <li>▪ Strengthen the resilience of health systems (including community systems and HIV, TB and malaria programs) to address the effect of extreme weather events and other changes in weather and climate patterns.</li> </ul>
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C. If the Funding Request is using a PfR modality, use Table 3 to describe the PfR arrangements proposed. Indicate how the accuracy of results reporting is ensured.

Table 3

<b>Disbursement-linked Indicator (DLI)</b>	
<b>Payment Amount</b>	
<b>Rationale and Expected Impact</b>	
<b>Measurement and Data Quality</b>	
<b>Sustainability Planning</b>	

### Instructions:

**Recommended Page Length:** Up to 1 page per Disbursement-linked Indicator (DLI).

This question is designed for applicants that will apply the PfR modality to cover part or the entirety of their Funding Request, as described in the [Payment for Results Technical Brief](#).<sup>3</sup> If PfR modalities are not used, delete Table 3 and respond with “No Payment for Results modalities are used”. If this Funding Request is partially using a PfR modality, populate Table 3 as a complement to Question 2.1.B.

A program is only considered to use PfR if this modality is applied at the disease program level. Any proposed use of incentive payments (at the facility/provider level or individual basis) should be discussed in Section 4: Implementation Arrangements.

**This question should be answered at the DLI level, repeating Table 3 for each proposed DLI. Group DLIs by component.**

To respond to this question, complete Table 3 as follows:

Question elements	Details
<b>Disbursement-linked Indicator (DLI)</b>	<ul style="list-style-type: none"> <li>○ Indicate the proposed DLI linked to the payments. To the extent possible, DLIs should be selected from the core list of indicators in the Global Fund Modular Framework.</li> </ul>
<b>Payment Amount</b>	<ul style="list-style-type: none"> <li>○ Indicate the payment amount for the DLI, explaining how it was defined and the relevant data source (e.g., NSP costing). Amounts should be in the currency of the Funding Request for the period of the allocation and align with the Detailed Budget.</li> </ul>
<b>Rationale and Expected Impact</b>	<ul style="list-style-type: none"> <li>○ Describe the rationale for prioritizing each DLI, indicating the impact expected from the DLI on specific populations, key barriers, health and community systems and/or geographies.</li> </ul>

<sup>3</sup> <https://resources.theglobalfund.org/en/technical-guidance/>

<b>Measurement and Data Quality</b>	<ul style="list-style-type: none"> <li>○ Briefly explain how the quality of the data reported will be ensured, highlighting the data collection and verification process and systems that will be used.</li> <li>○ If available, share latest M&amp;E plans, Health Information System assessments, data quality reviews, audit reports, etc.</li> </ul>
<b>Sustainability Planning</b>	<ul style="list-style-type: none"> <li>○ Describe how the proposed DLIs do any of the following: <ul style="list-style-type: none"> <li>▪ Contribute to the sustainability of the disease response, with consideration of efficient delivery of services and cost-effectiveness.</li> <li>▪ Complement contributions from other funding sources, including planned domestic funding..</li> </ul> </li> </ul>

D. Describe the overall prioritization approach that informed the request for selected and prioritized interventions.

### **Instructions:**

**Recommended Page Length:** Up to 3 pages per component.

Responses should reference, where relevant, country dialogue outcomes and refer to key documents such as the Programmatic Gap Table(s), Funding Landscape Table(s), Funding Priorities from Communities and Civil Society annex, NSP(s), Transition Workplans, and other relevant national documents, including analyses, prioritization exercises, etc.

Refer to the numbered modules from Question 2.1.B, where applicable.

To respond to this question, summarize:

<b>Question elements</b>	<b>Details</b>
<b>Methodology, criteria and stakeholders</b>	<ul style="list-style-type: none"> <li>○ Indicate the following: <ul style="list-style-type: none"> <li>▪ <b>The methodology followed and prioritization criteria used</b> (e.g. cost-effectiveness, value-for-money, attention to underserved populations, feasibility, etc.).</li> <li>▪ <b>The data that informed the prioritization of interventions and modules</b> (if not already referenced in Question 1.1.A).</li> </ul> </li> <li>○ <b>Stakeholders involved</b>, including how communities were engaged in the design of the Funding Request.</li> </ul>
<b>How prioritization was adapted for context changes</b>	<ul style="list-style-type: none"> <li>○ Describe how prioritization was adapted to respond to: <ul style="list-style-type: none"> <li>▪ <b>Transition timelines from Global Fund financing</b>, as communicated in the Allocation Letter.</li> <li>▪ <b>Other changes in the health financing landscape</b> such as changes to the levels of funding from other donors as well as from domestic financing for health.</li> </ul> </li> <li>○ Describe efforts to prioritize geographic areas and population groups to maximize impact, sustainability and address programmatic gaps, including, as relevant: <ul style="list-style-type: none"> <li>▪ Data that informed prioritization of geographic areas (subnational level) and population groups, including those groups most vulnerable to climate-related disasters and shocks.</li> <li>▪ Details on the stratification approach and subsequent subnational tailoring of the intervention mix.</li> <li>▪ Information about efforts to strengthen coordination between health and community systems at the national, subnational, and local levels.</li> <li>▪ Details about any complementary coverage for specific geographies or programs arranged with another donor or through domestic financing.</li> <li>▪ Priorities from country dialogue or the Funding Priorities from Civil Societies and Communities Annex.</li> </ul> </li> </ul>

## 2.2 Matching Funds (if applicable)

A. If Matching Funds were designated for GC8, describe how they will be used, highlighting how programmatic and access conditions for these Matching Funds have been met.

### Instructions:

**Recommended Page Length:** Up to 1 page per Matching Fund.

Only Applicants who were informed in their Allocation Letter that they have been designated any Matching Funds for GC8 are required to respond to the questions in the table.

If no Matching Funds were designated for GC8, respond with “No Matching Funds were designated.”

To respond to this question, summarize:

Question elements	Details
<b>How Matching Funds will be used and how conditions will be met</b>	<ul style="list-style-type: none"> <li>○ Describe how Matching Funds will be used to catalyze the Global Fund allocation or other investments in the Matching Funds area.</li> <li>○ Describe how programmatic conditions have been met.</li> <li>○ Describe how access conditions have been met.</li> </ul>

## Section 3. Domestic Financing, Co-financing and Transition

### 3.1 Domestic Financing and Co-financing

Global Fund financing complements domestic funding for the national responses and health systems. As such, the Global Fund works closely with countries to understand the trends in domestic financing over each allocation period, and agrees with countries on specific co-financing commitments to strengthen domestic financing, mitigate dependencies on external financing, and support continued scale up and impact.

A. Describe progress in specific co-financing commitments for the GC7 period.

### Instructions:

**Recommended Page Length:** Up to 1 page.

Responses should reference, where relevant, key documents such as the GC7 Commitment Letter, Programmatic Gap Table(s), Funding Landscape Table(s), NSP(s), etc.

To respond to this question, summarize:

Question elements	Details
<b>Progress on GC7 co-financing commitments</b>	<ul style="list-style-type: none"> <li>○ Describe the following: <ul style="list-style-type: none"> <li>▪ Domestic spending against GC7 co-financing commitments with verifiable evidence, in line with the requirements of the Operational Policy Note on Co-Financing.</li> <li>▪ Specific programmatic interventions that have been or are planned to be domestically funded in GC7.</li> </ul> </li> </ul>
<b>Challenges to meeting GC7 co-financing commitments (if any)</b>	<ul style="list-style-type: none"> <li>○ If the GC7 co-financing commitments were not fully met, describe specific barriers that prevented full compliance with those commitments, such as budget execution issues, governance challenges, or capacity limitations.</li> <li>○ Indicate any measures taken to address these challenges.</li> </ul>

B. Describe the expected trends in domestic financing in GC8. Indicate specific co-financing commitments to be formalized in the GC8 Commitment Letter, highlighting any remaining funding gaps and how these commitments will be tracked and reported.

**Instructions:**

**Recommended Page Length:** Up to 1.5 pages.

Responses should reference the finalized GC8 Commitment Letter if one was submitted with this Funding Request and, where relevant, key documents such as the Programmatic Gap Table(s), Funding Landscape Table(s), NSP(s) and other relevant national documents including the National Health Sector Plan, the RSSH gaps analysis referenced in Question 1.1.A, relevant fiscal strategies, a Transition Workplan, sustainability roadmaps, transition readiness assessment or equivalent analysis from the national sustainability and transition planning process.

To respond to this question, summarize:

<b>Question elements</b>	<b>Details</b>
<b>For lower middle-income countries only: Government health sector budget estimates for GC8</b>	<ul style="list-style-type: none"> <li>○ Highlight how domestic health spending expected for GC8 compares to GC7, indicating if progressive increase in domestic health spending is expected. Reference pages/sections of relevant information in national documents attached to this Funding Request.</li> </ul>
<b>Overall planned domestic financing to support prioritized interventions</b>	<ul style="list-style-type: none"> <li>○ Indicate how domestic financing planned for GC8 addresses key coverage gaps in the national disease responses and health systems for the prioritized interventions.</li> </ul>
<b>Focus of GC8 co-financing commitments</b>	<ul style="list-style-type: none"> <li>○ Describe how the planned GC8 co-financing commitments:               <ul style="list-style-type: none"> <li>▪ Align with planned government investments highlighted in Programmatic Gap Table(s) and in the Funding Landscape Table(s).</li> <li>▪ Complement this Funding Request and other external financing.</li> </ul> </li> </ul>
<b>Tracking and reporting mechanisms</b>	<ul style="list-style-type: none"> <li>○ Describe the existing national assurance and audit that will be used to track health expenditures and report on the fulfillment of co-financing commitments, highlighting any ongoing efforts to strengthen these mechanisms as part of the transition to national systems.</li> <li>○ If health sector reporting is not done using an integrated financial management information system, highlight plans to transition to such systems.</li> </ul>
<b>Planned actions to identify domestic resources and/or efficiencies</b>	<ul style="list-style-type: none"> <li>○ Highlight significant programmatic needs that will not be fully covered by the combined Global Fund allocation and planned domestic investments (including co-financing commitments).</li> <li>○ Describe plans to address these gaps through additional domestic resource mobilization or programmatic efficiencies.</li> </ul>

**3.2 Transition**

A. Describe plans for progressive transitioning of programming costs to domestic financing according to the transition timelines shared by the Global Fund.

**Instructions:**

**Recommended Page Length:** Up to 1 page per component.

Some question details may already be covered in the Transition Workplan. **Please list sections of the Transition Workplan where relevant and provide responses only for question elements not covered in the Transition Workplan.**

To respond to this question, summarize:

<b>Question elements</b>	<b>Details</b>
<b>Transition planning</b>	<ul style="list-style-type: none"> <li>○ Building from the plans referenced in Question 1.1.A, describe current status of planning and efforts to progressively transition health spend from Global Fund financing.</li> <li>○ Plans should include all components included in this request and ideally build from integration plans described in Question 1.2.A.</li> </ul>
<b>Detailed transition plans</b>	<ul style="list-style-type: none"> <li>○ Working backwards from the transition timelines shared in the Allocation Letter, describe key milestones for progressively transitioning program costs to domestic financing, for each module/DLI included in the funding request, including investments in RSSH.</li> <li>○ Indicate the entities responsible for absorbing costs, with reference to relevant planning documents, including budget lines (if available).</li> </ul>
<b>Innovative finance</b>	<ul style="list-style-type: none"> <li>○ Summarize existing financial mechanisms supporting transition (e.g., result-based programs and Debt2Health, Blended Finance or any other innovative financing modality) that are linked to this Funding Request.</li> </ul>

B. Describe the core challenges and actions to effectively transition Global Fund supported programs to domestic financing.

**Instructions:**

**Recommended Page Length:** Up to 1.5 pages.

Some question details may already be covered in the Transition Workplan. **Please list relevant sections of the Transition Workplan where relevant and provide responses only for question elements not covered in the Transition Workplan.**

To respond to this question, summarize:

<b>Question elements</b>	<b>Details</b>
<b>Key challenges and actions in the financial and programmatic sustainability of the health sector</b>	<ul style="list-style-type: none"> <li>○ Highlight challenges related to financial and programmatic sustainability, including the following, as relevant: <ul style="list-style-type: none"> <li>▪ Public financial management-related bottlenecks, including procurement system and systemic inefficiencies.</li> <li>▪ Integration of HIV, TB and malaria services into mandatory benefit packages, and/or national health insurance schemes.</li> <li>▪ Health workforce capacity.</li> <li>▪ Financing and programmatic sustainability of community systems, particularly for key populations.</li> <li>▪ Primary Health Care-oriented health systems.</li> </ul> </li> <li>○ Highlight actions identified through national planning processes to address these challenges and describe how these actions will be implemented.</li> <li>○ Indicate how this Funding Request supports actions planned to address the challenges described.</li> <li>○ If relevant, highlight financial management initiatives and capacity-building efforts that contribute to the integration of Global Fund support into the national budgeting process.</li> </ul>
<b>Key challenges and actions to effective transition</b>	<ul style="list-style-type: none"> <li>○ Describe the key challenges (if any) foreseen for the progressive transition of the interventions covered by this Funding Request in GC8 (and GC9 as relevant), indicating any associated risks and mitigating actions.</li> <li>○ Building on your responses to earlier questions, indicate priority activities from the Transition Workplan (or equivalent) that are not covered by the combined Global Fund allocation, planned domestic investments (including co-financing commitments) and other external financing.</li> <li>○ Describe plans to address these gaps, such as programmatic efficiencies in the Global Fund-supported programs and/or domestic resource mobilization efforts.</li> </ul>

## Section 4. Implementation

### 4.1 Implementation Arrangements

A. Use Table 4 to indicate all the entities that will play the roles of Principal Recipient (PR) and Sub-Recipient (SR) in grant implementation during GC8.

Table 4

Disease component(s)					
Role	Implementer Name	Implementer Type	New or Continuing	Level of Implementation	% Funding Managed in GC8
<i>Principal Recipient</i>	<Principal Recipient name>	<Principal Recipient type>	Select.	Select an option.	
<i>Sub-Recipient(s)</i>	<Sub-Recipient name>	<Sub-Recipient type>	Select.	Select an option.	

#### Instructions:

**Recommended Page Length:** Up to 1.5 pages.

The purpose of this question is to provide insight into how the grant will be implemented, to inform an assessment of program quality and potential for impact.

**This question should be answered at the PR level,** repeating Table 4 for each PR. If PRs or SRs have not yet been identified, indicate so in your response.

To respond to this question, summarize:

Question elements	Details
<b>Disease component(s)</b>	<ul style="list-style-type: none"> <li>If this Funding Request includes more than one component, indicate the relevant component(s) that the PR will implement.</li> </ul>
<b>Implementer name</b>	<ul style="list-style-type: none"> <li>Indicate the PR's name. If a PR has not yet been selected, use PR1, PR2, etc.</li> <li>Indicate the name of each of the SRs under the same PR. If a SR has not yet been selected, use SR1, SR2, etc.</li> </ul>
<b>Implementer type</b>	<ul style="list-style-type: none"> <li>Indicate if the implementer is a government agency, local NGO, international organization, UN agency, etc.</li> </ul>
<b>New or continuing</b>	<ul style="list-style-type: none"> <li>Indicate if the implementer is new or is continuing from GC7.</li> </ul>
<b>Level of implementation</b>	<ul style="list-style-type: none"> <li>Indicate if implementation will happen at national or subnational level.</li> </ul>
<b>% Funding managed in GC8</b>	<ul style="list-style-type: none"> <li>Indicate the percentage, rounded to the nearest 5% of the overall Funding Request Budget that will be managed by the implementer in GC8. Use "&lt;5%" when the implementer will manage less than 5% of the budget.</li> </ul>

B. Describe any changes from GC7 implementation arrangements to be made for GC8 that maximize implementation effectiveness and value for money.

#### Instructions:

**Recommended Page Length:** Up to 1.5 pages per component.

If a PfR modality is included in the Funding Request, please highlight the implementation arrangements and risks for the modality (where applicable), within one of the responses to the questions.

To respond to this question, summarize:

Question elements	Details
<b>Planned changes to the implementation arrangements</b>	<ul style="list-style-type: none"> <li>○ Consider any planned changes to the implementation arrangements compared to the current GC7 grants. Indicate how these changes address gaps in past performance and the needs arising from contextual changes to maximize implementation effectiveness, efficiency and economy. This may include steps taken to reduce program management or human resources costs (e.g., remote instead of in-person meetings) and/or metrics used to measure efficiency of Global Fund-supported programs and set targets for improvements.</li> </ul>
<b>If a local entity is not proposed as PR</b>	<ul style="list-style-type: none"> <li>○ Indicate how international NGOs or other PRs will work to transfer capacity to government or local non-governmental institutions. Provide a timeline, if applicable.</li> </ul>
<b>Addressing barriers to inclusion of community-led and -based organizations in implementation</b>	<ul style="list-style-type: none"> <li>○ Describe if the changes to the implementation arrangements address existing key gaps or barriers to the role of community-led organizations in implementation, including barriers to access funding and operate.</li> </ul>

## 4.2 Key Risks and Mitigation Measures

A. Concisely describe the most significant residual risks, with mitigating measures, that could impact achievement of program objectives, if not already addressed in sections above.

### Instructions:

**Recommended Page Length:** Up to 1 page.

The Global Fund has identified the following risk areas which should be considered at the Funding Request stage:

- Procurement of health products, management of health products and laboratory related activities.
- Flow of data from service delivery points.
- Human rights crises that impact the delivery of the HIV, TB and malaria program(s) and access to health services.
- Conflict, climate-related disasters and shocks, food security, and other humanitarian emergencies.

To respond to this question, describe the residual risks and mitigating measures that are relevant to the country context across these pre-identified programmatic risk areas. Applicants can provide additional risks during the grant-making stage.

Question elements	Details
<b>Residual risks and mitigating measures across the above-mentioned areas of programmatic risk</b>	<p>Consider the following, as relevant:</p> <ul style="list-style-type: none"> <li>○ New residual risks and their mitigating measures.</li> <li>○ Risks that were previously identified and where mitigation will continue in GC8.</li> <li>○ Other significant residual risks, either from the current grants or GC8 grants that will not be mitigated.</li> </ul>

# Appendix 1. Documents Checklist

Use the list below to verify the completeness of your application package.

This checklist only applies to applicants using the Tailored for Transition (High Impact & Core Portfolios) application approach.

## Documents Reviewed by the Technical Review Panel

<input type="checkbox"/>	Application Form
<input type="checkbox"/>	Performance Framework
<input type="checkbox"/>	Detailed Budget
<input type="checkbox"/>	HIV, TB Programmatic Gap Table(s) and/or RBM Malaria Gap Table, as relevant
<input type="checkbox"/>	Funding Landscape Table
<input type="checkbox"/>	Prioritized Above Allocation Request (PAAR)
<input type="checkbox"/>	Funding Priorities from Civil Society and Communities
<input type="checkbox"/>	National Health Sector Plan and National Strategic Plan(s), as relevant
<input type="checkbox"/>	Transition Workplan
<input type="checkbox"/>	Assessment of Barriers to HIV, TB and Malaria Health Services (Mandatory for High Impact Portfolios, if available for Core Portfolios)

## Documents Assessed by the Global Fund Secretariat

<input type="checkbox"/>	CCM Endorsement of Funding Request
<input type="checkbox"/>	CCM Statement of Compliance
<input type="checkbox"/>	Evidence of Realization of GC7 Co-financing Commitments

## Appendix 2: List of Supporting Annexes

List all documents referenced in this Application Form, including the annexes from Appendix 1.

Annex #	Document Title	File Name	Link	Language	Funding Request Question	Exact Page Reference

All documents referenced here should be submitted to the Global Fund as a part of the complete Application Package.

## Appendix 3: List of Abbreviations & Acronyms

List all abbreviations and acronyms referenced in this Application Form.

Abbreviation/Acronym	Definition