Learning Hub
Latin America and the Caribbean

Toolkit

Community Consultations

Community Engagement during the Global Fund Grant Cycle 8 (GC8) 2026 – 2028 Allocation Period

Via Libre /Latin America and the Caribbean Learning Hub

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Community Consultations - Community Engagement during the Global Fund Grant Cycle 8 (GC8) 2026 - 2028 allocation period is a document prepared by the Latin America and the Caribbean Learning Hub.

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An information and prevention campaign coupled with HIV testing conducted by educators from Alliance Côte d'Ivoire for women between 15 and 24 years of age at a transport hub for buses, taxis and trucks. Toumodi, Côte d'Ivoire. 21/05/2019.

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Introduction

Meaningful engagement and inclusion of people living with and affected by HIV, tuberculosis and malaria are essential to ensure that the Global Fund to Fight AIDS, Tuberculosis and Malaria's (TGF) investments are informed by strong evidence and grounded in a rights-based approach.

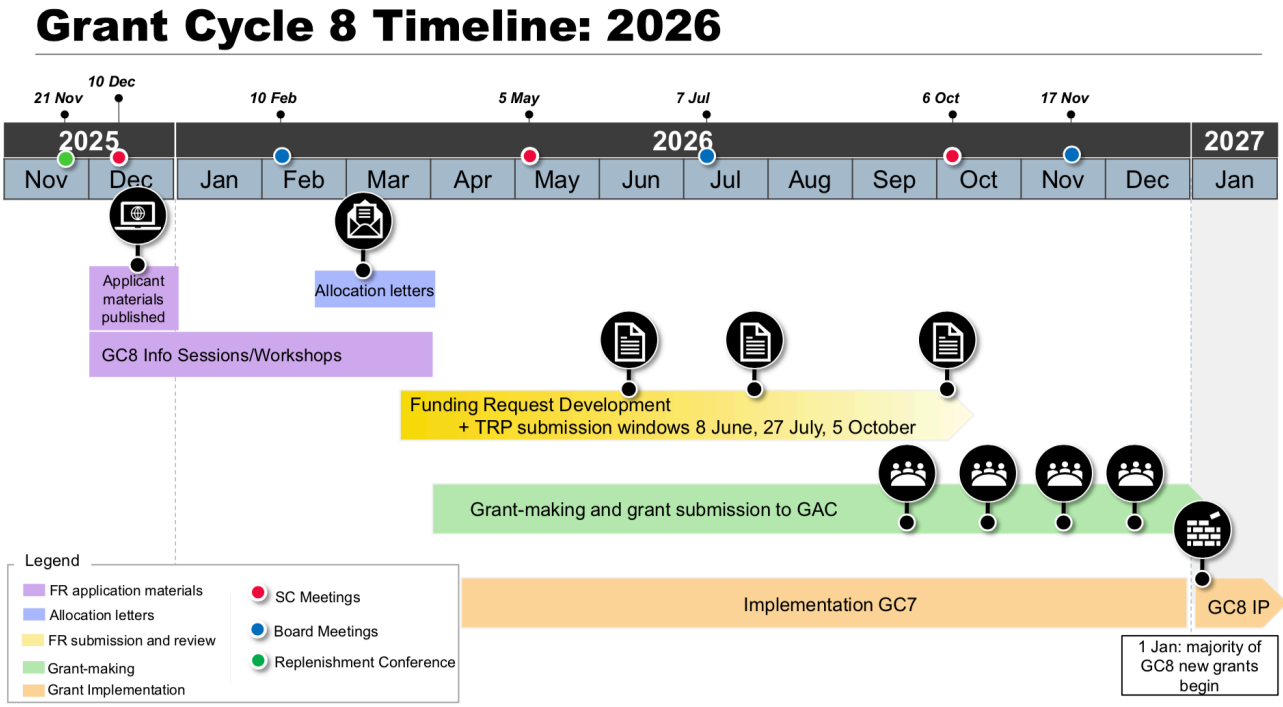
This Toolkit aims to support facilitators and community representatives in countries eligible for TGF funding in conducting meaningful and inclusive community consultations to inform GC8 funding requests.

It focuses on strengthening community engagement in identifying and prioritizing the programmatic needs of their diverse constituencies, so these can be included in the funding requests submitted to TGF.

This Toolkit can be used either partially or in full. It is intended to guide and support technical teams, and should be adapted to the national context, the needs of each country, and the dynamics of communities and civil society.

Grant Cycle 8 (GC8)

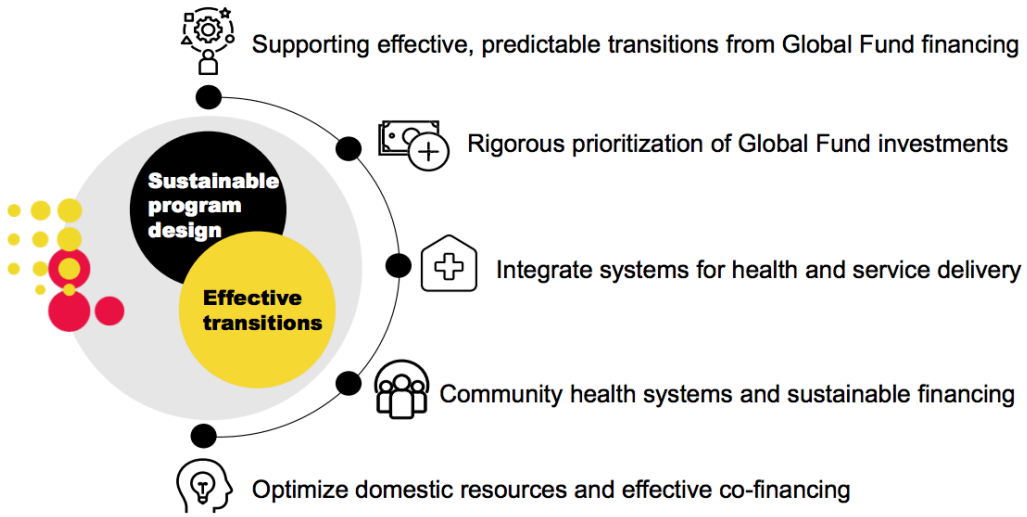
The Global Fund has announced Grant Cycle 8 (GC8) for 2027-2029 implementation period. This new cycle incorporates new technical guidelines and partner feedback and is based on the Global Fund Strategy Framework 2023-2028. Eligible countries in this new cycle for the three diseases (HIV, TB and Malaria) should prepare their funding requests in line with key HIV, TB, malaria and RSSH prioritization guidance and the Modular Framework Handbook for the 2026 - 2028 Allocation Period— a guidance document that outlines standard modules, interventions and performance indicators to support the development of funding requests to TGF. The evidence and data required to be ready for GC8 will be largely based on practices from the previous round (GC7) and will include a rigorous focus on impact, sustainability, and efficiency.



Strategic shifts guiding GC8 integration and prioritization

In GC8, the Global Fund has defined a set of five strategic shifts to guide countries in advancing self-reliance for health outcomes and achieving greater impact in a fast-evolving and more constrained health financial landscape. TGF is making considerable changes in GC8 in support of sustainable program design and effective transitions. These shifts act as a guide for decision-making during country dialogue and funding request development processes.

Grant cycle 8 strategic shifts: on the path to self-reliance



People wait to recieve medical attention at Nyamata Level 2 Teaching Hospital In Bugesera District, Rwanda,. PHOTO BY The Global Fund/Brian Otieno/Rooftop

The strategic shifts are:

1. **Supporting effective, predictable transitions from Global Fund financing.**
   Support countries in defining clear timelines and strategies toward sustainability and increased domestic financing.

   a. 63 components across 35 countries and 3 multi-countries will have final allocations in GC8. All components will have 4-5 years to plan eventual transition.
   b. 21 components across 12 countries will have final allocations in GC9. All country components will have a minimum of 7 years to plan for transition.
   c. Ensure gradual transitions with sufficient time for country planning and to avoid abrupt transitions, including in the event of funding changes.
   d. Leverage grant financing to support investments along pathways towards transition; alignment and transfer of core program cost to national budgets, and address critical transition challenges and barriers (reflect national planning for transition).
   e. Co-financing focus areas will be highly differentiated across the portfolio, with strong focus on quality programmatic commitments.
   f. Leverage country dialogue including national planning, funding request and grant development so GC8 allocations are effectively positioned in the pathway to relevant transition timelines.

2. **Rigorous prioritization of Global Fund investments**.
   Prioritize evidence-based interventions that are most critical to maximizing impact on HIV, TB and malaria including those that strengthen health and community systems.

   a. Rigorous prioritization of specific program interventions based on effectiveness and up-to-date country epidemiologic data.
   b. Reduce and/or eliminate lower-impact interventions; add/scale new innovations in disease management.
   c. Simplify program delivery and reduce program management costs.
   d. Support faster introduction and scale-up of innovations: products, delivery platforms, or data systems.
   e. Innovations must be integrated into people-centered services to reach populations that need them the most.
   f. Support sustainable access to life-saving health products through market shaping of new and existing commodities and efficient supply chain management.

3. **Integrate health systems and service delivery.**
Strengthen or accelerate the integration of services and systems for HIV, TB and malaria in a coordinated way within Primary Health Care (PHC) through integrated service delivery and health systems integration. Integration according to the specific country/subnational context and in countries that have the capacity to do so.

- The strategic process of delivering HIV, TB and malaria services in a coordinated way within PHC and broader health systems to ensure sustainability, efficiency, and responsiveness to people´s needs.
- It's 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 System Integration.
- Current funding environment requires a shift in thinking, including adapting TGF 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 dependence on external funding.

4. **Strengthen Community systems and financing. Use country context —epidemiologic and economic— as an investment guide for what and how to finance community systems using 4 pillars:**

- **Readiness (Low Income Countries, Low- and Lower Middle-Income Countries and COEs)**: Accelerate integration of community services into formal health systems.
- **Integration** (Upper Low Middle-Income Countries, Upper Middle-Income Countries and higher absolute disease burden): Strengthen integrated community systems and fast-track social contracting.
- **Resilience** (Upper Low Middle-Income Countries, Upper Middle-Income Countries and lower absolute disease burden): Fast-track social contracting of community and civil society organizations through tailored and context-specific interventions.
- **Protection** (Key populations across all contexts): Support the physical, legal and operational safety of community organizations to safeguard the delivery of lifesaving HIV, tuberculosis and malaria services through the Rapid Community Protection Fund.

5. **Optimize domestic resources and effective co-financing.**

a. Domestic co-financing. Revisions to improve differentiation and quality of domestic co-financing.

b. NextGen market shaping. Facilitate PPM/wambo.org access for competitively priced, quality assured health products with domestic resources and scale-up of the non-grant financed procurement through PPM/wambo.org, including in those countries transitioning from Global Fund financing.

c. Financial systems and models. Increase blended financing opportunities, leverage Debt2Health opportunities and expand Public Financial Management support.

How countries can operationalize these strategic shifts.

To put these strategic shifts into practice, countries can consider the following approaches:

- Identify key milestones on the pathway towards a transition timeline (where GC8 is the final allocation).
- Make a plan for key investments to be transferred to domestic budgets (all countries).
- Prioritize (and deprioritize) interventions based on epidemiological and program coverage; plans to simplify delivery.
- Identify opportunities for integration of relevant areas of HIV, TB and malaria programs into PHC.
- Look for opportunities to more closely integrate community and private systems into national health systems.
- Establish social contracting mechanisms (or similar) so that critical functions (such as community outreach and advocacy) are sustainable as part of the national approach in the long term.

Key Changes of GC8

- GC8 will introduce important changes, including reduced country allocations and a stronger focus on prioritization.
- There is a stronger emphasis on pathways for transition from Global Fund financing to increase co-financing and domestic financing for health. The aim is to set transition timelines in the path to self-reliance and sustainability.
- Countries are expected to apply rigorous prioritization of investments, focusing on high impact, evidence-based interventions.
- Greater focus is placed on prioritizing the integration of HIV, TB and malaria services into primary healthcare and health systems.
- Community, human rights, and gender considerations remain central to ensure equitable access to health services.
- Increased attention to health product management and scaling-up innovations.

What information do we need?

Replenishment

- What was the 8th Replenishment outcome?
- Is this higher or lower than the last cycle (GC7)?
- What does this mean for the amount available to countries and other Global Fund investments such as catalytic investments?

Eligibility & Allocation

- Which disease components (HIV, TB, and/or malaria) is my country eligible for?
- What is the recommended application approach and submission pathway for my country?

Representation and engagement

- Who represents me on the CCM?
- Who provides support for community engagement in the country dialogue process?
- What technical assistance is available for community engagement in the country dialogue process?

Allocation Letter

- How much was my country allocated for each component in GC8? Is this higher or lower than GC7?
- Is my country eligible for any matching funds or additional catalytic funding?
- What is the implementation period for the funding?
- How much co-financing should my country commit for GC8?
- Were there any special requirements or priorities in the allocation letter?
- When will country dialogue consultations take place and how can I be involved?

Funding Request

- What is the submission window for my country?
- Which vulnerable populations to malaria, HIV and TB need to be involved in the process of setting community priorities?
- What are the final priorities retained after GC7 reprioritization?
- What gaps and priorities do community-led and CLM data show?
- Is my country required to submit the Annex on Funding Priorities for Communities and Civil Society and what should we include in it? **[1]**
- Given reduced allocations, where can we deprioritize or make efficiencies?
- What/where are the biggest gaps in the health care system? (+ reprioritization, PEPFAR, PMI, etc.)
- Which programs delivered results during GC7? Which did not achieve targets or absorb funding? Why not?
- Which PRs, SRs, and SSRs were the strongest? Which should be replaced?

Technical Review Panel (TRP)

- What did the TRP say in response to our country's Funding Request?
- Which activities are proposed to be changed, added, or removed when the grants are written?

Grant Making

- How can I participate in grant making?
- Is the CCM holding at least two meetings for PR(s) to present key changes during grant-making and to obtain feedback, including from community and civil society representatives? **[2]**
- Which activities are proposed to be changed, added, or removed in grant budgets? What is the rationale for this? Which SR/SSRs will implement the activities? How can I provide input?

Grant Approvals Committee (GAC)

- Did the GAC approve the grant? Did the Board approve it? Did the PRs sign the grant agreement?
- When will grant implementation begin?
- How can I participate in grant oversight? How can I use Global Fund or CLM data to oversee grant implementation?

Gathering information on the outcomes of the GC7 reprioritization is a critical step in preparing for the community consultation. This helps guide discussions and ensures that community-identified priorities are well-informed.

1 The Annex on Funding Priorities of Civil Society and Communities most affected by HIV, TB and malaria is mandatory for High-Impact and Core portfolios but optional for Focused portfolios.

2 CCMs in High-Impact and Core portfolios are required to convene at least two meetings during grant-making for the PR to brief and receive feedback, including from community and civil society representatives on grant design, programmatic impact and CBO/CLO involvement in grant implementation. This is a best practice in Focused portfolios.

Community Consultations and the Country Dialogue

Community Consultations are spaces for communities and civil society to reflect on their needs and priorities in response to HIV, TB, and malaria, to strengthen health systems, and they are a means of ensuring their **effective engagement** in decision-making. They also offer an opportunity to reflect on experience and performance to date, helping to ensure more people-centered, responsive and effective programming and services.

It is important to note that community consultations are part of the Country Dialogue, where different national stakeholders, including communities and civil society, engage in developing a funding request to the Global Fund.

The earlier the community consultations take place, the better the chances of ensuring that priorities are included in the funding request.

Due to the specific characteristics of the communities (including unequal access to information, lack of resources for face-to-face meetings, limited access to technological resources for participation, and differences in the technical capacities of some leaders, among others), these processes should be conducted in dedicated spaces, while remaining closely aligned with the broader multi-stakeholder Country Dialogue. Once priorities identified through the community consultations are consolidated, aggregated and prioritized, they can be more effectively articulated and collectively advocated for during the Country Dialogue - avoiding fragmented voices and competing priorities. This strengthens advocacy and supports their reflection in the funding request, helping ensure that no one is left out.

Community Consultations

Goals

- Help communities most affected by the three diseases and civil society identify priorities and collectively bring them to the country dialogue for funding request development.
- Contribute to the effective engagement of communities and civil society in developing funding requests.
- Promote coordinated work between communities, CCMs, writing teams, and other technical support teams (consultants) in developing funding requests.

The community consultation process may include the following phases:

- Preparation
- Prioritization
- Validation
- Negotiation

Criteria for defining key populations

Most likely, communities most affected by the three diseases are already clearly defined in the country; however, there may be some difficulties in defining them in some contexts.

In GC8, the Global Fund uses the following definitions for key and vulnerable populations in the context of HIV, TB and malaria:

- For **HIV**, Key Populations (KP) are defined by UNAIDS as those particularly vulnerable to HIV and that frequently lack adequate access to services. These five groups are gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, and prisoners and other incarcerated people **[3]**. Key and Vulnerable Populations (KVP) include KP, adolescent girls and young women (AGYW) and other vulnerable populations (OVP) at risk.

- For **TB**, KVP are defined by the Stop TB Partnership as populations at high risk and people in vulnerable situations **[4]**.

- For **malaria**, WHO defines populations vulnerable to malaria as those at increased risk of infection and severe disease, particularly children under five, pregnant women and girls, people with immunocompromising conditions such as HIV, non-immune populations such as travelers, mobile populations, and populations with limited access to prevention and treatment services including in humanitarian settings; social vulnerable groups vary by context (refugees, orphans, indigenous populations, injecting drugs persons).

3 Joint United Nations Programme on HIV/AIDS (UNAIDS). (n.d.). *Key populations*. Retrieved April 20, 2026, from https://www.unaids.org/en/topic/key-populations

4 World Health Organization. (2025). *Tuberculosis among populations at high risk and people in vulnerable situations: Policy brief*. https://www.who.int/publications/i/item/B09350

Preparation phase

The first step is to develop a work plan that will enable communities and civil society to achieve the goals of the consultation. This plan should include activities and deadlines. To enrich and improve the work plan, it should be well coordinated with the overall CCM roadmap for country dialogue and funding request development. During this process, the engagement of CCM community and civil society representatives is essential. CCM members can provide recommendations and feedback on the work plan, making it more effective and facilitating shared ownership. Engaging CCM members from the outset can positively impact the negotiation process to include community and civil society priorities in the funding request.

Work Plan main elements

- Introduction (GC8 key messages).
- Country context.
- Objectives.
- Activities.
- Deliverables.
- Schedule.
- Consultations methodological proposal.
- Reporting methodological proposal.

Given the increased focus on sustainability, integration and increased prioritization to maximize effectiveness and impact in GC8, strong coordination across HIV, TB, and malaria constituencies will be particularly important. The preparation phase will also be a good moment for communities to agree on community governance and roles and responsibilities during the process. This can include setting up community technical committees or agreeing on rapid bi-directional feedback mechanisms during the process.

Knowing, coordinating, and working with the team responsible for writing the funding request is also crucial. Coordination and collaboration are not always easy tasks, but they are critical to the success of the overall process.

Document review

The team of consultants or process facilitators should obtain, study, systematize, and synthesize the **available Core Guidance on the GC8** (Modular Framework Handbook, HIV, TB, Malaria and RSSH Prioritization Guidance, Investment Guidance, Forms and Guidance Materials). It is important to remember that the guidelines change with each new grant cycle, so the documentation to be reviewed must be up to date and can be accessed on TGF website. **In annex 1 you can find a list of key documents to review**.

It is also advisable to review key documents and data on the country's disease response, such as latest epidemiological data, national regulatory frameworks, national strategic plans and/or review reports, assessments on gender and human rights-related barriers to services, CLM data, GC7 grant documents. There may also be an opportunity to request from the CCM or PRs the latest programmatic reports and budget absorption data. These will be helpful documents to justify the priorities and possible solutions identified by communities and civil society and strengthen evidence-based advocacy.

List of Participants

Ensuring balanced representation of communities, particularly key and vulnerable populations, is critical to strengthening the process and enabling effective engagement. Proactive efforts must be made to reach out to the representatives of the most vulnerable or typically less engaged groups. It is also important to consider diversity across dimensions such as group identity, gender, age, location, language etc.

The first step is to coordinate **a meeting with CCM members, specifically representatives of key and vulnerable populations, to draft an agreed list of participants**, and disseminate invitations for the community consultation. It is highly recommended to reach a consensus with other key stakeholders on who should be included in the final list, e.g., other communities not represented in the CCM. Initially, an e-mail invitation may be sent directly to participants.

The use of WhatsApp has proven to be very effective as well. It is important to develop a broad and transparent communication strategy for community consultations. Special attention is required to ensure consultations are organized in a safe and secure manner, particularly in contexts where key populations are criminalized. This may include scheduling pre-consultations in smaller groups and taking specific precautions when scheduling virtual consultations.

Flaviance Omondi attends youth training sessions in Sirembe, Siaya County.
PHOTO BY GLOBAL FUND/BRIAN OTIENO

Developing consultation material

It is good practice to start community consultations with a briefing on the Global Fund and GC8, to ensure all participants have the same level of information. This can be followed by a more detailed presentation on results from the context-specific situational analysis.

Basic information about the Country, TGF and GC8

- How is the HIV, TB, and Malaria responses progressing in the country?
- Where are the gaps in the responses?
- What are the national targets?
- Who is most vulnerable?
- What does TGF contribute to the national responses?
- What is the CCM? How does it work? Who are its members?
- Who are the main actors involved in implementing Global Fund-supported programs in the country, and how can communities engage with them? (e.g. implementers such as Principal Recipients [PRs], Sub-Recipients [SRs], and the Local Fund Agent [LFA])?
- What were the outcomes of the GC7 reprioritization?
- What are key strategic shifts and priorities for GC8?
- Which interventions are eligible in GC8?
- Which key parameters are included in the allocation letter?

GC8 Modular Framework

The Modular Framework is a document that guides applicants and implementers to organize program activities using standardized components, modules, interventions and indicators. It has been updated to align with GC8 guidance and priorities.

The Modular Framework is structured around four main components: RSSH, HIV, TB and malaria. Each component includes modules, interventions, indicative activities, and indicators that support planning, budgeting and implementation.

The Modular Framework has considerably evolved from GC7 to GC8. Some key points for communities to keep in mind:

- Interventions to reduce gender and human rights barriers to services are listed in the RSSH section but can be included as cross-cutting interventions under RSSH or as disease-specific interventions in HIV, TB, and malaria grants.
- GC8 introduced a new stand-alone module on gender, including interventions on (1) Addressing gender discrimination, and norms that pose a barrier to HTM services and (2) Preventing and responding to violence against women and girls.
- Human rights modules were consolidated into three modules, while all key interventions remain.
- Community systems strengthening modules were consolidated into three modules, including one new module on community coordination and engagement in decision-making with a focus on funding engagement in national and sub-national decision making.
- HIV prevention modules are no longer structured by population (e.g., condoms for sex workers) but countries can still design and budget for tailored approaches by populations and indicators remain disaggregated by key population.
- Safety and security are explicitly mentioned under community mobilization and prevention stewardship in the HIV prevention modules.

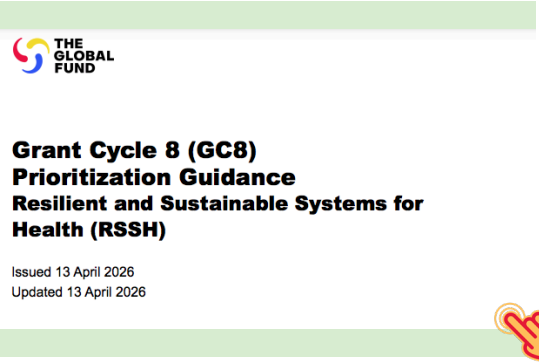
Key messages: Modular Framework

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

Paulina facilitates a talk to the students at Ounyenye Combined School Omundaungilo Constituency, Ohangwena Region. Paulina is an i-BreakFree youth ambassador. The i-BreakFree youth ambassadors link young people with clinics, providers and tools – such as condoms, PrEP (Pre-Exposure Prophylaxis) and HIV self-tests. One Economy's i-BreakFree program (supported by the Global Fund) recruits youth ambassadors from local communities who visit schools, health facilities, community centers and homes to lead educational talks and activities, and counsel young people on sexual and reproductive health (SRHR) and preventing HIV. 15 October 2024.

HIV, TB, Malaria and RSSH Prioritization Guidance

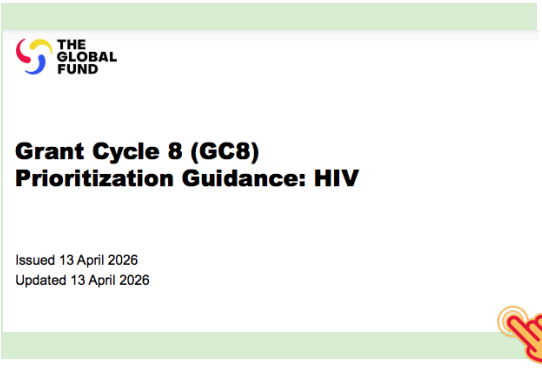


Resilient and Sustainable Systems for Health (RSSH)

Focuses on strengthening health and community systems to improve sustainability, integration, and overall health outcomes.

Key RSSH Priorities include:

- Prioritizing cost-effective investments and value for money to maximize impact.
- Integration of HIV, TB and malaria services into primary health care delivery.
- Improving health systems functions such as governance, financing, supply chains and data systems.
- Leveraging partnerships and resources across different funding sources.
- Strengthening community systems and community led monitoring.
- Supporting sustainability and transition to increased domestic financing.



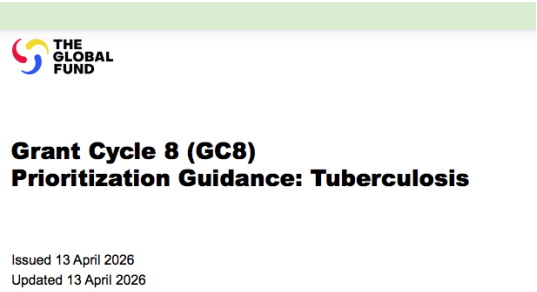
HIV

Focuses on delivering high-impact, evidence-based interventions to prevent new infections and ensure access to treatment and care, especially for key and vulnerable populations.

Key HIV Priorities include:

HIV prevention targeting populations at highest risk.

- Expanded and differentiated HIV testing.
- Access to antiretroviral treatment and viral suppression.
- Integration of HIV services into primary health care.
- Addressing human rights and gender-related barriers to services.
- Strengthening community systems and community-led responses.
- Leveraging partnerships to improve access and impact.
- Using data and evidence to support prioritization and decision-making.

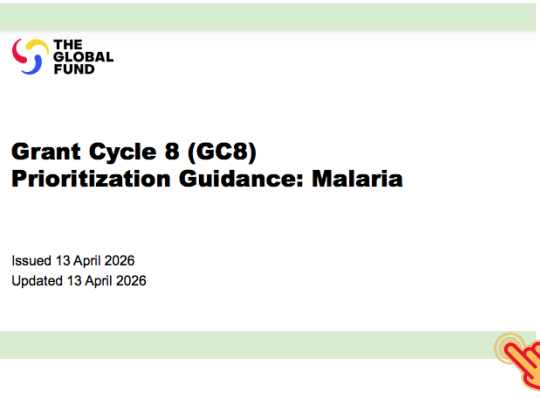


Tuberculosis (TB)

Focuses on early detection, effective treatment and prevention of TB, especially among high-risk and vulnerable populations.

Key TB Priorities include:

- Early and accurate TB diagnosis using rapid and innovative technologies.
- Effective treatment, including for drug-resistant TB.
- TB prevention, including preventive treatment for high-risk populations and household contacts (e.g. people living with HIV, children under 5 years).
- Integration of TB services into health systems and primary health care.
- Community-based and people-centered care.
- Reducing barriers such as stigma, discrimination and service access.
- Using data and evidence to support prioritization and decision-making.



Malaria

Focuses on reducing malaria cases and deaths through prevention, diagnosis and treatment, tailored to country and subnational contexts.

Key Malaria Priorities include:

HIV prevention targeting populations at highest risk.

- High-impact prevention interventions (e.g. vector control).
- Timely diagnosis and effective treatment.
- Maintaining a balance between prevention and case management to avoid resurgence.
- Strengthening surveillance, monitoring and data systems to guide decision-making.
- Addressing access barriers and strengthening community systems.
- Promoting social and behavior change interventions tailored to population needs.
- Improving efficiency and targeting interventions based on local and subnational context.

Enabling Impact Guidance

Additional guidance complements the Global Fund's Modular Framework Handbook, which describes the interventions eligible for Global Fund investments, as well as separate cross-cutting guidance on "Enabling Impact":

- Advancing Integration.
- Strengthening Sustainability.
- Tackling Human Rights & Gender Barriers to Accessing Services.
- Maximizing Value for Money.
- Adapting Investments to Mitigate Impact of Climate on HIV, TB and Malaria Service Delivery.

The consultation

Most CCMs have created roadmaps for the development of the funding request. You can contact the CCM secretariat by searching for the relevant country in the directory to access contact details. These roadmaps are strategic inputs for planning community consultations.

Consultations can be conducted in at least three sessions, meetings, or phases: **(1)** briefing and initial exploration, **(2)** prioritization, and **(3)** validation of the priorities, action plan development and negotiation. Depending on the complexity of the dynamics among the stakeholders involved, holding more than three sessions is sometimes necessary. These sessions can be face-to-face, hybrid or virtual; if virtual, it is recommended that at least the third session be face-to-face.

Depending on the level of information and involvement of the communities, this scheme can be modified.

First Session/Phase

- Briefing on TGF and GC8
- Briefing on situational analysis and allocation letter
- Initial exploration of barriers, needs and priorities

Second Session/Phase

- Prioritize needs and define interventions according to the Modular Framework, using prioritization criteria

Third Session/Phase

- Validation of priorities and interventions

- Negotiation strategy

These meetings are intended to be an exclusive space of reflection for communities and civil society. They should emphasize the importance of **effective community engagement** in the decision-making process.

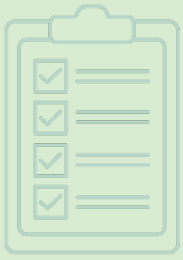
First Meeting: Briefing and Exploration of Needs and Priorities

Goals of the first meeting

- Provide basic and relevant information on TGF and GC8 Guidance.
- Briefing on the situational analysis.
- Preliminary identification of needs and priorities of communities and civil society.

Proposed example of agenda for the first meeting

- Welcome to the participants.
  Objectives, methodology and expected outcomes.
- Basic information on TGF, GC8 Guidance and Allocation letter.
- Briefing on the situational analysis (e.g., key epidemiological data, key barriers to services).
- Briefing on grant performance and budget absorption.
- Period of questions and answers focused on identifying community needs and priorities (see examples of suggested guiding questions).
- Group discussion based on guiding questions.
- Synthesis.
- Next steps.
- Closing remarks

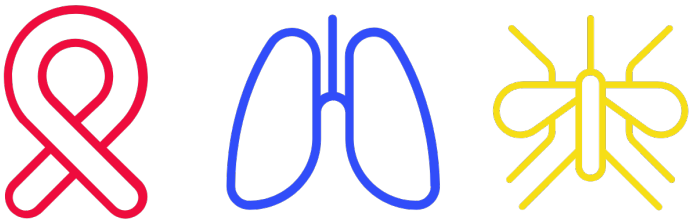


Guiding questions

Below are suggested guiding questions to help identify priorities per thematic area work. Adapt them according to the disease prioritized for the country, i.e., whether you submit a funding request for HIV, TB, Malaria or RSSH.

General Guiding Questions for HIV, TB or Malaria:

- What are the main issues in the reach or delivery of **prevention, diagnosis, treatment, and care services** to key and vulnerable populations for HIV, TB or malaria in your country? (Only proceed to the next question once you have received responses for the four areas highlighted).
- Were key and vulnerable populations affected by HIV, TB, and malaria meaningfully involved in defining community priorities?
- What would need to be done to address these challenges?
- What opportunities are there for integrating HIV, TB, or malaria services into PHC, whilst safeguarding access for key and vulnerable populations: including identifying potential risks in advance and implementing appropriate strategies to address them (e.g., developing transition schedules, making health units competent for key populations and differentiated service delivery)?
- Are there any new innovations that could help solve the issues?
- In the context of transition, are there any services at particular risk of being discontinued? What are priority services to be funded domestically?
- Disaggregation by disease, intervention, or population is suggested, e.g., TB, malaria, HIV; prevention or diagnosis; for men having sex with men (MSM), transgender women (TW), and people who inject drugs (PWID).



Guiding questions for community-led monitoring and advocacy (CLM) on HIV, TB or malaria:

- How can communities integrate CLM into TGF grants or the National Strategy in order to reach expected grant outcomes and achieve national targets?
- What aspects of the grant or the National Strategy require CLM to ensure the achievement of expected grant outcomes and achieving national targets?
- What resources are needed for that?

Guiding questions for community coordination and engagement in decision-making:

- What are priority national and sub-national health decision-making spaces for communities to engage in?
- Which community platforms or coordination mechanisms exist? How can their effectiveness and sustainability be strengthened?
- What capacity do communities need to engage in health financing or accountability processes?

Guiding questions for capacity building and leadership development in HIV, TB or malaria:

- What areas of capacity building are needed to improve the community response to HIV, TB, or malaria to reach expected grant outcomes and achieve national targets?
- What capacities and skills do organizations bring to the national response?
- What resources are needed?

Guiding questions on Reducing Human Rights-related Barriers to HIV, TB and Malaria services:

- What are the specific human rights-related barriers faced by communities that prevent them from accessing services and remaining in treatment and care?
- What is currently being done to address these barriers, where/how is it being implemented, and by whom?
  - What opportunities are there to improve the quality or coverage of these efforts? (e.g. change in modality? alternative implementation arrangement? different focus? new geographic or population coverage need? etc.)
  - What are the gaps or challenges in responding to these barriers, and how can they be overcome?
- What do organizations need (e.g. specific resourcing, linkages, capacity, etc.) to achieve the proposed changes/activities?
- As programs become more integrated, where can human rights be better integrated?

Guiding questions on Reducing Gender-related Vulnerabilities and Barriers to HIV, TB and malaria services:

- What are the challenges in tackling gender discrimination and norms that increase risk and pose barriers to HIV, TB, or malaria services?
- What are priorities for preventing and responding to violence against women and girls?
- What are the critical policy and legal enablers that support the advancement of gender equality?

Guiding questions on Social Contracting:

- Are there any examples of social contracting in the country?
- Which capacities of CSOs and CBOs need to be strengthened to receive public financing?

Systematization

- Systematizing and organizing the information gathered is a key task to be completed between the first and second meetings.
- The consultant or facilitator should systematize the lists of priorities from each question and categorize them according to funding areas and types of funding as described in the modular framework. This information will serve as the basis for the action plan.
- Priorities can also be organized into the prevention, diagnosis, and treatment pillars.
- The facilitation team will define the action plan, including needs and required responses.
- The facilitation team will schedule a second meeting with the same community members or a slightly reduced group of participants. This meeting should be held close to the first meeting.
- Use whatever technology is available to record or document the discussions. This activity will not only help you remember points of agreement during the discussions but can also help clarify possible future disagreements.

Second Meeting: Prioritization

"Although the Global Fund recognizes that a broad range of interventions to strengthen and engage community systems can play an important role in a country's response to HIV, TB, and malaria, as well as overall health, some interventions are prioritized."

Given the reduced funding levels for global health, prioritization will become even more important in GC8. The TGF has enhanced its guidance for HIV, TB, malaria and RSSH to help countries prioritize interventions that are evidence-based, have high impact, offer value for money, and increase access for those most affected by the three diseases.

Prioritization is a challenging task because it must consider various factors, such as the problems faced by populations, possible solutions, different stakeholder perspectives, and limited financial resources. For this reason, a clear and objective set of criteria is needed to guide the process.

Prioritization criteria

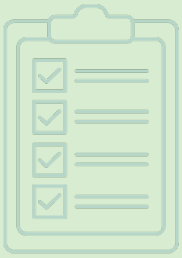
- The following are some basic criteria that can guide the prioritization exercise with communities and civil society. Further criteria can be defined and agreed ahead of the prioritization process.
- Alignment with modular framework and program essentials formulated by TGF.
- Contribution to advancing health outcomes, achieving national targets and alignment with national strategic plans.
- Alignment with global guidance and evidence.
- Value for money (e.g., higher impact, lower resource investment).
- Focus on most vulnerable and marginalized communities.
- Level of responsiveness to the collective interest, not the interest of individuals or organizations.
- Feasibility in the country's context.

Goals of the second meeting

A sample agenda for the second meeting is provided below:

Proposed example of agenda for the second meeting

- Welcome to the participants.
- Objectives, methodology and expected outcomes.
- Summary of the first meeting and long list of priorities.
- Prioritization exercise.
- Next steps.
- Closing remarks.



Methodologies for Community Prioritization

Prioritization helps organize health needs to address them in the future and guides resource allocation decisions. When a community is involved in prioritization, it perceives itself as playing a leading role in improving its own reality, becoming co-responsible for the process and thus promoting its empowerment. [5]

Methodologies for Community Prioritization:
Options for the Community Prioritization Exercise [6]

When conducting a prioritization process, various challenging factors must be considered: the problems faced by populations, the diversity of possible solutions, different stakeholder perspectives, limited financial resources, and eligibility criteria, among others.

Below is a variety of prioritization methodologies that involve community engagement. Evaluate which may be most effective for the prioritization process in your consultation:

- Weighted voting prioritization.
- Multiple voting prioritization.
- Nominal group prioritization.
- Impact and feasibility matrix.

5 National Institute for Health and Care Excellence (NICE) (2016). *Community engagement: improving health and wellbeing and reducing health inequalities*. NICE Guideline [NG44].

6 Sánchez-Ledesma, E., Pérez, A., Vázquez, N., García-Subirats, I., Fernández, A., Novoa, A. M., & Daban, F. (2018). La priorización comunitaria en el programa (Programmatic Community Prioritization). Barcelona Salut als Barris. Gaceta Sanitaria, 32, 187-192.

Weighted voting prioritization

Each person has a number of votes and distributes them among the different priorities according to their own criteria. For example, if each person has five votes, they can distribute them among five different priorities or concentrate them on one or two priorities.

Multiple voting prioritization

This consensus technique is used to reduce the list of issues to be prioritized until the desired number of issues to be addressed is reached. Two rounds of voting are established:

First round: Each participant votes on the issues they consider a priority (a maximum number of votes per person can be set). In the end, items that received at least half of the participants' votes remain on the list (e.g., with 20 people, items need at least 10 votes).

Second round: Each participant votes on the issues they consider a priority from the condensed list. At this stage, each participant can vote as many times as half the number of items on the list. For example, if there are 10 items on the list, each participant can vote up to five times.

This step is repeated until the list is reduced to the desired number of issues to be addressed. This technique provides an objective and participatory process. Care should be taken, however, as some participants may be more persuasive and influence the opinions of others. Check that the final list reflects the actual priorities.

Nominal group prioritization

This face-to-face consensus technique is conducted in two phases: the first phase generates ideas, and the second phase prioritizes them. Representatives of all relevant stakeholder perspectives are invited to participate. Prioritization is done individually. The sum of individual priorities leads to consensus.

Both phases can be done in different ways:

1. *Brainstorming*: writing ideas individually on cards, in individual verbal rounds, in small groups, etc. (This technique was suggested in the previous consultation session).

2. *Prioritization*: assigning numerical scores, using color ranking, or ordering problems in a list, among other methods. Voting by a show of hands or in public is not recommended at this stage.

Impact and feasibility matrix

The ICASO consulting team for GC7 in Honduras and Guatemala proposed this methodology. It provides strategic guidelines for the appraisal process with the communities.

Two prioritization criteria with a score from 1 to 5 were used in this example (impact (positive change achieved by the intervention) and feasibility (possibility of implementation). Further criteria can be added.

What **IMPACT** would it have on our population or community to address This issue to move toward ending the epidemic?

IMPACT SCORE:

- **5**: Very significant impact to move toward the end of the epidemic.
- **4**: Significant impact.
- **3**: Moderate impact.
- **2**: Small impact.
- **1**: Very small impact.

What is the **FEASIBILITY** of implementing interventions with the population or community to address this issue and end the HIV pandemic?

FEASIBILITY SCORE:

- **5**: Interventions are very easy to implement (there is evidence that they work).
- 4: Easy to implement with external support.
- 3: Moderately easy.
- 2: Difficult to implement, no proven strategies available
- 1: Very difficult to implement at this time.

Once each participant has individually analyzed each issue in terms of IMPACT and FEASIBILITY, they give their rating. The tool automatically scores each issue, and the result is displayed in a graph with four quadrants showing the interventions that could solve the problems prioritized by civil society in terms of their impact and feasibility.

Regardless of the methodology chosen for prioritization, participants should be reminded of the previously agreed criteria and, **above all, their alignment with the areas prioritized in the Modular Framework for GC8**.

Suppose the country is considering costing the community priorities identified for inclusion in the GC8 HIV, TB and Malaria funding requests. In that case, it is recommended that a *costing session* be included to address this component after the *prioritization session* and before the validation session. A Community Costing Tool and Guide is available in the Community Engagement Toolbox.

Third Meeting: Validation

Validation means to give strength or solidity to something, to make it valid; valid is also understood as something appreciated or valued. In this case, the validation process implies the legitimization of a process and its products by a community: a voice has been given to respond to the needs of the community, and a collective contribution with possible solutions has been made as a result of a participatory dialogue. Its added value is the sense of belonging, empowerment, the identification of needs and the development of participants' skills in analyzing their own problems and alternatives. **[7]**

Given the importance of the validation process, this meeting should preferably be conducted in person.

Goals of the third meeting

- Validate the final list of community priorities and define an action plan to include priorities in the GC8 funding request.
- Agree on a negotiation strategy with the CCM and writing team to include priorities and possible solutions in the funding request.

Developing a final priority list

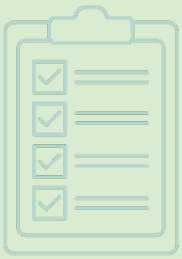
The consultant or facilitator organizes the highest priorities into a priority list. The Annex on Funding Priorities of Communities and Civil Society can be used as a template. You can find a more detailed FAQ on the Annex on Funding priorities in Annex 2.

This priority list should include, at a minimum, reference to TGF module, activity/intervention, expected impact/outcome, rationale for selection, and, if possible, proposed indicators and costing.

7 Carrizosa, H. G., Diaz, J., & Aparicio, E. (2020). The Value of Validating a Participatory Project. Arteterapia. Papeles de arteterapia y educación artística para la inclusión social, 15, 157-168.

Agenda for the third meeting

- Welcome to the participants.
- Objectives, methodology and expected outcomes.
- Rules for participation.
- Summary of the second meeting.
- Presentation of the list of highest priorities.
- Presentation of the list of highest priorities.
- Next steps.
- Closing remarks.



Validation Exercise

1. When explaining the rules for participation, emphasize that the results to be presented have been prioritized, and unless there are exceptional circumstances, these priorities will not be changed.
2. Provide an agile but detailed presentation of each of the priorities.
3. Elicit participants' opinions, feedback, and comments on each of the priorities.
4. Try to reach a consensus among the participants.
5. If consensus cannot be reached, return to the prioritization methodologies.
6. At the end of the session, ask for the approval of all the participants.
7. Write a commitment act.
8. Jointly draft a memorandum to the CCM, to be signed by the participants, that includes three key points:
   - Evidence of the participatory process.
   - Statement that the identified needs and priorities result from a collective process.
   - Request to include these priorities in the funding request to TGF.

Guidelines for a Negotiation Strategy

Because the needs of disease programs are many and the resources available are limited, the inclusion of community priorities must be the subject of negotiation. Some key steps are suggested below:

1. Jointly request a formal meeting with the CCM to disseminate the list of community priorities.

2. Organize a briefing meeting with the writing team.

3. Select a limited number of spokespersons from the communities. They should show negotiation and social influence skills and commit to speaking on behalf of all communities represented in the community dialogue.

4. Following the country's roadmap for developing the funding request, these representatives should participate in the broader national dialogue meetings.

Finally, reach agreements for collaboration among participating organizations to:

a) Monitor the inclusion of priorities and possible solutions in the funding request.

b) Follow up on feedback from the Technical Review Panel (TRP) of TGF.

c) Once the funding request has been approved, actively engage in the negotiation and alignment process with the PR and TGF.

d) Monitor the implementation of the grant.

e) Actively engage in the implementation and oversight of the grant.

Final Report of the consultation

Report on the results of the community consultation for the Grant Cycle 8 funding request to TGF

City and date:

Participants: Describe in general terms who attended the meetings and include the list of attendees by meeting.

Population(s): Indicate whether a single or multiple population (e.g., SW, MSM, migrants, minors, people living with the disease, etc.) were represented and whether they belonged to a single or multiple components (HIV, TB, malaria).

Goals of the Community Dialogue: Outline the intended goals.

Meeting agendas: Briefly describe the agenda or attach it to the document.

Methodology: Briefly describe the steps involved in conducting community dialogue: preparation, dissemination, development of meetings, identification of needs and prioritization.

Outcomes: Summarize the priorities and possible solutions identified with the community. You can attach the draft communities annex, if the format was used.

Next steps: Include the next steps to ensure that CSO and community priorities are included in TGF funding request.

Feedback: Provide feedback and recommendations for action, if applicable.

Challenges and solutions: Include any challenges you encountered and how they were overcome.

Include key findings from the process assessment: What did you like best about the process? What could be improved in the process?

The report should be concise and easy to read, so it is recommended that it be eight pages at most.

Evaluation of the process

Evaluation is a valuable tool for creating opportunities for improvement and learning. Establish a mechanism for those involved in the evaluation to provide feedback:

- Online survey
- Participatory meeting (if possible, during the last validation meeting)

Suggested Criteria to Include in the Evaluation Process

- Quality of the activity
- Fulfillment of expectations and goals
- Methodologies employed
- Skills of the facilitation team
- Aspects to be improved

Note: Consider reconvening once the FR was submitted, to review which priorities were included/not included in the final version.

Other Recommendations for a Successful Dialogue Process

Facilitation team: Resolving potential conflicts and managing difficult situations

Moderating these processes presents many challenges, including managing problematic behaviors and conflicts in decision-making due to the diverse interests of community and civil society representatives, limited resources, different types of leadership, and the need for these processes to be participatory.

Being aware of this fact, having management skills or preparing for conflict in advance are tools that contribute to more successful processes and the achievement of community dialogue goals.

The following are general recommendations for the facilitation team for dealing with these difficult situations:

Conflicts related to agreements

- Establish clear rules for participation in the process in general and in group sessions in particular. Put them in writing.
- Make a broad, participatory, and democratic call that offers equal opportunities for all to participate.
- Some people may be less proactive than others. Encourage them individually to increase their participation.
- Communicate the activity schedule to all stakeholders, including dates, times, participation mechanisms, and other details to ensure participation.
- Ensure that all participants understand the objectives of the process and the proposed methodologies.
- Take minutes or prepare reports of key agreements and share them. Make a summary or recap at the end of a meeting or the beginning of another.
- If you identify people dissatisfied with the process, have a calm and personal conversation with them. Focus on the process and avoid taking it personally.
- To maintain focus during the activity, break down discussions into problems and possible solutions.

Key principles for conflict resolution

- Teamwork and cooperation help everyone achieve their goals while maintaining relationships (win-win).
- Win some, lose some, it's okay (You give in, I give in).
- Working towards a common goal is more important than any particular concern.

Difficult Situations

A difficult situation can manifest in many ways, primarily through aggressive, disruptive, passive, disengaged, and other behaviors. Here are some suggestions for the facilitation team on how to deal with them.

Conflicts related to agreements

- Try to deal with difficult situations calmly and objectively, suggesting possible solutions.
- Maintain a **hands-off approach** to avoid becoming confrontational.
- Ask yourself: Is this behavior keeping most people from doing what they came here to do? If the answer is yes, then you need to intervene; if the answer is no, you do not.
- If possible, delay your intervention and allow the group to deal with the problematic behavior. They almost always do, and this will keep you out of direct conflict.
- Sometimes, just listening, taking note of difficult participants' input or suggestions, and recognizing their added value is all you need to handle the situation.
- Ask the person with difficult behavior to help in the facilitation tasks.
- Change the methodology or use paper-based and anonymous techniques. This can help minimize disruptive behavior.
- When creating workgroups, try to place people with similar characteristics in the same group.
- To maintain focus during the activity, break down discussions into problems and possible solutions.

In the **Resources and Key Documents** section, you will find a document that offers possible solutions to difficult situations.

Technical Assistance

TGF has developed a list of organizations that provide technical support. The following organizations and initiatives provide support to communities and civil society.

- Expertise France, L'Initiative
- GIZ, BACKUP Health
- UNAIDS
- Stop TB Partnership
- Community Engagement Strategic Initiative

Please refer to the Global Fund Technical Cooperation Page for additional information.

Resty Nakate, a Warehouse Officer at the National Medical Stores (NMS), scans medical kits at the warehouse in Entebbe, Uganda.

Annex 1 – Key Documents

GC8 Core Guidance

Core guidance is documentation TGF considers essential reading for those participating in country dialogue, funding request development, grant-making, and grant implementation. They are based on normative technical guidance from the World Health Organization (WHO) and relevant partners and aim to guide Global Fund investments across HIV, TB, malaria and Resilient and Sustainable Systems for Health grants. Information Sessions pages allow countries to register, consult recordings, slides, and other resources.

Modular Framework Handbook

- Modular Framework. Handbook Grant Cycle 8

- Prioritization Guidance (GC8)
  - Prioritization Guidance Resilient and Sustainable Systems for Health (RSSH)
  - Prioritization Guidance: HIV
  - Prioritization Guidance: Tuberculosis
  - Prioritization Guidance: Malaria

- Enabling Impact Guidance
  - Enabling Impact: Adapting Investments to Mitigate Impact of Climate on HIV, TB and Malaria Service Delivery
  - Enabling Impact: Advancing Integration
  - Enabling Impact: Maximizing Value for Money
  - Enabling Impact: Strengthening Sustainability
  - Enabling Impact: Tackling Human Rights & Gender Barriers to Accessing Services

Other resources

- GC8 information session recordings (e.g., on integration, applying as Focused or High-Impact/Core portfolio)

- The Global Fund Sustainability, Transition and Cofinancing Policy

- PU/DRs: Health Product Procurement & Supply Chain Management

Informative sessions

The Global Fund information sessions provide guidance and support for applicants, principal recipients, members of Country Coordinating Mechanisms, Local Fund Agents, and other technical and in-country partners on topics and processes related to the grant life cycle.

In this section, you will find four main tabs organized by topic: Apply for Funding, Grant Making, Grant Implementation, and Crosscutting Topics. Each tab contains recordings of information sessions and their supporting presentations. Each session is available in English, Spanish, French, and in some cases, Portuguese.

Please note that additional documents may be added.

Lucia Ndemuweda- nurse and on site coordinator administers PREP to her client Erica at the Walvis Bay Corridor Group Station Clinic and Mobile clinic, Oshikango border post Northern Namibia. i-BreakFree youth ambassadors link young people with clinics, providers and tools – such as condoms, PreP and HIV self-tests – provided by Namibian health authorities and partner NGOs such as Walvis Bay Corridor Group. 16 October 2024 photo: KSchermbrucker/Slingshot

Annex 2 – Funding Priorities - Frequently Asked Questions

Annex of Funding Priorities of Communities and Civil Society Most Affected by HIV, Tuberculosis and Malaria

Frequently Asked Questions

Date: April 2026

1. What is the Annex of Funding Priorities of Communities and Civil Society?

The Annex of Funding Priorities of Communities and Civil Society ("Annex") captures the highest priority interventions collectively identified by communities most affected by HIV, tuberculosis (TB) and malaria and civil society as part of the funding request development process led by the Country Coordinating Mechanism (CCM).

2. Which countries are required to develop this Annex?

It is mandatory for High-Impact and Core portfolios to submit the Annex as part of the funding request. The Annex is not mandatory for Focused portfolios but remains an optional tool for communities and civil society to aggregate and rank their priorities. Therefore, the following questions mainly apply to High-Impact and Core portfolios.

3. Why do we need this Annex?

The Annex was first introduced for the 2023-2025 funding cycle (GC7) and was adapted for the 2026-2028 funding cycle (GC8). It is intended to capture and document the highest priority interventions identified by communities and civil society during the country dialogue process. In High-Impact and Core portfolios, this information will be used by the Global Fund to assess the effectiveness of country dialogue in terms of meaningful and responsive community and civil society engagement and to give a fuller documented picture of community needs proposed for inclusion in funding requests.

4. Should each constituency complete an Annex?

One Annex consolidating the list of highest priority interventions should be submitted per funding request. Communities and civil society should coordinate and collaborate to define and prioritize highest priority interventions across different communities for funding requests.

5. Should each disease component complete an Annex?

It will depend on the country and how it organizes its submissions, but a single Annex should be completed for each funding request. In some contexts, this will be for a 'single' disease component such as malaria, in others it may be a joint funding request, for example HIV/TB or an integrated funding request HIV/TB/Malaria.

6. How can the priorities of key, vulnerable and underserved populations (e.g., key populations, youth, women, TB and malaria networks) be reflected in the Annex, particularly in contexts where these communities are persistently marginalized?

The process of developing priorities for the Annex must intentionally focus on the inclusion of those communities most impacted by the three diseases in all their diversity. Stakeholder engagement in consultation processes should aim for an appropriate balance in representation of different genders, age groups and geographies (rural and urban). The diversity of stakeholders engaged should be documented as part of the process. Note: the names of participants are not required and should not be included in the submission.

7. How can constituencies prepare for completing the Annex?

Developing the Annex for each funding request should be an inclusive, community-driven process coordinated by community and civil society representatives on the CCM with the support of the CCM Secretariat. Constituencies are encouraged to convene, consult and engage each other early to identify, consolidate and validate the highest priority interventions from the perspective of community and civil society most affected by the three diseases. Ensuring communities and civil society have a strong understanding of their country's context and national responses to the three diseases is critical to identifying which interventions they believe will deliver the highest impact in reducing barriers or increasing the acceptability, accessibility, affordability, availability or quality of services.

8. How many interventions can be prioritized and what is the methodology for prioritizing these communiy interventions?

Up to a maximum of 20 priority interventions may be included in the Annex. These should be the interventions that communities and civil society have identified as those with greatest potential for impact in reducing barriers in access to services, or increasing acceptability, accessibility, affordability, availability and quality of services. It is important to record recommended priorities whether or not they have been included in the funding request or Prioritized Above Allocation Request (PAAR). The priorities should be in line with GC8 strategic shifts, and the areas of focus indicated in the Allocation Letter or otherwise agreed with the Global Fund. See the Modular Framework. Handbook Grant Cycle 8 for eligible interventions. For example, a simple step to step process could look like this:

1. Each community constituent should start as soon as possible to convene and consult to discuss and agree on priority interventions.
2. Each community constituency or communities jointly develops a priority list of interventions. We encourage joint developments from the start, particularly given the increased focus on integration in GC8. Each of the priorities developed in step one should answer and highlight in a few sentences:
   a. The problem statement is framed using data or evidence from program implementation, national data and other sources such as community-led monitoring, focus group discussions, and/or others.
   b. The specific evidence-based intervention to address the problem. This could be the adaptation, introduction, expansion, or retirement of specific interventions, procurement of specific commodities or funding for specific community-led interventions and activities.
   c. The intended impact or outcome and where possible costing information.
3. If the Annex and priorities have not been developed jointly, all the constituents should meet to consolidate these, populate the Annex for submission and validate it.
4. Communities develop an advocacy and engagement plan and work with the community and civil society representatives on the CCM to ensure these priorities are genuinely considered for inclusion in the final funding request.

9. What level of detail is required for prioritized interventions?

The description of each intervention should ideally include: (a) a problem statement; (b) an evidence-based rationale for the intervention; (c) the expected impact or outcome; and (d) if possible, estimated costs for the intervention. Ideally the shorter, the sharper, the more precise and concrete the priority interventions, the quicker the absorption of the content. It is important to articulate how proposed interventions will contribute to advancing the response to HIV, TB and malaria and RSSH.

10. What if there is no evidence-based rationale for the intervention yet communities agree on that intervention as being one that provides highest impact?

Acknowledging that not all communities and civil society organizations are engaged in community-led monitoring (CLM) and/or other evidence-generation interventions, examples of consistent experiences faced by services users collected over time, or from focus group discussions and consensus reached and priorities agreed during community consultations can be accepted. Communities can use existing national data, partner data (UNAIDS, Stop TB, RBM), and other sources of data to support their prioritization. Global Fund and technical partner guidance can also be used to guide the presentation of prioritized interventions. These reflect the range of evidence-based interventions necessary to have an impact on the epidemics, including the critical role of communities as equal partners across all levels of disease responses, the importance of addressing human rights and gender-related barriers in access to services.

11. What criteria determines if an intervention should be included?

The Modular Framework. Handbook Grant Cycle 8 and related guidance outlines intervention areas eligible for support via Global Fund financing. It is not expected that you will read through it all, but if you are not sure what the Global Fund invests in, it is helpful to consult the Handbook. These priorities should be in line with the areas of focus indicated in the Allocation Letter or otherwise agreed with the Global Fund. A range of prioritization and enabling investment guidance are available on the GC8 Essentials. If in doubt, do reach out to your CCM representatives; the CRG Regional Learning Hubs and/or Key and Vulnerable Networks who have developed a range of tools and resources to help guide communities and civil society in the process.

12. Is community-generated data accepted as strong enough evidence for the funding priorities of civil society organizations and communities?

Yes, this is accepted as strong enough evidence. Community-led monitoring data, focus group discussions outcome and consensus, and community-led research are accepted.

13. Should every need mentioned during country dialogue be included in the Annex?

No, the Annex should only contain the highest priority interventions identified by civil society and communities. There is no minimum, however only up to a maximum of 20 interventions may be included.

14. Is there guidance or methodology on how to prioritize interventions?

There is no specific prioritization guidance, but it helps to ensure interventions are aligned with the modular framework core grouping/thematic areas of interventions. It also helps that you prioritize key interventions in the Annex, for funding request consideration, that are high impact, offer value for money and are feasible in the countries' context. It is recommended that priorities are listed in order of importance.

15. Should we include prioritized interventions that have been included in the Funding Request or PAAR?

The Annex should reflect the highest priority interventions identified by communities and civil society regardless of whether they have been included in the Funding Request or PAAR.

16. Will all identified priorities be included for funding in the submitted funding request?

No. Funding available from the Global Fund in any cycle is never enough to respond to all demands and priorities as identified by the full range of stakeholders included in the country dialogue and funding request development processes. In documenting and consolidating their priorities, the Annex can be used by local community and civil society, country partners, and the Global Fund Secretariat to better understand the degree to which they have been included.

17. Who should coordinate and complete the Annex and is there funding for this activity?

Community and civil society representatives on the CCM should coordinate the completion of this form and ensure that it is validated by those communities and civil society groups consulted and engaged. The CCM Secretariat should provide support in this process. Community and civil society representatives can request the CCM to provide funding for support through the 15% budget allocation intended for constituency engagement. Support can also be sought from technical and bilateral partners at the country level.

18. Our constituency does not have a representative on the CCM, how can we ensure that our interests have been included?

The CCM community and civil society representatives are mandated to represent the needs and priorities of all communities for the development of this Annex and include a list of all organizations consulted in the development of the Annex.

19. We have not used the Annex, but can we submit our own constituency's priority list as an Annex?

No, only one Annex can formally be submitted with the Funding Request as a required document with the submission.

20. How should the Annex be submitted?

The Annex should be submitted by the CCM as part of the formal funding request submission.

21. Where can we get more information and support on developing funding priority interventions?

For additional information and guidance, please reach out to the CRG Regional Learning Hubs and Key and Vulnerable Networks, and/or technical and bilateral partners supporting communities and civil society to engage in this process in your countries.

22. How will the Annex be used in decision-making during the grant funding prioritization?

The Annex can be used to ensure highest priority interventions collectively identified by communities and civil society have been meaningfully considered for inclusion in funding request development.

23. Is there a mechanism to note if the proposed interventions have been accepted and included in the funding request?

Following finalization of the funding request, we recommend that community and civil society CCM representatives compare the Annex with the final funding request and budget to understand which interventions were fully, partly or not included. This review should ideally be completed prior to submission, to allow for any necessary clarification or adjustment.

24. How can we follow up if we are not satisfied with the decision of the CCM to not include prioritized Interventions in the funding request?

Communities and civil society should engage with their CCM representatives to hold their CCM accountable, as it is the CCM that coordinates the development and submission of the national request for funding. If you have concerns about inclusive decision-making, you can reach out to your Country Team.

25. How can the Annex be used during grant making?

Communities and civil society should engage actively with their CCM representatives to seek clarification and advocate for the inclusion of agreed priorities. CCM representatives may use the Annex and its documented priorities during grant-making negotiations to track which interventions have been retained, adjusted, or excluded, and to advocate for those that were agreed but not fully reflected. They also play a key role in communicating back to constituents on how decisions have been taken and justified.

Glossary of Key Terms and Acronyms

The Global Fund (TGF)	An international financing organization that supports countries to fight HIV, tuberculosis (TB), and malaria and strengthen health systems
GC8 (Grant Cycle 8)	The current Global Fund funding cycle (2026–2028), used to plan and implement programs.
CCM (Country Coordinating Mechanism)	A national platform that brings together government, civil society, and communities to develop funding requests and oversee grants.
Country Dialogue	A participatory process where stakeholders, including communities, discuss and agree on priorities for Global Fund funding.
Funding Request	A country's formal application to the Global Fund, describing priorities and funding needs.
PR (Principal Recipient)	The organization responsible for managing and implementing Global Fund grants.
SR (Sub-recipient)	An organization that works under the PR to implement activities, often at national or community level.
LFA (Local Fund Agent)	An independent organization that checks financial and program information. It does not implement activities.

CLM (Community-Led Monitoring	A process where communities collect and use data to monitor the quality and accessibility of health services.
KPs (Key Populations)	Groups most affected by HIV and facing barriers to accessing services (e.g., MSM, sex workers, transgender people).
KVPs (Key and Vulnerable Populations)	Groups at higher risk or with limited access to services, depending on the context and disease.
RSSH (Resilient and Sustainable Systems for Health)	Investments that strengthen health and community systems for long-term impact.
Modular Framework	A Global Fund tool used to organize programs into components, interventions, and activities for planning and budgeting.
Allocation Letter	A document from the Global Fund that informs countries about their funding amount and key requirements.
Annex on Funding Priorities	A document that summarizes the main priorities identified by communities and civil society for inclusion in the funding request.