

Global Fund Information Note: Strategic Investments for HIV programs

Introduction

The **New Funding Model** (NFM) is intended to allow the Global Fund and the countries it supports to invest more strategically, to maximize available resources, and to achieve the greatest impact.

The purpose of this information note is to provide guidance for applicants for HIV/AIDS grants to employ **strategic investment thinking** in the development and review of National AIDS Strategies and in the preparation of Global Fund concept notes, the principle document for requesting and accessing funding from the Global Fund under the NFM. Applying strategic investment thinking throughout the concept note design process is critical to target investments on the interventions and populations where they will have maximum impact.

Building on the **HIV Strategic Investment Approach** introduced by an international group of experts, including from UNAIDS (Joint United Nations Programme on HIV/AIDS), the Global Fund, the Bill & Melinda Gates Foundation, civil society, the World Bank, the World Health Organization, UNICEF and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), this Information Note gives guidance to applicants in developing the investment approach most appropriate to their contexts, and in prioritizing cost-effective interventions to accelerate access to key services where coverage gaps exist and financing by the government or other donors remains insufficient.¹

This information note is particularly relevant during the **country dialogue** to facilitate a more focused and effective use of the resources available for HIV and AIDS. It should be read in conjunction with guidance provided by the Global Fund and partners for the purposes of development and submission of a concept note. These include the “Concept Note Instructions”, the “Global Fund’s New Funding Model: Transition Manual”, other HIV and TB-related information notes, and Strategic Investment and National Planning Guidance from technical

¹ Schwartländer B. et al. 2011: Towards an improved investment approach for an effective response to HIV/AIDS. *Lancet*, 277:2031–2041; UNAIDS 2012: Investing for Results. Results for People. A people-centred investment tool towards ending AIDS.

partners. In addition, a UNAIDS guidance document, provides a step-by-step guide to planning and developing concept notes for HIV grants under the NFM.²

All applicants that are requesting new funding for HIV in the transition phase from the Global Fund under the NFM, i.e. **early and interim applicants**, are particularly encouraged to use this information note. **Standard applicants** that are currently in the process of developing a new national strategy or revising an existing national strategy are also encouraged to review the note.

A key feature of the transition phase of the NFM is the ability to capture learning in real-time in order to make refinements during the transition and prior to the full roll-out of the NFM. Given that the process described here may be modified based on early learning from the transition phase this information note might be further revised ahead of the full roll-out of the NFM, towards the end of 2013.

What is a concept note?

Concept notes replace previous Global Fund proposal documents and are the principal means to request and access Global Fund funding under the NFM. Concept notes build upon fully costed and prioritized **National Strategic Plans** (NSPs) making a **solid investment case**. Where NSPs do not exist, are under development, do not fully reflect current realities, or are not deemed robust enough to support the development of a strong concept note, countries are encouraged to develop robust and prioritized HIV investment cases as part of national strategic planning processes which will allow for timely submission of funding requests to the Global Fund and other financing partners. Separate concepts notes can be submitted for each of the three diseases as well as for cross-cutting support for health and community systems strengthening (HCSS).

Concept notes are an output of an inclusive, iterative multi-stakeholder country dialogue process, and capture the following key elements: the country's epidemiological context and its response to date; a prioritization of activities for both the indicative funding amount and incentive funding streams; and the full expression of demand (see Glossary).

Box 1: Glossary of key terms

- **Concept Note:** The concept note is the application to request new funds from the Global Fund for any one of the three diseases or cross-cutting support for HCSS.
- **Country Dialogue:** A country-led inclusive and iterative process building upon existing, on-going country mechanisms and dialogues in health, human rights and development. Though it is not a Global Fund-specific process, it is a prerequisite to an application to the Global Fund. It should include the Country Coordinating Mechanism (CCM), implementers, partners, donors, governments, civil society, key populations and vulnerable groups, and the Global Fund.
- **Full expression of demand:** The total amount of funding that is needed to finance a

² UNAIDS 2013: Guidance Document for Early and Interim applicants for HIV Funding under the New Funding Model of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

technically appropriate, focused, cost-effective and efficient response that aims to achieve maximum impact against the diseases within a given country context.

- **Incentive funding:** A separate reserve of funding which will reward high impact, well-performing programs, and encourage ambitious but feasible requests making a particularly strong case for investment.
- **Indicative funding:** An indicative funding amount which is derived from an allocation formula for each country and communicated to applicants up front.
- **Investment case:** An investment case is defined as a country-devised proposal for resource allocation including an analysis of optimal allocation of existing resources and a prioritized scale-up plan to reach 'full expression of demand' for a specific program/set of interventions. It is based on thorough analysis of the epidemiology and state of the current response; identifies vulnerabilities to infection, obstacles to uptake of services and funding gaps related to opportunities to bring programs to optimal scale; and highlights potential efficiency and equity gains. It "makes the case" for an optimized national response to AIDS, based on the country's National Strategic Plan.
- **National Strategic Plans:** Either disease specific, or health sector national strategies that provide the overall strategic direction for a country over a period of time (usually five years).
- **Unfunded quality demand:** Funding requested through a concept note which is considered technically sound by Technical Review Panel (TRP), but above the funding amount available (indicative funding and any additional incentive funding awarded). It is registered for possible funding by the Global Fund or other donors when, and if, new resources become available.

The starting point: Strong National AIDS strategies using an Investment Approach

In 2011, a conceptual approach to making funding for HIV have greater impact was introduced to assist countries in planning and prioritizing different elements of an effective and efficient AIDS response. The Global Fund strongly encourages countries to use the **Strategic Investment Approach** in the development and review of their National AIDS Strategies, and consequently their concept notes.³ In preparing concept notes, countries should take into account commitments made at the UN General Assembly High Level Meeting on AIDS in New York in 2011 to reach, by 2015. The commitments of the 2011 Political Declaration on HIV and AIDS include ten specific targets in reducing new HIV infections, eliminating new HIV infections among children, increasing the number of people on HIV treatment and eliminating stigma and gender-related barriers to effective responses. Other global commitments and targets may also be reflected.⁴

³ UNAIDS 2012: Investing for Results. Results for People. A people-centred investment tool towards ending AIDS.

⁴ UNAIDS 2011: Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive. Reference for 2020 targets to be added.

The investment approach incorporates a **human rights-based approach** to HIV to (i) address the needs of those most affected by and vulnerable to HIV, (ii) promote empowerment, participation, inclusion, and gender equality, and (iii) ensure accountability and transparency. It lays out **three categories of investments** essential to tackling the HIV response in any context: basic program activities, critical enablers, and development synergies.⁵ **Basic program activities** are essential to an adequate HIV response and should be delivered at scale according to the size of the relevant population in need. Basic program activities have a direct impact on HIV risk, transmission, morbidity and mortality, and work together with critical enablers and development synergies for maximum impact.

Box 2: Basic programs that have high impact

Basic programs that have high impact, directly impact on reducing HIV transmission and on keeping people alive and healthy and productive. They are evidence based and evidence informed interventions which include:

- **Antiretroviral therapy for people living with HIV** (including for preventing HIV transmission), **HIV-testing** and treating opportunistic infections.
- **Prevention of mother-to-child transmission of HIV (PMTCT).**⁶
- **Behavior change programs**, including for people engaging in casual sex, and young people and condom promotion.
- **Male circumcision** (in countries with high HIV prevalence and low coverage rates of circumcision practiced for religious or cultural reasons).
- **Integrated prevention and treatment responses focusing on key populations:** in many epidemics the key populations at higher risk of HIV infection are people who inject drugs, sex workers, men who have sex with men and transgender people. Other vulnerable populations may be important in specific settings (including adolescent girls, orphans, people in prisons and migrants).

Applicants are strongly advised to review the most recent technical and normative guidance related to these high impact interventions.

In addition to basic programs, the investment approach emphasizes the need to invest in **critical enablers** to overcome obstacles to full implementation of basic programs⁷. Critical enablers are indeed critical to support access, uptake and expansion of basic programs. Thus, the country dialogues, and other processes, should include an analysis of obstacles to access, uptake and expansion and should identify the critical enabler programs needed to address these. Such

⁵ Schwartländer B. et al. 2011: Towards an improved investment approach for an effective response to HIV/AIDS. *Lancet*, 277:2031–2041.

⁶ PMTCT consists of four prongs including primary prevention to women and girls, preventing unwanted pregnancies in HIV positive women, treatment and prophylaxis during pregnancy, at time of delivery and during breastfeeding and prevention, diagnosis and treatment to children and other family members.

⁷ UNDP/UNAIDS 2012: Understanding and acting on critical enablers and development synergies for strategic investments.

obstacles are best identified with those communities affected in the lead⁸ Critical enablers make program access possible and success more likely, and can be divided in two groups:

- **Social enablers** support people living with HIV or vulnerable to infection by creating favorable social and legal environments for access to services and in protecting themselves. These include: community mobilization, stigma reduction, countering harmful gender norms and practices, women's empowerment related to HIV and violence prevention, protective HIV legal frameworks, law reform, legal services, rights/legal literacy, and protection of women's property and inheritance rights.
- **Program enablers** help increase effectiveness of and demand for basic programs, including countries choosing a strategic mix of acceptable HIV testing and counseling approaches⁹; program management, capacity-building and monitoring of service provision for community-based organizations and other service providers; training of health care workers on nondiscrimination, informed consent and confidentiality; treatment literacy; treatment adherence support; linking HIV and sexual and reproductive rights.

The investment approach also supports the need to invest in **development synergies**, with the understanding that investments in other sectors that can have a positive effect on HIV outcomes. Rather than being implemented in isolation, AIDS programs should be linked to and aligned with wider health system, human rights and development efforts. This involves creating linkages between the HIV response, development and human rights work in other areas, such as health and employment systems, education, social protection, the rights of the child, rule of law and access to justice.

The investment approach suggests an inclusive **four-step process** to prioritize the different components of a country's HIV response based on its context and to arrive at a sound investment case:

- **Understand:** To maximize impact of HIV investments, an understanding is required of the extent and dynamics of the national AIDS epidemic, based on the latest epidemiological evidence. A clear understanding of where and in whom the **last 1,000 new HIV infections occurred** is essential in this regard.
- **Design:** Based on this evidence, countries have to decide on the combination of interventions to prioritize, considering the interventions' effectiveness in reducing their HIV epidemic and with a view to achieving the greatest impact.
- **Deliver:** To increase impact, the response needs to be delivered at scale, i.e. aimed at reaching all those in need. It is thus recommended that countries identify key cost drivers and ways to address key barriers to effective scale up. Particular attention will be required to devise effective means by which to reach key populations and vulnerable groups.

⁸ UNAIDS 2012. Investing for Results. Results for People. A people-centred investment tool towards ending AIDS.

⁹ See WHO 2012. Service delivery approaches to HIV testing and counselling (HTC): A strategic policy framework.

- **Sustain:** Applicants should ensure that their investment case addresses challenges related to a sustainable AIDS response, e.g. by synergizing development and health investments, integrating key services, and avoiding duplications.

An investment case should make the immediate case for investment in the National Strategic Plan. Various tools have been made available to support the creation or strengthening of NSPs. In addition to the UNAIDS strategic investment tools,¹⁰ the UNAIDS’ “Guidance on national AIDS strategies and implementation for results – Overview and introduction” provides support in developing strong national strategies within the frame of strategic investments , and helps to address the most-difficult allocation and prioritization choices required for impact.

NSPs must be country-owned and developed through an inclusive multi-stakeholder process. Key populations and other vulnerable populations, civil society organizations, as well as bilateral and multilateral partners, should be included in their development and implementation. The Global Fund and CCMs should participate in but not lead this process.

Translating the National AIDS Strategies into a Global Fund concept note through country dialogue

The NFM encourages the development of concept notes as *one* output of an iterative inclusive and participatory country dialogue which builds on existing country-led mechanisms and dialogue for health, human rights and development.

The **development of the concept note** for funding of specific parts of the National AIDS Strategy can happen consecutively or in parallel to the development/strengthening of the NSP. Both NSP strengthening and concept notes Development should be based on recent **disease-specific or health program reviews** to ensure gaps and bottlenecks that prevent a program from achieving impact are targeted and to provide practical recommendations on where a country should invest to achieve the greatest impact. Reviews should evaluate the entire country program, not just the activities supported by the Global Fund, and make recommendations for how financing can be better targeted to achieve outcomes and impact. They should also be based on an assessment of data quality and analysis of existing data, including disaggregation by time, person (i.e., gender and age) and place.¹¹ Where possible, reviews should build on existing reviews of the country disease and health programs, and guidance from technical partners. They should also be consistent with the evaluation approach that the Global Fund’s Technical Evaluation Reference Group recommends.

The process of concept note development is **led by the CCM** (unless it is a non-CCM application or a multi-country proposal) with discussions and decisions on how to translate the strategy into a concept note being inclusive of *all* stakeholders. **Multi-stakeholder buy-ownership is needed for** (i) a view of the overall funding landscape and related funding gaps; (ii) the full expression of demand for the component(s) for which funding is being requested; (iii)

¹⁰ UNAIDS 2012. Investing for Results. Results for People. A people-centred investment tool towards ending AIDS. UNAIDS 2013. Investing in HIV more strategically. A four-step self-assessment and decision making tool.

¹¹ Where a full program review is not feasible, an impact analysis with partners of the program should be conducted.

how indicative funding is divided among the three diseases and HCSS; (iv) programmatic objectives of the concept note(s), and (v) identification of the operational issues.

Ongoing technical input in the development of concept notes is made available through technical partners and applicants are strongly encouraged to request technical support, including from the existing bilateral and multilateral support mechanisms. Technical partners will also support the collection of epidemiological and coverage data, and data on legal and social barriers. In some countries, one key opportunity for countries to assess their national responses and to modify as necessary will be the Mid-Term Reviews of the 2011 Political Declaration on HIV and AIDS in 2013. Data collected as part of the Mid-Term Review will be useful to inform the preparation of the concept note.

As up-to-date funding data will be a critical part of the evidence required for concept notes, applicants should ensure that data on all current and projected funding is available and taken into account.

What should the concept note look like?

The concept note details the applicant's proposed request for Global Fund resources for HIV/AIDS (and/or to strengthen health and community systems) for the next three-year period. Taking the National HIV Strategic Plan (or investment case) as its starting point, the concept note must explain the country's epidemiological, legal and policy environment and the country's strategic response to the disease context. The full expression of demand, i.e. the total amount of funding that is needed to finance a technically appropriate response that aims to achieve maximum impact, also has to be included in the concept note.

Building on this information, the concept note must then present how existing and anticipated programmatic gaps of the National HIV Strategic Plan (or investment case) have been identified and costed and how the funds requested will be strategically invested to maximize the impact of the response, including a prioritization of activities in both indicative funding and incentive funding streams. Finally, it must describe implementation arrangements for the requested funding.

Country Disease Context and National HIV Strategic Plan

Based on the latest epidemiological data, including from recent program reviews, the starting point of the concept note is an analysis of the country's current and evolving epidemiological situation. In doing so they can refer to Performance and Impact Profile (PIP)¹² for each country provided by the Global Fund Secretariat, as well as other recent program reviews (including the Mid-Term Review documentation referred to above). Information provided should include:

- Evidence on all populations that are epidemiologically important including those contributing the largest absolute number of new infections as well as those disproportionately affected with higher HIV prevalence. Also it is crucial to identify those

¹² This is a consolidated view of each country's epidemiological situation, progress on coverage, outcomes and impacts, the performance of existing grants, and an overview of the funding landscape.

that may have disproportionately low access to HIV prevention, treatment, and care and support services.

- Information on HIV hot spots/areas with high burden/transmission, and any recent epidemiological changes (HIV incidence or prevalence). Absence of epidemiological data among particular key affected populations must also be explained.
- Evidence on factors that may cause inequity in or barriers to access to services for HIV treatment and prevention, such as gender norms and practices legal and policy barriers, stigma and discrimination, poverty, geography.
- Discussion and data on system-related constraints at the national, sub-national and community levels in reducing the HIV/AIDS burden.

Applicants should also briefly describe their National HIV Strategic Plan, and how it addresses the country disease context. This includes information on the following areas:

- Goals, objectives and priorities, placing emphasis on their on-going relevance and any planned or needed revisions over the lifetime of the Funding Request.
- Stage of implementation and the country processes for reviewing the NSP. If the NSP will come to an end in the next 18 months, an explanation of the process and timeline for the development of a new NSP, developed within the frame of a strategic investment approach, is also required.
- Main findings of, and response to, any recent assessments and/or program reviews.

Programmatic and Financial Gap Analysis

Coverage data for key interventions and financial information are critical to identify gaps, as is information on legal and social barriers hindering access to HIV information and services.

In Section 4 of the concept note, applicants need to describe how indicative funding requested, as well as any existing Global Fund financing, will be invested (or reprogrammed) during the funding request period to address these gaps and to maximize impact. This involves describing the assumptions, methodology and sources used in estimating the programmatic gaps. Applicants also have to provide the following steps information:

- The objectives and expected outcomes of the funding request, and how the outcomes have been estimated and will contribute to achieving greater impact.
- The basic programs and critical enablers described the funding request in order of priority, in addition to the rationale for their selection and prioritization. For specifying the proposed interventions, applicants must use the **Modular Template** (please read the section on the Modular Template below).
- For consolidated funding requests, it needs to be explained how current interventions will be adapted, discontinued or extended to maximize impact.

Applicants also need to indicate how they intend to fulfill their obligations to sustain and increase contributions of their national HIV response. Applicants have to

- Indicate whether the counterpart financing requirement has been met.¹³ If not, a justification is needed that explains which actions are planned during implementation to fulfill the counterpart financing requirements.
- Describe whether and how the funding request to the Global Fund will be complemented by additional funding commitments from the Government.
- Describe how the funding request can leverage other donor resources.

Priority areas proposed for indicative funding and for funding requests above the indicative funding amount

In preparing their concept notes, applicants have to indicate which HIV investments should be covered through their **indicative funding**, and what should be covered through the funding request above the indicative funding (a decision will then be made by the Global Fund which portion of this amount will be covered through **incentive funding** or considered as unfunded quality demand, see below).¹⁴ **All funding** requested should be based on the applicant's previous analysis of the financial and programmatic gap and should be consistent with the priority areas for enhanced investment outlined in the NSP as agreed within the country dialogue. In addition, applicants should consider the following key points:

- The funding request for **indicative funding** should be focused on core funding needs, i.e. ensuring that the **strategic elements of existing programs get carried forward and scaled up**. **Large financing gaps for basic programs**, such as PMTCT, may be addressed through the indicative funding budget. In targeting basic programs, it will also be important to include a specific focus on MARPs.
- **Indicative funding requests must include a technically sound mix of interventions**. While applicants should consider the **importance of scaling up basic programs**, **indicative funding requests should also reflect the critical enablers** essential for optimizing basic program efforts. To reward ambitious, high-quality expressions of full demand that go beyond the core funding range, the Global Fund has set aside a portion of funds for competition among all early applicants ('**incentive funding**') under the transitional NFM.¹⁵ Countries that base their **concept notes on strong national strategic plans or solid investment cases** may qualify for this incentive funding. Incentive funding should be used to reach scale and maximize the impact of the investments requested in the indicative funding. It may also be used to finance particularly innovative programs.

Applicants submit their concept note(s) according to their national planning and in-country cycle. Standard applicants are strongly encouraged to use 2013 to prepare their full expressions of demand through costed, prioritized National AIDS Strategies and begin to craft elements of their

¹³ The counterpart financing requirements of the Global Fund are set forth in the Policy on Eligibility Criteria, Counterpart Financing Requirements, and Prioritization.

¹⁴ Global Fund 2013. Concept Note Instructions for Early Applicants.

¹⁵ See Board decision point GF/B27/DP7 which states that "incentiviz[ing] high-impact, well-performing programs and the submission of robust, ambitious requests based on national strategic plans or investment cases," and "motivat[ing] full expressions of quality demand."

concept notes so that they are ready to apply for funding following the Replenishment Conference in late 2013

Once submitted, concept notes will first be reviewed by the Secretariat, and then by the TRP. The TRP will have access to the same information shared with in-country partners and applicants up-front in the country dialogue, including Strategic Investment Guidance. It will use this information as a reference when assessing prioritization by applicants. Based on a recommendation by the TRP, the Secretariat's Grant Approval Committee decides which interventions are funded through **indicative funding**, and whether the applicant receives **incentive funding** (see Glossary). Program elements which are recommended by the TRP but not covered by indicative and incentive funding are labeled as **unfunded quality demand** and will be placed in a register for potential future funding.

Modular template

One instrument introduced as part of the NFM is the **Grant Performance and Reporting Tool** ('modular template'), which streamlines Global Fund grant programmatic planning, budgeting and reporting by replacing the performance framework, detailed budget and logical framework requested previously. Drawing on the strategic investment approach it is organized around **disease-specific modules** with the objective to ensure continuity and consistency of information throughout the grant lifecycle.

The modular template is the Global Fund's grant management tool which replaces a number of previous documents and tools. Its purpose is to capture the outputs of the strategic deliberations during the country dialogue, not to short-cut or replace this process. It is also important to note that the modular template provides guidance on how to organize interventions but does not restrict applicants in their choice of interventions. Beyond the interventions or modules contained in the template, countries can include additional ones specific to their context with a justification for why this specific activity/intervention is needed.

HIV/AIDS applicants should refer to the HIV/AIDS modular template in their concept notes. This is required when they provide information on Section 4.

Additional thematic and cross-cutting areas to consider in the concept note

There are a number of key issues that applicants should strongly consider when preparing their HIV concept notes, based upon recent epidemiological and response evidence. In particular, this relates to HIV/TB programming, HCSS, Gender, Human Rights and Reproductive, Maternal, Newborn and Child Health (RMNCH).

Collaborative HIV/TB activities in the new funding model

The NFM presents a unique opportunity to intensify the scale-up of collaborative HIV/TB activities. Collaborative TB/HIV activities have proven to have high impact and to contribute to the quality of care for PLHIV. Integrated TB and HIV service delivery has been shown to increase the chances of TB patients receiving ART, shorten the initiation time to therapy and

reduce mortality. Integrated HIV/TB programming also leads to increased efficiencies, harmonization and coordination of national guidelines, tools and processes.

Applicants should review the TB/HIV information note and ensure that HIV and TB collaborative activities are prioritized and included in their NSP where relevant. Applicants should include integrated **HIV/TB** service delivery in their disease-specific concept notes to promote efficient and effective use of resources and optimize existing opportunities to respond to each country's unique TB and HIV challenges.

Health and community systems strengthening

The Global Fund is supporting community systems strengthening (CSS) through disease-specific grants, and has also provided funding for cross-cutting health systems strengthening (HSS) interventions for some years. Under the transitional NFM, countries developing disease concept note(s) are strongly encouraged to also assess common system-related needs across disease programs and as needed to apply for cross-cutting **health and community systems strengthening (HCSS)** support. Such support can be requested through either stand-alone HCSS concept notes, or through including one or more cross-cutting HSS and CSS interventions into a disease concept note. Cross-cutting HCSS investments address system-wide constraints that are relevant beyond a single disease program, and that impact across health and/or community systems. Scope of cross-cutting HCSS investments and high-impact interventions are explained in the cross-cutting HCSS information note and in relevant modular template, to which applicants are encouraged to refer.

In addition to supporting cross-cutting HCSS, the Global Fund will continue to support disease-specific health and community systems strengthening interventions that can be integrated into disease-specific modules. As emphasized above, applicants are encouraged to include funding requests for social enablers and program enablers in their disease-specific concept notes to make their basic HIV/AIDS programs work. For CSS interventions, applicants should also refer to the CSS framework and UNAIDS guidance.¹⁶

Human Rights and Gender Equity

Discrimination, stigmatization or marginalization of groups most affected by and vulnerable to HIV can drastically diminish the impact of HIV programs. They can block access to HIV prevention and treatment programs, thereby contributing to the transmission of HIV and can increase the impact of HIV. Recognizing the importance of addressing HIV-related human rights issues, the Global Fund Strategy 2012-2016 aims to integrate human rights considerations throughout the grant cycle, increase investments in this area, and ensure that human rights are not infringed upon in any of the supported programs.¹⁷

¹⁶ UNAIDS (2011): Supporting community-based responses to AIDS, tuberculosis and malaria. A guidance tool for including community systems strengthening in proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

¹⁷ See also: UNAIDS (2008), Guidance Note: Addressing HIV-Related Law at National Level.

The Global Fund has also recognized the relevance of addressing gender issues in its Gender Equality Strategy and the Sexual Orientation and Gender Identities (SOGI) Strategy.¹⁸ Gender inequalities and harmful gender norms pose significant threats to the successful implementation of basic programs and increase vulnerability to HIV particularly among women and girls. HIV-related vulnerabilities of people who are marginalized due to real or perceived sexual orientation, gender identity or consensual sexual behaviors must also be addressed. It is thus essential that basic programs are complemented by critical enablers that aim to overcome these obstacles.

Global Fund applicants are strongly encouraged to incorporate gender and human rights related issues in their HIV concept notes as a function of each country's particular epidemic and response gaps. Cross-cutting issues that go beyond a single disease should be addressed through HCSS concept notes. In particular, in accordance with states' obligations under international human rights standards, applicants to the Global Fund are strongly encouraged to identify priority areas where measurable progress can be made to eliminate barriers to service access and ensure meaningful participation of people living with and affected by the three diseases. Barriers may include, but are not limited to, discrimination, gender inequities and gender-based violence, criminalization of KAPs, and restrictions on civil society to register organizations, share information and express opinions on policy. More detailed guidance is provided in the ***HIV and Human Rights information note***. Cross-cutting issues that go beyond a single disease should be addressed through HCSS concept notes.

Integration of Reproductive, Maternal, Newborn, Child and Adolescent Health services

The Global Fund Board "encourages countries, where applicable, to strengthen the MNCH content of their Global Fund-supported investments, maximizing existing flexibilities for integrated programming".¹⁹ Beneficiaries seeking HIV/AIDS services and those seeking MNCH services often have common needs. Integration of MNCH services into HIV/AIDS programs therefore offers opportunities through the provision of comprehensive care and through addressing co-infections and preventing mother-to-child transmission. For examples of MNCH interventions to be integrated into HIV/AIDS grants, please refer to the modular template for HIV/AIDS and the Global Fund information note on Strengthening Maternal, Newborn, and Child Health Interventions.

¹⁸ http://www.theglobalfund.org/documents/core/strategies/Core_GenderEquality_Strategy_en/

¹⁹ Board Decision Point: GF/B22/DP15.

Key Documents

Global Fund

Concept Note Instructions. [Download](#)

Global Fund's New Funding Model: Transition Manual. [Download](#).

HIV and Human Rights Information Note. [Download](#)

Collaborative TB/HIV Activities. Information Note. [Download](#)

Integrating community systems strengthening in HIV/AIDS, TB and malaria programs
[Download](#)

Strengthening maternal, newborn and child health interventions. [Download](#)

Other key information notes Documents: available at:

<http://www.theglobalfund.org/en/accesstofunding/notes/>

UNAIDS (online, updated regularly): [HIV Prevention Toolkit](#).

UNAIDS (2013): Guidance Document for Early and Interim applicants for HIV Funding under the New Funding Model of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

UNAIDS 2013. Investing in HIV more strategically: a 4-step self-assessment and decision-making tool (to be linked when uploaded).

UNAIDS 2013. Guidance on national AIDS strategies and implementation for results - Overview and introduction (draft).

UNAIDS 2012. [Investing for Results. Results for People. A people-centred investment tool towards ending AIDS.](#)

UNAIDS (2012): [Promising practices in community engagement for elimination of new HIV infections among children by 2015 and keeping their mothers alive.](#)

UNAIDS (2011): [Global Fund HIV Proposal Development for Key Population Proposals and for the Targeted Pool in Round 11 Toolkit.](#)

UNDP/UNAIDS 2012: [Understanding and acting on critical enablers and development synergies for strategic investments](#)

UNAIDS (2011): [Supporting community-based responses to AIDS, tuberculosis and malaria. A guidance tool for including community systems strengthening in proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria.](#)

UNICEF (2012): [Options B and B+: Key Considerations for Countries to Implement an Equity-focused Approach. Eliminating New HIV Infections Among Children and Keeping Mothers Living with HIV Alive and Well.](#) Draft for Discussion.

WHO (forthcoming): Consolidated ART Guidelines (June 2013).

WHO (2013) "HIV prevention in generalized epidemics- Optimal interventions for Global Fund applications- forthcoming , [\(2011\)](#)

WHO/UNAIDS/AVAC/FHI: Clearinghouse on Male Circumcision. At:
http://www.malecircumcision.org/programs/tools_guidelines.html

WHO (2012): [Guidance on Couples HIV Testing and Counselling including Antiretroviral Therapy for Treatment and Prevention in Serodiscordant Couples.](#)

WHO (2011): [Planning Guide for the Health Sector Response to HIV/AIDS.](#)

