

Portfolio Categorization

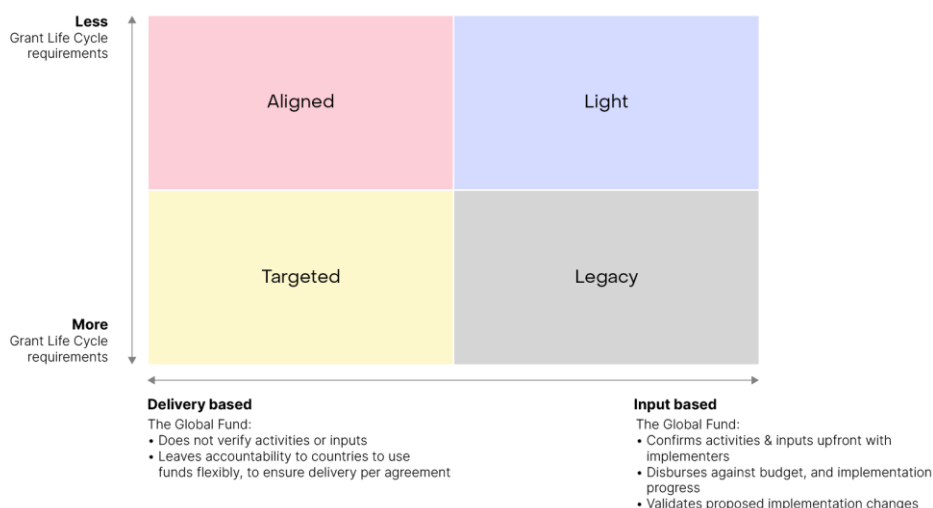
Focused: Light Portfolios

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Countries and multicountries eligible for Global Fund support are assigned to one of three portfolio categories: High Impact, Core or Focused, based on country allocations and disease burden. Policy requirements and procedures across the grant life cycle are differentiated based on these categories. For more information on portfolio categorization, see pages 4-6 of the [Operational Policy Manual](#). Countries within the Focused category, while having a lower burden, are very diverse and have a wide range of epidemiological contexts. Therefore, the support from the Global Fund to Focused portfolios is targeted and oversight of grants may vary significantly from one country to another.

In order to further tailor the management process and level of oversight for Focused portfolios, the Global Fund has developed the Focused Portfolio Management Models. These new models, applicable for grants in Grant Cycle 7 and beyond, enable implementers and the Global Fund to better adapt to the needs and context of each country by adapting processes and requirements to provide increased flexibility, placing emphasis on the most value-adding activities.

Graph 1: Focused Portfolio Management models



Main features of the Light Model

Countries under the Light management model continue to benefit from support and oversight from the Global Fund at input definition level, but have a reduced number of requirements and level of detail during the grant life cycle. For these portfolios, the Global Fund maintains strong engagement with applicants and implementers during the design of the grant by providing input on the workplan, and during the grant implementation to swiftly resolve bottlenecks and identify efficiencies to increase investment impact.

Although the Light model uses an input-based approach, requirements for inputs are at the intervention, cost grouping, and implementer level, and not at the activity level. This provides flexibility to adjust implementation plans to reflect and respond to changes in program needs and the epidemiological context within agreed thresholds. Beyond those thresholds, budgetary adjustments are handled through non-objection requests, without requiring budget revisions. Furthermore, disbursements are made against the agreed budget and implementation progress. Reporting and assurance activities continue as previous based on Global Fund dedicated mechanisms, with less granularity to reflect the same level of detail required for inputs.