



**INFORMATION SESSION**

# **Grant Cycle 8 Overview of Applicant Guidance (1/2)**

Information Notes: RSSH, HIV, TB and malaria

12 January 2026

# Agenda

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1

**Opening Remarks** – 5 min

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2

**Updates to RSSH Information Note** – 10 min

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3

**Updates to HIV Information Note** – 10 min

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4

**Updates to TB Information Note** – 10 min

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5

**Updates to Malaria Information Note** – 10 min

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6

**Key messages:  
Integration, Modular Framework, CRG, Climate and Health** – 20 min (5 min each)

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7

**Q&A and closing remarks** – 45 min

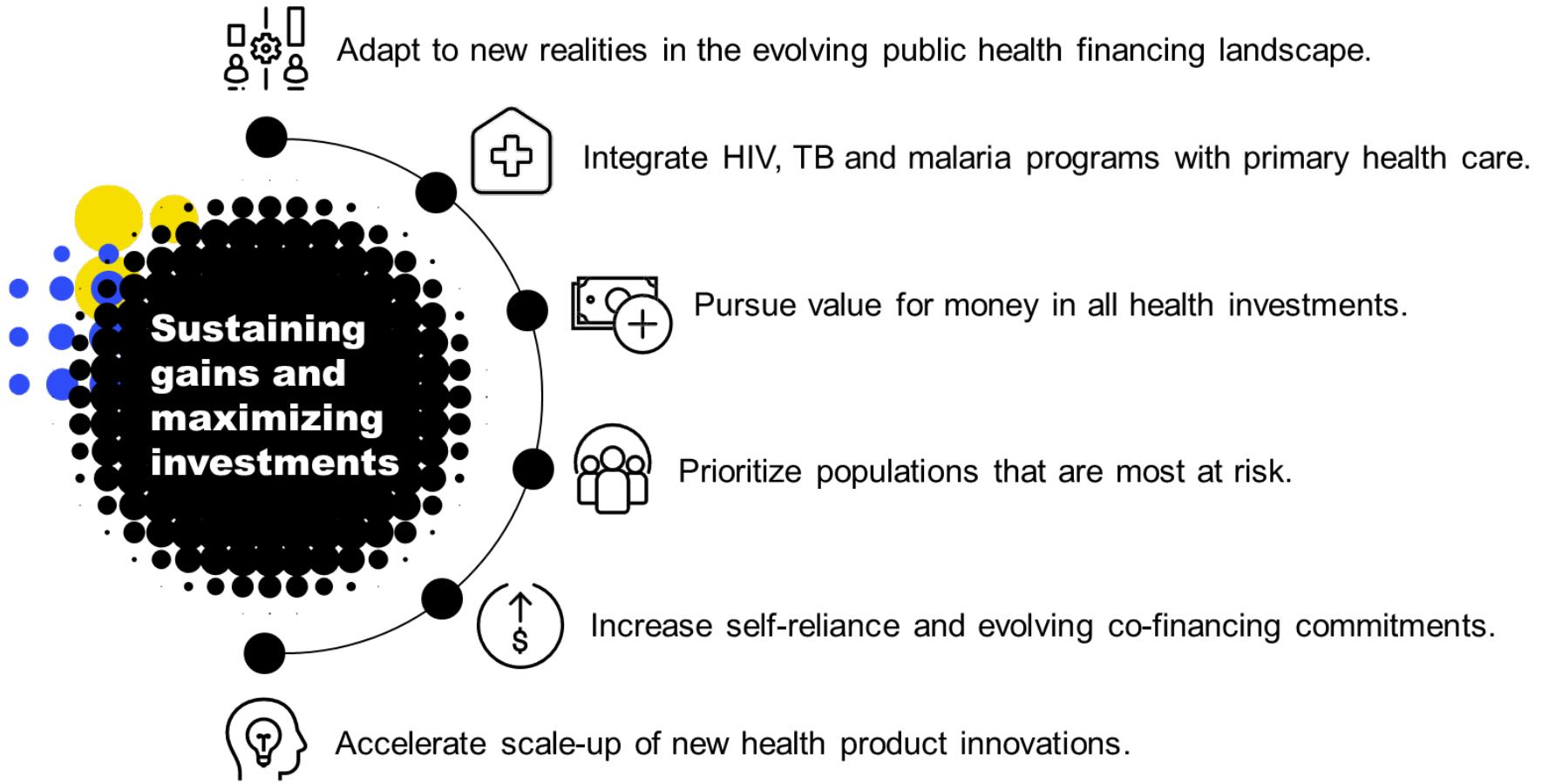
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# 1

# Opening remarks

# Adapting GC8 to new realities on the path to self-reliance

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



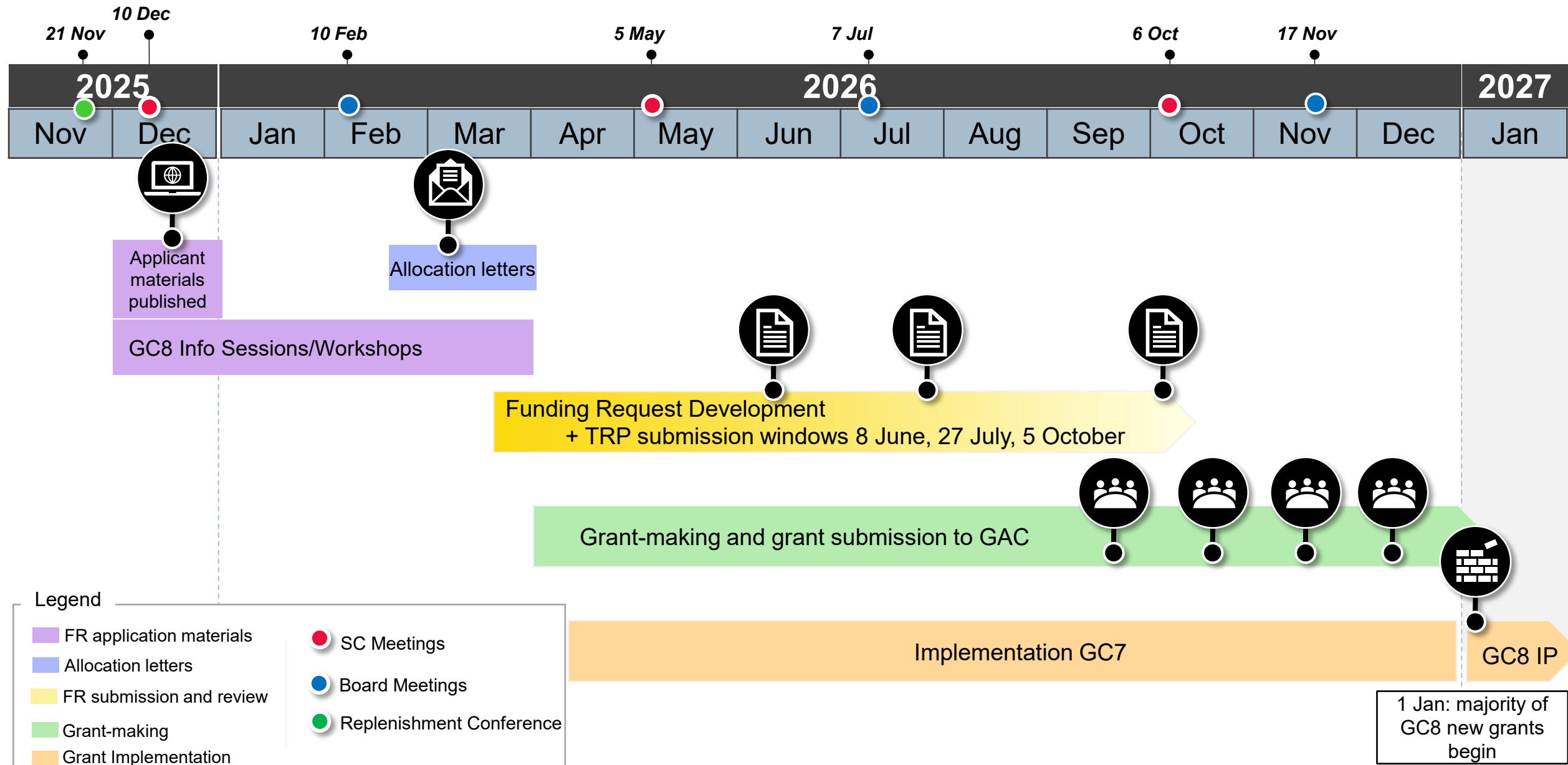
# Key changes to the Information Notes: GC7 ➤ GC8

Smart, sustained investments matter now more than ever.



- Building on the [Programmatic Prioritization document for GC7](#) (published in June 2025), **clear prioritization** of activities, acknowledging countries will need to make tough choices to maximize health outcomes and self-reliance. Each module has tables with 1) priority activities for Global Fund investments; 2) lower priority activities (context-dependent); and 3) Value for Money, optimization and efficiency considerations.
- **Integration** of services into primary healthcare and across health system pillars.
- Updates to **Program Essentials** to reflect latest guidance/context.
- **Greater focus on “how”** to make intentional investment decisions in a challenging financial context to sustain cost effectiveness and high impact programming. Lesser emphasis on the “*what*” (provided by technical guidance).
- **Mainstreaming** of community, human rights and gender considerations to ensure holistic planning and equitable access.
- More attention to **health product** management for all essential medicines from all sources (non-grant procurement too).
- Support for **innovation** to improve efficiency and sustain progress.
- More succinct, practical and streamlined guidance, clearer categorization of priority activities, and **cross-referencing across Information Notes** to reduce duplication.

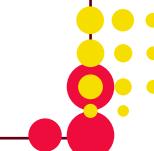
# Grant Cycle 8 Timeline: 2026



# Published Applicant Guidance

**The following list of core guidance for GC8 is being progressively published starting in mid-December:**

- Resilient and Sustainable Systems for Health and Pandemic Preparedness and Response Information Note  
[English](#) | [Español](#) | [Français](#)
- HIV Information Note  
[English](#) | [Español](#) | [Français](#)
- Tuberculosis Information Note  
[English](#) | [Español](#) | [Français](#)
- Malaria Information Note  
[English](#) | [Español](#) | [Français](#)
- Integration Technical Brief  
[English](#) | [Español](#) | [Français](#)
- Reducing human rights and gender-related barriers to HIV, TB and malaria services Technical Brief  
[English](#)
- Sustainability, Transition and Co-financing Global Fund Guidance Value for Money Technical Brief  
[English](#)
- Climate and health Technical Brief  
[English](#)
- Payment for Results Technical Brief  
[English](#) | [Español](#) | [Français](#)
- Procurement and Supply Chain Global Fund Guidance  
[English](#)
- Modular Framework Handbook (GC8)  
[English](#) | [Español](#) | [Français](#)



2

## RSSH Information Note

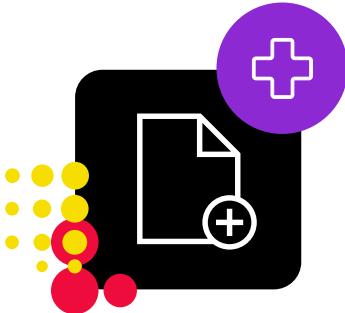


# Resilient and Sustainable Systems for Health and Pandemic Preparedness and Response - Information Note

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# RSSH-PPR Info Note – What's new?



- **Strategic prioritization** based on robust evidence, including the use of maturity models.
- **Integration of HIV, TB and malaria services into primary health care and health systems** based on country contexts as an imperative for sustainability. Discourage disease specific workforce and other systems investments unless strongly justified.
- **Support stronger sustainability and value for money.** Transition away from HRH remuneration (including CHWs), program management, and operation costs for equipment and infrastructure, particularly in upper middle-income and lower middle-income countries.
- **Emphasis on leveraging partnerships** to optimize impact across all sources of funds with Gavi, World Bank/GFF, bi-laterals, etc.
- **Community engagement strategies** to address access barriers and enhance integration.
- **Support health security and climate** considerations integrated in all RSSH-PPR thematic areas.

# RSSH-PPR: Investment Approach



## RSSH-PPR Modules/Areas

1. Health sector governance and integrated people-centred services
2. Community systems strengthening
3. Health financing systems
4. Health product management systems
5. HRH including CHWs
6. Integrated laboratory systems
7. Medical O2 and respiratory care
8. M&E systems
9. Reducing human rights barriers (new)
10. Reducing gender-related vulnerabilities and barriers (new)



## More programmatic prioritization to improve strategic focus

### Prioritize...

- Integrated approaches
- Systems maturity building
- Sustainability measures

### Low priority...

- Disease specific investments
- Stand-alone, short-term capacity-building

# Examples of prioritization for GC8

(not exhaustive)

| Topic  | Priority intervention   | Lower priority   |
|--|---|--|
| Community Systems Strengthening  | <ul style="list-style-type: none"><li>Assess the maturity and development needs of CBOs/CLOs using tools such as the CRSS Maturity Framework and Community Pulse to ensure integration and sustainability.</li></ul>  | <ul style="list-style-type: none"><li>Vertical, one-off trainings and capacity development activities that do not contribute to more effective community responses and engagement.</li></ul>   |
| Health Product Management Systems                                      | <ul style="list-style-type: none"><li>Timely quantification and forecasting, supply planning and procurement to acquire quality-assured health products at the lowest possible cost and ensuring its continuous availability.</li></ul>   | <ul style="list-style-type: none"><li>Residential workshops for procurement and supply management-related activities (e.g., development of guidelines, strategic plans, tools and program reviews).</li></ul>  |
| Human Resources for Health (HRHs)                                      | <ul style="list-style-type: none"><li>Evidence-based deployment and remuneration through investment focused on PHC workforce, aligned with national HRH and community health strategic plans aimed at redressing density or skills gaps or enabling rapid responses for climate-related events and PPR.</li></ul> | <ul style="list-style-type: none"><li>Recruitment, remuneration and deployment for new single disease HRH/CHW, including single disease M&amp;E officers.</li><li>Remuneration in UMIC, and remuneration in LMIC without a co-financing or sustainability plan with clear timelines.</li></ul> |
| Reducing Human Rights-related Barriers to HIV, TB and Malaria Services | <ul style="list-style-type: none"><li>Ensure non-discriminatory provision of health care, by making health systems and services welcoming, inclusive, caring and supportive for all.</li></ul>  | <ul style="list-style-type: none"><li>Activities focusing on addressing stigma and discrimination in education settings.</li></ul>   |

# Build Partnerships: Collaborate with Gavi, GFF/WB and other partners to leverage RSSH-PPR investments

| Topic  | Examples of opportunities for further collaboration  |
|--|--|
| Public Financial management                  | <ul style="list-style-type: none"><li>Strengthen and use PFM internal control and audit function in countries, which is key for strengthening the financing of primary health care</li></ul>   |
| Supply chain                                 | <ul style="list-style-type: none"><li>Align on leveraging joint supply chain maturity model and focus on strengthening supply chain efficiencies and innovations</li></ul>   |
| Data/ M&E                                    | <ul style="list-style-type: none"><li>Support multi-donor roadmaps for HIS investments, digital foundations, efficient surveys or routine tools, including joint analysis and capacity building</li></ul>  |
| Health financing                             | <ul style="list-style-type: none"><li>Strengthen domestic resource mobilization, co-financing, advocacy and monitoring, pooled &amp; blended funding, and test innovations such as demand side incentives, direct facility financing &amp; other result-based approaches.</li></ul>                                      |
| Human Resources for Health (HRH)             | <ul style="list-style-type: none"><li>Support HRH analytics, costed HRH plans, compacts and transition of positions. Align strategic CHW investments to national plans, and support quality improvements, including digital training and supervision.</li></ul>  |
| Leadership & Governance                      | <ul style="list-style-type: none"><li>Support joint planning, management and monitoring by MOH/local government for all investments (RSSH-PPR, HIV, TB, malaria and immunization).</li></ul>   |
| Gender                                       | <ul style="list-style-type: none"><li>Enhance technical assistance, harmonize gender assessments and streamline gender program priorities and indicators</li></ul>   |
| Planning and delivery of integrated services | <ul style="list-style-type: none"><li>Use respective programs (CHWs/RMNCAH/EPI) to reach key populations.</li><li>Support district strengthening for integrated health services delivery.</li><li>Strengthen civil society capacity to provide &amp; monitor integrated health services and demand generation.</li></ul> |



Support development of national strategic and operational plans, together with partners.



Ensure coordinated investment planning through inclusive country dialogue. Align on investment needs and system gaps, and the broader funding landscape.



Develop a Global Fund RSSH-PPR funding request that is aligned with, and leverages partner investments and national budgets.

# 3

## Updates to HIV Information Note



# HIV Information Note

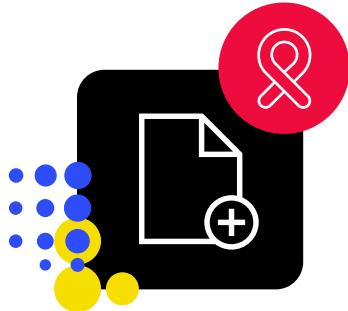
Grant Cycle 8

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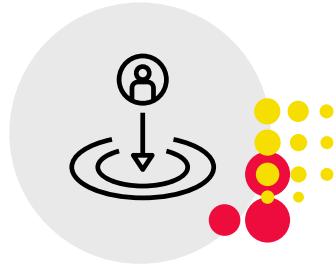
# Updates to HIV Information Note

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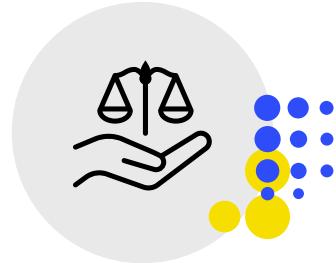
- **Technical updates:** Updates to Program Essentials (introduced in GC7) and Health Product Considerations, to reflect current context and latest guidance from technical partners. Cross-referencing other Information Notes (e.g. RSSH, TB), to streamline and avoid duplication.
- **Enhanced Strategic Focus to support long-term sustainability:** Building on the 2025 [Global Fund Reprioritization Approach](#), stronger emphasis on making intentional investment decisions in a challenging financial context - to sustain and advance progress while increasing cost effectiveness.
- For each Module, tables with 1) priority activities for Global Fund investments; 2) context-dependent or lower priority activities; and 3) optimization and efficiency considerations to support strategic prioritization (including through incidence-based thresholds) and value for money.
- **Support for integration:** Identification of programmatic and systems integration opportunities across sectors, and a focus on long-term programmatic and financial sustainability.

# Key Messages



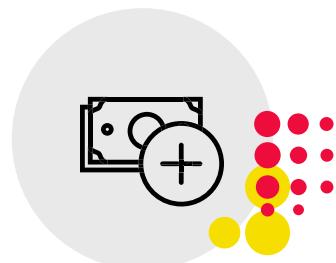
## **Invest for impact:**

- Determine the optimal mix and scale of interventions; with data-driven decisions and use of analytical tools. Scale back or eliminate less effective interventions.
- Focus on high-impact interventions: HIV prevention aimed at reaching people and locations with the greatest HIV prevention needs; tailored HIV testing strategies; ART scale-up and sustained VL suppression; with supportive interventions that address barriers and increase the value and uptake of HIV services.
- Enhance collaboration between government structures and community organizations.
- Continue to invest in community systems, with peer-based approaches and linkages.



## **Improve access by reducing human rights- and gender-related barriers and strengthen community systems:**

- Prioritize rights-based and gender-responsive programs and services, designed with and for key and vulnerable populations to ensure access.
- Protect the safety and security of data, staff and clients.



## **Demonstrate value for money:**

- Optimize service delivery and leverage integration opportunities: integrate HIV services with other relevant services, including sexual, reproductive, maternal, newborn, child and adolescent health services; pharmacy-based services.
- Provide people with choice in terms of the options and services they receive and differentiate how they receive them (e.g. decentralized community services, multi-month ART dispensing, etc).
- Optimize systems support, such as through task shifting and structured quality improvement approaches.

# HIV Program Essentials



## HIV Prevention

1. Condoms and lubricants for people at increased risk of HIV infection.
2. PrEP for people at increased risk of HIV infection, post-exposure prophylaxis (PEP) following any potential HIV exposure, and ART for people living with HIV to promote HIV treatment as prevention.
3. Harm reduction services for people who use drugs.
4. Voluntary medical male circumcision (VMMC) for adolescent boys (15+ years) and men in WHO/UNAIDS VMMC priority countries.
- 5. NEW:** STI screening and treatment for people at increased risk of HIV infection.



## Differentiated HIV testing

6. HIV testing services use self-tests, rapid diagnostic tests (RDTs), and enzyme immunoassays (EIAs) at the point-of-care.
7. HIV testing services include network-based testing (including index testing) and provider-initiated testing and counseling (PITC), with linkage to prevention or treatment.
8. A three-test algorithm is followed for HIV diagnosis based on rapid diagnostic tests.
9. Health professionals and lay providers conduct rapid diagnostic tests in facilities and communities.
- 10. ART for pregnant and breastfeeding women living with HIV to ensure viral suppression.**
- 11. NEW:** Testing for HIV, syphilis and hepatitis B surface antigen (HBsAg) at least once and as early as possible in pregnancy.
12. Provision of care for all HIV-exposed infants, including HIV testing per normative guidance -- such as early infant diagnosis (EID) and testing after cessation of breastfeeding -- and provision of postnatal prophylaxis.



## HIV treatment and care

13. Rapid ART initiation, including same-day initiation, for people living with HIV following a confirmed diagnosis.
14. HIV treatment uses WHO-recommended regimens for adults and children.
15. Cluster of differentiation 4 (CD4) testing for identification of AHD, with all individuals diagnosed with AHD receiving the WHO-recommended AHD package of care.
16. Screening and testing for relevant coinfections and comorbidities.
17. Viral load testing for HIV management and treatment monitoring.
18. Services for treatment continuity and return to care.
- TB/HIV**
19. People living with HIV and TB disease begin ART as soon as possible.
20. TB preventive treatment for eligible adults, children and adolescents living with HIV.
- 21. NEW:** TB/HIV services follow recommendations for concurrent use of low complexity automated nucleic acid amplification tests (LC-aNAATs) and lateral flow urine lipoarabinomannan (LF-LAM) tests for the diagnosis of TB disease among people living with HIV in line with WHO guidance.



## Differentiated Service Delivery

22. HIV services in health facilities and in the community.
23. Multi-month dispensing for ART and other HIV commodities.
- 24. HIV services integrate interventions to reduce human rights- and gender-related barriers.**
- 25. Programs to reduce stigma and discrimination experienced by people living with HIV and key and vulnerable populations in health care and other settings.**
- 26. Access to justice services for people living with HIV and key and vulnerable populations.**
- 27. Community-led mobilization and advocacy to monitor and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses.**
- 28. NEW: Intimate partner violence identification, first-line support and care, and post-rape care integrated into HIV prevention, testing, treatment and care services.**

# Examples of prioritization for GC8

(not exhaustive)

| Topic                           | Priority intervention   | Lower priority (depending on context)   |
|---------------------------------|---|---|
| Prevention                      | <ul style="list-style-type: none"><li>• Expanded availability of condoms and lubricants at informal sites managed by local actors.</li><li>• Introduction/scale-up of lowest-cost oral and injectable PrEP for populations with highest risk of HIV acquisition according to Global AIDS Strategy 2021-2026 thresholds.</li></ul>   | <ul style="list-style-type: none"><li>• Female condoms due to higher cost and limited use (flexibility recommended where demand is high, especially amongst sex workers).</li><li>• Diagnostics and services for PrEP/PEP use that are not part of WHO's suggested minimum service delivery packages.</li></ul> |
| HIV treatment, care and support | <ul style="list-style-type: none"><li>• HIV treatment, including procurement of ARVs and service delivery (ART, support for treatment continuation) for existing cohorts and expansion to newly diagnosed individuals.</li><li>• Optimized regimens for adults and children (initial and subsequent) aligned to WHO guidelines.</li><li>• AHD management including CD4 testing for all individuals initiating treatment, re-entering care, or presenting with signs of treatment failure.</li></ul> | <ul style="list-style-type: none"><li>• HIV drug resistance surveys and surveillance (include where resources are available).</li></ul>   |
| TB/HIV                          | <ul style="list-style-type: none"><li>• TB symptoms screening among people living with HIV in every contact with the health facility.</li></ul>   | <ul style="list-style-type: none"><li>• Procurement of C-reactive protein for screening.</li></ul>  |
| Crosscutting                    | <ul style="list-style-type: none"><li>• Unlock budget efficiencies through health product optimization.</li><li>• Use analytic tools to support trade-off decisions in context of limited resources, accounting for factors such as cost effectiveness, impact and equity.</li></ul>  | <ul style="list-style-type: none"><li>• Higher-cost pharmaceuticals, diagnostics and products, when lower-cost, quality-assured alternatives are available.</li></ul>   |

# 4

## Updates to TB Information Note



# Tuberculosis Information Note

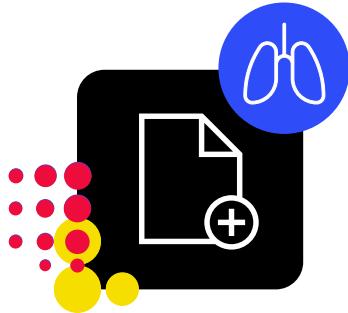
Grant Cycle 8

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# Updates to TB Information Note

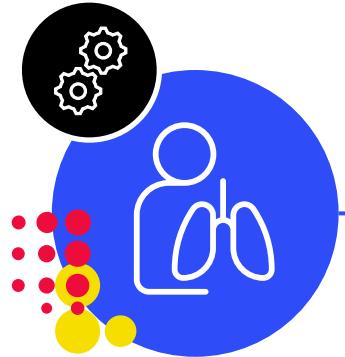
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- For the first time, interventions are categorized as higher or lower priority for Global Fund investments. There is a third category of interventions that can be considered for optimization and efficiency.
- TB Information Note is aligned with the [Grant Cycle 7 Programmatic Reprioritization Approach](#) including programmatic efficiency and optimizations which are relevant in any or low and flat funding scenarios.
- TB program essentials, introduced in GC7, are now included as priority interventions in relevant sections of the information note. They are summarized as a table in the Annex.
- More emphasis on integration, innovations and value for money. Examples included in the Info note.
- TB guidance includes introduction of near point of care TB tests and sample pooling (pending WHO approval), and the new WHO recommendations on DR-TB treatment regimens and concurrent tests for TB diagnosis in people living with HIV and children
- Considerations of people in fragile and conflict- affected settings, people affected by extreme weather events and climate impacts on food security and livelihoods are included as key and vulnerable populations for TB.

# TB Investment Approach

Examples from the section on TB screening and diagnosis (not exhaustive)



## Priorities for Global Fund investments

- Implement screening and diagnostic algorithms that are sensitive, accurate and efficient, such as CXR with CAD/AI for TB screening, rapid molecular test as the initial test for TB
- Prepare for introduction and scale-up of new tools including near-point-of-care tests and alternative sampling techniques recommended by WHO.
- Intensify screening and testing for TB in health facilities, including quality improvement
- Integrate TB services into essential healthcare packages and systems
- Implement targeted active case finding focused on key and vulnerable populations,

## Lower priority for Global Fund investments

- Limit the use of sputum microscopy to monitor treatment progress rather than for TB diagnosis
- Limit mass chest camps among the general population or untargeted active case finding interventions, particularly those that have not demonstrated the expected yield of TB cases.

## Optimization, efficiency and other considerations

- Consider mapping and targeting high-risk groups and geographic areas with high incidence (“hotspots”) using available data, including vulnerability index.
- Consider options to optimize the use of test cartridges, such as pooling of sputum samples for mWRD tests and upfront use of x-rays (with CAD) for TB screening.

# Examples of prioritization for GC8

(not exhaustive)

| Topic                 | Priority intervention   | Lower priority  |
|-----------------------|---|---|
| Screening & Diagnosis | <ul style="list-style-type: none"><li>• CXR, CAD/AI, mWRD, <b>nPOC,*</b> LF-LAM</li><li>• Integrate TB into PHC packages &amp; systems</li><li>• <b>Sample pooling*</b></li></ul>   | <ul style="list-style-type: none"><li>• Sputum microscopy for diagnosis</li><li>• Non-performing ACF campaigns</li></ul>  |
| Treatment             | <ul style="list-style-type: none"><li>• DS-TB: 2HRZE/4HR, 2HRZ(E)/2HR</li><li>• DR-TB: 6-month BPaLM, <b>BDLLfxC</b></li></ul>  | <ul style="list-style-type: none"><li>• DSTB: 2HPMZ/2HPM for people <math>\geq 12</math> yrs</li><li>• <b>DR-TB: 9-m BLMZ, BLLfxCZ and BDLLfxZ</b></li></ul>  |
| Prevention            | <ul style="list-style-type: none"><li>• Antigen-based TB skin test</li><li>• TPT for children <math>\leq 5</math> years and PLHIV</li><li>• Preparation for <b>TB vaccine introduction</b></li></ul>  | <ul style="list-style-type: none"><li>• Interferon-Gamma Release Assay tests</li><li>• TBI testing and TPT for household contacts and other risk groups</li></ul>   |
| Strategic Information | <ul style="list-style-type: none"><li>• Real-time, digital case-based TB surveillance system strengthening, interoperability</li><li>• Routine and periodic data analysis &amp; use</li></ul>   | <ul style="list-style-type: none"><li>• Only in <b>exceptional circumstances</b>: TB prevalence surveys, household cost surveys, KAP surveys, operational research</li></ul>  |
| Crosscutting          | <ul style="list-style-type: none"><li>• Included in KVP: people in <b>fragile and conflict-affected settings</b>, affected by <b>extreme weather events &amp; climate impacts</b></li><li>• Health products: use standardized product specifications, optimize procurement channels</li></ul> | <ul style="list-style-type: none"><li>• Purchase of vehicles and non-essential equipment, renovations, international conferences, commemorative days, generic mass media events. Optimize trainings, meetings, supervision.</li></ul> |

\*nPOC eligible for GF procurement, sample pooling under OR conditions. Both under WHO review process

# Global Fund's TB Program Essentials

- The 13 TB program essentials introduced in GC7 are retained in GC8
- Derived from normative guidance, they represent a summary that best align with the key priority interventions of the Global Fund.
- They are considered critical to accelerate the TB response to meet the Global Fund strategy and End TB targets.
- Consider the country's context when addressing the program essentials

| <b>TB screening and diagnosis</b>   |
|---|
| <b>PE1_SCREEN:</b> Systematic TB screening is provided for those at highest risk (key and vulnerable populations), preferably using chest x-rays, with or without computer-aided detection.   |
| <b>PE2_WRD:</b> Multiyear plan to achieve universal use of molecular WHO-recommended rapid diagnostic tests, including near point-of-care tests, as the initial test to diagnose TB for all people with presumptive TB, with implementation on track.   |
| <b>PE3_DST:</b> All people with bacteriologically confirmed TB are tested for at least rifampicin resistance; those with rifampicin resistance are further tested to rule out resistance to other drugs.  |
| <b>PE4_DXNETWORK:</b> TB diagnostic network operates efficiently to increase access to testing and includes specimen transportation, maintenance of equipment, connectivity solutions, biosafety, quality assurance and supply system.  |
| <b>TB treatment and care</b>  |
| <b>PE5_PED:</b> Child-friendly formulations and a four-month regimen for non-severe, DS-TB are used for TB treatment in children.   |
| <b>PE6_DRTB:</b> People with DR-TB receive shorter, all oral regimens or individualized longer treatment regimens as recommended by WHO, with BPALM regimen as the treatment of choice.   |
| <b>TB prevention</b>  |
| <b>PE7_TPT:</b> TB preventive treatment (including shorter regimens) is available for all eligible people living with HIV (adults and children) and for all eligible household contacts of people with bacteriologically confirmed pulmonary TB.  |
| <b>TB/HIV</b>   |
| <b>PE8_TBHIV:</b> All people living with HIV with TB disease are started on antiretroviral treatment early  |
| <b>PE9_TBHIV:</b> TB/HIV services follow recommendations for concurrent use of LC- <del>ANAAT</del> and LF-LAM tests for the diagnosis of TB disease among people living with HIV in line with WHO guidance.  |
| <b>Cross-cutting areas</b>  |
| <b>PE10_M&amp;E/SURVEILLANCE:</b> Establish, progressively scale-up and maintain a single comprehensive, real-time, digital case-based TB surveillance system and conduct TB care cascade analyses to identify gaps, inform decision making and prioritize interventions.   |
| <b>PE11_PSE:</b> Engagement of private healthcare providers is on a scale commensurate with their role in the healthcare system.  |
| <b>PE12_CSR:</b> Decentralized, ambulatory, community-based and -led, home-based, people-centered services are provided across the continuum of TB care.  |
| <b>PE13_HRG:</b> All TB programming must be human rights-based, gender-responsive and informed by and respond to analysis of inequities and include stigma and discrimination reduction activities for people with TB and TB-affected populations, legal literacy and access to justice activities, support for community mobilization and advocacy and community-led monitoring for social accountability. |

# 5

# Updates to Malaria Information Note



# Malaria Information Note

Grant Cycle 8

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# Updates: Malaria Information Note



**Strategic Focus:** Stronger emphasis on **prioritization based on subnational tailoring** and costed optimized and prioritized plans, elaboration of **practical integration opportunities** across sectors, and long-term sustainability considerations



**Expanded Programmatic Guidance:** More granular and operational advice, including new product guidance, cost-benefit considerations, and updated intervention indications aligned with WHO recommendations such as new vector control tools and addressing antimalarial drug resistance



**Improved Campaign and Delivery Strategies:** Improved elaboration on integration of campaign approaches, alternative or adaptations to delivery strategies, community engagement and addressing barriers to access to interventions

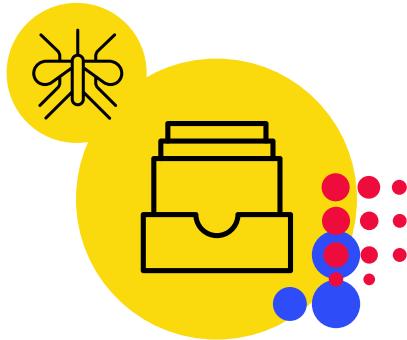


**Data-Driven Decision Making:** Greater focus on routine data use, digital platforms, enhanced granular data sources, and the central role of National Data Repositories. Incorporation of human rights and gender considerations into standard processes, and attention to continuous quality improvement, especially at the PHC level



**Critical cross cutting aspects for equitable impact and sustainability:** Considerations incorporated throughout to address equity, human rights, gender-related and other barriers, community leadership and engagement, environmental and climate adaptations, complex operating environments

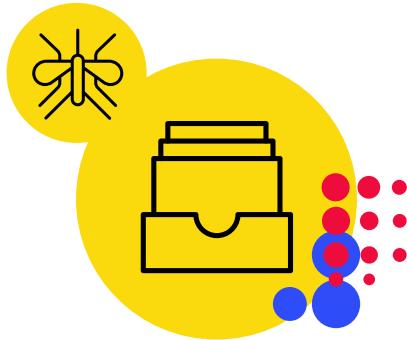
# Malaria Investment Approach



## Priorities for Global Fund investments

- Funding requests should prioritize **high-impact, evidence-based interventions** drawn from **sub-nationally tailored national strategic plans** based on an analysis of the local context
- Aim to reduce morbidity and mortality through timely and equitable access to quality diagnosis, treatment and prevention interventions
- **In the case scaling back coverage of prevention** in areas with high or moderate transmission potential is likely to trigger a resurgence of malaria, driving up case management needs and costs and often offsetting any short-term financial savings achieved by scaling-back. Maintaining balance is critical when developing funding requests
- **Essential surveillance, monitoring and evaluation** to guide impactful implementation
- **SBCC** should be right sized, mapped to need of populations and sub-nationally targeted
- **Operational efficiencies** in delivery should be carefully sought for all interventions
- Consider all malaria interventions & related health systems investments **including those not funded by Global Fund** to avoid duplication and fragmentation
  - Plan and outline if human resources, program management and other service delivery costs typically funded by the Global Fund can be transitioned to government support. E.g. campaign service delivery costs, support for primary health care service delivery and community health workers providing iCCM, depending on country context. Consider commodities such as SP and RDTs

# Malaria Investments: Vector Control Example, ITNs



## Priorities considerations for Global Fund investments: ITNs

- ITN strategy should be subnationally tailored to local epidemiology, vector profile (including insecticide resistance, historical ITN access and use, behaviors by subpopulation and equity needs (etc.))
- Different deployment strategies should be proposed to maximize equitable access to ITNs
- Prioritize coverage in high and moderate burden areas and biologically vulnerable groups
- In areas where historic coverage cannot be maintained (but with ongoing transmission), explain how the risk of resurgence will be mitigated
- The Global Fund will no longer procure pyrethroid-only ITNs where pyrethroid resistance is documented.
- Pyrethroid-chlorphenapyr dual active ingredient ITNs or pyrethroid-piperonyl butoxide ITNs should be deployed based on IR profile and follow standardized sizes available per GF procurement guidance

## Lower priority for Global Fund investments

- Major urban areas should generally be excluded from mass ITN campaigns, with alternative strategies used to ensure access to malaria services
- Shift from blanket SBCC approaches to focus on targeted SBCC where use or access is low

## Optimization, efficiency and other considerations

- Distribution activities should be integrated wherever possible with other malaria or public sector platforms and activities to improve efficiency and reach
- Use integrated, multi-purpose digital platform for malaria campaigns as well as other campaigns and activities
- Refer to the Alliance for Malaria Prevention guidelines including guidance on ITN deliveries in resource-constrained settings

# Additional examples of prioritization for GC8

| Topic                 | Priority intervention   | Lower priority  |
|-----------------------|---|---|
| Case management       | <ul style="list-style-type: none"><li>Continuous quality improvement in public and community sector using an integrated approach.</li><li>Maintain diagnostic quality through integrated supervision and external quality assessment.</li><li>Addressing drug resistance through ACT diversification and MFTs.</li><li>Therapeutic drug efficacy surveillance.</li></ul>                                      | <ul style="list-style-type: none"><li>Standalone malaria case management trainings and supervision.</li><li>Not supported: Routine case detection with use of nucleic acid tests (e.g., LAMP, PCR) or highly sensitive RDTs.</li></ul>  |
| Preventive therapies  | <ul style="list-style-type: none"><li>SMC: Prioritize children under 5 and focus on geographic areas with the greatest malaria burden.</li><li>Intermittent preventive therapy for pregnant women, perennial malaria chemoprevention and routine ITN distribution should be fully integrated into the antenatal care or Extended Program of Immunization programs through which they are delivered.</li></ul> | <ul style="list-style-type: none"><li>Consider deprioritizing urban areas given access to care and logistical challenges (exception, urban slums which may have limited access to care).</li><li>Procurement of sulfadoxine-pyrimethamine should ideally be funded by the government.</li></ul> |
| Strategic Information | <ul style="list-style-type: none"><li>Routine, sustainable and granular methods for near real-time data that allow for stratification and prioritization.</li></ul>   | <ul style="list-style-type: none"><li>Large-scale national surveys.</li></ul>   |

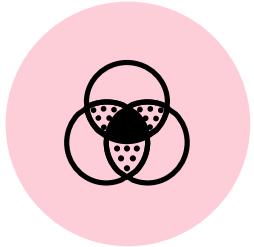


# 6

## **Key messages: Integration, Modular Framework, Community Rights and Gender, Climate and Health**

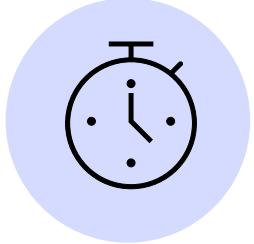
# Key messages

## 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 healthcare (PHC) and broader health systems** to ensure sustainability, efficiency, and responsiveness to people's needs.
- It is a **means and not an end in itself**
- It replaces fragmented approaches with a unified model that **maximizes impact and promotes equity and accountability**
- Two main components with significant overlap: **Integration of Service Delivery and Health Systems Integration**

## Adapting to new realities



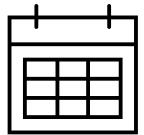
- Current funding environment requires a **shift in thinking**, including adapting Global Fund processes
- Siloed vertical programs are no longer sustainable
- Integration as a means to protect and sustain gains made against HIV, TB and malaria
- GC8 offers an opportunity for a smooth **transition into decreased dependance on external funding**



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

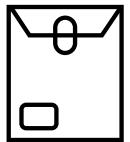
# In GC8, the Global Fund strongly encourages countries to optimize funding across disease allocation through integration based on country context, by:

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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.



## Developing a single integrated Funding Request or submitting all FR in the same window with earmarked investments for RSSH to support integrated services and systems

- To enable countries to optimize and integrate resources across diseases.



## 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.

# All available GC8 levers will be 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 eligible disease components as one Funding Request (FR); RSSH investments streamlined into one grant).
- **All Information Notes** prioritize integration and discourage disease-focused systems investments.
- **Applicant guidelines** with request that all Funding Requests per country submitted at same time.
- **Funding Request Form** includes question for applicants to specify integration priorities and give status of integration efforts.
- **Example Funding Request** includes all components and demonstrate integration in FR Form.
- **Allocation letter message** on optimized use of funds across HTM allocation, encouraging integration.
- **Key templates & resources** to support CTs, CCMs & PRs with PR transitions  
(most available on [Engage](#) under the Grant Management tab; if questions, contact ICOE team)
- **Monitoring Framework** on integration (custom indicators for target countries at minimum)



## Outreach through various channels

- **CCM engagement** through trainings and learning materials
- **Country-facing information sessions** and **peer-learning webinars**
- Participation in disease-specific **meetings** to enhance integration from disease side



## Embedding integration throughout Funding Request process

- **Integration workshops** in select target countries starting in Q1 2026 to enhance **upfront dialogue on integration priorities**.
- Support preparation of and **alignment of TA providers** (incl. HIV, TB and malaria TA)
- Integration considered as part of **funding request review and approval process**
- **Catalytic Investment** to support integrated services (in Optimizing RSSH CI)
- **Secretariat advisory support** to Funding Requests (incl. review and grant-making)

# Key messages: Modular Framework

Updated content; Modules, interventions and indicators hierarchy maintained; No structural changes.



## A. Simplification and Usability

- Reduced list of modules, interventions, and indicators for streamlined planning, budgeting and reporting.
- Clearly defined, illustrative activities to support coherent implementation.
- User-friendly format with improved navigation and section clarity.



## B. Strategic Alignment and Integration

- Reinforces integrated planning and service delivery across programs.
- Reflects latest technical partner guidance to remain current and relevant.
- Calibrated to evolving needs and priorities — focused on strategic, high-impact areas.



## C. Expanded Scope for Health System Resilience

- Integrates climate and health considerations: adaptation, mitigation, and system resilience under HIV, TB, Malaria and RSSH interventions.
- Strengthens the role of other aspects of health systems strengthening in supporting sustainable impact.



## D. Equity, Gender and Human Rights Emphasis

- Human rights and gender related modules/interventions moved from disease-specific sections to Resilient and Sustainable Systems for Health (RSSH).
- Recognizes human rights and gender-related barriers as systemic, cross-cutting barriers affecting broader health equity



# Reducing Human Rights and Gender-Related Barriers

## Key Considerations across Information Notes



### Minimum Requirements & Obligations

- Safeguard Minimum Human Rights standards to ensure provision of people-centred care and prevent harm, including ensuring non-discriminatory access; respect informed consent, confidentiality, and privacy; use of scientifically sound practices; avoiding harmful or degrading methods; preventing medical detention or involuntary isolation; safeguarding safety of data, staff, and clients.
- Implement Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH) measures to identify and mitigate risks of exploitation and abuse.

### Integrating Rights-Based and Gender-Responsive Approaches

- Focus on equitable access, uptake, and retention for key and vulnerable populations.
- Adapt services to address barriers faced by women, girls, men, boys, and gender-diverse people.
- Design services with and for affected communities to ensure they are available, accessible, acceptable, and of good quality.

### Prioritize Specific Global Fund Investment Areas for Reducing Barriers

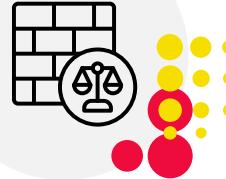
- Train health workers to reduce stigma & discrimination; strengthen accountability and legal empowerment.
- Implement tailored peer support and responses to gender-based violence, including integrated post-rape care.

# Technical Brief - Reducing human rights and gender-related barriers to HIV, TB and malaria services

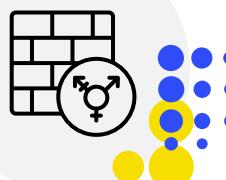
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- GC8 Modular framework now includes Human Rights and Gender modules under the RSSH section in the Modular Framework. This change in the budgeting tool is not a change in programmatic investment guidance.
- Additional technical brief was developed as a tool to support this change management from GC7.

## Reducing Human Rights Related Barriers



## Reducing Gender Vulnerabilities & Barriers



### Cross-cutting Priorities in RSSH

- Integration of human rights considerations in pre- and in-service trainings of health care providers.
- Strengthen laws, regulations and policies to enable access to health services.
- Legal literacy and access to justice for people living with and affected by HIV, TB and malaria to know their rights and seek redress.

### Disease-specific Priorities

- Capacity building for rights-based law enforcement practices to protect **HIV** key populations.
- Community mobilization and advocacy by **TB** survivor networks to reduce stigma.
- Legal empowerment to ensure pregnant women can access **malaria** treatment and prevention without spousal consent.

- Prioritize interventions that tackle gender norms and discriminatory practices that increase disease risk or restrict access or utilization of services.
- Strengthen and integrate gender-based violence response with HIV, TB, malaria services.

- Intimate partner violence identification, first line support, and post rape care integrated into **HIV** prevention, testing, treatment & care.
- Engaging men and boys through peer education and community campaigns to reduce **TB** risk behaviours, improve care-seeking and treatment adherence.
- Reducing gender-related barriers to ANC as a key platform for **malaria** service delivery.

# Key messages: Climate and Health



## Climate and Health

### Technical Brief

Grant Cycle 8

#### Global Fund Climate-Health Action Framework

Climate risk management and adaptation of HIV, TB, malaria programs

Climate-resilient health systems

- Continuity of services
- Integrated approach

Environmentally sustainable solutions for HIV, TB and malaria health care

- Climate data/information
- Alignment with national climate and health policies and financing

#### Climate-relevant interventions & activities in the MF

|            | Module   | Examples of climate-health measures  |
|------------|--|--|
| RSSH       | Health Sector Governance & Integrated People-centered Services | Climate-Health vulnerability & adaptation assessments and planning; strengthen cross-sectoral climate-health planning, leadership and governance   |
|            | Community Systems Strengthening                                | Community-based disaster risk reduction and adaptation measures and community-led monitoring of climate impacts on access to healthcare  |
|            | Health Financing Systems                                       | Tracking and reporting on climate-related health budgets and expenditures, innovative climate financing for health   |
|            | Health Products Management Systems                             | Early warning systems and disaster proofing health facilities and warehouses against extreme weather events, sustainable healthcare waste management   |
|            | Human Resources for Health                                     | Policies to protect healthcare professionals and community health workers from climate shocks, standard operating procedures for climate-resilient health service packages   |
|            | Laboratory Systems   | Minimizing disruption to lab networks in disaster prone areas, strengthening detection and surveillance of climate-sensitive diseases  |
|            | Monitoring and Evaluation Systems                              | Enhance interoperability of health management information and early warning surveillance systems with climate data and information to improve climate-informed health decision-making and disease surveillance, early warning and response |
| HIV and TB | Prevention, Treatment, Care and Support modules                | Flexible HIV and TB service delivery models to better reach vulnerable populations, e.g. mobile clinics and community-based prevention and care for populations affected by extreme weather events and food insecurity                     |
|            | Key and/or Vulnerable Populations                              | Identifying and tracking climate-displaced and high-risk populations, cross-sectoral collaboration with nutrition and social protection services for populations affected by climate-induced displacement and food/nutrition insecurity    |
| MALARIA    | Vector control   | Climate risk assessments to guide vector control interventions and sustainable waste management  |
|            | Case Management  | Ensuring continuous access to testing and treatment in high-risk areas, integrating climate data into epidemic preparedness and elimination strategies   |
|            | Specific Prevention Interventions                              | Making temporal and geographic adjustments of SMCs to changing seasonality using best available public health, climate, environment data and information   |



**Thank you!  
Merci !  
¡Gracias!  
Obrigado!**

