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A Guide for Communities

Grant Adaptation Measures

for Global Fund Grant Cycle 7

Vía Libre / LAC Platform

July 2nd, 2025

Grant Adaptation Measures for Global Fund Grant Cycle 7 – A Guide for Communities is a document prepared the Latin America and the Caribbean Regional Platform for Support, Coordination and Communication of Civil Society and Communities (LAC Platform)

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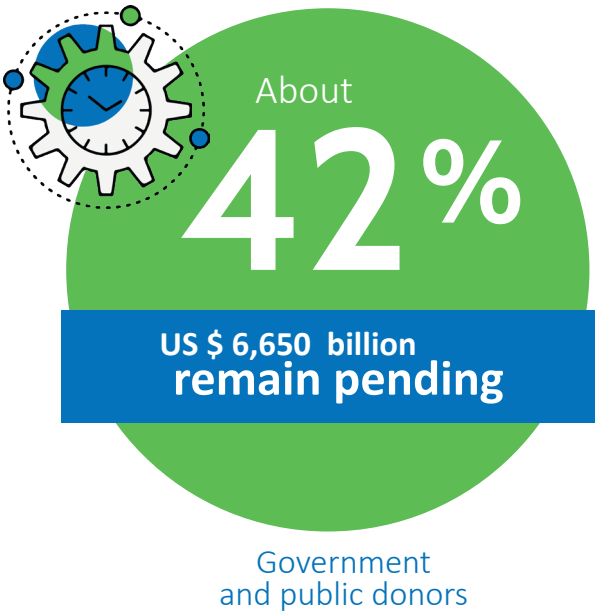
1. Background

The funding landscape for global health programs is undergoing significant and rapid changes. **The Global Fund to Fight AIDS, Tuberculosis and Malaria** (the Global Fund) is subject to these forces while simultaneously acting to support countries and communities in responding. To date, the Global Fund's priority has been to ensure the continuity of approved programming, given these significant disruptions.

The Global Fund is funded by public and private donors on a three-year replenishment cycle. Once resource commitments have been made, donors must transfer the funds to the Global Fund Secretariat for their implementation. This process is called "pledge conversion".

As of May 27, 2025, the Secretariat has received US$9.03 billion from its donors for Grant Cycle 7 (GC7).

About 42%, (US$6.65 billion), remain pending[1]. However, some donors have not been clear about their intentions to transfer the remaining pledged resources, while others have delayed the transfer of funds.



This situation poses a notable financial concern for the Global Fund. During its 53rd meeting in May 2025, the Board of the Global Fund analyzed and discussed in depth the effects of reduced pledge conversion for GC7 on the Global Fund's operations. To prevent a funding shortfall, the Global Fund introduced a two-pronged approach: temporarily pausing selected components of grant implementation ("**slowing down**") and reducing a portion of country allocations while reassessing and prioritizing key interventions ("**reprioritization and revision**").

In total, the Global Fund is reducing approximately US$1.45 billion—around 11% of the original GC7 budgets. This current funding scenario could mean more flexibility than initially expected to preserve core programs including community-led efforts.

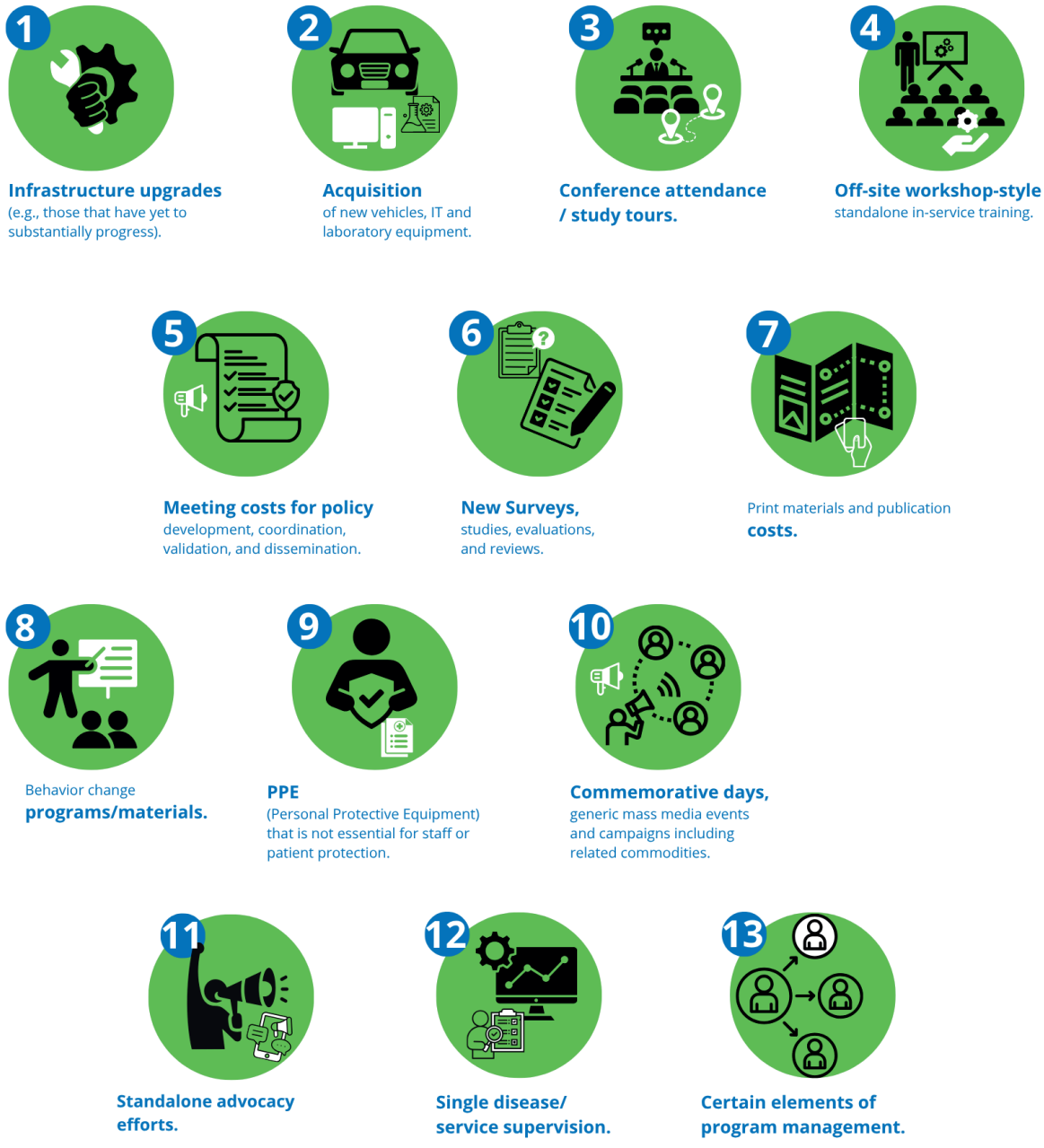
You can find more details on what the Global Fund has communicated to CCMs on **Update** and **GC7 Reprioritization** on the Global Fund website.

1 Global Fund pledges and contributions report as of 17 May 2025
Available at: https://www.theglobalfund.org/en/government/

2. What is Deferral?

In April 2025, the Global Fund asked countries to defer or pause investments that are less critical or time-sensitive while ensuring the continuity of essential and life-saving programs. This was expected to support countries to slow down spending in some areas to maximize the funding available for the broader reprioritization and reinvestment exercise. The Global Fund Secretariat did not provide a specific list of activities that should be considered[2]:

Illustrative areas of activities for immediate stop, scale back or pause: (See full information at the Global Fund, 2025,)



Since each country's context is different, the Global Fund Country Team (CT) have been working with PRs to discuss the specific activities to be paused.

2 https://resources.theglobalfund.org/media/sveowiic/cr_gc7-programmatic-reprioritization-approach_summary_en.pdf (pages 6-8)

3. What is Reprioritization and Revision?

As a first step in the "**reprioritization** and **revision**" process, the Secretariat has communicated the reduction in allocation amounts to each country. This means that the original allocation for GC7, communicated in 2022, was lowered for most grants. Countries then need to decide which programs to cut, modify, maintain, or transfer to other funding sources (e.g., domestic funding).

The amount of funding to be reduced from each country allocation was calculated in June 2025. The Secretariat used a formula to calculate the amount per country, which is primarily based on unimplemented funds. These amounts were then adjusted using several "***qualitative adjustments***," including:

Alignment with the allocation methodology.

Implementing game-changing innovations such as Lenacapavir.

Maintaining critical GC7 interventions.

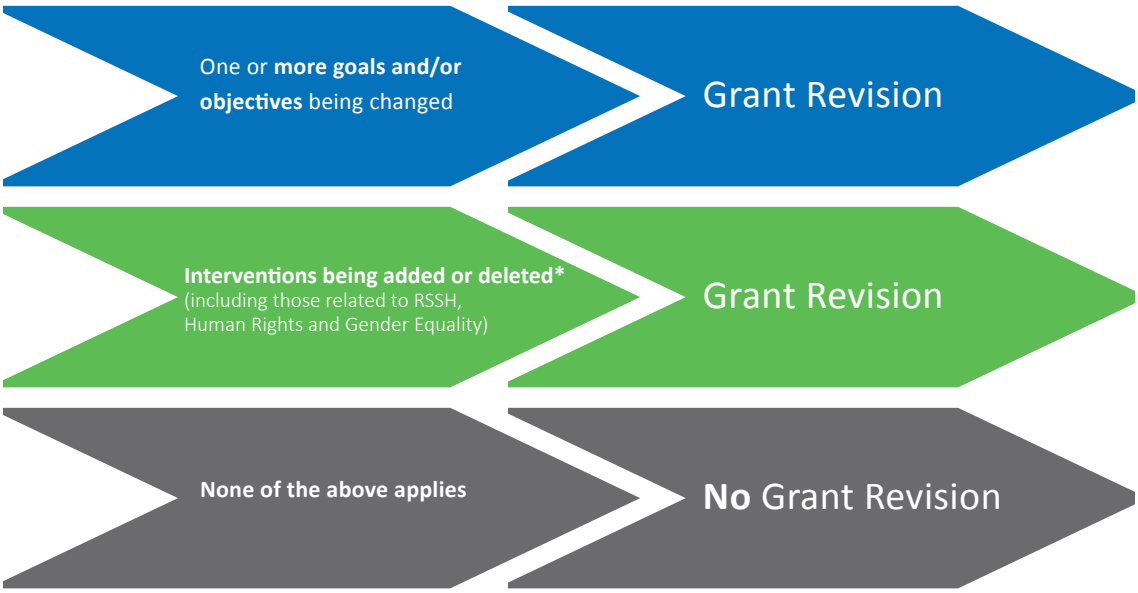
National buy-in for activities and co-funding commitments.

Country dependence on US government funding (PEPFAR, PMI).

Challenging operating environment.

As part of reprioritization, CCMs, Country Teams and PRs may review activities that were previously paused during the deferral exercise, considering the overall funding available. To ensure that the pause does not negatively impact on program delivery, some activities may be approved again by the Global Fund.

Once the final grant amounts are confirmed and countries have decided how to reprioritize interventions within the reduce funding envelope, GF Secretariat will determine if a formal revision of the grant is needed.



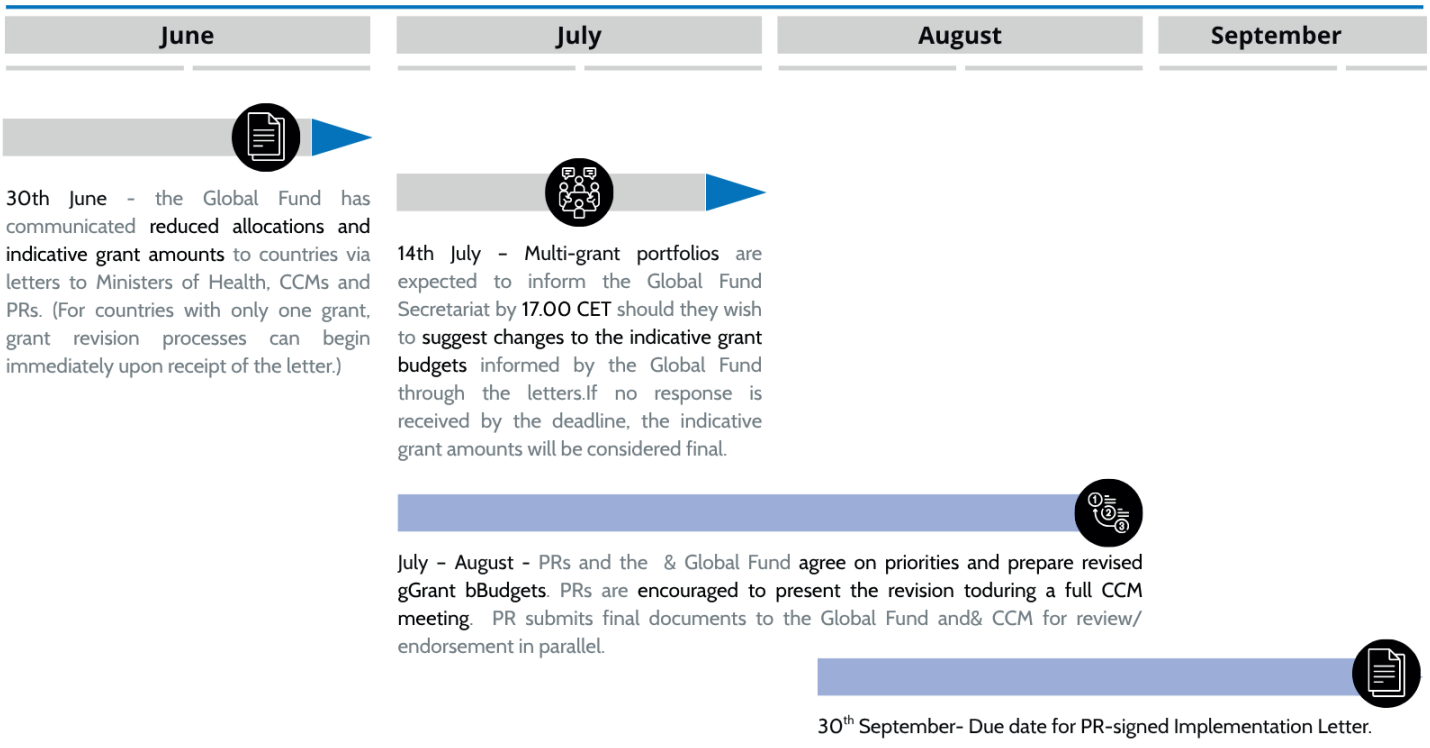
Note: This includes ***"effective deletion"*** where an existing intervention is reduced to an extent that its output or objectives are no longer achievable or feasible.

If a formal revision is needed, the PR will then amend grant documents accordingly (e.g., detailed budget). Depending on the level of in-depth review required and the scope of the changes, the grant may be referred to the Grant Approval Committee or Technical Review Panel.

If a formal grant revision is not required based on the criteria established above, PRs will proceed directly to discuss re-investment of savings/efficiencies with CTs. In order to ensure transparency and accountability during this process, CCM civil society and community representatives may request PRs to present any changes to the grant as part of standard updates to the CCM.

The timeline for reprioritization and revision is as follows:

The process is slightly different for countries with one grant compared to countries with multiple grants.



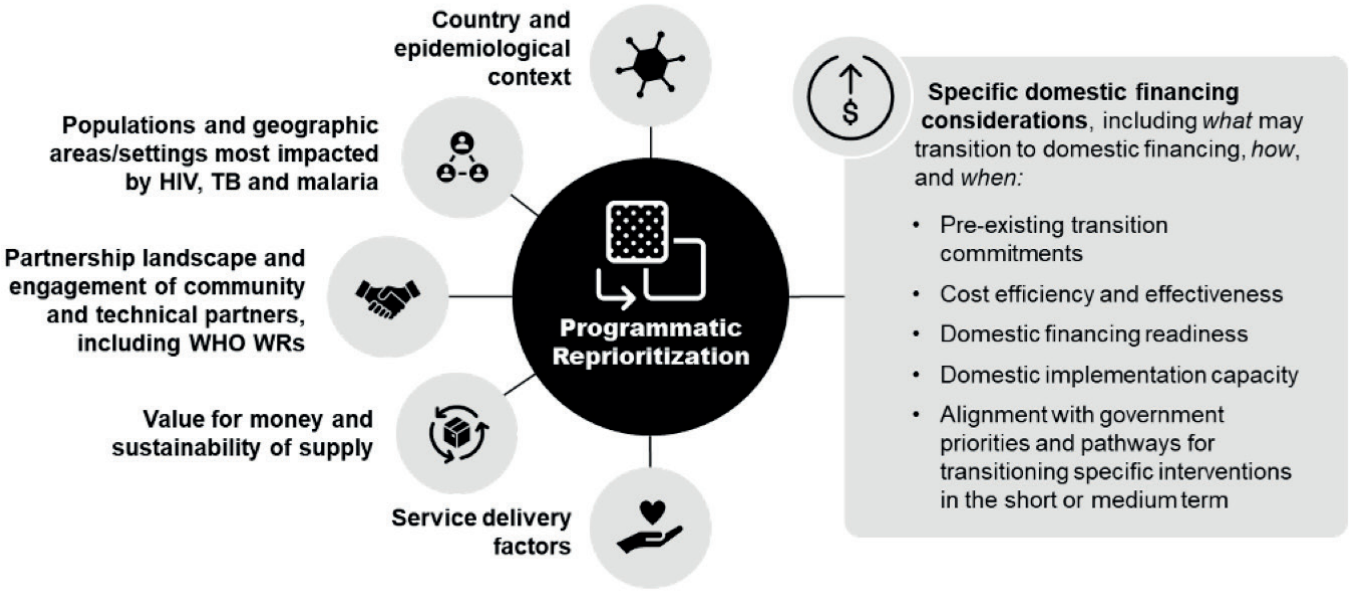
The timeline for community engagement in GC7 reprioritization is very short. To participate in decision-making, it is important to prepare strong evidence-based arguments, exchange among constituencies, and contact your CCM member or the CCM Secretariat to understand key engagement opportunities. Keep in mind that the letters sent to countries clearly mention that "the CCM's decision making must ensure meaningful engagement of all relevant stakeholders, both within and beyond the CCM membership, and particularly those from communities and civil society".

GC7 programmatic reprioritization approach

On June 5th, 2025, the Global Fund released the document "GC7 Programmatic reprioritization approach: Protecting and enabling access to lifesaving services". **(English, French, Spanish and Portuguese)**. This document supports CCMs and PRs in decision-making for reprioritization of interventions in GC7, while respecting the principle of country ownership and safeguarding the Global Fund's mission to save lives.

The document emphasizes that, any changes must be tailored to each country's unique grant context, taking into account programmatic interdependencies and all available funding sources. It also highlights that, in preparation for Grant Cycle 8 (GC8), reprioritization decisions and grant revisions under GC7 should promote integration, cost effectiveness, and long-term sustainability of HIV, TB, and malaria activities within countries' primary health care services and community health systems.

Figure 1: Programmatic Reprioritization decisions should consider country context and all sources of funding.



Source: **Global Fund (2025,)**

4. General Considerations during the Programmatic Reprioritization

Before initiating discussions at the country level to reprioritize, review, and adjust GC7 grants, communities should understand the broader programmatic context and be ready to present strong, evidence-based arguments, building a solid case to support national priorities.

When reprioritizing interventions, countries must ensure that **equity**, **human rights**, **gender**, and **community systems** remain central. Key services should be accessible and tailored to the needs of vulnerable and underserved populations, with efforts to reduce structural barriers like stigma and gender-based violence. Community systems, including peer support and community-led monitoring, must be preserved and strengthened.

Below are the main programmatic considerations (see full considerations at: GC7 Reprioritization Approach, 2025).

Equity, Human Rights, Gender and Community Systems

Priority should be given to key interventions that reduce equity, human rights, and gender-related barriers, ensuring that the most affected populations can effectively access HIV, TB, and malaria services.

Availability of services alone is considered insufficient as interventions must be designed to ensure that key, vulnerable and underserved populations can access and benefit from them, with sustained focus in engaging communities across the cascade of care. Countries must work to remove structural barriers across health and community systems such as stigma, discrimination and gender-based violence. These barriers are further heightened in many settings, as a result of funding cuts for health.

Maintaining and strengthening community systems is essential to reaching the most affected populations. This includes preserving community peer cadres and ensuring that community-led service delivery mechanisms are optimized, remain functional and well-supported. This will require protecting investments that contribute to improved linkage and referral between formal and community health delivery platforms.

Integration into primary care services should be accompanied by efforts to make services accessible and acceptable to the most affected populations, including activities to strengthen competencies in delivering inclusive, respectful, stigma-free, gender-responsive and age-appropriate care.

Additionally, community-led monitoring (CLM) and accountability mechanisms are critical to identifying and addressing rights violations and ensuring that health systems remain responsive to the needs of those most at risk. However, it is important to avoid support for standalone or trial CLM programs at this time as per the information in this document.

It is important that these areas of investment are not disproportionately reduced, given their immediate and long-term benefits in overcoming service access barriers. Prioritization decisions must be considered holistically at the country level and assessed for their cumulative impacts or unintended consequences on vulnerable populations, and their potential to worsen barriers in access to health care or health inequities.

Prioritization of interventions in pregnancy needs to consider any reductions in HIV testing at antenatal care (ANC) in high burden areas, and nutritional support for pregnant women with TB, alongside reductions in sexual and reproductive health services and the removal of social protection for adolescent girls and young women, as these are likely to combine to increase maternal mortality rates and significantly worsen existing gender inequalities.

RSSH and Integration

The Global Fund encourages countries to finance disease-specific interventions in a more integrated and sustainable way, embedding equity, human rights and gender equality in each intervention, while prioritizing systems strengthening for maximum impact and resilience.

Prioritization of disease-specific activities should be considered together with RSSH prioritization areas including human resources for health (particularly CHWs); supply chain systems; community-based and community-led service delivery and monitoring; data systems (HIS, LMIS, laboratory, etc.); integrated laboratory systems; and other health functions that support quality of and equitable access to disease-specific activities.

Value for Money

The Global Fund requires all funding requests must demonstrate good value for money by maximizing and sustaining the quality, equity and impact of health outcomes in relation to the investment. This is assessed across five dimensions: economy, effectiveness, efficiency, equity and sustainability. Applicants are encouraged to review the *Value for Money Technical Brief* to understand how to demonstrate good value for money.

Domestic financing

Within a country's funding landscape, domestic financing plays a critical role in sustaining essential interventions for HIV, TB, malaria and RSSH. Countries should identify which investments are best suited for transition to domestic financing in the short, medium or long-term. A context-specific and intentional approach to domestic financing is needed to avoid programmatic disruption, sustain critical interventions and avoid increasing dependencies on Global Fund financing when possible. Prioritization discussions should consider opportunities for decreasing reliance on Global Fund financing for critical interventions, especially given potential longer-term pressure on Global Fund resourcing.

Transitioning specific investments to domestic financing is context-specific and influenced by several factors, including:

1	2	3	4	5
Health financing landscape/ funding landscape	**Fiscal space/ economic situation**	**Existing co-financing commitments made for GC7**	**Interventions best placed to be transitioned to domestic financing**	**"Scaling" of relevant interventions**
Who funds what currently, how this is shifting, and/or may shift?	What is the ability of countries to increase financing in the medium- to long-term for specific interventions/costs?	What has the country already formally committed to in GC7, what is the progress made toward meeting these commitments, and which of these could be built on?	What does the transition pathway look like for specific interventions?	How quickly can specific interventions be moved to domestic financing?

To maintain lifesaving HIV, TB, and malaria services, programs must prioritize core interventions using all available funding sources, including domestic budgets, Global Fund investments, and contributions from partners.

5. Core Priorities for Reprioritization: Strategic Guidance for Countries

While reprioritization must be tailored to each country's specific context, the Global Fund has formulated some core priorities (see full considerations to prioritize and deprioritize at Global Fund - GC7 Reprioritization Approach, 2025, pp.):

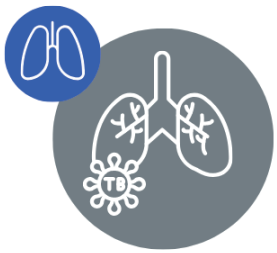
Core priorities for HIV:

Save lives
by prioritizing interventions in HIV treatment and care including procurement of ARVs and service delivery (e.g., ART delivery, support for treatment continuation), and diagnosis and management of TB and advanced HIV disease (AHD).

Protect primary prevention
through cost-effective approaches such as the provision of condoms and lubricants. Protect PrEP provision for current PrEP users and prioritize new initiations among those at highest risk of acquiring HIV. Protect harm reduction programs focusing on the continuation of lifesaving interventions such as opioid agonist treatment and safe injecting. Provide PEP to all those potentially exposed to HIV. Integrate HIV prevention into existing sexual and reproductive health (SRH)/STI/ family planning (FP) services.

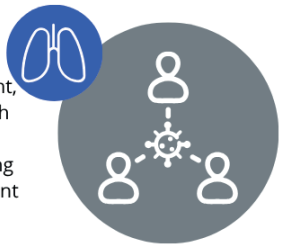
Identify people living with HIV
not on ART and link them to treatment, care, and support. Refer others to HIV prevention. Support HIV testing for people at higher HIV risk through cost-effective approaches (such as network-based testing including index testing and partner services), testing people with higher mortality risks such as in TB clinics, testing in services for sexually transmitted infections (STI), services providing care to key populations (KP) and through provider-initiated testing and counseling (PITC). Support testing at antenatal care (ANC) services in high burden settings, and ARV prophylaxis and early infant diagnosis (EID) for HIV-exposed infants.

Core priorities for TB:



Diagnosis and treatment:
Protect access to diagnosis and treatment, HIV testing and treatment for people with TB, TB screening in people with HIV, diabetes, and malnutrition, new screening and diagnostic tools, short-term treatment regimens.

Prevention:
Maintain TB preventive therapy (TPT) for people living with HIV, symptom-based screening to initiate TPT.



Active and targeted case finding:
Focus on key and vulnerable populations and high-incidence areas, contact investigation prioritizing children, linkage to treatment and prevention, integration of active case finding with other diseases.

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Cross-cutting:
Surveillance, laboratory strengthening, and market development for TB diagnosis, community engagement throughout the care cascade, private sector engagement.

Core priorities for Malaria:

Case management:
Apply tailored, prioritized, and impactful strategies to reduce mortality, diagnosis at the community and facility levels, and access to quality services with a focus on leaving no one behind.

Disease prevention:
Services targeted to the most vulnerable and those with the highest burden, vector control through the most effective and efficient distribution channels, and seasonal malaria chemoprevention (SMC) focused on children under 5 years of age. IPTp and chemoprevention should be fully integrated and covered by national funding, whenever possible.

Surveillance:
Enhance tailored subnational approaches, reduce large-scale surveys, and increase ANC1 and LQAS surveillance, and monitoring of biological threats (TES, HRP2/3 deletions, insecticide resistance). Integrate and decentralize epidemic preparedness.

Cross-cutting:
Human Resources for Health (HRH)/Community Health Workers (CHWs), supply chain, HMIS, and product selection to combat biological threats.

Access to lifesaving services by the populations and communities most impacted by the three diseases is a key principle for reprioritization. Therefore, beyond diagnosis, treatment and case management, it is important for communities to consider:

- **Interventions that remove barriers to accessing services, including gender and human rights related barriers;**
- **Essential health and community systems, including community-led services;**
- **Service delivery platforms.**

6. Community Engagement in GC7 Reprioritization and Revision

According to the Global Fund, meaningful engagement of communities most affected by HIV, TB and malaria is a mandatory requirement throughout the grant cycle. Community dialogues are part of the Country Dialogue, where different national stakeholders collaborate to develop a funding request to the Global Fund. Community dialogues are a space for communities and civil society to reflect on their needs and priorities in responding to HIV, TB and malaria, an important means of ensuring their effective engagement in decision-making.

An inclusive CCM dialogue during grant reprioritization and revision will be critical. The Global Fund is encouraging transparent communication and inclusiveness, including civil society and community representatives. All major communications on the reprioritization and revision process will be sent to all CCM members, including community and civil society representatives, using their Grant Entity Data.

To ensure meaningful stakeholder engagement, the Global Fund recommends that CCMs plan for at least one meeting with all CCM members during the first half of July. This meeting should serve to review and discuss the reprioritization of interventions and to align on and confirm the final grant budget amounts to be submitted to the Global Fund, where applicable. This will be a key entry point for community engagement.

Once PRs have finalized the grant revision documents, these should be submitted simultaneously to both the Country Team (CT) and the CCM. At this stage, a second CCM meeting is recommended to allow all CCM members to review the proposed grant revisions in full. This review process ensures transparency and provides an opportunity to raise any concerns or feedback on the revised interventions, budgets, and implementation arrangements.

Following the review, the CCM Chair, Vice-Chair, and the civil society representative (if neither the CCM Chair nor Vice-Chair is from civil society) will formally endorse the grant revision documents on behalf of the CCM, in line with standard Global Fund grant revision processes[3].

As procedures may vary across countries, communities and civil society representatives are encouraged to proactively seek regular updates from the PR through the CCM Secretariat. A good practice from grant-making has been for PRs to present the proposed changes to the entire CCM, clearly outlining major shifts in modules, interventions, and implementation strategies.

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Are you a CCM member but have not yet heard about this process?
Make sure that your contact details are updated.
You can find more information here (English, Spanish, French).

3 https://resources.theglobalfund.org/en/grant-life-cycle/grant-implementation/grant-revision/

7. Quick Tips for Community Engagement

1. Understand the grant and funding landscape:

- Carefully review GC7 grant documents (e.g., detailed budget, performance framework).
- Assess implementation progress (e.g., Progress Updates / Disbursement Requests (PU/DRs), evaluations of specific interventions, community data on access barriers or service disruptions).
- Contact PRs, SRs, and SSRs to inquire about the status of grant activities, targets and absorption.

2. Understand the reprioritization and revision process:

- Carefully read the Global Fund's communication to CCMs (e.g., letters, programmatic reprioritization document, templates).
- Share and discuss these documents with the community and civil society to ensure a common understanding.
- Proactively clarify questions with your CCM representatives, the CCM Secretariat, Global Fund implementers, **the learning hub in your region**, or Global Fund staff.

3. Ensure prompt and direct feedback from CCM community representatives:

- Agree on communication modalities between CCM community representatives and your constituency to ensure timely information sharing and reciprocal feedback.
- Reinforce channels of communication and collaboration between different constituencies to build advocacy alliances.

4. Identify engagement opportunities:

- Proactively contact the CCM Secretariat and CCM community and civil society representatives to inquire about opportunities to participate in the reprioritization and review process (e.g., CCM meetings).
- Utilize existing contact points with PRs and SRs.

5. Coordinate community and civil society input:

- Contact community representatives, civil society, and other community organizations to prepare for the CCM discussion and ensure early alignment on priority issues. This could include a community-wide review of grants to identify key priorities and opportunities to optimize and refocus outreach, seek more integrated approaches and greater cost-effectiveness and effectiveness, and seek opportunities to promote areas of intervention that countries can absorb.

8. Quick Tips for Programmatic Reprioritization

1. Transparency in the processes:
As a result of a recommendation from the Global Fund Board, the Global Fund has emphasized that the revision processes must be transparent, with adequate consultation and negotiation that includes communities, so that they take into consideration certain issues that directly affect them. Keep this in mind when you face engagement challenges.

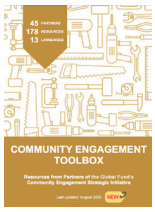
2. Hold national governments accountable:
In the face of reduced external funding for health, the sustainability of responses to HIV, tuberculosis, and malaria must be guaranteed by national governments through increased domestic investment in health. In contexts with limited availability of external donor resources, governments must assume responsibility for their citizens. Community and civil society play an important role to advocate for governments to fill funding gaps.

3. Defend community-led responses:
Community-led responses must be at the center of discussions on the sustainability of national responses to diseases. Both civil society and governments must work together to initiate conversations about the long-term sustainability of the contributions of community-led programs. While there will be a push to integrate some services with government-run facilities, this is not always an effective strategy for reaching the most vulnerable populations. Political advocacy will be necessary to ensure that interventions to reduce gender and human rights-related barriers to services, as well as community-led services, will be maintained.

4. Promote a comprehensive approach to reprioritization:
Community-led programs are key to promoting access to vital supplies. Without communities and civil society, many supplies will not leave the warehouses or reach those who need them. There is sufficient evidence to demonstrate that community-led services have added value that improves access to health services. The reprioritization of activities for GC7 should be discussed from a broad perspective, including all the elements that make up national responses, analyzing gaps, challenges, options, and areas of opportunity. Discussions should reflect the concerns the country will face, beyond particular sectors or interests.

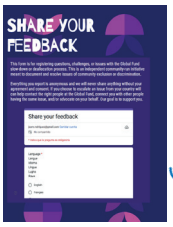
9. Additional Resources

Here you can find a selection of tools, case studies, and guidance documents to support community engagement:



- Community Engagement Toolbox
  https://www.theglobalfund.org/media/10734/ccm_communityengagement_toolbox_en.pdf

- CHANGE Coalition – Community FAQ about reprioritization and revision
  https://globaladvocacydatahub.org/resources/Interpreting%20Global%20Fund%20Guidance%20-%20FAQ%20-%20EN.pdf



- CHANGE Coalition – Platform to share questions, request support and escalate challenges
  https://www.theglobalfund.org/media/10183/ccm_engagement_guidance_en.pdf

- CHANGE Coalition – Data platform with grant data
  https://www.dataetc.org/projects/ccm/

- WE INSIST! Non-Negotiables for and by Key Populations in the Reprioritisation and Revision of Global Fund Programmes in Grant Cycle 7
  https://www.nswp.org/resource/nswp-publications/we-insist-non-negotiables-and-key-populations-the-reprioritisation-and

- GLOBAL FUND GRANT REVISION PROCESS 2025: PROTOCOL FOR REPORTING BARRIERS AND ABUSES OF PROCESS
  https://drive.google.com/file/d/1_1EOs1AoNUQ0vmjhQ7bKn-U6pcPrronZ/view

The Global Fund- Country Resources: Grant Revision
The Global Fund- GC7 Grant Reprioritization: Updated Timelines