



**INFORMATION SESSION**

# **GC8: Accelerating integration of HIV, TB and malaria to improve health outcomes**

26 January 2026

# Agenda

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**1**

**Introduction**

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**2**

**Summary of the Technical Brief**

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**GC8 levers to advance integration**

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**Integration in practice: Benin**

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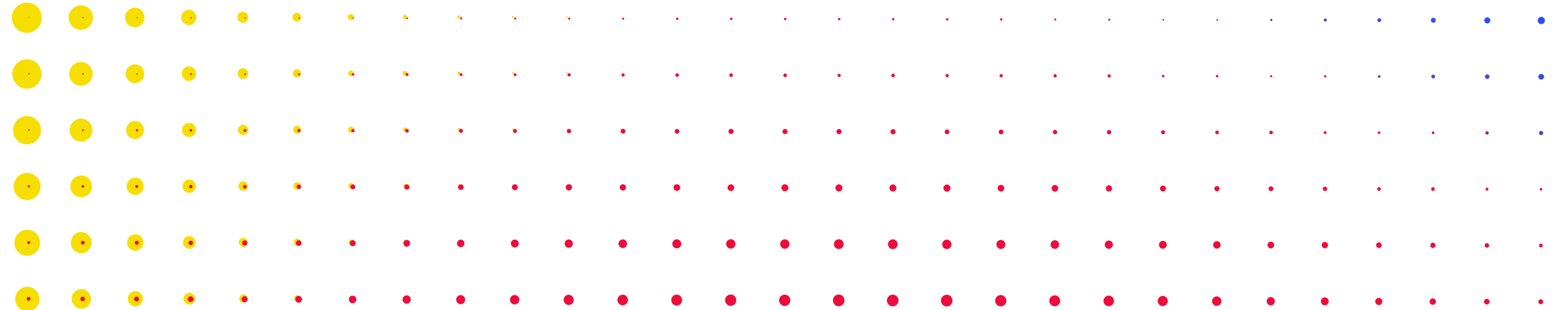
**Q&A and closing remarks**

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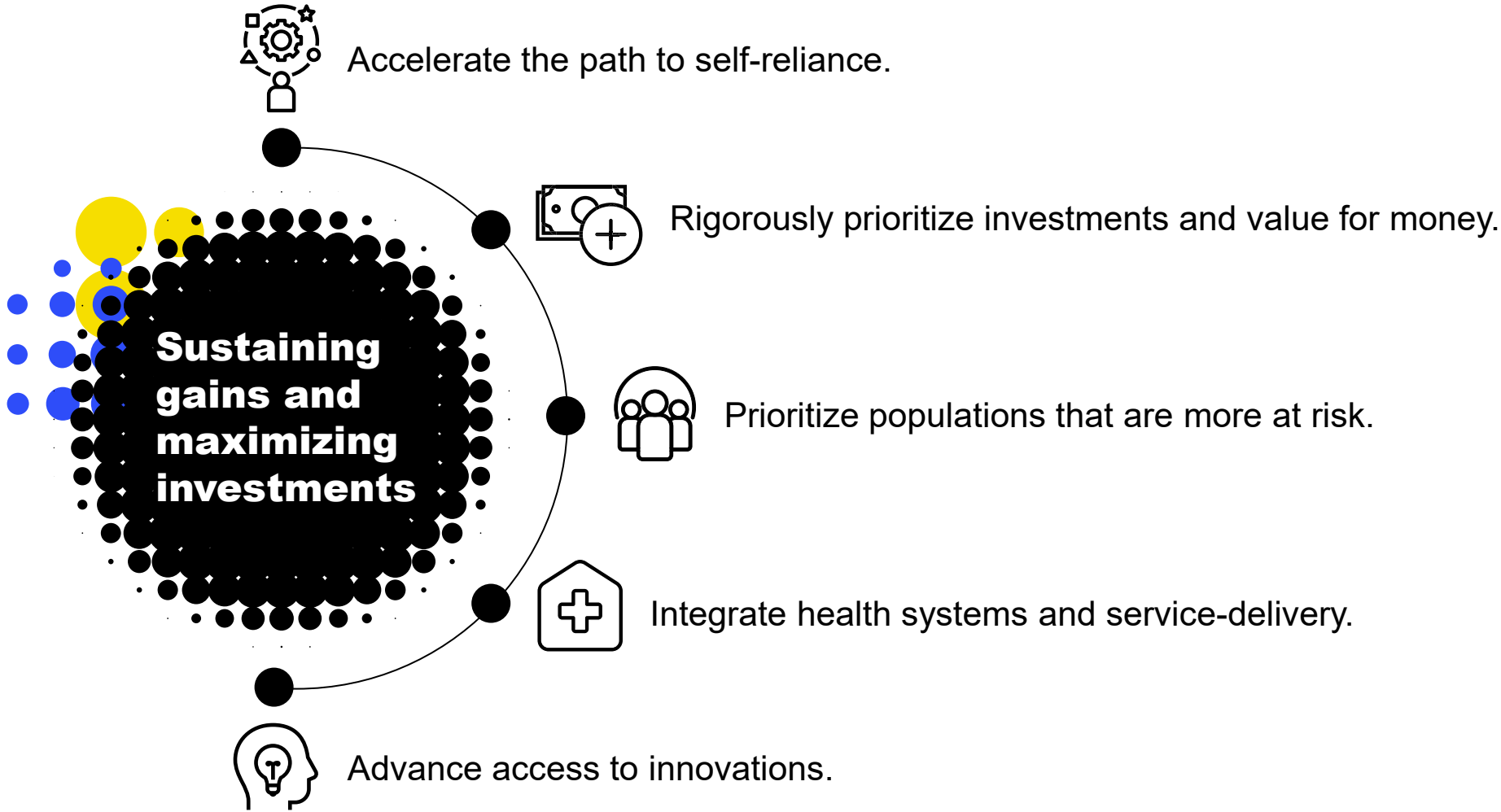


# 1

# Introduction

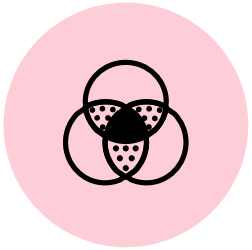


# GC8 strategic shifts: on the path to self-reliance



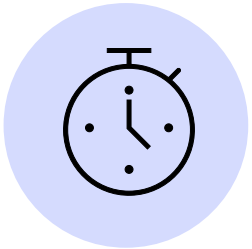
# Key messages

## Integration in the context of HIV, TB and malaria



- The strategic process of **delivering HIV, TB, and malaria services in a coordinated way within primary health care (PHC) and broader health systems** to ensure sustainability, efficiency, and responsiveness to people's needs.
- It is a **means to an end and not an end in itself**.
- It replaces fragmented approaches with a unified model that **maximizes impact and promotes equity and accountability**.
- **The WHO recommends integration as a strategic approach to health and has published guidance and tools.**
- Two main components with significant overlap: **Integration of Service Delivery and Health Systems Integration.**

## Adapting to new realities



- Current funding environment requires a **shift in thinking**, including adapting Global Fund processes.
- Siloed vertical programs are not sustainable, integration becomes now **an imperative; included in countries' strategies and Global Health Initiatives**.
- Integration as a **means to protect and sustain gains made against HIV, TB and malaria**.
- Greater integration of HIV, TB and malaria interventions can strengthen results, promote equitable access and enhance efficiency and cost-effectiveness, and should be pursued based on country context and priorities.



**Integration according to the specific country/subnational context and in countries that have the capacity to do so.**

# Promoting integration as an approach for sustainability, considering the challenging financing landscape for global health

## Examples of integration and focus areas leveraging Global Fund investments



### Service Delivery

- **Afghanistan:** TB services fully integrated into the Basic Package of Health Services at the PHC level, and the Essential Package of Hospital Services – resulting in rapid TB services expansion.
- **Mongolia:** Leveraging Debt2Health funding to support integration of TB and HIV services across all levels of the health care system.
- **Uganda:** Integration of HIV services into chronic care at PHC.
- **Zambia:** integration of KP services within HIV prevention services and SRH in public facilities.
- **Multiple countries:** Use of GC7 for **commodities** for full Integrated Community Case Management (**iCCM**) package.



### HRH/CHWs

- **Kenya, Tanzania and Nigeria:** Pre-service education, i.e., training of health workers on HIV, TB and malaria service integration into ANC/PNC.
- **East Asia and Pacific RAI:** Expanding the role of malaria-specific community workers to add other priority conditions, esp. Useful to increase access in Myanmar conflict areas.
- **Zimbabwe:** Operationalization of HRH Compact that formalizes CHWs roles and transitions externally-funded vertical roles to government payroll.
- **Nigeria:** Integration of HIV, TB and malaria training & supervision – *GC7 reprioritization*.
- **DRC:** consolidating HIV, TB and malaria CLM budget, integrated training and supervision – *GC7 reprioritization*.

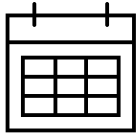


### Other key RSSH functions

- **Mali:** Integration of community health data into DHIS2.
- **Philippines:** Integrated data warehouse that interoperates routine surveillance streams, feeding dashboards covering 22 notifiable diseases, including TB; Strengthening lab systems network and referral between the public health labs.
- **Indonesia:** Improving the quality of primary health care services at district level including integrated supportive supervision.
- **DRC and Mali:** Direct Facility Funding to increase delivery of services at PHC (with maternal & child health focus).
- **Africa CDC:** Continental-wide Central Data Repository that standardizes, secures and aggregates multisource data, analyzes and visualizes data at one stop.

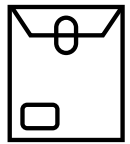
# In GC8, the Global Fund strongly encourages countries to optimize funding across disease allocation through integration based on country context, by:

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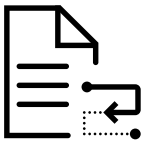
## Planning now with all key stakeholders under the MOH leadership

- Through upfront identification of integration priorities by MOH and CCM before disease-focused planning, coordinating across relevant actors, including disease programs before allocation letter arrives.



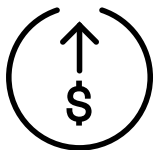
## Requirement to submit all funding requests for eligible disease components and RSSH in the same window.

- At the same time, the Global Fund encourages submitting a single multi-component funding request.
- If a single multi-component funding request is not feasible then separate funding requests are still allowed, as long as they are submitted in the same window.



## Adjusting implementation arrangements where appropriate

- Priority should be given to national PRs and SRs (and CSOs as needed) to ensure sustainability.
- Consider a **common Program Management Unit**, where possible, within the MOH.



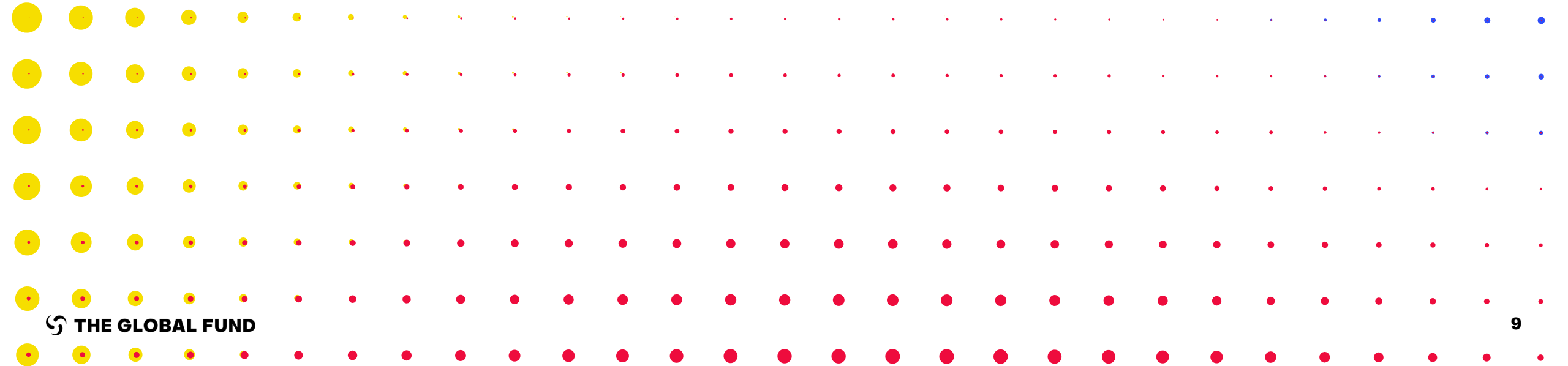
## Using financing levers

- Strategic purchasing or other output-based financing (e.g., social contracting to communities) can incentivize integrated service delivery.



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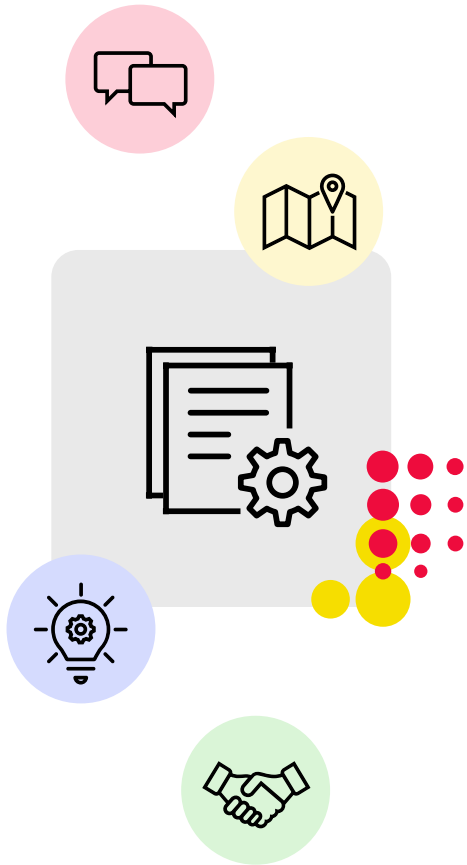
# Technical Brief



# Technical Brief development

## An integrated approach to Integration

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- **Consultative effort** for development of the brief with partners and communities
- Inclusion of **country experiences**, country names not mentioned
- **Not exhaustive examples**, as integration will be adapted to national and subnational realities
- Multiple documents referenced, including **WHO guidance** addressing primary healthcare, disease-specific integration, and health system integration per pillar
- Several practical tools referenced:
  - WHO: **CPEA and SPDI tool**
  - Health Campaign Effectiveness Coalition (HCE): **CAS tool (campaign integration)**
  - **PATH Integration Primer**
- Aligned with and complimentary to rest of **Global Fund GC8 guidance**, including Information Notes and Technical Briefs, notably STC, VfM and CRG guidance
- **Living document, feedback most welcome**
- **Collecting country experiences** to share will be an added value

# Principles for enhancing Integration



# Three Main Steps: Planning for Integration



## 1. Country defines integration priorities

- **Scoping of existing efforts and opportunities** for integration of HIV, TB and malaria
  - National integration plans, Every woman every newborn plans, National Health Sector plans...
  - Maturity models to assess health systems integration
  - Tools to assess gaps and opportunities (e.g., [WHO CPEA](#))
- Organize **inclusive country dialogue upfront** to define key priorities for PHC and people-centeredness
- Think about what to **deprioritize**, while safeguarding access to populations that need it most



## 2. Plan for sustainable integration

- Establish policies to **institutionalize integration** and define **package of essential services (e.g., [SPDI tool](#))**
- Embed integration in **subnational processes**
- Adapt **Standard Operating Procedures (SOPs) and protocols**
- Support **sustainable financing**: Health Financing strategies, budget harmonization and alignment, strengthen Public Financial Management
- **Plan digital and AI investments holistically**



## 3. Use Global Fund grants to accelerate integration

- **Integrated country dialogue**: Coordinate across programs, government departments, civil society, communities and technical partners to apply for funding
- Define **priorities to include in GC8 FR before Allocation Letter**
- In Grant Cycle 8, each applicant is **required** to submit all funding requests for eligible disease components and RSSH in the same window. At the same time, the Global Fund **encourages** submitting a single multi-component funding request. If a single multi-component funding request is not feasible then separate funding requests are still allowed, as long as they are submitted in the same window.
- **Earmark investments for RSSH** to support integrated services and systems with a focus on PHC
- Ensure **integrated approach within RSSH modules**
- Reflect integration in **implementation arrangements**
- Engage with **humanitarian cluster in COE settings**
- Reflect integration in **Grant-making outcomes** (ensure integration is reflected in narrative and budget)
- **Monitor integration** process and outcomes
- Consider **common PMUs**: across donors
- **Use financing as a lever for integration**: strategic purchasing, co-financing, blended financing, social contracting
- **Engage and leverage bilateral and multilateral partners**

**Countries are at different stages of integration  
– this approach aims to encourage countries to plan and leverage integration through our grants**

# Integration focus areas to intensify Global Fund support



## Service delivery

integrate HIV, TB and Malaria services within PHC and other services in a targeted manner

- In high transmission settings, **malaria is mostly integrated into PHC**
- **HIV and TB prevention and care** should be integrated
- **HIV integration into PHC (Outpatient Department)** as it makes sense according to epidemiology
- **TB near point-of-care diagnostics** offers an opportunity for further integration of TB diagnosis closer to patients
- Strengthen **ANC platform** to provide malaria prevention, TB case finding, HIV screening, PMTCT
- **Individual disease services integration**: diagnosis, treatment and prevention
- Strengthening **referrals** across the continuum of care
- Integration of **campaigns**



## Health Systems

Integration as an opportunity for improved coordination and efficiency (see next slide)

- **Human Resources for Health**
- **Laboratory systems**
- **Health Information systems and strategic data**
- **Supply chain systems**
- **Community systems**
- **Health financing**
- **Integration across systems**

# Health systems integration offers an opportunity for improved coordination and efficiency

<b>Human Resources for Health (HRH)</b>	<b>Laboratory Systems</b>	<b>Health Information Systems and Strategic Data</b>	<b>Supply Chain (SC) Systems</b>	<b>Community Systems</b>	<b>Health Financing</b>
<ul style="list-style-type: none"><li>• Optimal deployment of multiprofessional and/or polyvalent HRH</li><li>• Implement task sharing reforms</li><li>• Plan for HRH sustainability and transition</li><li>• Map CHW for transition to government resources</li></ul>	<ul style="list-style-type: none"><li>• Establish coordinated governance for LSS</li><li>• Support integrated budgeting, management and oversight of LSS interventions</li><li>• Optimize use of molecular diagnostic platforms</li><li>• Integrate sample transport systems</li><li>• Ensure availability of essential dx at HF/community</li><li>• Pooled procurement</li></ul>	<ul style="list-style-type: none"><li>• Include all HIS systems and tools within national tool</li><li>• Strengthen workforce capacity in data systems and digital tools</li><li>• Consolidate core data functions</li><li>• Ensure interoperability of data systems</li><li>• Strengthen national digital enterprise and architecture</li><li>• Ensure digital rights</li></ul>	<ul style="list-style-type: none"><li>• Use product-agnostic &amp; interoperable supply chain information systems</li><li>• Adapt patient-centric approaches to SC design</li><li>• Include safe waste mgt, climate-ready SC that ensures access and availability</li><li>• Support coordinated SC governance</li></ul>	<ul style="list-style-type: none"><li>• Invest in national and subnational community systems</li><li>• Institutionalize community service delivery</li><li>• Use social behavior data with surveillance data</li><li>• Expand role of CHW to deliver integrated care</li><li>• Train and equip the community workforce</li><li>• Integrate CLM</li></ul>	<ul style="list-style-type: none"><li>• Strengthen financing systems and integrate HIV, TB and malaria into domestic financing</li><li>• Support HF strategies for universal health care</li><li>• Use strategies to ensure equity: social contracting</li><li>• Scale up blended financing</li><li>• Support costing and efficiency analyses</li></ul>

Integration across health systems: e.g. triangulation of LMIS-HMIS-LIS; convergence of transport; alignment of trainings...

# Integration enables Global Fund investments to go further, increasing coverage while creating efficiencies



## Increased people-centered approach and improved health outcomes

- **Polyvalent community health workers** improves access to HIV, TB and malaria and broader health services (e.g. iCCM).
- **Pre-service training of health workers** on integrated care for HIV, TB and malaria improves coverage of the three diseases and broader health services.
- Integrated **maternal and child health services** including HIV and malaria prevention and care, TB screening alongside EPI, malnutrition. For example, integrating pediatric TB into child health services can markedly enhance TB case detection.<sup>1</sup>
- HIV services integrated into **chronic care services / outpatient department** can improve overall care for people living with HIV and HIV testing.
- **Harmonization and digitalization of outpatient department registers** can ensure integrated data collection and analysis.



## Cost savings and increased efficiency (especially mid-long term)

- **Increased efficiencies** through e.g., integrated ITN and SMC campaigns; integrated sample transport; integrated warehousing.
- **Downstream cost savings:** For example, integration of HIV counseling and testing into other health services lowers unit costs by 31-79%<sup>2</sup>; polyvalent CHWs and PHC workforce can create long-term cost savings by absorbing multiple health tasks.
- **Reduced duplication** through budget harmonization across domestic and external funding, integrated data quality assessment, integrated program reviews, etc.
- **Costing and efficiency analysis support** can help identify areas of gaps, duplication and limited contribution to health outcomes.
- **Reduced travel-related costs**, e.g., through integrated trainings and supervisions, online trainings, etc.

Acronyms: CHW (Community Health Workers); EPI (Expanded Program on Immunizations); ITN (Insecticide-Treated Nets); iCCM (Integrated Community Case Management); SMC (Seasonal Malaria Chemoprevention); PHC (Primary Health Care)

1. [Effect of integrating paediatric tuberculosis services into child healthcare services on case detection in Africa – EGPAF](#)

2. [Costs and efficiency of integrating HIV/AIDS services with other health services: a systematic review of evidence and experience - BMJ](#)

# However, integration has risks and upfront costs – it needs to be accelerated where pertinent, with clear mitigation strategies

## Main risks of integration and mitigation (not exhaustive)

### Upfront costs

#### Risk

May have **initial upfront costs** (e.g., training, digital system, expanded health products, community engagement, etc.) and increased **out-of-pocket expenses** (e.g., user fees).

#### Mitigation

- Ensure there is **sufficient budget** for initial integration investments.
- Ensure appropriate **coordination** across programs, health systems and levels of care.
- **Costing** of integrated activities can be challenging but can help decision-making in mid-long term.

### Diluted quality

#### Risk

May compromise **HIV, TB and malaria service quality** if health workers are stretched without adequate training or manageable caseloads, risks of stigma and discrimination and reducing tailored prevention and care for KVPs.

#### Mitigation

- Implement gradually – **provide the grounds for learning and adapting**.
- Support transition with **task sharing reform, pre-service training, blended learning approaches, continuous quality improvement** etc.
- **Adapt services** to ensure patient safety and confidentiality.

### Fragmentation

#### Risk

**Siloed budgets, vertical program structures and resistance to change** may hinder joint financing and governance planning and implementation required for integration.

#### Mitigation

- Identify the existing integration opportunities that can serve as a **catalyst** for broader work.
- Consider how **subnational governance structures** may need to adapt to reflect joint planning, shared accountability, and performance monitoring for integrated, quality services.

### Equity risks

#### Risk

Integrated models may **unintentionally exclude** or underserve marginalized populations if not designed with inclusion in mind. This risk grows where punitive laws, discrimination or stigma restrict access or participation.

#### Mitigation

- Ensure **community engagement**, including of populations most at risk in the planning, design and monitoring of activities.
- Tailored approaches, including **social contracting** and **community-led monitoring** feedback.

# Mitigation strategies for integration of HIV Key Population services



- HIV Key populations access services along the HIV continuum of care (from prevention, to testing, treatment and care) through various community- and health facility-based approaches (in line with WHO recommended DSD approach). Some of these approaches are fully implemented by government entities, some others are fully or partly implemented by community-led and based organizations.
- When accessing HIV services, and in addition to the quality of service provided, Key Populations (KP) value trust, confidentiality and respect. In contexts where barriers to services exist, most-at-risk populations value anonymity when accessing care.
- A useful tool: <https://hivpreventioncoalition.unaids.org/en/resources/planning-and-managing-hiv-programmes-key-populations>

Main Risks	Some mitigation strategies
<p><b>Decreased availability</b> of services delivered by community organizations leads to <b>decreased access</b> and use of HIV prevention and testing services</p>	<ul style="list-style-type: none"> <li>• Consultations with KPs and PLHIV guide efforts to rationalize quantity and quality of service delivery approaches for and with KP &amp; PLHIV</li> <li>• In contexts of high criminalization, preserve community-based service delivery points (DICs, community-based dedicated KP clinics)</li> <li>• Fully leverage opportunities offered by online/virtual interventions and KP competent pharmacies</li> </ul>
<p>Financial constraints lead to <b>rapid and unplanned transition</b> from community-based to facility-based services</p>	<ul style="list-style-type: none"> <li>• Adopt a multi-year phased transition approach informed by community-led integration readiness assessments and integration frameworks developed with key populations representatives.</li> <li>• Strengthen and support linkages and referrals from community KP sites to KP competent health facilities</li> </ul>
<p><b>Stigma and discrimination</b> in government owned facilities; confidentiality breaches</p>	<ul style="list-style-type: none"> <li>• Develop and implement pre- and in-service training and mentorship plans on stigma-free care to KPs and PLHIV for healthcare providers</li> <li>• Embed Community-Led Monitoring in all health facilities providing care to KPs and PLHIV</li> <li>• Integrate mechanisms to address health rights violations in healthcare settings (legal and paralegal services)</li> </ul>
<p><b>KP personal data</b> accessed by government entities who criminalize behaviors of populations most-at-risk</p>	<ul style="list-style-type: none"> <li>• In contexts where barriers to services exist, preserve KP ability of accessing HIV care anonymously</li> <li>• Establish legal safeguards to enable safe and secure health service provision to KP in government owned facilities</li> </ul>
<p><b>Loss of specialized KP services</b>, particularly at community level (E.g., NSP for PWID)</p>	<ul style="list-style-type: none"> <li>• Retain specialized KP services at community level where integration in public health facilities is not possible, also leveraging underutilized approaches (i.e. KP competent pharmacies)</li> <li>• Conduct skills audit to health facility staff to identify capacity gaps</li> <li>• Co-locate community KP site staff (e.g. DIC staff) in selected public KP competent health facilities</li> </ul>

Other vulnerable populations may face barriers to access and require community-led or informed assessment of those barriers to plan appropriate mitigation strategies

# Measuring integration through a holistic framework

## Integration of service delivery

Through a series of custom indicators that contribute to KPIs on:

- Country policies for integration
- Health financing for access to integrated services
- Implementation of integrated services as defined by policies or essential packages

What we won't be able to measure through these

- Quality of service delivery
- Equity: other available indicators to leverage



## Health systems integration

Maturity models available: Laboratory,

Community Health-worker,  
Supply chain,  
Community systems,  
Digital/HMIS,  
Early Warning Surveillance



## Country case studies



## Leveraging Global Fund processes for integration

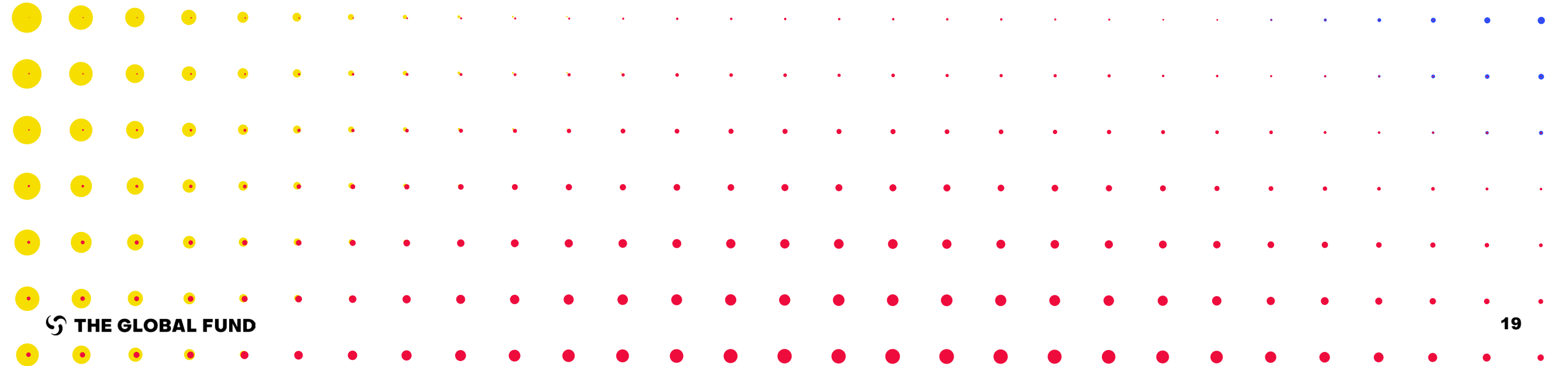
- Internal process indicators
- Evaluation & Learning Office (GF) Integration evaluation





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# GC8 Levers to advance integration



# Overview of GC8 levers being used to enhance integration



## Messaging and tools through GC8 Materials

- **Integration Technical Brief** suggests what and how countries can use grants to accelerate integration, including Global Fund processes
  - All **Information Notes** prioritize integration and discourage disease-focused systems investments
  - **Applicant guidelines** require all Funding Requests per country to be submitted at same time, ideally in a single multi-component Funding Request
  - **Budgeting guidelines** include recommendations on integration within the detailed budgets
  - **Funding Request Form** includes question for applicants to specify integration priorities and provide status of integration efforts
  - **Example Funding Request** includes all components and demonstrate integration in Funding Request Form
  - **Templates and resources** to support CTs, CCMs & PRs with **PR transitions** (available upon request – please contact your Country Team or [ICOE@theglobalfund.org](mailto:ICOE@theglobalfund.org))
  - New **community resource** being developed by the Asia Pacific Learning Hub and other community partners
  - **Indicators** on integration (custom indicators and workplan tracking measures)
- 



## Outreach through various channels

- **Information sessions with partners** on integration
    - Secretariat participation in disease-specific **meetings** to enhance integration from disease side
    - Forthcoming webinars and case studies including e.g., on accelerating **supply chain integration**
    - Series of community-led webinars and regional meetings to unpack GC8 guidance for **communities and civil society groups**
  - **CCM engagement** through trainings and learning materials
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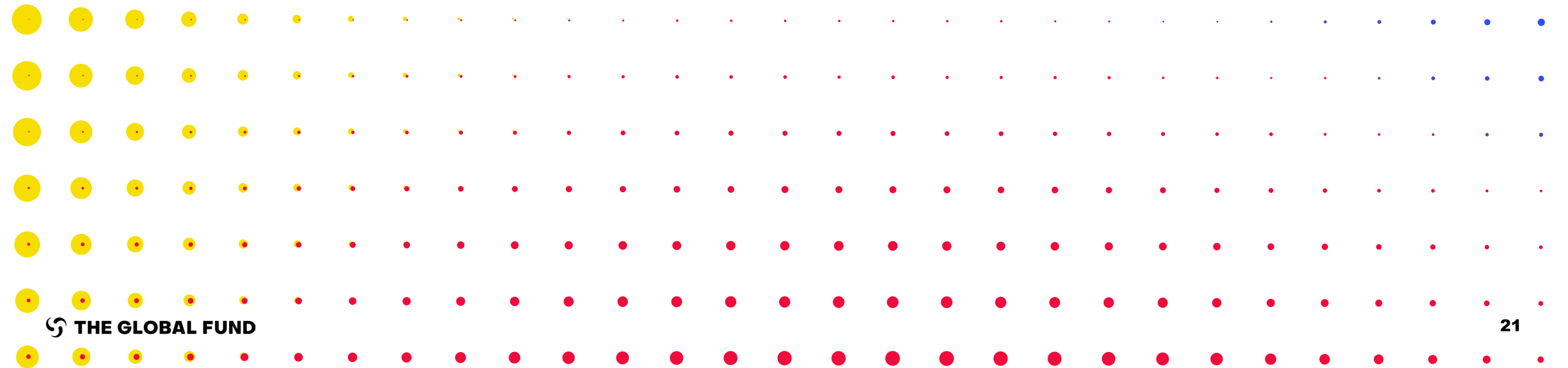
## Embedding integration throughout Funding Request process

- Promoting specific country-led **sessions within country dialogue (or similar)** for clear identification of **integration priorities** (see Benin example)
- Support preparation of and **alignment of technical assistance providers** (incl. HIV, TB and malaria TA)
- Regular **secretariat advisory support** to Funding Request development
- Integration considered as part of **funding request review and approval process**



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# Integration in practice: Benin





# **Global Fund Country Coordinating Mechanism (CCM) in Benin**

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**Integration of Health Services**



# Overview

- 1 Process for drawing up the 2024–2030 Integrated National Strategic Plan**

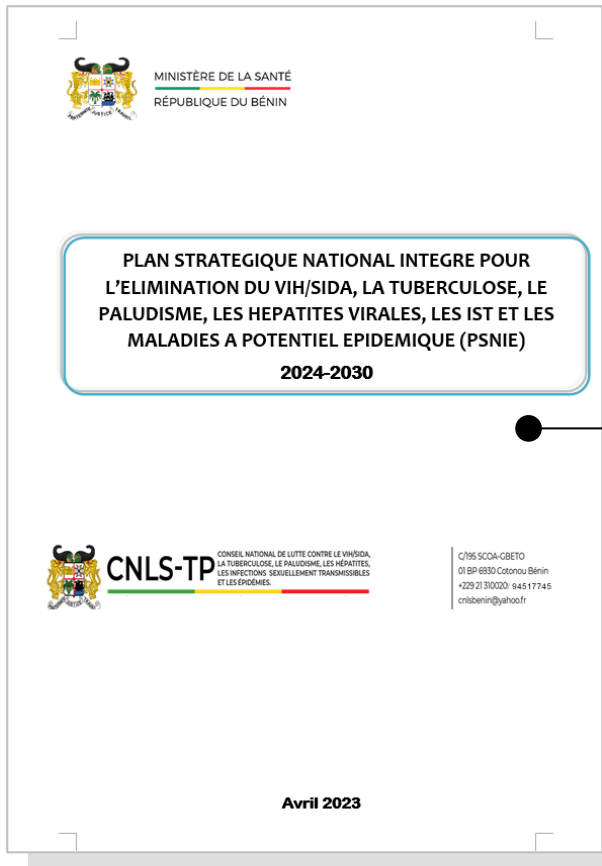
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- 2 Integrated National Strategic Plan implementation and institutional mechanisms**

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- 3 Integrated National Strategic Plan monitoring and evaluation system and continuous performance improvement**

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- 4 Alignment of the Integrated National Strategic Plan with the National Community Health Policy**

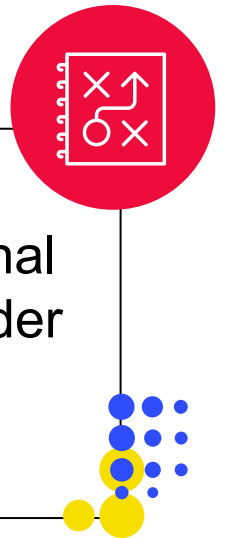
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- 5 Country perspectives on GC8 in connection with the national workshop on service integration**

# Process for Drawing up the 2024–2030 Integrated National Strategic Plan (1/2)



## Vision

By 2030, “Benin will be strengthening its platform for integrated, high-performance governance of the national response to priority diseases, taking into account gender and human rights issues and ensuring synergy and effectiveness in the fight against these diseases.”



# Process for Drawing up the 2024–2030 Integrated National Strategic Plan (2/2)

## Prerequisites

- The government’s ambition since 2016
- Program maturity
- Development and implementation of the 2020–2024 Integrated National Strategic Plan



Support from national and international consultants



Leadership of the Minister of Health



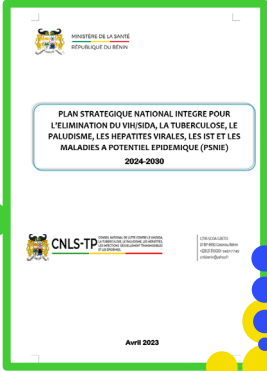
Technical coordination of the CNLS-TP\*

## Principle of state-led participation and inclusivity

**Document review:**  
Review of 2020–2024 Integrated National Strategic Plan, reports targeting priority diseases, statistical yearbooks, and study report

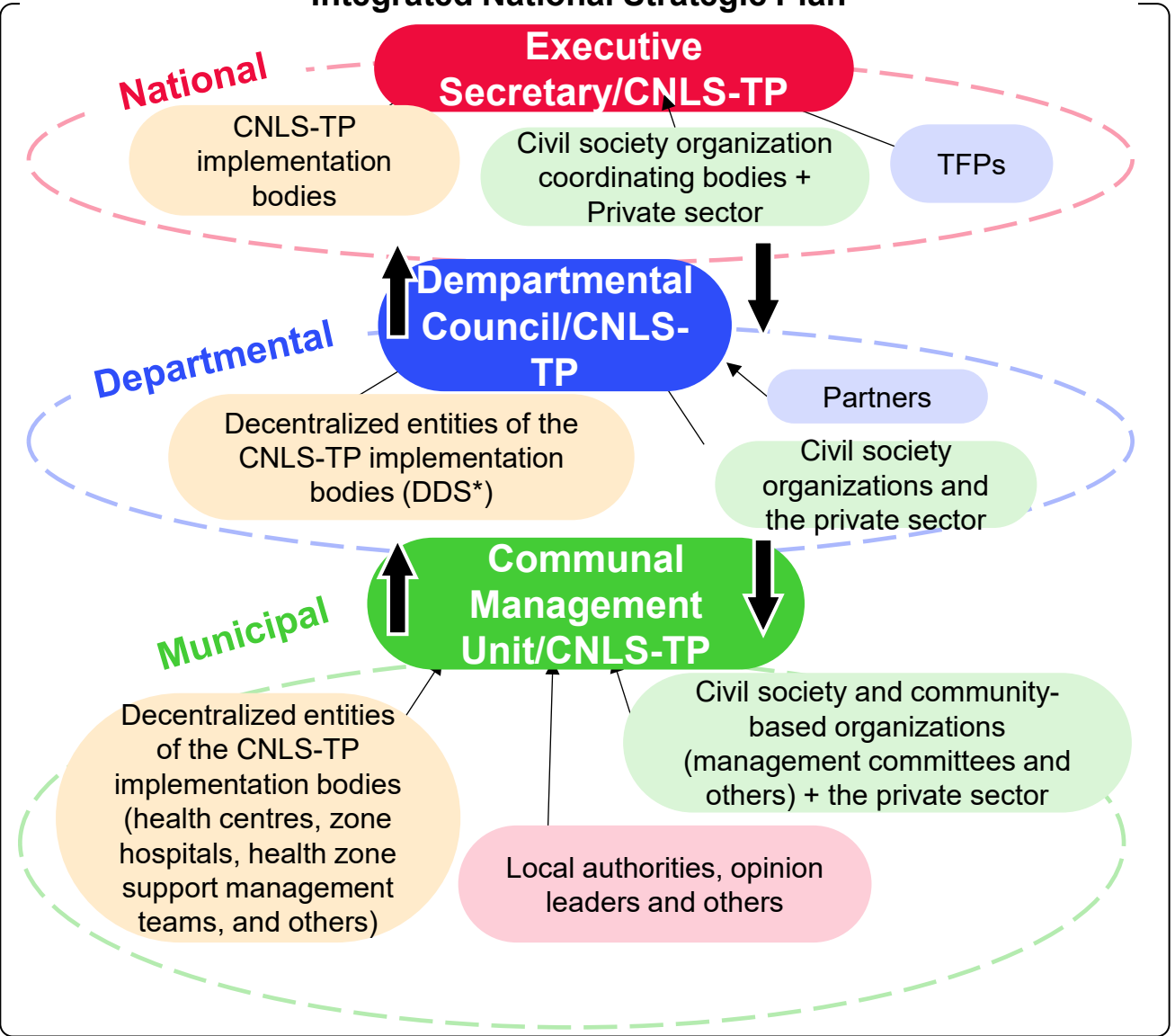
**Interviews with key stakeholders:** programs and key actors

**Country dialogue involving key stakeholders** (One Health sector-based disease programs, TFPs, civil society organizations and communities)  
Joint analysis of responses and points of convergence



# Integrated National Strategic Plan Implementation and Institutional Mechanisms

Institutional framework for implementation of the 2024–2030 Integrated National Strategic Plan

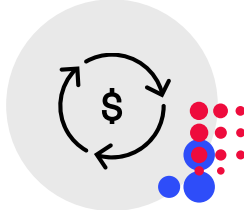


## Key aspects of implementation:



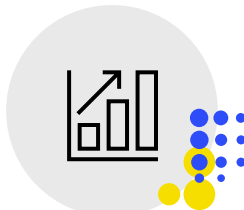
- Service integration (screening, case management, etc.)
- Community activities (National Community Health Policy): major lever (human, animal and environmental health packages)
- Ongoing strengthening of implementation actors at the intermediate and operational levels (integrated supervision)

## Integration into GC7:



- Integrated support for priority disease programs (HIV, TB and malaria)
- Health system strengthening

## Leverage for GC8



\*Departmental Directorates of sectoral ministries.

# Integrated National Strategic Plan Monitoring and Evaluation System and Continuous Performance Improvement



## Institutional framework:

Integrated National Strategic Plan

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## Normative documents:

- Operational plan of the 2024–2030 Integrated National Strategic Plan
  - Monitoring and evaluation plan for the 2024–2030 Integrated National Strategic Plan
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## Monitoring mechanisms:

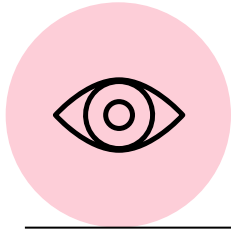
- Routine performance monitoring, periodic joint monitoring (Programs and the Civil Service for Combating HIV and AIDS, Tuberculosis, Malaria, Hepatitis and Sexually Transmitted Infections [PLS-TP]),
  - Implementation of joint reviews and evaluations
  - Use of data to guide decisions
- 



## Accountability:

- Consolidated reporting to technical and financial partners
- Periodic epidemiological bulletins
- Feedback to communities, including the local health system component and community members
- Capitalizing on feedback for continuous improvement

# Aligning the Integrated National Strategic Plan with the National Health Policy (1/2)



## A shared vision for “One Health”

to improve health indicators by integrating human, animal and environmental health, and as a governance framework for disease elimination, with a view to breaking down vertical silos.

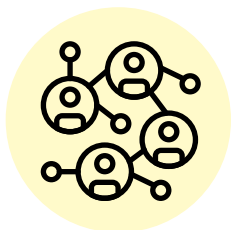
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## Integration of community actors, including community outreach workers and community health workers (CHWs)

The Integrated National Strategic Plan includes the mechanism outlined in the National Community Health Policy, which relies specifically on community health workers (community outreach workers and CHWs) to implement interventions. The prevention and awareness-raising activities included in the Integrated National Strategic Plan (HIV, malaria, tuberculosis and hepatitis) are carried out by these multi-skilled workers, in line with the integrated minimum package of integrated activities advocated by the National Community Health Policy.

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## Decentralized, local approach

The National Community Health Policy establishes the Local Health System Component as an extension of the health system at the village/neighborhood level. The Integrated National Strategic Plan is aligned with this network by entrusting operational coordination to decentralized bodies (Communal Management Units of the Communal Council for the Control of HIV and AIDS, Tuberculosis, Malaria, STIs, and Epidemics) and relying on local elected representatives and village chiefs for mobilization.

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## Single surveillance system

In line with the National Community Health Policy’s intent to set up a community-based early warning system, the Integrated National Strategic Plan aims for a single community-based surveillance system for all diseases, based on the “one health” approach.

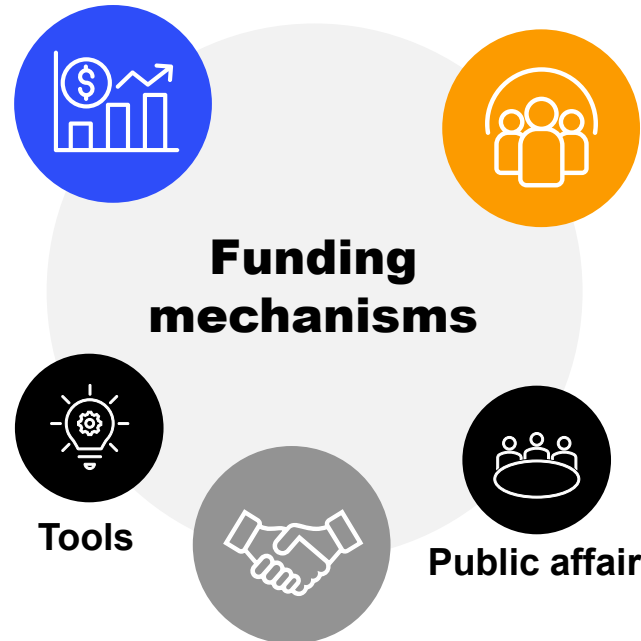
# Alignment of the Integrated National Strategic Plan with the National Community Health Policy (2/2)

## Pooling and economies of scale

A key strategy involves reinvesting the economies of scale generated by the integration and cross-functionality of activities;

Basket Fund: The National Community Health Policy recommends the creation of a “common basket” to secure funding for community health.

The Integrated National Strategic Plan operationalizes this concept, particularly for healthcare products, by strengthening the common basket for procurement, supply management and distribution, in order to avoid duplication and disruption.



Tools

Public affairs

## Domestic funding and sustainability

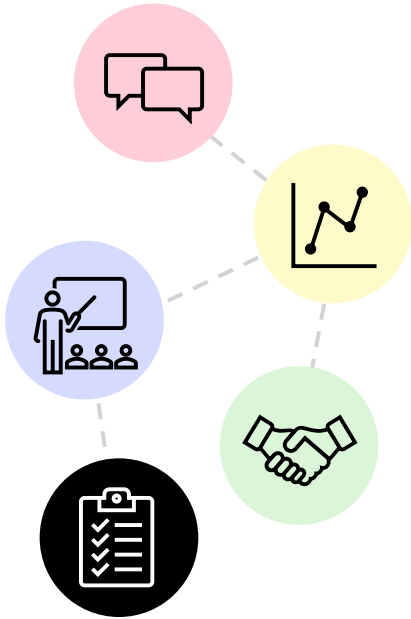
The National Community Health Policy aims to institutionalize the “FADeC Santé Communautaire” budget line.

The Integrated National Strategic Plan integrates this approach by advocating an increase in the funding contribution of local authorities to the fight against priority diseases via local development plans.

## Private sector and civil society contributions

The funding mechanism includes a strategy for mobilizing resources from the private sector (corporate social responsibility) and civil society, in line with The National Community Health Policy’s intent to diversify funding sources.

# Country Perspectives on GC8 Related to the National Workshop on Service Integration (1/4)



- Use a questionnaire, designed by the GF, to collect data from Principal Recipients (PRs), disease programs and the Ministry's technical departments;
- Analyze the data collected (information on possible areas for integration and suggestions for GC8);
- Organize a high-level workshop (November 20, 2025) involving TFPs, Ministry of Health technical departments responsible for primary health care, laboratories and the health information system, civil society organizations, PRs, programs, as well as international NGOs working in the fields of sexual/reproductive health and mental health;
- Finalize responses for some areas and establish a hierarchy of priorities.

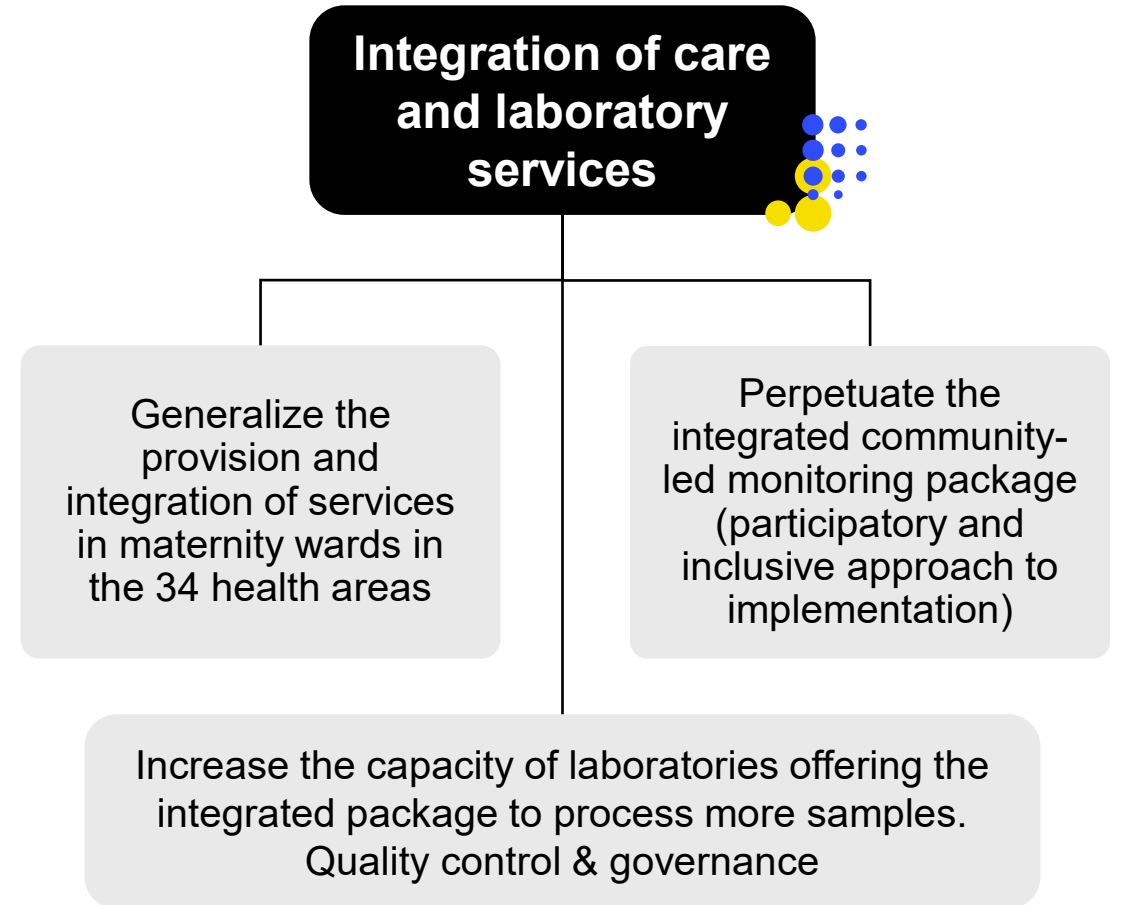
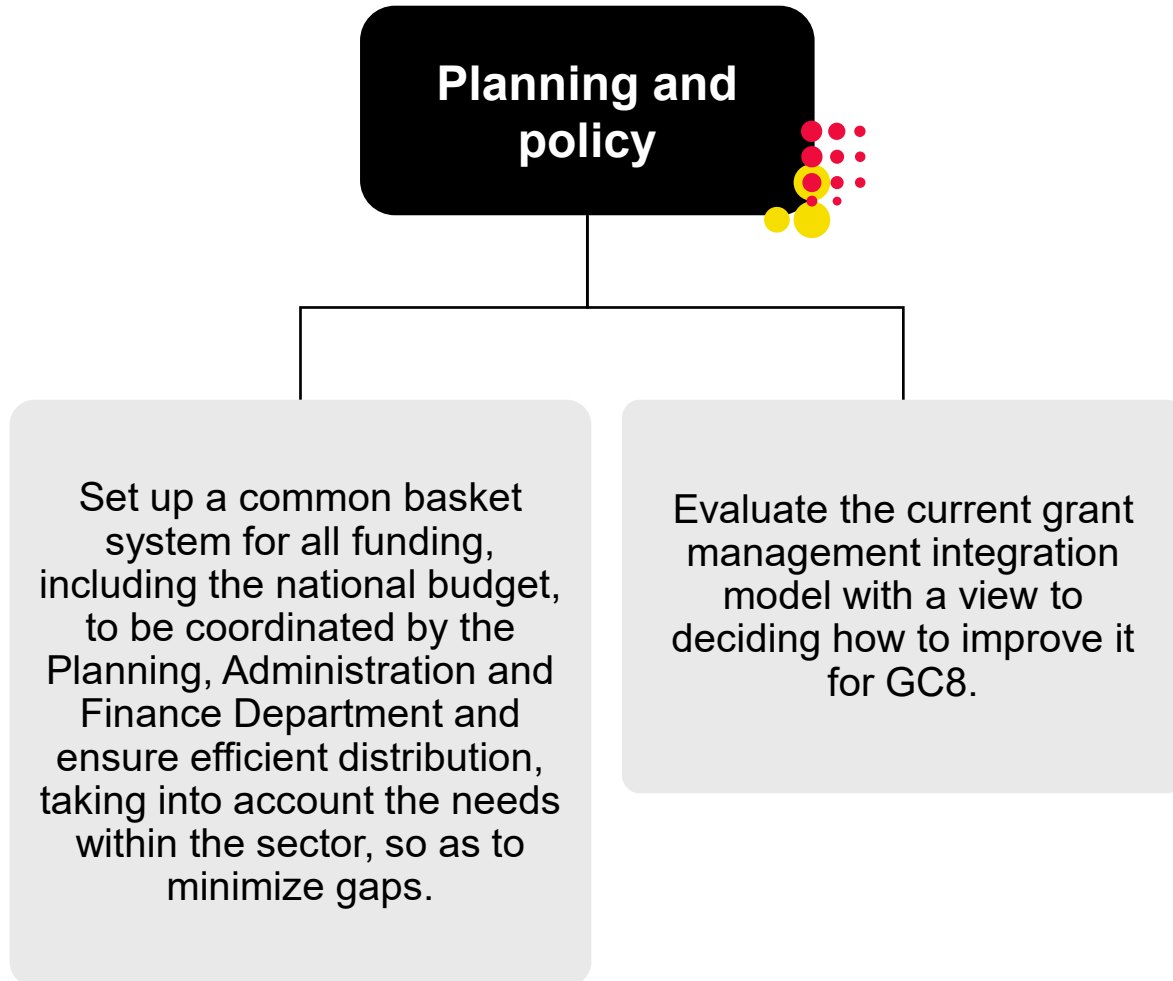
**Planning and  
policy**

**Integration of care  
and laboratory  
services**

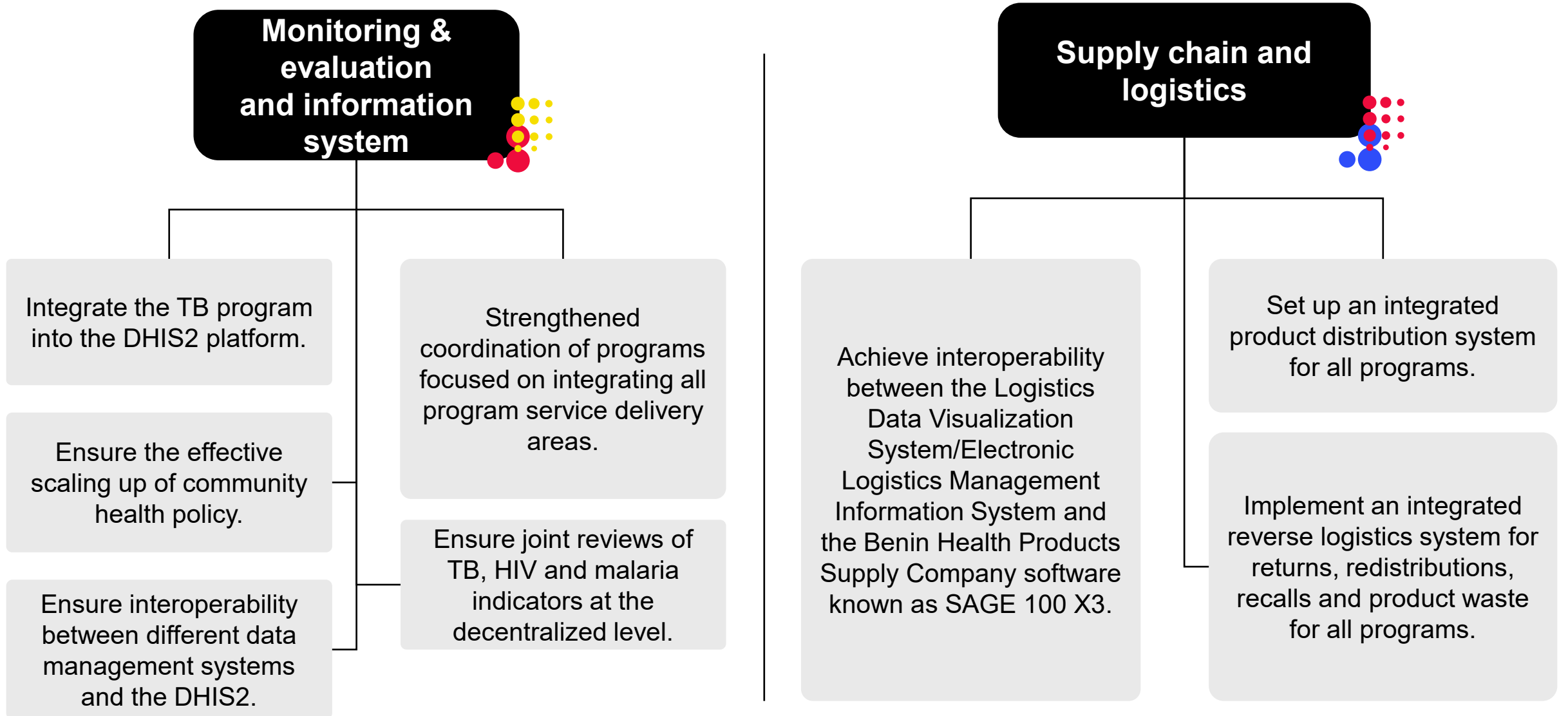
**Monitoring &  
evaluation  
and information  
system**

**Supply chain and  
logistics**

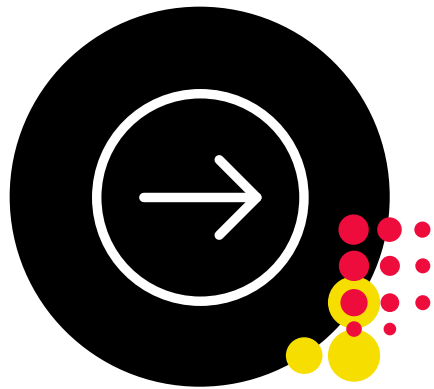
# Country Perspectives on GC8 Related to the National Workshop on Service Integration (2/4)



# Country Perspectives on GC8 Related to the National Workshop on Service Integration (3/4)

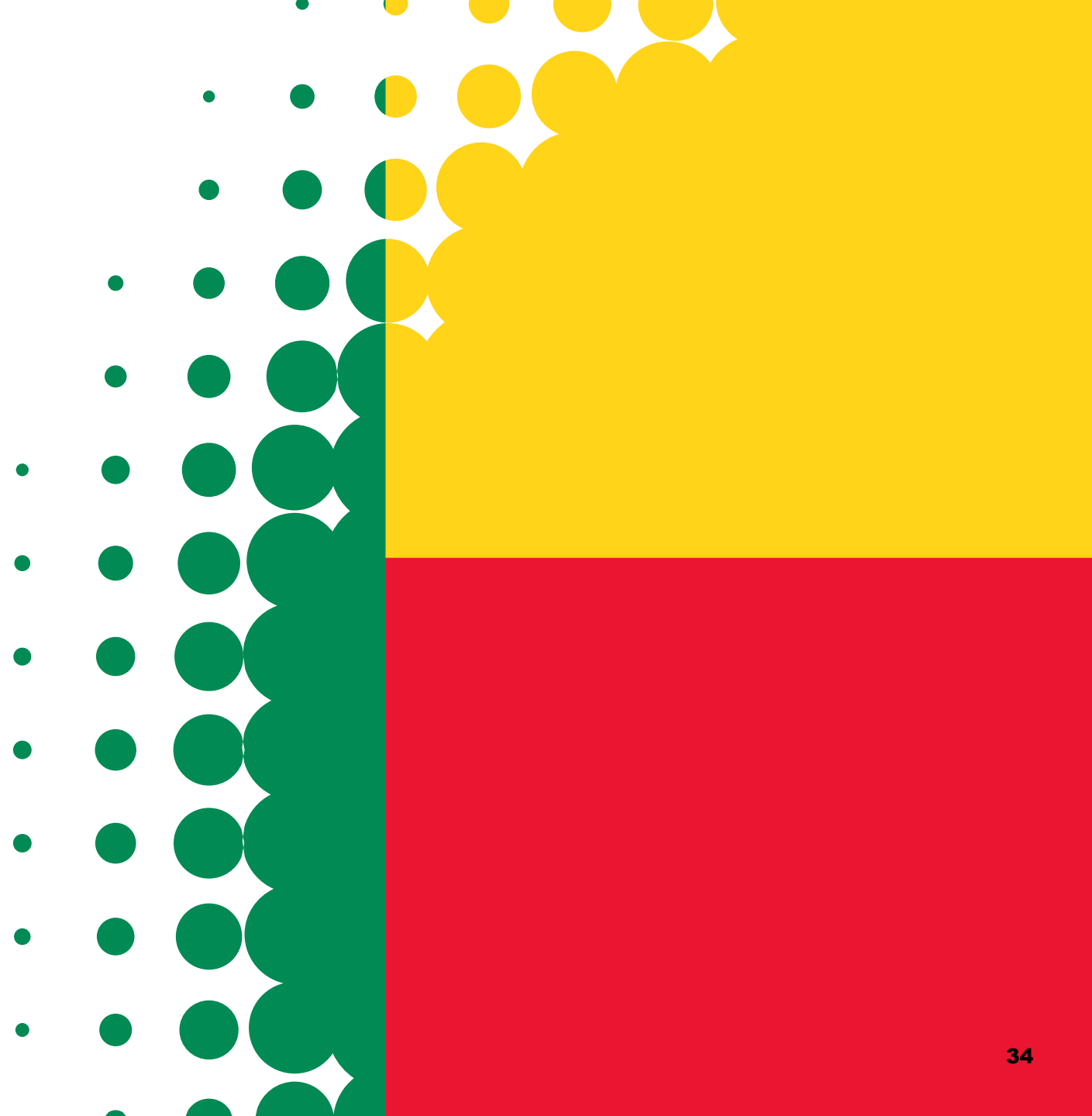


# Country Perspectives on GC8 Related to the National Workshop on Service Integration (4/4)



- Update the roadmap for drafting funding requests by including appropriation of integration priorities by members of the thematic commissions;
- Specific activities will be developed during the next dialogue.

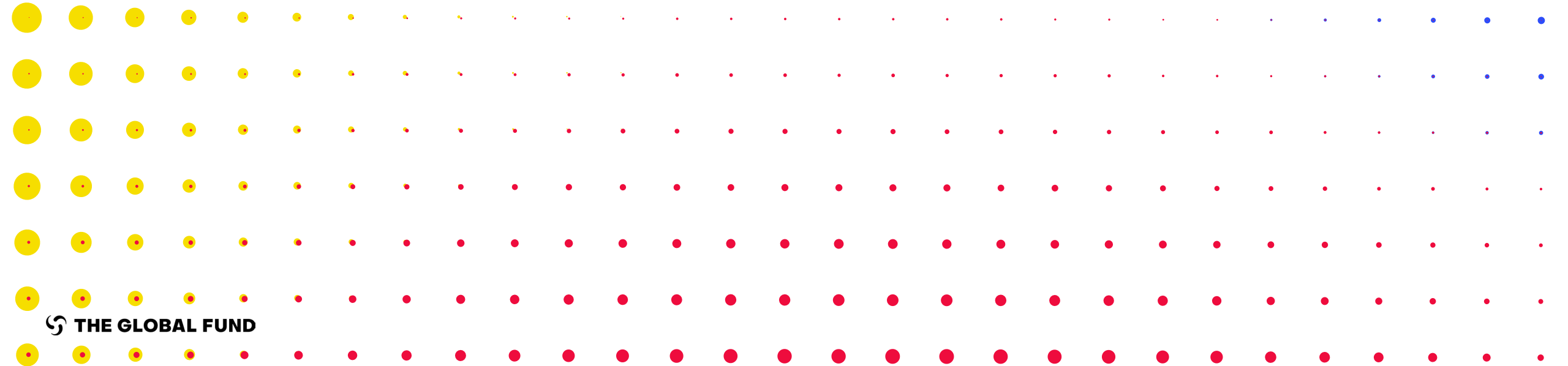
**THANK YOU FOR  
YOUR TIME**



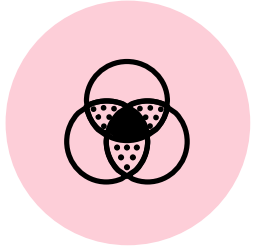


**5**

# In summary



# In summary



Integration is a **means to an end and not an end in itself**.

Integration will be **context specific and depend on country priorities** at national and subnational levels.

**It will not happen everywhere at the same time.**

Countries are encouraged to take a holistic view of **the health system and population health outcomes**, and address how Global Fund investments contribute to these objectives (recognizing that not all areas will be within scope) and engage with partners as relevant.



In Grant Cycle 8, each applicant is **required** to submit all funding requests for eligible disease components and RSSH in the same window. The Global Fund **encourages** submitting a single multi-component funding request. (If a single multi-component funding request is not feasible then separate funding requests are still allowed, as long as they are submitted in the same window).

Ensure **narrative and budget reflect coordination across programs.**



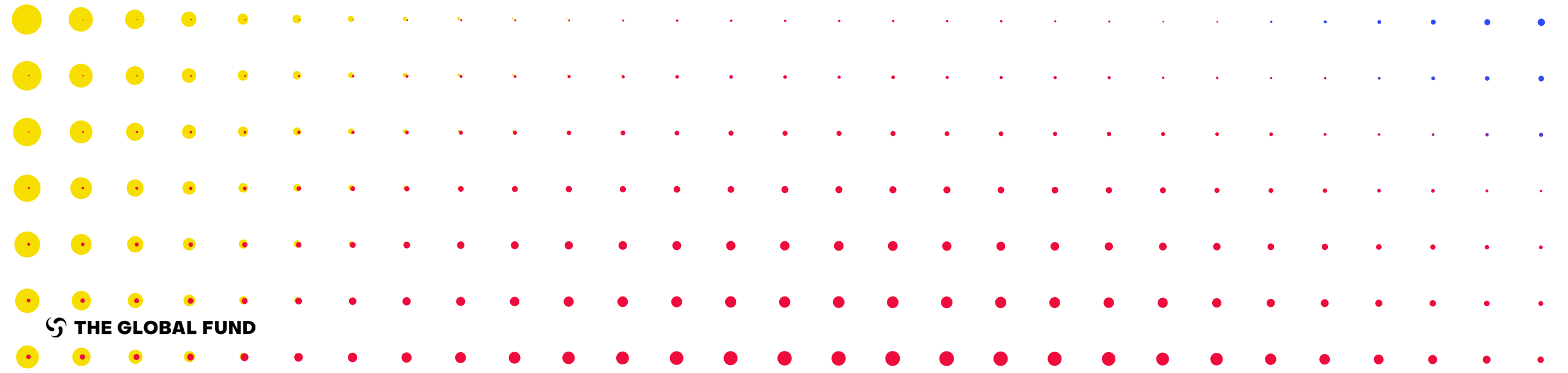
**Community engagement** in design, implementation and monitoring of services will be necessary to ensure barriers to health services are addressed and access is maintained and.

**Cost and monitor integrated activities** to support future decision-making.



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Q&A



# Thank you!



The Global Fund to Fight  
AIDS, Tuberculosis and Malaria

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