



Guidelines

Accessing and Programming Matching Funds

Allocation Period 2023-2025

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1. Introduction

1.1 Purpose of this document

This document provides strategic guidance to applicants eligible for additional catalytic Matching Funds beyond the allocation amount for the 2023-2025 allocation period.

This document seeks to:

- Provide operational details that complement information available in the operational policy note on [design and review of funding requests for the 2023-2025 allocation period](#).
- Outline the conditions that must be met to access Matching Funds in each strategic priority area¹;
- Provide recommendations for the programming of Matching Funds and the focus of the investments which the [Technical Review Panel](#) (TRP) and Grant Approvals Committee (GAC) will consider in their review; and
- Provide lessons learned related to Matching Funds investments in the 2020-2022 allocation period.

1.2 Background

The Global Fund sets aside a portion of resources in each allocation period, additional to country allocations, referred to as catalytic investments (CIs). CIs aim to complement country allocations in delivering the [Global Fund Strategy 2023-2028: Fighting Pandemics and Building a Healthier and More Equitable World](#). Where catalytic change is key to accelerating responses through the country allocations, these limited, additive resources can incentivize increased resources, innovation and prioritization, leveraging the core investment. In the 2023-2025 allocation period, the Global Fund has set aside US\$503 million for CIs. CIs are operationalized via the modalities outlined below:

- **Matching Funds:** Funding available to selected countries to incentivize the programming of the country allocation towards key strategic priorities, in line with the Global Fund Strategy and partner disease strategies.
- **Multicountry Funds:** Funding available to target a limited number of critical, pre-defined areas to meet the aims of the Global Fund Strategy and are best addressed through a multicountry approach; and
- **Strategic Initiatives:** Limited funds available for centrally-managed approaches for strategic areas that cannot be addressed through country allocations alone due to their innovative, cross-cutting or off-cycle nature, but are critical to ensure country allocations deliver against the Global Fund Strategy.

¹ All catalytic investments are associated with a strategic priority area approved by the Global Fund Board.

Diagram 1: Three catalytic investment modalities

Catalytic Investments		
Matching Funds	Multicountry Funds	Strategic Initiatives

Matching Funds are designed to inspire innovation and ambitious, evidence-based programming approaches. The GAC (with input from Partners) provided strategic direction on Matching Funds investments to ensure approaches leverage country allocations to drive results and maximize impact. The Matching Funds in the 2023-2025 allocation period are:

Area	Strategic Priority Area	Matching Funds
HIV	HIV prevention for key populations, adolescent girls and young women (AGYW) and sexual partners.	HIV prevention for key populations and their sexual partners.
		HIV prevention for AGYW and their sexual partners.
		HIV pre-exposure prophylaxis (PrEP) (subject to funding confirmation).
TB	Find and successfully treat the missing people with drug-susceptible TB (DS-TB) and drug-resistant TB (DR-TB).	Find and treat the missing people with DS-TB and DR-TB.
RSSH & Cross-Cutting	Incentivizing RSSH quality and scale.	RSSH Innovation Fund
		Digital Health Impact Accelerator (subject to funding confirmation).
		Integrated Laboratory Systems Strengthening (subject to funding confirmation).
	Effective community systems & responses (CS&R) contributing to improved health outcomes and equitable access to integrated people-centered quality services.	Effective CS&R contributing to improved health outcomes and equitable access to integrated people-centered quality services (subject to funding confirmation).
	Scaling up programs to remove human rights- and gender-related barriers.	Scaling up programs to remove human rights- and gender-related barriers.

1.3 How to access Matching Funds

Matching Funds may be available to countries based on the following considerations:

1. Existence of critical gaps relevant to the strategic priority areas, in line with epidemiological context and evidence; and
2. Potential for catalytic impact (i.e., potential to achieve results beyond a proportional increment to the country allocation).

Countries were notified of Matching Funds eligibility in their allocation letter. To access Matching Funds, applicants are required to include relevant interventions funded by both the country allocation and Matching Funds in their funding request to the Global Fund (See [application materials](#) for funding request templates and instructions, as well as the [operational policy note on design and review of funding requests](#)).

To access Matching Funds, the funding request must demonstrate that the applicant meets certain access and programmatic conditions; these conditions are outlined in the Allocation Letter and further described below.

Some grants may use a payment for results modality, requiring tailored, proactive planning to ensure confirmation and appropriate reporting against conditions. In such cases, the Principal Recipient should work with the Global Fund Secretariat to define evidence-based indicators that can confirm that Matching Funds (and matched allocation) remain invested in the relevant priority area.

Interventions supported by Matching Funds should be holistically integrated into the funding request:

- **Financial integration:** the funding request for the relevant disease component(s) should include both, the allocation amount and the total Matching Funds amount for that disease component(s). The entire funding envelope (inclusive of the allocation and Matching Funds amounts) should be reflected in the Detailed Budget and aligned with other documents, such as the Performance Framework and the Funding Landscape Table.
- **Programmatic integration:** the modules and interventions included in the funding request should include both, the allocation amount and the total Matching Funds amount. When completing the application form, applicants should include the entire funding envelope (inclusive of the allocation and Matching Funds amounts) and do not need to differentiate between allocation and Matching Funds, unless a question specifically requests to consider Matching Funds.

In some cases, countries may be eligible to receive **technical assistance through Strategic Initiatives** to operationalize Matching Funds. Details on how to access this support will be communicated at a later stage.

1.4 TRP and GAC review

The Technical Review Panel (TRP) will assess compliance with Matching Funds conditions as part of their overall review of the funding request. Applicants are encouraged to consult the [TRP review criteria](#) when developing their funding requests.

Applicants are also encouraged to review the [TRP Observations Report 2020-2022](#) and consider lessons learned, which can be applied to national programs and assist in successful development of funding requests.

If applicants do not comply with the Matching Funds access / programmatic conditions at the time of submission of the funding request, they should describe how they will ensure compliance before grant implementation or provide strong justification on why certain conditions can only be complied with during implementation / not at all. Approval of any flexibilities to the access / programmatic conditions is subject to TRP and Grant Approvals Committee (GAC) review, taking due account of the rationale provided by the applicant, the country context and the catalytic effect of the Matching Funds.

The GAC will determine the final Matching Funds amount to be recommended for grant-making and will confirm when a grant is ready to be recommended to the Global Fund Board for approval.

2. HIV Prevention

2.1 Principles and rationale

The Global Fund's [HIV Information Note](#) (2022) outlines priority investments to achieve the global goal to reduce HIV incidence. These priorities emphasize HIV prevention. These HIV prevention investment priorities aim to improve access to priority HIV prevention options for key populations² and their sexual partners, and for AGYW and their sexual partners in high HIV incidence settings. These priorities endorse and support the ten key actions in the Global HIV Prevention Coalition's HIV Prevention 2025 Road Map³.

Matching Funds for HIV prevention aim to:

- Maximize the quality and impact of HIV prevention investments, and to support progress on the ten key actions in the 2025 Road Map.
- Address bottlenecks and increase the potential of HIV investments to improve the quality, coverage and scale of high-impact HIV prevention. Matching Funds will strengthen the evolution and sustainability of HIV prevention programs and systems to ensure that greater numbers of people at increased risk of HIV infection have access to and use HIV prevention.
- Increase programmatic target values and coverage.

HIV Prevention Matching Funds will address one or more of the following priorities:

- Activities to develop sustainable service delivery models and cost-effective interventions that reach more people at increased risk of HIV infection.
- Activities that support the scale-up of HIV prevention to meet national HIV prevention targets – coverage, quality and scale.
- Activities that strengthen systems for HIV prevention (for example, community systems, data systems or last mile supply systems) for people-centered and tailored services and programs; and/or
- Activities that improve access to HIV prevention options – existing and new – and that ensure prevention options and services are valued, acceptable and available to users in the right locations.

2.2 Access conditions

To access HIV Prevention Matching Funds indicated in Allocation Letters, eligible countries must meet the conditions described in the Table 2 below.

² As per UNAIDS guidelines, and for the purpose of accessing Matching Funds for HIV prevention, key populations are understood as sex workers, people who use drugs, gay and other men who have sex with men, transgender people and people in prisons and/or pre-trial detention.

³ [HIV prevention 2025 road map — Getting on track to end AIDS as a public health threat by 2030](#)

Table 2. HIV Prevention Matching Funds

HIV Prevention Strategic Priority Areas	Access Conditions
HIV prevention for key populations and their sexual partners	<ul style="list-style-type: none"> (a) Invest a portion of the HIV allocation that is at least 1.5 times greater than the amount of available Matching Funds, in HIV prevention for key populations; and (b) Maintain or increase the level of investment in HIV prevention activities from the country's 2020-2022 HIV allocation, in its 2023-2025 HIV allocation.
HIV prevention for AGYW and their sexual partners	<ul style="list-style-type: none"> (a) Invest a portion of the HIV allocation that is at least 1.5 times greater than the amount of available Matching Funds, in HIV prevention for AGYW; and (b) Maintain or increase the level of investment in HIV prevention activities from the country's 2020-2022 HIV allocation, in its 2023-2025 HIV allocation.
HIV pre-exposure prophylaxis (PrEP) <i>Please see section 2.3.3 for additional details</i>	<ul style="list-style-type: none"> (a) Invest a portion of the HIV allocation that is at least 1.5 times greater than the amount of available Matching Funds, in PrEP-related prevention activities; and (b) Maintain or increase the level of investment in HIV prevention activities from the country's 2020-2022 HIV allocation, in its 2023-2025 HIV allocation.⁴ (c) Additionally, a portion of the available Matching Funds amount for this priority area will be performance-based and can only be accessed by the country if sufficient progress, as determined by the Global Fund, has been made toward achieving the grant target for number of persons who received any PrEP product by the timeline communicated in the Allocation Letter. Access to PrEP Matching Funds is subject to funding confirmation.

2.3 Programmatic conditions

In addition to the Access Conditions outlined above, applicants will program their HIV prevention Matching Funds to support the programmatic conditions and investment focus set out below. The TRP will confirm whether programmatic conditions and investment focus have been addressed in making recommendations to the GAC.

Alongside programmatic conditions, the relevant **investment focus** is outlined below, providing additional detail on the priority areas of focus in the use of Matching Funds.

⁴ In addition to the investment from the 2023-2025 allocation, it is critical that applicants undertake efforts to support sustainability of PrEP investments, including through domestic resource mobilization.

a) HIV prevention for key populations and their sexual partners

Programmatic conditions

- **Population size estimation for key populations** has been conducted during the past three years or is planned and budgeted for in year one of the relevant 2023-2025 allocation period HIV grant. Population size estimates are informed by UNAIDS guidance. To satisfy this programmatic condition, the population size estimation must be conducted for at least two of the most epidemiologically significant key populations.
- **Expansion of service delivery platforms to deliver HIV prevention program essentials** (e.g., availability of HIV prevention in family planning / sexual and reproductive health services, community-based and community-led organizations, pharmacies and other private sector outlets, and online service delivery) is in place or planned and budgeted.
- **Inclusion of a plan and budget for strengthened HIV prevention data systems**, with a focus on measuring HIV prevention outcomes amongst key populations.
- **Introduction of, or plan and budget to introduce innovative approaches for HIV prevention** to increase scale of effective, evidence-based HIV prevention interventions to achieve HIV prevention outcomes.
- **HIV/STI prevention program stewardship and coordination that engage key stakeholders**, especially key populations and relevant critical multi-sectoral stakeholders in prevention program planning and decision making has been demonstrated.

Investment focus

- **Innovative, cost-effective and differentiated models of HIV prevention service delivery** for key populations, especially condom programs, PrEP and/or PEP programs, harm reduction services, STI/sexual health services, and violence prevention and response services.
- **Advocacy to address social, legal and regulatory barriers to HIV prevention**, including advocacy for:
 - Decriminalization of same sex relationships, sexual orientation and gender identity, drug use and possession, sex work, HIV non-disclosure, exposure and transmission.
 - Reform of age of consent barriers to services for adolescent and young key populations.
 - Improved access to over the counter and non-health facility-based distribution of PrEP, harm reduction commodities, condoms, lubricants and self-tests; and
 - Protection of digital health and privacy in online service delivery.

- **Capacity building** for community-led, community-based and other service delivery platforms to provide large scale, people-centered and high-quality HIV prevention and sexual health services for key populations and their sexual partners⁵.
- **Innovative demand creation and community/peer engagement** to drive uptake of HIV prevention options.
- Activities to **strengthen the procurement and supply of HIV prevention and sexual and reproductive health commodities** for key populations, especially supply systems that reach community and other low threshold services.
- Activities to **improve data-driven programming**, including social and behavioral surveys, market insights and improved measurement of HIV prevention outcomes⁶.
- Activities to **expand HIV prevention service delivery** for underserved key populations to address gender-specific and age-specific needs (e.g., harm reduction for women who use drugs and people in prison, prevention interventions for partners of sex workers and female partners of men who have sex with men, transgender-competent HIV prevention and sexual health services).

b) HIV prevention for adolescent girls and young women and their sexual partners

Programmatic conditions

- **Population size estimation** for AGYW has been conducted during the past three years or is planned and budgeted for in year one of the relevant 2023-2025 HIV allocation period HIV grant. Population size estimates are informed by UNAIDS guidance.
- **Expansion of service delivery platforms to deliver HIV prevention program essentials** (e.g., availability of HIV prevention in family planning / sexual and reproductive health services, community-based and community-led organizations, pharmacies and other private sector outlets, and online service delivery) is in place or planned and budgeted.
- **Inclusion of a plan and budget for strengthened HIV prevention data systems** with a focus on measuring HIV prevention outcomes amongst AGYW and their sexual partners.
- **Introduction of, or plan and budget to introduce, innovative approaches for HIV prevention** to increase scale of effective, evidence-based HIV prevention interventions to achieve HIV prevention outcomes
- **HIV/STI prevention program stewardship and coordination that engage key stakeholders**, especially AGYW and relevant critical multi-sectoral stakeholders in prevention program planning and decision making has been demonstrated.

⁵ More detailed guidance is available in the [Global Fund Technical Brief on CSS](#) (2022).

⁶ See [HIV Information Note](#) (2022).

Investment focus

- **Demand creation and community/peer engagement** to drive uptake of HIV prevention.
- **HIV/sexual and reproductive health service** integration and referral to sexual and reproductive health and rights services and programs for AGYW.
- **Use of innovative tools** to identify high-risk AGYW and refer them to services.
- Activities to **enhance the quality of data-driven HIV prevention programming** for AGYW, including improved disaggregation of data, social and behavioral surveys and market insights, and improved monitoring of HIV prevention outcomes.
- Activities to **strengthen the procurement and supply of HIV prevention and sexual and reproductive health commodities** for AGYW, especially supply systems that reach community and other low threshold services.
- **Improved scale and quality of gender-based violence programming** for AGYW and their partners.
- **Strengthened HIV/STI program stewardship and oversight for multi-sectoral responses and multi-stakeholder coordination** of AGYW programs at national and sub-national levels.

c) HIV Pre-Exposure Prophylaxis (PrEP)

Matching Funds for PrEP aim to incentivize the scale-up of PrEP for people at increased risk of HIV infection. Please find the full access conditions outlined in section 2.2.

Programmatic conditions

- **Population size estimation** for key populations (two most epidemiologically significant key populations) and adolescent girls and young women has been conducted during the past three years or is planned and budgeted for in year one of the relevant 2023-2025 allocation period HIV grant. Population size estimates are informed by UNAIDS guidance. To satisfy this programmatic condition, the population size estimation must be conducted for at least two of the most epidemiologically significant key populations.
- **Expansion of service delivery platforms to deliver HIV prevention program essentials** (e.g., availability of HIV prevention in family planning / sexual and reproductive health services, community-based and community-led organizations, pharmacies and other private sector outlets, and online service delivery) is in place or planned and budgeted.
- **Introduction of, or plan and budget to introduce, innovative approaches** to increase scale of PrEP.
- **Inclusion of a plan and budget for strengthened HIV prevention data systems**, with a focus on measuring HIV prevention outcomes.

- **HIV/STI prevention program stewardship and coordination that engage key stakeholders**, especially priority populations and relevant critical multi-sectoral stakeholders in prevention program planning and decision making has been demonstrated.
- Use of **geographical and population-risk data** to ensure targeting of PrEP offer to people at increased risk of HIV infection
- **Inclusion of a plan and budget that includes more than one PrEP product option** (oral, long acting injectable and/or the vaginal ring).
- The minimum targets for the full amount (initial and performance-based payments) are outlined in the Allocation Letter for the number of persons receiving any PrEP product during the grant reporting period and are calculated minimum targets above the 2022 baseline achievements.

In addition to the programmatic conditions above, countries are requested to:

- **Demonstrate a plan for cost effective service delivery models.** To achieve minimum targets, the cost per person receiving any PrEP product within the HIV grant's reporting period is assumed to be US\$91.24 or less.
- **Provide completed programmatic gap tables** which establish 2022 baseline achievements for targets on the indicator – number of persons receiving any PrEP product during the HIV grant reporting period.
- **Report on PrEP indicators** in the performance framework of the relevant HIV grant.

Investment focus

The following activities, among others, are considered eligible investments in PrEP-related prevention activities:

- **Procurement and supply management (“PSM”)-focused activities**, including procurement of World Health Organization (“WHO”) recommended PrEP and post-exposure prophylaxis (PEP) products and related commodities needed as part of combination HIV prevention.
- **Development, design and delivery of targeted demand creation, community engagement, peer-led and community-driven efforts** to build awareness, knowledge and demand.
- **Service delivery**, including strengthening and simplification of service delivery models, especially community, virtual/digital/telehealth and pharmacy-based models.
- **Monitoring and evaluation of PrEP programs**, including adaptation of existing monitoring systems to respond to PrEP.
- **Evaluation of program effectiveness.**
- **Advocacy and policy analysis** for relevant policy and regulatory reform.
- **Advocacy to address barriers to access;** and
- Development or adaptation of **technical and operational guidelines.**

3. Find and Successfully Treat the Missing People with DS-TB and DR-TB

3.1 Background

The COVID-19 pandemic reversed years of progress made in the fight to end TB and continues to have a lingering impact. According to the WHO Global TB Report (2022)⁷, 10.6 million people fell ill with TB in 2021, up from 9.9 million in 2020. For most of the past two decades, the number of people falling ill with TB was decreasing; however, it increased for the first time in 2021.

Early and accurate diagnosis and successful treatment of TB is a key strategy, with which most TB programs are still grappling. In 2021, 4.2 million people (about 40% of people estimated to have TB worldwide) were “missed” – i.e., they were either not diagnosed, not treated, or not reported to national TB programs. The number of missing people with TB has remained at similar levels over the past two years – 4.2 million people in 2021 and 4.1 million people in 2020. However, 4.2 million is a significant increase from the 3.2 million missing people with TB in 2019, the pre-COVID baseline.

Continued attention to find and successfully treat the missing people with DS-TB and DR-TB is critical to minimize the ongoing transmission of TB in communities and to eventually end TB. Progress made in digital tools including portable digital X-rays and computer-aided detection (“CAD”) tools for TB screening, newer TB diagnostics and shorter and safer treatment regimens offer opportunities to advance on this priority area. During the 2023-2025 allocation period, there is expected to be further advances and new tools to support the diagnosis of TB.

3.2 Principles and rationale

Countries eligible for Matching Funds for this catalytic priority area were identified considering epidemiological context, gaps in treatment coverage and potential for catalytic impact.

Based on the 2021 epidemiological data, these countries contribute to 75% of the global TB burden and 66% of the multidrug- and rifampicin-resistant tuberculosis (MDR/RR-TB) cases. Together, these countries account for 78% of the missing people with TB globally.

3.3 Access conditions

To access the Matching Funds for finding and treating the missing people with DS-TB and DR-TB, the **country must invest a portion of its TB allocation that is greater than or**

⁷ [Global tuberculosis report 2022](#). World Health Organization.

equal to the amount of available Matching Funds to one of the below focus areas, as specified in the country's Allocation Letter:

- **Catalyze early and accurate diagnosis through innovative approaches**; systematic screening for TB targeting high risk groups; and decentralized, ambulatory and patient-centered care for TB/DR-TB services including through primary health care approach and community-based service delivery.
- Accelerate implementation of **innovative private sector engagement models**.
- **Find and treat people with DS-TB and DR-TB**, focusing on specific interventions and/or populations to be agreed during country dialogue.

3.4 Programmatic conditions

In addition to the access conditions outlined above, the country's TB funding request must also meet the following programmatic conditions, which will be evaluated by the TRP during its review:

- Scale up of **innovative approaches** to accelerate progress to find and treat the missing people with DS-TB and DR-TB, based on the country context and lessons learned.
- **Alignment of interventions** with priority interventions on TB screening and diagnosis outlined in the Global Fund's [TB Information Note](#).
- **Monitoring of progress** in finding and successfully **treating the missing people** with DS-TB and DR-TB, including through the grant performance reporting.

3.5 Investment focus

The objective of these Matching Funds for the 2023-2025 allocation period is to find and successfully treat the missing people with DS-TB and DR-TB to improve TB treatment coverage and treatment success rate. Applicants should scale up successful interventions to find and treat people with TB, along with new and innovative interventions and approaches to maximize impact in this strategic priority area.

Key interventions and activities which can be adapted or expanded depending on the country contexts and TB epidemiology are listed below:

1. **Catalyze early and accurate diagnosis through innovative approaches** for TB screening (digital x-ray with computer-aided detection/AI software), universal use of rapid molecular diagnostics and drug-susceptibility testing for TB diagnosis, improved bacteriological confirmation of pulmonary TB.
2. **Systematic screening for TB** in health facilities and through active case finding and outreach services (e.g., mobile clinics) targeting high risk groups.
3. Accelerate **scale up of innovative private sector engagement model, community-based services**, and other specific focus areas relevant to the country context and agreed with country teams and partners.
4. Scale up **decentralized, ambulatory and patient-centered care** for TB/DR-TB services.

The overall priority interventions for Global Fund investments, as well as TB program essentials, are further elaborated in the Global Fund [TB Information Note](#). **Priority interventions and program essentials related to screening and diagnosis** in the [TB Information Note](#) may be of particular interest for these Matching Funds.

3.6 Monitoring and reporting

Recipients of these Matching Funds should select and report on indicators that measure progress in finding and treating missing people with TB, as part of routine grant performance reporting. The table below lists some of the core TB indicators relevant to the TB Matching Funds priority area, the full set of TB indicators is available in the [Modular Framework Handbook](#) (pages 142-148).

Indicator Code	Indicator description	Disaggregation category
TB O-5(M)	TB treatment coverage: Percentage of patients with new and relapse TB that were notified and treated among the estimated number of incident TB in the same year (all forms of TB - bacteriologically confirmed plus clinically diagnosed)	Age group (<15,15+); Gender (female, male).
TB O-2a	Treatment success rate of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse.	
TB O-6	Treatment coverage of RR-TB and/or MDR-TB: Percentage of notified people with bacteriologically confirmed, drug resistant RRTB and/or MDR-TB as a proportion of all estimated people with RR-TB and/or MDR-TB.	
TB O-4(M)	Treatment success rate of RR-TB and/or MDR-TB: Percentage of patients with RR and/or MDR-TB successfully treated.	
TBDT-1(M)	Number of patients with all forms of TB notified (i.e., bacteriologically confirmed + clinically diagnosed); *includes only those with new and relapse TB.	Age, Gender, HIV status, TB case definition (bacteriologically confirmed).
TBDT-3a	Percentage of notified patients with all forms of TB (i.e., bacteriologically confirmed + clinically diagnosed) contributed by non-national TB program providers- private/non-governmental facilities ; *includes only those with new and relapse TB.	TB case definition (bacteriologically confirmed); Type of private facility (NGO, private for-profit).
TBDT-3b	Percentage of notified patients with of all forms of TB (i.e., bacteriologically confirmed + clinically diagnosed) contributed by non-national TB program providers- public sector ; *includes only those with new and relapse TB.	
TBDT-3c	Percentage of notified patients with all forms of TB (i.e., bacteriologically confirmed + clinically diagnosed) contributed by non-national TB program providers- community referrals ; *includes only those with new and relapse TB.	
TBDT-4(M)	Percentage of new and relapse TB patients tested using WHO recommended rapid diagnostic tests at the time of diagnosis.	
TBP-3	Contact investigation coverage: Proportion of contacts of people with bacteriologically confirmed TB evaluated for TB among those eligible.	
DRTB-3(M)	Percentage of people with confirmed RR-TB and/or MDR-TB that began second-line treatment.	Age, Gender, Treatment regimen (shorter 6-9 month, longer individualized).

4. Scaling Up Programs to Remove Human Rights- and Gender-related Barriers to Health Services

4.1 Rationale

Matching Funds for scaling up of programs to remove human rights and gender related barriers, aim to catalyze investments and scale up implementation of country owned, evidence-based, comprehensive and quality programming to reduce human rights and gender related barriers to HIV, TB and malaria services, and to increase HIV, TB and malaria service accessibility, uptake and retention.

These Matching Funds can be used exclusively for the scale-up of evidence-informed human rights programs recommended by technical partners and included in the [Global Fund applicant guidance materials](#). These include eight defined program areas for HIV, nine for TB and five for malaria, described in detail within the following Technical Briefs.

- **HIV:** [Removing Human Rights-related Barriers to HIV Services](#)
- **TB:** [Removing Human Rights-related Barriers to TB Services](#)
- **Malaria:** [Equity, Human Rights, Gender Equality and Malaria](#)

4.2 Access condition

To access the Matching Funds amount indicated in the Allocation Letter for this strategic priority area, eligible countries must demonstrate that they have met the following access conditions:

For countries receiving Human Rights Matching Funds for the first time in the 2023-2025 allocation period	For countries that received Human Rights Matching Funds in the 2020-2022 allocation period
At least a 1:1 match of the amount of Matching Funds indicated in the Allocation Letter, from within their HIV and/or HIV/TB allocation.	Maintain or increase the level of investment from the 2020-2022 allocation in programs to reduce human rights-related barriers, for the 2023-2025 HIV and/or HIV/TB allocation.

In addition, please note that countries that received human rights Matching Funds in the 2020-2022 allocation period should also use the TB, malaria and RSSH allocation to support programs that enable equitable access to TB and malaria services.

4.3 Programmatic conditions

In addition to the access condition outlined above, applicants must also demonstrate that they have met (or will meet by the time set out below) the following programmatic conditions:

For countries receiving Human Rights Matching Funds for the first time in the 2023-2025 allocation period	For countries that received Human Rights Matching Funds in the 2020-2022 allocation period
<ol style="list-style-type: none"> 1. The applicant has recently undertaken an assessment of human rights-related barriers and programs to remove such barriers; has determined baseline scores for each human rights program area during country dialogue, to enable progress reporting under the Global Fund’s KPI E1 (which measures the percentage of countries receiving Human Rights Matching Funds with increases in scale of programs to reduce human rights-related barriers)⁸; has attached the assessment and baseline scores to the funding request; and undertakes to do an annual review of progress (following Global Fund guidance) to enable continued reporting under KPI E1. 2. The funding request reflects the findings of the assessment of human rights-related barriers and programs, with a particular focus on advancing progress towards full implementation of all human rights program essentials⁹, and an emphasis on reducing stigma and discrimination, removing harmful laws, policies and practices, including through community-led efforts, and on integration of human rights programs in key population programs. 3. The country undertakes to develop or update, within a year of the start of the grant, a national strategy or plan to remove human rights-related barriers to HIV services (and TB if the country uses Matching Funds for programs to reduce human rights-related barriers to TB), including a monitoring, evaluation and learning framework and accountability levers; and establishes a mechanism that coordinates implementation and oversight of the strategy or plan. 	<ol style="list-style-type: none"> 1. The applicant has determined baseline scores for each human rights program area, to enable progress reporting under the Global Fund’s KPI E1 (which measures the percentage of countries receiving human rights Matching Funds with increases in scale of programs to reduce human rights-related barriers)⁸; has attached the assessment and baseline scores to the funding request; and undertakes to do an annual review of progress (following Global Fund guidance) to enable continued reporting under KPI E1. 2. The funding request considers the findings of the most recent assessment of progress made in scaling up programs to reduce human rights-related barriers; and aims to ensure full implementation of all human rights program essentials⁹ with a particular emphasis on programming to reduce stigma and discrimination, efforts to remove harmful laws, policies and practices, including community-led efforts, and integration of human rights programs in key population programs. 3. The country undertakes to review and update, before the end of its current plan/strategy, its national plan/strategy to remove human rights-related barriers to HIV services (and TB and malaria services, where applicable), including its monitoring, evaluation and learning framework and accountability levers; and adequately resource the mechanism that coordinates implementation and oversight of the strategy or plan.

⁸ Details on KPI E1 can be found on pages 83-85 of the Global Fund’s [Key Performance Indicators \(KPIs\) Handbook for the 2023-2028 Strategy](#)

⁹ HIV human rights program essentials are described in the [HIV Information Note](#) at page 12, and in greater detail in the [Technical Brief](#) at page 15. The TB human rights program essential is described in [the TB Information Note](#) at page 30, and in greater detail in the [Technical Brief](#) at page 13

4.4 Investment focus

As indicated in the Programmatic Conditions, the Matching Funds support scale-up of programming to address human rights- and gender-related barriers and incentivize country ownership, oversight, monitoring and evaluation of results and impact of the scale up.

- **In the countries that have received Human Rights Matching Funds in the 2017-2019 and 2020-2022 allocation periods**, the focus is on making further progress towards comprehensively addressing barriers and, in particular, ensuring that all human rights program essentials will be fully implemented in the country. The applicant is expected to base its funding request on the findings of the most recent assessment of progress made in reducing human rights-related barriers, undertaken as part of the Breaking Down Barriers initiative¹⁰.
- **For countries newly eligible for Human Rights Matching Funds**, the focus is on scaling up programming to reduce human rights-related barriers from a baseline that has to be set as part of the country dialogue, with a particular focus on ensuring the country progresses towards full realization of the human rights program essentials. The applicant is expected to base the funding request on the findings of a recent assessment of human rights-related barriers and programs to remove such barriers and is encouraged to use the guidance developed by the Global Fund to facilitate rapid assessments¹¹.

In addition, applicants are expected to ensure that all programming to reduce human rights-related barriers is at least gender-responsive, if not gender-transformative¹², and implemented in ways that respond to the specific and different gender-based barriers experienced by women, men, adolescent girls and boys and gender-diverse communities.

Finally, performance frameworks should include indicators and workplan tracking measures (WPTM) to assess progress toward removing human rights- and gender-related barriers.

4.5 Human rights Strategic Initiative

To facilitate operationalization of the Human Rights Matching Funds, all countries that access the Matching Funds can access support through the Human Rights Strategic Initiative, including to undertake assessments, set baselines and undertake yearly progress reviews, develop and/or update national plans to reduce human rights-related barriers, and implementation support. The details on this support will be communicated at a later stage.

¹⁰ Baseline and mid-term assessments results are available on the Global Fund website at <https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/community-rights-gender>, and new progress assessments are being conducted throughout 2023.

¹¹ Guidance for undertaking a rapid assessment of information on human rights-related barriers to HIV and TB services is available at: https://www.theglobalfund.org/media/12684/core_rapid-assessment-human-rights-barriers-hiv-tb-services_guidance_en.pdf

¹² Additional information on gender-responsive and gender-transformative approaches is available at: https://www.theglobalfund.org/media/5728/core_gender_infonote_en.pdf

5. Incentivizing RSSH Quality and Scale, RSSH Innovation Fund

5.1 Rationale, objectives and principles

The Global Fund Strategy calls for action to rise above disease silos to build integrated, people-centered systems for health that place people and communities, not diseases, at the center. To achieve this, the RSSH Innovation Fund will facilitate a shift at the country level by incentivizing investments in one or more of the following focus areas, depending on country eligibility: 1) human resources for health (HRH) and quality of care, including for community health workers (“CHWs”)¹³; 2) laboratory systems strengthening; and 3) supply chain systems. Matching Funds can also be used to support better measurement and decision making for RSSH through targeted health facility assessments.

The aim of these investments is to strengthen RSSH investments to support increased quality and scale of integrated, people-centered quality systems and services that strengthen outcomes for HIV, TB and malaria and related areas of health, and build pandemic preparedness capabilities.

Principles for country selection include:

- Potential for impact and scale-up of services.
- Higher burden low-income and lower middle-income countries, with focus on countries with relatively lower maturity of integrated health systems and integrated services.
- Enabling environment/governance from country dialogue to implementation.
- Country demand, absorption capacity and coherence of CI investments; and
- Size of existing Global Fund investments and ability to match from allocation.

5.2 Access conditions

Countries must invest a portion of their total country allocation that is greater than or equal to the amount of available Matching Funds, in the **focus area** that the country is eligible for:

- Health workforce / quality of care including CHWs.
- In-country supply chains; and/or
- National laboratory systems.

¹³ Reference to “CHW” Includes all types of CHWs, including peers and other types of CHWs, employed by the public sector or civil society organizations (including community-based organizations or community-led organizations)

5.3 Programmatic conditions

For **all focus areas**, the country's funding request must meet the following programmatic conditions:

- Inclusion of plans to pilot or scale up evidence-based, high-impact interventions based on country context, epidemiological profile and lessons learned.
- Alignment of investments with the RSSH 'Critical Approaches' outlined in the Global Fund's [RSSH Information Note](#).
- Completion of the funding request's RSSH Gaps and Priorities Annex and alignment of activities with national strategies/plans.

Where a country is eligible for Matching Funds in **national laboratory systems** as part of the RSSH Innovation Fund, it must **also** meet the following programmatic conditions:

- Alignment of investments with the integrated laboratory systems principles outlined in the Global Fund's [RSSH Information Note](#).
- Inclusion of activities that are directly related to or contribute to advancing the uptake of integrated service delivery. Siloed or disease-specific interventions are not eligible for consideration.
- Inclusion of activities that are identified in the National Laboratory Strategic Plan (NLSP) and/or included in the National Action Plan for Health Security (NAPHS).
- Allocation of adequate resources to capacity building or human resource development to sustain activities outputs and ensure continued ownership of systems-level investments.

Where a country is eligible for Matching Funds in **health workforce / quality of care including CHWs**, as part of the RSSH Innovation Fund, it must **also** meet the following programmatic conditions for any proposed CHW investments for this focus area:

- Demonstrated meaningful engagement of Ministry of Health (MoH) community health units, CHWs / CHW associations, and community-led organizations (CLO) / community-based organizations (CBO) employing CHWs in funding request development and grant making.
- Inclusion of investments that are aligned with the guidance on CHWs and CSS outlined in the Global Fund's RSSH Information Note, including the eligible interventions outlined in the investment focus (which will be included in the Global Fund's Matching Funds Guidelines 2023-2025, on the Global Fund's website in 2023).
- Submission of a completed CHW Programmatic Gap Table, aligned with national strategies and plans.
- Inclusion of a Community Health Strategy (or plan to develop one) that integrates CHWs, community-led and community-based services, and a costed operational plan.
- Inclusion of an analysis or assessment and plans for strengthening systems components needed for effective CHW and CLO/CBO service delivery, including

leadership and governance, workforce (including planning, training, remuneration and supervision), sustainable financing, digital tools and systems, supply chain, referral systems, and community-led monitoring, as well as the capacity of the MoH and of CLO/CBO in service delivery.

5.4 Investment focus

These Matching Funds focus on three main areas with the aim of scaling up and increasing the quality and availability of integrated, people-centered systems and services, and can also be used to fund targeted health facility assessments, as follows.

- **Improve the quality and availability of HRH, including CHWs**, with the aim to strengthen national workforce planning and analytics and quality of care, including maternal, child and HIV/SRH health services. Interventions include:
 - **Human Resources for Health (HRH), including CHWs, strategic planning** – data systems, analysis for workforce optimization (e.g., workload assessments, geospatial analyses, wage bill analyses), support for policy/processes that use evidence developed to update HRH policies and guidance (e.g., workforce pre-service training, recruitment, deployment plans, retention schemes etc.) and subsequent implementation of these policies.
 - **Quality of care interventions to enhance performance** – supportive supervision, on-site integrated training, problem solving, continuous professional development, competence-focused pre-service education for integrated care and surveillance. Organization of more integrated service delivery and referral systems to address co-infections and co-morbidities.
 - **CHWs** – refer to the CHW section of the CS&R Matching Funds for relevant areas of focus – these may be funded by the RSSH Innovation Fund.
 - For more information on HRH and quality of care, please refer to the relevant section in the [RSSH Information Note](#).
- **Enhancing national laboratory systems** with the aim to optimize lab networks, data systems and laboratory infrastructure. Countries that are eligible for lab systems strengthening under the RSSH Innovation Fund can apply for all the interventions that are listed under the Lab System Strengthening Matching Funds, including:
 - **Scaling of network coverage and rapid response** – tier-specific basic testing package, mapping laboratory networks, scaling specimen referral networks and quality management systems.
 - **Systems intelligence, data science and system monitoring** – connectivity solutions for diagnostic analyzers and data interoperability tools, digital tools to track samples and return.
 - **Improvement of laboratory infrastructure** – biosafety and biosecurity standards, maintenance plans.

For more information on laboratory systems strengthening, see the relevant section in the [RSSH Information Note](#).

- **Strengthening in-country supply chains**, with the aim of strengthening their design and operation to enable more integrated, people-centered supply chains that ensure equitable access to quality assured and affordable health products. This includes:
 - **Strategy and governance** – supply chain master plans, leadership development and workforce planning.
 - **Storage and distribution design and operations** – operational and design assessments, operations improvement initiatives, velocity/cadence increases and alternative distribution models beyond health facility into communities.
 - **Information systems & data use** – interoperability, master data management, data use, extension of Logistics Management Information Systems.
 - **Outsourcing of logistics services** – defining operations to be outsourced, initiating bid processes and selection of providers, contract management and performance management.
 - **Waste management** – assessments, country-specific strategies, and operationalization.

For more information on supply chain strengthening, see the relevant section in the [RSSH Information Note](#).

- **Targeted Health Facility Assessments (HFAs)**, with the aim of measuring results of RSSH and pandemic preparedness investments and improving program implementation. Targeted HFAs collect data on key RSSH outcomes identified in the Global Fund Strategy. These include integration, people-centeredness, quality of services, how much systems have improved (i.e., their maturity) and their support for improved performance of HIV, TB and malaria programs in countries.

Most countries conduct health facility assessments at 3–5-year intervals and use a comprehensive tool to measure the status of health system components with a large sample size. Targeted HFAs will use simplified tools to measure key RSSH outcomes and will be done on a more frequent (annual) basis with a smaller sample size. HFA tools and protocols will be provided by the Global Fund Secretariat.

Matching Funds can be used to support the roll-out of targeted HFAs as follows:

- **Survey design** – design of the survey tools and sampling methodology, based on the tools and protocols to be provided by the Secretariat.
- **Survey implementation** – preparation and implementation of the survey on a periodic (i.e., annual) basis to ensure trends are captured over time.
- **Analysis and use of the results** for improvement and reprogramming (as needed) of the RSSH investments.

6. Incentivizing RSSH Quality and Scale, Digital Health Impact Accelerator

6.1 Rationale and principles

The main objective of the Digital Health Impact Accelerator (“DHIA”) is to strengthen collection and use of health data in national health systems. The focus of investments in the DHIA includes a two-fold approach:

- **Last mile access:** Accelerate “last-mile” capacities of health facilities for timely information with a focus on 1) power and connectivity; and 2) sustainability of Electronic Community Health Information Systems (“eCHIS”). This will help strengthen in-country digital architecture for primary health care and sustainable digital infrastructure for use in remote settings.
- **Integrated and patient-centered approaches:** Deploy integrated and patient-centered approaches to modernize patient care with a focus on 1) use cases for improved patient monitoring; and 2) development of data standards, interoperability solutions and access to cloud services. This will allow for strengthened interoperability between both horizontal (between systems at the same level e.g., laboratory systems, supply chain or finance) and vertical systems (e.g., at a local, regional and national level).

These approaches could be further supported by strengthening key enablers including support to: 1) national digital health policies and strategies and coordination; 2) digital health capacity building; and 3) long-term planning for sustainability.

Overall, this initiative will accelerate the removal of paper-based recording systems and support a regional disease tracking infrastructure to detect, track and prevent deadly diseases.

6.2 Access conditions

Subject to funding confirmation: to access the DHIA Matching Funds, eligible countries must invest a portion of their total country allocation that is greater than or equal to the amount of available Matching Funds, in accelerating “last-mile” capacities for real-time information, deploying integrated and patient-centered approaches to modernize patient care and/or supporting regional disease tracking infrastructure.

6.3 Programmatic conditions

In addition to the access conditions outlined in Section 6.2, eligible countries must demonstrate in their funding request that the following programmatic conditions have been met:

- Alignment of investments in public health care connectivity and interoperability with complimentary RSSH interventions in community health workers, laboratory systems and supply chain.

- Investments in connectivity and interoperability show a path to national scale with a sustainable business model.
- Alignment of investments with the relevant national digital health strategy and the Global Fund's [RSSH Information Note](#).

6.4 Investment focus

Applicants will program their Matching Funds in digital health in line with the considerations listed below. During country dialogue, countries should identify and prioritize which strategic investments and programmatic areas the DHIA Matching Funds will focus on. Plans should be solution-oriented, bridging key gaps and build on existing investments (by the Global Fund, government or other partners).

Core areas	Focus areas	Problem	Solution	Interventions supported
Strategy 1: Last Mile Access	Energy	Lack of power limiting internet access	Solar panels batteries and inverters for health facilities	<ul style="list-style-type: none"> • Deployment of integrated power & connectivity solutions. • Incentivizing innovative finance mechanisms for investments in connectivity infrastructures for health. • Assess viability of Low Earth Orbit (LEO) satellite solutions.
	Internet	Lack of network connectivity last mile / rural areas	Standalone internet solution	
	Electronic Community Health Information Systems (eCHIS)	Limited digitalization of community level information, including for PPR. Limited information on CHW capacities.	eCHIS	<ul style="list-style-type: none"> • Sustain the deployment and scale-up of eCHIS. • Invest in next generation tools supporting CHWs, community level health facilities and mobile-enabled access to health.
Strategy 2: Integrated patient-centered care	Patient monitoring	Capacity to digitally register and enable longitudinal patient monitoring across multiple points of service delivery (public and private)	Unique ID & Master Patient Index Electronic Health Record	<ul style="list-style-type: none"> • Invest in priority HIV, TB and Malaria, Pandemic Preparedness Response, and RSSH use cases in key geographies through financial resources & technical assistance. • Support the development of data standards and interoperability blueprints. • Support access to cloud services for better data hosting, integration and interoperability. • Direct investments in 1-2 regional standards and interoperability labs or connection testbeds.
	Architected health information exchange (HIE) platforms	Little to no health data shared across systems and apps, with less efficient and unscalable data storage mechanisms being used with security trust concerns.	Health enterprise architecture framework & HIE interoperability roadmap	

Enablers				
Policy & Strategy	Scalability & e-Gov compliance	Lack of clear country-level digital transformation plan, which key stakeholders can align around.	National policies & implementation strategies in place and supported by key players.	<ul style="list-style-type: none"> Existence of and / or support to national policies & strategies.
Capacity Building	Capacity development	Lack of institutional and local private sector capacities	Skilled personnel and health entrepreneurs to deploy, manage and maintain architected solutions.	<ul style="list-style-type: none"> Interventions are conditioned on the existence of a digital health capacity building plan. Support to health entrepreneur's accelerator(s).
Sustainability	PPP and business model	Solutions implemented often have short-term plans with no long-term business models or architecture/interoperability roadmap	Solutions need to have a 5–10-year plan, leveraging Global Goods approaches when relevant	<ul style="list-style-type: none"> Existence of and / or support to long-term plan and architecture blueprints. Implementation of appropriate Digital Public Goods and global digital health norms and standards.

Progress toward agreed objectives will be tracked within existing Global Fund mechanisms including performance frameworks (indicators to be defined based on the selected strategic investments), tracking mechanisms and evaluations.

Additional to the Matching Funds, countries may be eligible to receive technical assistance through the DHIA Strategic Initiatives. The details on how to access this support will be communicated at a later stage.

7. Incentivizing RSSH Quality and Scale, Integrated Lab Systems Strengthening

7.1 Rationale, objectives and principles

Efficient and reliable health laboratory systems are an essential component of any resilient health system and are central to achieving the core mission of the Global Fund. Investments in systems to deliver diagnostic services underpin the ability to decentralize patient-centered service delivery, and are vital to achieving impact against HIV, TB, Malaria and other priority diseases.

The main objective of the Integrated Lab Systems Strengthening (“ILSS”) Matching Funds is to encourage the uptake of best practices and innovative solutions in ILSS, to advance laboratory system readiness and capabilities to detect and respond to health threats of pandemic potential. Through data informed approaches, ILSS Matching Funds are expected to contribute to increased quality, timeliness and linkage of laboratory systems in eligible countries.

Key principles of investment are:

- **Empowering laboratory directorates** and encouraging ownership over innovations by engaging laboratory directorates at an early stage, and positioning the directorate as coordinators of integrated laboratory system advancement.
- **Integrated service delivery:** Establishment of integrated national laboratory services, networks and systems. An integrated approach allows both programs and clinicians to use more comprehensive information that can lead to more informed clinical decision-making and more effective patient care.
- **Capacity building:** Reinforcing capabilities of laboratory technicians through workforce development, training and mentorship to sustain management of laboratory services and continued ownership of system development.
- **Coordination of investments** through alignment of investments with the National Laboratory Strategic Plan (NLSP) or National Action Plan for Health Security.

7.2 Access conditions

Subject to funding confirmation: to access ILSS Matching Funds, eligible countries must invest a portion of their total country allocation that is greater than or equal to the amount of available Matching Funds, in lab strengthening activities set out in the [RSSH Information Note](#).

7.3 Programmatic conditions

Additionally, eligible countries must demonstrate that the following programmatic conditions have been met:

- Alignment of investments with the integrated Laboratory Systems principles outlined in the Global Fund's [RSSH Information Note](#).
- Inclusion of activities that are directly related to or contribute to advancing uptake of [integrated service delivery](#). Siloed or disease-specific interventions are not eligible for consideration.
- Inclusion of activities that are identified in the National Laboratory Strategic Plan (NLSP) and/or the National Action Plan for Health Security (NAPHS).
- Allocation of adequate resources to capacity building / human resource development to sustain activities outputs and ensure continued ownership of systems-level investments.

7.4 Investment focus

- **Scaling of network coverage and rapid response:** Scaling of network coverage and rapid response, including activities that contribute to expansion of services to further decentralize laboratory service delivery, reducing barriers to access, improving timeliness of diagnostic services, driving resource efficiency and improving patient outcomes.
- **Systems intelligence, data science and system monitoring:** Enhancing data-driven and evidence-based decision making in the management, scaling and operation of the laboratory system is driven by investment in systems intelligence, data science and system monitoring.
- **Improvement of laboratory infrastructure:** Improvement of laboratory infrastructure involves investment in resources and activities that enhance the laboratory facilities and supportive services that enable continuous functioning.

7.5 Strategic Initiative for technical assistance for Matching Funds

In order to operationalize Matching Funds, as notified in their Allocation Letter, countries may also be eligible to receive technical assistance through Strategic Initiatives. The details on how to access this support will be communicated at a later stage.

8. Effective Community Systems and Responses (CS&R) Contributing to Improved Health Outcomes and Equitable Access to Integrated People-centered Quality Services

8.1 Background and rationale

Achieving the strategic objectives of the Global Fund Strategy will require stepping up investments, bringing to scale community systems and responses in their diversity, including CLOs, CBOs, and CHWs¹⁴; and investing in the key system components needed for strong and resilient community systems for health.

The main objectives of the CS&R Matching Funds and Strategic Initiative are to support:

- System readiness for scale, institutionalization, and sustainability of the CHW workforce.
- Community systems strengthening (CSS), particularly for CLOs and CBOs employing CHWs (e.g., peers); and
- Community-led monitoring (CLM) and use of CLM data for decision making.

The key areas of focus for the CS&R Matching Funds and Strategic Initiative are:

- **Strengthening CHW Programming** to catalyze system readiness for scale, institutionalization and sustainability of the CHW workforce.
- **Accelerating CS&R for key and vulnerable population-led organizations:** Incentivize investments to build operations, technical and governance capacities of CLOs/CBOs employing CHWs (e.g., peers) to reinforce linkage and mobilization of community health workforces, community-led responses and gender-transformative community systems.

8.2 Investment focus

The table below lists the eligible modules and interventions for the CS&R Matching Funds. The modules and interventions outline the overall areas of focus and relevant activities for the Matching Funds, to support applicants in planning. Further details on these modules and interventions, as well as an illustrative (non-exhaustive) list of activities, are provided in the [Global Fund Modular Framework](#). Applicants are encouraged to invest in activities within the eligible modules and interventions that will catalyze progress in the area of focus along a maturity model, first establishing the foundations for scaling and then moving from “good to great” (an illustrative maturity model will be provided to the applicants). Investments are eligible if HIV, TB and/or malaria services are in the package of services CHWs deliver (preferably, all services relevant to population needs are integrated within the package of

¹⁴ Reference to “CHW” Includes all types of CHWs, including peers and other types of CHWs, employed by the public sector or civil society organizations (including community-based organizations or community-led organizations)

services). Note that the definition of CHWs includes all types of CHWs, including peers and other types of CHWs, employed by the public sector or civil society organizations (including CBOs or CLOs).

Applicants should refer to and use the [RSSH Information Note](#) and the [CHW Programmatic Gap Table](#) to facilitate planning of CHW investments for funding requests and should refer to Global Fund [Guidelines for Grant Budgeting](#) regarding CHW remuneration (i.e., salaries, incentives, allowances and other benefits).

For CSS interventions within the scope outlined the Investment Focus table below, applicants should use the [CSS Technical Brief](#) and CSS Decision Making Tool (included as annex to Technical Brief).

Eligible modules, interventions and illustrative activities for CS&R Matching Funds

Important: Applicants are requested to submit a table alongside the **funding request** indicating the **interventions and modules** for which Matching Funds are being requested, including the amount to be matched from the allocation.

Modules and interventions	Illustrative activities (see the Modular Framework for further details)
<p>Module: RSSH/PP: Human Resources for Health (HRH) and Quality of Care Intervention: RSSH/PP: HRH planning, management and governance including for community health workers (CHWs)</p>	<p>Activities for strengthening policy, strategy, planning and governance for CHWs (as part of broader HRH) employed by the public sector or civil society organizations.</p>
<p>Module: RSSH/PP: Human Resources for Health (HRH) and Quality of Care Interventions:</p> <ul style="list-style-type: none"> • RSSH/PP: Community health workers: selection, pre-service training and certification. • RSSH/PP: Community health workers: Inservice training 	<p>Activities for strengthening the selection, competency-based pre-service training, in-service training, certification & maintenance of certification for CHWs, CHW supervisors, and other district, regional, or national/program staff with roles requiring training to support CHWs, strengthening institutions/systems that provide training for CHWs.</p>
<p>Module: RSSH/PP: Human Resources for Health (HRH) and Quality of Care Intervention: RSSH/PP: Community health workers: contracting, remuneration and retention</p>	<p>Activities for strengthening the contracting, remuneration and retention of CHWs.</p>
<p>Module: RSSH/PP: Human Resources for Health (HRH) and Quality of Care Intervention: RSSH/PP: Remuneration and deployment of existing/new staff (excluding community health workers)</p>	<p>Activities for strengthening the contracting, remuneration and retention of CHW supervisors and other district, regional, or national/program staff with roles focused on supporting CHWs.</p>
<p>Module: RSSH/PP: Human Resources for Health (HRH) and Quality of Care Intervention: RSSH/PP: Community health workers: Integrated supportive supervision</p>	<p>Activities for strengthening supportive supervision for CHWs and supervisors of CHWs.</p>
<p>Module: RSSH: Community Systems Strengthening Intervention: Community engagement, linkages and coordination</p>	<p>Activities for strengthening community engagement in CHW planning, selection, problem-solving.</p>

<p>Note that there is not a specific module and intervention for CHW equipment in the Global Fund Modular Framework. Please use the module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care” and the intervention “RSSH/PP: Community health workers: selection, pre-service training and certification”.</p> <p>Please use the cost input 9.3: Other non-health equipment.</p>	<p>Activities for ensuring CHWs and CHW supervisors have the equipment they need for their work: Transportation (e.g., bicycle or motorcycle inc. maintenance and fuel or transportation allowance), backpack, uniform, rain gear and boots, flashlight, thermometer, mid-upper arm circumference (MUAC) strip / shakir tape, respiratory timers for respiratory illness. The above list is illustrative and non-exhaustive. Eligible equipment includes all equipment required for CHWs and CHW supervisors per national norms or requirements for their job.</p>
<p>Module: Case management (malaria) Intervention: Integrated community case management (iCCM)</p>	<p>Activities for ensuring CHWs have malaria commodities for malaria case management at community level: RDTs for malaria diagnosis, ACTs for malaria treatment and rectal artesunate for pre-referral treatment of severe malaria.</p>
<p>Module: Case management (malaria) Intervention: Integrated community case management (iCCM)</p>	<p>Activities for ensuring CHWs have non-malaria iCCM medicines for iCCM: Firstline antibiotics for pneumonia treatment and ORS and zinc for diarrhea treatment for children under 5 years of age as per national protocol for iCCM; see Annex 3 of the RSSH Information Note for eligibility criteria</p>
<p>Module: Use relevant modules for HIV Intervention: Use relevant intervention for HIV</p>	<p>Activities for ensuring CHWs have HIV commodities for HIV services at community level: Condoms, lubricant, PrEP, PEP, POC EID, RDTs, and others for HIV services relevant to the CHW role</p>
<p>Note the following for referral and counter-referral systems: If for multiple diseases Module: RSSH: Health Sector Planning and Governance for Integrated People-centered Services Intervention: Integration/coordination across disease programs and at the service delivery level If for single disease, use the relevant disease module and intervention</p>	<p>Activities for strengthening the referral and counter-referral system: Referral and counter-referral system (e.g., allowances for transportation and meals for patients, caregivers and CHW). See Annex 2 of the RSSH Information Note for additional details</p>
<p>Module: RSSH: Health Products Management Systems Interventions: Select the relevant intervention(s)</p>	<p>Activities for strengthening health product management systems, including last mile distribution to health facility or CHW (e.g., can be done as part of CHW supervision)</p>
<p>Module: RSSH: Monitoring and Evaluation Systems Interventions: Select the relevant intervention(s)</p>	<p>Activities for strengthening the health management information system, surveillance and M&E: Registers, paper-based job aides, routine reporting forms, mobile digital health tools (e.g., phones/tablets, sim cards, communications allowance) for CHWs and CHW supervisors; activities related to early warning surveillance functions, including both indicator-based (IBS) and event-based surveillance (EBS) by CHWs</p>

<p>Module: RSSH/PP: Human Resources for Health (HRH) and Quality of Care Intervention: RSSH/PP: HRH planning, management and governance including for community health workers (CHWs)</p>	<p>Activities to strengthen health financing strategies and planning for CHWs (e.g., for development of and support for sustainable financing pathways for CHWs in the context of broader HRH and health sector planning)</p>
<p>Module: RSSH: Community Systems Strengthening Intervention: Capacity building and leadership development</p>	<p>Activities for strengthening the capacity, leadership and sustainability of community-led and community-based organizations employing CHWs including peers or other types of CHWs (this may include CHW associations)</p>
<p>Module: RSSH: Community Systems Strengthening Intervention: Community engagement, linkages and coordination</p>	<p>Activities for establishing or strengthening formal agreements between community-led and community-based service providers employing CHWs (including peers or other types of CHWs) and health facilities; development / revision of plans, tools, and messages for community engagement, risk communication and social mobilization; strengthening of platforms for coordination, joint planning and effective linkages between communities and the health system</p>
<p>Relevant modules and interventions in HIV, TB for HIV, TB and/or malaria service delivery by CHWs, including peers or other types of CHWs, employed by the public sector or civil society organizations (including community-led or community-based organizations)</p>	<p>Activities for strengthening service delivery for HIV, TB and/or malaria by CHWs not covered by any of the above modules and interventions and that align to the guidance for CHWs outlined in the RSSH Information Note</p>

8.3 Access conditions

Subject to funding confirmation, to access the CS&R Matching Funds, countries must invest a portion of their total country allocation that is greater than or equal to the amount of available Matching Funds (i.e., at least a 1:1 match) in the eligible interventions for community health workers (CHW)* programming and CSS described in the CS&R investment focus above.

8.4 Programmatic Conditions

Additionally, eligible countries must demonstrate that the following programmatic conditions have been met:

- Demonstrated meaningful engagement of Ministry of Health (MOH) community health units, CHWs / CHW associations and CLOs / CBOs employing CHWs in funding request development and grant making.
- Inclusion of investments that are aligned with CHW and CSS guidance outlined in the Global Fund's [RSSH Information Note](#), as well as the eligible interventions¹⁵ in the Investment Focus.
- Submission of a completed CHW Programmatic Gap Table, aligned with national strategies and plans.
- Inclusion of a Community Health Strategy (or plan to develop one) that integrates CHWs, community-led and community-based service delivery, including a costed operational plan.
- Inclusion of an analysis or assessment and plans for strengthening systems components needed for effective CHW and CLO/CBO service delivery, including leadership and governance, workforce (including planning, training, remuneration, and supervision), sustainable financing, digital tools and systems, supply chain, referral systems, and community-led monitoring, as well as the capacity of the MOH and of CLOs/CBOs in service delivery.

The above conditions apply to all types of CHWs, including peers employed by the public sector or civil society organizations, including CLOs and CBOs.

8.5 Strategic Initiative for Technical Assistance for Matching Funds

In order to operationalize the CS&R Matching Funds, as notified in their Allocation Letter, countries may also be eligible to receive technical assistance through Strategic Initiatives. The details on how to access this support will be communicated at a later stage.

¹⁵ Including RSSH 'Critical Approaches'.