



Grant Cycle 8

Enabling Impact: Maximizing Value for Money

Issued 17 April 2026

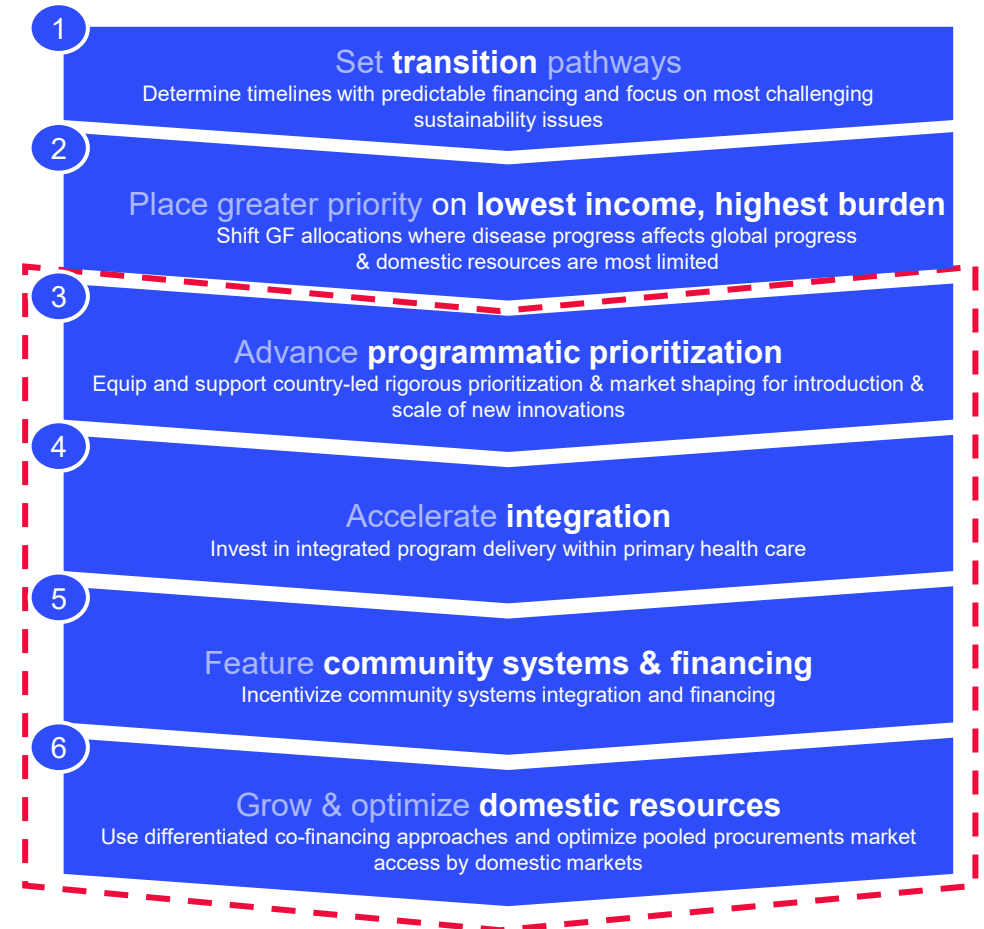
Updated 17 April 2026

Context & purpose of this GC8 guidance

The health financing landscape is changing, and countries face an urgent need to prioritize limited resources, strengthen sustainability and focus investments where they will have the greatest impact. In response, the Global Fund's February 2026 Board meeting introduced the GC8 Strategic Shifts.

This guidance on *Enabling Impact* includes **5 components** and serves as a companion tool to the HIV, TB, Malaria and RSSH *Prioritization Guidance*, with direct links to the Modular Framework. As diverse and reinforcing topics, each component expands upon principles, focus and prioritized approaches to drive results in GC8.

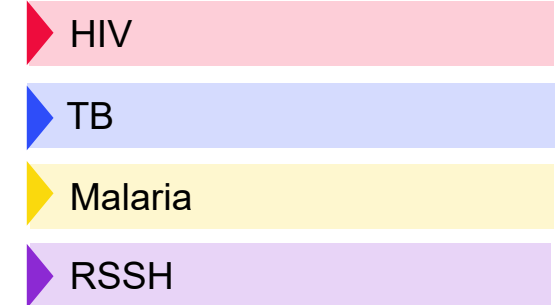
Enabling all shifts, with an emphasis on 3, 4, 5 and 6



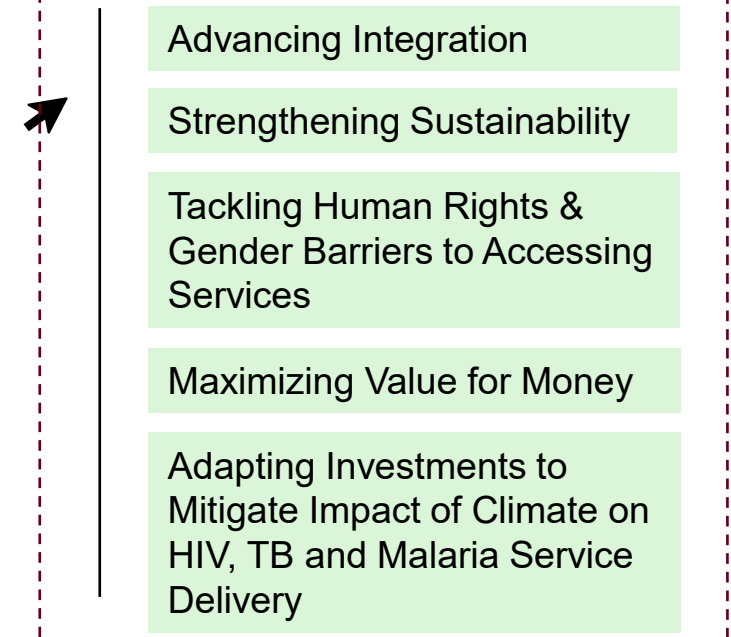
How to use this guidance

- The cross-cutting Enabling Impact Guidance is based on **evidence-based normative and technical guidance** from across the partnership and includes relevant references.
- It complements the Global Fund's Modular Framework Handbook, which describes the interventions eligible for Global Fund investments, and the Prioritization guidance, which lays out overall priorities for GC8 and prioritization considerations for HIV, TB, malaria and RSSH.
- The Enabling Impact Guidance informs **country-led decision-making** on how to maximize the impact of Global Fund resources, used together with National Strategic Plans to ensure alignment with overall spending plans, including domestic resources and external funding from other sources.
- Each section of this guidance includes considerations for cross-cutting interventions and priorities to increase the impact of efforts to fight HIV, TB and malaria and strengthen resilient and sustainable systems for health.
- This document will be updated as necessary to reflect innovations and changes in technical guidance.

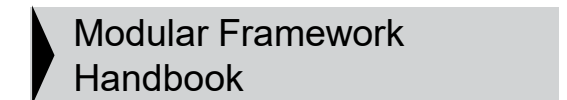
Prioritizing Investment



Enabling Impact



Programming & Monitoring for Results



The Value for Money framework provides a structure for countries to consider difficult trade-offs given constrained global health resourcing.

This enabling guidance draws on expertise from technical partners to support expenditure choices across all funding sources that prioritize maximizing health impact and the needs of the most affected populations.



- ✓ **Emphasizes** the need to maximize the efficiency and equity with which effective investments are delivered/distributed.
- ✓ **Reinforces** that Global Fund investments should focus on high-impact, evidence-based interventions per the Modular Framework.

There are 3 dimensions of Value for Money

1

Effectiveness

Refers to how well expenditure achieves a given set of objectives.

2

Efficiency

Considers how to improve effectiveness for a given level of resources with different reference points:

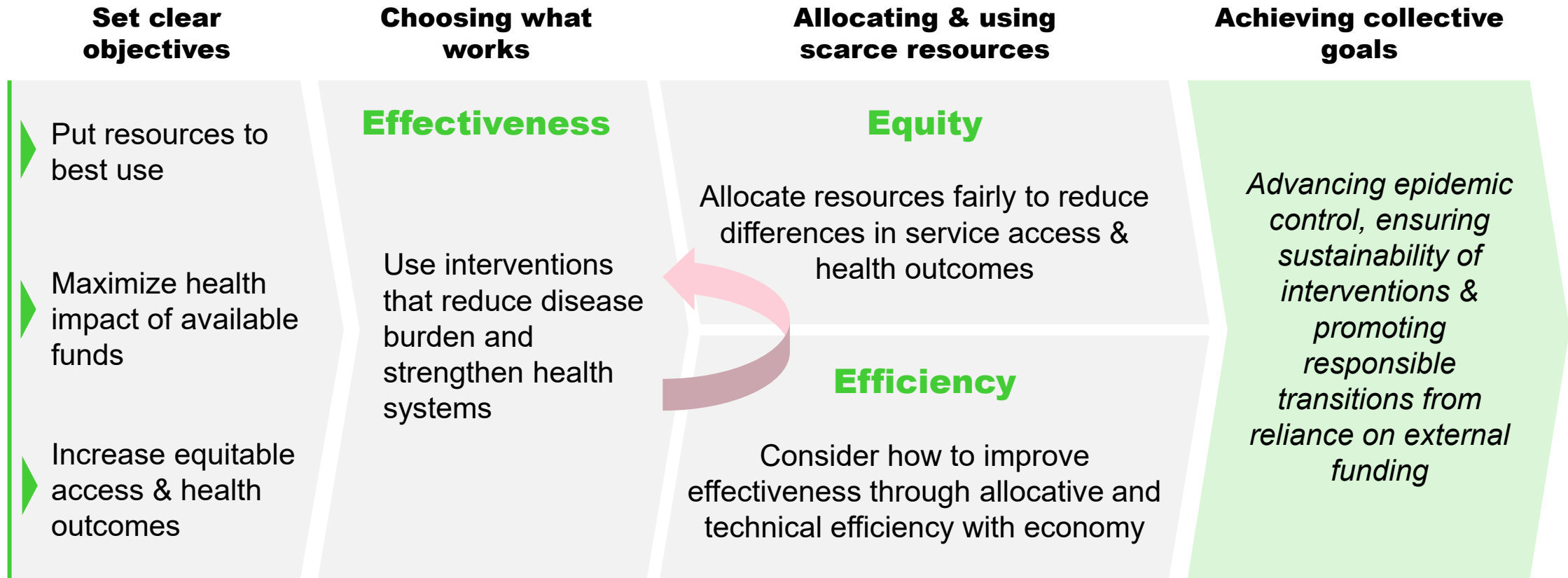
- Allocative efficiency - selecting effective interventions and/or better targeting the chosen intervention.
- Technical efficiency - using service delivery models that maximize the effectiveness of limited budgets, avoiding duplication/waste.
- Economy - managing input costs to be as low as possible without sacrificing quality.

3

Equity

Means ensuring resources are allocated in ways that maximize health impact with a focus on addressing geographies and populations with the highest disease burden and unmet need. This should include reducing access barriers to health services, disparities in health outcomes and meeting the needs of key and vulnerable populations at the highest risk for HIV, TB or malaria.

The VFM Framework brings the 3 dimensions together based on core objectives



This is a non-linear process.

Use iteration, evidence and governance to inform trade-offs across the dimensions – participation from experts, affected communities and leadership will inform and enhance decisions.

Applying VFM considerations* is iterative and flows across planning, implementing & monitoring



Orient country dialogue stakeholders on the VfM Framework, the allocation envelope/resource constraints, and the minimum evidence needed to justify investment choices.



Cost and prioritize national strategic plans and intervention packages so the funding request reflects VfM trade-offs between effectiveness, efficiency and equity.



Integrate Global Fund, domestic and partner resources into a single investment approach that clarifies each funding source's comparative advantage & enables system-level efficiencies & sustainability planning.



Manage and use performance metrics to continuously refine service delivery to improve impact.



Demonstrate how selected interventions, targeting choices and service delivery models, maximize impact and reduce duplication/waste while protecting equity.

*For more detail on Value for Money concepts and practical guidance on how to apply these considerations, refer to this Global Fund's [Value for Money technical brief](#).

Prioritization approach & considerations

Category

Prioritization considerations

Interventions known to reduce HIV, TB and Malaria	<ul style="list-style-type: none"> • Are interventions aligned with the latest guidance from technical partners and Global Fund Information Notes and Program Essentials? • Are processes in place to ensure effectiveness and quality of services in practice (e.g., supportive supervision, spot checks, etc.)
Interventions known to address structural barriers to accessing services	<ul style="list-style-type: none"> • Have barriers to service access, and their root causes, been identified? Will they be monitored effectively? Are interventions to remove structural barriers integrated into disease programs?
Strong health and community systems	<ul style="list-style-type: none"> • Do proposed RSSH interventions explain how they will strengthen health and community system performance to optimize delivery of HIV, TB and malaria services, based on lessons learned? Have all relevant systems been considered (e.g., HRH, HIS, supply chain, laboratory systems, community systems, governance)? • Will the impact of RSSH investments on health outcome performance be monitored?

Prioritization approach & considerations

Category

Prioritization considerations

Allocative efficiency -
Selecting the right
interventions that can
maximize impact of
available resources

- Does planning and budgeting for HIV, TB and malaria service delivery / RSSH integrate across all Global Fund, partner and domestic sources of funding? Are investments matched to the comparative advantages of different funding sources? For example, external funding may be better for introducing new interventions, but government funding may be better for sustainable support of primary health care health workers.
- Are interventions targeting subpopulations, locations or bottlenecks using evidence/analysis that both promotes cost-effectiveness and yields the greatest improvement in results and outcomes? An example of such analysis includes impact modeling, coupled with costing or analysis to optimize the location of services, equipment and transport systems.
- Are proposed interventions tailored to epidemiological, social and economic characteristics of beneficiary groups? This includes, for example, sub-national tailoring of malaria programs for vector control and targeting TB diagnostics for populations that will yield new diagnoses.

Prioritization approach & considerations

Category

Prioritization considerations

Technical efficiency – Implementing interventions in a way that achieves maximum impact with allocated resources.

- Are service delivery approaches and models selected appropriate to deliver the greatest quantity of quality services (e.g., by leveraging CHWs)? Are appropriate low-cost health technologies and approaches (e.g., task-shifting/sharing, new regimens, digital solutions, shifts to ambulatory care) leveraged to lower costs while achieving outcomes?
- Are disease services appropriately integrated within primary health care (e.g., combined HIV and TB testing)? Are community services for HIV, TB and malaria integrated with other relevant health services to reach more people in need? Are system investments (e.g., information systems, HRH, laboratory systems) integrated to avoid duplication?
- Is funding predictable, so services can be delivered as designed? Has budgeting drawn on lessons from implementation, including analyses of inefficiency, service costing and expenditure reviews? Has variation of service unit costs been analyzed by implementer, scale or location to identify potential efficiency gains? Have processes been established to identify wastage and underutilization of resources and take action?
- Are HRH-CHW capacity building and performance improvement being implemented in efficient ways? Have training and supervision been integrated across interventions and diseases? Have travel-related costs been rationalized to limit costs while maintaining effectiveness?

Prioritization approach & considerations

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Prioritization considerations

<p>Economy – Right price for the right input</p>	<ul style="list-style-type: none"> • Have the main cost drivers in the programs and health systems been identified and acted on? • Have steps been taken to obtain quality health products and other inputs at the lowest prices? These may include procurement reforms, pooled procurement and the use of domestic resources. Is a system in place to monitor product procurement prices alongside a strategy to achieve the lowest sustainable costs? Are tools (e.g., reference pricing, standardized specifications, market intelligence) and Global Fund support being used to ensure low prices and manage procurement lead times? • Are HR salary scales, benefits and per diems appropriately aligned to national rates and guidelines to achieve economy and sustainability? Is recruitment transparent, competitive and robust? • Where capital equipment is needed, are options considered to procure the service rather than the equipment?
<p>Economy - Optimal program management costs</p>	<ul style="list-style-type: none"> • Has the program management budget been reviewed and rationalized, and compared with previous allocation periods? Is there an appropriate balance between program management and grant implementation, consistency with budgeting guidelines, and use of assets from previous grants? • Is the Principal Recipient using service provider contracts that help to control program management costs and simplify reporting? Have shared costs been analyzed where implementers have more than one donor to ensure appropriate distribution of costs?
<p>Robust procurement, supply and financial management systems</p>	<ul style="list-style-type: none"> • Are procurement plans consistent with program targets and robust quantification? Are health products procured, distributed and managed to reduce stock-outs and wastage, in collaboration with the government and partners? Are supply chain costs and wastage managed at all stages from delivery from suppliers to sub-national distribution • Are public financial management (PFM) systems' weaknesses reviewed and addressed to minimize fiduciary risk and improve monitoring of Global Fund investments? Are PFM system investments designed to enhance performance of government functions or services on which Global Fund interventions depend to have impact?

Prioritization approach & considerations

Category

Prioritization considerations

Equity

- Are resource allocation, program performance and health outcomes disaggregated by age, sex, geography, socioeconomic status and the status of key and vulnerable populations to the extent required to shed light on epidemiological dynamics and enable optimal design and implementation of interventions? Are reasons for inequities related to accessing health services (e.g., financial, human rights, gender-related) understood? Are communities involved in monitoring performance, funding and outcomes?
- Are targets set to achieve high service uptake by populations at most risk?
- Does the funding request respond to this data? Are resources, including HRH-CHW, allocated to different populations and places in proportion to disease risk, relative service uptake, retention, and outcomes, and to costs, including those related to tackling structural barriers and community responses? Are interventions to address barriers resourced?
- Have service providers' capability to provide equitable, inclusive care been addressed? Are women and other vulnerable health workers adequately protected and safeguarded?
- Are resources allocated to geographies and populations with the highest disease burden and gaps in services, ensuring a focus on getting the most health impact from funds invested? Does the allocation of funds account for differences in service delivery costs based on the populations served?