



Concept Notes and Country Dialogue

GFATM Requirements and Processes

CSO and Private Sector Consultations
Sule Shangri La Hotel, 14 November 2019

Ole Hansen, WHO
MHSCC Secretariat

GFATM Requirement (1 out of 6)

The Global Fund requires the CCM (was MHSCC now CD ExWG) to:

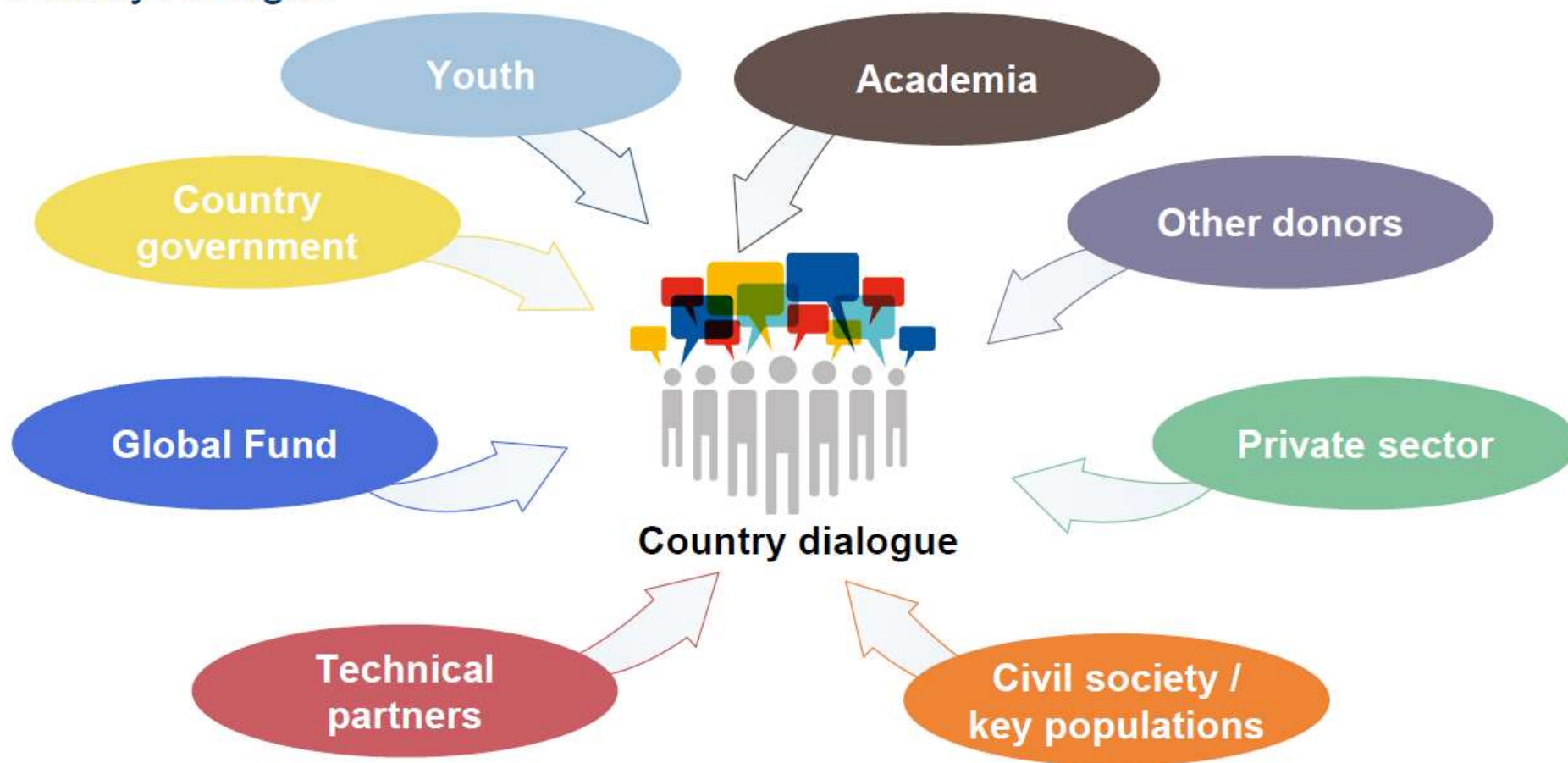
- **Coordinate the development of all concept notes** through transparent and documented processes that engage a broad range of stakeholders in the solicitation and the review of activities to be included in the application.
- Clearly **document efforts to engage key affected populations** in the development of concept notes, including most-at-risk populations.

Country Dialogue

- Country dialogue **ensures** the development of the funding request and its implementation are connected to the larger context of the country's health sector and disease strategies, **effectively engages civil society and key and vulnerable populations**, and articulates how impact will be maximized through the Global Fund investment.
- Inclusive country dialogue remains an essential feature and **eligibility requirement** for the next funding cycle. The CCM is responsible for coordinating country dialogue.
- Application should include, as appropriate, interventions that respond to key and vulnerable populations, as well as **address human rights and gender related barriers and vulnerabilities** in access to services.

Applying for Funding

Inclusive Country Dialogue



These actors should be convened by the CCM as the CCM is responsible for submitting the funding request and nominating the Principal Recipient(s) however the dialogue may expand beyond the CCM

Applying for Funding

Thematic Sections in each Funding Request

Context



Country
Context



Human
Rights and
Gender

Request



Funding
Request
Prioritization



Opportunities
for Integration



Value for
Money

Implementation



Implementation
Arrangements



Risk

Sustainability



Co-financing,
Sustainability
& Transition

Rationale for inclusion of HR and Gender

- Human rights and gender-related barriers, including stigma and discrimination and harmful gender norms, undermine an effective response to the three diseases.
- Promoting and protecting the rights of people living with and affected by the diseases – including the rights of women, children, adolescents and youth, as well as members of key and other vulnerable populations – is essential.
- This not only reduces the personal impact of living with the diseases, but also helps to create an enabling environment that encourages people to access HIV, TB and malaria services.
- Addressing gender inequality and age-related disparities is also essential for driving down infection rates and reducing barriers to health and social services.

Essential Programs to Reduce Human Rights-Related Barriers to Services

HIV and TB

- Stigma and discrimination reduction;
- Training for health care providers on human rights and medical ethics;
- Sensitization of law-makers and law enforcement agents;
- Reducing discrimination against women in the context of HIV
- Legal literacy (“know your rights”);
- Legal services;
- Monitoring and reforming laws, regulations and policies relating to HIV and TB.

Essential Programs to Reduce Human Rights-Related Barriers to Services

TB

(In addition to programs above)

- Ensuring confidentiality and privacy related to TB diagnosis and treatment;
- Mobilizing and empowering TB survivors, TB patients and affected community groups;
- Addressing overly-broad policies regarding involuntary isolation or detention for failure to adhere to TB treatment;
- Making efforts to remove barriers to TB services in prisons;
- Addressing data gaps to inform key and vulnerable population programming, and
- Addressing human rights-related supply chain and procurement issues ensuring access to safe, quality, affordable and reliable drugs, including preventative therapy, and diagnostics.

Essential Programs to Reduce Human Rights-Related Barriers to Services

Malaria

- Human rights and gender assessments of malaria-related risks and vulnerabilities;
- Meaningful participation of affected populations;
- Strengthening of community systems for support of malaria programs;
- Addressing gender-related vulnerabilities and barriers in the context of malaria,
- Improving access to malaria services for refugees and others affected by emergencies;
- Addressing HIV-related barriers to malaria services for those living with HIV;
- Improved malaria services in prison and pre-trial detention.

ROADMAP for Country Dialogue and CN Drafting and Submission

Timeline	Activity
19 September	TSGs Core Group meeting Joint AIDS, TB, Malaria Core TSG Meeting on progress on NSPs and Global Fund Concept Note preparation – selection of drafting teams
7 and 8 November	EHO and CBO mapping and consultations for NSPs and CNs
14 and 15 November	CSOs and private sector stakeholders/Expanded TSG members consultations
November	CN drafting teams to jointly work on CN outlines
December	Outline of CN drafted
December	Review of relevant technical reports for each disease
	Optimization workshop - produced scenarios with most optimized mix of interventions to inform priority and budget allocation to reach targets

ROADMAP for Country Dialogue and CN Drafting and Submission

Timeline	Activity
TBD by each disease	Unit Costs Consultation
TBD by each disease	Consultation on Prevention Approaches and Service Delivery Models incl. outreach and clinical treatment
TBD by each disease	Teams to work on each type of interventions and target setting, budget, M&E, TA, HR and Operationalisation Plans
January	Report to TSGs on CN progress
January	TSG Meetings
January	Communicable Diseases ExWG select PRs
January	Briefing and discussion with MOHS
January	First draft of CN completed - Drafting Groups meeting to review status of 1 st draft
January	TSG Chairs and Drafting Group discussions with GF Team
January	Submit first draft of CN to TSG for review

ROADMAP for Country Dialogue and CN Drafting and Submission

Timeline	Activity
January	Presentation of targets and budget of interventions to TSG
February	Deadline for CN 1 st Draft to be submitted to GF
February	CN meeting with MoH (NPT)
February	Communicable Diseases ExWG Meeting for review
February	Development and incorporation of PSM Plan for CN
February	Meeting with PRs to finalize programme management budget and implementation arrangement section
1st half of March	Communicable Diseases ExWG meeting to review and endorse Concept Note
23 rd of March	Concept Note submission

NB!: Human Rights and Gender to be mainstreamed in Concept Notes and activities.
Resilient and Sustainable Systems for Health (RSSH) to be included in Concept Notes for HIV/TB and Malaria!

ROADMAP for Country Dialogue and CN Drafting and Submission

Timeline	Activity	Notes
April	Launch Expression of Interest/ Call for SRs	
April	SR Selection Committee Meetings	
27 April - 2 May	TRP Review of Proposal	
TBC	SR Selection Announced	
TBC	Grant negotiation PR-SR-GF	
January 2021	New Grant Implementation starts	