



Unpacking GC8 TB guidance - From A Community's Lens

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<https://resources.theglobalfund.org/en/grant-life-cycle/applying-for-funding/prioritization-guidance/>

The screenshot shows a web browser displaying the URL resources.theglobalfund.org/en/grant-life-cycle/applying-for-funding/prioritization-guidance/. The browser's address bar and search bar are visible. Below the browser, a navigation bar includes the Global Fund logo, a 'Home' link, a search box, and language options for English, Français, and Español. The main content area features a left-hand navigation menu with categories like 'Policies & Requirements', 'Grant Life Cycle', and 'More Topics'. The 'Grant Life Cycle' section is expanded to show 'Applying for Funding', with 'Prioritization Guidance' selected. The main text area contains an introduction to the guidance documents, a list of specific guidance documents (HIV, Tuberculosis, Malaria, and RSSH) with download links in English, Spanish, and French, and a statement that the documents will be updated as necessary.

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These documents complement the Global Fund's [Modular Framework Handbook](#) [download in [English](#) | [Español](#) | [Français](#)], which describes the interventions eligible for Global Fund investments, and a separate cross-cutting guidance on “Enabling Impact” (forthcoming).

Each section of this guidance (HIV, TB, malaria, RSSH) lays out overall priorities for GC8 (expanded for HIV and TB as Program Essentials) and suggests the prioritization approach and considerations for each intervention This includes higher priority activities, potential optimization and efficiency opportunities, and in some cases, lower priority activities that may no longer be necessary.

The documents will be updated as necessary to reflect innovations and changes in technical guidance.

- HIV Prioritization Guidance
download in [English](#) | [Español](#) | [Français](#)
- Tuberculosis Prioritization Guidance
download in [English](#) | [Español](#) | [Français](#)
- Malaria Prioritization Guidance
download in [English](#) | [Español](#) | [Français](#)
- RSSH Prioritization Guidance
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6A TB modules and interventions

GC7: 7 Modules, 31 Interventions

GC8: 6 Modules, 18 Interventions

TB diagnosis, treatment and care

- TB Screening and Diagnosis
- TB Treatment, care and support

DR-TB diagnosis, treatment and care

- DR-TB Diagnosis/DST
- DR-TB Treatment, care and support

TB/HIV

- TB/HIV - Collaborative interventions
- TB/HIV - Screening/testing/ diagnosis
- TB/HIV - Treatment and care
- TB/HIV - Prevention

TB/DR-TB Prevention

- Screening/testing for TB Infection
- Preventive treatment
- Infection prevention and control (IPC)

Key and vulnerable populations

- Children and adolescents
- People in prisons/jails/detention centers
- Other KVP

Collaboration with other providers and sectors

- Private provider engagement in TB/DR-TB care
- Community-based TB/DR-TB care
- Linkage to Social Protection for KVP affected by TB
- Collaboration with other programs/ sectors

Context & purpose of this GC8 guidance

The Global Fund Partnership is committed to its mission of advancing the end of HIV, TB and malaria as health threats while investing in resilient systems that improve health outcomes. Within a context of constrained financing, this requires optimizing the use of *all* available resources through rigorous programmatic prioritization.

With countries and communities in the lead, success requires a relentless focus on efficiency and effectiveness, on making tough trade-offs in the face of inescapable funding gaps, on tackling barriers to accessing life-saving services for those most at risk, and on acting at pace to innovate and adapt.

This prioritization guidance serves to equip national stakeholders in determining additive, high impact Global Fund investments in national responses.

The six (6) **Strategic Shifts** for GC8, shared with the Board in February 2026. This guidance reinforces all shifts, with an emphasis on 3, 4 and 5



Program Essentials* provide a framework for prioritizing context specific interventions

Screening & Diagnosis

- Provide systematic TB screening for those at highest risk.
- Achieve universal use of WHO-recommended rapid molecular tests as the initial test for TB.
- Test all people with bacteriologically confirmed TB for at least rifampicin resistance.
- Improve efficiency through optimized TB screening and diagnostic network.

Prevention

- Ensure availability of TB preventive treatment for all eligible people living with HIV & children under 5 years who are household contacts of people with bacteriologically confirmed pulmonary TB.

Treatment & Care

- Use child-friendly formulations and a 4-month regimen for children with non-severe forms of TB.
- Prioritize shorter, all oral regimens for people with DR-TB, with BPaLM as the treatment of choice for eligible patients.

TB/HIV

- Start all people living with HIV with TB disease on antiretroviral treatment early
- Concurrently use LC-aNAAT and LF-LAM tests for the diagnosis of TB disease among people living with HIV.

Cross Cutting

- Use data-driven decision-making, enabled by the rapid generation, analysis and use of high-quality data.

Cross Cutting

- Introduce and scale new, cost-saving innovations such as the near point-of-care molecular TB tests, use of tongue swabs and sputum sample pooling.
- Integrate TB in primary health care services and within the broader health systems.
- Engage private health care providers on a scale commensurate with their role in the health care system.
- Provide decentralized, ambulatory, community-based and-led, people-centered services.
- Use analyses of disparities in accessing TB services and include stigma and discrimination reduction for those living with TB; legal literacy & access to justice; community mobilization and monitoring for and by people with TB and TB-affected populations to promote people-centered health outcomes.

*Program essentials are derived from normative guidance and are considered critical to accelerate the TB response to meet the Global Fund strategy and End TB targets. See WHO guidelines for further expansions and details.

Examples of prioritization for GC8

(not exhaustive)

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

Prioritization approach & considerations

Interventions

Prioritization considerations

Community-based TB/DR-TB care

Areas prioritized for GF investment

- Facilitate meaningful participation and engagement of TB communities in national and sub-national TB responses, PPR and PHC governance; and prioritize structured feedback from TB survivors and key population networks.
- Support community-based and community-led service delivery: TB screening and demand creation; access to diagnosis (referrals and sample transport); treatment adherence support through peers or CHWs; ensuring TB literacy; providing psychosocial support; reducing stigma of a positive TB diagnosis; prevention and rehabilitation.
- Conduct organizational assessments, including Community Pulse, to identify capacity gaps and develop targeted capacity-building plans. Strengthen governance of emerging TB survivor networks and build capacity of established networks in monitoring and evaluation, resource mobilization and advocacy.
- Sustain CLM as a core accountability mechanism generating actionable data on availability, accessibility, acceptability, and quality of TB services, including tracking stigma & discrimination for those infected by TB; confidentiality breaches, unlawful user fees, and TB-related exclusion from work or education. Prioritize investments in the full data cycle — collection, management, analysis, reporting, sharing, and advocacy — and ensure findings drive service improvements and outcome monitoring. Where feasible, integrate CLM across disease areas and RSSH to maximize efficiency and impact of CLM investments.
- Invest in mechanisms enabling contracting or purchasing of services from TB networks and community organizations by the government or the private sector to improve financial sustainability and continuity of community TB responses.

Activities of lower priority (context dependent)

- Strengthen collaboration and coordination to support learning and exchange of best practices through existing platforms and mechanisms, improving efficiency and long-term sustainability.
- Use of community-led research as a primary investment area for identifying best practices and service delivery gaps, including participatory research design and dissemination, is a lower priority, except where it is clearly justified and linked to programmatic decision-making.

Prioritization approach & considerations

Interventions

Prioritization considerations

Cross-cutting

Areas prioritized for GF investment

- Address TB-related stigma and discrimination using stigma-measurement tools and training on patient health rights for health workers, community health workers, employers, law enforcement, journalists, and community and religious leaders. Include mental health support, engage people with TB throughout and track progress through community-led monitoring.
- Ensure people-centered TB services by training health workers on non-discrimination, TB vulnerabilities among women and at-risk groups, informed consent, confidentiality and privacy. Sustain through supportive supervision and accountability mechanisms.
- Provide peer-led, community-based legal and paralegal support and information on TB-related rights, particularly for groups at risk of exclusion, involuntary isolation or denial of TB services.
- Work to remove legal, regulatory and policy barriers to TB services — including involuntary isolation policies — and expand access to social protection and TB-related disability benefits. Prioritize community-led approaches and engage judicial actors and parliamentarians to strengthen awareness and accountability.

Opportunities to increase optimization & efficiency

- Promote multi-sectoral coordination across relevant ministries and institutions to strengthen complementarity and accountability in TB service delivery, and build capacity among TB providers and community health workers to reduce discrimination and improve TB service responsiveness.

Activities of lower priority (context dependent)

- Limit standalone training on human rights and gender-related barriers to TB services, except where it is part of targeted capacity-building for TB survivors and key TB-affected populations.



Thank You

