Technical Guidance for Writing Global Fund HIV Proposals

For Use by Staff and Consultants in the UN System in Supporting Proposal Development by Countries
Introduction

This guide is the core component of the Resource Kit for Writing Global Fund HIV Round 8 Proposals, jointly developed by WHO and UNAIDS. It is comprised of three parts:

**Part I  Introduction**

Provides a general overview of issues to be considered in preparing for and writing the proposal such as preparations, situation analysis, gap analysis and approach to proposal strategy.

**Part II  Cross-cutting issues**

Includes brief discussion on a number of cross-cutting issues that relate to the whole or multiple parts of the proposal. They include policy issues such as gender, human rights and intervention areas such as reproductive health, nutrition, procurement and supply management and maternal & new born health.

**Part III Specific service delivery areas**

Highlights issues to be considered in each service delivery area (SDA) such as: justification, target populations, main activities, costing, key indicators, partners and technical assistance.
What makes a good proposal?

The Global Fund funds proposals that demonstrate soundness of approach, implementation capacity and potential for sustainability.

A good proposal is not just a product of good writing, but rather it is a result of a number of factors that must exist long before the proposal is written. Both the process of proposal development and the content are important elements of success. It must be borne in mind that developing a funding proposal of large scale is both a political and technical process. Effective management of these processes as well as familiarization with Global Fund principles and guidelines are important elements to good proposal preparation.

Elements of a good proposal include the following:

1. Strong strategic foundation
   - National strategic plan in place with a costed action plan within the context of Universal Access to prevention, treatment, care and support;
   - Sound Goals and Targets to achieve priorities;
   - Broad consultative process - inclusive, transparent mechanism for making decisions - including on whether or not to apply;
   - Reviewed status of implementation and challenges with implementation of the existing grants;
   - Action taken to overcome implementation challenges.

2. Effective management of proposal development process
   - Put in place an inclusive process for participation in proposal development (particularly involvement of civil society);
   - Define critical steps in the proposal development process;
   - Decide on principal recipients and sub-recipients in an open and transparent manner;
   - Pay particular attention to key populations at risk;
   - Timelines to keep the proposal development process on track;
   - Practical guidance to the UCCs/WRs, UN Joint Teams on their roles and the points of entry for support;
   - Essential background documents on the Global Fund policies, eligibility criteria and lessons learnt, key tools and materials.

3. Effective organization of technical support
   - Well organized/high quality provision of technical support for the proposal development;
   - Most suitable and qualified adviser/consultant – UN advisers from UN agencies and/or development partners; use of UNAIDS Technical Support Facilities;
• Coordination/harmonization of technical assistance; reduce burden and transaction costs to countries;
• Securing TA early, especially when this involves consultants (rather than UN staff).

4. Well written proposal
• Ensure that the proposed approach is sound and the proposed strategies are informed by evidence;
• Ensure that all parts of the proposal are coherent (have a logical link to each other) and are consistent (not contradictory);
• Ensure that all parts of the proposal are written clearly and sufficient information and/or explanation is provided;
• Early compilation of national data and other related information;
• Set up or request peer review of draft(s) to ensure accuracy and completeness.
Early CCM decisions

The Global Fund has been in existence for about 6 years now and has had 7 proposal rounds. Although each proposal round comes with revised guidelines and forms, the basic requirements for proposals have remained the same. Recently, the Global Fund has moved towards setting way in advance the dates for making calls for proposals.

The foregoing implies that steps to prepare for proposals can begin to be taken long before the call for proposals is made. If the process starts early it is more likely to be less arduous and to produce better results. Starting the process late often yields poor results.

Some decisions that need to be taken by the CCM early in the process include the following:

- **Whether to apply:** The CCM should decide very early on when to submit an application for the coming Round. Ideally this decision should be taken soon after results of a preceding Round are concluded. If a preceding proposal was unsuccessful the CCM needs to decide whether to reapply (depending on TRP recommendation). Where a preceding proposal was successful, the CCM needs carefully consider whether it is necessary to go for a new proposal or allow time to begin implementing the approved grant. Deciding to apply while the call for proposals has already been does not allow sufficient time for preparation and often leads to poor outcomes. It is also important to consider performance of existing grants and eligibility criteria when deciding to apply.

- **Areas of focus for the new proposal:** As most countries and other applicants by now have one or more other Global Fund grants it follows that new proposals should be addressing specific areas of need rather than the full spectrum of activities in the national response. The areas of need will have been identified in the gap analysis, which should ideally be undertaken before a call for proposals is made. Proposals that are more focused on particular gaps are more likely to make a strong case for funding that those addressing a wide range of areas.

- **Roadmap for proposal development:** The CCM should decide on steps and timelines in the proposal process. This includes deciding on processes for consultations and involvement of various stakeholders, management of in-country submissions and review of drafts.

- **Proposal writing/management team:** Ideally there should be identified a proposal writing team comprising a central core that brings all disease and health systems areas together and multidisciplinary teams working on specific disease areas. The writing teams need to include representation from national partners such as government, civil society, private sector and/or development partners. It should also include expertise in HIV/AIDS, health systems and writing. The exact composition, size and structure of the team will vary from country to country.
• **Principal recipient and sub-recipient arrangements:** The CCM needs to decide beforehand the PR and SR arrangement for the new proposal. This includes consideration on whether to maintain existing PR(s) or change; need for public and non public PR (dual track financing) and process for selecting new PR(s) and SRs.
**Issues to consider in situation analysis**

The situation analysis sets the background against which support is requested in the proposal. The situation analysis defines the problem or challenge being addressed. It therefore follows that a correct situation analysis will lead to a proposal that is appropriate to the prevailing national or multi-country context. A situation analysis for HIV/AIDS should aim to answer, among others, the following questions:

**Epidemiological situation**

- **What is the scale of the problem?** Epidemiological situation and trends, including prevalence of the HIV infection, geographical distribution and trends.
- **What is driving the epidemic?** This includes identification of specific factors responsible for recent infections - such as sociocultural factors (knowledge, beliefs, attitudes and practical), economic (poverty) and/or facilitating the strategies of prevention and control of the epidemic.
- **Who is affected?** This includes identification and quantification of population groups that are most affected and/or vulnerable, by sex, age and location. It is also important to have detailed data on specific groups that are to be included in the proposal, such as sex workers, injecting drug users, men having sex with men and sexual minorities.

**National response**

- **What are the national strategies for addressing HIV/AIDS?** This includes knowledge of national policies, the national strategic plan and national targets, guidelines, etc.
- **What has been achieved so far?** This includes most recent data on coverage of interventions that are to be included in the proposal (including population groups covered and geographical distribution). This should also relate to populations and factors identified in the epidemiological analysis above.
- **What are the constraints?** This should cover both constraints in the HIV programmes as well as wider health system constraints to reaching national goals.

**National health system**

- **How is the health system organized?** Begin with a general description and go into specific:
  - General description:
    - how is the health system organized at national, provincial/regional, district and community levels?
- who are the main health providers (including public, private, NGO, FBO and traditional)?
- if there any data on health facilities, human resources, geographical distribution, etc, include them.

○ What are the current strengths and weaknesses of the system?

  i. **Strengths**: think of the main achievements of the health system when considering strengths – and these could be in areas of services delivered, infrastructure, resources available, planning/management systems, political commitments, etc.

  ii. **Weaknesses**: the list should not be exhaustive, better to identify a limited number of key weaknesses. The weaknesses identified should also have a direct relationship to what is included in the proposal (disease specific and cross-cutting).

  iii. Might also consider including other opportunities for strengthening health systems, such as progress in other sectors and efforts by other partners, etc. Threats could also be identified such as natural disasters, political change, economic performance, etc.
**Issues to consider in the gap analysis**

A gap analysis is essential to identifying what should be funded through the proposal. The Global Fund provides resources that go to fill demonstrable gaps in the national response to HIV/AIDS. The gap analysis should involve taking into account all efforts and resources applied by all partners in the national response and must be based on the national strategic plan. It should include analysis of both the programmatic and financial gaps. According to the proposal guidelines analysis of the gap should mainly focus on the services that are being included in the proposal, rather than review of gaps in every aspect of the national response.

The following need to be considered in gap analysis:

- **What are the national targets?** Assessment of the programmatic and funding gaps should be based on the national HIV/AIDS strategic plan. This is made easier if the plans have quantifiable targets and are costed.
- **What is covered by existing and potential resources?** This requires knowledge of recent coverage data for the services concerned and knowledge of programmatic and financial contribution by major players from both inside and outside the country.
- **What are the constraints in achieving intended targets?** Sometimes even when resources are available intended targets are not reached due to various
constraints. These constraints can be resolved by improving management or building on existing capacity.

- **What is the gap and how much of the gap should be covered by this proposal?** A single proposal to the Global Fund might not address the whole financial gap in a national response to HIV/AIDS. This is because the gap might be too large for one funding source, might not be among what is fundable or there might be other potential funders. It is therefore necessary to determine how much of the gap is to be covered by a particular proposal.
**Issues to consider in the proposal strategy**

The proposal strategy is the part that defines what is included in the funding request included in the proposal. The TRP has often pointed to various weaknesses in the proposal strategy such as inadequate description, inconsistencies between the strategy and the situation/gap analyses and inappropriate interventions. The proposal strategy includes defining the goals, objectives, service delivery areas and activities. These elements are defined in the Global Fund proposal guidelines (page 29).

- **Goals**: The goal is a short, concise, broad statement of what the national programme hopes to accomplish or what changes it expects to produce. It should be ambitious and it should describe what is wanted in the long-term. The goal should be consistent with the national strategy and aligned with international commitments. Description of the goal should also include some discussion on the reasons behind selecting the areas included in the proposal.

- **Objectives**: Objectives are specific and measurable steps to achieve the programme goal. They are measurable and can be used to determine progress towards the programme goal. Objectives need to be SMART (Specific, Measurable, Achievable, Realistic and Time bound). Also include discussion on the rationale for including the specific objective in the proposal.

- **Service delivery areas**: These are defined by the Global Fund and a list is provided from which to choose the ones to be included in the current proposal.

- **Main activities**: The TRP has often observed that in many proposals there is inadequate description of activities to be carried out. Description of activities is important because ultimately it is activities that get budgeted, funded and implemented. If activities are clearly described, it is more likely that they will be implemented. It is for this reason that the Round 8 proposal form attempted to specify the minimum length of information (8-10 pages) required in describing activities. In describing activities consider the following:
  - What is the current status with regard to that activity
  - What is to be done under this proposal (building on what is existing)
  - How it is to be done
  - Who will be involved in doing it
  - What are the main milestones and outputs.
Annexes

The TRP looks for proposals that demonstrate the following characteristics:

Soundness of approach:
- Use of interventions consistent with international best practices (as outlined in the Stop TB Strategy, the Roll Back Malaria Global Strategic Plan, the WHO Global Health-Sector Strategy for HIV/AIDS and other WHO and UNAIDS strategies and guidance) to increase service coverage for the region in which the interventions are proposed, and demonstrate a potential to achieve impact;
- Give due priority to groups and communities most affected and/or at risk, including by strengthening the participation of communities and people infected and affected by the three diseases in the development and implementation of proposals;
- Demonstrate that interventions chosen are evidence-based and represent good value for money;
- Involve a broad range of stakeholders in implementation, including strengthening partnerships between government, civil society, affected communities, and the private sector;
- Address issues of human rights and gender equality, including contributing to the elimination of stigmatization of, and discrimination against, those infected and affected by tuberculosis and HIV, especially women, children, and other vulnerable groups;
- Are consistent with national law and applicable international obligations, such as those arising under World Trade Organization’s Agreement on Trade-Related Aspects of Intellectual Property Rights (the TRIPS Agreement), including the Doha Ministerial Declaration on the TRIPS Agreement and Public Health, and encourage efforts to make quality drugs and products available at the lowest possible prices for those in need while respecting the protection of intellectual property rights.

Feasibility:
- Provide strong evidence of the technical and programmatic feasibility of implementation arrangements relevant in the specific country context, including a detailed Work Plan and Budget;
- Build on, complement, and coordinate with existing programs (including those supported by existing Global Fund grants) in support of national policies, plans, priorities and partnerships, including National Health Sector Development Plans, Poverty Reduction Strategies and sector-wide approaches (where appropriate);
- Demonstrate successful implementation of programs previously funded by international donors (including the Global Fund), and, where relevant, efficient disbursement and use of funds. (For this purpose, the TRP will make use of Grant Score Cards, Grant Performance Reports and other documents related to previous grant(s) in respect of Global Fund supported programs);
- Utilize innovative approaches to scaling up programs, such as through the involvement of the private sector and/or affected communities as caregivers;
- Identify in respect of previous proposals for the same component submitted to the Global Fund but not approved, how this proposal addresses any weaknesses or matters for clarification that were raised by the TRP;
- Focus on performance by linking resources (inputs) to the achievement of outputs (people reached with key services) and outcomes (longer term changes in the disease), as measured by qualitative and quantitative indicators;
- Demonstrate how the proposed interventions are appropriate to the stage of the epidemic and to the specific epidemiological situation in the country (including issues such as drug resistance);
- Demonstrate how the procurement of planned technical and management assistance during the proposal term will support the attainment of greater programmatic coverage (whether scaling up effective existing interventions across the country or population groups, or introducing new or innovative interventions).
Potential for sustainability:

- Strengthen and reflect high-level, sustained political involvement and commitment, including through an inclusive and well-governed CCM, Sub-CCM or RCM;
- Demonstrate that Global Fund financing will be additional to existing efforts to combat HIV/AIDS, tuberculosis, and malaria, rather than replacing them;
- Demonstrate the potential for the sustainability of the approach outlined, including addressing the capacity to absorb increased resources and the ability to absorb recurrent expenditures;
- Coordinate with multilateral and bilateral initiatives and partnerships (such as the WHO/UNAIDS “Universal Access” initiative, the Stop TB Partnership, the Roll Back Malaria Partnership, the “Three Ones” principles\(^1\) and UNICEF’s “Unite for Children. Unite against AIDS” campaign) towards the achievement of outcomes targeted by National Health Sector Development Plans (where they exist).

Health systems strengthening areas of focus (as relevant to the country context) may include but are not limited to:

- **Information** - There is a common need to strengthen the monitoring of performance of health systems with special reference to the three diseases, through data collection and analysis on health system metrics - for example data on public and private sector service delivery using facility assessments; better workforce data using multiple data sources; or building district data management capacity.

- **Service delivery** - For effective, good quality personal and non-personal care for those living with or affected by HIV, tuberculosis and/or malaria, actions may be needed that strengthen public demand for services. These include actions that: strengthen supervision and management of resources and facilities; increase the involvement of community systems, civil society and the private sector in the delivery of public health programs; and, strengthen diagnostic services and laboratories.

- **Medical products and technologies** - To achieve more equitable access to essential medicines and technologies, actions may be needed to strengthen policies, standards and guidelines; capacity to set and negotiate prices; quality assessment of priority products; procurement, supply and distribution systems; and support for rational use of medicines, commodities and equipment.

- **Financing** - To improve financial risk protection and coverage for those living with and/or affected by HIV, tuberculosis and/or malaria, and also transparent and effective use of resources, actions that may be appropriate include: strengthening financial resource tracking systems for the three diseases; actions to improve financial access to services such as developing sustainable social insurance schemes.

- **Health workforce** - For the workforce (government and non-government sectors) to be better able to deliver services to achieve improved outcomes in respect of the three diseases, actions that may be appropriate include: strengthening the production of health workers; their recruitment, distribution, retention or productivity. Actions may include, for example, new approaches to: pre- and in-service training; strengthening workforce management; appropriate incentives for distribution and retention; and task shifting.

- **Leadership and governance** - To improve governance of health systems with special reference to HIV, tuberculosis and malaria outcomes, actions that may be appropriate include: strengthening capacity to be effective advocates in respect of the three diseases; building coalitions with other sectors and with

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\(^1\) One agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners, one national AIDS coordinating authority with a broad-based multi-sectoral mandate, and one agreed country-level monitoring and evaluation system. See [www.unaids.org](http://www.unaids.org) for more information. Proposals addressing HIV/AIDS should indicate how these principles are put into practice.
actors outside government including civil society; improving oversight and regulation of services; and supporting policy and systems research related to the three diseases.

Importantly, HSS cross-cutting interventions need not be limited to health sector-related activities. They may also target other sectors including education, the workplace, and social services, provided that these actions are directly related to reducing the spread and impact of HIV, tuberculosis and/or malaria.

**Importantly**, commencing in Round 8, the TRP will have the authority to review disease proposals that include 'HSS cross-cutting interventions' as two parts. Importantly, the TRP may recommend either the disease part, or the HSS part, or both.