

Subject: **2020-2022 ALLOCATION LETTER**<sup>1</sup>

Geneva, 13 December 2019

Dear Mrs. Tucker-Longworth,

For the past 17 years the Global Fund has worked with partners around the world to fight AIDS, tuberculosis and malaria and strengthen health systems. Together, we can recognize and applaud the massive progress made, and we can share collective determination to accelerate efforts to end these epidemics and ensure better health and wellbeing for all by 2030. We know it is within reach, but with 11 years left, we have no time to waste. We must step up the fight, through increased innovation and collaboration and improved execution to address some of the major challenges.

It is essential that we focus on reducing incidence and scaling-up effective prevention efforts, invest in strengthening both health and community systems, prioritize our investments with key and vulnerable populations, and ensure we tackle human rights-related barriers to health and gender inequalities. We also need to ensure sustainability of the success we achieve, including working together to mobilize increased national resources for health. The Technical Review Panel (TRP) that assesses funding requests to the Global Fund has underlined these areas in depth in its Observations Report<sup>2</sup> and these focus areas are consistent with updated Global Fund guidance, available in Information Notes and Technical Briefs<sup>3</sup>. We encourage you and all those involved in the preparation of the funding request to read these carefully.

### **Belize allocation**

Based on the Global Fund Board's decision in November 2019 on the funding available for the 2020-2022 allocation period, **Belize has been allocated US\$2,999,251 for HIV and building resilient and sustainable systems for health (RSSH)**. The allocation amounts for all countries have been determined according to a methodology approved by the Global Fund Board, primarily based on disease burden and income level. Belize is classified as an upper-middle-income country<sup>4</sup>.

**Table 1: Summary of allocation**

<b>Eligible disease component</b>	<b>Allocation (US\$)</b>	<b>Allocation Utilization Period</b>
HIV	2,999,251	1 January 2022 to 31 December 2024
<b>Total</b>	<b>2,999,251</b>	

<sup>1</sup> This letter includes annexes and links, which should be read together and in-full.

<sup>2</sup> <https://www.theglobalfund.org/en/technical-review-panel/reports/>

<sup>3</sup> <https://www.theglobalfund.org/en/funding-model/applying/resources/>. Each of the four Core Information Notes include a short executive summary.

<sup>4</sup> Determined from gross national income (GNI) per capita using the World Bank income group thresholds for 2019.

**Application approach.** Belize is requested to submit its application for funding using the Tailored for Focused Portfolios funding request. A complete set of application materials will be shared by the Global Fund country team. All funding requests are required to be developed through inclusive and transparent country dialogue with a broad range of stakeholders including key and vulnerable populations.

**Timing.** The allocation agreed for each disease component can be used during the relevant allocation utilization period indicated in Table 1 (above). Any remaining funds from a previous allocation, unused by the start of the indicated allocation utilization period, will not be additional to the allocation amount<sup>5</sup>.

**Implementation.** The Global Fund recognizes the value of efficient implementation and encourages all countries to explore opportunities to streamline and consolidate implementation arrangements for the coming allocation period.

**Aims of allocation.** The funding request submitted to the Global Fund should be aligned with prioritized country needs and guided by relevant National Strategic Plans and program reviews. In addition, the Global Fund would like to take this opportunity to share the following for your consideration during the development of the funding request:

- The original 2020-2022 allocation amount has been exceptionally increased to support the country in addressing the existing coverage gaps and in achieving 90-90-90 by the end of the next grant. To access the whole amount of the proposed allocation, the country will have to provide evidence of strong political commitment to achieve these targets through increased domestic funding for prevention services targeting key populations and for expanding treatment coverage, better prioritization of available resources, improved strategies to address existing coverage gaps in the prevention and treatment cascade, and mobilization of a more articulated partnership to support the national HIV response to achieve the control of the epidemic by 2030. In case the country does not provide adequate evidence of its commitment with the new funding request, the Global Fund might reduce the 2020-2022 allocation amount.

**Importance of investments in health and community systems.** The Global Fund encourages applicants to invest in strengthening health and community systems as these are essential to accelerate progress towards ending the epidemics. The Global Fund welcomes i) initiatives to introduce and strengthen integrated care from a patient perspective (including addressing co-infections or providing coherent care packages such as integrated ante-natal services), as well as ii) investments in underlying system capacities necessary to achieve impact and sustainability (including labs, supply chains, data systems, community-based monitoring, community mobilization, advocacy and organizational development, and human resources for health at the community and facility level). To achieve greater value for money and effectiveness, the Global Fund encourages applicants to explore opportunities for integration across the three diseases and within broader systems for health wherever possible. Tracking improvements in results requires robust measurement and the Global Fund anticipates that applicants will invest appropriately to strengthen data collection and use. More guidance is available in the RSSH Information Note and Community Systems Strengthening technical brief on the Global Fund website<sup>6</sup>.

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<sup>5</sup> Any extension of an existing grant will be deducted from the subsequent allocation utilization period, both in terms of time and funds used during the extension period.

<sup>6</sup> <https://www.theglobalfund.org/en/funding-model/applying/resources/>

**Importance of investments in human rights and gender.** Removing human rights and gender-related barriers in access to services is critical to ending the epidemics. When unaddressed these barriers undermine effective and impactful responses and limit sustainable progress. Detailed guidance on effective investments in programs and approaches that address human rights and gender-related barriers, including key interventions for incorporation into funding requests, can be found in the technical briefs on the Global Fund website<sup>7</sup>.

**Importance of increasing domestic resources.** Increasing domestic resources for health, and specifically for HIV, is essential to end the epidemic and strengthen the health systems that are the foundation of the disease response. Accessing the 2020-2022 allocation is dependent on meeting the Global Fund's co-financing requirements. All countries are expected to i) progressively increase overall health spending in accordance with recognized international declarations and national strategies and ii) progressively take on key program costs, including those currently financed by the Global Fund. In addition, 20% of Belize's allocation is a co-financing incentive, accessible only when Belize makes and realizes additional domestic commitments targeted as per the requirements of the Sustainability, Transition, and Co-Financing (STC) policy<sup>8</sup>.

The Global Fund would like to praise the country for the positive overall trends in spending on health and disease responses, which have contributed to make progress towards universal health coverage (UHC) and disease goals.

Despite positive increases in spending, there remain significant funding gaps for the national response which have contributed in part to remaining service coverage gaps and it is important to intensify the efforts to increase domestic investments.

During the 2020-2022 country dialogue, we look forward to working with in-country stakeholders to dialogue on how we can address the service coverage gaps, to maximize the impact of the Global Fund allocation and of the national HIV response.

Further details about co-financing requirements and the co-financing incentive are included in Annex A.

### **Opportunities for funding beyond the allocation amount**

**Unfunded quality demand.** The Global Fund requests that all applicants develop a Prioritized Above Allocation Request (PAAR) and submit this along with the allocation funding request. Interventions from the PAAR that the TRP considers quality demand will be listed on the Register of Unfunded Quality Demand (UQD). In the 2017-2019 allocation period, over US\$1.2 billion of unfunded quality demand was funded, through savings and efficiencies identified in grant-making and/or implementation, portfolio optimization, private sector investments and

<sup>7</sup> <https://www.theglobalfund.org/en/funding-model/applying/resources/>

<sup>8</sup> [https://www.theglobalfund.org/media/4221/bm35\\_04-sustainabilitytransitionandcofinancing\\_policy\\_en.pdf](https://www.theglobalfund.org/media/4221/bm35_04-sustainabilitytransitionandcofinancing_policy_en.pdf)

Debt2Health debt swaps. Submitting a robust PAAR is an essential step to accessing funding beyond the allocation amount.

I thank you for your efforts in the global fight against HIV.

Sincerely,

A handwritten signature in black ink that reads "M.A. Eldon Edington". The signature is written in a cursive style with a small flourish at the end.

Mark Eldon-Edington  
Division Head, Grant Management

## Annex A: Supplementary information for Belize

**Currency.** The allocation for Belize is denominated in US dollar. If you would like to change currency to better match your country's financial and monetary context, notify your Fund Portfolio Manager by 15 February 2020. Global Fund allocations can only be denominated in US dollar or euro.

**Value for money procurement.** To maximize the impact of allocations, the Global Fund will not finance commodities purchased at a price higher than the reference price for such commodities, where one exists. Please consult the Global Fund website for a consolidated reference price list<sup>9</sup>. The reference price is set based on the globally negotiated price for specific health and non-health products either via the Pooled Procurement Mechanism (e.g. through wambo.org) or through partner platforms such as Stop TB Partnership's Global Drug Facility. If the outcomes of a procurement process for products meeting the relevant clinical and quality standards result in selecting a supplier of commodities with a price higher than the relevant reference price – taking the Total Cost of Ownership into consideration– national or other resources must be used to pay the difference. Refer to the Budgeting Guidelines<sup>10</sup> for more details.

### Strengthening sustainability and impact of investments

To strengthen the overall impact and sustainability of Global Fund investments, the Global Fund has two different requirements. "Application focus requirements" outline how countries should invest Global Fund financing and "co-financing requirements" outline how countries should invest domestic commitments made in the context of Global Fund grants. These requirements differ based on a country's income classification.

#### **Application focus requirements: 100%**

As Belize is classified as an upper-middle-income country, 100% of allocation funding should focus on interventions that maintain or scale-up evidence-based interventions for key and vulnerable populations. Applications must include, as appropriate, interventions that respond to human rights and gender-related barriers and vulnerabilities in access to services. Applications may also introduce new technologies that represent global best practice and are critical for sustaining gains and moving towards control and/or elimination; and interventions that promote transition readiness which should include critical RSSH needs for sustainability, as appropriate, and improvement of equitable coverage and uptake of services.

#### **Co-financing incentive requirements for the 2020-2022 allocation:**

Total amount of 2020-2022 allocation subject to additional co-financing investments in disease programs and/or RSSH as described below (20% of 2020-2022 allocation): US\$ 599,850

Minimum amount of additional co-financing investments for Belize to access full co-financing incentive: US\$599,850 The minimum amount of additional domestic commitments must be in addition to the domestic investments made in the implementation period of the previous allocation cycle<sup>11</sup>.

<sup>9</sup> <https://www.theglobalfund.org/en/sourcing-management/health-products/>

<sup>10</sup> <https://www.theglobalfund.org/en/documents-by-type/implementers/>

<sup>11</sup> Commitments of additional co-financing investments must be made to the relevant disease programs and/or related RSSH over the implementation period of the grant, as per the requirements in the STC policy.

As Belize is classified as an upper-middle-income country, additional co-financing contributions must be invested in disease program interventions and/or RSSH activities to address sustainability and transition challenges. A minimum of 50% must be invested in interventions targeting key and vulnerable populations.

Commitments to access the co-financing incentive should specify specific activities to be financed and how realization of commitments will be verified and reported to the Global Fund. Belize should provide confirmation of co-financing commitments and evidence of realization of those commitments from appropriate government authorities, including the Ministry of Finance or other relevant bodies.

The Global Fund looks forward to discussing the future co-financing commitments. As indicated above, the minimum amount of additional co-financing investments Belize has to make in order to access full co-financing incentive is US\$ 599,850 (20%). In line with the targets and priorities defined by the country in the National Strategic Plan (NSP) and Transition Workplan, the Global Fund would recommend that co-financing investments include a combination of commitments that contribute to reducing dependency of donors in specific areas of the response (i.e. prevention for key populations) as well as to improve treatment coverage and quality. During the country dialogue, the financial gaps will be reviewed and specific recommendations about future co-financing commitments will be shared.

**Previous co-financing and domestic commitments for the 2017-2019 allocation:**

Failure to realize previous co-financing commitments from the 2017-2019 allocation may result in the Global Fund reducing funds from existing grants and/or reducing the 2020-2022 allocation. Belize should submit evidence of the realization of previous commitments when submitting the funding request.

**Table 2: Belize overall domestic co-financing commitments made for 2017-2019 allocation**

Program	Currency	2018	2019	2020	2021	2022
HIV	US\$	2.22 M	2.35 M	2.46 M	2.58 M	2.69 M
Tuberculosis		0.35 M	0.40 M	0.40 M	0.41 M	0.41 M
<b>Total Government Contribution</b>		2.57 M	2.75 M	2.87 M	2.98 M	3.10 M

Source: Documents submitted as part of 2017-2019 access to funding process.