




Matching Funds

Global Fund Guidance

Grant Cycle 8

Date published: 19 May 2026
Date updated: 19 May 2026



Core
Guidance

Introduction	3
1. Expanding Social Contracting to Sustain Services	4
1.1. Objectives	4
1.2. Conditions	5
1.3. Eligible Investments	5
<hr/>	
2. Integrated HIV Prevention	7
2.1. Objectives	7
2.2. Conditions	7
2.3. Eligible Investments	8
<hr/>	
3. Integrated Community & Health Services for Women & Children	9
3.1. Objectives	9
3.2. Conditions	9
3.3. Eligible Investments	11
<hr/>	
4. Digital Solutions Supporting Integration	14
4.1. Objectives	14
4.2. Access conditions	14
4.3. Eligible investments	14
<hr/>	
5. Public Financial Management	15
5.1. Objectives	15
5.2. Conditions	15
5.3. Eligible Investments	16
<hr/>	
6. Addressing Human Rights & Gender Barriers to Services	17
6.1 Objectives	17
6.2 Conditions	18
6.3 Eligible investments	19
Annex 1: Illustrative examples of Work Plan Tracking Measures (WPTM) that may be used to meet the Social Contracting Matching Fund condition #3.	21

Introduction

Matching Funds Objectives

Alongside country allocations, the Global Fund provides [Catalytic Investment Matching Funds](#) for Board-approved priority areas. Matching Funds offer an opportunity to inspire innovation and incentivize focus in key strategic domains. Funded primarily from private sector earmarked contributions, Matching Funds reinforce key [GC8 Strategic Shifts](#), together with grants and domestic investment. Matching Fund eligibility is included in country Allocation Letters; country eligibility is determined based on Matching Fund-specific objectives and prioritization criteria.

Structure of this guidance

This document provides guidance for applicants eligible for catalytic Matching Funds¹. It features details specific to each Matching Fund, outlining the:

1. Required conditions that applicants must meet to access the Matching Fund amount:
 - Financial conditions that outline the minimum country allocation investment amounts required for each priority area (the “match”).
 - Programmatic conditions that describe the relevant programmatic elements.The Grant Cycle 8 (GC8) funding application² must demonstrate that the applicant meets the financial and programmatic conditions to access the Matching Fund.
2. Eligible Matching Fund investments based on the [Modular Framework](#). This section describes the relevant modules, interventions and activities that applicants may invest in, to meet the financial and programmatic conditions. Interventions and activities not listed must be agreed with the Global Fund during the Funding Request process.

How Matching Fund conditions will be assessed

The Grant Approvals Committee (GAC) determines the final Matching Fund amount alongside its review of the grant for recommendation to the Board. Where applicable, the GAC takes the Technical Review Panel’s (TRP) assessment of compliance with Matching Fund conditions into account. In exceptional cases, the GAC may approve flexibility to Matching Fund conditions based on strong justification and country context. If an applicant anticipates that it will not be possible to comply with a Matching Fund condition, they should contact the relevant Global Fund Country Team as soon as possible.

The Grant Budget serves as the key document to confirm compliance with Matching Fund financial conditions. It must clearly reflect which activities are funded by the Matching Fund

¹ The [Global Fund website](#) provides additional details on Catalytic Investments and Matching Funds.

² The funding application consists of the Funding Request, Performance Framework, Grant Budget, Co-financing commitment letter and other key documents.

and the associated “match” from the country allocation³. For countries eligible for more than one Matching Fund, the same activity/investment may not be used to satisfy the financial conditions of multiple Matching Funds.

Table 1: Matching Funds for GC8

Strategic Priority Area	Matching Funds
Optimizing RSSH	Expanding Social Contracting to Sustain Services
	Integrated HIV Prevention
	Digital Solutions Supporting Integration
	Integrated Community & Health Services for Women & Children
Supporting Sustainability and Transition from Global Fund Financing	Public Financial Management
Address Human Rights & Gender Barriers to Services	Addressing Human Rights & Gender Barriers to Services

1. Expanding Social Contracting to Sustain Services

1.1. Objectives

The Matching Fund aims to catalyze social contracting so community-led organizations (CLO) and community-based organizations (CBO) can systematically deliver a defined package of HIV, TB and malaria services for key and vulnerable populations (KVP)⁴ through domestic resources. These social contracting mechanisms should make measurable contributions to national health targets and support a clear normative path from pilots to institutionalization of social contracting mechanisms.

The Matching Fund supports countries planning for transition from Global Fund financing in GC8 or Grant Cycle 9 (GC9).

³ More detail available in the GC8 Grant Budget Instructions.

⁴ Key and vulnerable populations definition is provided on page 15 of the [Modular Framework Handbook](#).

1.2. Conditions

Condition		How to apply the condition
1	Financial Investment of at least an equal amount of available Matching Funds from the country allocation in social contracting through CLO or CBO.	<ul style="list-style-type: none"> • Achieve required country allocation investment (the “match”) through aggregate investments across multiple grants where appropriate, prioritizing RSSH. Consider investments from relevant disease components where appropriate and as agreed during Funding Request development. • Demonstrate compliance in the Grant Budget. In Aligned portfolios, include a narrative description in the Funding Request that outlines planned investments and demonstrates compliance with the financial condition. • Include in the Funding Request at minimum: a high-level outline of the types of services to be procured from CLO/CBO through a social contracting scheme, relevant population groups and the entity expected to manage procurement/contracting.
2	Programmatic Government co-financing commitments (where applicable under the STC policy) that include: (a) measurable and time-bound domestic investments in social contracting; (b) a defined set of financing and policy or regulatory measures (such as enabling legislation and budgetary reforms) to institutionalize social contracting; and (c) mechanisms to monitor and validate execution of such financial commitments and measures.	<ul style="list-style-type: none"> • Demonstrate compliance through commitments communicated in the country’s co-financing commitment letter, as applicable. The Matching Fund complements and reinforces these commitments.
3	Programmatic For Core and High Impact portfolios, workplan tracking measures (WPTM) to monitor programmatic progress related to social contracting.	Include at least one workplan tracking measure (WPTM) in the Grant Performance Framework to monitor programmatic progress related to social contracting. The Annex includes Illustrative examples of WPTM that may be used to satisfy this condition.

1.3. Eligible Investments

The table below lists the RSSH modules and interventions that are most relevant for investment of the Matching Funds and associated country allocation funding. Other interventions from RSSH and disease modules may be eligible when directly linked to achieving the Matching Fund objectives.

Investments should be tailored to the timeline for the planned transition from Global Fund financing, as outlined in the table below. In countries where social health insurance (SHI) or national health insurance (NHI) schemes are operational or under development, the health insurance mechanism may represent the most durable and scalable route to domestic contracting of CLO/CBO service delivery. Countries are encouraged to explore the expansion or adaptation of SHI/NHI benefit packages to include HIV, TB and malaria services delivered by CLO/CBO for KVP and to assess whether CLO/CBO can be accredited as recognized providers under existing SHI/NHI frameworks.

Matching Funds and the associated country allocation may be used to support: (a) civil society organizations (CSO)/Community-based organizations (CBO) accreditation or provider registration processes required to participate in SHI/NHI schemes; (b) advocacy and technical support for SHI/NHI benefit package expansion to include KVP-focused services; and (c) contract management and claims verification systems adapted to community service delivery modalities.

For monitoring purposes, executed provider agreements between CLO/CBO and national or local SHI/NHI schemes, with verified claims or payment records, constitute evidence of achieved social contracting under this Matching Fund.

Modules & Interventions	Planned Transition Timeline	High-level Activities
<p>RSSH: Health Financing Systems:</p> <ul style="list-style-type: none"> • Social Contracting • Health financing schemes • Health financing analytics, advocacy, strategies and planning 	<p>Countries planning for transition in GC8.</p>	<ul style="list-style-type: none"> • Accelerate domestic co-financing by incentivizing governments and insurers to allocate budget lines for community services early in the transition timeline. • Enable scale, converting proof-of-concept contracting into multi-district or national purchasing platforms. • Invest in social contracting start-up and initial scale-up costs of payment, verification and contract management.
<p>RSSH: Community Systems Strengthening:</p> <ul style="list-style-type: none"> • Organizational and leadership development • Community-led monitoring and advocacy 	<p>Countries planning for transition in GC8 or GC9.</p>	<ul style="list-style-type: none"> • Incentivize contracting of community services for service expansion, linkages to care, retention and quality. • Cover short-term operational costs for contract management systems. • Expand from pilots to nationwide CLO/CBO contracting platforms.

2. Integrated HIV Prevention

2.1. Objectives

The Matching Fund aims to:

1. Expand geographic coverage of HIV self-testing (HIVST) and diversify HIVST options, with planned procurement of a mix of oral- and blood- or urine-based WHO pre-qualified HIVST; and
2. Broaden access to oral and long-acting pre-exposure prophylaxis (PrEP), capitalizing on lenacapavir (LEN) investments.

Investments further support integration of HIV services with sexual and reproductive health services for HIV prevention, to improve health outcomes and system efficiency.

2.2. Conditions

		Condition	How to apply the condition
1	Financial	Investment of at least an equal amount of available Matching Funds from the country allocation in HIV PrEP interventions and HIVST commodities.	Invest in a mix of interventions, which may include commodity procurement, as agreed during the Funding Request process.
2	Programmatic	HIVST and PrEP coverage indicators, with a minimum target of PrEP users during the grant reporting period as communicated by the Global Fund.	<ul style="list-style-type: none"> • Include indicators and national PrEP coverage targets in the Grant Performance Framework. • Define the minimum target of PrEP users per country, equal to the national number of people receiving PrEP in 2025 (the “baseline”) plus a defined number of additional PrEP users (“target above the baseline”). These country-specific values will be communicated to countries individually.
3	Programmatic	Planned procurement of a mix of oral- and blood- or urine-based WHO pre-qualified HIVST.	Ensure HIVST product procurement includes a mix of WHO pre-qualified tests that support different sample types (e.g., not just one sample type, like only oral-based kits).

Condition		How to apply the condition
4	Programmatic Where these products are used, evidence showing that national policies and strategies either already allow, or will be developed within the first year of the grant implementation period to allow: (a) a single HIV rapid diagnostic test for initiation and continuation of long-acting injectable PrEP; and (b) HIVST for initiation and continuation of Tenofovir-based oral PrEP and the Dapivirine Vaginal Ring.	Provide evidence that a plan is in place to develop national policies and strategies to allow (a) and (b) (when not already in place) within the first year of grant implementation. Outline this plan in the funding application.
5	Programmatic Investments in targeted HIV prevention programs based on geographic and population-level risk data from 2024 onwards.	Utilize relevant data sources, such as the UNAIDS 2025 Sub-national HIV Estimates in Priority Populations (SHIPP) data or other relevant data sources, including integrated biological and behavioral surveillance surveys and population size estimates from 2024 onwards.
6	Programmatic Plans to increase the number of sites delivering integrated PrEP, HIVST and sexual and reproductive health services for HIV prevention at Primary Health Care (PHC) and community level, compared to the number of sites at the end of 2025.	Describe relevant plans in the funding application.

2.3. Eligible Investments

As described in the financial condition, the Matching Fund and associated country allocation must be invested in PrEP interventions and HIVST commodities, as agreed during Funding Request development. Multiple interventions within the modules listed in the table below are eligible, as agreed during Funding Request development.

Applicants are encouraged to consider opportunities to support integration, efficiency and improved treatment outcomes through delivery of PrEP/post-exposure prophylaxis (PEP) and HIVST alongside sexual and reproductive health services.

Modules	High-level Activities
Differentiated HIV Testing Services HIV Prevention HIV Treatment, Care and Support	Expand HIV self-testing and PrEP/PEP access, including rapid introduction and scale-up of long-acting PrEP (LEN), using a mix of WHO-prequalified HIVST products (see condition 3) and leveraging HIVST as an entry point to integrated HIV prevention and sexual and reproductive health services.
	Strengthen integrated delivery of HIVST, PrEP and sexual and reproductive health services across PHC and community platforms,

Modules	High-level Activities
RSSH: Health Products Management Systems	including increasing the number of service delivery sites relative to the 2025 baseline (see condition 6).
	Support policy development or updates outlined in condition 4.
	Provide targeted HIV prevention services focused on populations and locations with the highest HIV incidence or vulnerability, using recent geographic and population-level risk data (see condition 5).
	Strengthen community engagement, demand creation and peer-led approaches to improve awareness, uptake and sustained use of HIVST and PrEP, ensuring meaningful participation of KVP and community-based organizations.
	Strengthen enabling systems for sustainable HIV prevention, including data, monitoring and learning; integration of HIVST and PrEP indicators into national systems; procurement and supply chain readiness; and policy and regulatory reforms to support scale-up and differentiated delivery models.

3. Integrated Community & Health Services for Women & Children

3.1. Objectives

The Matching Fund aims to strengthen integrated primary health services for women and children; and increase maturity and sustainability of health workforce and Community Health Worker (CHW) systems.

3.2. Conditions

	Condition	How to apply the condition
1	Investment of at least half of the amount of available Matching Funds from the country allocation in activities for integrated community and health services for women and children.	<ul style="list-style-type: none"> Invest in “corresponding activities” as outlined in the qualifying modules in section 3.3. Invest <i>across</i> the three investment areas outlined in section 3.3, not just in one of the areas.

Condition		How to apply the condition
2	Programmatic Investments that respond to documented priorities in national MNCAH acceleration plans and Human Resources for Health (HRH) and community health strategies, the results of which should align with these plans and strategies.	<ul style="list-style-type: none"> • Explain in the funding application how the proposed interventions align with relevant national strategies (such as MNCAH acceleration plans and HRH or community health strategies) and reference available evidence, including CHW system maturity assessments, HRH analyses and Compacts. • Justify the proposed balance of investments across the three investment areas (see Section 3.3) in the funding application and explain how Matching Fund investments complement broader grant investments and other domestic or external resources. • Include at least one indicator per investment area in the Grant Performance Framework (see Table 4).

Table 3: relevant indicators per condition #2

Investment Area	Relevant Indicators
Integrated PHC services for women and children ⁵	<ul style="list-style-type: none"> • RSSH O-1.1: Percentage of facilities providing RMNCH, HIV, TB and malaria integrated services to pregnant women. • RSSH O-9: Percentage of women with a live birth in a given time period who received antenatal care four or more times. • RSSH O-10: Percentage of births attended by skilled health personnel • SPI-1: Proportion of pregnant women and girls attending antenatal services who received three or more doses of intermittent preventive treatment for malaria. • HIV VT-1: Percentage of pregnant women who know their HIV status • HIV VT-2: Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth. • HIV VT-3: Percentage of women accessing antenatal care services who were tested for syphilis. • HIV TCS-10: Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of vertical transmission of HIV. • RSSH GBV-1: Number of rape survivors receiving the minimum package of HIV PEP, rapid HIV testing, STI screening/testing, treatment, emergency contraception and first-line counseling at GF-supported health facilities.
CHW program resilience and sustainability	<ul style="list-style-type: none"> • RSSH/PP HRH 3.1: Percentage of remunerations to GF-funded community health workers made on time during the reporting period. • RSSH/PP HRH 9: Percentage of polyvalent community health workers trained on the national CHW service package.
Healthcare workforce cross (polyvalent) service integration	<ul style="list-style-type: none"> • RSSH/PP O-3: Density of active health workers per 10,000 population. • RSSH/PP HRH 8: Number of GF-funded health workers (including CHWs) contracted.

⁵ Inclusion of at least one of the following indicators is highly recommended: RSSH O-1.1, RSSH O-9, RSSH O-10.

3.3. Eligible Investments

Matching Funds and associated country allocation must be invested as a holistic investment package across the three investment areas below. The table provides a non-exhaustive list of relevant activities and associated interventions. Core HIV, TB and malaria commodity costs are not eligible.

Further, while not a programmatic condition, but as part of the country's GC8 co-financing commitments (where applicable under the STC policy), the country is encouraged to finance integrated services, including HRH/CHW activities, to which this Matching Fund contributes.

Investment Area	Modules & Interventions	Eligibility Considerations	High-level Activities
Integrated PHC Services for Women and Children	Malaria: Vector Control <ul style="list-style-type: none"> Insecticide-treated nets (ITNs) distribution 	Non-commodity costs, routine distribution - ANC/EPI/post-discharge distribution.	<ul style="list-style-type: none"> Integrate HIV, TB and malaria services with MNCAH in PHC settings⁶ to scale up availability of quality integrated care. Integrate services across ante-natal, childbirth, post-natal and adolescent health platforms.
	Malaria: Specific Prevention Interventions (SPI) <ul style="list-style-type: none"> Intermittent preventive treatment (IPT) - in pregnancy 	Non-commodity costs.	
	TB: Collaboration with Other Providers and Sectors <ul style="list-style-type: none"> Collaboration with other programs/sectors 	Collaboration with maternal and child health program, for services for pregnant & breastfeeding women, children and adolescents.	
	TB: Key and Vulnerable Populations (KVP) – TB/DR-TB <ul style="list-style-type: none"> KVP - Children and adolescents KVP - Others 	<ul style="list-style-type: none"> <i>KVP Children & adolescents</i>: activities delivered through integrated PHC platform or polyvalent CHWs. <i>KVP Others</i>: activities targeting IDPs and pregnant & breastfeeding women, delivered through integrated PHC platforms or polyvalent CHWs. 	

⁶ These settings can include high volume PHC facilities, mobile / outreach services and/or community platforms, with appropriate context differentiation in conflict-affected and otherwise fragile humanitarian settings.

Investment Area	Modules & Interventions	Eligibility Considerations	High-level Activities
	<p>HIV: Elimination of Vertical Transmission of HIV, Syphilis and Hepatitis B</p> <ul style="list-style-type: none"> Retention support for pregnant and breastfeeding women (facility and community) Prevention of incident HIV among pregnant and breastfeeding women 	<ul style="list-style-type: none"> <i>Retention support for pregnant and breastfeeding women: delivery platform must be polyvalent CHWs, not disease-specific peers.</i> <i>Prevention of incident HIV among pregnant and breastfeeding women: delivery platform must be maternal and neonatal health services and polyvalent CHWs, not HIV clinics or peers.</i> 	
	<p>HIV Prevention</p> <ul style="list-style-type: none"> Sexual and reproductive health services to support HIV prevention for KVP⁷ 	Targeted groups must be AGYW, pregnant and breastfeeding women and/or female sex workers.	
	<p>RSSH: Health Sector Governance and Integrated People-centered Services</p> <ul style="list-style-type: none"> National health and cross-sector policy, strategy and coordination 		
	<p>RSSH/PP: Human Resources for Health (HRH) and Quality of Care</p> <ul style="list-style-type: none"> Quality improvement (QI) and capacity building for quality of care 		<ul style="list-style-type: none"> Strengthen continuous QI for the above-mentioned services within routine systems.
National (CHW) Program Resilience & Sustainability	<p>RSSH/PP: Human Resources for Health (HRH) and Quality of Care</p> <ul style="list-style-type: none"> CHW: selection, pre-service training, 		<ul style="list-style-type: none"> Maintain coverage and strengthen service quality of CHWs providing integrated services. Support national systems including CHW training,

⁷ Note that if investments in this area are leveraged to meet the financial condition for the Integrated HIV Prevention Matching Fund, the same investments cannot be used to also satisfy the financial condition for the Integrated Community & Health Services for Women & Children Matching Fund for which countries might also be eligible.

Investment Area	Modules & Interventions	Eligibility Considerations	High-level Activities
	certification and equipping <ul style="list-style-type: none"> • CHW: contracting, remuneration and retention • CHW: in-service training • CHW: integrated supportive supervision 		contracting, remuneration & retention, integrated supportive supervision, bi-directional referral & linkages, and supply chain and digital investments. <ul style="list-style-type: none"> • Integrate HIV, TB, malaria, and MNCAH within CHW roles, training, supervision, data systems, and commodity packages. • Strengthen efficiency and financial sustainability of community health, including harmonized CHW remuneration and development of CHW legal frameworks.
Health Workforce Integration and Sustainability (HRH)	RSSH/PP: Human Resources for Health (HRH) and Quality of Care <ul style="list-style-type: none"> • HRH planning, management and governance, including for CHWs • Pre-service training of new health workers (excluding CHWs) • Remuneration and deployment of existing/new staff (excluding CHWs) • Continuous professional development for HRH (excluding CHWs) • Integrated supportive supervision for health workers (excluding CHWs) 		<ul style="list-style-type: none"> • Support de-verticalization, task shifting and transition of externally funded disease-specific HRH into government systems, including development of investment plans and compacts, task-sharing reforms. • Provide pre-service, competency-based education for PHC workforce to enable delivery of integrated services, including midwifery-led models of care. • Support national quality improvement and integrated training and supervision approaches, including digital solutions and blended learning.

4. Digital Solutions Supporting Integration

4.1. Objectives

The Matching Fund aims to strengthen national digital health data systems and their use, in line with governments' national digital health strategies, standards and architectures, to improve program services and increase the efficiency of integrated primary healthcare (PHC) programs.

4.2. Access conditions

		Condition	How to apply the condition
1	Financial	Investment of at least half of the available Matching Funds from the country allocation in digital activities supporting integration.	Invest in eligible digital activities to improve program services and efficiency of integrated PHC programs as described in Section 4.3.
2	Programmatic	Fulfillment of the Integrated Community & Health Services for Women & Children Matching Fund financial and programmatic conditions.	Comply with the conditions associated with the Integrated Community & Health Services for Women & Children Matching Fund (see Section 3) as a prerequisite to accessing the Digital Solutions Supporting Integration Matching Fund
3	Programmatic	Investments to strengthen or maintain elements of digital data systems and/or data use that support programmatic activities funded under the Integrated Community & Health Services for Women & Children Matching Fund.	Invest in alignment with eligible activities described in Section 4.3.

4.3. Eligible investments

Matching Funds and associated country allocation must be invested in relevant program activities, with a non-exhaustive list provided in the table below.

Module	High-level Activities
RSSH: Monitoring and Evaluation Systems	Integrate or improve digitization of PHC data in the aggregate HMIS platform and other integrated analytical platforms.
	Develop the country's national digital health standards and an architecture blueprint, if not yet in place, as well as the processes, policies and capacities for national governance of the digital health architecture.
	Consolidate and adapt digital systems supporting integrated PHC services into the nationally governed, standards-based interoperable data architecture.
	Implement stepwise activities to support interoperability between PHC-level digital data systems and higher-level systems through the national digital health architecture platform.
	Expand patient-level data systems to PHC levels per digital health readiness.

Module	High-level Activities
	Strengthen health worker capacity building in data analysis, use and decision-making.
	Embed data analysis, use and decision making of integrated and/or interoperable digital data into routine national and sub-national reviews and supervision.

Eligible activities generally, but not exclusively, fall within the RSSH: Monitoring and Evaluation Systems Module. Multiple interventions within this module are eligible, as agreed with the Global Fund during the Funding Request stage.

To effectively monitor investments, countries should include relevant indicators in the Grant Performance Framework. Countries are strongly encouraged to define a custom indicator on digital data systems interoperability or integration relevant to the planned Matching Fund activities. This indicator may be defined during the country dialogue and Funding Request process, in coordination with relevant Global Fund teams. Standard Modular Framework Indicators that may be relevant for this Matching Fund are included in the table below, though others may also be applicable.

Module	Relevant Indicators
RSSH: Monitoring and Evaluation Systems	M&E-5.1: Percentage of service delivery units that digitally enter and submit data at the service delivery unit using the electronic information system(s) (e.g., HMIS, CHIS, EMR, other)
	RSSH/PP M&E-2: Timeliness of reporting: Percentage of submitted monthly reports (for the reporting period) that are received on time per the national guidelines

5. Public Financial Management

5.1. Objectives

The Matching Fund aims to enhance financial governance and accountability, enabling financial sustainability and strengthening country ownership.

5.2. Conditions

	Condition	How to apply the condition
1	Investment of at least a quarter of the amount of available Matching Funds from the country allocation in Public Financial Management (PFM) activities.	Invest in alignment with eligible investments described in Section 5.3.

		Condition	How to apply the condition
2	Programmatic	<p>Investments in PFM and/or health financing, aligned with relevant country PFM reforms, that address:</p> <p>(a) documented bottlenecks impacting national health sector performance;</p> <p>(b) health service delivery; and/or</p> <p>(c) financial sustainability.</p>	<ul style="list-style-type: none"> • Outline investments in the Funding Request, tailored to country context, priorities and existing PFM and/or health financing support. • Confirm through the description of investments in the funding application that the Principal Recipient will lead implementation and/or ensure that agreements with the institution(s) responsible for relevant PFM interventions (e.g., Ministry of Health, Ministry of Finance, Supreme Audit Institutions) are timely executed. • Define in the funding application, roles and responsibilities of other relevant stakeholders, including development partners and TA providers, to ensure that these actors play an enabling, rather than leadership role in PFM interventions.

5.3. Eligible Investments

Matching Funds and associated country allocation must be invested in relevant program activities, with a non-exhaustive list provided in the table below.

Across eligible investments, activities must directly support country PFM and/or health financing reforms; they must link to broader country efforts to improve capacity of health financing and PFM systems, implement Global Fund financing through country systems, and/or support country efforts to transition away from external financing. Countries are encouraged to capitalize on tactical entry points to advance PFM for health.

Area of Focus	High-level Activities
Financial Accountability & Governance	<p>Financial accountability-focused investments to strengthen operational assurance and fiduciary control within national systems, including:</p> <ul style="list-style-type: none"> • Strengthening audits, internal controls and fiduciary risk management mechanisms embedded in national PFM systems. • Strengthening parliamentary oversight, supreme audit institutions and civil society scrutiny. • Support digitalization of audit and control processes, including IT-enabled and risk-based audits. • Strengthening financial skills and ethical standards across public institutions.
	<p>Financial governance-focused investments that improve efficiency and alignment of planning, budgeting and execution, including:</p> <ul style="list-style-type: none"> • Reinforce institutional roles, coordination, and decision-making for financial oversight within the health sector and across government. • Align national budgets with health and HIV, TB and malaria priorities, supported by realistic costing and budget credibility. • Support budget formulation and execution. • Support integration of externally financed programs into national budget, treasury and payment systems, particularly in transition contexts.

Area of Focus	High-level Activities
	<ul style="list-style-type: none"> Strengthen country treasury operations/system, cash management and payment systems to ensure continuity of service delivery. Support PFM activities tied to enterprise resource planning (ERP) and/or integrated financial management information systems.
Financial Sustainability	Investments that support financial sustainability, including: <ul style="list-style-type: none"> Strengthen health financing capacity to plan, budget, execute and track health resources. Integrate priority disease programs and service delivery costs into national systems, including public financial management systems. Increase the capacity of government systems to finance community-based service delivery. Support domestic resource mobilization and the sustainability of health services financing. Strengthen health financing policy, governance and institutional coordination, including collaboration between ministries of health and finance. Support transition readiness, planning, management and implementation.

Eligible activities will generally fall within the RSSH: Health Financing Systems Module. Multiple interventions within this module are eligible, as agreed with the Global Fund during the Funding Request stage.

In addition, each beneficiary country will receive an indication of the appropriate split of the PFM Matching Fund investments across (1) financial accountability and governance and (2) financial sustainability. Within this allocation of investments, countries will identify and design the specific interventions to be financed under each area, as well as articulate country-specific outputs and outcomes for the planned investments.

6. Addressing Human Rights & Gender Barriers to Services

6.1 Objectives

The Matching Fund aims to catalyze national ownership of programs to remove barriers to accessing life-saving HIV, TB and malaria services, specifically those that are human rights- or gender-related, and to support targeted programmatic interventions to address those barriers and sustain access to essential, quality HIV, TB and malaria services.

6.2 Conditions

Condition		How to apply the condition
1	Financial Investment of at least an equal amount of available Matching Funds from the country allocation in activities to address human rights and gender-related barriers to access HIV, TB and malaria services.	<ul style="list-style-type: none"> Invest an amount that sustains optimal GC7 investment levels, to the fullest extent possible. Invest in activities to address relevant barriers, included in the modules outlined in Section 6.3. Note that integrated investments not listed in Section 6.3 will be considered by the Global Fund on an exceptional basis, provided the applicant clearly outlines how they address human rights- and gender-related barriers to HIV, TB and malaria services.⁸.
2	Programmatic Investments (which include funding CSO and CBO to address relevant barriers to health services that are informed by recent evidence on such barriers and the effectiveness of actions to address them.	<ul style="list-style-type: none"> Ensure that any funding reductions compared to GC7 do not undermine the quality or impact of interventions, as investments will be assessed against GC7 investment baselines for viability and catalytic potential. Ensure investments in Funding Requests are informed by recent evidence. Conduct a rapid integrated Equity, Human Rights, and Gender Equality (EHRGE) barriers to HIV, TB and malaria services assessment⁹ where evidence is not available and attach it to the funding application. Define clearly the funding to be implemented via CSO and CBO as part of this investment within Grant Budgets, with specified allocations and implementation roles¹⁰.
3	Programmatic Indicators to assess performance and quality of programming in this priority area, as well as planned annual self-assessments of progress against baseline scores agreed with the Global Fund, for each programmatic area to enable Global Fund Key Performance Indicator (KPI) reporting.	<ul style="list-style-type: none"> Conduct annual scoring (KPI E1)¹¹ of the geographic and population coverage of programs to reduce human rights- and gender-related barriers to access to HIV, TB and malaria services across the country, from all funding sources. Include indicators and/or WPTM in the Grant Performance Frameworks to monitor the effectiveness of the investments in programs to reduce human rights and gender-related barriers to access to HIV, TB and malaria services.

⁸ These integrated investments do not include investments in health product or service delivery interventions.

⁹ See relevant [GC8 Prioritization Guidance](#) for more details on assessment focus and scope.

¹⁰ Where Sub-recipients are not yet selected at Grant Approval, the Principal Recipient is requested to: (a) set out anticipated implementation arrangements; and (b) submit evidence of CSO/CBO selection to the Global Fund prior to Implementation Period start date.

¹¹ Scoring is based on a pre-determined methodology, shared by the Global Fund Secretariat. Baseline scores for each programmatic area are to be calculated and validated prior to grant approval and in no case later than 15 December 2026. Annual self-assessments follow the same methodology and must be conducted in the fourth quarter of each calendar year and submitted to the Global Fund Secretariat no later than 15 December. This process should be managed and validated by the national coordination mechanism(s) (see Programmatic Condition #3).

		Condition	How to apply the condition
4	Programmatic	Evidence of functional and inclusive national coordination mechanisms to oversee programs addressing barriers to accessing HIV, TB and malaria services, including those relating to human rights and gender.	<ul style="list-style-type: none"> • Evidence that mechanism(s) are focused on addressing human rights and gender-related barriers to HIV, TB and malaria services and engaged in national health and development strategic priority setting, beyond processes supported by the Global Fund. • Demonstrate that the mechanism(s) are functional and inclusive, with evidence that may include: <ul style="list-style-type: none"> ○ Budget showing the mechanism meets at least twice per year. ○ Inclusive membership list, showing partnership from relevant government bodies, civil society, affected communities, technical experts and development partners. ○ Annual budgeted workplan with milestones related to sustainable financing of programs to remove human rights- and gender-related barriers to services.

6.3 Eligible investments

Matching Funds and associated Allocation Funding (i.e., the “match”) must be invested in relevant program activities, with a non-exhaustive list provided in the table below. All interventions within the *RSSH Module: Reducing Gender-related Vulnerabilities and Barriers to HIV, TB and Malaria Services* are eligible. The two interventions within the *HIV Prevention Module* listed in the table below are additionally eligible.

Across investments, target populations and communities must be engaged in the design, monitoring and delivery of interventions to ensure they are as effective as possible. In addition, all investments must be linked to or embedded in existing health interventions, rather than implemented as standalone interventions.

Modules & Interventions	High-level Activities
RSSH: Reducing Human Rights-related Barriers: <ul style="list-style-type: none"> • Expanding access to quality and discrimination-free HIV, TB and malaria services 	<ul style="list-style-type: none"> • Strengthen health provider competencies to provide non-discriminatory, ethical and respectful access to HIV, TB and malaria services. • Address stigma at all levels of health service delivery and within adjacent communities to promote equitable, respectful and accessible care. • Strengthen accountability and measurement systems, and meaningful community participation in health governance for quality discrimination-free healthcare.
RSSH: Reducing Human Rights-related Barriers: <ul style="list-style-type: none"> • Improving health-related laws, regulations and policies to enable 	<ul style="list-style-type: none"> • Address laws and policies that criminalize or restrict access of key and vulnerable populations to services. • Promote rights-based law enforcement practices through training and accountability. • Support community mobilization and advocacy to make laws and policies more responsive to the specific needs of different diseases and populations.

Modules & Interventions	High-level Activities
<p>access to HIV, TB and malaria services</p>	
<p>RSSH Reducing Human Rights-related Barriers Module:</p> <ul style="list-style-type: none"> Improving legal literacy and legal support related to health services 	<ul style="list-style-type: none"> Integrate legal literacy into health programs to enable greater access to HIV, TB and malaria services. Expand access to justice options, including flexible community-led approaches that help sustain access to HIV, TB and malaria services. Strengthen engagement in prevention, testing and treatment by increasing accessibility and responsiveness of health systems, including digital health systems.
<p>RSSH Reducing Gender-related Vulnerabilities and Barriers to HIV, TB and Malaria Services:</p> <ul style="list-style-type: none"> Addressing gender discrimination, and norms that hinder access to HIV, TB and malaria services <p>HIV Prevention:</p> <ul style="list-style-type: none"> Sexual education for HIV prevention for adolescents and young people <p>HIV Prevention:</p> <ul style="list-style-type: none"> Social protection for adolescent girls and young women (AGYW) in high HIV incidence settings 	<ul style="list-style-type: none"> Train providers and support service delivery adaptations, including safety measures and confidential spaces. Enable women-led organizations to provide peer outreach, community spaces, educational training and linkages to health and social services. Strengthen women and girls' ability to seek health care through peer, couple and group dialogue. Support group and peer education for men and boys to enable health-seeking and treatment adherence; healthy relationships; and shared responsibility for family health. Support HIV prevention through sexual health education for adolescents and young people. Reduce financial barriers to health care through economic empowerment for women and girls. Support sustainable social protection for AGYW and responsible transition to domestic resources¹².
<p>RSSH Reducing Gender-related Vulnerabilities and Barriers to HIV, TB and Malaria Services:</p> <ul style="list-style-type: none"> Preventing and responding to violence against women and girls 	<ul style="list-style-type: none"> Address gender-based violence (GBV) and other forms of abuse and harassment that increase vulnerability to HIV, TB and malaria and undermine health outcomes. Strengthen screening, referral and response, within a coordinated treatment and referral mechanism, that includes access to justice and psychosocial support. Support preventive efforts that engage with communities, social structures and multi-sectoral institutions. Train trusted community actors¹³ to recognize violence and provide safe and confidential referral to services.

¹² This should involve engaging with Ministries of Health, Ministries of Finance, and social welfare to define sustainable packages of social protection for AGYW and transition timelines.

¹³ including women's groups, social workers, teachers, parents and local leaders

Annex 1: Illustrative examples of Work Plan Tracking Measures (WPTM) that may be used to meet the Social Contracting Matching Fund condition #3.

- Number of CSO and CBO that received capacity building support to meet accreditation and/or contractual requirements and to deliver quality health and social services.
- Number and types of policy or regulatory instruments (e.g., policies, regulations, guidelines, procurement rules) approved and implemented to permit CLO/CBO contracting.
- Number of CLO/CBO with verified contracts for health and social service delivery through social contracting mechanisms, including for which service type, target population and geographic coverage.
- Number of districts (or administrative units) implementing social contracting using standardized national CLO/CBO procurement tools and procedures.
- Verified national or local budget allocations or dedicated social insurance mechanisms for purchasing social and health services from CLO/CBO.
- Costed and defined package of services or benefits for key and vulnerable populations, including prevention and outreach, to be financed through social contracting or insurance schemes.