

What is new in the Global Fund's Grant Cycle 7 (GC7)?

Preparing for the 2023-2025 Allocation Cycle







- I. Key changes in the Global Fund's latest grant cycle (GC7)
- II. Strategic opportunities to engage in key areas relating to HIV, health systems and community leadership
- III. Minimum expectations for community engagement
- IV. Focus on gender equality
- V. Timeline

CONTENTS





I. Key changes in GC7 –the Global Fund's latest grant cycle

A. Programme essentials





Programme essentials help guide country prioritisation

- New Programme Essentials have been introduced in GC7 to describe what elements are expected to be included in national programs supported by the Global Fund.
- The Programme Essentials are critical interventions that are needed to achieve global targets on HIV, TB and Malaria.
- They have a strong focus on human rights and gender and community responses.

Programme essentials - HIV





* New elements are highlighted in red

1. HIV primary prevention	 Condoms and lubricants are available for all people at increased risk of HIV infection Pre-exposure prophylaxis (PrEP) is available to all people at increased risk of HIV infection, and post-exposure prophylaxis (PEP) is available for those eligible. Harm reduction services are available for people who use drugs. Voluntary medical male circumcision (VMMC) is available for adolescent boys (15+ years) and men in high HIV incidence settings
2. HIV testing & diagnosis	 HIV testing services include HIV self-testing, safe ethical partner and social network-based testing A three-test algorithm is followed for rapid diagnostic test-based diagnosis of HIV Rapid diagnostic tests are conducted by trained and supervised lay providers in addition to health professionals
3. Elimination of vertical transmission	 Antiretroviral treatment (ART) is available for pregnant and breastfeeding women living with HIV to ensure viral suppression HIV testing, including early infant diagnosis (EID) is available for all HIV-exposed infants
4. HIV treatment & care	 Rapid ART initiation follows a confirmed HIV diagnosis for all people irrespective of age, sex or gender. HIV treatment uses WHO recommended regimens. Management of advanced HIV disease is available. Support is available to retain people across the treatment cascade including return to care. CD4 and viral load testing, and diagnosis of common comorbidity and co-infections are available for management of HIV

Programme essentials cont. - HIV





* New elements are highlighted in red

5. TB/HIV	 People living with HIV with active tuberculosis (TB) are started on ART early TB preventive therapy is available for all eligible people living with HIV including children and adolescents
6. Differentiated service delivery (DSD)	 HIV services (prevention, testing, treatment and care) are available in health facilities, including sexual and reproductive health services, and outside health facilities including through community, outreach, pharmacy and digital platforms. Multi-month dispensing is available for ART and other HIV commodities
7 .Human Rights	 HIV programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers. Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings. Legal literacy and access to justice activities are accessible to people living with HIV and key populations. Support is provided to efforts, including community-led efforts, to analyse and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses





I. Key changes in GC7 –the Global Fund's latest grant cycle

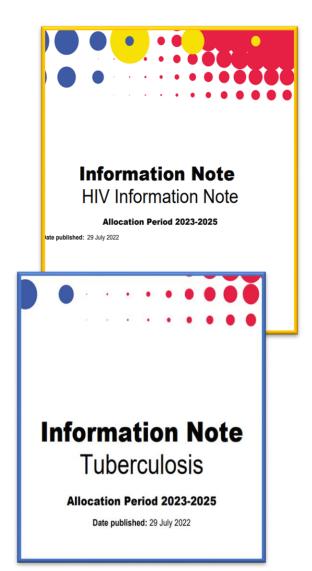
- A. Programme essentials
- **B. Information Notes**

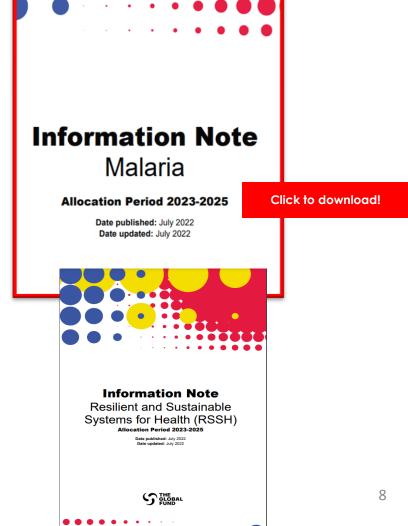




Available for download on the Global Fund website

Information Notes on HIV, TB, Malaria and Resilient and Sustainable Systems for Health (RSSH) have been published









I. Key changes in GC7 –the Global Fund's latest grant cycle

- A. Programme essentials
- **B. Information Notes**
- C. Modular Framework





The Modular Framework

■ The Framework focuses on 4 key areas



TB

Malaria

Resilient and Sustainable Systems for Health The Global Fund have written a Modular Framework Handbook – it includes standard modules, interventions and performance indicators to support the development of funding request to the Global Fund. It can be found at:

https://www.theglobalfund.org/media/ 4309/fundingmodel modularframewor k handbook en.pdf

Overview of modules and interventions on HIV

Prevention

- Condom and lubricant programing
- Pre-exposure prophylaxis programming
- HIV prevention communication: information and demand creation
- Sexual and reproductive health services, including STIs, HBV, post-violence care
- Harm reduction
- Community empowerment
- Removing human rightsrelated barriers to prevention

For PUD (injecting and non-injecting)

- Needle and Syringe programs, incl. HBV and HCV
- Opioid substitution therapy and other medically assisted drug dependence treatment
- Overdose prevention and management

Specific to AGYW & MSP in high incidence settings

- Social protection interventions
- CSE for AGYW and ABYM
- Voluntary Medical Male Circumcision

Differentiated HIV Testing Services

One testing module that includes a combination of service delivery modalities and programs, namely

- Facility testing
- · Community testing
- Self-testing



- KPs programs (not disaggregated)
- AGYW programs
- Non KPs/Non AGYW programs

Elimination of vertical transmission of HIV, syphilis and hepatitis B

- Testing of pregnant women for HIV, HBV, syphilis
- HIV prevention for HIV negative pregnant and breastfeeding women
- Post-natal infant prophylaxis
- Early infant diagnosis and follow-up HIV testing for exposed infants
- Retention support for pregnant and breastfeeding women (facility and community)

Treatment, care and support

- HIV treatment and differentiated service delivery
- Adults (15 and above)
- Children (under 15)
- Treatment monitoring Drug resistance
- Treatment monitoring Viral load and ARV toxicity
- Integrated management of common co-infections co-morbidities (adults and children)
- Diagnosis and management of advanced disease (adults and children)

TB/HIV

- TB/HIV collaborative activities
- Screening, testing and diagnosis
- Treatment
- Prevention
- Community TB/HIV care delivery
- TB Key populations

RSSH Modules and interventions

Modules	Interventions
RSSH: Health sector planning and governance for integrated people-centered services	Health sector planning and governance for integrated people centered services Integration/coordination across disease programs and at service delivery level Supporting private sector engagement
RSSH: Community systems strengthening	Community-led monitoring Community-led research and advocacy Community engagement, linkages and coordination Capacity building and leadership development
RSSH: Health Financing Systems	Health financing strategies and planning Public financial management systems Routine financial management systems Community led advocacy and monitoring of domestic resource mobilization Social Contracting Health financing data and analytics Blended Financing Arrangements
RSSH: Health Products Management Systems	Policy, strategy, governance Storage and distribution capacity, design & operations Planning and procurement capacity Regulatory/quality assurance support Avoidance, reduction and management of health care waste Supply chain information systems Augmenting national supply chain system with outsourcing

RSSH Modules and interventions

Modules	Interventions
RSSH/PP: Human resources for health and quality of care	HRH planning, management and governance including for community health workers (CHWs) Education and production of new health workers (excluding CHWs) Remuneration & deployment of existing/new staff (excluding CHWs) In-service training (excluding CHWs) Integrated supportive supervision for health workers (excluding CHWs) Quality improvement and capacity building for quality of care Community health workers: selection, pre-service training and certification Community health workers: contracting, remuneration and retention Community health workers: In-service training Community health workers: Integrated supportive supervision
RSSH/PP: Laboratory systems	National laboratory governance and management structures Quality management systems and accreditation Laboratory Information systems Network optimization and geospatial analysis Laboratory based surveillance Laboratory supply chain systems Specimen referral and transport system Biosafety and biosecurity, infrastructure and equipment management





II. Strategic opportunities to engage in key areas relating to:

- A. HIV
- B. Health Systems
- C. Community Leadership

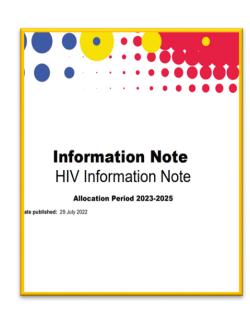




Key changes / new emphasis provide opportunities for engagement on HIV ...

- Stronger focus on HIV prevention differentiated for scale, expanding coverage and improving quality
- Integration of SRH/STI and HIV services
- Strengthened platforms for delivery to expand options (PrEP, condoms, DPV rings) AND ways of delivering services (community-led, virtual, pharmacy etc.)
- Prioritise people living with HIV across their life-course and populations with the highest risk and vulnerability to HIV
- Greater emphasis on data for decision-making, incl. community participatory needs assessment and community-led monitoring
- Move away from "behavioral interventions" to health communication and demand creation
- Addressing chemsex

Continued emphasis on community-led, community-based programmes, addressing human rights- and gender-related barriers to services and Community System strengthening

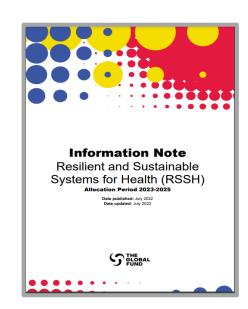






... and system strengthening

- Community-led programming is essential to achieve objectives
- Integrate community health strategies as part of national disease response
- Support policy advocacy, reform and innovative sustainability mechanisms to enable community-led groups and networks to provide peer-led services, particularly where key populations face substantial barriers to accessing services
- Scale and integrate CHW programmes
- Make interventions more people-centered with explicit emphasis on community-led initiatives, strengthen community engagement, linkages and coordination; capacity building and leadership development
- More tailored activities including: differentiated capacity building; support for legal registration and safe operations of community-led organisations; emphasis on institutionalising CLM data/feedback for data driven decision making







Emphasis on community-led monitoring and data for decision-making

Activities led and implemented by local community-led organisations to improve accessibility, acceptability, affordability, quality and impact of health services. For example:

- Development of national community-led monitoring frameworks and strategies for public health facilities, private facilities and in community-based settings (e.g., observatories, alert systems, scorecards etc.)
- Community-led monitoring of barriers to accessing services.
- Piloting new community-led monitoring mechanisms and programs for learning and improvement.
- Tools and equipment including appropriate technologies for data management and storage.
- **Technical support and training**: e.g. development of data collection tools, data cleaning and analysis, using community data to inform decision-making and advocacy, informed consent, ethics approval, etc.
- Presentation and discussion of community-led monitoring data and recommendations in various governance structures, oversight mechanisms and other decision-making fora.

Guidance on service delivery arrangements

CLOs/CBOs are well placed to deliver the following services in the **HIV-specific** programmes:

HIV		
Prevention	Delivery of commodities, behavioral interventions, services for KPs, incl. harm reduction and peer-based services, integration of HIV into SRHR services	
Testing	Community-based testing, counselling, peer support (e.g. home testing), linkage	
Treatment	Education/literacy, peer navigation, adherence support, loss-to-follow up	
Demand creation	Awareness raising, demand generation, address gender norms	
Care and support	Psychosocial support, care for families, economic empowerment	
Rights and legal services	Stigma reduction programs, GBV prevention and response, paralegal services, legal and human rights literacy	
Sensitisation	Healthcare personnel, lawmakers, law enforcement officials	

^{*}Note - other pillars of community responses, incl. activities related to advocacy, participation in accountability, CLMs, participatory community research and community resource mobilisation – should all be community-led





III. Minimum expectations for community engagement

- A. The Global Fund context
- **B. Minimum expectations**





Community Engagement in the Global Fund context

- The leadership of communities living with and most affected by the three diseases is central to the Global Fund. Communities playing a central role in its governance at country and global levels, as implementors, in accountability, and as advocates for its mission.
- Extensive evidence on the importance of community engagement and the connection between communities engaged in decisions that impact on their lives, trust between communities and other actors in health responses, and the effectiveness of interventions, programs and systems that are responsive to actual and changing needs.
- The Global Fund's goals and mission outlined in the Global Fund Strategy 2023-2028 commits to: "a stronger role and voice for communities living with and affected by the diseases, reinforcing this unique strength of the Global Fund and tackling barriers to effective participation and leadership, to put the most affected communities at the center of everything we do."





Minimum Expectations for community engagement

The minimum expectations for community engagement across the full grant cycle are:

- 1. Funding Request and Allocation Letter: A transparent and inclusive consultation process with populations most impacted by the three diseases during funding request leading to the development of an "Annex of Funding Priorities of Civil Society and Communities Most Affected by HIV, TB and Malaria"
- 2. Grant Making: Community and civil society representatives on the CCM have timely access to information on status of grant negotiations and changes to the grant to support their involvement in oversight
- 3. Grant Implementation: Community and civil society representatives on the CCM have timely access to information on program implementation





IV. Gender Equality

A. The Global Fund strategy

Gender equality - Action from the Global Fund





STRENGTHENED funding request requirements:

applicants required to demonstrate in greater detail how they have identified gender-related barriers, why they exist, how they impact on health outcomes, and how they are addressed in the funding request

NEW gender assessment tools: applicants provided

examples of tools to

help complete and use gender assessments. Gender assessments will be submitted alongside funding request

NEW Gender Equality

Marker. All funding requests scored against gender-equality criteria relating to program design, implementation and evaluation

STRENGTHENED community engagement,

including from women and genderdiverse communities. through minimum expectations at three stages across grant lifecycle

STRENGTHENED gender risk management: more comprehensive

definitions, root causes and capacity assessment tool

NEW mid year evaluation: to assess how GF's actions are translating into genderresponsive programming

NEW: two gender-equality KPIs for assurance and accountability

Funding Request

Grant-making

Grant implementation

RETAINED CCM requirements on representation from women, girls and gender-diverse communities

RETAINED gender technical brief: made more userfriendly

RETAINED: gender equality in TRP assessment criteria

RETAINED: Country support for implementation from CRG technical experts

RETAINED:

provide/broker quality TA, including through Strategic Initiatives

RETAINED: support uptake and use of community-based monitoring

RETAINED: KPI on data disaggregation





V. Timeline

A. What next?





Key Dates

- The next grant cycle runs from 2023 to 2025.
- Countries are invited to apply for new grants during one of four windows in 2023.
- Countries can choose which window to apply in and additional windows
 will be added see here for latest information:

https://www.theglobalfund.org/en/applying-for-funding/design-and-submit-funding-requests/timing-of-submissions/

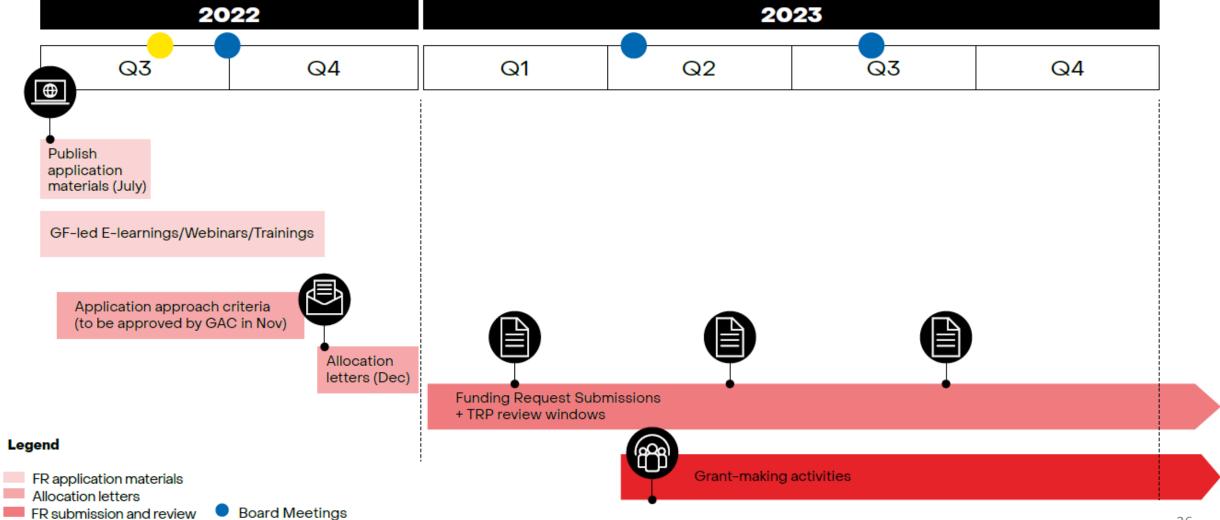
Timeline

Grant-making

Replenishment Conference











Further Info

• To find out more or for guidance on how to engage with GC7 processes contact:

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