

GC7 mid-cycle grant adaptations

16 May 2025

There is a great deal at stake, measures taken now must preserve lifesaving interventions and progress

Key Results: 2023



25.0m

People on antiretroviral
therapy for HIV



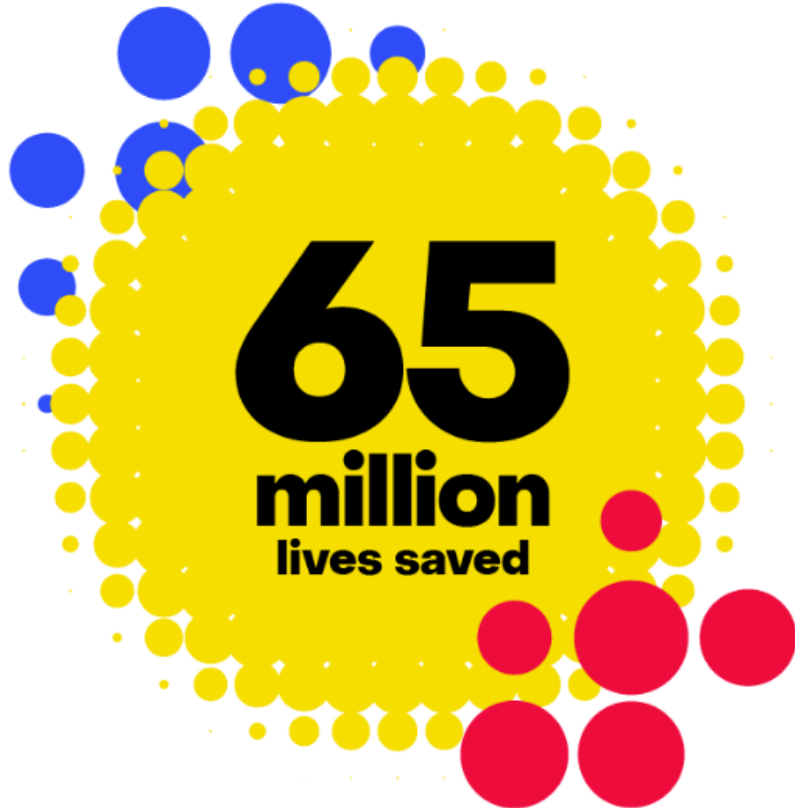
7.1m

People treated for TB



227m

Mosquito nets distributed

A large graphic on the left side of the slide. It features a central yellow circle filled with a pattern of smaller yellow dots. Surrounding this central circle are several larger blue and red circles of varying sizes. The text '65 million lives saved' is prominently displayed in the center of the yellow circle.

65
million
lives saved

*Since 2002, health programs supported by the
Global Fund partnership have saved 65 million lives.*

Principles of GC7 mid-cycle grant adaptations

In the context of reduced international funding for health programs, the Global Fund aims to support Principal Recipients, Country Coordinating Mechanisms and other in-country partners to optimize the use of Global Fund grant investments in Grant Cycle 7 (GC7).

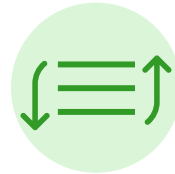
The key objective is to support countries to protect and enable access to lifesaving services.

Approach to mid-cycle grant adaptations include:



Defer or pause agreed activities

to reduce the pace of spending and maximize available funding.



Reprioritize Global Fund investments

to preserve access to lifesaving services, considering all sources of funding and holistic support across disease programs and health and community systems.

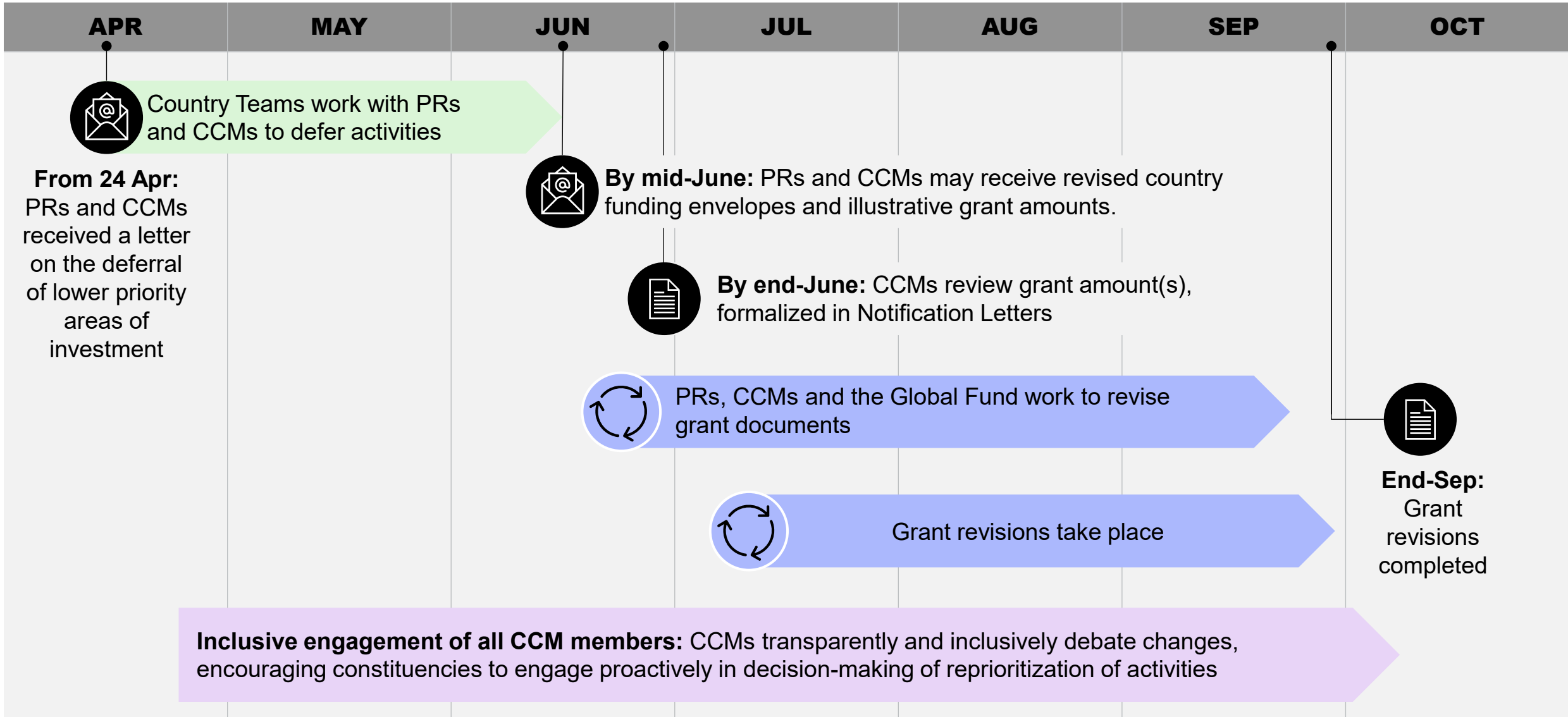


Revise grants

to preserve and enable access to services. If allocated funds for GC7 are reduced, the grant revisions process will be required to amend grant agreements.

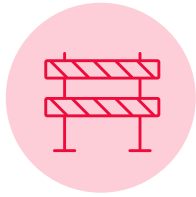
If reductions to GC7 allocations occur, reduced country envelopes, with indicative grant amounts, will be communicated to countries through CCMs and PRs, who will inclusively decide how to adjust grants within this envelope.

Timeline



Examples of cross-cutting activities to defer

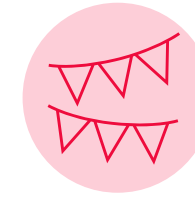
To adapt to country context



Capital investments



**New surveys, studies,
assessments and reviews**



Commemorative days



**Purchase of new
vehicles, IT, lab and
other equipment**



**Print materials and
publication costs**



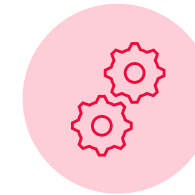
**Standalone
advocacy efforts**



**Conference attendance/study
tours; off-site workshop-style
standalone in-service training**



**Behavior change
programs/materials**



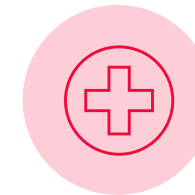
Operational costs



Meeting costs

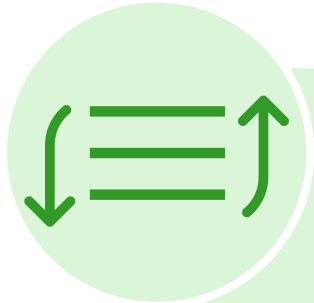


**PPE (Personal
Protective Equipment)**



**Single disease/service
supervision**

Preparing for reprioritization



PRs should use this time to consider the right program choices to revise Global Fund grants at lower financial ceilings by:

- Identifying essential priorities and opportunities to optimize and rescope, look for more integrated approaches and cost efficiency and effectiveness.
- Consider access and equity across populations and services delivery models.
- Analyze GC7 interventions to reprioritize for grant revisions, tailoring to country context; decision- making should be done with governments, communities, civil society and partners, looking across all sources of funds (domestic and international).

Portfolio level core priorities for HIV

Save Lives

- ✓ Ensure treatment continuity for all people living with HIV
- ✓ Expand cohort for people newly diagnosed or re-engaging with care
- ✓ Ensure services to diagnose and manage TB and advanced HIV disease (CD4 testing, diagnosis & treatment of opportunistic infections)

Identify People with HIV

- ✓ Ensure HIV testing and linkage to services – provider-initiated testing and counselling, testing in TB services and focused testing for priority groups/settings (KP, STI clinics)
- ✓ Identify HIV positive pregnant women and prevent vertical transmission to babies – ANC testing in moderate, high and very high incidence settings (0.3% and higher) & treatment, infant prophylaxis & testing

Ensure Primary Prevention

- ✓ Enable primary HIV prevention services – condoms, PEP for all potential HIV exposures, PrEP for current users & new prioritized for high incidence populations
- ✓ Maintain harm reduction services – opioid agonist management treatment (OAMT) and management, especially methadone, naloxone, safe injecting commodities

Critical across all priorities – explore integration into PHC and country health systems where possible, sustain human rights programs/advocacy that most impact service access, peer outreach especially for HIV prevention/testing, and safety and security; market shaping for HIV prevention

Portfolio level core priorities for TB

Diagnosis & Treatment

- ✓ Protect diagnosis and treatment, recognizing these drive costs (mostly through health products), but are essential for TB programming
- ✓ Maintain HIV testing for people with TB and initiating ART for those co-infected
- ✓ Continue TB screening for people living with HIV, Diabetes and undernutrition
- ✓ Continue using new screening/diagnosis tools and short treatment regimens

*On the “how” -
Engaging with the
private sector
remains a cost-
effective approach*

Targeted, Active Case Finding

- ✓ Focus on key and vulnerable populations and high incidence geographic areas.
- ✓ Contact investigation (prioritizing children) and linkage to treatment and prevention
- ✓ Integrating ACF for TB with other diseases and conditions

*Engage
communities along
cascade of care*

TB Prevention

- ✓ Maintain TPT for people living with HIV; including pregnant women and children under 5 in contact with patients with bacteriologically confirmed pulmonary TB
- ✓ Use symptom-based screening for TPT initiation

Critical across all priorities - surveillance, lab strengthening and market shaping for innovative TB diagnosis and treatment tools

Portfolio level core priorities for malaria

Case Management

- ✓ Deploy a sub-nationally tailored approach prioritizing most impactful activities to minimize malaria related mortality
- ✓ Ensure effective diagnosis and treatment at public facility and community level
- ✓ Ensure sufficient support to provide access to quality services with a focus on leaving no one behind

Disease Prevention

- ✓ Target prevention services first to the most vulnerable and highest burden
- ✓ Vector control is the most impactful preventive intervention: use the most effective and efficient distribution channels
- ✓ SMC is lower priority to vector control but impactful and should first focus on children under 5.
- ✓ IPTp and other chemoprevention deployed through routine services should be fully integrated and covered by national funding, where possible.

Surveillance

- ✓ Continue to support efforts to improve the subnational tailoring approach
- ✓ Transition from large scale surveys to more efficient monitoring approaches (ex. ANC1 surveillance, LQAS)
- ✓ Maintain monitoring of biologic threats (TES, hrp2/3 deletion surveys, insecticide resistance monitoring)
- ✓ Integrate and decentralize epidemic preparedness efforts

Critical across all priorities - HRH/CHW, supply chain, HMIS, and appropriate product selection to combat biological threats

Deliberate integration of RSSH, human rights, gender and community systems and responses is essential across disease priorities

While integrated within the portfolio level priorities, these are how we achieve sustainable lifesaving impact, such as...

- **Quality delivery and access to care.** Human resources for health including community health workers, supply chains, service and product innovations are the backbone of providing lifesaving HIV, TB and malaria services with relevant capacity and capabilities, including gender responsiveness.
- **Robust foundations of inclusive health systems that will sustain gains.** Lab systems, health information systems and surveillance are fundamental to effective health responses for HIV, TB and malaria and ensure self-reliance for countries facing future pandemics.
- **Effective integration.** Supporting countries to integrate HIV, TB and malaria work into country PHC services and health systems is essential for efficiency and self-reliance. In doing so, purposeful investment that removes human rights and gender related barriers to access for key, vulnerable and underserved populations is critical for effective response.
- **Improved health delivery.** Monitoring and feedback loops through community led monitoring; including identifying human rights and gender-related barriers to health progress.

Non-exhaustive

Lifesaving services in the context of programmatic reprioritization



To preserve lifesaving services, HIV, TB and malaria programs need to cover core priorities, considering all sources of funds.

Priority services will differ by disease program, though arguably the most essential element is treatment:

- Treatment continuity and care for HIV.
- Diagnosis and treatment for TB.
- Case management for malaria.

Countries should continue to follow WHO disease specific normative guidance.

Access to lifesaving services by the populations and communities most impacted by the three diseases is a key principle that underpins the approach to reprioritization. We must consider:



Interventions that remove barriers to accessing services



Essential health and community systems



Service delivery platforms

All these elements (commodities, service delivery, health system functions and access) are disease and country specific.

Programmatic Reprioritization is a country level exercise considering context, including *all* sources of funding



Epidemiological context



Populations & geographic areas/settings most impacted by HTM



Partnership landscape & engagement of community and technical partners



Value for money and sustainability of supply



Service delivery factors

Examples, non-exhaustive

*What is the **minimal package of services** needed to deliver a quality service in this setting?*

*Are there opportunities for efficiency gains and **appropriate/feasible integration** across diseases as well as primary care more generally?*

*What is the **minimum monitoring** needed to inform program decision-making*

Specific domestic financing

considerations, including *what* may transition to domestic financing, *how*, and *when*

- Pre-existing transition commitments
- Cost efficiency and effectiveness
- Domestic financing readiness
- Domestic implementation capacity
- Alignment with government priorities and pathways for transitioning specific interventions in the short or medium term

(Considered holistically)