THE GLOBAL FUND GRANT CYCLE 8 (GC8) MODULAR FRAMEWORK

A GUIDE FOR PEOPLE WHO USE DRUGS

The Network of Asian People who Use Drugs (NAPUD) has produced this guide to support the engagement of people who use drugs in identifying their priorities and submitting them to the CCM and funding request writing team, in line with the Global Fund GC8 Modular Framework.

The guide is a collation of contents most relevant to people who inject drugs that are extracted from two major Global Fund publications: (i) Grant Cycle 8 (GC8) Reprioritization Guidance: HIV; and (ii) Modular Framework: Handbook Grant Cycle 8. It also refers to WHO's 2022 Consolidated Guidelines on HIV, viral hepatitis, and STI prevention, diagnosis, treatment, and care for key populations.

We strongly recommend reading this guide alongside a recent publication by the International Network of People who Use Drugs (INPUD) – "How people who use drugs can influence Global Fund Grant Cycle 8 (GC8)?".

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By the Network of Asian People who Use Drugs (NAPUD)

NAPUD
NETWORK OF ASIAN PEOPLE WHO USE DRUGS

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SECTION 1: WHO RECOMMENDATIONS FOR PEOPLE WHO INJECT DRUGS

WHO recommends a comprehensive public health and human-rights–based approach that combines harm reduction, prevention, testing, treatment, and supportive policies *(see Table 1)*:

Table 1 – WHO recommendations for people who inject drugs (PWID)[1]

Essential for impact: Enabling interventions	Essential for impact: Health interventions	Essential for broader health: Health interventions
▪ Removing punitive laws, policies and practices ▪ Reducing stigma and discrimination ▪ Community empowerment ▪ Addressing violence	**Prevention** ▪ Harm reduction (needle and syringe programs, opioid agonist therapy and naloxone for overdose management) ▪ Condoms and lubricant ▪ Pre-exposure prophylaxis (PrEP) for HIV ▪ Post exposure prophylaxis (PEP) for HIV and sexually transmitted diseases (STIs) ▪ Prevention of vertical transmission of HIV, syphilis and hepatitis B virus (HBV) ▪ HBV vaccination ▪ Addressing chemsex **Diagnosis** ▪ HIV testing services ▪ STI testing ▪ HBV and hepatitis C virus (HCV) testing **Treatment** ▪ HIV treatment ▪ Screening, diagnosis, treatment and prevention of HIV-associated tuberculosis (TB) ▪ STI treatment ▪ HBV and HCV treatment	▪ Conception and pregnancy care ▪ Contraception ▪ Anal health ▪ Mental health ▪ Prevention, assessment and treatment of cervical cancer ▪ Safe abortion ▪ Screening and treatment for hazardous and harmful alcohol and other substance use ▪ Tuberculosis prevention, screening, diagnosis and treatment

[1] WHO recommendations for people who inject drugs in the 2022 Consolidated Guidelines. Available: https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/people-who-inject-drugs

SECTION 2: GRANT CYCLE 8 (GC8) PRIORITIZATION GUIDANCE: HIV

The Prioritization Guidance is based on **evidence-based normative and technical guidance** from across the partnership and includes relevant references. The guidance informs country-led decision-making on how to maximize the impact of Global Fund resources, used together with National Strategic Plans to ensure alignment with overall spending plans, including domestic resourcing and external funding from other sources. *Table 2* presents the program essentials that are most relevant to people who use drugs. For more information, please check out the "Grant Cycle 8 (GC8) Prioritization Guidance: HIV".

Table 2 – Program Essentials most relevant to people who use drugs: A framework for prioritizing context-specific interventions[2]

PROGRAM ESSENTIAL #	**INTERVENTIONS** (Prioritization & Considerations)
Program Essential 1	**Condom and lubricant programming for key and vulnerable populations (KVP)**
Program Essential 2	**Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) programming** ▪ People who inject drugs in settings with few or limited reach of needle-syringe programs and low opioid agonist maintenance coverage. ▪ Prisoners and others in closed setting where national adult (15-49) HIV prevalence is greater than 10%. ▪ Ensure access to PEP following potential HIV exposure.
Program Essential 3	**Harm reduction services for people who use drugs** ▪ Needle and syringe programs for PWID. ▪ Opioid agonist maintenance treatment and other medically assisted drug dependence treatment for people who use drugs (PUD) ▪ Overdose prevention and management for PUD
Program Essential 5	**Sexual and reproductive health services to support HIV prevention for KVP** ▪ Provide HCV testing/treatment in harm reduction services in countries with high levels of HIV/HCV co-infection. ▪ Integrate HIV prevention with sexual and reproductive healthcare programs.

[2] The Global Fund. Grant Cycle 8 (GC8) Prioritization Guidance: HIV. 2026. Available from: https://resources.theglobalfund.org/media/bdxi2waz/cr_gc8-hiv-prioritization_guidance_en.pdf

	▪ Support hepatitis B testing and management for individuals accessing HIV prevention platforms who are at high risk of hepatitis B.
Program Essentials 6-9,22	**Testing for key populations** ▪ Provide testing for KVP. ▪ Engage trained lay providers for HIV testing as a cost-effective intervention compared to the delivery of HIV testing by health workers. It can help address gaps in human resources for health and significantly expand community reach for HIV testing and testing access for KVP. ▪ Shift to HIV self-testing (including at the facility level) could lead to savings in the context of a reduced health workforce.
Program essentials 24 & 25	**Expand access to quality and discrimination-free health care** ▪ Invest in activities to reduce HIV-related stigma and discrimination that create barriers to access services by those most at risk in health care and community settings. ▪ Provide community-led responses and engagement with stakeholders in health care, community and justice settings to enable access to HIV, TB and Malaria services.
Program Essential 26	**Improving legal literacy and legal support related to health services** ▪ Provide community-led monitoring (CLM) of human rights-related barriers to services in health facilities with referral to legal services and community-led interventions (e.g., paralegals). ▪ Integrate programs to remove HIV-related gender and discriminatory barriers to services into the work of national human rights mechanisms and relevant multi-sectoral responses.
Program Essentials 24, 27	**Improving health-related laws, regulations and policies to enable access to HIV, TB and Malaria services** ▪ Advocacy to improve access to services, including changes in health policies that serve as barriers to accessing services.
Program Essential 28	**Preventing and responding to violence against women and girls**
N/A	**Organizational and leadership development and Community coordination and engagement in decision making**
N/A	**Community-led monitoring (CLM) and advocacy**

NOTE: All pink-highlighted rows in the above *Table 2* are program essentials and priority interventions for people who use drugs. At the country level, communities should strongly advocate for their inclusion in the GC8 funding request and detailed budget. Depending on each country's allocation size, programmatic gaps, context, and national and community priorities, other program essentials and interventions from *Table 2* can be included.

SECTION 3: MODULAR FRAMEWORK HANDBOOK GRANT CYCLE 8 (GC8)

The Global Fund **"Modular Framework Handbook[3]"** for GC8 is structured in four components:

1. Resilient and Sustainable Systems for Health (RSSH),
2. HIV,
3. Tuberculosis (TB), and
4. Malaria.

A module represents a broad programmatic area under each disease component or RSSH, that groups related interventions contributing to a specific objective. Each standard intervention includes a list of activities that can be adapted to the country and program context. This set of modules, interventions, and activities guides users to select and organize financial, procurement, and programmatic information by strategic priority areas across grants and components.

Table 3 – Definitions

Level	Definition	Purpose	Example
Module	Broad programmatic area contributing to a strategic objective	Ensures standardization for budgeting and monitoring	HIV prevention
Intervention	An area of specific programmatic focus within a module	Describes the type of support and action	Needle and syringe programs for PWID
Activity	Specific tasks to operationalize interventions	Used for implementation planning and support on costing	Distribution of needles and syringes through direct and secondary distribution, mobile clinics, peer-driven interventions, people in prison.
Indicators	Standardized measures to capture results linked to modules	Used to measure progress and performance	KP-4 Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programs.

The Global Fund GC8 Modular Framework Handbook includes numerous Modules, Interventions, and Activities under each component (i.e., RSSH, HIV, TB, Malaria). This guide attempts to present some of the modules, interventions, and activities under RSSH and HIV components only. ***Tables 4 & 5*** below present Modules and Interventions extracted from the Handbook that are most relevant to people who use drugs.

[3] The Global Fund. Modular Framework - Handbook Grant Cycle 8. 2026. Available from: https://resources.theglobalfund.org/media/mbmbjftc/cr_gc8-modular-framework_handbook_en.pdf

Table 4 – Component: RSSH

MODULES	INTERVENTIONS
Community System Strengthening	▪ Community-led monitoring and advocacy ▪ Community coordination and engagement in decision-making ▪ Organizational and leadership development
Health Financing Systems	▪ Social contracting
Reducing Human Rights-related Barriers to HIV, TB and Malaria Services	▪ Expanding access to quality and discrimination-free health care ▪ Improving legal literacy and legal support related to health services ▪ Improving health-related laws, regulations and policies to enable access to HIV, TB and malaria services
Reducing Gender-related Vulnerabilities and Barriers to HIV, TB and Malaria Services	▪ Addressing gender discrimination, and norms that pose a barrier to HIV, TB and Malaria services ▪ Preventing and responding to violence against women and girls
Human Resources for Health (HRH) and Quality of Care	▪ Community health workers: selection, pre-service training, certification and equipping ▪ Community health workers: contracting, remuneration and retention ▪ Community health workers: in-service training ▪ Community health workers: integrated supportive supervision

Table 5 – Component: HIV

MODULES	INTERVENTIONS
HIV Prevention	▪ Needle and syringe programs for PWID. ▪ Opioid agonist therapy and other medically assisted drug dependence treatment for people who use drugs ▪ Overdose prevention and management for PUD ▪ Sexual and reproductive health services to support HIV prevention for key and vulnerable populations ▪ Condom and lubricant programming for KVP. ▪ PrEP and PEP programming (7 interventions) ▪ Information and communication for uptake of HIV prevention and outreach services for KVP ▪ Community mobilization for HIV prevention
Differentiated HIV Testing Services	▪ Testing for others at risk of HIV infection
Treatment, Care and Support	▪ HIV treatment and differentiated service delivery - adults (15 and above) ▪ HIV treatment and differentiated service delivery - children (under 15) ▪ Treatment monitoring - viral load, antiretroviral (ARV) toxicity and drug resistance ▪ Integrated management of common co-infections and co-morbidities (adults and children) ▪ Diagnosis and management of advanced HIV disease (adults and children)
TB/HIV	▪ TB/HIV - Collaborative interventions ▪ TB/HIV - Screening, testing and diagnosis ▪ TB/HIV - Treatment and care ▪ TB/HIV - Prevention

SECTION 4: INTERVENTIONS AND ACTIVITIES

While the above sections *(Tables 2, 4 & 5)* presented a long list of program essentials, modules, and interventions that are, depending on country contexts, most relevant to people who use drugs. In this section, acknowledging significant reductions in the Global Fund allocations, we have narrowed them further to be able to focus on the most important (priority) interventions and activities for people who use drugs under HIV and RSSH components. Therefore, national networks of people who use drugs, informal advocacy groups, harm reduction providers, and/or drug user communities at the country level should push for interventions and activities in ***Table 6*** and ensure that these interventions and activities are included and budgeted in the GC8 funding request and detailed budget.

To keep this document concise, only a few interventions and activities are presented in Table 6 to give an idea of what the GC8 modular framework looks like and how it can be used to identify community priorities, push for their inclusion in the funding request and detailed budget. We always recommend going through the full document: Grant Cycle 8 (GC8) Modular Framework Handbook.

Table 6 – Priority interventions and activities communities should push for

Module: HIV Prevention	
INTERVENTIONS	**INDICATIVE LIST OF ACTIVITIES (EXAMPLES)**
Needle and syringe programs for people who inject drugs (PWID)	Provision of on-site and virtual interventions. For example: ▪ Procurement of needles and syringes, including low dead space syringes and other safe injecting commodities, such as alcohol swabs, sterile water, filters/cookers, and sharps container, etc. ▪ Distribution of needles and syringes through direct and secondary distribution, mobile clinics, peer-driven interventions, people in prison. ▪ Safe collection and disposal of used needles and syringes. ▪ Peer-based information and support on safe injecting practices. ▪ Basic health care and injecting-related first aid, including wound (abscess) care and treatment of skin infections. ▪ Integration of prevention, screening, testing and treatment for hepatitis B and hepatitis C. Referrals to vaccination for hepatitis B. ▪ Integration of TB prevention and screening, and referral for diagnosis and treatment.

Opioid agonist therapy (OAT - *often referred to as OST or OAMT in many countries***) and other medically assisted drug dependence treatment for people who use drugs (PUD)**	▪ Development of OAT protocols and policies and procurement and distribution of OAT addressing clients' needs including for people in prisons and pregnant women. ▪ Peer-based information and support including virtual interventions. ▪ Mental health care, psychosocial support, and voluntary medically-assisted detoxification for drug dependence treatment. ▪ Differentiated delivery model, including community-led dispensing and satellite dispensing that ensures expansion and decentralization of OAT program. ▪ Integration of prevention, screening, testing and treatment for hepatitis B and hepatitis C. Referrals to vaccination for hepatitis B. ▪ Integration of TB prevention and screening, and referral for diagnosis and treatment.
Overdose prevention and management for PUD	▪ Procurement of naloxone distribution and administration by first responders, including for people in prisons. ▪ Peer-based information and support on overdose prevention and risk management. ▪ Overdose risk communication, overdose response training, overdose surveillance/community reporting, and referral after non-fatal overdose
Sexual and reproductive health services to support HIV prevention for key and vulnerable populations (KVPs)	▪ Screening, testing and treatment of asymptomatic STIs. ▪ Syndromic and clinical case management for patients with STI symptoms. ▪ Contraception information and services. ▪ Screening for relevant cancers. ▪ Integration of HIV prevention programs into sexual and reproductive health services, drop-in centers, shelters, community centers youth-friendly services. ▪ Intimate partner violence response services and post-rape care including HIV PEP, rapid HIV testing, emergency contraception, STI services and first-line counselling.

Module: Differentiated HIV testing	
INTERVENTIONS	**INDICATIVE LIST OF ACTIVITIES (EXAMPLES)**
Testing for key populations (including people who inject drugs)	HIV testing services provided through: ▪ Network-based testing conducted by community health workers (e.g., peers) or health care workers, including contact/partner tracing and testing; social-network testing and testing for children of people living with HIV (PLHIV) (family testing). ▪ HIV self-testing (HIVST) through facility, community, and network-based distribution, leveraging virtual interventions. ▪ Provider-initiated testing and counseling (PITC), especially for OVP and with sexually transmitted infections.

	▪ Effective linkage to HIV treatment for people confirmed HIV-positive, and effective linkage to prevention services for those found to be negative. ▪ HIV testing for prevention services such as PrEP initiation/continuation and VMMC. ▪ Communication, stigma reduction and community mobilization activities for increasing uptake of HIV testing.

Module: RSSH - Community Systems Strengthening (CSS)	
INTERVENTIONS	**INDICATIVE LIST OF ACTIVITIES (EXAMPLES)**
Community-led monitoring and advocacy	Development and implementation of integrated community-led monitoring (CLM) mechanisms including: ▪ National CLM frameworks, including innovative pilots. ▪ Strategies to use CLM data for quality improvement at public and private facilities and in community settings; presenting data and recommendations in health and community systems governance and oversight structures, and in other key decision-making fora from national to local levels. ▪ Technical support, capacity and leadership building of community-led organizations, including those led by key and vulnerable populations (KVPs). ▪ Monitoring barriers to HIV, TB and malaria services, such as those related to human rights, through CLM.
Community coordination and engagement in decision making	Activities related to the participation of communities and populations/groups most affected by HIV, TB and malaria (including KVP and women, adolescent girls and young people) in national, sub-national and local planning and decision-making fora and processes. For example: ▪ Supporting community representatives to participate effectively in national health planning and governance processes. ▪ Building community capacity to engage in health financing and accountability processes, and to generate and use evidence to inform prioritization, planning and accountability mechanisms.
Organizational and leadership development	Activities related to establishing, strengthening and sustaining collaborative relationships between health systems and relevant civil society organizations (CSOs) (especially those that are led by communities and service users, such as KVPs, women, youth and people living with the three diseases), community organizations and networks that support the fight against HIV, TB and malaria. For example: ▪ Organizational capacity building of community-led and -based organizations, including mentoring and small grants, to strengthen governance, strategy, program and financial management, and to

	sustain core operational costs including staff salaries, office and operations, and safety and security measures. ▪ Support for formal registration or, where registration not possible, for legal advice, fiscal hosting and consortium management. ▪ Technical capacity building to strengthen program design, implementation, monitoring and financial management of community-led organizations. ▪ National participation and leadership development, supporting emerging leaders from under-represented communities to engage meaningfully in national health processes, decision-making and accountability. ▪ Regular training and refreshers on OAT/NSP literacy, outreach, counselling, stigma & discrimination, etc. for harm reduction providers, including community outreach workers and counselors.

Module: RSSH - Health Financing Systems	
INTERVENTIONS	**INDICATIVE LIST OF ACTIVITIES (EXAMPLES)**
Social Contracting	Activities related to funding and processes that enable effective contracting with CSOs and community-based organizations (CBOs) for community engagement, accountability and health service delivery. For example: ▪ Assessment, development and implementation of public financing and contracting models for community and/or civil society organizations service delivery. ▪ Costing of service packages and contracting mechanisms. ▪ Capacity-building for CSOs and CBOs to function as financially viable agents to receive and implement public/other financing. ▪ Provision of technical support and bridge funding through transition periods to maintain continuity of services. ▪ Piloting of social contracting by the government to a community-led organization (where social contracting guidelines exists)

Module: RSSH - Reducing Human Rights-related Barriers to HIV, TB and Malaria Services	
INTERVENTIONS	**INDICATIVE LIST OF ACTIVITIES (EXAMPLES)**
Improving legal literacy and legal support related to health services	Activities related to increasing legal literacy about national or local policies, regulations and laws related to health services and means of redress for people living with HIV, people affected by TB and malaria, KVPs and underserved populations.
Improving health-related laws, regulations and policies to enable access to	Activities related to enhancement and enforcement of health-related laws, regulations and policies to enable access to HIV, TB and malaria services, including addressing legal, gender- and human rights-related barriers to such services. For example:

HIV, TB and malaria services	▪ Legal and policy analysis and monitoring related to HIV, TB and malaria service delivery: Legal and policy assessments, development, implementation, and monitoring of action plans for legal, regulatory and/or policy reform, ongoing monitoring of legal, regulatory and/or policy development and implementation that impact access to HIV, TB and malaria services. ▪ Community leadership: Engagement of communities, community-led and community-based networks, and civil society to provide inputs on the impact (including enforcement) of laws, regulations and policies on HIV, TB or malaria service delivery to communities; and engagement and capacity building of community leaders to monitor, review and provide feedback on such laws, regulations and policies. ▪ High level/multi-stakeholder engagement: Through the engagement of ministers and institutions (justice, interior, corrections, finance, industry, labor, education, immigration, housing, gender, health, trade and other sectors, as well as religious and traditional leaders), support advocacy for laws and policies that respect the right to non-discriminatory health HIV, TB and malaria services and uphold health-related digital rights, including data privacy, protection from online harassment and discrimination, and access to digital platforms for health information and services. ▪ Improved law enforcement: Development of curriculum and materials and training of law enforcement officials (police, judges, prison staff) on the importance of access to non-discriminatory HIV, TB and malaria services. Assessment of attitudes of police, judges and prison staff (including pre- and post-intervention); and structured engagement of communities in policing and prison settings.

SECTION 5: HOW TO USE THIS GUIDE TO ADVOCATE AND INFORM THE FUNDING REQUEST?

It is imperative that national networks of people who use drugs make efforts to hold a consultation meeting (i.e., physical or virtual) among community-led organizations, harm reduction service providers, service recipients (clients), etc., before the Country Coordinating Mechanism (CCM) begins the GC8 country dialogue consultations at national and subnational levels.

National networks and/or informal advocacy groups of people who use drugs are strongly recommended to use **TABLE 7** as a template to submit drug users' priorities to the CCM and the GC8 Grant Writing Committee (i.e., also called GC8 funding request development Committee/Team).

From *Section 2 (Table 2) and Section 3 (Tables 4 & 5)* of this document, please select the most important program essentials for your country's and community's context. Once priority interventions are identified, please refer to *Section 4 (Table 6) and Section 6* to identify key activities for each priority intervention. **Please note that activities listed for each intervention in Table 6 are examples only, and communities can prioritize and propose other activities beyond that list, with an explanation (evidence of need) in your context.**

Table 7 – Template for submitting funding priorities of people who use drugs

INTERVENTIONS	ACTIVITIES

Information provided to the CCM and Grant Writing Committee in the above template (Table 7) will make it easier for funding request writers (Consultants) to understand and incorporate it into the funding request.

Below is a screenshot of the funding request template that grant writers must complete.

Screenshot 1: Table 2 of the GC8 funding request application form of the Global Fund

Table 2

Module Name and Number	
Intervention(s) and Activities	
Expected Impact	

SECTION 6: OVERARCHING PRINCIPLES AND FUNDING PRIORITIES FOR PEOPLE WHO USE DRUGS IN GC8

CORE PRINCIPLES

Harm reduction services should be:

- Youth and gender friendly.
- Accessible, acceptable, equitable, appropriate, and effective for different sub-populations.
- Low-threshold (barrier) and non-judgmental, with confidentiality assured.
- Co-designed and co-delivered with meaningful engagement of young people and women who use drugs.
- Comprehensive (full spectrum), integrating health, social, and structural services.
- Evidence and human rights-based.
- Community or peer-led (i.e., drug users)
- Able to address both injecting and non-injecting people who use drugs

PRIORITY 1: INTEGRATED HARM REDUCTION

With reduced funding allocation, traditional service delivery models might be costly to sustain. Therefore, in GC8, communities should push for an integrated harm reduction model that combines:

- Harm reduction (NSP, OAT, Naloxone)
- HIV/STI services
- HBV and HCV services
- TB testing and treatment
- Mental health care, psychosocial support, and voluntary medically-assisted detoxification for drug dependence treatment
- Social support (housing, livelihood, GBV support, etc.)
- Removing human rights and gender-related barriers
- Community-led monitoring (CLM) of harm reduction, human rights and gender barriers.

All of these services combined would be an integrated "one-stop" model of delivering harm reduction effectively and cost-effectively.

For more information on **"Integration in GC8, red lines & roles for communities"**, please check out the recent publication of Seven Alliance (Asia-Pacific Regional Learning Hub):

"A community guide to integration on the Global Fund Grant Cycle 8 (GC8): What to protect, push for, and how to engage?".

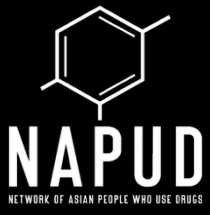
PRIORITY 2: STRENGTHEN EXISTING HARM REDUCTION

In addition to all the activities (examples) in Table 6, the following activities to strengthen existing harm reduction services should be prioritized (depending on your country context). These activities can be proposed under relevant interventions as funding priorities for people who use drugs *if they reflect the realities of people who use drugs in your country (please use the Table 6 template).*

- Scale up NSP and OAT sites to increase the coverage of these programs.
- Expand mobile harm reduction units in urban and rural areas.
- Scale and strengthen community-led outreach and peer educator models for NSP and OAT.
- Strengthen drop-in-centers into an integrated youth hub.
- Decentralize service access points or provide travel subsidies.
- Expand community dispensing models of OAT (including satellite dispensing).
- Provide take-home doses of OAT medicine or introduce long-acting injectable buprenorphine.
- Ensure stigma and discrimination reduction interventions are integrated into the overall service package.
- Pilot and/or scale up digital harm reduction platforms (i.e., WhatsApp, tele-counseling, digital therapeutic services, etc.)
- Community and peer-distribution of naloxone, including through NSP and OAT sites.
- Overdose risk communication, overdose response training, overdose surveillance/community reporting, and referral after non-fatal overdose in contexts where fentanyl, nitazenes and/or other potent synthetic opioids may be emerging.
- Anonymous online support and overdose guidance tools.
- Explore/introduce youth- and gender-friendly service standards for NSP and OAT sites.
- Extend evening and weekend hours at OAT sites for working or school-going youth.
- Confidential access for minors within legal frameworks.
- Fair remuneration for community outreach workers and peer educators.

Priorities may differ country-to-country depending on the issues and needs of communities of people who use drugs. Therefore, national networks of people who use drugs and harm reduction providers must prepare funding priorities for GC8, in consultation with your constituencies, before the CCM begins the GC8 country dialogue consultation meetings.

NOTE: Some of the South and Southeast countries are submitting their funding request in **Window 1 (i.e., 8 June 2026) and Window 2 (i.e., 27 July 2026),** having their country dialogue consultations already completed and rapidly moving toward funding request finalization and submission. In this case, if there is no opportunity to provide input directly, then please submit your priorities in writing to the community representative at the CCM, and if possible, to the Chairperson of the CCM (both in person and via email).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